

# Connections

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## February 2006

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## Partner News



### **AIHA Opens Two Healthcare Training Centers in Turkmenistan, Showcases Successful Capacity-building Programs during a Series of Events in December**

As Turkmenistan's 5 million people celebrated two landmarks on December 12—the Day of Neutrality and the 10th anniversary of "Health," a national program to build a comprehensive health promotion and disease prevention system that was

13 years of its own endeavors to assist the Central Asian nation's healthcare reform efforts. The event culminated with the opening of two new training centers that are designed to help build institutional and human resource capacity for years to come.

During the celebration in Ashgabat, which also marked the opening of a new building housing the Ministry of Health and Medical Industry (MOHMI), healthcare workers and medical students from all over the country, as well as representatives of USAID, AIHA, and other international agencies working to promote modern medical technologies and healthcare practices were among those who attended the ceremony and the facility tour that followed.



**Gulnaz Yergesheva, director of MOHMI's Statistical Center, demonstrates the database that developed with AIHA's support.** (Photo: Vira Illiash)

One of the highlights of the tour was a visit to the new Statistical Center, which was established to collect medical data from healthcare institutions in the capital city and all five oblasts in Turkmenistan. AIHA sponsored the development of the data collection system's software and provided the specialized training for Gulnaz Yergesheva, the center's director and the staff of the MOHMI as well as specialists in the regions who will input information into the database. Explaining how the software will allow center staff to gather and analyze medical and administrative statistics that will be delivered on a daily basis from each region of the country, Yergesheva told the group that the Statistical Center will collect information on the number of deliveries, incidence rates of infectious diseases, emergency cases, surgeries, and mortality rates, as well as the number of healthcare provider working at each institution. "This powerful research tool will enable healthcare administrators to understand and effectively respond to the needs of inpatient and outpatient clinics, including the provision of necessary medications, equipment, and appropriate staffing," she pointed out.

***International Conference Highlights AIHA's Contributions to Turkmenistan's Healthcare Reform Efforts***

The ministry's new building reopened its doors the next day to host an international scientific practical conference attended by high-level governmental officials and representatives of international donor organizations and businesses who are assisting Turkmenistan in its efforts to bring the national healthcare



**James P. Smith shares some highlights from AIHA's 13 years of successful partnership programs in Turkmenistan.** (Photo: Vira Illiash)

international standards.

AIHA Executive Director James P. Smith provided an overview of the organization's partnership programs that have been implemented in the country since 1993, citing key accomplishments, such as the opening of the Emergency Medical Services Training Center established by

Ashgabat/Richmond partners in response to a presidential initiative to improve

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basic emergency care services for the population. "The center has not only trained all ambulance crews in the capital city, but has also become an important adjunct training site for medical students," Smith stated, emphasizing that a direct outcome of the facility's training programs has been the sharp reduction in ambulance response times and the implementation of highly effective evidence-based protocols that are proven to reduce morbidity and mortality. After the center helped lay a solid foundation for improved emergency services, Smith explained, the MOHMI began to focus in earnest on the shift from tertiary care to primary care as a key element of the country's healthcare reform in 1998.

As a result, the program initiated in 1999 by Ashgabat/North Dakota partnership led to the opening of a model Primary Healthcare Center and Family Medicine Training Center (FMTC). One of the most innovative training centers in the countries of the former Soviet Union, the FMTC offers month-long courses taught by a multidisciplinary faculty who train physician-nurse teams using modern adult learning techniques and a practical, skills-based curriculum. Located at Ashgabat Health House No. 1, the FMTC has already trained more than 700 family medicine specialists who now work in primary care settings throughout the capital.

Building on this strong history of collaborative success, AIHA and the ministry entered into a new agreement in 2004. With support from USAID and the Turkmen Government, a project to strengthen management skills within the health system was launched. AIHA helped train key decision-makers within the nation's health system and a core faculty with the goal of expanding and sustaining management education. In late 2005, the Health Management Training Center opened its doors and is helping ministry officials to incorporate best practices in the reform of health financing.

"In addition to our concentrated focus on supporting the improvement of health systems management, our immediate activities continue to build upon and expand our collaborative capacity-building efforts that support the improvement of high-quality basic primary care for the people of Turkmenistan," Smith concluded, noting that AIHA is pleased to be opening a second FMTC that will effectively double the nation's ability to train family care teams, especially those serving rural areas of the country.

#### ***New Training Center Will Provide Hands-on Skills to Primary Care Practitioners***

The opening ceremony of AIHA's second FMTC in Ashgabat took place the afternoon of December 13 and was attended by medical providers from different primary healthcare institutions throughout the country, MOHMI representatives, and City Health Administration officials, as well as staff from USAID and AIHA. The new training center is located at the Scientific Center of Physiology, an institution that serves patients from all over the country. As such, the FMTC housed these will train primary healthcare providers including family doctors, nurses and feldshers from all regions of Turkmenistan.

The event began with welcoming speeches by the Deputy Head of the Democratic Party of Turkmenistan Ondzhyk Musayev, Director of the USAID Mission in Turkmenistan Ashley Moretz, AIHA Executive Director James P. Smith, and Head Physician of the Railway Hospital Chary Khojageldiyev.

Addressing the staff of the new center, Musayev said, "I feel very proud of you, but I also want to emphasize the responsibility you're taking on. The opening of the FMTC means that not only the Turkmen nation, but also the American people and their government trust you to lead the primary healthcare reforms in the country and to build a cadre of new healthcare professionals."



**James P. Smith, Ashley Moretz, and Ondzhyk Musayev cut the ribbon to commemorate the opening of the second FMTC in Ashgabat.** (Photo: Vira Illiash)

Indeed, as soon as the celebrants entered the facility it became obvious that the future of family medicine in Turkmenistan is in reliable hands. "We are trying to be the best in all aspects, so we can build national capacity by training some of the best healthcare providers in the country," FMTC Director Guldzhakhan Annamamedova told the group as she showed off the center's Learning Resource Center (LRC), library, and classrooms, which are equipped with state-of-the-art educational and audiovisual equipment. She proudly announced that the center had already opened its doors to the first group of trainees on December 1, noting that the healthcare professionals were pleasantly surprised to have access to such a wide range of educational resources in one place. While touring the classrooms, guests also had a chance to see the wide variety of posters, booklets, and mannequins that serve as valuable tools during the hands-on training sessions.



**During the tour, Guldzhakhan Annamamedova invited guests to see the variety of printed resources available at the PHCTC's library.** (Photo: Vira Illiash)

Presenting her team, Annamamedova stressed that each faculty member at the FMTC is responsible for different training components. She also noted that with the goal of making the training courses at the new FMTC as effective and interesting as possible, staff pooled all their creativity to develop and introduce a variety of interactive games, case studies, and situational analyses into the three-week curriculum designed for use at the center. Consisting of a number of modules, this curriculum covers topics such as physical assessment of patients, emergency medical care, disease prevention, and healthy lifestyles.

In addition to the faculty, there are also two other staff members: an information coordinator and evidenced-based practice specialist who work in the LRC. Because AIHA provided the center with a variety of information resources—electronic libraries, a collection of health and medical databases, and medical journals available through the Internet, for example—these specialists help

ensure that the curriculum constantly evolves to reflect the latest practices in their respective fields. "Our goal is to supply our trainees with current information on the most effective practices within primary healthcare, while at the same time helping these professionals build new programs and services rooted in evidence-based medicine," Annamamedova explained, acknowledging, that she and the staff are constantly brainstorming more ideas for taking the center's training programs to the better level.

"So far we are very happy with the work we're doing, and so are the trainees," Annamamedova said at the conclusion of the event, emphasizing that the primary responsibility of medical workers is to prevent diseases. She noted that the center's staff is ready to do everything possible to achieve this task and to take the country's healthcare provision to a new level. The ceremony concluded with a banquet and concert performed by medical students.



**FMTC instructor Gozel Karayeva demonstrates some of the educational materials found in the disease prevention and healthy lifestyles classroom.** (Photo: Vira Illiash)

### ***Health Management Training Center Serves as a Tool for Building a Stronger Healthcare System***

Following the celebration at the FMTC, representatives of local healthcare authorities and MOHMI officials joined USAID and AIHA staff at the State Medical Institute of Turkmenistan to participate in the opening ceremony of another important educational institution established in Ashgabat with support from AIHA—the Health Management Training Center (HMTTC). The celebration began with a ribbon-cutting ceremony performed by the USAID's Ashley Moretz, AIHA's James P. Smith, and Bayram Shamyradov, head

of MOHMI's Health Reform Department. Welcoming guests, Sapar Toyliyev, acting rector of the State Medical Institute explained that the center had been operating since September of 2005 and was serving as an engine of health sector reform in Turkmenistan. Continuing, he noted that because the country is working to implement a medical insurance system of healthcare financing, the center plays a critical role in this process by helping to build a cadre of highly qualified healthcare administrators and managers. Toyliyev also explained that the center's opening coincided with the sixth health management workshop provided by AIHA's partners from the Kazakh School of Public Health, the American University of



**James P. Smith; Bayram Shamyradov, head of MOHMI's Health Reform Department; and Ashley Moretz participate in the symbolic opening ceremony of the HMTTC.** (Photo: Vira Illiash)

Armenia, and AUPHA. Acknowledging the efforts of the foreign faculty, who together with the workshop participants were present at the ceremony, Toyliyev thanked them for their contributions to the country's healthcare reform efforts. Next to take the floor was Ashley Moretz who acknowledged AIHA's role in promoting viable healthcare solutions in Turkmenistan. "Since 1993, USAID has been providing help through AIHA's partnerships and programs and we're grateful to them for the great job they've done in this country," he said,

expressing hopes for further productive healthcare sector cooperation between the two countries.

Toyliyev then led participants on a tour of the center, showing them two newly furnished classrooms equipped with 10 computers that have Internet access before moving on to the library, which has a wide range of printed and electronic resources. During the tour, the Acting rector emphasized that in addition to management and financial issues, a great deal of attention is given to the principles of evidence-based medicine in healthcare practice during the training.



