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Partner News



AIHA's EurasiaHealth Project Showcased at Prague Conference

AIHA participated in the [10th World Congress on Internet in Medicine, MedNet 2005](#), held December 5-7 in Prague, Czech Republic. Richard Custer and Irina Ibraghimova, principal content developers of AIHA's [EurasiaHealth Knowledge Network](#) Web site, made a presentation titled, "EurasiaHealth Knowledge Network: Web-based Multilingual Resources for the

International Community," during a session devoted to medical information distribution and retrieval methods and sources.

In their presentation, Ibragimova and Custer described the content of the EurasiaHealth site, its associated mailing lists, and the steady growth in the number of available resources since the project's inception. Noting that the site has enjoyed a steady increase in users over the past several years of operation, they discussed the various methods of analysis used to better respond to the needs of the user base, including profession, geographical origin, native language, and areas of specialization.



Irina Ibragimova presents during the conference in Prague. (Photo: Richard Custer)



Eva Lesenkova and Irina Ibragimova.
(Photo: Richard Custer)

The pair also spoke about future plans for the site, which include the development of specialized toolkits and collaborating with other organizations to create new resources and facilitate the translations of major medical references.

Among other AIHA-related participants at the conference was Eva Lesenkova, head medical librarian at Prague's [Institute for Postgraduate Medical Education](#) and information coordinator at the Learning Resource Center established through AIHA's now-graduated

Bohemia/Nevada partnership, who presented a poster titled, "Access to e-Journals in the Medical Libraries in the Czech Republic."

MedNet is sponsored by the [Society for the Internet in Medicine](#) and was hosted this year by the [Czech Society of Medical Informatics](#). The more than 150 participants came from some 24 countries, primarily in Europe, but also Argentina, Australia, Canada, Czech Republic, Egypt, Hong Kong, Hungary, Israel, Mexico, Pakistan, and the United States.

For more information about the NIS/CEE-related Web sites that were discussed in MedNet conference papers and poster presentations, check the December 2005 issue of the [EurasiaHealth Bulletin](#).

—By Richard Custer, AIHA research associate for information and communication technology programs



Family Medicine Physicians Gain Leadership and Teaching Skills at Gori/Milwaukee Workshop

As part of an effort to strengthen Georgia's emerging specialty in

family medicine, two American experts recently led a Community Medicine Faculty Development Workshop in Gori. The July 18-22 workshop drew family medicine trainers and physicians from three areas of Georgia—Shida Kartli, where Gori is located; Guria; and Mtskheta—all sites of current or graduated AIHA partnerships. During the event, participants developed their teaching and leadership skills and learned how the approach taken in family medicine could be expanded to a community-wide focus.

The workshop was led by Seth Foldy, an associate professor of family and community medicine at the Medical College of Wisconsin, and Fred Tavill, a senior program consultant at the Milwaukee, Wisconsin-based Center for International Health and the US partnership coordinator for AIHA's Gori/Milwaukee partnership.

"Our goal was on training leaders who would be advocates for family and community health," Foldy says. "We wanted our workshop participants to recognize themselves as community catalysts." This is a tall order for Georgia's family medicine professionals. The specialty is still relatively new in Georgia, where the government is in the process of re-orienting its hospital-based healthcare system to one more focused on prevention and primary care.

Physicians trained in other specialties are now being re-trained as family medicine doctors, in part through the efforts of the AIHA partnership program. For that reason, the workshop was primarily targeted at family medicine trainers and potential trainers—physicians currently undergoing a 940-hour course in family medicine developed through the graduated Mtskheta/Milwaukee partnership. At the workshop, Foldy and Tavill stressed educational techniques and approaches that are just as relevant to educating patients and the general public about healthier lifestyle choices as they are to training doctors in a new field of medicine. Unfortunately, Foldy explains, "these are not skills that are part of medical school."

The workshop that he and Tavill designed was therefore highly experiential, introducing participatory planning tools and behavior change techniques by engaging trainees in a series of related exercises. While many of the participants had had a theoretical introduction to these methods, Foldy admits that most had little actual experience with them. Now that they have this experience, the participants can replicate the practical exercises in their own work as trainers and use the tools to engage patients, trainees, and community stakeholders.

Among the topics that participants found most interesting were learning as behavior change and community-oriented primary care. During the workshop's second day, Foldy and Tavill introduced adult learning approaches and connected these to models of behavior change. These models view behavior change as a



Vakhtang Barbakadze, head of the Department of Internal Medicine at the National Institute of Therapy, assists a group of workshop participants with developing a sustainability plan for a local hypertension management and prevention program. (Photo: Seth Foldy)

continuum and posit that individuals at different stages of the continuum need different kinds of support. By understanding what stage an individual is at, family medicine doctors can tailor patient education and support services to be more effective. Those teaching family medicine can apply the same approach to their students, designing training messages that will help physicians change their practices to reflect the prevention-focused approach of the specialty.



One of the workshop's participants (left) celebrates her completion of the Community Medicine Faculty Development Workshop with instructor Seth Foldy, translator Tamar Shanidze, and Center for International Health Medical Director Fred Tavill. (Photo: courtesy of Seth Foldy)

In the module on community-oriented primary care, participants learned to use their experiences as medical practitioners as a springboard to reach out to the community at large. Taking hypothyroidism—a condition caused by iodine deficiency and common in much of Georgia—as an example, they explored how a community-based prevention program might be designed. One emphasis was on creating local support for health initiatives. According to Foldy, "The concept of making common cause with other sectors of the community was not a familiar one for the Georgians. The idea that the community itself has resources is a powerful one."

The Georgian communities that sent representatives to the Community Medicine Faculty Development Workshop have gained a powerful, new resource—a cadre of family medicine professionals who know what it will take to be catalysts for improving the health of Georgian families and communities.

—By Sara Wright, AIHA writer and editor



Emergency Pediatric Center at Iashvili Children's Central Hospital in Tbilisi Saves Lives, Greatly Improves Pediatric Services

The name of a three-year old girl who is playing in the waiting room of the Emergency Pediatric Center (EPC) is on the list on the triage board. It is written in green, meaning that the young child's condition is stable and that she can wait until the needs of the patients whose names are written in red and blue are addressed. Although triage is a normal part of urgent care in the United States, Europe, and many other parts of the world, the technique was never used in the former Soviet Union and is still unique for many of the emergency hospitals in its former republics.

