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Partner News



New Partnership Signs MOU to Combat HIV/AIDS in Samara Oblast

According to international health experts, Russia is among those countries that currently find themselves at the brink of a major HIV/AIDS epidemic and Togliatti, the second largest city in the Samara Oblast, is one of the areas in the country with an especially high incidence rate. With an estimated population of 740,000, Togliatti has 1,232 HIV/AIDS cases per 100,000 residents; as of February 2004, of the Samara Oblast's 21,005 officially-registered cases, 9,114 were found in Togliatti. Experts estimate, however, that the actual number of infected individuals is as much as five times higher.

As is true in the rest of the country, while parenteral transmission among injecting drug users has been at the heart of the epidemic in Togliatti and the greater Samara region, heterosexual transmission is rapidly increasing. As a result, among new infections the number of women of reproductive age is also on the rise, exacerbating the problem of mother-to-child transmission of HIV. Since the start of the epidemic, in Togliatti more than 1,100 infants have been born to HIV-positive mothers and 73 of these children have been diagnosed with HIV. Having women of child-bearing age exposed to the risk of contracting HIV can only have a negative impact on the country's demographic situation and labor force, not to mention the dire economic consequences of having to spend vast amounts of money on care and treatment of HIV-infected citizens.

To bring hope to Togliatti's HIV-infected residents by providing them with access to effective HIV/AIDS care, treatment, and prevention, the National Perinatal Information Center (NPIC) of Providence, Rhode Island, and the Samara Oblast Ministry of Health have formed a partnership. At the core of the partnership is Project Aware, a program that focuses on reducing the incidence of HIV/AIDS through the identification of high-risk individuals. By addressing their services needs, as well as maximizing available resources to ensure improved service access and patient/client retention, the partners hope to dramatically improve this group's health and the quality of their lives.

The partnership is funded through the USAID/Russia HIV/AIDS Operation Plan and managed by AIHA under USAID's HIV/AIDS Treatment, Care, and Support Initiative. It is one of four new healthcare partnerships launched in July of this year (for more information see ["AIHA Launches Four New Partnerships in Russia to Help Stop the Spread of HIV/AIDS"](#))

US Partners Form Broad Community Coalition To Help Russian Counterparts Implement Effective Programs

According to Wendy Guida, NPIC program administrator and the US partnership coordinator, NPIC—a non-profit information and research organization—was chosen to serve as the lead US partner institution for a multidisciplinary consortium of organizations that possess a wealth of knowledge and practical experience in providing comprehensive, patient-oriented HIV/AIDS services that address a broad range of clinical, behavioral, and social support issues.



Patricia A. Nolan, director of the Rhode Island Department of Health, Brock Bierman, chief of staff for the Bureau for Europe and Eurasia at USAID, James P. Smith, AIHA executive director, Wendy Guida, NPIC program administrator and the US partnership coordinator, and Tatiana Filippova, chief specialist in obstetrics and gynecology at the City of Togliatti Health Department and Russian partnership coordinator, sign the MoU that ratifies a two-year collaboration between Samara and Providence. (Photo courtesy of Wendy Guida.)



Wendy Guida (sitting far left) and David Gagnon (standing), NPIC president, discuss the initial partnership workplan with their Russian colleagues Larisa Mikhailova, chief physician of Togliatti Narcology Clinic, and Tatiana Smirnova, deputy chief physician of Togliatti City Hospital #2. (Photo courtesy of Wendy Guida.)

The Providence consortium includes Care New England Health System, which offers a full range of perinatal, pediatric, and medical-surgical inpatient and outpatient services; Lifespan, Inc., a multi-hospital system serving Rhode Island and southeastern Massachusetts; and Stanley Street Treatment and Resources (SSTAR), an agency that provides a full array of substance abuse treatment and HIV/AIDS services to high-risk individuals in Massachusetts and Rhode Island.

It is expected that over the course of the next two years the US partners will work with the City of Togliatti Health Department and oblast- and city-level AIDS Centers, as well as with several other health and social service institutions, to develop a fully-integrated model of prevention, care,

treatment, and social services provision for people living with HIV/AIDS in the Samara Oblast that can be replicated through Russia.

The partners officially ratified their collaboration on November 4, by signing a Memorandum of Understanding (MOU) during a ceremony at the Rhode Island State House officiated by Patricia A. Nolan, director of the Rhode Island Department of Health. In addition to the US and Russian partners present at the ceremony, the MOU was attended by USAID and AIHA representatives.