**HMTC staff and trainees gather for a commemorative photo with foreign faculty and representatives of USAID and AIHA.**  
(Photo: Vira Illiash)

After the tour, Smith and Moretz had a conversation with Toyliyev and the faculty about center's structure and its training program. Because the main goal of the center is to train medical students and health administrators for the country, Smith stressed his hope that the facility will become a real source of new technologies and modern practices, so that the students and administrators educated there can transfer progressive knowledge to a new generation of managers. "I am confident that the provision of healthcare services throughout Turkmenistan will benefit in an extraordinary way from the activities of this center," emphasized Smith. Saying good-bye to the partners AIHA executive director thanked them for a gratifying and exciting journey as both countries continue to seek to improve global health together and congratulated them on their national celebration.



## **Tashkent Women's Wellness Center Leads Battle Against Cervical Cancer in Uzbekistan**

A workshop on the laboratory aspects of cervical cancer held last December in the Uzbek capital of Tashkent was a positive way to end one year and start the next for the close-knit staff of the Women's Wellness Center (WWC) established by AIHA's Tashkent/Chicago partnership in 1997. Clinicians at the WWC viewed the workshop as a great gift that will help them attain a long-planned goal critical for this Central Asian nation of 27 million people—providing for the early detection and successful treatment of cervical cancer, which is one of the main causes of mortality among women in Uzbekistan.



**Nina Ivanova (standing) facilitates the case study session that demonstrated how to**

"Introducing effective screening and treatment programs is an entirely realistic goal," says WWC Director

**differentiate atypical cervical cells.** (Photo: Vira Illiash)

Dilmurod Yusupov, who spearheaded the project. "Take Scandinavia, for example. The problem of high mortality due to cervical cancer doesn't exist there because they provide timely preventive measures." Yusupov says the idea for the project took shape many years ago when members of the WWC staff visited their American partners at the University of Illinois Medical Center and attended AIHA conferences on various women's health topics. It was at those events that they first became acquainted with successful cervical cancer prevention programs based on the Papanicolaou screening method, commonly called a Pap smear. The value of this approach lies in its ability to detect cancerous changes at the cellular level, when the disease is still curable.

Even though the partnership concluded its work in 2000, the Center's staff did not abandon the idea of bringing this incredibly effective program to their country. According to Nina Ivanova, a WWC cytopathologist who was one of the instructors at the workshop, Pap screening is recommended by the World Health Organization (WHO) and is used in all Western countries, along with the Bethesda international classification system for reading Pap diagnostic smears. The latter was named after the city in Maryland where it was adopted in 1988.

"Despite the procedure's international acceptance, it was not the general practice in the countries of the former Soviet Union to use this method or make diagnoses based on it. Instead, they developed their own simplified and less effective system," Ivanova explains. What's more, she noted, many countries in the region continue to use the outdated classification system that was common in the rest of the world until the 1960s.



**Yusupov always knows ways to improve women's health, and this is why, according to his staff, he is highly respected by healthcare workers and appreciated by patients.** (Photo: Vira Illiash)

Articulating some of the reasons why WWC staff was eager to implement the new protocols, Ivanova continues, "The [currently accepted] international classification system is very convenient for interpreting smears and giving results. Most importantly, the proper patient care algorithm has already been developed for it. Now that our country is independent, we want to be part of the international community. We want people in other countries to be able to understand us and we want to wage an effective fight against the problem of cervical cancer in our country."

This aspiration is what laid the groundwork for introducing a cervical cancer prevention program in Uzbekistan. When financing for the partnership program ended, Yusupov and his colleagues started looking for ways to attract sponsors who could help bring their plan to life. In this regard, AIHA Program Officer Emily Fedullo—who also served as a Peace Corps volunteer at the Center in 2000-2001—was a great help, according to Yusupov. With her methodical assistance, in 2003, WWC staff members won a grant from USAID to establish a cytology laboratory. He also emphasized the role of Jan Reimers, the president of International Clinic in Tashkent, who is an Ob/Gyn by the specialty and who

provided tremendous help with training the center's staff on pap smears' reading, and also continues to assist the center methodologically. In addition, the medical technology firm Welch Allyn—AIHA's long-standing partner—donated a colposcope for performing gynecological examinations and staff continued to upgrade their knowledge of the latest evidence-based gynecological care techniques. Armed with highly skilled clinicians and the equipment necessary to perform cytological analysis and colposcopy, the Tashkent WWC became one of the country's leading alternative women's health institutions.

### ***Spreading Life-saving Knowledge to Other Parts of the Country***

As a result of the WWC's groundbreaking efforts, in 2004 the United Nations Fund for Population Activities (UNFPA) requested that center staff conduct a series of cervical cancer prevention training sessions for various specialists from five pilot areas spanning the country. Under an agreement between UNFPA and Uzbekistan's Ministry of Health, oncology centers in these regions will soon receive the diagnostic equipment they need, while primary care institutions will be equipped with test systems for using Pap smears to detect precancerous cervical changes.

The December workshop brought together 16 cytologists from oncology centers and primary care institutions in these pilot regions of Uzbekistan and was the second event held by Center staff under the UNFPA project. The first event was organized in 2004 for gynecologists from the pilot regions. On that occasion, participants were trained how to take samples for Pap smears and read the test results. They also learned the relevant patient care algorithms, according to Ivanova. "A good smear helps to ensure an accurate test. Doing a good test depends on the experience, knowledge, and competence of the cytopathologist who reads its," she explains.



**During the tour of the WWC's cytology lab, Nina Ivanova encourages participants to try using some of the equipment, including the microscope used for reviewing cervical cell samples.** (Photo: Vira Illiash)

In an effort to inculcate participants with as many practical skills as possible during the recent workshop, Ivanova and her colleagues devoted significant time and attention to clinical case studies. In these exercises, laboratory staff trainees learned to differentiate the types of atypical cervical cells, determine the degree of damage to the cells, and make classifications using the international scale. In addition, participants had a chance to visit the WWC cytology lab, get familiar with the laboratory equipment and the system for recording and filing test results, and practice reading cytological smears. By the end of the workshop, the participants had mastered the material so well that they were answering the instructor's questions in unison. That is testimony, of course, to the high level of professionalism of the WWC staffers who conducted the workshop, as well as the good training and great interest of the students.





**During the tour, WWC ob/gyn Delfuza Kurbanbekova shows participants cervical cancer cases on colposcope screen.** (Photo: Vira Illiash)

Sayura Avtykova, a cytopathologist from the Ferghana Regional Pathology Laboratory who attended the workshop, said that the Pap method represents a new level of clinical care that lab specialists must master to do their work well. "I understand that when we receive the new equipment and reagents, it will be a little bit of a challenge for us because none of our specialists have ever used the Pap method before. On the other hand, we are glad to be able to reach this new level of competence because we still have a very low early detection rate for cervical cancer, despite our best efforts. Obsolete technologies and equipment are to

blame."

This will not be the last workshop. The WWC staff will be conducting another series of educational events of this type in the near future. When asked how they manage to combine their ongoing clinical work at the WWC with this training function, Yusupov and his team laughingly admit that they work from before dawn till after dusk. All day they are busy with their patient care and administrative responsibilities then, in the evening after the door closes behind the last patient, they go to their computers at the Learning Resource Center and plunge into the virtual world of new technologies, looking for interesting educational material and planning lessons for upcoming workshops.

"We are happy to have an ongoing opportunity to improve our level of knowledge. To tell you the truth, it's become a habit for us," Yusupov says. It is through this kind of striving for constant professional improvement that the staff members have made the institution entrusted to them viable and financially self-sustaining. "Although the partnership program ended a long time ago, the resource base and the knowledge this collaboration helped our doctors and nurses gain has given us the ability to succeed in our work and to continually develop," he stresses.



**One of the workshop participants looks at the training microscope while a lab worker observes the test.** (Photo: Vira Illiash)

A further testament to the success of the partnership—and even more so to the professionalism and dedication of the WWC staff—can be found in the growing number of patients who come to the center each year. "When we survey our patients, some of the main reasons women cite for choosing our facility include the staff's high level of competence and the comfortable atmosphere—which is very unusual for a medical institution," he says, noting that another important factor is that the WWC offers care to women of all age groups and combines as many healthcare services as possible under one roof.

"There are great hopes that our cervical cancer program will be as successful and sustainable as the programs implemented through our former partnership are,"

Yusupov concludes, noting the involvement of the Uzbekistan Ministry of Health is a good sign. For the first time in many years, the ministry has included cervical cancer prevention in its 2006-2010 Strategic Plan for Reproductive Health. "That alone tells you that our government wants to change the situation for the better and we are proud to be able to help our country in this effort."



## **AIHA's Nursing Quality Improvement Program Showcased at World Alliance for Patient Safety Meeting in Moscow**

AIHA's Nursing Quality Improvement Program (NQIP), which was launched in Armenia and Russia in 2001, was highlighted during a session on nursing and patient safety the World Health Organization's World Alliance for Patient Safety Meeting held in Moscow last December.

"This is the first time the World Alliance has included nursing in its program and it was a great opportunity to demonstrate the success of the Magnet implementation in Armenia and Russia," says Linda Aiken, NQIP coordinator and director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. Aiken is one of those dedicated researchers who took a risk four years ago to explore the applicability of the US hospital quality improvement model known as the Magnet Hospital Nursing Service Recognition Program in selected units of two Armenian and two Russian hospitals associated with AIHA partnerships. Prior to this, magnet experience had historically been with well-resourced healthcare systems in English-speaking countries. (For more information about NQIP, please see: ["Four AIHA Partnerships Receive International Award for Excellence in Nursing"](#))



**Linda Aiken presents the results of research on nursing and patient safety performed at NQIP sites.** (Photo courtesy of Linda Aiken)

During a session titled, "Patient Safety, Nursing, Doctors and Teamwork," Aiken—along with Yakov Nakatis, president of Hospital No.122 in Saint Petersburg, which was one of the four NQIP sites—explained the AIHA partnership model and the importance of nursing to patient safety. In her presentation, Aiken shared the results of research linking nursing and patient safety in different countries, including Armenia and Russia. The research was conducted at the NQIP sites and was a collaborative effort of the University of Pennsylvania, AIHA, and the Center for Health Services Research and Development at the American University of Armenia.

