

Connections

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Partner News



Odessa Workshop Helps Build Capacity among Ukrainian Clinicians Who Care for People Living with HIV/AIDS

A recent Anti-retroviral Therapy Training Workshop held in Odessa, Ukraine, marked the start of an ongoing collaboration between AIHA and the Los Angeles-based [AIDS Healthcare Foundation](#) (AHF).

It was the first training hosted under the aegis of the newly established World Health Organization Regional HIV/AIDS Care and Treatment Knowledge Hub for which AIHA is the primary implementing partner. This Knowledge Hub was created in response to the burgeoning HIV/AIDS pandemic in Eastern Europe and Central Asia to serve as a crucial capacity-building mechanism for reaching WHO's **"3 by 5" targets** for the region.



Trainer Michele Babaie (left) and Ukrainian physicians participating in the workshop examine x-rays brought in by one of the many patients in need of ARV therapy throughout Odessa and the rest of the country. (Photo: Kathryn Utan)

Although the Ukrainian Ministry of Health reports that 5,400 people have been diagnosed with AIDS—and more than 3,000 of that number have already lost their lives to the disease—fewer than 100 people in Ukraine are currently receiving anti-retroviral therapy (ART). In a country where WHO and UNAIDS estimate that as many as 450,000 people—roughly one percent of the population—may be HIV-infected, the need for a well-trained cadre of healthcare professionals specializing in HIV/AIDS care becomes more critical with each passing day.

Designed to train Ukrainian healthcare workers to effectively provide treatment to the nation's HIV-positive population, the workshop was the first in a series of training exercises planned in anticipation of Ukraine receiving pharmaceuticals through a grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.



Alla Volokha and Irina Dzyublik, KMAPO and their colleagues Aleksandr Yurchenko and Olga Grebinskaya from Kiev City AIDS Center listen to a presentation of WHO model protocol on Opportunistic infections. (Photo: Elena Voskresenskaya)

The event also coincides with the Ukrainian government's launch of a new national HIV/AIDS treatment and prevention program that will this year begin providing ART to 4,000 people. According to WHO and UNAIDS, an estimated 15,000 people living with HIV/AIDS in Ukraine are currently in immediate need of anti-retrovirals.

Held December 1-8, 2003, in conjunction with World AIDS Day, the workshop brought together some 20 clinicians and social workers from Odessa and Kiev and officials from Ukraine's Ministry of Health, to discuss WHO protocols for providing care and treatment to HIV-infected people in the NIS. Representatives from the Kiev Medical Academy of

Postgraduate Education and the All-Ukrainian Network of People Living with HIV/AIDS also participated in the training. Topics covered during the event included ART, common opportunistic infections, palliative care, post exposure prophylaxis, and prevention of mother-to-child transmission (PMTCT) of HIV, as well as WHO and

Ukrainian Ministry of Health requirements for monitoring and evaluating ART.

The training was conducted by two American HIV/AIDS specialists from AHF—Michele Babaie, a physician at AHF/Whittier Healthcare Center in California, and Richard Gettings, a registered nurse and regional supervisor of AHF/Positive Healthcare Florida—and Svetlana Antoniak, a Ukrainian HIV specialist from Lavra Clinic at the Institute of Epidemiology and Infectious Diseases in Kiev. The event's curriculum was based on Ukrainian national treatment guidelines, the Ministry of Health's declaration on ART, and WHO's HIV treatment recommendations for the newly independent states. The Odessa Oblast Hospital, Lavra Clinic, the Kiev City AIDS Center, and the Odessa Oblast AIDS Center also contributed to the program's content.



Kiev infectious disease specialist Svetlana Antoniak interviews an HIV-infected man during a practical session of the training. By gathering a detailed medical history of prospective patients, the group was better able to select individuals who had the greatest need for antiretroviral medications. (Photo: Kathryn Utan)

The workshop concluded with practical sessions conducted at the Odessa Women's Wellness Center and the Odessa Satellite Clinic—both located at the Odessa Oblast Hospital. During these sessions, participants had the opportunity to meet with HIV-positive people, obtain their medical histories, and conduct physical examinations to determine each patient's present condition and their suitability to be among the first to receive ART as soon as it becomes available in Ukraine.

A more detailed account of this event will appear in the February issue of *Connections*.



Council of Rectors: Cooperative Efforts for Improving Healthcare Education in Central Asia

In 2000, medical education leaders from the Central Asian Republics formed the Council of Rectors (COR), which was designed to coordinate efforts to improve the system and outcomes of medical education at both the undergraduate and post-graduate levels on a regional basis. This initiative receives administrative and programmatic support from AIHA and its US partners, and funding from USAID through the ZdravPlus Program (Abt Associates). The COR's strategic program addresses issues including institutional accreditation, qualifications of graduates, standardized testing, and licensure of medical professionals.