"The coalition of US partner organizations provides an impressive base of expertise, the type that is necessary to launch a critical program that will provide services to reduce the spread of HIV in Samara Oblast," says Guida, explaining that each of these organizations has a large cadre of clinical and educational personnel experienced in HIV/AIDS prevention, treatment, and the disease sequela. In addition, she emphasizes that to make this program sustainable, the partnership has established a Technical Advisory Team of health professionals who are not only experts in the field of HIV/AIDS, but who have also actively collaborated with AIHA in the past. "Having participated in AIHA's partnership training exchanges and provided visiting partners access to their clinics and program sites before, they now wish to bring this same level of commitment to this newly-established partnership," she states.

Tatiana Filippova, chief specialist in obstetrics and gynecology at the City of Togliatti Health Department and Russian partnership coordinator, headed the exchange to Rhode Island. Her assessment of the partner's first collaborative activity is highly favorable. "Our US partners showed us model approaches to the effective and efficient delivery of HIV/AIDS care and treatment services that we can replicate in Russia. This first visit to Rhode Island inspired us to set goals and develop plans for how to implement the initial steps in our capacity-building efforts to combat the threat of HIV/AIDS in our region."

Speaking at the MOU signing, AIHA Executive Director James P. Smith noted that AIHA has a long-standing relationship with both partnership communities. He acknowledged NPIC's role as the lead institution for three highly-effective health partnerships in Albania, Armenia, and Slovakia that fostered successful models in the areas of women's health, primary care, family medicine, and hospital management. On the other side of the ocean, Samara has been a dedicated and a much-valued member of partnerships that developed comprehensive and sustainable programs in women's health, neonatal care, and family medicine. They are also leaders in the effort to establish programs for the prevention of mother-to-child transmission of HIV/AIDS in Russia.



Patricia Nolan, Brock Bierman, and the delegation of Russian partners pose for a group photo after the MoU signing ceremony. (Photo courtesy of Wendy Guida.)

"Both Samara and Providence have made a tremendous commitment to activities that go beyond the scope of their past partnerships, are more regional in nature, and help AIHA improve and expand the partnership model. We have great expectations, therefore, not only for their work together as partners, but also for their leadership among AIHA's programs as a whole. For our part, rest assured that we will do everything possible to support these efforts," said Smith.

Praising partners for undertaking their present endeavor, Brock Bierman, chief of staff for the Bureau for Europe and Eurasia at USAID, said that improving health and supporting public-private partnerships are important objectives of USAID's assistance strategy in the region. In his speech at the signing, he emphasized that long-standing collaborations between AIHA's partners have both leveraged additional resources for development efforts as government budgetary resources have declined and cultivated valuable peer relationships to facilitate the exchange of technical expertise.

"With its strong record of establishing highly-successful model health programs in Europe and Eurasia and a decade of experience in the region, AIHA is well positioned to help Russia combat the HIV/AIDS threat," said Bierman, emphasizing that to date USAID has supported more than 105 health partnerships in 22 countries—29 between US and Russian partners, 28 of which have been sponsored by AIHA. "We are extremely proud of the record of achievement that these partnerships represent and we have high hopes that the model program established in Togliatti will help stem the HIV epidemic in the region and will be replicated elsewhere in Samara Oblast and perhaps other regions, inside and outside Russia."



Armenian Partnerships Meet to Share Accomplishments of the Last Decade

The Armenian Partnership Dissemination Conference, held October 26-27 in Yerevan, marked the end of AIHA's involvement in Armenia and the sponsorship of partnerships there. The conference gave the eight US/Armenian partnerships that have been a part of this successful program the opportunity to

reflect on lessons learned over a decade of collaboration and to share successes with Armenian health administrators and care providers, government officials, and representatives of other international organizations working in healthcare.

AIHA partnerships began working in Armenia in 1992. Over the past 12 years, partners from the United States and Armenia have identified the health needs of local populations, developed strategies for meeting those needs, and implemented work plans to improve health indicators and access to services. The programs developed during these years of collaboration have focused on primary healthcare; maternal and child health; emergency medicine; nursing; community education and outreach; healthcare management; and other areas related to healthcare reform. Medical and administrative personnel from partnership institutions received extensive training in these specialties and, as in all partnerships, Learning Resource Centers were created to ensure networking among partners, the inflow of information from global healthcare resources, and the adoption of evidence-based medicine.