It's not surprising that the EPC has implemented a system of evaluating patients that is unique within the region—after all, the center itself is the only facility of its kind to be found in Eastern Europe. The brand new facility on the ground floor of Iashvili Children's Central Hospital in Tbilisi is bright and cheerful and was designed in accordance with western standards. It opened its doors just one year ago, but during that time the number of patients it serves has increased three-fold and it's easy to see why.



A little patient and her mother spend time playing while waiting for their turn to be served at the EPC. (Photo: Vira Illiash)

The center provides services free of charge. It is open 24-hours-a-day, seven days a week and is equipped with hi-tech diagnostic and laboratory equipment. Financed with the contributions of 22 commercial and non-governmental organizations, the facility boasts a professional staff who were trained by specialists from the Emory University School of Medicine and Children's Healthcare of Atlanta at Egleston to perform all sorts of clinical procedures used to manage a variety of medical problems ranging from acute respiratory infection to abdominal pain, head trauma, febrile seizures, and infections of the nervous system. Due to this collaboration, emergency medicine is now recognized as a medical specialty for physicians in Georgia.



Nino Kikodze, head of the EPC shows off the state-of-the art facilities used to provide care for patients with acute conditions. (Photo: Vira Illiash)

Through advanced practitioner training in emergency medicine—as well as the development of clinical practice guidelines—EPC has been able to decrease the average length of a hospital stay from 13 to seven days while at the same time increasing the rate of discharges from 8 to 56 percent. As a result, the Center managed to reduce its operating costs by almost \$450,000 of its projected budget within the first year of its operation. Even more impressive is the fact that although the Center treats the most difficult cases from all regions of Georgia, mortality rates have decreased.

In part, the many successes achieved by EPC can be attributed to the skills that staff gained through a number of management trainings held by the US partners. As a result, significant improvements in cost recovery, the registration system, and the organizational structure have been made. This, in turn, contributes greatly to more effective decision-making and marked improvements in priority setting and self-sufficiency. The partners have also been effective at achieving improvements in the delivery of nursing services and teamwork, thereby improving quality control procedures, infection control, and rational drug use.

Acknowledging the effectiveness of the center, Georgia's Ministry of Health and

Social Support has decided to finance it from the state budget and is planning to replicate its model throughout the country. To facilitate the replication, the partners plan to establish the Emergency Pediatric Training Center, which will be staffed by certified trainers who have completed an Initial Pediatric Life Support Course provided by the specialists from Emory. The certified trainers will then disseminate their knowledge to colleagues from the country's other emergency hospitals.



Ganja/Livermore Partnership Introduces High-Quality Neonatal Resuscitation Services, Community Health Advisory Board

For many years, asphyxia was the main cause of infant mortality at Maternity Hospital No. 1 in Ganja, Azerbaijan. Doctors lacked both the instruments and the skills to provide critical care, so they would use any available methods and makeshift techniques to resuscitate a newborn—putting a baby who was in respiratory distress in a basin of hot water and pouring cold water over him, for example. These newborns were often given a great number of ineffective medications that subsequently caused many physical complications and hindered mental development. There was no way to help premature babies or infants with hyperbilirubinemia. More commonly known as jaundice, hyperbilirubinemia can lead to the breakdown of red blood cells, so every second counts when providing care to infants with this condition. Effective treatment requires a complete blood transfusion and placing the baby under a quartz lamp. Unfortunately, the maternity hospital did not have this piece of equipment, so all newborns with this complication were sent to the Azeri capital of Baku. Sometimes it would take 12 hours to do the paperwork and transport the child.

Although they tried every way possible to save their patients under unsuitable conditions, the physicians understood that many of their efforts were ineffective. In order to provide timely, high-quality care for newborns they needed to know the latest technologies in neonatal resuscitation, as well as have special equipment and instruments. Unfortunately financial limitations made it impossible to access either.



Help arrived from AIHA's Ganja/Livermore partnership, which has singled out neonatal resuscitation as one its priority areas. Several months ago, the maternity hospital received a quartz lamp and a special training session was held to teach the staff how to use it. This equipment and knowledge has already made it possible for the maternity hospital staff to save the life of one baby born with hyperbilirubinemia, as well as to provide prompt care to 14 other premature infants who also needed the "rescue light." In addition, 13 doctors from three maternity hospitals in Ganja received training through the neonatal resuscitation program designed by AIHA in response to the high maternal and infant mortality rates in the region. Now these specialists are

Elmira Namazova, head of the Neonatal Department at the Maternity House No. 1, describes how the quartz lamp donated by the US partners from Livermore works to treat babies with jaundice. (Photo: Vira Illiash.)

successfully introducing high-quality neonatal resuscitation services at their institutions and also spreading the knowledge they received at the workshop among their colleagues. For this purpose, the American partners provided mannequins, training materials, and medical supplies.



During a partnership exchange visit in October, CAB members gathered in the Learning Resource Center at Polyclinic No. 6 to discuss achievements and future plans with their American partners and AIHA staff. (Photo: Vira Illiash)

Another achievement of this partnership is the creation of a Community Health Advisory Board (CAB). The council works out of Polyclinic No. 6 to ensure that the population it serves participates in ongoing efforts to solve health problems in the region. This approach represents an innovation not only for Ganja, but also for the former Soviet Union. In the past, people were never asked about their needs; all of their priorities were determined by high-ranking officials. Now, board members that include representatives from various sectors of society, as well as healthcare professionals, have an opportunity to

discuss local residents' problems and to create programs aimed at solving them. Thus, the healthcare specialists have a clear picture of their patients' immediate needs while the community representatives know about the capabilities and resources of the partnership and share this information with other members of their specific groups. This cooperation has enabled Ganja to successfully implement programs on hypertension, bronchial asthma, diabetes, women's health, and promotion of a healthy lifestyle. All of the council members are involved in developing educational materials on these topics, which has resulted in the publication of informational brochures and leaflets written in a language that is comprehensible to all groups of the population.

One concrete example of demand for the partnership's programs is the creation of an initiative group on disease prevention at the Technological University. The group was organized by a teacher who is also a CAB member. The initiative group was conceived in mid-2005 when, at the teacher's request, healthcare specialists from Polyclinic No. 6 gave free examinations to university employees in an effort to detect and treat the most widespread diseases. In the course of the examinations, many cases of chronic illnesses were diagnosed in patients who hadn't visited their doctors because they didn't recognize the symptoms. As a result of successful cooperation with the clinic, physicians and university representatives organized the initiative group. In addition, they invited the clinic healthcare workers to take part in the group and to continue to help address the problem of faculty and student health, as well as to help develop programs to prevent sexually transmitted infections and harmful habits, which are very topical among youth. Members of the group believe that helping people is itself a healing task and note with satisfaction that they are proud of their new activity and ability to expand it.