On October 25, 2003, the executive committee of COR held a meeting in Almaty, Kazakhstan. This meeting brought together rectors and vice rectors of medical schools from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Other participants included American medical education experts and representatives from AIHA and ZdravPlus.

The event was dedicated to a discussion of issues related to a new regional medical education partnership being organized by AIHA, the relationship between COR and this new partnership, and medical education issues concerning the region, as well as to a discussion of the "USAID Survey of Undergraduate Medical Schools in Central Asia"—a report by Frances Carter, an independent expert from the United Kingdom.

Based on her assessment of medical education in the region and interviews with local health educators and administrators, Carter developed 15 recommendations for how to improve medical education in Central Asia.

The executive committee expressed agreement with Carter's recommendation pertinent to the creation of a Regional Center for Medical Education. Such a center would enable CAR experts to better coordinate and monitor the development and dissemination of educational models in the region and contribute greatly to the improvement of medical education there. While members of the COR and Dr. Carter acknowledge the widespread benefits of a Regional Center for Medical Education, they also recognize the fact that creating such a center would require significant sources of funding and other resources that have not yet been identified.

The COR executive committee also supported the report's recommendation relevant to the need for an administrative database that will contain information about the curricula, students and faculty, and financial resources of medical schools and academies in Central Asia. This proposed database should make sharing information at the regional level possible and provide for monitoring adherence to basic standards within participating institutions. Additionally, executive committee members considered Carter's recommendations on quality assurance and benchmarking central to assuring the adherence of medical education programs in the region to international standards.

During the meeting, committee members also discussed how AIHA's learning resource centers could be expanded to serve as an effective way of increasing educational resources and disseminating information and best practices throughout the region.

The executive committee agreed with other Carter recommendations on workforce planning; primary care marketing; curriculum planning and monitoring; early integration of family medicine programs into medical school curricula; development of professional competencies and quality review and implementation of new approaches for faculty development; accreditation of clinical training sites; and development of research capacity within medical academies. However, rectors participating in the meeting noted the need to prioritize these recommendations because the Central Asian countries would be hard-pressed to contribute adequate resources to allow for the implementation of all of them at one time.

The executive committee also concluded that Carter's report provides an accurate representation of most of the problems that plague medical education institutions in the region. Members expect that AIHA's new regional medical education partnership—which links the University of South Florida's Health Sciences Center, the University of Nevada at Reno, the American Association of Medical Colleges, and other professional medical education organizations with the West Kazakhstan State Medical Academy and Kazakh State Medical Academy; the Kyrgyz State Medical Academy and the Medical Department of Osh State University in Kyrgyzstan; and the First and Second Tashkent State Medical Institutes in Uzbekistan—will contribute significantly to the resolution of these problems and improve the quality and scope of health professions education in Central Asia.

Setting the "Gold Standard:" Tirana/Providence Partners Establish Cervical Cancer Screening Program in Albania



"AIHA's Tirana/Providence partnership has established the gold standard in fighting cervical cancer and is a voice for improved policy on women's health in Albania," USAID Population, Health, and Nutrition Officer Pamela Wyville-Staples stated at a workshop held in Tirana on

November 6, 2003. Noting that the partnership's achievements started in 2000 with establishment of the Women's Wellness Center in Tirana, Wyville-Staples lauded its ongoing efforts to respond to the challenges that effect women's health, specifically the early detection and treatment of cervical cancer.

The workshop—titled "Screening and Management of Cervical Cancer"—brought together approximately 100 specialists, including OB/GYNs from Tirana maternity hospitals and polyclinics, teachers and students from the Tirana Medical School and Nursing School, representatives from the Tirana Regional Health Authority, and medical professionals from obstetrical institutions throughout Albania, to share the success of the cervical screening program first pioneered in Albania by Tirana/Providence partners in 2002.



Pamela Wyville-Staples speaks about the importance of implementing a comprehensive cervical cancer program in Albania. (Photo: John Capati)

Referencing background information from the Providence partners about the necessity of a cervical cancer screening program in Albania, John Capati, regional coordinator for AIHA's partnerships in Central Europe, cited a 2001 pilot study conducted by the Albanian Association Against Tumors that reported a total abnormal cytology rate of 45.2 percent among the 973 women tested. "In spite of the unusually high incidence of cervical cancer among Albanian women, early detection of this disease was unlikely because of the limited presence of screening programs," explained Capati.

Noting that this data evidenced a need to develop comprehensive diagnostic programs, Capati stressed the role of the partnership in making such a program accessible and affordable for patients while at the same time educating the public about the benefits of early detection and treatment.