Community-based PHC Models Strive for Sustainable Improvements in Health

At the meeting, many partners spoke about how the community-based primary healthcare programs established through their partnerships brought critical knowledge to local healthcare professionals, fostered substantial improvements in the population's health status, and encouraged long-term community commitments that are likely to continue even now that funding for the program has ended.

Armavir/Galveston was cited as one of the partnerships that contributed greatly to the delivery of primary healthcare in Armenia, as well as to the development of community-oriented health programs.

During her presentation, Larisa Muradyan, deputy governor of Armavir Marz (oblast or region of the country) explained how primary care principles and practices implemented by partners at the Armavir Policlinic helped to improve the overall health of the population in the clinic's large catchment area. According to Muradyan, one of the first tasks the partners worked on together was conducting a household survey to determine the general health status of the local population. The survey—



During one of the partnership exchange visits to Armavir, partners brainstorm about public awareness programs on disease prevention and healthy lifestyle choices.
(Photo courtesy of Armavir Policlinic.)

which was developed and administered in coordination with the American University of Armenia—helped determine some key health concerns of people living in the region and showed that the poor socio-economic status of the general population resulted in low accessibility to healthcare and indeed was a main cause of health deterioration.

With this in mind, partners implemented a number of targeted outreach programs to address the main healthcare problems of the population and concentrated their efforts on making healthcare provision in Armavir comprehensive and accessible. The work began with the professional education of local healthcare providers through numerous trainings that enhanced the skills of personnel from the Armavir Policlinic in the areas of cardiac disease prevention; cancer prevention and screening; asthma care; diabetes diagnosis and management; vision-related problems; respiratory and GI infections; and pediatric care. All of the trainings

were based upon clinical practice guidelines developed by the partnership. Issues of infection control, substance abuse, personal safety, and disaster preparedness were also addressed through educational courses. To make the learning process ongoing and sustainable, Muradyan noted that the partners conducted several train-the-trainers sessions to develop a cadre of local health providers skilled in adult education methodology. They also established a training center equipped with essential audio-visual equipment, teaching aids, and Russian-language health promotion materials.

According to Muradyan, another goal of the partnership was to provide the local community with wide access to healthcare services and to raise their awareness about disease prevention and management. With that goal in view, the partners hosted several community health fairs that were attended by some 2,000 citizens from Armavir Marz. During the fairs, visitors received information about hyperglycemia, hypoglycemia, strokes, high blood pressure, breast health, and eye care. In addition, approximately 1,300 citizens who were diagnosed with ophthalmologic problems during check-ups at the health fairs were given follow-up care and eye glasses.

Muradyan said that the partnership program also focused on the needs of Armavir's younger citizens. Thus, 15 teachers were trained in hygiene for adolescents, infections, emergency preparedness, domestic violence, and smoking cessation. Educational materials on healthy lifestyles and emergency preparedness were also published and distributed in secondary schools as part of this effort and all fifth grade students in the Marz participated in an anti-smoking campaign sponsored by the partnership.



Staff of Vanadzor Polyclinic #5 pose with USAID Health Advisor Emily Sherinian (far left) in front of a poster highlighting the many achievements of programs carried out in Vanadzor by the Lori/Los Angeles and Lori/Milwaukee partnerships. (Photo: Ruzan Avetisyan)

A survey that compared the health status of the population and their attitude toward health before the partnership began and after it had been active for three years demonstrated that 73 percent of respondents felt that services in the Polyclinic had improved since the partnership was initiated and a majority felt that services at the Polyclinic were better than at other government-run health facilities.

The Lori/Los Angeles, which links UCLA Medical Center and Vanadzor Polyclinic # 5, is another partnership that successfully addressed the healthcare needs of their local target population. Speaking at the conference, Armine Manucharyan, a general practitioner at the polyclinic, said that the

partners jointly develop clinical practice guidelines for hypertension, chest pain, diabetes, and asthma—all conditions that were identified as key health concerns among the local population at the beginning of the project. Using these guidelines and the concepts of evidence-based practice, the partners turned Vanadzor Polyclinic #5 into a model primary care facility. Local providers have replicated this model and adopted the clinical practice guidelines throughout the Lori Marz in the towns of Alaverdi, Dashir, Spitak, and Stepanvan. The partners also conducted community outreach programs in these towns and

launched a month-long health screening project at the clinic in the city of Vahagni and surrounding villages, offering free breast and cervical cancer screening to local women. According to Manucharyan, the partnership has had a positive impact on the health of more than 10,000 citizens.

