

Connections

August 2004

For more information about any of the stories found in this issue please contact webmaster@aiha.com

Partner News

- AIHA Launches Four New Partnerships in Russia to Help Stop the Spread of HIV/AIDS
- New Partnerships Have More Staff to Cover LRC Functions: Trainings Provided for New ICs and Other Specialists
- Baku/Houston Conference Demonstrates Effectiveness of Model

Regional News

- While Kyrgyz Debate How to Halt Trafficking, Russian Lawmakers Work on Victim Protection Laws

Workshops, Conferences, Opportunities and Grants

- Global Health Council Seeks Nominations for Annual Awards
- IAPAC Symposium: Keeping an Eye on the Future of HIV Disease Management
- Biomedical Prevention of HIV: Current Status and Future Directions
- EUPHA Conference Highlight Challenges in Health Promotion and Prevention

Features

- Final West NIS Partnership Conference Assesses Twelve Years of Collaboration and Notes AIHA's Crucial Role in Healthcare Reform

Partner News



AIHA Launches Four New Partnerships in Russia to Help Stop the Spread of HIV/AIDS

In response to the explosive growth of the HIV infection in Russia and to help this country address and curb the fastest growing HIV/AIDS epidemic in the world, AIHA, in cooperation with USAID, has established four new healthcare twinning partnerships in Russia. The new partnerships will focus on the creation of comprehensive integrated mechanism for assuring prevention, care, and treatment—including the provision of psycho-social services—to people living with HIV/AIDS in the country.

Funded through USAID/Russia's HIV/AIDS Operational Plan, the new partnerships will

be managed by AIHA under USAID's HIV/AIDS Treatment, Care, and Support Initiative. The new partnerships pair the [Orenburg AIDS Control Center with Elmhurst Hospital Center in New York City](#); the [St. Petersburg City AIDS Control Center with Yale University School of Medicine in New Haven, Connecticut](#); the [Samara Oblast Ministry of Health and Togliatti City Health Department with the National Perinatal Information Center in Providence, Rhode Island](#); and the [Saratov AIDS Control Center with the Northern Rivers HIV/AIDS Consortium in Bemidji, Minnesota](#).

According to AIHA Regional Director for the Russia Federation Arsen Kubataev, there were a number of criteria used by USAID and AIHA in the selection of the Russian cities for the new partnerships. "Most critical were the HIV prevalence rates and the political commitment of the regional governments to effectively respond to the HIV/AIDS epidemic," says Kubataev. "We also considered the presence of relevant non-governmental organizations (NGOs) in the territory and the availability of resources to support HIV/AIDS capacity building in the region." As Kubataev explains, these are very important factors because the overall goal of this collaboration is to create sustainable, well-coordinated systems of care involving not only medical facilities, but also local social service providers, NGOs, and communities, as well as the patients themselves.



Vladimir Zhelobov, deputy head of the St. Petersburg Healthcare Committee, and James P. Smith sign the MoU ratifying the creation of the St. Petersburg/New Haven partnership. (Photo courtesy of St. Petersburg City AIDS Center)

Describing the integrated model of care that the partnerships will develop within a two-year period, Kubataev says that programs will include a wide range of psychological and social services along with clinical interventions, including highly-active antiretroviral therapy, treatment for the prevention of mother-to-child transmission of HIV, and community-based counseling and support networks. "When built, this infrastructure will serve as a replicable model for the entire country and will help Russia to successfully apply for and make the best use of grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria," he emphasizes.

Talking about the US institutions involved in the partnerships, AIHA Executive Director James P. Smith notes that all of the partners possess a wealth of knowledge and practical experience in terms of building comprehensive, multidisciplinary programs that address a wide range of clinical, behavioral, and social support to people living with HIV/AIDS. "We hope that the experience of the US partners and their strong commitment to working hand-in-hand with their Russian counterparts will greatly improve the quality and scope of HIV/AIDS related services in Russia and will play a critical role in stemming the infection and assuring the best support to Russian citizens living with HIV/AIDS," he says.

Extensive orientations have already taken place for both Russian and US partners. The next step will be for the US partners to travel to Russia to meet their counterparts and work with them to conduct initial assessments of the Russian sites and discuss plans for the future.



New Partnerships Have More Staff to Cover LRC Functions: Trainings Provided for New ICs and Other Specialists

Learning Resource Centers (LRCs) have been an integral part of AIHA partnerships since the organization was started in 1992. As most partners know, each LRC is equipped with at least one computer that has Internet access, thereby allowing partners to maximize potential communications and ensuring their ability to obtain medical and evidence-based practice information.

However, it is "people, and not equipment, that makes an LRC a success," says AIHA Information and Communication Technology (ICT) Programs Coordinator Irina Carnevale. As she explains, "In the hands of trained specialists, each Center can focus on what is important to the partnership institutions, the local health professionals, and the community—be it educational outreach, staff training, support of evidence-based practice improvements, library services, information infrastructure development, or any combination of these or other activities."

Until recently, all the tasks of the LRC were performed by information coordinators (ICs)—specialists designated by partner institutions and trained by AIHA to maintain the Center. Their role was to serve as "agents of change" or "opinion leaders," capable of encouraging colleagues to integrate advanced information technologies into everyday practice. However, because managing an LRC and supervising its numerous outreach efforts requires a variety of skills, specialized training, and a great deal of time, AIHA decided to divide the responsibilities of various LRC functions among different staff members beginning with the partnerships established this year. Thus, in addition to ICs, all new LRCs, will have two more specialists on staff, one responsible for managing evidence-based practice (EBP) and the other for information technology (IT).



IC and EBP specialists from Kyrgyzstan and Uzbekistan master their Internet research skills. (Photo: Bekhzod Yarmukhamedov)

According to Carnevale, AIHA has developed separate training curricula for each LRC specialist and these programs were introduced during a series of six-day workshops held in May and July in Pristina, Kosovo; Tashkent, Uzbekistan; and Tbilisi, Georgia. At each of these workshops, approximately 40 specialists from recently established partnerships in Eastern Europe, Central Asia, and the Caucasus were introduced to the LRC concept and trained to perform the specific functions of an IC or EBP or IT specialist.

The first workshop in the series was held in Tashkent on May 17-22, and was attended by partners from Central Asia and the Caucasus. Its agenda was divided into two separate tracks: LRC management and operations—for ICs—and principles of EBP for these specialists. The training for IT specialists from these regions took place in Tbilisi in July and concentrated on information technology applications, web design, and database development. All LRC staff from partnerships in Albania and Kosovo underwent training in Pristina on May 24-29. This training contained an additional

component designed specifically for the Gjakova/Hanover partnership, focusing on development of LRC sustainability strategies in Kosovo.