To help Albanians detect cervical cancer at the disease's earliest and most treatable stages, the Tirana/Providence partners focused on establishing an adequate infrastructure to provide the necessary diagnostic capability. Within this project, partners inaugurated Albania's first in-country cytology/pathology laboratory, which—since its opening on the premises of Maternity Hospital #1 in September 2002—has read more than 1,500 pap smears and conducted approximately 400 biopsies. The partners also initiated a record-keeping registry and patient identification numbering system to keep better track of women tested for cervical cancer. Additionally, the Albanian medical specialists were trained by their Providence counterparts in pap smear collection, cytology screening, lab management, and the LEEP system, which is used to treat cervical dysplasia. Cooperatively, partners developed clinical protocols for collecting pap smears and designed Albanian-language public awareness brochures and posters to encourage cervical cancer screening.



Rubena Moisiu, Director of Tirana Maternity Hospital No. 1, Vjollca Tare, Director, Tirana WWC, and Wendy Guida, National Perinatal Information Center in Providence, during one of the cervical cancer workshop's sessions.
(Photo: John Capati)

According to Rubena Moisiu, the Director of Maternity Hospital #1, through raising public awareness and via partner-supported community education programs, the number of pap smears being done in should continue to rise. Her American colleague Carol Debek, associate vice president for patient care services at Rhode Island's Women and Infants Hospital, supports this point of view telling the workshop participants that, "The healthcare professionals should make an effort to help women become responsible for their health, and encourage the patients to spread the word about cervical cancer in their communities."

During the workshop, participants observed the progress of the cervical

screening program in Albania; learned about risk factors and screening and management techniques; and discussed ways to raise public awareness about, and thereby ensure timely detection of, the disease. The event received widespread media coverage, which should help increase public knowledge about the need to have a pap smear and direct women to appropriate medical settings. In addition, the Providence partners will continue to educate personnel from four of Tirana's policlinics and to involve them in the program as a means to create more effective screening capacity in the country.



Microsystem Approach Gains Acknowledgement as Tool for High-quality Care

"Family medicine is our future, so we ask all who care about tomorrow to support it," says Genc Halili, director of the Center for Family Medicine Development in Kosovo—the organization, which in cooperation with the AIHA Gjilan (Gjilane)/Hanover primary healthcare partnership, hosted a family medicine improvement conference, held on December 10, 2003 in Pristina, Kosovo. The event gathered more than 300 participants including medical professionals from numerous Health Houses and Family Medicine Centers in Kosovo, local ministries of health and education officials, specialists from the Institute of Public Health, and representatives of WHO, UNDP, UNFPA, UNICEF, and MSF.

The conference provided a forum for sharing the knowledge and experience of partners from the Gjilan (Gjilane) Main Family Medicine Center (MFMC) and Dartmouth Medical School in Hanover, New Hampshire, who in 2002 began a successful attempt to reform the primary healthcare system in Kosovo by implementing a continuous improvement process at MFMC based on a microsystem approach. The core of this methodology lies



Attendees look at a worksheet on microsystem change ideas that they identified for their own institutions. (Photo: John Capati)

in the systematic training of a group of specialists who work together on the regular basis to provide care to a core group of patients. Such a philosophy promotes the upgrade of managerial and clinical skills of healthcare practitioners and thereby improves the quality of care. (For more information about the microsystem approach, see ["Microsystem Approach Improves PHC Delivery in Kosovo"](#))

During the conference, the US partners and Gjilan (Gjilane) MFMC staff described the specific progress made on a number of important fronts that are the result of this innovative methodology implementation. According to the partners, the process helps to increase patient satisfaction by enhancing productivity of care. The latter has resulted in shorter waiting times and an enhanced role for nurses, who are now responsible for conducting physical check-ups of patients before they are examined by physicians. The implementation of a hypertension screening program and the development of clinical practice guidelines (CPGs) for hypertension ensured the timely prevention and effective treatment of the ailment. Community education and the development and distribution of patient education materials about hypertension contributed to awareness about the disease among high-risk populations, helping the medical staff encourage earlier screening and more timely management of high blood pressure. Among other things, the microsystem approach proved its excellence in the area of continuity of care through the development of a record-tracking system and helped MFMC personnel create a respectful environment by institutionalizing a team work approach.

Following the presentations made by Gjilan (Gjilane)/Hanover partners, conference attendees participated in an exercise to identify areas for change at their own institutions. As a result of this group exercise, participants determined that areas critical for improving quality of care at the majority of primary healthcare settings include: the necessity to develop a medical record system, reorganization of patient flow, team building, continuous professional development, and patient education, as well as the management of chronic diseases and the development and implementation of CPGs.