Regional News

HIV/AIDS Takes Center Stage in Russia

Public opinion surveys in Russia indicate that a majority of Russians believe more attention should be given to HIV/AIDS and that the media can be an effective vehicle for promoting greater awareness of the issue, according to a July 2005 survey released by Transatlantic Partners Against AIDS (TPAA).

The survey, which polled a nationally representative sample of Russian adults aged 18 to 50, also indicates that 84 percent of respondents believe that the number of Russians living with AIDS has increased during the past five years, 70 percent believe that AIDS is not receiving enough public attention, and 78 percent view mass media as an instrumental component in the fight against AIDS. This survey is reflective of official AIDS statistics, which estimate that 800,000 to 1.5 million Russians may be living with HIV/AIDS, according to TPAA. The organization also reports that AIDS has been particularly devastating to younger generations, with men and women under the age of 30 accounting for 80 percent of all registered cases of HIV. This finding is critical because it raises serious health concerns for the future of an already declining Russian population.

Despite this alarming jump in reported cases of HIV/AIDS, the survey also testifies to the effectiveness of the STOPSPID media campaign in promoting AIDS awareness. TPAA reports that 46 percent of respondents were familiar with at least one of STOPSPID's televised public service announcements and, of those who saw these PSAs, 47 percent were motivated to learn more about AIDS after watching. These results are encouraging to media executives who are pushing for an even more aggressive STOPSPID campaign in 2006, including broadening the campaign's reach across different types of media, integration of HIV/AIDS themes into popular programming, and increasing investments for educational resources on HIV/AIDS.

In addition, TPAA has collaborated with the Kaiser Family Foundation to organize training sessions for journalists in many Russian cities. More than 120 journalists from federal and regional news agencies have attended these briefings and have since published in excess of 100 articles in local and national mass media outlets. According to Alexander Rodnyansky, president of CTC-Media and chairman of the Russian Media Partnership to Combat HIV/AIDS, "our shared goal is to continue building a personal connection between our audience and HIV/AIDS to inspire them to action."

The major initiative of TPAA programs is to reduce the stigma that has traditionally been linked to HIV/AIDS. Vladimir Pozner, president of the Russian Television Academy and member of TPAA's Board of Directors said, "The STOPSPID campaign reminds us that AIDS affects everyone, challenges our negative stigmas about this disease, and encourages each of us to take responsibility for our behavior in order to prevent infection and support people already living with HIV/AIDS." Pozner also said that the widespread prevalence of stigma is largely attributed to the fact that very few Russian people actually know someone living with AIDS. AIDS has traditionally been associated with injecting drug use and homosexuality and stigmas have become amplified due to

a lack of awareness and information regarding HIV transmission.

President Putin's recent decision to increase AIDS funding 20-fold in 2006 also represents a monumental step forward in prioritizing the AIDS issue. This federal support will provide the necessary resources for TPAA to launch media campaigns, target larger audiences more effectively, and ultimately help to curb the spread of HIV/AIDS in Russia.

"The Russian Media Partnership model, which unites the resources and expertise of media companies, consumer products companies, civil society, state structures, and the international community, is truly innovative and showing great potential," said TPAA President John Tedstrom. "All the statistics show that HIV is gaining a strong foothold in Russia and is spreading throughout society. Stigma and discrimination are still our biggest enemies. I hope our campaign opens people's hearts and eyes to the fact that this epidemic is real. It's also stoppable with responsible behavior on all levels and that's what this amazing partnership is all about."

In Albania, Prevention and Education Play Key Role in Staving Off HIV/AIDS Epidemic

Albania has, to date, escaped the HIV/AIDS epidemic that has taken root in many other countries of the former Soviet Union. The extreme isolation of the communist period, coupled with conservative sexual mores, have thus far limited the spread of HIV, but have also provided fertile soil for widespread stigma against people living with the virus. The resulting discrimination has consequently impeded the ability of these patients to receive the care they need and discouraged the government from making HIV/AIDS prevention and treatment a priority—laws have been created to protect people living with HIV/AIDS (PLWHA), but the Ministry of Health and the Ministry of Social Affairs have failed to implement these measures.

Given the current situation, many Albanian PLWHA are so fearful of the stigma accompanying their disease that they opt not to seek care at all. Such behavior further increases the risk of spreading HIV because patients often keep their condition a secret, and thus are more likely to infect others.

Although current HIV incidence rates in the country are relatively low, that could change rapidly if necessary prevention and education measures are not taken. As yet, the infection rate has not surpassed 0.1 percent of the population—well below the 1 percent threshold at which the virus can spread quickly. Despite low incidence rates, officials forecast that Albania will have 7,000 cases of HIV/AIDS by 2015, an alarming jump from the 400-700 estimated cases currently infecting the population.

Results from a current study have revealed that HIV is rapidly transforming from a disease of "outsiders" contracted mainly from Western Europe to an internal problem. This study also identifies several groups within Albania who are most vulnerable to HIV, including men who have sex with men and Roma whose incidence rates are 3 percent and 0.5 percent, respectively. Albania is also home to an estimated 30,000 injecting drug users, a group that has largely contributed to the spread of HIV in many Central and Eastern European countries. Furthermore, eight cases of HIV/AIDS have been contracted through blood

transfusions, which raises questions as to the health of the nation's already small pool of blood donors.

Genc Mucollari, head of the nongovernmental organization Aksion Plus, describes the HIV/AIDS situation in Albania as "a hidden volcano that could explode at any moment if the state and society are not fully aware of it." The United Nations Thematic Group on HIV/AIDS echoes this sentiment claiming that "it is important that the situation is addressed now and the epidemic is kept under control."

Albania has recently been promised funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2006. While this represents a breakthrough in the fight to curb the spread the HIV/AIDS, the report calls on the country to redouble its efforts to prevent HIV/AIDS from reaching epidemic proportions and protect future generations from this deadly disease.

WHO Grant Helps Ukraine Combat Tuberculosis

In September 2005, the World Health Organization (WHO) awarded Ukraine a 2.5 million dollar grant to combat the country's growing tuberculosis epidemic, according to Mykola Polischuk, who was Minister of Health at the time the grant was awarded. This funding will provide for the purchase of high-quality medications and allow for the cost-effective treatment of 75,000 patients over three years beginning in January 2006.