LRC staff from the Caucasus and Central Asia learn about teaching techniques during a train-the-trainers session in Tashkent. (Photo: Bekhzod Yarmukhamedov)

A New Training Paradigm

According to Mark Storey, AIHA program officer for ICT, "Because one of the primary roles of LRC specialists is to educate healthcare professionals about access to and effective usage of medical research and other types of health information—which is equally if not more important than providing them with a technological infrastructure—we felt that it was critical to build the train-the-trainer capacity of all staff members." For this reason, participants were introduced adult education methodologies. This included an overview of curriculum development, ways to identify and overcome obstacles related to training, and individual learning styles and their implications for learning

and teaching. Participants were also taught to recognize the complex relationships between trainers, students, and the educational material, as well as how to apply specific training methods and determine different levels of impact on trainees and the community.

Searching for Answers

A number of lectures provided EBP specialists with tools on how to search for and objectively evaluate clinical information. During interactive training sessions, participants were able to discuss types of clinical questions and ways of formulating them, as well as categories to look at when researching studies and publications. They also learned about the critical appraisal of found evidence, such as evaluating it for validity, reliability, and applicability. "It is important that EBP principles are used not only by the LRC staff, but also by colleagues when identifying resources that can help providers make more informed clinical and health policy decisions," says Storey. "That is why EBP specialists were asked to develop action plans for ways to integrate evidence-based practices into their institutions."



IT specialists from the Caucasus and Central Asia share ideas about database

The use of health information resources was a subject introduced to both ICs and EBP

Yarmukhamedov)

specialists during a number of lectures and practical skill-building sessions at the workshops. ICT staff reviewed the variety of Internet resources and electronic libraries available for healthcare specialists, including those provided to the Centers as part of AIHA's standard information package. Trainees learned about search strategies for retrieving information from Medline PubMed and were familiarized with WHO's Health Inter Network (HIN ARI)—an on-line database that provides access to over 2,200 full-text journals—and the Eurasia Health Knowledge Network. The latter allows them to participate in mailing lists and discussion forums.

Working for Sustainability

Because the ICs also manage the LRCs, they have to plan for the long term sustainability of their Centers once partnership funding has ended. To help them, the workshops introduced outreach, advocacy, and marketing techniques. In addition, ICs learned how to create budgets, write grant proposals, and brainstormed about ways to recover costs or to make money using LRC resources.

Another way to sustain and market institutional staff capabilities and to share information with local and global communities is to develop the organization's identity on the World Wide Web. To that end, IT specialists were trained in basic Web design and content planning, along with computer and related equipment maintenance, file backup and archiving, virus protection, spam blocking, and CD/DVD recording. IT specialists also learn about Internet communications tools, such as e-mail management and application sharing, which will enable conferencing and teleconsultation with other health professionals throughout the world. In a similar vein, the IT curriculum features information systems planning and database development to help establish the institution-wide flow of information, for example computerized or electronic patient record systems and databases. This, in turn, will allow healthcare providers to more easily access patient medical histories and ultimately make more informed treatment decisions.

The workshops concluded with an open forum where ideas about the roles and activities of the LRCs in the near future were elicited. According to Storey, "The exchange of experiences, perspectives, and ideas among LRC staff enriches the learning experience and fosters a sense of camaraderie among participants, which in the past had been a critical factor in motivating partners to be proactive in leading the implementation of the LRC model at their institutions following the workshop." He also stresses the importance of involving chief administrators—who were invited to attend the orientation sessions of the workshops during the first two days—into the project. "As one of the

lessons learned from the previous round of partnership LRCs, AIHA felt that involving administrators more actively in the project from the very beginning would help to develop a greater emphasis on the LRCs long-term sustainability." Chief administrators took an active role in discussions about EBP goals and approaches to sustainability. "We hope that the supportive engagement of healthcare leaders in the project realization will ensure an active role for the LRCs in serving the needs of their institutions and communities and, over the long-term, contribute to their



After the workshop in Tbilisi, participants went sightseeing near the ancient Georgian city of Mtskheta. (Photo: Bekhzod Yarmukhamedov)

sustainability," concludes Storey.



Baku/Houston Conference Demonstrates Effectiveness of Model

The conflict over Nagorno-Karabakh between Armenia and Azerbaijan begun in the early 1990s has caused many peaceful inhabitants of this region to save their lives by abandoning their homes and seeking refuge in neighboring territories. As a result, approximately one million refugees and internally displaced persons (IDPs) currently reside within Azerbaijan. The majority of these refugees are women and children living below the poverty line.

At a partnership dissemination conference devoted to women's health issues that took place under the aegis of the Baku/Houston partnership in the capital of Azerbaijan on June 8, 2004, partners were given an opportunity to share achievements related to the improvement of reproductive health among vulnerable populations and to tell medical specialists from the country's rural areas about the technologies and methods used to implement programs developed over the course of their five-year collaboration. Officials from USAID and the Azeri Ministry of Health, as well as representatives from international and local non-governmental organizations, also attended the event.

During the conference it was noted that the creation of a system to deliver high-quality medical services to IDPs living in Baku and adjacent areas was one of the highest priorities of the partnership when it began in 1999. In particular, special emphasis was placed on the health of women and children. In response to this mandate, partners from Baylor Medical College in Houston, together with medical specialists from the Mirkasimov Republican Clinical Hospital (RCH), decided to create an infrastructure capable of ensuring the effectiveness and long-term sustainability of medical care for this segment of the population.

To bring their idea to fruition, partners worked with representatives from Sabirabad Regional Hospital, located 180 kilometers from Baku. The hospital sits in an area that is home to one of Azerbaijan's most thickly settled refugee populations. About 18,000 IDPs, living in three large camps in Galagain, Gadajuhur, and Shakhriyar, are concentrated in the hospital's catchment area.



Participating in a panel discussion of partnership achievements are Sara Rozin, US partnership coordinator; Vagif Jafarov, head of RCH; Faig Tagizada, head of the Baku City Emergency Ambulance Station; Firudin Huseynov, director of the Baku Hygiene-Epidemiological Center; and Jeyhoun Mamedov, AIHA program coordinator for Azerbaijan . (Photo: Mehdi Mehdiyev)



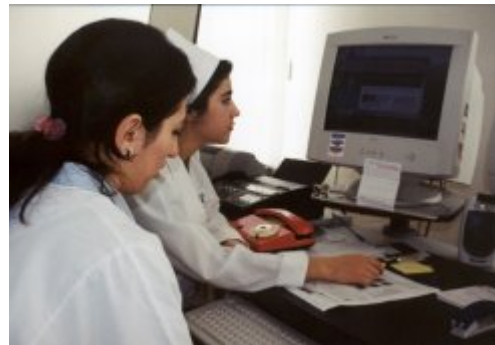
NRP training for staff at the Sabirabad Regional Hospital. (Photo courtesy of Sabirabad Regional Hospital)

In addition to establishing a relationship with Sabirabad Regional Hospital, several centers were established through the efforts of the partners, namely a Neonatal Resuscitation Training Center (NRTC), Women's Wellness Center (WWC), and Learning Resource Center (LRC). The Azeri partners call the last of these a "window to the world" because through it they can access the World Wide Web, as well as gain access to the most up-to-date information resources, including electronic databases and medical libraries. The LRC offers healthcare providers an opportunity to introduce evidence-based medicine into RCH practice and to distribute educational information to staff and patients.