The conference concluded with a speech by the Director of Healthcare Services for the Kosovo Ministry of Health, Arben Sami, who emphasized that the method used to improve care at the Gjilan (Gjilane) MFMC can also be used to strengthen cooperation between medical practitioners and healthcare administrators to reform primary healthcare in Kosovo. "The relationship between the MOH and leaders at the FMCs should be approached using the microsystem method too, much like the

relationship between physicians and nurses at Gjilan (Gjilane) MFMC," says Sami. "By their example, we witnessed the fact that a memorandum of understanding itself, signed by the Ministry of Health, cannot change much. It is people who make changes happen and make things different."

Regional News

UNICEF Enlists Uzbek Children in the Fight Against Iodine-deficiency Disorders

Six million children in almost 10,000 schools throughout Uzbekistan will be involved in a national school-based campaign to combat iodine-deficiency disorders, which affect more than 50 percent of the country's population, reports *IRIN*.

According to UNICEF, iodine is vital for the healthy development of children and even a small amount of this compound can help prevent both physical and mental development problems. The organization is spearheading this new campaign to raise awareness about the health hazards of iodine deficiency and is encouraging children to check their household salt for iodine content. Because iodized salt is the most effective and easily attainable source of this important chemical element, the goal of engaging children in such a way is to help promote its use by their contemporaries and families, as well as to enhance knowledge among the general public about the importance of iodized salt consumption. The campaign is expected to be integrated into school curricula throughout Uzbekistan.

"This campaign is about promoting the use of iodized salt, and we are doing it through the schools," Brenda Vigo, head of the UNICEF's headquarters in Uzbekistan, told *IRIN*. "It is very significant, because the children will be made aware of the importance and the value of iodine and iodized salt, and the problems associated with its deficiency."

According to Vigo, Uzbekistan's population has been consuming non-iodized salt because it costs less than the iodized version. Despite the price difference, it is expected that through the campaign and with the help of the nation's children, "Families will [learn about] the value of the iodized salt and will buy it."

To address the issue of iodine-deficiency disorders in Uzbekistan, the government began drafting a new law that will oblige food manufacturers to iodize their products. Meanwhile, *IRIN* reports, the government has established a National Salt Producers' Association, who will take care of the exclusive production of iodized salt for the country

Workshops, Conferences, Opportunities and Grants

International Research and Action Conference: Innovations in

Massachusetts, this conference will be held April 25-28, 2004. The focus of this event will be to advance the understanding of violence against women by sharing, demonstrating, and promoting innovative concepts and research methodologies from around the world. The goal is to build global collaborations to help prevent and ameliorate violence against women. For additional information see www.wcwonline.org/conference/

13th International Symposium On HIV and Emerging Infectious Diseases

An international conference on HIV, Viral Hepatitis, and SARS will be held in Toulon, France, June 3-5, 2004. The symposium will provide an opportunity to present original works on the topic. Aside from guest speakers and poster exhibits, the program will include symposia of high scientific interest presented by the pharmaceutical industry. For more information, see: www.avps.org/2003/hiv.htm

27th European Cystic Fibrosis Conference

The European Cystic Fibrosis Society (ECFS), Cystic Fibrosis Worldwide (CFW), and the Cystic Fibrosis Trust of the United Kingdom will hold the 27th European Cystic Fibrosis Conference on June 12-17, 2004, in Birmingham, England. The conference will provide a forum for discussion about the latest research and clinical developments related to Cystic Fibrosis. For more information, go to www.cftrust.org.uk/cf2004/

2nd World Congress of Pediatric Gastroenterology, Hepatology and Nutrition

The 2nd World Congress of Pediatric Gastroenterology, Hepatology, and Nutrition will take place in Paris, France, July 3-7, 2004. This international event is organized by the Federation of International Societies of Pediatric Gastroenterology, Hepatology, and Nutrition (FISPGHAN). The host Society for the 2nd World Congress is the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN). A great effort will be made to highlight important topics relevant to the evaluation and care of infants, children, and adolescents with gastrointestinal, hepatic, pancreatic, and nutritional disorders in both developing and developed countries. For more information about the congress, visit:

www.wcppghan2004.com/gastroenterology.html

National Conference on Health Care and Domestic Violence: Health Consequences Over the Lifespan

The Family Violence Prevention Fund is organizing a conference to be held in Boston, Massachusetts on October 21-23, 2004. The conference aims to broaden the discussion of the health impacts of domestic violence; describe the latest physical and mental health findings related to domestic violence; highlight innovative research, practices, programmes and partnerships that improve patient safety and health status; and emphasize prevention and intervention strategies. For more information, see www.endabuse.org/health/conference/