"Our purpose was to gather baseline data on nursing care and work environment from the perspectives of both nurses and patients against which the impact of Magnet program will be measured," Aiken says, explaining that the research was also sought to pilot test the survey methodology and instruments used in previous similar studies in North American and European Hospitals.

Presenting the research findings at his hospital, Nakatis emphasized that the implementation of Magnet standards significantly improved the foundation for nursing quality, enhanced their managerial and leadership role, and influenced better doctor-nurse relationships. For example, the ability of nurse to handle managerial tasks increased from 10 percent in 2001 to 89 percent in 2004;

decisions based on evidence-based practices rose from 5 percent to 80 percent; participation of nurses in hospital affairs increased from 30 percent to 72 percent; the number of doctors and nurses who have good working relationships increased from 50 percent to 92 percent; and at present 80 percent of doctors versus 50 percent in 2001 recognize the important contribution nurses make to high quality of care. The improvements in patient safety, according to Nakatis, have also been evident. First of all, the medication errors decreased by one-third, the number of complaints lodged by patients and their families dropped by 30 percent, and the number of nurses reporting excellent quality of care went up by 10 percent.



**Yakov Nakatis and Linda Aiken.** (Photo courtesy of Linda Aiken)

According to Aiken, the research has proven that comprehensive organizational support, good practice environment for nurses, adequate nurse staffing, and appropriate education of nurses—all key principles promoted by the Magnet program—have contributed to the culture of safety. These principles also stimulate better patient outcomes, including fewer adverse patient events and lower mortality. "The research demonstrates that these associations can be documented in countries with differently organized and financed healthcare systems, including Russia," she points out.

Commenting on how the program was perceived by participants, Aiken concludes, "Our paper was exceptional for the conference in that it was data-based, demonstrated the applicability of safety issues in the Russian context, and actually included the only presentation by a Russian. Hopefully, our good showing will facilitate other positive outcomes in Russia and in other countries of the former Soviet Union characterized by a long-standing underinvestment in professional nursing."



### **AIHA Partners, CAR Nursing Leaders Share Accomplishments at WHO Meeting in Copenhagen**

Five nurse leaders from Central Asia—all members of AIHA's regional partnership on nursing education and leadership development—participated in a recent meeting of chief nurses from 44 countries in the World Health Organization's European Region. Held December 5-7 in Copenhagen, Denmark, this was the ninth such gathering of governmental nursing leaders hailing from Europe and Eurasia.

Two AIHA partners—Nurgul Khamzina, director of the Department for Medical Science, Education, and International Affairs at the Ministry of Health in Kazakhstan, and Tamara Saktanova, chief nurse with the Ministry of Health in Kyrgyzstan—were among the key speakers at the conference, which showcased progress in enhancing the nursing profession and in elevating the role of nurses and midwives in Europe.

Their presentations highlighted the progress their countries have made in nursing education reform, particularly efforts to bring nursing education and practice standards closer to international norms. Both presenters women emphasized the

important role AIHA's regional nursing partnership and the Central Asia Regional Nursing Coordinating Council have played in the reform efforts. Both projects were established to support a nursing education reform initiative designed to enhance the nursing profession in the region and improve the quality of nursing care in the countries of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan.

### ***Education and Leadership Development Enhanced through Regional Cooperation***

When talking about the reasons why the Central Asian countries had been falling behind other nations in terms of quality nursing education, Khamzina pinpointed such factors as outdated curricula and teaching methods, poor quality and availability of instructional aids, and the lack of pre-clinical and clinical training facilities. "Despite geographic similarities, nursing school curricula and basic education are quite different in our countries. As of now, not all countries in the region have established baccalaureate programs for nurses," she observed. Noting that regulatory changes are needed if the situation is to improve, Khamzina told the audience that this is what the regional nursing partnership has set out to do by developing and implementing a unified system of nursing undergraduate and graduate education.

Created in 2004, the regional partnership links the University of Minnesota's School of Nursing and Bemidji-based North Country Health Coalition with institutions of undergraduate and graduate nursing education across Central Asia. Khamzina explained that a series of exchanges last year created a powerful impetus for institutional changes at the Central Asian nursing schools, noting, "The nursing education expertise and skills of our American counterparts helped us make a big step forward in terms of revising and updating curricula at different levels of nursing education. Most importantly, we were able to put in place a structure for basic professional education as well as bachelor and master's degree programs."

She also mentioned the fact that the partnership facilitated a series of training workshops on clinical health assessments, nursing research, and HIV/AIDS, which were conducted by the US partners to enhance the knowledge of regional nursing school faculty. As a result, nursing research methods were introduced in many nursing schools. In addition, Learning Resource Centers equipped with electronic medical libraries and databases, along with Internet access, were established at each partnership site to help integrate information technologies and evidence-based practices into the educational process.

According to Khamzina, the partnership's programs played a critical role in prompting the health ministry officials in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan to launch nursing education reform by making nursing a separate component in the overall system of healthcare education.

### ***Regional Coordination Helps Chart a Course for Future Development of Nursing***

While the main goal of the regional nursing partnership is to unify and improve the quality of nursing education in Central Asia, the Nursing Coordinating Council has a much broader agenda. According to Saktanova, the Council consists of 28 nursing leaders from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan—seven from each country—who meet regularly to determine policies and strategies in four major areas: improvement of nursing education; enhancement of nursing leadership skills; development of improved nursing practices; and revision of nursing practice standards and education.

Saktanova told attendees that the Council was created in 1999 at a regional nursing conference in Bishkek, Kyrgyzstan. Explaining that it evolved out of the Nursing Initiative introduced by AIHA at its hospital-based partnerships in the early 1990s, she said, "The partnership program's heritage of considerable improvements in nursing prompted us to take steps to sustain the nursing development process in our countries after the majority of the partnerships had graduated."

Pointing out that the Council has facilitated many changes in the countries of the region, Saktanova cited improvements in nursing education and leadership development and primary care, as well as in the introduction of new professional standards and a new curriculum in the family nurse training program. It also took part in the revision and distribution of a family nursing manual, which was written by the Council chairman with assistance from international experts. And, a series of workshops on nursing leadership and management for chief nurses and physicians from leading healthcare institutions in the region led to the development of regional and national nursing associations that promote modern nursing practices, standards, and guidelines developed by Council.

In addition to introducing nursing baccalaureate programs in three countries of the region, the Council has also taken the lead in providing advanced training to nurse practitioners and members of nursing associations. The training was focused on patient health assessment, breast cancer detection, and grant writing. As a result, 10 nurses received grants for breast cancer prevention from Susan Komen Breast Health project, thus contributing to the improvement of women's health in the region. According to Saktanova, every year nurse leaders have an opportunity to meet and share their accomplishments at the Council's annual meetings financial support for which were also provided in 2001-2004 by ZdravPlus, a USAID-funded organization. These events are an important vehicle for nursing leadership development and networking because they help the delegates elevate their professional and personal leadership skills and boost their self-esteem.

The Council is also working to ensure that government legislation supports nursing development in the region, Saktanova explained, noting that members have developed proposals on nursing registration, certification, and licensure. As a result, the proposed "Regulations on Nursing Registration System" and "Regulations on Family Nurse" have been approved by the Council and recommended for adoption in all the four countries.

In conclusion, Saktanova emphasized that the goal of each country's nursing reform efforts remains focused on meeting international standards in nursing education and practice, despite of the differences in their immediate priorities and tasks. She also expressed hope that Turkmenistan will join this alliance, uniting all five countries in the region in the quest to build a cohesive system of nursing education and practice.

## **Regional News**

### **In 2005, AIDS Epidemic Reaches All-Time High**

Nearly 5 million people worldwide were infected with HIV in 2005, marking the

largest jump in new cases since the disease was first recognized in 1981, according to the AIDS Epidemic Update 2005 released by UNAIDS last December in conjunction with World AIDS Day. The virus claimed the lives of 3.1 million people in 2005, with more than half a million of these deaths occurring among children.

Although sub-Saharan Africa and Southeast Asia continue to remain the hardest hit areas, the report clearly indicates that the virus is continuing to spread at alarming rates within Eurasia, bringing the region to the brink of a full-blown epidemic. The number of people living with HIV in Eastern Europe and Central Asia reached 1.6 million in 2005, a 20-fold increase from 2003. Even more striking, AIDS claimed the lives of 62,000 people there last year-nearly double the mortality rate attributed to the virus 2003.

One of the most frightening aspects of the rampant spread of HIV in Eurasia is the fact that young people are bearing the brunt of the epidemic with 75 percent of all infections reported between 2000-2004 being in people aged 30 or younger, compared to only 33 percent in Western Europe. This trend has been fuelled by high rates of injection drug use, particularly unsafe injecting practices such as the sharing of contaminated needles or syringes.

Although injection drug use provided the initial impetus driving the Eurasian HIV epidemic, recent data reveal that sexually transmitted HIV infections are on the rise. In 2004, unprotected sex was the cause of 45 percent or more new infections in Belarus and Moldova and 30 percent of new infections in Ukraine and Kazakhstan.

In addition to injection drug use, *Eurasia.net* points to an array of factors that have all shaped the current HIV epidemic in the region, including the collapse of the Soviet Union, rapid social change, increasing poverty, and unemployment, as well as changing sexual norms.

Changing infection patterns have consequently triggered a shift in HIV demographics, resulting in a rise in the number of women and children becoming infected each year. The number of women living with HIV in Eastern Europe and Central Asia has climbed from 310,000 in 2003 to 440,000 in 2005. Similarly, 270,000 women and children were newly infected with HIV in the past year alone.

Despite recent efforts to expand access to antiretroviral drugs, UNAIDS Executive Director Peter Piot called these responses "fragile and insufficient" during an interview with *Reuters*. According to Piot, nine out of 10 people in developing countries are not even aware of their HIV status. And, while the total number of people receiving antiretroviral therapy in the region has nearly doubled over the course of the past year, the number of patients on treatment still lags far behind those in need.