With regard to the neonatal resuscitation and women's health programs, particular attention is paid to training specialists—both at RCH and in Sabirabad. During the partnership, specialists have repeatedly traveled to Sabirabad to train colleagues in neonatal resuscitation techniques. Such courses were also systematically provided to RCH staff in addition to healthcare professionals from eight neighbouring rural areas. As a result, Azeri medical personnel have been able to modernize approaches to care for premature infants, reduce rates of early neonatal mortality, and improve the health of infants born with congenital pathologies or complications due to diseases suffered during the prenatal period.

Partners also note improvements in women's health. As a result of partnership activities, methods of providing obstetrical and gynecological care were reviewed and WWC personnel developed training programs and a system for referring IDP women to RCH and the Sabirabad Regional Hospital to prevent diseases and complications related to pregnancy.

There have also been innovations in prenatal diagnosis, childbirth, and postpartum care. Blood sugar tests are now administered to all high-risk pregnant women to exclude gestational diabetes and epidural anesthesia is used as an option during labor. For those women who have normal births and whose health—as well as that of their infant's—is satisfactory, the previously required seven-day hospital stay is now optional. Thanks to the work of partnership participants, young mothers also receive education on the benefits and methods of breastfeeding, nutrition, and "the ABCs" of newborn care.



Nurses begin their research by entering AIHA's Web site at the LRC Republican Clinical Hospital in Baku. (Photo: Suzanne E. Grinnan)



Alifaga Nadirov, head physician of the Sabirabad Regional Hospital, demonstrates how to use the items in the doctor's kit to staff at the Shakhriyar IDP Clinic in Azerbaijan. The kits were provided by AIHA partners. (Photo courtesy of Sabirabad Regional Hospital)

Because the refugee camps have their own medical stations where primary care is provided, the partnership has helped oversee this type of care as well. During the implementation of the program, the IDP clinics were furnished with equipment that offers general practitioners the means to examine patients on-site. Tonometers, otoscopes, glucometers, peak flow meters, and Doppler sonographs are now used for this purpose.

To ensure the most effective operation of the IDP clinics, a group of physicians, including representatives from various specialties—gynecology, neurology, cardiology, endocrinology, ophthalmology,

otorhinolaryngology, general surgery, and trauma—visited Sabirabad Regional Hospital to conduct a series of workshops for local physicians and nurses. During the workshops, providers learned about primary care delivery methods, aspects of chronic disease observation and treatment, and how to conduct patient examinations using the equipment provided. In addition, local specialists received information on how to educate the population about disease prevention and the promotion of healthy lifestyles.

As a result of these trainings and the availability of diagnostic equipment, the rate of early-stage disease detection has increased appreciably. In particular, the detection rate of patients with diabetes and/or gynecological problems increased three-fold in 2003, compared with 2001, when IDP clinics did not have the necessary technical resources.

As a result of the improvement in the delivery of primary care in the IDP camps, the number of cases referred to local hospitals has declined significantly: in 2003, the referral rate was reduced by 29 percent at Sabirabad Regional Hospital and by 21 percent at RCH. The partners also associate this success with equipping the IDP camps with mobile telephones, which allow local staff to be in constant communication when needed with Sabirabad Regional Hospital specialists. The latter provide telephone consultations in a number of cases.



Nazim Rahimov, physician, looks on while Rashi Babayev, feldsher, uses a glucometer to test a patient's blood sugar at the Gudajuhur IDP Clinic. (Photo courtesy of Sabirabad Regional Hospital)

Leveraging Partnership Relations to Develop New Collaborations

In addition to the partnership programs funded by AIHA, subsequent programs that are being developed under the aegis of the partnership through collaboration with other organizations were discussed in the course of conference. One of these is with the International Association of Sister Cities, which awarded the partnership a grant to reorganize Baku's emergency response system. As a result of this project, Azeri emergency medical specialists, firefighters, and rescue workers were able to work with colleagues from Houston and to learn from and adapt the American model of large-scale assistance in extreme situations to local conditions.

Another collaboration pairs representatives of the Baku/Houston partnership with the ExxonMobil oil company. With ExxonMobil's \$5,000 grant, partners translated and printed neonatal resuscitation manuals in Azeri, as well as published hundreds of brochures and booklets in that language—covering topics related to breast self-examination, correct breastfeeding methods, maternal and infant nutrition, and diabetes. All educational materials were distributed to IDP residents in Galagain, Gadajuhur, and Shakhriyar, while books on neonatal resuscitation went to local healthcare providers.

Summing up the work of the partnership, Sara Rozin, partnership coordinator and NIS Project Manager at Baylor Medical College, explains that during the past five years the partners have tried "to do everything possible to become leading providers of medical and patient education and high-quality clinical care delivery using the most up-to-date medical technologies." Those in attendance could not help but agree after hearing about all the accomplishments of the partnership.

Regional News

While Kyrgyz Debate How to Halt Trafficking, Russian Lawmakers Work on Victim Protection Laws

Despite the fact that newspapers and television shows regularly warn the public about the dangers of human traffickers who offer well-paid jobs abroad to the unemployed or needy, many NIS citizens still fall prey to their promises of wealth and employment.

Among the countries of Eurasia, Kyrgyzstan is the one most affected by this problem. As *EurasiaNet* reports, human trafficking is the most lucrative business in this country, where about 50 percent of the population lives in poverty and about eight percent cannot find jobs.

According to United Nations International Office for Migration (IOM) statistics,

approximately 4,000 Kyrgyz are "sold into slavery" every year. The male work force is often sent to Kazakhstan, Russia, or Ukraine for agricultural and construction work, while young women travel to China, Cyprus, Germany, Greece, South Korea, Syria, Turkey, and the United Arab Emirates to work in brothels. *EurasiaNet* underscores that the world of human trafficking knows no age limits. Very often 10-year-old girls, especially from distant, rural mountain settlements, become the victims of the sex trade. The article also indicates that Kyrgyz gangs who traffic women abroad can earn up to ten times the US\$250,000 that they earn for supplying a season's worth of agricultural labor.