International Perspectives: Women Leading Change in Public Health and Technology

The American Association of University Women (AAUW) Educational Foundation will hold its third biennial international symposium in Washington, DC, on November 12-14, 2004. The symposium will explore new definitions of technology and its relationship to public health. Presentations will focus on women's experiences in different regions of the world (particularly in the developing world and newly independent states) where access to and knowledge of technology and health concerns may vary. Presenters will explore the importance of women's leadership roles, both formal and informal, and how women have used their education to create changes that concern public health, technology, and the intersection of public health and technology. For more information see www.aauw.org/ef/symposium.cfm

Features

Odessa Social Marketing Workshop Focuses on Preventing HIV/AIDS at the Primary Care Level

By Kathryn Utan

One of the biggest challenges any primary care provider faces—regardless of where they practice—is making people understand that their actions today will almost certainly have a direct impact on their health in the future. Maybe not as soon as tomorrow or even next month but, at some point, high-risk behaviors will negatively affect an individual's well-being. In a region where HIV/AIDS is spreading more rapidly than in virtually any other area of the world, programs geared toward preventing new infections have taken on a whole new meaning in Ukraine and other nations of Eastern Europe and Central Asia.

A recent conference titled "Social Marketing in Health Promotion: Reducing the Risk of HIV Infection" brought together some 80 primary care practitioners, infectious disease specialists, policymakers, and family medicine residents to develop community-based strategies for educating people about HIV/AIDS, how the disease is spread, and how it can be prevented. Organized by AIHA's Odessa/Boulder primary healthcare partners, the event was held December 4-5, 2003, in Odessa, Ukraine, a city with one of the highest HIV-infection rates in the country.



Sharry Erzinger and Vladimir Kolodenko tell participants what they can expect to learn over the course of the workshop during their welcoming remarks. (Photo: Kathryn Utan)

"HIV/AIDS is no longer just a problem affecting intravenous drug users (IDUs) and prostitutes," Sharry Erzinger—a community health specialist with the University of Colorado at Denver, a consultant working with the Odessa/Boulder partnership, and one of the organizers of the event—told conference participants. "This is an issue that every parent must talk about with their children, that every school child must talk about with each other, and that media reports and the billboards around our cities must proclaim to people everywhere."

Noting that primary care practitioners must take the lead in prevention efforts by making people understand the things they do that put them at risk, Erzinger continued, "We are all good scientists, but that doesn't mean we can effectively

transfer our knowledge to others. The goal of this conference is to present you with some tools—social marketing is one of them—that will help you weave messages about prevention into the fabric of your communities."

Erzinger then stressed the importance of building a strong, open relationship between healthcare providers and the people they serve, explaining that it is only through such relationships that long-term behavioral changes can be implemented. "You can prepare the finest social marketing campaign there is, but if the community is not ready to receive your message that campaign will fail. Social marketing should be part of our course for the future and that can only happen if we maintain a strong, positive relationship with the various segments of our communities. Teens, labor unions, or shop clerks . . . people who have a very high level of education or next to no education . . . we need to communicate with them all if we are going to stop AIDS," she urged.

Assessing the True Scope of the Problem to Help Find Workable Solutions

Participants—most representing AIHA primary care partnerships in Moldova and Ukraine—spent the first part of the two-day workshop reviewing the status of the HIV/AIDS epidemic in the region. Recognizing the fact that the disease is now making inroads from intravenous drug users (IDUs) and commercial sex workers to the population at large, conference working sessions used the concept of social marketing as a framework to discuss the critical need for family-focused information about HIV/AIDS prevention.



Yuri Vorokhta of the Odessa State Medical University speaks about the role of HIV/AIDS prevention in family planning. (Photo: Kathryn Utan)

Lev Mogilevsky of the Ukrainian Ministry of Health's Anti-plague Institute provided an overview of the evolution of the HIV/AIDS epidemic in Ukraine, which began in 1987 and progressed very slowly with an average of 30 new cases per year until 1994. "At this point—what we call stage one of the epidemic—the disease was sexually transmitted from people of African descent to sex workers in Odessa, Donetsk, and the Crimea. Of the 81 registered cases in 1987, only six of them were citizens of Ukraine," he explained, noting that by the end of 1994 the number of people infected remained low at 398.

"It was during the second stage of the epidemic that we truly witnessed an explosion," Mogilevsky continued. "Between 1994 and 1995, the number of infections increased 34-fold and intravenous drug use became the primary mode of transmission, with sexual partners of IDUs and those who contracted HIV through transfusions or other legitimate medical procedures using contaminated equipment also among those newly infected."