With the total number of recorded HIV cases now exceeding 40.3 million worldwide, the Global Health Council estimates that by 2010, the total number of deaths caused by AIDS has the potential to rival that of bubonic plague, which claimed the lives of 93 million people during the middle ages.

## **New HIV/AIDS Medications Added to WHO List of Approved ARVs**

The World Health Organization (WHO) announced on December 14 the addition of seven new HIV/AIDS drugs to its list of pre-approved antiretroviral (ARV) medications, bringing the total number of potentially life-extending pre-qualified ARVs to 77. Each of these new medications has also been approved or tentatively approved by the US Food and Drug Administration (FDA), according to a WHO press release.

These new additions are the result of an agreement signed earlier in 2005 between WHO and the FDA intended to encourage the exchange of information regarding HIV medicines. Because both organizations use similar assessment systems to evaluate new medicines, the goal of the agreement is to consolidate the approved medicines into a single, comprehensive list.

"The listing of FDA tentative approvals makes the task of procurement agencies easier so that they only need to consult one list when buying," Dr. Lembit Rägo, head of the prequalification project, said in the WHO press release. "In the long term, the US FDA tentative approval process for antiretrovirals can also help to reduce WHO's work load in prequalifying medicines, thus allowing the health agency to devote more attention to products that have not been assessed by any other stringent regulatory agency."

The significance of the new drugs lies in the fact that greater variety means more choices for patients and doctors. Also, the single list of FDA approved drugs ensures that each of these medications is high in quality, and thus hopefully more effective in prolonging the lives of HIV/AIDS patients.

## **WHO Report: Intimate Partner Violence Most Common Form of Abuse against Women Worldwide**

When most people think of the women they care about—their mothers, wives, sisters, or friends—they don't generally associate them with violence. The sad reality for an estimated one out of every six women worldwide, however, is that they will suffer physical or sexual abuse at the hands of an intimate partner at least once in their lifetime.

According to a recent report issued by the World Health Organization (WHO), the number of women who have been victims of domestic violence ranges from 29 to 62 percent in most nations, developed and developing alike. This staggering statistic is a sad testament to the widespread and indiscriminating nature of intimate partner violence the world over.

Some 24,000 women from both rural and urban areas in 10 countries—Bangladesh, Brazil, Ethiopia, Japan, Namibia, Samoa, Serbia and Montenegro, Tanzania, and Thailand—were interviewed for this global survey, which was conducted in collaboration with the London School of Hygiene and Tropical Medicine, PATH, and national research institutions in the participating countries. According to the resulting report—*WHO Multi-country Study on Women's Health and Domestic Violence Against Women*—evidence of physical or sexual violence ranging from 15 percent of women in Japan to 71 percent in rural Ethiopia exists in each of these nations.

Speaking at a November 2005 ceremony in Geneva marking the release of the report, WHO Director-General Jong-wook Lee said, "This study shows that women are more at risk from violence at home than in the street and this has serious repercussions for [their] health. It is important to shine a spotlight on

domestic violence globally and treat it as a major public health issue."

The study clearly indicates that domestic violence poses a serious threat to the mental, physical, and reproductive health of women and needs to be approached from a public health perspective rather than viewed as a private family matter. Some of the specific health consequences cited include injury, emotional distress, suicidal thoughts and attempts, and physical symptoms of illness. Furthermore, between one-quarter to one-half of all women who had been physically assaulted by their partners suffered physical injuries as a direct result and were twice as likely as non-abused women to report long-term mental or physical health problems.

Alarmingly, even pregnant women are not spared from physical abuse, notes Henriette Janson, who served as the epidemiologist for the report. According to Janson, 4-12 percent of the women surveyed reported being beaten at some time during pregnancy and 25-50 percent of those women admitted that they received blows and kicks to their abdomen. More than 90 percent of the reported cases of abuse during pregnancy cited the father of the unborn child as the perpetrator. "So, miscarriages and abortions are real consequence of violence," Janson points out.

The most disturbing aspect of the report concerns the extent to which domestic violence remains hidden. Study coordinator Claudia Garcia-Moreno told reporters, "Between one-fifth and two-thirds of the women interviewed had never spoken to anyone about their partner's violence [prior to the interview]." The silence is compounded by the fact that many of these women actually believe that the abuse is deserved and that men are justified in their abuse if women, Janson says, noting that deeply ingrained cultural beliefs—especially in developing countries—continue to ensure domestic violence remains grossly underreported.

Although the study indicates that domestic violence rates are slightly higher in developing countries, Garcia-Moreno says that one of the most striking findings of the study was the strong correlation between domestic violence and poor health. Victims of domestic violence were between 1.5 and 3 times more likely to experience negative physical or emotional symptoms, she told the *Associated Press*, and "whether you are a cosmopolitan woman in San Paulo, or you are a rural woman in Ethiopia or Belgrade, the association is there."

WHO has called this report a "landmark" because it is based on the first such study to address the issue of domestic violence on a global scale and attempt to measure and compare violence rates both within and across countries.

The report concludes that domestic violence poses a serious and universal threat to women's health and calls for large-scale government and community mobilization to combat this issue. WHO recommends a two-pronged approach that focuses first on changing the attitudes and social norms that perpetuate abuse, and second on strengthening support systems for battered women.

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

## **Workshops, Conferences, Opportunities and Grants**



### **2nd International Conference on TB Vaccines for the World**

As a follow-up to the successful TB Vaccines conference held in Montreal in 2003, this year's meeting will gather researchers from throughout the world to discuss the latest findings and trends associated with the research and development of TB vaccines, science, policy, strategy, delivery, and economics. The conference will take place in Vienna, Austria, April 19-21, 2006. For more information, please visit: [www.meetingsmanagement.com/tbv\\_2006/](http://www.meetingsmanagement.com/tbv_2006/)

### **5th European Breast Cancer Conference**

The event will bring together scientists of all disciplines, clinicians, nurses, and advocates from many countries to share the latest information on the science, diagnosis, and treatment of breast cancer, as well as significant breakthroughs in the field of research. Psychosocial care and quality of life and advocacy issues will also be discussed. The conference will take place in Nice, France, March 21-25, 2006; For additional info, please see:

[www.fecs.be/emc.asp?pagelid=611&Type=P](http://www.fecs.be/emc.asp?pagelid=611&Type=P)

### **14th International Symposium on HIV and Emerging Infectious Diseases**

"Focusing First on People" is the theme of the 2006 meeting, which will focus on the latest research about HIV infection, viral hepatitis, and other emerging infectious diseases. Aside from guest speakers and poster exhibits, the program will also include scientific symposia presented by the pharmaceutical industry and more interactive sessions, with the goal to reinforce the vital link between theory and practice. The meeting will be held in Toulon, France, June 21-23, 2006. For additional info, please go to: [www.isheid.com/](http://www.isheid.com/)

### **International Journal of Medical Sciences Announces Call for Papers**

*The International Journal of Medical Sciences* publishes articles about important advances in all medical research fields, epidemiology, and public health. The journal reaches a wide range of international audiences, including scientists, students, pharmaceutical employees, doctors, and health workers. Submissions of original research, reviews, and short communications are welcomed. For more information, please visit: [www.medsci.org/](http://www.medsci.org/)

### **The World Influenza Vaccination Conference - 2006**

IVW 2006 will be an international forum for world renowned experts in the field of influenza vaccines and related issues to report the latest data and trends associated with current and new influenza vaccines and their availability worldwide. The conference's scientific advisory panel invites the influenza community to submit abstracts for inclusion in the IVW 2006 oral and poster programs. The meeting will be held in Vienna, Austria, October 18-20, 2006. For more information, please see: [www.meetingsmanagement.com/ivw\\_2006/](http://www.meetingsmanagement.com/ivw_2006/)

## **Features**

### **Assessing 13 Years of Collaboration, Caucasus Partnership Conference Demonstrates AIHA's Leading Role in Healthcare Reform in the Region**

*The countries of Armenia, Azerbaijan, and Georgia share not only the same*

*geopolitical location but also many similar social and economic challenges. In healthcare, these challenges include cardiovascular diseases as the number one killer of the population, rising rates of TB, HIV/AIDS, and other infectious diseases, and high infant and maternal mortality.*

*Therefore, AIHA's cross-cutting initiatives in the region have been specifically designed to develop meaningful solutions to these problems and address the healthcare reform priorities of the Caucasus nations. In the early 1990s, the first round of these initiatives focused on neonatal resuscitation, reproductive health, emergency medical services, infection control, nursing leadership, healthcare management, and information technology. By the end of that decade, as the success of these programs was recognized, new initiatives based on the primary care partnership model were created to further enhance health reforms in the region.*



**US Ambassador to Georgia John Tefft (second from left) welcomes conference participants while Georgia's Minister of Labor, Health, and Social Affairs Vladimir Chipashvili, past chairman of AIHA's Board of Directors Larry S. Gage, and Robert O'Donovan, regional director of the Eurasia Foundation's South Caucasus Cooperation Program, look on.** (Photo: Vira Illiash)

More than 70 members of AIHA's current and graduated partnerships from Armenia, Azerbaijan, and Georgia gathered October 18-19 in Tbilisi, Georgia, to participate in a conference that marked the 13th anniversary of AIHA's activities in the Caucasus region. The meeting provided a forum for sharing lessons learned, disseminating successful approaches to improving the quality of healthcare services in these countries, and discussing ideas of future cooperation with national—as well as international—healthcare communities. The delegates also provided reports to USAID, other international donors and implementing agencies, national health ministries, and local governments about the progress and impact that AIHA's programs have made in the Caucasus for more than a decade.

At the event, US Ambassador to Georgia John Tefft, Georgia's Minister of Labor, Health, and Social Affairs Vladimir Chipashvili, Head of the Department of Medical and Preventive Services of the Ministry of Health of Azerbaijan Amiran Gurbanov, and Deputy Minister of Health of Armenia Tatul Hakobyan presented welcoming remarks. George Mataradze, health management specialist at USAID/Tbilisi, Larry S. Gage, past chairman of AIHA's Board of Directors, AIHA Executive Director James P. Smith, and Robert O'Donovan, regional director of the Eurasia Foundation South Caucasus Cooperation Program, were some of the key-note speakers. First Lady of Georgia, Mrs. Sandra Roelofs was present as an honorable guest.