The new treatment program will employ the DOTS (Directly Observed Therapy-Short Course) strategy, which has been recognized as the world's best strategy for fighting TB largely due to its reliance on cheaper microbiological methods of diagnosis rather than X-rays. Patients are first identified using microscopy services then prescribed the correct dosage of anti-TB medicines for a period of six to eight months. If administered accurately, DOTS can successfully treat TB in 99 percent of cases.

Ukrainian President Viktor Yushchenko echoed WHO's decision to increase TB funding in October when he pledged to increase health funding, restore the country's failing health system, and fight the spread of HIV and tuberculosis, according to the *Associated Press*.

Ukraine's estimated TB rate is currently 95 cases per 100,000 people, according to the United States Agency for International Development (USAID). This prevalence is the eighth highest in the world and United Nations reports show that TB in Ukraine may be increasing at a faster rate than in many African countries.

Although DOTS has been used in Ukraine for several years, outdated medical approaches have remained in place due to a deterioration in Ukraine's healthcare system triggered by the breakup of the Soviet Union in the early 1990s. The collapse of the Soviet Union amplified the spread of many infectious diseases—such as TB and multi-drug resistant TB (MDR-TB)—in many former Soviet republics. Until recently, these diseases have been largely ignored.

DOTS was not officially implemented in Ukraine until 2000 when USAID and the European Union provided funding to initiate the strategy in Donetsk Oblast.

DOTS has proven extremely effective in lowering mortality rates for TB patients as articulated by Maja Goroschoko, Deputy Director of the Donetsk TB Hospital. "Before DOTS, only TB specialists were able to detect cases by using expensive X-rays. Only a few cases could be detected and treated and the patients had to stay at the hospital for at least one year. This is a huge difference and now everyone who develops infectious TB can be detected and treated."

The most difficult obstacle in implementing DOTS throughout Ukraine is the two-phase strategy upon which DOTS operates. In phase one, contagious patients remain in the hospital for an average of two months. In phase two, patients can continue treatment from home with the help of trained workers or volunteers at local clinics who supply medicine. This fundamental change in care will involve a long and arduous process of altering existing TB treatment programs.

An additional impediment to treating TB is the increasing number of patients suffering from resistant strains. MDR-TB has become resistant to at least two of the medicines commonly used to treat TB-Isoniazid and Rifampicin. WHO reports indicate that TB patients in Eastern Europe and Central Asia are 10 times more likely to have MDR-TB. In many of these countries, the prevalence of MDR-TB in new patients is as high as 14 percent. Although treating regular TB is relatively cheap, costing an estimated \$10 per six months of treatment, MDR-TB is 100 times more expensive to treat, and even then there is no guarantee of a cure.

Increasing prevalence of HIV/AIDS in Eurasia has further amplified the problem due to the fact that HIV weakens the immune system, making HIV patients more vulnerable to TB or MDR-TB. "TB drug resistance is an urgent public health issue for countries from the former Soviet Union," says Mario Raviglione, director of WHO's Stop TB Department. "It is in the interest of every country to support rapid scale-up of TB control if we are to overcome MDR-TB."

Despite the existence of significant obstacles, DOTS has already yielded tangible positive results in Ukraine. "Since we started DOTS, our success rate in treating TB has risen from 57 percent to 81 Percent. This is a major step up that will also help to get the development of MDR-TB under control," says Goroschko.

Kestutis Miskinis, medical officer at the WHO TB Control Office in Ukraine, agrees. "In order to control TB and MDR-TB in the long term we need to move forward with DOTS systematically. In regions where DOTS is not implemented, doctors do not have to follow any protocol with regard to the use of first and second line drugs. Drugs that are prescribed to MDR-TB patients often have not even been tested before and there are no regulations for a recommended dosage. If we do not expand DOTS, these factors will contribute to mounting levels of drug resistance in the country."

—All articles in this section were prepared by Barret Jefferds, freelance journalist

Workshops, Conferences, Opportunities and Grants

11th European Forum on Quality Improvement in Health Care

More than 1,000 healthcare professionals from some 40 countries worldwide will

gather in Central Europe this spring to increase their knowledge of healthcare quality improvement and to build a base for further research in the field. The conference will offer 50 innovative sessions and many opportunities for networking with experts and colleagues dedicated to healthcare progress worldwide. The event will take place in Prague, Czech Republic, April 26-28, 2006. For more information, please see:

www.bma.org.uk/BMJ/FormsBMJ.nsf/confweb/RNAH-6BPBEK

15th World Congress of the International Society for the Study of Hypertension in Pregnancy

This event—scheduled for July 2-5, 2006, in Lisbon, Portugal—will provide an opportunity for scientists and clinicians working in the field of maternal and child healthcare to discuss recent developments in the pathogenesis of hypertensive disorders, particularly pre-eclampsia, fetal growth restriction, and gestational diabetes, giving rise to the concept that pregnancy could be a cardiovascular and metabolic stress test for life. For additional information, please visit:

congresso.browser.pt/index.aspx

12th European Conference for Family Doctors

"Bridging the gap between biology and humanities" will be the underlying theme of the 12th European Conference of World Organization of National Colleges, Academies and Academic Associations of General Practitioners (WONCA). The conference program will offer six different themes, such as biology and humanities; caring for the world; family practice research; quality; education; and risk and safety. Participants will have a chance to attend their preferred sessions gaining new ideas, state-of-the-art knowledge, and reliable guidelines. The conference will take place in Florence, Italy, August 27-30, 2006. For more info, visit: www.woncaeurope2006.org/home/home/index.asp?p=1

2006 Congress of the International Council on Women's Health Issues

The congress will provide important information on issues facing women's health today and in the future. It will be held in Sydney, Australia, November 15-18, 2006, and is expected to attract 600 delegates from throughout the world. For more information, please visit: www.icowhi2006.com/Default.htm

Features

In Moldova's War against TB, AIHA Is Fighting on the Front Lines

The first week of October was filled with important events for healthcare specialists and the staff of international organizations involved in the fight against tuberculosis (TB) in Moldova. On Monday, Oct. 3, a regional reference laboratory for TB testing was opened in the city of Bender. It is the fourth and final link in a comprehensive network of modern laboratories created on both banks of the Nistru River under the auspices of AIHA's Strengthening Tuberculosis Control in Moldova Project, which has been operating since 2003

with financial support from the US Agency for International Development (USAID).