During this period, disease rates remained high in Odessa, Donetsk, and Crimea, but also spread rapidly to Nikolaev. This was also the time when Ukraine had its first cases of mother-to-child transmission of the disease, he explained. "This ushered in stage three of the epidemic, which is where we are now, at a point when HIV/AIDS has saturated the high-risk groups and is spreading into the general populations. As of 2000, the proportion of women in the HIV-infected population is 36.8 percent,

which is comparable to the situation in Africa."



Sergiy Pozdnyakov, leading research officer of the Ukrainian Anti-plague Institute. (Photo: Kathryn Utan)

Noting that although official statistics indicate the country had 52,356 HIV-infected people by the end of 2002, experts estimate the real number today could be as high as 530,000, Mogilevsky concluded with some grim projections. "UNAIDS predicts that 1.5 million people in Ukraine will be HIV-positive in 2010 if nothing is done to reverse the current dynamics of the infection and, by 2016, between 800,000 and 1.9 million will have died from AIDS," he said. "Awareness of this terrible disease—especially among high-risk groups—remains very low. Worse still, even if people are aware of how to prevent HIV, they are not putting this knowledge to use. Our job is to make people understand the seriousness of the situation and help them turn that information into action."

Other presentations included an overview of HIV/AIDS prevention strategies that can be implemented at the primary care level provided by Yuri Vorokhta, an instructor at Odessa State Medical University; a talk about family risk factors for HIV-infection given by Vladimir Kolodenko, head of General Hygiene Department at Odessa State Medical University; and a discussion of the current system for monitoring unsafe behaviors among high-risk groups, such as IDUs, adolescents, and university students led by Sergiy Pozdnyakov of Ukraine's Anti-plague Institute. These presentations laid the groundwork for breakout sessions during which participants shared ideas about how to develop and implement effective social marketing techniques in their own practices.

Integrating Social Marketing Concepts into Health Promotion Strategies

Basically, social marketing is a multi-faceted communication campaign designed to improve widespread acceptance of an idea or practice. This campaign is usually targeted toward specific high-risk groups—in the case of HIV/AIDS, these groups include young people, commercial sex workers, IDUs, and even healthcare practitioners—and is ideally incorporated with other strategies that promote change, according to Erzinger. Social marketing is not a short-term solution; the messages must be delivered over a long period of time for them to become ingrained in people's conscience and then translated into their behaviors.

Because no plan to embark on social marketing efforts regarding HIV/AIDS in the immediate future currently exists in Ukraine, the workshop emphasized core elements used to develop social marketing campaigns that are also relevant to many other health promotion strategies. Case studies were used to further illustrate the different needs of various at-risk segments of the population using a wide range of family settings. Types of cases discussed by participants included marital infidelity, families in which one member is a sex worker, and families in which adolescents engage in sex at a young age.

The participants were very enthusiastic during the case study exercises and their responses often led to the discussions being expanded from the core issues of social marketing—for example, audience selection, message development, testing, and revision—to other health-related topics, Erzinger explained. These topics included behavioral change at both individual and societal levels, mass media's influence on behaviors, and the paralyzing effect stigma can have on the willingness of community members to change.

An Ounce of Prevention is Worth a Pound of Cure

With the annual cost of treating an HIV-infected individual more than six times greater than the cost of preventing that same person from acquiring the disease in the first place, the swiftly growing epidemic poses a serious threat to Moldova, Ukraine, and other nations throughout Eastern Europe and Central Asia.

Conference participants acknowledged the need for prevention programs that target individuals, families, and communities at large and called for a follow-up workshop that focuses on ways to create a community infrastructure for health promotion efforts; develop innovative strategies for prevention; build leadership and advocacy skills among community HIV/AIDS activists; provide accurate and up-to-date information about the statistical reality of the epidemic in the region; and enlist mass media in the effort to erase the stigma that is attached to HIV/AIDS.



Conference participants represented AIHA primary care and women's wellness centers from Moldova and Ukraine. More than 20 family medicine residents from Odessa also attended the event. (Photo: Kathryn Utan)

Summing up the difficult task that lies ahead for Ukraine and the rest of the region, Kolodenko said, "To stop the HIV/AIDS epidemic facing our nations, we in the healthcare profession must first change our own behavior and begin focusing more on new strategies of prevention. Continuing to call this a societal problem rather than a medical problem at this stage would be the biggest mistake we could make. Over the course of this conference, many people have talked about the importance of building strong relationships within the community. This cannot be stressed enough. Information alone cannot prevent the spread of this infection—we must actively develop strategies that ensure that our messages about prevention get put into action in all our communities."