Strengthening Capacity of Healthcare Practitioners to Effectively Respond to Local Healthcare Needs

The Lori Marz was also the site of the Lori/Milwaukee partnership. Narine Kherimyan, a general practitioner from Vanadzor Polyclinic #5, spoke about the Primary Care Skills Training Center (PSTC) established at polyclinic in 2003 through a subcontract from PADCO, AIHA, and the Center for International Health in Milwaukee. The PSTC was designed to strengthen primary care services in the rural areas of the Lori Marz by providing clinical training to primary care physicians and nurses at the ambulatories and health stations that make up the rural health service network.

The partnership also serves as a demonstration site and training resource for other regions of the country. According to Kherimyan, the training curriculum includes a six-module clinical training series focused on emergency medicine, community health, chest pain, abdominal pain, joint problems, and infectious disease. The curriculum incorporates a train-the-trainers component into the clinical discussions as a way to strengthen the training competencies of rural physicians and nurses. With a view toward replicating the PSTC curriculum throughout Lori Marz, the US and Armenian partners worked closely with the Ministry of Health and USAID to secure support and official recognition for the PSTC as a regional family medicine training center, as well as the certification of the Armenian trainers as family medicine trainers.



Narine Kherimyan speaks about the challenges faced by partners during the initial stages of establishing the PSTC while Armen Parsadonian, info-coordinator of the Yerevan/Los Angeles partnership, looks on.
(Photo: Ruzan Avetisyan)

The professional development of local healthcare providers was also identified as a priority by the Gegarkunik/Providence partners, who placed additional emphasis on disease prevention and health promotion activities. In meeting the continuing education needs of their Armenian partners, Care New England and Lifespan Health Systems provided more than 2,500 training hours through partnership exchanges on topics such as approaches to patient education, increasing public awareness, and cervical and breast cancer screening, as well as cytology and related lab techniques. In addition, through a series of workshops on group dynamics and adult learning, the Gegarkunik partners became familiar with train-the-trainers concepts. Following these workshops and using their newly-gained teaching skills, the Armenian partners instructed other health professionals in clinical practices essential for effective primary care provision, protocol development, nursing, dentistry, and chronic disease management. In conjunction with the American University of Armenia, partners also developed, tested, and conducted a survey involving more than 750 households in the region. The partners used results from this survey to establish baseline data for the identification of specific health problems in the region, as well as ways to address them.

Improving the Health of Armenian Women and Children

As cited during the conference, the area of maternal and child healthcare has seen dramatic improvements as a result of the work of several AIHA partnerships.



Erebouni WWC's radiologist conducts a prenatal ultrasound check up. (Photo courtesy of Erebouni Hospital.)

For example, the introduction of diagnostic ultrasound at the Erebouni Women's Wellness Center (WWC), established as part of the Yerevan/Los Angeles partnership in 1992, cut perinatal mortality by more than half, reducing it from 26 cases per 1,000 births in 1994 to 10.5 cases in 2000, while the implementation of improved prenatal care and neonatal resuscitation programs at the Erebouni Medical Center resulted in the reduction of maternal and infant deaths by 60 percent over the course of five years.

Another noteworthy achievement in this area was the 1992 introduction of Pap smear tests at the Erebouni WWC, which marked the first time this diagnostic procedure was used in Armenia. This screening allowed for the early recognition and successful treatment of cervical cancer in 17 percent of women in the first five years of the partnership. Similarly, a broad range of contraceptive services offered by the WWC reduced the rate of unwanted pregnancies in the Center's catchment area by 21 percent during the same period of time.

In addition to comprehensive life-saving programs and high-quality diagnostic and treatment services, the Erebouni WWC offers a broad range of educational programs through which patients learn about the benefits of adopting a healthy lifestyle, practicing family planning, and undertaking monthly breast self-examinations. In addition, pregnant women are taught the "birthing partnership" principle during LAMAZE sessions at the Center. Patients are not the only ones to benefit from the Center's education classes; medical professionals from the WWC also share the knowledge and experience gained through collaboration with US partners from the UCLA Medical Center with healthcare providers in other parts of the country, such as Idzhevan Kafan, Kamo, and Sevan, as well as with medical personnel from Stepanakert, a region in neighboring Azerbaijan.