According to Myrzabek Ismailov, an official at the Kyrgyz Ministry of Interior Affairs involved in anti-trafficking operations, it is not easy to track sex trade routes because in most cases people get hired through legal agencies to work in public service or agricultural jobs, and these agencies then transfer new hires to foreign partners who, in turn, supply clients abroad with this free work force.

One example is 17-year-old Olga who was hired through one such recruitment agency to work as a waitress in China, but in fact, along with five other girls from Kyrgyzstan, was forced to work as a prostitute in one of the China's brothels. "If we refused [to perform the required services], the owner threatened to punish us," explains Olga. Luckily, she and the other Kyrgyz women were rescued thanks to the concerted efforts of Interpol and Kyrgyzstan officials. Unfortunately, the compatriots who sold them into slavery were not prosecuted.

EurasiaNet reports that since October 2003, only one person in Kyrgyzstan has been sentenced—he got 5 years in prison—for slave trade activities and one family is currently charged with this crime, even though the Kyrgyz Ministry of Interior Affairs established a special department to investigate such cases. Ismailov explains that, "it is very difficult to draw a line between forced and voluntary prostitution. Slave traders can escape punishment by saying that the women knew why they were traveling."

Moreover, after returning to their home country, most Kyrgyz women who have been trafficked as sex workers are prosecuted for their activities abroad or for crossing borders illegally. "Law enforcement officials do not take into account that women have been deceived and taken abroad by intermediaries using forged documents," says Elmira Shishkaraeva, regional program manager for Winrock International, a non-governmental organization (NGO) that combats human trafficking throughout the world. Shishkaraeva underscores that the Kyrgyz police need to be trained in how to fight human trafficking because "many of them believe that if someone has become a slave, they are guilty of something."

Struggling to stop trafficking, some members of the Kyrgyz parliament have urged the passage of a law that would ban human trade, but given the current financial crisis of the country, its implementation does not seem realistic, says *EurasiaNet*. That is why, the publication continues, human trafficking problems in Kyrgyzstan are entrusted to international NGOs like Winrock and the IOM. During the last year alone, the IOM has returned more than 120 Kyrgyz to their home country, covering their travel costs and expenses related to their release from slavery. The organization has also provided victims of trafficking with psychological care and employment; many experts believe that all costs associated with these activities should be borne by the state.

Russia Faces Similar Problems

Russia is facing similar sex trade problem, says *UN Wire*. Even though there are no statistics showing real figures for how many women are trafficked as sex workers from Russia, experts believe that the figure is in the high thousands.

According to Elena Mizulina, supervisor of a Russian parliamentary department studying sex trafficking, "[The sex trade] is a very safe business for criminals because witnesses are so scared to testify and the victim is often frightened because she is being blackmailed [with threats of harm to her children or family members]." On the other hand, Russian Duma Representative Anatoliy Kulikov says that "Victims' families are afraid to come forward because they are being blackmailed [by those who trafficked the women]." Given this, Russian lawmakers have decided to revise anti-trafficking legislation and to reinforce it with conditions that will assure the protection of victims and sex trade witnesses in an effort to put a stop to the problem.

As *UN Wire* reports, the decision was encouraged by a recent visit to the United States by Russian Lawmakers who observed the effective models for fighting the problem.

Workshops, Conferences, Opportunities and Grants

Global Health Council Seeks Nominations for Annual Awards

Each year at its annual meeting, the Global Health Council (CHC) presents award to organizations and individuals from countries throughout the world who have contributed to the improvement of health and the lives of people in need. GHC is currently seeking nominations for the following awards:

- Gates Award for Global Health
- Jonathan Mann Award for Global Health & Human Rights
- Best Practices in Global Health

Award presentation will take place on May 2, 2005, in Washington, DC. If you would like to nominate an organization or individual, please go to:

http://www.globalhealth.org/view_top.php?id=94

IAPAC Symposium: Keeping an Eye on the Future of HIV Disease Management

The International Association of Physicians in AIDS Care (IAPAC) will conduct a unique conference in London, September 23-24, 2004, at which healthcare professionals treating HIV patients will share experiences as a way to advance HIV/AIDS medicine toward solutions to on-going clinical questions. For additional information, visit:

www.iapac.org/home.asp?pid=59.

Biomedical Prevention of HIV: Current Status and Future Directions

The Royal Society of Medicine and the National Institutes of Health will hold a two-day conference in London, England, focusing on different aspects of HIV/AIDS. During the venue, participants will learn about new HIV vaccine trials and initiatives, advances in the prevention of mother-to-child transmission of HIV, and the impact of HIV/AIDS on children, among other issues. The conference will take place September 9-10, 2004.

For more information, see: www.rsm.ac.uk/academ/610-hivaid.htm.

EUPHA Conference Highlight Challenges in Health Promotion and Prevention

The theme of this year's European Public Health Association (EUPHA) annual conference is urbanization and health. The meeting will look at factors that cause disease and injury, as well as review challenges related to health promotion and prevention and ways to address lifestyle change. Held in Oslo, Norway, October 7-9, 2004, the event will bring together researchers, practitioners, and policymakers to discuss health problems related to urbanization, report on experiences and research results, and formulate common solutions and strategies. For more information, visit: www.eupha.org/html/menu3_2.html.

Features

Final West NIS Partnership Conference Assesses Twelve Years of Collaboration and Notes AIHA's Crucial Role in Healthcare Reform

Kiev, the capital of Ukraine, is a city of chestnut trees. It is especially beautiful in May, when their colorful blossoms appear, giving a special allure to the city's greenery. Residents of and visitors to Kiev hurry around the classic East European city center, enjoying the flood of sunlight and the shadows cast by the elegant buildings. That is business as usual in Kiev, but this May there was an important added element. In the very heart of the city, where the main street, Kreshchatik, terminates at European Square, familiar faces were seen near the Dnipro Hotel. People were engaged in animated conversation, shaking hands and exchanging business cards, as they walked toward Ukraine House on the far side of the Square. There, on May 18-20, AIHA held its final partnership conference for the western region of the NIS. Those in attendance were long-time partners, who met to share their achievements and experiences, as well as to collect a new store of knowledge to use as they work to sustain the programs they began years ago.

A History Lesson

AIHA became active in the western region of the Newly Independent States (NIS) in 1992, when the former republics of the recently dissolved Soviet Union were experiencing a severe economic crisis and political instability. It was a difficult time throughout society, but the healthcare system was one of the areas hardest hit. Healthcare was gripped by financial collapse, while simultaneously suffering from an information vacuum. It could not respond to the growing needs of the population; those needs, in turn, were caused by the unstable socioeconomic situation and fall of the standard of living in these countries. The difficulties were compounded by the fact that the Soviet healthcare system was not conducive to change, while the critical necessity of shifting to contemporary technologies capable of keeping up with the needs of the times was obvious.