Saving Babies by Preventing Birth Defects

By Vira Illiash

Birth defects are the leading cause of infant mortality and a main cause of disabilities throughout the world. In Ukraine alone, the majority of the 2,200 infants who die at birth each year lose their lives to complications caused by birth defects. But even if these babies survive, they are doomed to a life of physical and psychological pain and disability. The lives of their families are also forever changed because of the special care, education, and expensive medical services these children require to reach their full potential.

While Ukraine has an extensive network of birth defect detection and prevention services—including some 110 genetic specialists who focus on various aspects of the

field, a well developed system of prenatal and postnatal counseling, and a number of Birth Defects Surveillance Programs, which were established in the nation's most affected regions by the Ukrainian Alliance for the Prevention of Birth Defects, a USAID-sponsored organization that unites leading Ukrainian medical geneticists and experts in obstetrics, neonatology, pediatrics, and other healthcare disciplines—the system still faces many challenges. Limited finances and a lack of both human and material resources stand in the way of the dedicated clinicians and scholars who are working to prevent birth defects.

"Obviously, the consequences of birth defects are always very sad, especially because [most] birth defects can be prevented," according to Professor Arnold Christianson from the Division of Human Genetics at the National Health Laboratory Service and the University of the Witwatersrand in Johannesburg, South Africa. Christianson traveled to Kiev to share his experience and knowledge with participants at a conference dedicated to the issue of integrating perinatal health and birth defects prevention into



Vladimir Bryn', neonatologist, KMAPO, directors of Dobrosyn and Zibolki FMCs in L'viv oblast Oksana Oleksiv and Yaroslav Paramud, Oksana Koroliak, head of maternal and child healthcare department at L'viv Oblast Clinical Hospital, and family physician from Kiev PHC Center Stepan Mailo during a small group discussion focused on the birth defects prevention on the primary healthcare level. (Photo: Vira Illiash)

primary care. The event, which was held on November 19-20, was organized by AIHA and the March of Dimes (MoD) as a forum for more than 70 healthcare providers and policymakers from oblast health administrations and regional family planning centers throughout Ukraine, as well as representatives of AIHA's primary healthcare partnerships and women's wellness centers from Moldova, Ukraine, and Belarus to discuss the most cost-effective and significant measures that can be done at the primary care level to prevent congenital disorders.

"Primary healthcare is where the majority of care and prevention of common birth defects needs to be done in low-resource conditions," advised Christianson, whose presentation titled "Medical Genetics in Primary Health Care," provided an overview of prevention methods, including family planning for individuals who themselves have a birth defect or are at risk for one, preconception and antenatal care with consideration of woman's diet optimization, avoiding and treating maternal infections, and managing maternal health problems.

"These basic reproductive health approaches can be easily implemented in the primary care system and can reduce the birth prevalence of serious congenital disorders," Christianson stressed, noting that all these approaches can be achieved through patient education and health promotion, as well as by ensuring that medical staff have the necessary equipment and training.



Arnold Christianson speaks about medical genetics programs in primary healthcare. (Photo: Vira Illiash)

Vladimir Bryn', a neonatologist at the Neonatal Department of the Kiev Medical Academy of Postgraduate Education is fighting for the lives of newborns including those who have congenital disorders and strongly supports Christianson's point of view. "The majority of birth defects in Ukraine can be prevented by improving prenatal care and diagnostics, not to mention the advantage of community education," Bryn' explains. "Even though every region of Ukraine has a neonatal specialist who provides postpartum counseling, we are not able to save children from the majority of pathologies that could have been prevented during the prenatal period."

The World Health Organization (WHO) is another strong proponent of prenatal care, including early diagnostics, and education and outreach, explained Dr. Chinara Aidyalieva, a medical officer with the organization's Regional Office for Europe. According to Aidyalieva, immunization against rubella infection also plays an important role in the prevention of birth defects. If a pregnant woman becomes infected with rubella, the infection can result in miscarriage, fetal death, or the birth of a baby with Congenital Rubella Syndrome (CRS). "If a baby is born with CRS, he or she may suffer from cataracts, hearing loss, or heart disease, but that doesn't have to happen because rubella infection can be prevented by vaccination," she told participants, noting that WHO is currently working to improve rubella immunization coverage in Eastern Europe and Eurasia.

In addition to congenital birth defects, two other important issues that can often have a negative impact on the health of children in Ukraine—HIV/AIDS and excessive alcohol consumption—were emphasized during the conference.