Laboratory staff looked especially festive that day. Not only were their blindingly white medical coats radiant; the eyes of these professionals also shone with joy. And no wonder, according to Anna Kantser, a senior laboratory technician. "We used to go to work with a heavy feeling of fear, exposing ourselves to the danger of infection every day," she says, explaining, "There was no ventilation system in the building where we worked. And it was too small. We had to carry out various laboratory procedures in a single room, against elementary professional safety standards."

The picture had been even gloomier: Because it services all of Transnistria, a region with approximately 600,000 inhabitants, the laboratory was always overloaded with pathological samples. "The way it worked in our old facility was that everything was done to help the microbes," laboratory director Nicolae Galan asserts, adding with satisfaction, "In the new one, though, everything has been done to help people." Galan doesn't hide the fact that he and his staff were glad to say good-bye to their crumbling walls and 30-year-old equipment. Better still, he says, to take leave of the obsolete technologies that meant cultures had to be grown in the laboratory for about three months, instead of two or three weeks as will now be possible.

Galan points out that the renovated laboratory has been outfitted with state-of-the-art equipment and meets world standards and safety norms for working with TB. With support from AIHA, the staff received training in modern laboratory methods and can now use all the resources needed for performing prompt and high-quality diagnostic procedures. For this purpose, the specialists in Bender will be using the sputum smear microscopy method, which makes it possible to identify patients with sputum positivity. This means that people with active TB can be identified and hospitalized in a timely fashion—a critical element of the country's tuberculosis control strategy given the fact that people in this stage of the infection could potentially infect 15 to 20 others. "Thus, the chain of transmission will be broken," Galan stresses. Moreover, he says, the microscopy method is also more economical. It costs much less than the photofluorographic investigations that were widely used in Moldova and other socialist republics during the Soviet period.

Reinforcing the National Program

"Thanks to the modernization of this laboratory, specialists in Transnistria will be able to make a diagnosis of tuberculosis in a timely fashion," Moldova's Deputy Minister of Health and Social Protection Boris Golovin said at the opening ceremony for the laboratory. Referring to the already tangible impact of the work being done at the reference laboratories in Balti, Vornicine, and Chisinau, which



Representative of Transnistria Health Authorities Ivan Tcacenko, US Ambassador to Moldova Heather M. Hodges, and Moldova's Deputy Minister of Health and Social Protection Boris Golovin cut the ribbon to commemorate the opening of the Reference Lab in Bender.
(Photo: Vira Illiash)

were opened last spring with AIHA's support, Golovin explained, "For the country as a whole, this means that the TB situation in Moldova is now being thoroughly and comprehensively monitored."



Laboratory specialist and medical staff at Bender Municipal TB Hospital listen to the welcoming remarks during ceremony marking the Bender Lab's opening. (Photo: Vira Illiash)

According to Golovin, access to modern diagnostic methods is a very important component—though not the only one—of the country's national program to combat tuberculosis, which was launched in 2000. Based on the World Health Organization's (WHO) strategy, Moldova's TB program is supported by a number of international organizations, including the Global Fund to Fight AIDS, Malaria and Tuberculosis, USAID, and AIHA.

In a country where the incidence of tuberculosis is 128 per every 100,000 people, Golovin explained how international collaboration has given Moldova the ability to treat TB patients

using the highly effective "directly observed treatment-short course" method commonly known as DOTS. Primary care doctors trained through the AIHA program were mobilized to identify patients with TB and manage their therapy. The deputy minister also lauded AIHA's informational campaigns, which acquainted citizens with the initial symptoms of the disease and encouraged them to seek prompt medical attention.

The deputy minister went on to stress that understanding and support from international organizations has enabled Moldova to set up a comprehensive system of medical and administrative measures based on the DOTS strategy. Since January 2004, this system has provided a framework for the nationwide implementation of a free TB diagnosis and treatment program that is readily accessible to all segments of the population. In particular, Golovin thanked the Global Fund, AIHA, and USAID for their contribution to the development of this national program and the implementation of a variety of projects needed to support it.



Cramped and unsafe working conditions at the Bender Reference Lab have been replaced with comfortable, modern working facilities and office space. (Photo: Vira Illiash)

These words of recognition and gratitude were warmly received by US Ambassador to Moldova Heather M. Hodges. In her speech, she emphasized the commitment of the United States to a relentless fight against TB, a disease that kills two million people every year. "It is impossible to prevent the spread of TB by administrative methods. The disease does not make distinctions on ethnic, religious, or political grounds. An outbreak on either bank of the Nistru threatens the health and life of the entire country's population," Hodges warned, expressing hope that the introduction of economical methods of TB diagnosis and treatment in Moldova will help reduce the number of serious cases of the disease

in the near future and ultimately lead to a decline in new cases. She stressed that effective diagnosis and quality control in the treatment of TB are the main conditions attached to the Global Fund's grant to fund supplies of a second line of medications to Moldova. These drugs will be used to treat patients with resistant forms of TB and are expected to arrive in country by the end of 2005.

The Point of No Return in the Battle against Multidrug-resistant TB

The problem of drug-resistant TB is extremely acute in Moldova and is a cause of great concern within the healthcare community. The problem is rooted in events that took place many years ago when a TB epidemic began in Moldova after the collapse of the Soviet Union. The epidemic was fueled by a deterioration of the population's socio-economic conditions and a crisis in the national healthcare system. "For many years, we had neither the equipment needed for diagnosing TB in a timely fashion, nor drugs to treat the disease," says Constantin Iavorschi, deputy director of the Institute of Phthisiopneumology. Summarizing the sorry truth about that period of time, he explains, "We used just one drug to treat sputum-positive patients and those with the most dangerous form of TB. But, for effective treatment, a minimum of three or more first-line drugs are required for optimal results."



Tamara Banu, senior assistant at the National Reference Laboratory in Chisinau, analyzes cultures for TB mycobacteria. (Photo: Vira Illiash)

The awful consequence of this harsh reality was a tragic one for the country. TB mortality rates quadrupled over the past 12 years and patients with multidrug-resistant TB (MDR-TB) now account for 6 percent of the total. In the nation's prison system, these indicators are 10 times higher. For those suffering from MDR-TB, treatment is prolonged and very expensive, costing between \$16,000-18,000 per year.