The diagnostic lab at the Erebouni WWC has the capacity to perform different types of screening, including Pap smears. (Photo courtesy of Erebouni Hospital.)

Promoting women's health was also the focus of the Yerevan/Washington, DC partnership. Speaking about strategies used by partners to improve women's health in Armenia, Hachanush Hakobyan, executive director of the Armenian-American Wellness Center (AAWC), said that high-quality clinical, diagnostic, preventive, and community education services have helped to reduce breast and cervical cancer morbidity and mortality in the country.



A patient undergoes a breast cancer screening procedure at AAWC's Mammography Lab. (Photo courtesy of AAWC.)

radiologists and gynecologists.

US partners trained AAWC personnel in new radiology and ultrasound screening and diagnostic techniques, as well as helped to establish a state-of-the-art laboratory that offers on-site mammograms and blind biopsy procedures. As a result, approximately 27,000 women were examined during the first three years of the partnership alone, resulting in the detection of more than 1,800 cases of early-stage breast and cervical cancer. To date, more than 60,000 patients have been screened at the AAWC for these abnormalities. AAWC also serves as a residency training site for

In addition, Hakobyan noted that in the summer of 2003, after extensive renovations and staff training, the Yerevan/Washington, DC partnership opened a satellite clinic in the Gegarkunik Marz city of Gavar. This facility provides primary healthcare services to the local community, which has a population of 200,000, and serves as another hub for breast health education and screening outreach. In the first year, the clinic served more than 2,500 patients. Hakobyan emphasized that the clinic in Gavar is not the only replication site established thanks to the partnership's efforts.

In 2000, the AAWC opened a similar clinic at the Republican Hospital in Yerevan that provides a wide range of services to citizens from across the country. Addressing the importance of disseminating the AAWC experience, Hakobyan noted that the partners are not going to rest on their laurels. With funding from a new Global Development Alliance (GDA)/USAID grant, the AAWC will expand its services to meet the needs of men by establishing a urology department and implementing prostate cancer screening programs. In addition, they plan to expand the OB/GYN and primary care departments at AAWC, as well as increase the laboratory's diagnostic capacity and incorporate services into their programs that address the mental health needs of cancer survivors and patients.



An annual Health Walk through downtown Yerevan has become a regular part of the Breast Cancer Awareness Campaign conducted by the Yerevan/Washington, DC partnership. (Photo courtesy of AAWC.)

According to Hakobyan, the Yerevan/Washington, DC partnership has also made great strides toward their goal of raising public awareness about breast cancer, erasing the stigma associated with it, and educating thousands about the necessity of screening. Community outreach activities have included surveys, lectures, informative radio and television programs, and the distribution of hundreds of thousands of booklets. In addition, partners initiated annual Breast Cancer Awareness Health Walks attended by hundreds of women who received mammography services at the AAWC, members of breast cancer survivor groups, medical students and physicians, Ministry of Health officials, students and teachers from local schools, delegates from international and governmental organizations,

official representatives of other countries, and AAWC staff members and their families. Hakobyan said that "all of these efforts have contributed greatly to changing people's attitudes toward health, as well as their health-related behavior, in Armenia."

Skilled Emergency Teams Pledge to Keep the Population Safe

AIHA partnership contributions to the creation of teams that can effectively respond to emergencies ranging from routine medical cases to disasters involving mass casualties were also discussed at the conference. During his presentation on the Emergency Medicine Program in Armenia, Anushavan Viravyan, director of the Emergency Medicine Service Training Center (EMSTC)—established under the auspices of the Yerevan/Boston partnership at St. Grigor Lusavorich Medical Center—emphasized the role of the Center in the development of a highly-qualified cadre of first responders and emergency healthcare professionals within Armenia and other countries throughout the region. Viravyan noted that since its opening in 1994, more than 5000 physicians, nurses, ambulance drivers, military cadets, police officers, and firefighters have received comprehensive, skills-based emergency medical training through some 150 training courses that have been targeted to the specific needs of each group of trainees. Professionals from Yerevan and outlying districts, such as Chorestsavan, Echmiadzin, and Vanadzor, as well as trainees and observers from Bulgaria, Georgia, Hungary, Lithuania, and the Slovak Republic, have participated in courses offered by the Yerevan EMSTC.