Realizing that it would be impossible to solve all the problems of the healthcare system at once, AIHA focused its attention and resources on those that were most acute. In the process, the national interests and healthcare priorities of the western NIS countries were taken into account. Accordingly, the programs initiated in Belarus, Moldova, and Ukraine in the early 1990s focused on neonatal resuscitation, reproductive health, emergency medical services, infection control, nursing leadership, healthcare management, and information technology. Several years later, the success of these programs was recognized and new initiatives were begun through primary care partnerships, created in 1998 to further develop reforms within the region.



Ambassador John Herbst (far right) praises AIHA programs while Igor Zelenkevich (far left) and James P. Smith look on. (Photo: Vira Illiash)

The Impact of Partnership Programs on Comprehensive Care Provision and Health Improvement

The first day of the conference was devoted to the achievements and results of all these programs. Approximately 100 AIHA partners from Belarus, Moldova, Ukraine, and the United States attended the event, along with representatives from the Ministries of Health of these countries and staff from non-governmental and social organizations, as well as US Ambassador to Ukraine John Herbst, Head of USAID for West NIS Chris Crowley, Counselor of the Political and Humanitarian Department of the NIS Executive Committee Igor Zelenkevich, and AIHA Executive Director James P. Smith.

Ambassador Herbst strongly praised the AIHA programs, stressing that the high-quality healthcare models created by its partnerships are unique. "AIHA programs are valuable not only for promoting changes in the NIS healthcare infrastructure, but also for fundamentally changing the thinking of the people involved in the programs, who are enriched with the knowledge and resources needed for successful reforms. For the American partners, this collaboration has offered an invaluable opportunity to become acquainted with other cultures and methods of work, and to meet new friends and colleagues," Herbst said, emphasizing the importance of the volunteer principle upon which the partnerships are based.

Representatives from ministries and healthcare agencies also made clear the importance AIHA programs have had on healthcare reform in the region, pointing out that these partnership programs focus on those aspects that served as drivers for positive change and created a solid foundation for further independent development in the region.

Ukrainians Recount Accomplishments

A New Approach to Delivery of Care and Training for Physicians

Ukraine's Deputy Minister of Health Vladimir Zagorodny identified the creation of 18 model primary healthcare centers (PHCs) set up with support from six AIHA partnerships operating during the past five years as one such "engine of change" in his country, where primary healthcare reform is currently under way.

comprehensive approach to health problems and their ability to take into account the psychological and social status of the patient, as well as his physical condition, said Zagorodny. Each of these centers has psychologists and social workers on staff, in addition to general practitioners. Nurses are assigned a major role at these facilities. In addition to being managers, they handle patient visits that relate to disease prevention and healthy lifestyle choices, providing people with vital knowledge about and heightened responsibility for their health.

Another feature of these centers is their use of modern information technologies and resources, including evidence-based medicine as the basis for developing and using clinical manuals to treat the most prevalent diseases. This approach has been shown to help to substantially reduce hospitalization rates and length of treatment, as well as to minimize complications.

Sergei Tkach, a physician at the Kharkiv Aerospace Institute PHC, opened under the aegis of AIHA's Kharkiv/La Crosse partnership, told attendees about a specific instance where the introduction of clinical manuals at his center reduced hospitalizations for acute bronchitis by a factor of ten. The unjustified prescription of antibiotic therapy for this illness was reduced by the same factor, compared with 2001 levels. Just as indicative were the results of using a clinical manual for the treatment of simple caries in students. The Kharkiv team was able to reduce the rate of recurrence for this disease to 8.3 percent, versus 73 percent in 2000.

Nina Goyda, Kiev Medical Academy of Post-Graduate Education (KMAPE) vice-rector, noted that, "Not only do these centers provide a qualitatively new model for the comprehensive delivery of services to meet the needs of patients and their families, but they also serve as bases for upgrading the qualifications of primary healthcare workers." Five PHCs—in Kharkiv, Kiev, L'viv, Odessa, and Uzhgorod—have become training centers where medical students acquire clinical skills in family practice.

She said that post-graduate training of family physicians in Ukraine is also taking place with the participation of the Kiev/Philadelphia partnership. In close collaboration with American specialists from Temple University in Philadelphia, Ukrainian partners from the Scientific and Practical Center of Family Medicine (SPCFM)—which was created in the course of the partnership—developed a training program for family physicians in collaboration with staff from KMAPE. The provision of mental health services is an important component of this program. In addition, partners introduced the standardized patient methodology at the KMAPE (see ["The Standardized Patient: An Effective Teaching and Assessment Methodology to Solve Practical Training Problems in Ukraine"](#).) This instructional approach, which is new to Ukraine, instructs medical specialists in disease recognition using the acting skills of people trained to simulate the symptoms of certain illnesses. In the past, young physicians had to look for opportunities to develop their practical skills with real patients, which was not always possible or effective, due to limited time or non-existent opportunities to have contact with such a patient.

Working to Prevent MTCT

Deputy Minister of Health Zagorodny also noted that, "the prevention of mother-to-child transmission (PMTCT) of HIV Program [initiated by AIHA partners] . . . has also proven to be effective and very timely for Ukraine. In just three years since its implementation in the Odessa Oblast, the program has reduced vertical transmission by 75 percent," he said, noting that "such results definitely inspire hope." Zagorodny

emphasized the need for the further development of these types of programs, particularly given the fact that approximately 6,000 children have already been born to HIV-positive mothers in Ukraine, while the epidemic has engulfed one percent of the country's population of 50 million and continues to spread.

Svetlana Posokhova, deputy chief physician at the Odessa Oblast Hospital (OOH) and director of the PMTCT program there, explained the program's success this way: "Beginning in 1994, within the framework of AIHA's Odessa/Coney Island partnership, medical specialists from the Odessa OOH and our American colleagues developed neonatal resuscitation, women's health, and infection control programs at the hospital, which equipped us with what we needed to know and created a solid foundation for the inauguration of the PMTCT program in the Odessa region, started up in 1999, with support from the new Odessa/Boulder partnership, under the aegis of AIHA."

Posokhova stressed that the Odessa program was unique because "for the first time in Ukraine, HIV-positive patients were able to receive care in an ordinary general hospital, rather than a special AIDS treatment center. The term 'care' includes a broad spectrum of services, from counseling HIV-positive women on family planning issues and special measures to reduce the risk of mother-to-child transmission of HIV during pregnancy, labor, and the postpartum period to psychological help and social support for HIV-positive women, their children, and their families, as well as the provision of antiretroviral therapy when necessary."