In response to this growing need, the Moldovan government applied to WHO's Green Light Committee for assistance with implementing the DOTS Plus strategy, which facilitates procurement of reduced-price medications for treating patients with MDR-TB. The application was approved, thanks to the tangible results achieved through the ongoing efforts of the Moldovan government, the Global Fund, and AIHA to reinforce the network of specialized laboratories in the country and improve the capabilities of the national epidemiological surveillance system for TB.

The Challenges of Providing Care for People with MDR-TB

How to implement the DOTS Plus program correctly was the primary focus of an October 4 conference sponsored by AIHA. Representatives of international and domestic organizations involved in fighting Moldova's TB epidemic including Global Fund, WHO, World Bank, the international philanthropic organization Caritas-Luxembourg, and USAID joined specialists from the Institute of Phthisiopneumology, staff members from all of the regional reference laboratories, and representatives of the Medical University and the prison system's Medical Department. Participants discussed treatment plans for an initial group of 100 patients with MDR-TB; participants were unanimous in the view that the diagnosis and treatment of patients with MDR-TB needs to be

organized efficiently from the onset. This will require, first and foremost, the training of specialized personnel.

While victory over MDR-TB will contribute to reducing unnecessary deaths from the disease—currently, some 600 people die from it each year—defeat will likely mean that the country is assaulted by a virtual epidemic of the resistant strain. If that occurs, all antibiotics and other efforts will be impotent and useless for fighting the disease. "We have only one chance, and we have to win," Viorel Soltan, coordinator of AIHA's Strengthening Tuberculosis Control in Moldova Project, told the participants. He added that at the point the DOTS strategy was introduced in Moldova, there appeared to be two unsolvable problems: financing and personnel. Now, just a few years later, both of these problems are being successfully addressed.

Soltan explained that in the two years since the AIHA project began, 900 family practice doctors have received specialized TB training. The country can now rely on them to diagnose patients with TB. Building capacity among Moldova's cadre of more than 6,000 family doctors is critical because the country has only 170 TB specialists.

In addition, AIHA joined forces with WHO to begin retraining microbiology lab personnel in September 2005. The training curriculum includes evidence-based methods and international standards for laboratory services,

including monitoring for drug-resistance, Valeriu Crudu, AIHA laboratory testing and epidemiological surveillance specialist, explained to the group. "Staff at the newly created reference laboratories will play a key role in selecting patients for treatment because they will have to determine which patients have primary multidrug-resistance and which have secondary. The treatment outcome will depend on their giving the right interpretation," Crudu said, noting that, for the time being at least, patients with primary resistance—those who initially contracted a drug-resistant form of TB—will be the ones to receive therapy. For patients with secondary resistance, a condition that usually develops due to incorrect treatment or interruption of therapy, existing therapy has a low probability of being effective, he remarked with regret.

A key element of the AIHA-led project in Moldova—a computerized epidemiological surveillance system for TB that will be launched by the end of 2005—was highlighted at the conference. Consisting of 90 computers and four servers that link all of Moldova's healthcare institutions that are involved in TB control, it will create a single national network that makes it easily possible to track not only all patients who test positive for TB, but also patients with resistant forms of the disease. Because the population of Moldova has a very high level of migration, this system will help a great deal in simplifying epidemiologists' task of diagnosing and caring for those who are seriously ill.



Viorel Soltan (far right), Heather M. Hodges, and Constantin Iavorschi speak about perspectives for future development of the TB project in Moldova. (Photo: Vira Illiash)

In support of this system, AIHA trained 65 specialists in September. In October, this program was approved by the Ministry of Health and Social Protection and is expected to be implemented throughout the republic by April 2006.

In addition to a review of existing resources, other discussions at the conference delved into WHO guidelines on laboratory diagnosis and classification of MDR-TB. Participants also shared information about diagnosing patients with MDR-TB and choosing appropriate treatment regimens for such patients. In addition, conference participants discussed a strategy for implementing the program in the months ahead, as well as their obligations to the Global Fund.



Elena Creciun and Larisa Zaveriuha, both physicians at the Chisinau Family Medical Center, give AIHA's TB information brochure to a patient. (Photo: Vira Illiash)

Making plans for the future, the meeting participants worked to organize an effective model for the treatment of patients with MDR-TB by first defining the role of each healthcare professional working in TB-related services. They discussed training curricula and drew up a training schedule for each area of specialization. The team of physicians who in 2004 received special DOTS Plus training at the State Center for Tuberculosis and Lung Diseases in Latvia through AIHA's project will lead the efforts to educate phthisiatrists and staff from departments dealing with drug-resistant TB located at one of the prison system medical institutions and the Chisinau Institute of

Phthisiopneumology. Faculty members in family medicine at the N. Testemitanu State Medical and Pharmaceutical University, who also trained in Latvia, will be responsible for training primary care doctors in the DOTS Plus program. According to the plans, all DOTS Plus training should be completed by May 2006.

"There is always a certain amount of skepticism regarding the fight against tuberculosis, but from what I can see, Moldova is generally optimistic," Jerod Scholten, a TB control specialist from WHO/Europe, said in his address to the meeting participants. Citing the international partnership efforts and the dedication of Moldovan specialists as clear evidence of this, Scholten also stressed that even though Moldova is confronting the problem of MDR-TB, the number of standard tuberculosis cases in the country is much greater. "In this connection, you should not forget the necessity of continuing to implement the strategy recommended by WHO and diagnosing as many TB patients as possible." He reminded the audience that WHO has established the objective of diagnosing 70 percent of all TB cases and treating 85 percent of those. Unfortunately, Moldova is still below those levels. According to Scholten, patient education, in addition to training for healthcare workers, will play a big role in improving that situation.

Questions and Answers: Educating the Public about TB

It is an irrefutable fact that informational campaigns can raise the rate at which people seek professional attention on health questions. Just a few months after AIHA conducted the first TB public awareness campaign in Chisinau in the winter

of 2004, the number of people seeking attention for TB symptoms rose by 30 percent. What guaranteed the campaign's success was the fact that it was developed on the basis of research and a sociological poll of the population conducted by AIHA prior to its launch. The objective of the initial survey was to find out just how much the inhabitants of Moldova knew about TB, what attitudes they have about the disease and those who have it, and what they would do if they fell ill. This gave the organizers an opportunity to look at the problem through the eyes of the country's citizens. The result was that the numerous posters, brochures, leaflets, and video and audio clips produced and disseminated by AIHA contained exactly what the Moldovan people needed most—detailed information about TB symptoms and how the disease can be treated along with the important message that anyone who recognized the telltale signs of tuberculosis should visit their healthcare provider right away. Thus the campaign's main appeal—"Tuberculosis can be treated! See the doctor!"—was not only instructive, but inspirational as well.