In their presentations, the healthcare leaders of the three countries acknowledged the critical impact AIHA programs have had on bringing about positive changes and accelerating nationwide healthcare reforms.

In particular, the Georgian Minister of Health indicated that over the period of 13 years as many as nine partnership projects were implemented in Georgia alone, through which thousands of healthcare professionals received training in such priority areas as primary healthcare, women's health, nursing, hospital

administration, health management, emergency medical services, and infection control. "For us "13" is a lucky number because these 13 years have brought about extremely effective changes. AIHA came to Georgia at the time when the country's healthcare system was experiencing severe economic and political distress. The partnership programs not only helped us build up substantial intellectual capacity, but also streamlined our infrastructure making it more responsive to the healthcare needs of our people. AIHA's training programs provided a strong impetus to the ongoing capacity-building process and enhanced institutional changes in the country's healthcare system."



**James P. Smith discusses some of the accomplishments of AIHA's partnership programs in Caucasus Region. On his left, Gegi Mataradze, a project management specialist with USAID/Caucasus's Health and Social Development Office, looks on. (Photo: Vira Illiash)**

In his overview of AIHA programs in Caucasus, Smith indicated that for the past 13 years the region has received in excess of \$26 million worth of contributed professional time, donated supplies, equipment, and monetary grants from participating private American institutions and health professionals, which significantly complemented a very generous USAID contribution. "This unique public-private partnership is a hallmark of the partnership program; it helped our colleagues in Armenia, Azerbaijan, and Georgia mobilize their scarce resources and created a tremendous investment in healthcare reform in the region," he emphasized.

### ***Common Challenges, Common Goals***

The plenary sessions focused on such key healthcare issues as primary healthcare reform, healthcare management and financing, and community health. Current and former partners had a chance to discuss their accomplishments and the many positive outcomes of cross-partnership collaboration, as well as the role USAID and AIHA have played—and continue to play—in assisting Armenia, Azerbaijan, and Georgia with their health-sector reforms. The conference also featured break-out sessions where the delegates concentrated on specifics of primary care and community health reform implementation and other salient topics such as continuous quality improvement, nursing development, emergency medical services, and reproductive health.

### ***Azeri Program Creates a Comprehensive Model of Healthcare Delivery***

Primary care is a framework that allows both past and ongoing AIHA initiatives such as nursing reform, women's wellness programs, and emergency medical services to be integrated to promote meaningful health reform. The partnership program in Azerbaijan started later than in the other two countries of the region but, nevertheless, it is a good example of what can be accomplished in terms of sustainable impact in a five-year period.

According to Saadat Mahmudova, coordinator with the National Office on Family Medicine and head of the Family Medicine Chair of Azerbaijan State Institute of Postgraduate Medical Education, AIHA partnership programs have played a critical role in introducing new and highly successful primary healthcare (PHC) models to the country and in creating conditions favorable to the emergence of the profession of family doctor.



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

In her presentation she emphasized the role of three AIHA PHC partnerships and several cross-partnership initiatives that have provided advanced training in various aspects of primary care to a large number of nurses and physicians from Baku. A good example is the Baku/Portland partnership, which created a highly successful Primary Healthcare Center—a community-based health education and resource center that supports the operation of programs on women's health, addictions among youth, asthma, and mental health. The center now serves as a clinical training site for the newly-created Family Medicine Chair of the State Medical University and a similar department of the State Institute of Postgraduate Medical Education established with the support of the US partners. The latter also helped develop a three-month training curriculum introduced in both educational institutions. To date, more than 500 physicians and 20 nurses have become certified as family medicine practitioners. To replicate the success of the PHC center, its model has already been disseminated in five pilot regions of Azerbaijan.



**Saadat Mahmudova speaks about AIHA's contribution into PHC reform in Azerbaijan as Julie Giorgadze, outreach and development coordinator of the Eurasia Foundation's South Caucasus Cooperation Program, looks on.** (Photo: Vira Illiash)

The conference also featured the role of the graduated partnerships that have also taken the lead in disseminating and implementing evidence-based treatment protocols, quality improvement programs, and clinical practice guidelines (CPGs) both in the capital city and nearby regions. As a result, primary healthcare partners have reported a 19 percent increase in the early detection of preventable health conditions. Also, the introduction of CPGs at several member institutions of the Baku/Richmond partnership that serve not only the population of Binagadi District, but also some 33,000 refugees or internally displaced persons (IDPs), has resulted in improved asthma management outcomes

in 70 percent of patients diagnosed with the condition. In addition, these institutions also reported a drastic decline in the number of arterial hypertension and gastric and duodenal ulcer-related hospitalizations, as well as a decline in childbirth-related complications.

Kamal Hajiyeu, a consultant with the Pediatric Medical Rehabilitation Center in Baku, presented an excellent example of successful bronchial asthma CPG

implementation at his institution, where the number of ambulance calls about the condition plummeted from 80 to 20 percent, while the number of hospitalizations decreased by 30 percent. Hajiyev also acknowledged a notable improvement in the overall performance of physicians and nurses and their willingness to advance their skills by learning new treatment protocols.

AIHA's partnership between "Mir Kasimov" Republican Clinical Hospital in Baku and Baylor College of Medicine in Houston, Texas, has also made great strides in improving access to high-quality clinical services and health education programs, particularly for the more than 20,000 IDPs and refugees served by Mir Kasimov and Sabirabad Rayon Hospital. The Baku/Houston partners established a Women's Wellness Center (WWC) and a Neonatal Resuscitation Training Center (NRTC) at each hospital, thereby facilitating many positive changes in maternal and child health indicators. Reproductive health screening services such as Pap smears, diagnostic coloscopy, and ultrasound—coupled with state-of-the-art equipment provided by the US partners and the advanced staff training that occurred because of the partnership—have resulted in a 50 percent reduction in neonatal mortality. Partners also produced Azeri-language patient education materials on topics such as monthly breast self examinations, Healthy Baby, WIC Program, Pap Smear education materials for women, Taking Control of your pain, which have been distributed in three IDP/refugee camps. Additionally, Learning Resource Centers established by partners at each facility enable clinicians to access the most up-to-date clinical research and consult on difficult cases.

When commenting on the program of the Ganja/Livermore PHC partnership, Jeyhoun Mamedov, AIHA country coordinator for Azerbaijan, emphasized that the majority of the programs developed in Azerbaijan are based on the principles of diverse citizen participation, community investment, and local "ownership" of the programs. The US partners trained their Azeri counterparts in skills-sharing techniques and improved methods of directing interests and managing resources in the communities. Speaking about the role of community in improving health, partnership information coordinator Lala Ahmadova provided a good example of how the operation of the Community Health Advisory Board (CAB) in the city of Ganja "brings the partnership resources closer to the population." Regular CAB meetings of participating local health officials, government leaders, and community representatives allow the partners to better meet healthcare needs in the city and generate support for the PHC initiative. (For more information on the Ganja/Livermore programs, please see: ["Ganja/Livermore Partnership Introduces High-Quality Neonatal Resuscitation Services and Community Health Advisory Board"](#))



Lala Ahmadova, information coordinator of the Ganja/Livermore partnership, speaks about CAB's role in improving health of the community. Larisa Muradyan, coordinator at Armavir Regional Healthcare and Social Services Department and deputy governor of the Armavir Region, and Vakhtang Barbakadze, head of the Department of Internal Medicine at the National Institute of Therapy, also participated in the panel discussion. (Photo: Vira Illiash)

### ***Armenian Programs Demonstrate Effective Capacity-building Efforts and Sustainable Initiatives***

While the programs in Azerbaijan are the most recent, Armenia is one of the first

countries of the former Soviet Union to have collaborated with AIHA beginning in 1992. The country has also been among the first to participate in many AIHA-sponsored regional initiatives and cross-partnership programs. The first WWC and the first Emergency Medical Services Training Center (EMSTC) were established in Armenia. Building on the success of the EMSTC, a network of regional nuclear disaster preparedness centers was established by the recently graduated Armavir/Galveston partnership. Similarly, due to the efforts of the Yerevan/Boston partners, emergency care is now part of the postgraduate education of medical professionals, including primary healthcare practitioners. The training module has been disseminated throughout the country as part of the capacity-building efforts of the Department of Emergency Care established with the partnership support at the National Healthcare Institute.

The innovative programs implemented in Armenia have also resulted in the development of models for comprehensive diagnostic and treatment services for women. With the first WWC center opened in 1992 under the aegis of the Yerevan/Los Angeles partnership, the women's health component has been introduced at almost all partnership institutions leading to increased patient satisfaction and improved health outcomes for women.



**Ruzanna Yuzbashyan, head of the Primary Healthcare Department at the Armenian Ministry of Health, describes AIHA's contributions to sustaining PHC reform in Armenia, while Larry S. Gage, past chairman of AIHA's Board of Directors, looks on. (Photo: Vira Illiash)**

Sonya Aroustamyan, Director of Vanadzor Polyclinic No.4 presented a great example of successful cross-partnership collaboration during her talk about how the staff of the Erebuni WWC, which was opened through the Yerevan/Los Angeles partnership in 1992, assisted the staff of Vanadzor Polyclinic No. 5 (Lori/Milwaukee partnership) to develop women's health services for the rural population. These services, including Pap smears, clinical breast exams, contraception counseling, and STD diagnosis and treatment, are now being rolled out in northern Armenia through a reproductive health NOVA project supported by USAID.

As highlighted during the conference, the introduction of AIHA's women's health programs in Armenia has resulted in the 25 percent decrease in the abortion rate at the partnership institutions and a significant increase in early-stage breast and cervical cancer detection. For example, the mammography and wellness center opened by the Yerevan/Washington, DC, partnership has greatly advanced screening and diagnostic capabilities. Its state-of-the art laboratory performs on-site mammograms and blind biopsy procedures and offers skills-based training to local clinicians. As a result, approximately 20,000 patients have been examined over the four years of the partnership program. More than 1,800 cases of breast and cervical cancer were detected at early stages, which has in turn led to decreased mortality rates.