Andrea Ruff, a physician at Johns Hopkins University's Department of International Health, Division of Disease Prevention and Control in Baltimore, Maryland, provided an overview of mother-to-child transmission (MTCT) of HIV, explaining that without any form of intervention, transmission in this manner occurs in 16-40 percent of cases. The spectrum of her presentation included information about rates and timing of transmission, as well as relevant factors that influence prenatal HIV infection. Ruff also discussed available intervention strategies for the prevention of MTCT of HIV that range from patient counseling and education to antiretroviral therapy, delivery by Cesarean section, and finding an alternative to breastfeeding. She explained the efficacy and possible drawbacks of each of these methods, noting, "These approaches vary in their efficacy, cost, and potential risks, so the decision about which one to use can depend on available resources and the woman's individual situation."

Like HIV/AIDS, another factor that threatens the health of future generations in Ukraine is alcoholism. Current estimates indicate that one out of every five Ukrainians has a problem with alcohol. The majority of primary care practitioners who attended the conference reported seeing a growing number of cases of infants with Fetal Alcohol Syndrome (FAS), which is now a leading cause of birth defects in the country. Medical professionals link this problem to the low income of population and a lack of social programs that address this issue.

Kenneth L. Jones, a doctor at the University of California School of Medicine's Department of Pediatrics, Division of Dysmorphology and Teratology, has spent most of his career researching the effect that alcohol has on the developing fetus. Jones presented some of his findings at the Kiev conference, explaining, "Alcohol is obviously a horrible cause of birth disorders in children and it is recognized as a number one cause of retardation, but we do have absolutely fool-proof way to prevent it." According to Jones, if a woman does not drink alcohol during her pregnancy, she is not going to have an affected baby.



Kenneth Lyons Jones answers a question about FAS prevention strategies. To his left: Emily Fedullo, AIHA program officer, and Mary-Elizabeth Reeve, director of Global Perinatal Health Education Programs at the March of Dimes Birth Defects Foundation (Photo: Vira Illiash)

"Primary care practitioners should be a vehicle in terms of getting this message out," the American specialist pointed out, explaining that, "Prevention of FAS requires a comprehensive program because of the complicated interrelation that exists between alcohol, a woman and her pregnancy, the woman's spouse, and her community, as well as her healthcare providers." Jones underscored the necessity of a comprehensive approach noting that women who abuse alcohol suffer more of a stigma than their male counterparts. "Women frequently do not get the help they need because of this stigma and because healthcare providers often feel uncomfortable talking to women about alcohol abuse. This makes the clinicians themselves guilty of not informing people about serious issues that can prevent this tragedy. So, what we need to be doing at this point is identifying women who are at the highest risk and focus our prevention programs on them," concluded Jones.



Yuriy Filts moderates the session focused on birth defects prevention programs in primary healthcare settings. (Photo: Vira Illiash)

"I think we all have a common understanding of the problem," says Yuriy Filts, head of the Diagnostical Unit at L'viv Polyclinic #5, summing up the opinions expressed during the conference. It is apparent, that the prevention of birth defects needs to be done at the primary level, where a special emphasis should be given to family medicine." According to Filts, family physicians and nurses have a valuable advantage over other primary healthcare practitioners, "They see the whole family, and therefore have a genetic picture of the patient; this is why it is extremely important to start educating these specialists so they can combine the best possible patient care with prevention through community education, population screening, and genetic counseling," stresses the Ukrainian

physician.

“By conducting this conference, we wanted to highlight the problem of birth defects and to give the policymakers and primary care providers of effective tools to address these issues,” says Mary-Elizabeth Reeve, director of Global Perinatal Health Education Programs at the March of Dimes Birth Defects Foundation. According to Reeve, the cooperation between AIHA and March of Dimes began more than a year ago, when these two organizations formed a partnership to unite their expertise and resources to provide information to practitioners and policymakers that will help them to decrease the rate of birth defects and improve infant and maternal health in Ukraine and Russia. These efforts were reflected in a new collaborative project, titled *Mission Alliance to Improve Perinatal Health Education in the NIS/CEE*, which seeks to decrease congenital disorders through healthcare practitioners at the primary care level. To assure the effectiveness of the project, AIHA set up a task force comprised of highly-qualified Ukrainian and Russian clinicians who prioritized the issues of birth defects and other perinatal health problems in both countries. The March of Dimes provided its informational handouts—on a wide range of perinatal health topics—which were adapted by the task force, tailored to local needs, and distributed at the conference in Kiev.

According to AIHA Program Officer Emily Fedullo, the conference was an event where the joint plans of AIHA and March of Dimes came to fruition. “First of all, we were able to provide healthcare providers with comprehensive information about the prevention and management of various birth defects. Secondly, the conference verified the importance of primary care as a vehicle for the prevention of birth defects through perinatal education. AIHA partnerships are experienced in raising community awareness and we really hope that this event will help participants address these issues in their communities and in such a way to contribute to saving Ukrainian babies.”