The project implemented in Odessa has not gone unnoticed by the international community. The World Health Organization (WHO) gave high marks to the infrastructure created by OOH and named the hospital a Model Regional Medical Center for PMTCT. In June 2003, the Southern Ukraine AIDS Education Center (see ["New Odessa Clinic Offers Care to HIV-positive Women, Serves as a Regional Training Center for PMTCT of HIV"](#).) was opened at OOH to provide training for healthcare professionals throughout the NIS. AIHA is currently working with USAID and partners to replicate the Odessa model in Kazakhstan, Moldova, and Russia.

Saving the Youngest Lives

The Neonatal Resuscitation Program, developed in Ukraine under the aegis of AIHA and the Ukrainian Ministry of Health, has been called one of the country's most fruitful programs. At the time of its launch in 1996, infant asphyxia accounted for 58.5 percent of the cases of early neonatal mortality and fetal hypoxia was the cause of 75 percent of stillbirths. Under this program, 11,000 delivery-room physicians and nurses have been trained in practical, state-of-the-art resuscitation skills through the network of Neonatal Resuscitation Training Centers (NRTCs) created by AIHA. The first such center was opened within the framework of the L'viv/Detroit partnership at the L'viv Oblast Clinical Hospital as the result of a productive collaboration between neonatologists from Henry Ford Health Systems in Detroit, Michigan, and Ukrainian colleagues in the Newborn Intensive Care Department of the L'viv hospital. This Center served as a model for the replication of NRTCs in five



Elena Sulyma recounts the development of the NRP program in Ukraine. (Photo: Vira Illiash)

additional major Ukrainian cities: Donetsk, Dnipropetrovsk, Kharkiv, Kiev, and Odessa.

Elena Sulyma, director of the Kiev NRTC and former chief neonatologist for Ukraine, has devoted enormous efforts to the development of this program. She believes that the successful implementation of the project in L'viv made it possible to formulate a concept for and then to devise a national specialized neonatal resuscitation program, as well as modify the curriculum for post-graduate training of neonatologists, pediatricians, obstetricians/gynecologists, anesthesiology, resuscitation specialists, midwives, and nurses. Sulyma said that, "As a result of the spread of these methods in Ukraine, the leading causes of neonatal mortality have declined substantially. Compared with figures from 1997, by 2003, fatalities from newborn respiratory disorders had decreased by 62 percent and mortality from asphyxia by 47 percent."

Helping Women Take Control of Their Reproductive Health

Another area in which the conference took note of progress was improvements in reproductive health. According to Ukrainian Ministry of Health data, there was a sharp decline in the birth rate at the beginning of the 1990s, and this rate remains low today. At the present time, there are 8.5 births per 1,000, which is close to half the rate required to just reproduce the current level of the population. Statistics show that the greatest damage to reproductive health comes from abortions, which further aggravates a situation that includes the already depressing level of one million infertile married couples in the country. It is therefore a top-priority for Ukraine to develop a national policy to preserve and improve reproductive health.

Lyudmila Gutsal, director of the Women's Wellness Center (WWC) opened at the L'viv Railway Hospital in 1998, emphasized that the AIHA model—found in six Ukrainian cities, as well as two in Belarus and two in Moldova—is an effective tool for solving reproductive health problems because it integrates counseling, treatment, and methodological functions. Gutsal cited WWC successes such as the reduction of the abortion rate in the L'viv Oblast by nearly one-half in 2003, compared to 1999, while the use of contraceptives by the Center's patients increased by more than one-third. "The education of patients about family planning, as well as the prevention and early diagnosis of oncological pathologies of the reproductive organs, practiced at the Centers is an effective method in the quest to improve health," she said. With these factors in mind, the Ukrainian Ministry of Health has decided to replicate the WWC model in other regions of the country. This has become one of the objectives of Ukraine's National Health 2002-2011 intersectoral comprehensive program.

Moldovans Recount Full Range of Partnership Program Benefits

Ion Ababii, rector of the Nicolae Testemitanu State University of Medicine and Pharmacy (SMPU), identified the most important achievements of healthcare reform in Moldova as the improved accessibility of medical services, the enhanced quality of medical care, and the accent on preventive measures. All this "was possible because of the work of two AIHA partnerships—Chisinau/Minneapolis and Chisinau/Norfolk—whose programs coincided with the objectives of Moldova's healthcare policy and have had a very favorable impact on reforms in the field of healthcare and medical education in Moldova," he said.

Creating a Cadre of Trained Responders

Ababii noted that in the course of the Chisinau/Minneapolis partnership, an Emergency Medical Services Training Center (EMSTC) was opened in 1994 at the Chisinau

throughout West NIS.

In the early days of the Center's work, only ambulance crews received training, but within a year the training course had been extended to the medical university, so that now 6,000 young medical personnel can provide qualified emergency care under any conditions and in urgent cases. Moreover, residents in various specialties have also begun to undergo training at the EMSTC and the emergency medicine course has become an integral part of their educational program.

Ababii reported on the design of a National Program for the Development and Improvement of Emergency Medical Services saying that emergency care standards for the pre-hospitalization and hospital stages have been introduced at clinics and hospitals throughout Moldova. Over 10,000 individuals in all have received training at the regional EMSTC, including people from non-medical fields such as Moldovan airline employees, whom current Moldovan labor laws forbid to work without EMSTC certification.

New Paradigms in Women's and Family Health

Speaking about the very important work of the Chisinau/Minneapolis partnership in the field of women's health, Ababii explained how the Dalila WWC was opened in Chisinau in 1997, as one of the first WWCs in the region. This program was continued by the Chisinau/Norfolk partnership, with colleagues from Eastern Virginia Medical School, and resulted in the opening of another such center, named the Virginia Center, in the southern Moldovan city of Cahul. Ababii noted that the WWC experience is gradually spreading to other areas of the country and is having a positive impact on women's health. "The value of these Centers is that, besides delivering quality midwifery services, the staff can counsel patients on a wide range of issues, including family planning and the prevention of sexually transmitted infections, as well as offer assistance in solving problems related to family violence. Just a couple of years ago, all of this would have been extraordinary for Moldova," he emphasized.



Moldovan partners during the plenary session. (Photo: Vira Illiash)

Reviewing the Chisinau/Norfolk partnership's achievements, Ababii observed, "Today we are proud to have been able to use the experience of our Eastern Virginia colleagues in the field of primary healthcare. Two model PHC centers were created in Moldova under the partnership program—the Pro San Center in the Botanica district of Chisinau, and another one based at the SMPU. They both provide a wide range of high-quality services to over 30,000 patients."