In keeping with AIHA's efforts to develop the nursing profession as one of the focus areas of primary healthcare reform, Armenia has also taken the lead in creating the first regional baccalaureate program and establishing quality improvement programs in nursing at Yerevan's two major hospitals-Erebuni Medical Center and St. Grigor Medical Center. Both institutions were recognized as Magnet centers of excellence in nursing. (For more information about the

nursing excellence program, please see: ["Four AIHA Partnerships Receive International Award for Excellence in Nursing"](#))

Alina Kushkyan, director of Erebuni Medical College (EMC), described the Yerevan/Los Angeles partnership's efforts to develop a four-year bachelor's program in nursing, which was recognized by the Armenian Ministry of Health. Since 1999, 118 students have graduated from this program and received diplomas. Moreover, seven of those college graduates underwent further training to become the first nursing faculty. Before that, nurses were trained exclusively by physicians. Kushkyan also noted that the nursing college graduates are in great demand with various medical institutions in Armenia as well as with international organizations working in the region.



**Ruzanna Ginosyan, chief nurse at St. Grigor Lusavorich Medical Center in Yerevan, reports on some of the many achievements AIHA partners in the region have made in the field of nursing.**  
(Photo: Vira Illiash)

Looking at some recent examples of how the partnership programs in Armenia have contributed to capacity-building efforts, the Armenian partnership representatives briefed the audience on new PHC training programs focusing on continuous education for family physicians and nurses. Larisa Muradyan, coordinator at Armavir Regional Healthcare and Social Services Department and deputy governor of the Armavir Region, provided an account of the local government's role in sustaining community initiatives in the Armavir region with the population of some 276,000. Between 2000 and 2002, 11 physicians and nine nurses completed train-the-trainers courses in the United States and have become the faculty at the partnership-established Armavir Training Center, which subsequently provided hands-on training to 183 physicians, 352 nurses, and 15 additional instructors. Course topics at the center include cardiovascular disease, breast cancer, diabetes,

disaster preparedness, asthma, and respiratory and GI infections with an emphasis on pediatric care. A survey conducted by the partners revealed that more than 70 percent of respondents felt that the services in the Armavir polyclinic had improved since the partnership was established and the majority felt that services at the polyclinic were better than at the other government-run healthcare facilities.

Nationwide, partnership programs introduced in different regions of Armenia built a foundation for the scale-up phase in primary healthcare reform. Ruzanna Yuzbashyan, head of the Primary Healthcare Department at the Armenian Ministry of Health, covered this topic in her presentation. Particularly, the departments of Family Medicine and Family Nursing were established at the National Institute of Healthcare, State Medical University, and Yerevan Medical College. The government also decided to expand the model developed by the three partnership-sponsored primary healthcare centers to 12 other medical facilities. She spoke about the importance of continuing the comprehensive PHC training program, which includes a health services management component, designed by the recently graduated Yerevan/Birmingham partnership and later offered by the American University of Armenia. Health management and administration have also been introduced through a series of training modules at the School of Healthcare Management. The school was established by the

partnership to prepare professional healthcare administrators capable of leading the health system reform effort in Armenia.

### ***AIHA Programs in Georgia Generate Steady Progress on All Fronts***

The role of the community has been a key aspect of all AIHA programs in Georgia as partners worked together to build healthier communities, engaging and mobilizing other stakeholders in the process. Working with individual institutions, the partnership programs placed particular emphasis on responding to the various healthcare reform needs of the country. In the mid-1990s, primary healthcare began to emerge as a primary focus.

In support of the national strategy to build a cadre of family medicine healthcare professionals, the specialists from now-graduated Mtskheta/Milwaukee partnership worked closely with the Georgian Ministry of Health and Social Affairs and the greater donor community to create the first Family Medicine Practical Center outside of Tbilisi. Previously, five of such centers were created in the capital city under a World Bank grant and were providing training for local family medicine specialists.

Speaking at the conference, the center's director Ketevan Loria emphasized that the faculty of the center was comprised not only of physicians but also of nurses who completed an intensive six-week family health nurse training program at Marquette University College of Nursing. This specialized training program was based on the WHO primary healthcare curriculum and tailored to the needs of the Mtskheta community. The nursing curriculum contains 18 modules covering topics ranging from management and leadership skills to care for terminally ill patients, management of chronic diseases, women's health issues, and disease prevention, among other things. In her presentation, Loria explained that the physician and nursing staff at the center are now retraining specialists from adjacent areas, thus enhancing the skills of rural family medicine specialists and



**Ketevan Loria (far left), Mary Anderson, nursing consultant with World Services of La Crosse; Alina Kushkyan, director of Erebuni Medical College, and Jessica Jordan, nursing director at Valley Care Health System in Livermore, California, participate in a break-out session on quality outcomes in nursing.** (Photo: Vira Illiash)



**Nurses from rural areas in Georgia's Shida Kartli Region attend a training session at the Family Medicine Practical Center in Mtskheta.** (Photo: Vira Illiash)

replicating a successful clinical and training center model throughout the region.

Built upon the experience of Mtskheta/Milwaukee partnership, two new PHC training centers have been established by two current community-based partnerships: Gori/Milwaukee and Gori/La Crosse. These centers will be used for regional training and retraining purposes and will fill the capacity-building needs in these two regions.

As is the case with the other two countries in Caucasus, chronic cardiovascular diseases is the primary



cause of morbidity and mortality in Georgia. According to official data, 35 percent of the country's healthcare expenses are directed toward the treatment of arterial hypertension and its complications. All PHC partnerships have been able to implement effective methods of addressing chronic diseases through their projects. The Mtskheta/Milwaukee partnership, for example, developed a successful healthy heart program by closely monitoring blood pressure of some 500 patients for 3.5 years. When presenting the program and its outcomes, Vakhtang Barbakadze, head of the Department of Internal Medicine at the National Institute of Therapy, noted that active antihypertensive treatment based on standardized methods, continuous training of medical professionals, free provision of medications to patients, and their continuous observation yielded a 33-point decrease in systolic blood pressure and a 14-point drop in diastolic pressure in participating patients. According to Barbakadze, such results give partners hope that in the next two years they will be able to potentially decrease the stroke rate by 40 percent, congestive heart failure by 50 percent, and total mortality rate by more than 20 percent. He also noted that the program had already been replicated in two other districts of the Shida Kartli region—Kareli and Gori.

Reflecting on the numerous achievements of the graduated partnerships, the WWCs established in Tbilisi and Kutaisi exemplify the sustainability of AIHA programs. Each of them continues to provide a comprehensive range of clinical services in ambulatory settings as well as a wide variety of health promotion, disease prevention, and educational programs.

The development of EMS, NRP and Infection Control training centers has been a key aspect of the region's programmatic strategy for replicating and scaling up the new services introduced by individual partnerships. These centers have been officially designated by the ministries of health as preeminent institutions for postgraduate and continuing education. In addition to these training centers, four Nursing Resource Centers have been established to support advanced nursing training and education.

Conference speakers clearly indicated that evidence-based medicine has been an important area of focus for many partnerships. For this purpose, 10

Learning Resource Centers (LRCs) have been established to provide technological and information support in medical research for evidenced-based practices. The Georgian National Information Center, which coordinates these centers, has developed 18 clinical practice and quality management guidelines in collaboration with Atlanta/Tbilisi partnership. These guidelines have been disseminated to a number of the nation's medical institutions.

The lessons learned by the Tbilisi/Atlanta partnership in the practical application of various innovative programs in Georgia were discussed at virtually every conference session. For instance, the partnership ushered in significant sustainable improvements in hospital administration, nursing services, and the quality of care at the two leading hospitals in Tbilisi—Gudushauri National



**Natela Partskhatadze, nursing program coordinator at the Georgian NGO Partners for Health NGO—which was established through the Tbilisi/Atlanta partnership—discusses continuing education and its role in improving hospital nursing practices.**  
(Photo: Vira Illiash)

Medical Center and Iashvili Central Children's Hospital.

Recognizing the vital role nurses play in today's hospitals, the US and Georgian partners developed a clinical curriculum which consists of 27 nurse training modules previously used at the Tbilisi partnership hospitals. Upon completion of the training, the hospitals have been able to introduce a number of new nursing services. More than 200 healthcare professionals went through these nursing education programs with the laudable result being vastly improved skills among hospital nursing administrators and clinical care nurses. (For more information about the project, please see: ["Tbilisi/Atlanta Partnership Lays Foundation for Nursing Baccalaureate Program in Georgia"](#))



**Irakli Sasania, executive director of Iashvili Children's Hospital in Tbilisi, speaks about the processes involved with establishing a modern emergency room, noting how the unit has helped the hospital achieve better patients outcomes.** (Photo: Vira Illiash)

The Tbilisi/Atlanta partnership has also been especially effective in streamlining administrative and management functions at partnership hospitals. Some 16 CPGs and continuing professional education programs have been created through the efforts of this partnership, resulting in the introduction of countless improvements and cost-saving policies for prescription drug use at the two hospitals.

The partnership's accomplishments are also highly visible. The opening of the region's first model Emergency Pediatric Center at the Iashvili Central Children's Hospital resulted not only in a 100 percent increase in patient visits, but a decrease in hospitalization rate from 91

to 44 percent. It allowed for a reduction of the average length of hospital stay from 12 to 7.2 days, which resulted in a corresponding decline in the rate of nosocomial infections. (For more information about the emergency room, please see: ["Emergency Pediatric Center at Iashvili Children's Central Hospital in Tbilisi Saves Lives, Greatly Improves Pediatric Services "](#)) And, at Gudushauri National Medical Center, they have been able to increase the occupancy rate from 54 percent in 2003 to 68 percent in 2005. The increased revenues have helped hospital to achieve critically needed financial stability.

In response to the efforts of the national governments to strengthen systems and address emergency healthcare priorities such as HIV/AIDS and TB, the partnership programs have also become engaged in developing effective capacity-building mechanisms.