A second public education campaign was launched this fall to remind people in the northern part of the country about TB symptoms and the possibilities for treatment. Now under way in Moldova's second largest city, Balti, this education and outreach project kicked off with a press conference on October 5. The event was attended by representatives of the Ministry of Health, WHO, USAID, and AIHA, as well as specialists from local clinics and TB service providers, who answered journalists' questions about the TB situation in the country and reported on the achievements of the joint project to fight the infection.



During the press conference in Balti, local healthcare authorities and AIHA staff joined representatives of USAID, WHO, and Caritas-Luxembourg to answer questions from local journalists.
(Photo: Vira Illiash)

As an incentive for the local mass media to cover the problem of TB and thus improve the population's level of information about the disease, the press conference was used to announce a contest for the best coverage of tuberculosis. AIHA organized the contest in conjunction with the Online Press Association, the Association of Electronic Press, the Independent Press Association, and DECA-press Information Agency.

In most countries spanning the globe, television and radio are the main sources of information and Moldova is no exception, according to AIHA's public opinion polls. Reporting on the plans for launching this campaign, Irina Zatusevski, senior health communications specialist at AIHA's regional office in Moldova, told those in attendance that 10 local television stations and six radio stations had agreed to take part in the awareness-raising efforts, broadcasting video and audio clips prepared by AIHA to educate the public about TB. In addition, Teleradio Balti is preparing four broadcasts on TB diagnosis and treatment, during which physicians from the TB clinics will provide exhaustive information on the disease and answer listeners' questions.

These same specialists—as well as family doctors, social workers, teachers and NGO staff members—will take part in an outreach tour through all of the regions

in the north of Moldova, during which the informational material developed by AIHA will be distributed. Zatushevski noted that the campaign's organizers plan in this way to bring information on TB to the majority of people living in this part of the country, including members of marginal groups and those without access to broadcast media.

Students from Balti Medical School who have received special training from AIHA staff will also play a special role in supporting the informational campaign. A group of these young volunteers who have dubbed themselves the Spetsnaz (the Russian term for military special forces) will give lectures about the symptoms of TB, its diagnosis, and treatment at businesses, schools, and other educational institutions. Teachers from the medical school will work with the students to evaluate the quality of their work and provide backup, should they need it.



Representatives of local mass media outlets came to learn more about TB at the press conference in Balti. (Photo: Vira Illiash)

The press conference concluded with a formal ceremony during which the informational materials were presented to Balti city officials. Veaceslav Batir, chief of the city government's Health Department, fervently thanked the staff members of the international organizations for their efforts to combat TB in Moldova. He expressed great appreciation, in particular, for AIHA's contribution to the establishment of a renovated reference laboratory in Balti, which now services the entire northern region and its 150,000 inhabitants.

"This is a tremendous help because improving the laboratory facilities has

raised our e diagnosis rate for the most dangerous, active forms of tuberculosis," Batir stated. In addition, he also noted the importance of the work AIHA is doing to train family doctors. "During the past year, these practitioners have been responsible for diagnosing as many as 60 percent of all the TB patients in the region. In the past, general practitioners were only passively involved in this work, which was chiefly on the shoulders of the anti-TB services," he explained. He said that the informational campaign had also played a positive role because it mobilized the population this past winter, so that many patients began to come in on their own to seek medical attention. All of this helped to increase the number of registered cases of TB, both in the region and nationwide, but Batir noted—and here he had the support of everybody present—that although some high officials are not satisfied with the increasing rates of TB in Moldova, that's a good sign, because diagnosing TB patients means stopping the infection and saving human lives.

Tbilisi/Atlanta Partnership Lays Foundation for Nursing Baccalaureate Program in Georgia

Someday, perhaps May 2005 will be recognized in handbooks on higher nursing education in Georgia as a turning point that led to the development of the country's first university-based Bachelor of Science program in Nursing. At least that is the heartfelt aspiration of four Georgian representatives of the

Tbilisi/Atlanta partnership who completed a full semester of training at Emory University's Nell Hodgson Woodruff School of Nursing (NHWSN) that month, earning post-graduate certificates from the school's Teaching Institute.

Maia Gogashvili, head of the Nursing Learning Resource Center and director for Nursing Continuing Education at the National Institute of Health; Maia Jashi, vice president of the Georgian Nursing Association; Shorena Mindadze, a nurse trainer at the College of Nursing, who teaches continuing nursing education classes at two partnership institutions— Iashvili Children's Hospital and the National Medical Center; and Natela Partskhaladze, nursing coordinator at Partners for Health in Tbilisi, arrived in Atlanta in mid-February where, for the first seven weeks of the spring term at NHWSN, they attended regular undergraduate nursing courses. During the second half of the exchange, they learned clinical teaching techniques and worked on the curriculum development. All the while, they took courses offered by the Teaching Institute.



Maia Gogashvili, Natela Partskhaladze, Shorena Mindadze, and Maia Jashi after the graduation ceremony at NHWSN. (Photo courtesy of Natela Partskhaladze)

The knowledge and skills these four women obtained during the three-month program will enable them to teach baccalaureate-level nursing courses in their home country. More importantly, the curricula they developed during the training at NHWSN, which is based on modern practices and standards of care, will serve as a foundation for the implementation of national higher nursing education programs in Georgia.

An Alliance with a Long History of Nursing Development

"Since the establishment of the first Tbilisi/Atlanta partnership in 1992, nursing has always had a strong presence in our joint programs," says Judith Wold, leader of the nursing education component of the partnership for the past 13 years and Academic Fellow at NHWSN's Lillian Carter Center for International Nursing. As she explains, through the initiative of Partners for International Development (PFID)—an Atlanta-based non-governmental organization that evolved from the AIHA partnership in close cooperation with NHWSN; Emory University; the Georgian Ministry of Labor, Health, and Social Affairs (MOLHSA); Gudushauri National Medical Center; Iashvili Children's Hospital; and Partners for Health (PFH)—nurses from both sides of the partnership have put forth a great deal of effort in implementing a three-tiered approach to upgrading the nursing profession in this Caucasus nation of 4.7 million people.

"The first target issue in our plan was to enhance nursing skills through continuing education," says Wold. This task was accomplished through more than 20 nursing exchange trips during which Georgian nurses were exposed to modern healthcare systems and nursing leadership programs, as well as participated in educational courses and skills-building workshops in the United States.