Another innovative achievement of the Chisinau/Norfolk partnership identified by Ababii was the opening of a Practical Skills Teaching and Assessment Center at the university PHC clinic, which uses teaching methods that employ standardized patients. The Center trains and

tests physicians and residents, as well as senior medical school students, Ababii noted, saying that "The results show that the introduction of these methods enhances the mastery of clinical skills and promotes the development of certification standards." More than 1,300 physicians have undergone training at the Center since it opened.

Ababii also stressed that both partnerships attached great importance to the development of contemporary information technologies in medicine and medical education. This became possible, he said, thanks to the Learning Resource Centers (LRCs) created in the course of the partnerships. The LRCs have provided medical personnel, students, and instructors with access to information databases, publications, and the latest on-line training facilities. Rooms were equipped for teleconferencing with colleagues from the United States and Western Europe, both at the university PHC Clinic and at SMPU, with aid from AIHA. "We are currently reviewing the possibilities for using distance learning technology to hold scientific seminars, and even lectures, with physicians and students at other clinical centers," he noted in conclusion. "This would make it possible to expand our audience substantially and to speed up the spread of advanced technology in Moldova."

Partnership Programs Are Ingrained in Belarus's Healthcare Strategy

Paying tribute to AIHA partnership programs developed in Belarus, Deputy Minister of Health Viktor Rudenko singled out primary care, reproductive health, and nursing as the top priorities. "I would like to note that none of these programs is a transitory phenomenon, nor a campaign to solve some local problem," he declared. "They are clearly inscribed in the nation's strategic guidelines, which we regard as decisive for the coming decade."

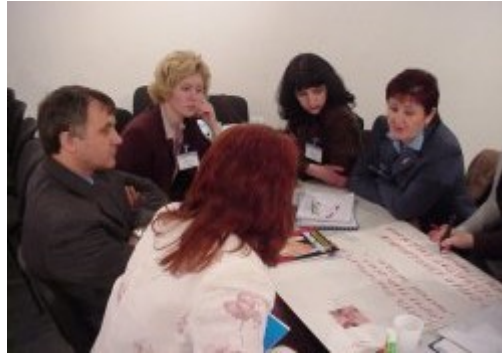
In this context, Rudenko emphasized that the introduction of the concept of family practice to the republic came as a result of the creation in 2000 of a Cardiovascular Disease Prevention Center (CDPC) at a Minsk polyclinic within the framework of the Minsk/New Brunswick partnership, and the experience Belarusian specialists gained in the course of the partnership in the field of primary healthcare. "Such collaboration enabled us to avoid unpromising operating principles and to begin to achieve our primary objectives using the latest methods," he said. By training Center personnel and providing first-class equipment, AIHA partners ensured the enormous popularity of this facility, which resulted not only from high-quality service, but also from the facility's overriding focus on the prevention of cardiovascular disease and its detection in the initial stages, as well as on promoting a healthy lifestyle for the local population. As Rudenko reported, "The model created by the partnership has been generally accepted in [Belarus]. Today this concept is being applied at 264 family practice offices, which are operating successfully not only in Belarus's cities, but also in its villages."

Embracing a New Model for Birth and Treating Women

Rudenko also said that the opening of the WWC in Minsk, created under the aegis of the Minsk/Pittsburgh partnership in 1998, and its replication in Mozyr, a large industrial city in Gomel Oblast that was affected by the Chernobyl accident, has brought many useful innovations to the existing women's healthcare system and has resulted in an improvement of reproductive health in Belarus.

In the opinion of Viktoriya Lozyuk, director of the Minsk WWC, the LAMAZE program, borrowed by the Belarusians from their partners at Magee Hospital in Pittsburgh, has unquestionably had a positive effect on the mentality of young parents. It is based on the "birthing partnership" principle, according to which members of a woman's family are involved in the process of preparing her to give birth. "This approach lets men develop a feeling of responsibility for the future infant earlier, and women experience minimal complications during labor," she stressed.

Besides providing a fairly wide range of medical and psychological care to the female half of the population, from adolescence through menopause, the Center's staff believe in educating the local population outside the WWC—specifically in secondary schools—because the reproductive potential of future parents is shaped in adolescence and it is very important to teach the younger generation responsibility for their health. Lozyuk said that there are 38 schools in the region served by the WWC, and each year nearly 60 percent of the students from these school acquire knowledge about how to make healthy lifestyle choices.



Working on community mobilization action plans are Georghe Chebanu, head physician, Chisinau Ambulance Hospital; Viktoriya Losyuk; Larisa Plaschinskaya, head, CDPC; and Galina Kulagina, president of the Belarus Nursing Association . (Photo: Vira Illiash)

Minsk residents also have something to boast about with regard to the education of the adult population. As a result of qualified family planning counseling, the number of abortions among Minsk women in the past year fell by nearly one-half, compared with 1998 figures. "We don't ascribe this success to the work of our Center alone, but we certainly made some contribution," Lozyuk asserted.

The deputy minister takes a similar view of the Centers' impact on the health of Belarusian children. "Of course, the remarkable reduction in child mortality in the country cannot be entirely ascribed to qualified prenatal care and public education at the Women's Wellness Centers opened by AIHA, but, on the other hand, we must acknowledge that they are the ones making an impact on this comprehensive indicator of the health of the population. Therefore, their experience merits wide dissemination in Belarus," he emphasized.

Turning West NIS Nurses Into Leaders

Another important program that has brought about positive organizational shifts in all healthcare systems in the West NIS region is the Nursing Leadership Program. Since the establishment of AIHA partnerships in these countries, more than 140 nurses have learned not only methods for delivering high-quality medical services, but also the skills needed for teaching and the basics of clinical management—which have substantially enhanced their role and made nursing a prestigious and promising profession throughout the region.

Proof of this is the creation of nursing departments at institutions of higher medical education in Belarus, Moldova, and Ukraine, which have often been established with the aid and support of nurses who participated in AIHA partnership programs. These nurses were also among the first in their profession to receive diplomas from departments of higher education and they are now helping to reorganize nursing in their countries by training new middle-echelon leaders.

Elena Stempovskaya, head of the Moldova Nurses Association, who presented a report on nursing program successes in the NIS, noted that training 18 partnership nurses through the International Nursing Leadership Institute (INLI) was a very important project for creating a progressive nursing corps. "Thanks to this opportunity, it was possible to advance projects in Belarus, Moldova, and Ukraine developed by graduates

of INLI in the areas of upgrading clinical practice and creating teaching programs and nursing associations," she said.