The modern blood bank established by the Tbilisi/ San Francisco partnership has recently taken a lead in the Georgian government's effort to ensure the nation's blood supply is safe. With support from the Global Fund to fight AIDS, Tuberculosis and Malaria, the blood bank is serving as a model for the creation of a comprehensive nationwide supply system rooted in the practice of voluntary donor recruitment. (For more information about the project, please see: ["Voluntary Blood Bank in Georgia Gains National Recognition for Its Safety Record, Serves as Replication Model for Rest of Country"](#))

In addition, AIHA works closely with WHO, UNICEF, and the National AIDS Centers in Azerbaijan and Georgia to assist national governments in developing

effective systems to ensure the prevention of mother-to-child transmission of HIV. AIHA and UNICEF are also engaged in facilitating the development of national PMTCT strategies in these countries. Together they offered workshops, training courses, and executive study tours to improve knowledge and skills and draw upon the successes of earlier PMTCT programs.

In response to the increasing rates of HIV/AIDS and tuberculosis throughout the region, conference sessions also included presentations about AIHA's projects aimed to control these infections in countries with high prevalence, such as Moldova and Russia. In a similar vein, representatives of other international and local organizations, such as WHO, USAID, the Eurasia Foundation, CoReform Project, and John Snow International, among others, presented overviews of their programs in the region and discussed ideas for further cooperation in addressing health needs in the Caucasus region.

Speaking at the conference, AIHA Executive Director James P. Smith acknowledged the important role of USAID, WHO, and many other

international partners in assuring the success of the programs in the Caucasus region. "Working closely with the ministries of health in these three countries, we've been able to optimize the coordination of our partnerships to better respond to the national health reform needs. We are very pleased to be able to report on the many successful examples of how this cooperation has helped to harness resources and build sustainable capacity."

Despite the progress partnerships have made in capacity-building and improving healthcare services, Smith expressed concern that the healthcare providers in the Caucasus nations—and the rest of the former Soviet Union—still face many challenges, including ensuring that the achievements already made remain both sustainable and replicable. In this regard, he noted that the national and regional impact that they are demonstrating and their further success will depend on the healthcare leaders and government support of these initiatives.

"I hope that this conference has provided you with knowledge and some ideas on how to sustain community projects through local funding. The fact that your efforts have been replicated and scaled up already reflects their success. Another measure of this success will be your future ability to build upon the partnership experience to meet many of the challenges that we will face in the upcoming years—challenges such as TB, HIV/AIDS, drug and substance abuse, and the behavioral and lifestyle issues that contribute to the burden of chronic conditions such as hypertension, cardiovascular diseases, diabetes, and asthma. Based on the experience of the partners that graduated five years ago, I believe that the work the current partnerships are doing will equip you well to meet whatever challenges the future may bring," Smith concluded.

Addressing the conference participants, US Ambassador to Georgia John Tefft



**AIHA Regional Director for Russia Arsen Kubataev (center) highlights partnership efforts to engage PHC service providers in HIV/AIDS prevention and care programs. Mamuka Jibuti, head of the Public Health Services Management Department at the State Medical Academy in Tbilisi, and Amiran Gamkrelidze, WHO country advisor on HIV/AIDS, also presented during this session.** (Photo: Vira Illiash)

appealed to the leaders of all three countries to concentrate attention on the healthcare needs of their citizens and increase their investments in the health sector. "As we all know, the health of any society is a necessary precondition for economic growth and social transition. Yet communities need more resources devoted to healthcare in order to become healthier," Tefft said, underscoring WHO research indicating that if a country dedicates one percent of its GDP to improve its healthcare, poverty and infant mortality rates improve by a corresponding one percent. "This is clearly a compelling argument for governments to increase their health spending," he noted, adding that the American people and international donors can always provide technical assistance and resources, but they can not define policies or make any decisions about healthcare services—that responsibility lies with the countries themselves.

## **AIHA Shares Comprehensive Approaches for Treatment and Care of People Living with HIV/AIDS at Suzdal Conference**

Russia's annual conference on organization of HIV surveillance and prevention, held last October in Suzdal, was very different from earlier meetings. Just before the event, Russian President Vladimir Putin publicly acknowledged that HIV/AIDS is a danger to Russia, pledging the government's determination to fight the disease. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had had allocated two grants in total amount over \$200 million to develop a comprehensive program to provide HIV treatment in Russia. And, the availability of funding meant that conference participants representing the plethora of agencies and organizations working in the field of HIV/AIDS in Russia were faced for the first time not with the quandary of where to get money for their programs, but how to make this new influx of funds work for the benefit of Russia's estimated 1 million citizens living with the virus.

"Russia's measures against the HIV/AIDS epidemic are far behind the rate at which the situation is actually deteriorating,"

Gennadiy Onishchenko, head of the Federal Center for Consumer Rights Protection and Human Welfare, said at the opening of the conference. Citing his concerns about the country's lack of transparent mechanisms for screening members of marginalized groups for HIV, as well as general deficiencies in the organization of treatment and care, follow-up monitoring, and effective prevention, Onishchenko told participants. "We have to revise our principles, attitudes, and the way our work is organized." Onishchenko added that AIDS Centers should become the uniting and guiding force in the network of primary care services for HIV-positive people.



**Gennadiy Onishchenko (in the middle) leads a panel devoted to the improvement of present system of HIV/AIDS response in Russia.** (Photo: Vira Illiash)

Citing official statistics that put the number of people currently registered with HIV at more than 330,000, Onishchenko stressed that these data fail to give a true picture of the country's epidemic. Backing up this claim, he noted that while injection drug use is the major transmission route for HIV accounting for 70 percent of all cases, only 10 percent of injection drug users (IDUs) undergo testing for HIV. Additionally, the drug abuse rate in Russia has increased by 60 percent in the past five years. This begs the question, Onishchenko said, of

whether or not the majority of HIV cases have gone undiagnosed. The situation is further aggravated by the fact that 60 percent of HIV-infected IDUs who need treatment do not seek medical attention because they do not know that treatment is available or they are hesitant to enter the healthcare system because of stigma.

Previously, Russian HIV programs were severely under-funded and a specific amount of the total funding had to be dedicated to the purchase of antiretroviral (ARV) drugs. "Now that Russia is going to receive the necessary drugs, there is an acute need to train qualified staff who can effectively provide care and support for patients who need antiretroviral therapy," Onishchenko stressed, pointing out that according to preliminary federal data there are already more than 18,000 such patients.

### ***AIHA Offers an Effective Model of Care for People Living with HIV/AIDS***

Along with Russian HIV/AIDS specialists, the conference also welcomed representatives of international groups, such as the World Health Organization (WHO), the Global Fund, the Globus Project, the International Bank for Reconstruction and Development, UNAIDS, UNICEF, the Johns Hopkins Institute, John Snow, Inc., AIHA, and various others. Each of the organizations presented their own programs aimed at improving the HIV/AIDS situation in Russia.

Among the presentations was a joint project of AIHA and University Research Co. LLC (URC), on Treatment, Care, and Support for HIV/AIDS Patients, which highlighted the results partners have achieved within one year of their cooperation. This project is a response to Russia's need to improve its system of care for HIV-infected individuals. "Understanding that everybody is unhappy with the existing system, we joined efforts to shape a progressive model of HIV/AIDS care, based on international standards," Victor Boguslavsky, head of URC's representative office, explained during his presentation of the project.



**Victor Boguslavsky highlights some of the accomplishments achieved during the first year of the joint AIHA-URC project.** (Photo: Vira Illiash)

For this purpose, AIHA and URC conducted a joint study of the system of services available to HIV-positive people from the first moment they come in contact with the system. The study was carried out under the auspices of healthcare institutions belonging to AIHA partnerships in four Russian regions: Orenburg, Samara, Saratov, and St. Petersburg. In addition to regional AIDS Centers, the project also involves a number of institutions located in these regions, including outpatient clinics, narcology centers, and tuberculosis clinics. Four major areas were singled out for strengthening and further development—access to care and patient retention, diagnosis and treatment of coinfections such as HIV and tuberculosis, clinical care management, and coordination of care among institutions providing various services to patients.

As an alternative method of improving care for people living with HIV/AIDS, multidisciplinary teams made up of representatives from all the institutions involved in implementing the four components of the program have been organized. Speaking at the conference about the efficacy of such approach in

Orenburg, Sergey Mikhailov, deputy head physician of the Orenburg Oblast AIDS Center emphasized that the method in combination with the appropriate training of medical and social service specialists helped to build more effective system of support and care for PLWHA.

The same principles are used by American colleagues who have been working with the Russian AIDS Centers through the AIHA partnership programs and sharing their own extensive experience with solving the medical and social problems faced by HIV-positive patients. They also suggested that their Russian colleagues employ another important means for providing better care to HIV-positive people, namely coordinating committees. As Boguslavsky explained, a coordinating committee is a forum for the heads of healthcare institutions and local authorities to meet regularly with representatives of the multidisciplinary teams and people living with HIV/AIDS to make decisions based on practical healthcare needs. "This kind of alliance is an effective way to adopt the measures needed for introducing new services, drawing up new legislative orders, and developing local HIV/AIDS policies," he stated.



**Sergey Mikhailov and his Russian colleagues at one of the plenary sessions.** (Photo: Vira Illiash)

Despite the fact that the new forms of organizing the work were introduced in the partnership institutions less than a year ago, the concrete results obtained demonstrate that they are effective. For instance, with the involvement of the multidisciplinary teams, the percentage of patients retained in the healthcare network has increased considerably. As Boguslavsky explained, this is because a patient seeking help at an AIDS Center can obtain comprehensive information on where and how to find the medical and social services he or she needs. At the same time, confidentiality rules are observed because the exchange of information occurs only between key staff members at the organizations thereby helping the patient

obtain needed care.