According to Wold, the second target issue—the development of a professional nursing organization that would assist in dissemination of modern nursing practices and evidence-based medicine to the broader community of nurses—was realized in 1995 when the Georgian Nursing Association was established with the partnership's support.

"Now, Georgia is making progress by striving to reform and modernize its healthcare delivery system and, to succeed, nurses [must be] educated in a manner that will support such a system," Wold contends, admitting that she is concerned that the value of higher nursing education still remains underestimated in Georgia. Worldwide, more and more nurses are receiving advanced training that enables them to expand their responsibilities for patient care thereby fostering improvements in the quality of services and resulting in better patient outcomes, she explains, saying, "Thus, our third major goal was to create a core group of trainers knowledgeable in modern methods of nursing education who—with the support from PFID, PFH, the MOLHSA, and higher education institutions in Georgia—would be able to implement a baccalaureate-level program tailored to the country's specific needs."

According to Wold, the four nurses who participated in the program in Atlanta will be the first in this cadre. All four were selected to participate because they have been actively involved in the partnership's nursing initiative, are closely associated with the nursing profession in Georgia, hold a university degree in healthcare with the eligibility to teach higher education courses for nurses, have developed training activities and materials through the partnership, and possess strong English-language skills.

Hard Work and Dedication Pave the Way to a Stronger Nursing Profession in Georgia

For the four nursing professionals who traveled around the world to arm themselves with the tools they need to embark on the long journey toward reforming their profession back home in Georgia, the three months they spent in Atlanta were arduous, but well worth the effort. "We had a very busy schedule," Natela Partskhaladze admits, explaining that she and her colleagues devised a plan that allowed them as a group to attend virtually all the classes taught at NHWSN and the Teaching Institute by dividing the courses based on their educational background and work experience. This collaboration and camaraderie was also evident outside the classroom. "We stayed in the same house on the edge of Emory's Campus and worked together on curricula development in the evenings. This experience nurtured a great friendship and helped us build a strong team of professional educators," she says, noting, "It also helped us cope with homesickness because we all missed our families and children very much."



The nurse educators, along with US partner Lila Gunter of Grady Memorial Hospital (in the middle) and some Georgian friends, at Dogwood Festival in Atlanta. (Photo courtesy of Natela Partskhaladze)

"Our team was fortunate to have an extremely supportive group of US counterparts. Thanks to Helen O'Shea, director of the NHWSN Teaching Institute, who provided individual mentoring in curriculum development, and four other US faculty, who taught various courses as individual coaches, we were able to develop 27 nursing modules," says Partskhaladze. The topics covered in these modules include a large number of clinical practice fundamentals ranging from primary care guidelines in nursing such as physical assessment, trauma and triage, physiology, and pathology in human bodies to specialized nursing care in the areas of OB/GYN, neonatology, pediatrics, surgery, and psychiatry. Additionally,

healthcare management, public health, pharmacology, and nursing research were also covered. "We use these modules to build nursing curricula for future nursing schools and to teach continuing nursing education at our partnership hospitals," explains Partskhaladze.

Discussing the benefits of training at Emory, Partskhaladze says that to the group not only observed huge differences in the professional role of nurses in the United States, they also gained substantial experience in American educational practices, particularly those based on adult-learning techniques. "We saw that nurses' work is—among many other things—fundamental in promoting disease prevention, providing expert care at the bedside, and fulfilling managerial tasks and came to understand that, in the United States, teaching is not only lecturing as it is in Georgia. Students do a lot of reading prior to classes and come prepared for a discussion. In terms of actual practice, students work in well-equipped labs where they learn how to do clinical manipulations on hi-tech mannequins. This is a very important part of nursing education that is missing in Georgia," Partskhaladze stresses, noting that this autumn US counterparts provided two Nursing Resource Centers previously established by AIHA at partner institutions in Tbilisi with adult and pediatric mannequins to better facilitate clinical skills acquisition among nursing personnel. "Also, we brought back 10 boxes of nursing books and 85 videotapes for use at these centers. In combination with the computer and video equipment already in the NRCs, these provide a great basis for advanced nursing education."

Sharing the team's achievements, Partskhaladze says that the Georgian team returned home prepared to teach two certificate courses and four short workshops for partner hospitals with the goal to build a core group capable of offering programs to other Tbilisi and regional hospital nurses until a formal baccalaureate program is established. "We hope that nurses trained in the certificate courses will be able to act as clinical faculty in their own hospitals and constitute additional faculty for the university-based school of Nursing in Georgia," she explains, emphasizing that more than 300 nurses from the partnership sites are currently receiving training through continuing education workshops in four different areas, including general nursing practice, pediatric nursing, neonatal nursing, and midwifery.

Additionally, upon their return, the Georgian nurse trainers—in cooperation with AIHA, PFH, PFID, MOLHSA, and national institutions of higher education—started preliminary steps to initiate a baccalaureate program in nursing, according to Partskhaladze. Partners say they hope that a cooperative agreement with Tbilisi State University signed by the rector in 1997, the commitment of the MOLHSA to start a modern education in 1998, the availability of translated curricula, and the dedication of trained faculty will combine with the willingness of Georgian nurses to practice at the same competency level as the rest of the modern world and collectively serve as a good foundation for the inception of a Nursing School in Georgia.



Teaching Certificate Program Director Helen O'Shea, Maia Gogashvili, Judith Wold, Natela Partskhaladze, Maia Jashi, Shorena Mindadze, and Kathryn Kite, administrative director of Lillian Carter Center for International Nurses, gathered for a group photo after the successful completion of the Post-master Teaching Program. (Photo courtesy of Natela Partskhaladze)

"We are very grateful to our American partners for providing us with this opportunity to learn from them. Although I can't think of any models in our healthcare system that they would want to replicate, I still hope that they benefited from learning about our culture and seeing our country, as well as benefited from our friendship and our mutual quest to produce positive changes in the Georgian healthcare system during the years of the partnership program," says Partskhaladze.

Her American colleague Wold agrees, saying that when the partnership first started conducting exchanges, both parties found out just how much they had in common as professionals and as human beings. "We are more alike than different in our aspirations and we continue to benefit from the kinship of spirit that has been fostered through the partnership," she stresses, emphasizing that a very rewarding aspect of this collaboration for the American partners is being able to offer services that have either a direct or indirect positive influence on the health of other nations. "It is the duty of those of us who are in better financial health to offer our services where possible and, in culturally acceptable ways, work together to benefit humanity."

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