Reflecting on the results of these initiatives, Stempovskaya emphasized that the new leadership had made it possible for the nursing movement in these countries to begin to develop at a faster pace. To date, tens of thousands of nurses have joined the national nurses associations created in West NIS, something that was not seen just several years ago. Moreover, the nursing movement, initiated in six Ukrainian oblasts, rapidly extended beyond those oblasts where partnerships existed, resulting in the creation of regional nursing associations in 19 Ukrainian oblasts in recent years.

"These organizations are a vital tool for the dissemination of advanced clinical practice and management methods," Stempovskaya noted. By way of confirmation, she reported that new patient care standards, adopted by the 13,000-member Moldova Nurses Association, have made it possible to reduce the frequency of postoperative pulmonary complications in the country's hospitals from 12 to 5 percent in just one year. "The role of nurses, as well as the benefit they bring to the community, is enormous, and we are grateful to AIHA for the knowledge and resources that have given us the opportunity to demonstrate this in practice," she declared.

Summing Up the Years

In addition to the programs developed and replicated at the national level in the three West NIS countries, there were reports during the conference on programs developed at the local level in response to the needs and requirements of the populations served by the partnerships. The following were mentioned, in particular:

- the Miners Health Program, which is working successfully at Donetsk City Hospital #25, in the framework of the Donetsk/Pittsburgh partnership;
- creation of the Student Psychological Counseling Center within the framework of the Kharkiv Aerospace Institute and La Crosse partnership program;
- the Healthy Lifestyle Program for Uzhgorod and Velyky Berezny schoolchildren, with the cooperation of Corvallis specialists; and
- the Red Flags Program for the Prevention and Early Detection of Depression in Adolescents, under the L'viv/Cleveland partnership.

Addressing the conference participants, AIHA Executive Director James Smith expressed delight with the numerous triumphs achieved by health personnel from the West NIS countries and their American colleagues during 12 years of fruitful collaboration in the framework of AIHA programs. "We have come a long way together," Smith said, stressing that 12 years ago it would have been hard to believe that representatives of such different systems as the NIS and the United States would be able to grow so close and to create this powerful capability, which has laid the basis for transforming the healthcare systems in these three countries.

Summing up these years and looking toward the future, he said "The success of the partnerships is evident because all of your efforts have been recognized and have been extended at both the local and national levels. The future is now in your hands, and its success will depend on the extent to which you are able to use the experience accumulated during these years of collaboration to cope with the problems now challenging the world community—the HIV/AIDS epidemic, tuberculosis, the burgeoning problems related to substance abuse, the behaviors and lifestyle choices that contribute to chronic diseases such as hypertension, cardiovascular disease, and asthma—all of which reduce our life term. Although the AIHA partnerships are winding

up their work in the West NIS region, I believe that we shall remain partners, colleagues and friends, and that our common achievements will become a platform for future triumphs."

Inspiring Partners to Work Independently by Equipping Them with Strategies for Mobilizing Communities and Gaining Financial Support for Programs

The last two days of the conference were devoted to activities during which AIHA partners could obtain knowledge needed to further the successful development of their programs, as well as find new partners for collaboration and promising fields of activity.

One second day plenary session focused on mobilizing the community to meet the needs and solve the problems of youth. This topic was chosen because of the enormous number of risks young people face due to their ignorance of disease prevention and neglect of healthy lifestyles.



During a media game show, Stepan Mayilo, director of the Internal Medicine Department at the Kiev SPCFM, presents a healthy lifestyle message designed to reach the general population. (Photo: Vira Illiash)

In his talk, WHO Ukraine Liaison Officer Yuri Subbotin noted that the main factors negatively effecting young people's health are smoking, alcohol consumption, inadequate diet, lack of physical exercise, neglect of hygiene, and indiscriminate sexual behavior. Given that a healthy mind is a healthy body—and vice versa—mental health problems should probably be added to this list. He said that improvement of the situation, which is especially inauspicious in the countries of the former Soviet Union, will require a radical change in the population's attitude towards health, adding that this will not be possible with the efforts of only one or two organizations, but will require the involvement of many sectors of society, both governmental and private, to arouse the interest of the local population through educational programs, sport

events, and/or creative activities.

To give conference participants knowledge that will help them mobilize their communities and direct their efforts towards improving the health of the population, projects that have proven effective in a number of countries were discussed. Among these were the Open World Program, funded by the US Library of Congress, whose mission is the creation of a healthy community with the help of dedicated leaders; WHO's program for a European network of schools promoting better health; and two other wide-ranging WHO projects: Healthy Regions and Healthy Cities, which are designed to change people's worldview with regard to the protection, maintenance, and improvement of health, and to provide the tools needed to accomplish this.

Mobilizing the Mass Media

Another second day session was devoted to the role of the mass media in community mobilization. Journalists from the independent media network Internews-Ukraine revealed several secrets for successful collaboration. One tip is to remember that all types of mass media are tools for shaping public opinion and inspiring large numbers of people to act. Thus, drawing the attention and interest of journalists, as well as

their target audiences, about the information healthcare providers and policymakers want to publicize is of vital importance. In this vein, the session looked at how to choose the right information "carrier" to "hit" the targeted population group. In addition, the partners received practical recommendations on planning and implementing activities to attract journalists.

Grant Writing for Sustainability

The final day of the conference offered participants an opportunity to become acquainted with the process of writing and submitting grant applications.

Zoya Shabarova, AIHA technical advisor and consultant, reviewed the detailed mechanisms of grant proposal writing and the application process, while William Aaronson, Kiev/Philadelphia partnership coordinator and professor at Fox School of Business and Management, Temple University, gave participants specific tools on how to select good grant opportunities and write winning proposals. In addition, representatives from the Ukrainian Citizen Action Network (UCAN) and the International HIV/AIDS Alliance—NGOs that award grants—explained the process of solicitation and proposal review, giving partners a better understanding of funding agency requirements. The goal of the session was to give partners the tools they need if they seek financial aid for the support and development of existing programs.



Bill Aaronson answers questions about proposal development strategies. (Photo: Vira Illiash)

Summing up the conference, AIHA Regional Director for WestNIS Alyona Gerasimova says that, "Even though AIHA has now graduated all of its partnerships in the West NIS region, I think we have every right to say that the programs initiated by AIHA and its partners are not over. They will continue to expand and develop as a result of the dedication and commitment of the Belarusian, Moldovan, and Ukrainian health professionals and thanks to the support that they have gained at both the governmental and community levels. I have faith in our partners, and in their skills, knowledge, and expertise, and I believe there will be other funding opportunities that will allow for the roll out of centers based on AIHA models and the scale up of its programs."

—Unless otherwise noted, all stories in this issue are written by AIHA Staff Writer Vira Illiash who is based in Kiev, Ukraine.