As an example of successful cooperation between the coordinating committees and healthcare system workers, Boguslavsky pointed to programs promoting better tuberculosis screening for HIV/AIDS patients. Because this procedure has been neglected in the past, Russia now faces a problem with mortality from TB among HIV-positive people. Thanks to work done by the coordinating committees, assistance from American experts, and the involvement of leading TB specialists from the Federal Center dealing with coinfections, however, a set of documents was developed to provide for better TB prevention and detection among HIV-infected patients. After the introduction of this program at partner institutions, the detection rate for this pathology increased significantly. For example, while the city of Engels in the Saratov Region had only 52 percent of its tuberculosis cases detected in 2004, in the first three quarters of 2005 this rate rose to 67 percent for men and 77 percent for women. In addition, the involvement of the Saratov Department of Health and Social Welfare in the Saratov/Bemidji (Minnesota) partnership contributed to the introduction of preventive treatment for TB, increased availability of beds for patients with coinfections, and recruitment of healthcare professionals at the primary level in

the process of screening for TB in HIV-infected individuals. Such programs were also implemented at outpatient clinics in the Krasnogvardeysky District of St. Petersburg, Togliatti, and Orenburg Oblast.

Boguslavsky noted that these results show how cooperation between institutions—and the participation of healthcare administrators in the process—not only facilitates the work of the healthcare professionals and improves the health of the patients, but also creates opportunities to continuously improve HIV/AIDS-related care within the healthcare system.

### ***Case Management and Training of Specialists Provide a Basis for Establishing a Stable Support System for HIV/AIDS Patients***

AIHA Regional Director for Russia Arsen Kubataev shared important elements of the joint AIHA/URC project, including case management and clinical aspects of patient care. Kubataev stressed that a great advantage of the new practices that have been implemented in four Russian regions is the chance to have professional exchanges. During these exchanges, Russian specialists can see with their own eyes how HIV/AIDS care is organized in the United States. Case management is an aspect of this system that the Russian partners decided to borrow from their American colleagues. Under this system, each patient has his or her own case manager who can organize and help arrange for additional services the patient might need, thereby ensuring continuity of care.

According to Kubataev, this practice has made the most progress in Engels, a city in the Saratov Oblast. There, two case managers are now working at the narcology clinic housed at the Practical Psychology Center. City authorities provide funding to cover the salaries for the case managers and AIHA, in turn, held a training course for these specialists and the American partners from Bemidji provided them with equipment. In addition, the partners worked together to adapt and translate various forms that help case managers easily assess a patient's records to determine his or her health condition and needs. Also, the partners created a register of all the social and medical services in Engels and held meetings with staff from these institutions in order to ensure their support. Now, the partners report, all social, employment, and document issues that patients face can be quickly resolved. Medical problems can also be addressed efficiently. What is particularly impressive is the fact that all of these changes have occurred in a city where, until recently, HIV-positive patients were unable to receive qualified medical assistance at any city clinic other than the AIDS Center.



**Arsen Kubataev speaks about the efficacy of case management.** (Photo: Vira Illiash)

Kubataev pointed out that the early and dramatic success of the case management system in the Saratov Oblast has led to efforts to implement the process in other regions where partnerships are active. An official decision to introduce the position of case manager in the Orenburg Region has already been made and similar work is under way in St. Petersburg and Samara. "This system helps a patient find his way through the complicated structure of multiple organizations and promotes patient retention in the HIV care network. In addition, it contributes to reducing the lack of communication among the organizations concerned," Kubataev stressed, while drawing participants' attention to this fairly simple, yet demonstrably effective, approach to organizing

comprehensive care for people living with HIV/AIDS.

Kubataev said that another important priority in AIHA's efforts in the pilot regions is to upgrade the clinical skills and knowledge of medical and social workers with respect to treatment and care for HIV-infected people. This kind of education is especially urgent, he stressed, now that Russia will soon receive mass deliveries of antiretroviral drugs from the Global Fund. The effort is drawing on the human resources of the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, which was opened by the AIHA in 2004 to train personnel in the specialized skills needed to combat the epidemic.



**At AIHA's booth, Ihor Perehinets, program coordinator for Russia, distributes various publications and information materials on HIV/AIDS.** (Photo: Stela Bivol)

According to Kubataev, the Knowledge Hub uses a multidisciplinary approach for training because, to be effective, HIV/AIDS-related care must involve various specialists who work together as a cohesive team. In addition, training courses stress the acquisition of practical skills through hands-on sessions at outpatient clinics, where the trainees can observe real patients, discuss clinical cases with their teachers, and tackle case studies. Following these training courses, teachers conduct practical workshops at partner institutions where they supervise teams involved in clinical patient care. At the present time, each of the pilot territories has two trained Regional AIDS

Center teams. One team specializes in pediatric care, while the other handles adults. Kubataev noted that plans already being implemented envisage the training of clinicians working in primary care, substance abuse, and tuberculosis, as well as counselors and allied care providers at other organizations involved in care for HIV-infected individuals. To this end, special education will be provided for teachers, who can then run continuous training courses in each of the pilot regions.

### ***Prevention of Mother-to-Child Transmission: The Key to a Healthy Future for Russia***

In a separate presentation, Kubataev also discussed AIHA's project for the prevention of mother-to-child transmission (PMTCT) of HIV. Launched in 2004, this project is a joint effort with WHO and the US Centers for Disease Control and Prevention (CDC) that has resulted in the adaptation of WHO/CDC guidelines for preventing vertical transmission for conditions in the former Soviet Union. Implementation of the project began at the Samara Perinatal Center, which will serve as a training base for the project in Russia. Specialists from this center were trained as teachers and have been conducting courses, in cooperation with UNICEF experts, in Chelyabinsk, Magnitogorsk, Novotroitsk, and Orenburg for the past ten months. "This is a multifaceted project that includes HIV prevention at all levels, ranging from work with reproductive-age women, prevention of unwanted pregnancies in HIV-positive women, and medical intervention during pregnancy and delivery, as well as preventive measures for children who have experienced perinatal exposure to HIV," Kubataev explained.

To monitor how well the various aspects of the project are being implemented,



children. Since the autumn of 2003 this system has been undergoing testing in Togliatti, a city in Samara Oblast with one of the highest HIV rates in Russia. Statistics show that 3,000 of the city's 200,000 reproductive-age women have HIV. Since the beginning of the HIV/AIDS epidemic in Russia, Togliatti has seen 853 children born with perinatal exposure to HIV.

Demonstrating the database to participants, Kubataev stressed that it contains information on 11 different topics. Among the major components, the availability of pre- and post-test counseling during prenatal care, the use of preventive drugs, and the occurrence of complications and surgical interventions during delivery, as well as whether or not mothers were counseled on taking preventive medicines and on child care, breastfeeding, and family planning in the postpartum period.



**Arsen Kubataev explains the principles of AIHA's HIV/AIDS database. After his presentation many healthcare specialists expressed the willingness to use such a tool at their own institutions.** (Photo: Vira Illiash)

The database is physically located in the Togliatti AIDS Center, and the data are collected at all of the institutions that provide care or services to HIV-infected women and their children, including women's clinics, inpatient gynecological facilities, the obstetric departments of general hospitals and pediatric outpatient clinics. To collect data pertaining to all HIV-positive women's pregnancies and deliveries, project administrators developed loose-leaf inserts for the medical record cards, which are filled out during registration at the women's clinic. Kubataev explained that the inserts are easy to fill out, requiring just checking 'yes' or 'no' in the appropriate boxes. If the pregnancy is terminated, the document is supplemented with the records from the hospital gynecological unit. If the woman decides to carry the pregnancy to term, information is collected on the preventive measures applied during delivery at the obstetric department of a general hospital. All of these data points are subsequently assembled at the AIDS Center where staff members regularly meet with outpatient clinic pediatricians and monitor the records of check-ups done on children born to HIV-infected mothers.

"The forms we developed help analyze what measures have been implemented to prevent mother-to-child transmission, as well as monitor the dynamics of the periodic check-up records of children born to HIV-infected mothers," Kubataev continued. In this connection, he pointed out that the system contains the personal details of the women and their children, making it much easier to search for a patient if the healthcare professionals lose track of her. At the same time, the system is in strict compliance with confidentiality laws. This means that each surname is assigned an appropriate code, so that only a properly authorized staff member may find out the details of the person's identity and address.

In conclusion, Kubataev stressed that the database is a tool not only for assessing the quality of services, but also for identifying patient needs. It also helps healthcare workers improve a quality assurance system to monitor the medical care they provide and observing the results of their work. This, in turn, creates opportunities to further improve the support system for HIV-positive women and their children.

### ***Clinical Audit: A Simple Tool for Making Big Changes***

Another practice that has the potential to improve the quality of clinical measures was presented at the conference by Steve Rith-Najarian, MDa member of the Saratov/Bemidji partnership. Rith-Najarian described the practice of clinical audit, which is widely used in the United States to assess changes in clinical practices. In late 2004, this practice was introduced in Saratov and Engels and using an audit form developed by Dr. Rith-Najarian and modified by the Saratov partners and AIHA For instance, it records how many patients with CD-4 counts under 200 are receiving ARV therapy or how many HIV-infected patients have been screened for TB. The forms, along with instructions on how to fill them out, were distributed to healthcare institutions involved in caring for HIV/AIDS patients in both cities. In January 2005, the collected data were entered into a special CDC-developed database called EpiInfo to be analyzed.



**Steve Rith-Najarian speaks about the value of using clinical audits as an effective tool for medical service improvements.** (Photo: Vira Illiash)

This baseline audit helped partners identify clinical areas that needed improvement according to Rith-Najarian. "The audit gave us a clearer picture of what needs improving and what the healthcare system's priorities are. We made our recommendations and shared them with head physicians of all the AIDS centers and TB clinics in Saratov and Engels, so they could put them into practice," Rith-Najarian said, emphasizing that the partners were pleasantly surprised with the results when they did a follow-up audit in October 2005. "All priority areas showed signs of improvement," he noted, "So, areas that we had hoped would improve did improve and the audit was able to provide us with this feedback."

The key thread that tied together the various presentations showcasing AIHA's HIV/AIDS projects in Russia was the notion that when launching a project that has such far-reaching potential, one must think first and foremost about the details. Following this ancient wisdom may help Russian specialists build an efficient support system for its citizens living with HIV, a system that would surely be welcomed by patients, their families, and the country's future generations.

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