A full-scale disaster drill in Armavir involved the participation of key emergency agency personnel, fire officials, first responders, healthcare providers, and government officials from the region. (Photo courtesy of Sargis Avetisyan.)

Recognizing the importance of improving clinical competencies for recent university graduates, the partners also established an emergency medicine residency program, which has been incorporated into the curricula of Yerevan State Medical University. In addition, to involve more healthcare professions in the country's emergency response system, the partners updated the standardized EMS curricula, incorporating new modules on pediatric emergency medicine and emergency nursing into its contents. Viravyan also reported on the design of a two-month emergency training and certification course that became a prerequisite for licensure of ambulance, emergency department, and intensive care physicians throughout

Armenia. He noted that the licensing exam is given in computerized and oral formats, and that it complies with national standards developed by the Ministry of Health.

Reviewing the achievements in clinical care generated by the partnership, Viravyan observed that through the specialized training of St. Grigor Lusavorich Medical Center emergency care personnel, the partners were able to increase the number of ambulance resuscitation teams by 30 percent, reorganize the Center's ambulance services to dispatch these teams to confirmed trauma cases, and establish a model Emergency Department. The addition of mechanical lung ventilators led to a three-fold decrease in mortality rates among multiple trauma patients and reduced the length of patient stays by approximately one month. Due to all these accomplishments the Medical Center was awarded a Level I designation

based on the criteria of the American College of Surgeons.



The simulation of an aircraft crash and resultant fire, toxic leakage, and other emergencies at the Armavir nuclear plant help first-responders keep their skills honed. (Photo courtesy of Sargis Avetisyan.)

While Viravyan spoke about the development of comprehensive emergency services in Yerevan, Sargis Avetisyan, information coordinator of the Armavir/Galveston partnership briefed the participants on the work done by the partners to improve system of disaster response in Armavir. Avetisyan explained that it was very important to strengthen local disaster management structures due to the presence of a nuclear power station in the city, noting that to build an effective structure capable of assuring safety in the region, the partners created a comprehensive disaster response network that involves collaboration among local medical associations, fire response and

emergency medical services, the mass media, the regional administration, Ministry of Internal Affairs, and Red Cross. To facilitate this collaboration, the partners conducted a series of emergency medicine trainings and full-scale disaster drills. Galveston and Armavir also established a Sister City affiliation to sustain their ongoing relationship and facilitate the donation of surplus medical supplies and emergency response equipment. "Summarizing our cooperation with our US partners from Galveston, I would like to underscore their contribution to the establishment of a coordinated private-public service structure that is capable of ensuring the effective response to emergency situations in our city. Apart from professional training, we also provided instruction to school students on correct emergency procedures. Looking at the prospects of our cooperation, I am pretty sure that more results will be achieved and more lives will be saved," said Avetisyan.

Training Managers in the Finer Points of Healthcare Administration

The availability of skilled administrators capable of managing existing programs and developing new ones in response to the changing healthcare needs of their communities is critical for the implementation and sustainability of national healthcare reform. Based on this belief, the Yerevan/Birmingham partners concentrated on strengthening post-graduate and certificate programs in health services administration and nursing at the School of Health Care Management (SHCMA) located in Yerevan. The US partners offered a series of training workshops and continuing education sessions to SHCMA students and faculty on a variety of topics, including management of outpatient services; health insurance; organizational culture; motivation, change, and reform; leadership; and case writing. In three years, faculty from the Department of Health Services Administration at the University of Alabama at Birmingham helped their Armenian counterparts develop curricula for a short-term certificate program and a two-year post-graduate residency program in health services administration, as well as helped improve the teaching competencies of the Armenian faculty.

At the suggestion of the US partners, the Armenians initiated the development of a professional association of clinic directors and established an executive committee to explore possible links with the Medical Group Management Association

headquartered in Denver, Colorado.

Turning Armenian Nurses into Leaders

The development of nurse leaders was one area of focus common to all the Armenian partnerships. Through exchange programs and attendance at international nursing conferences and skills-based training workshops, AIHA partners continually addressed the need to enhance the professionalism of nurses and nurse administrators; reform nursing education; and develop and strengthen regional and national nursing associations. At the Dissemination Conference, Alina Kushkryan, director of the Erebouni Nursing College, which was established through the Yerevan/Los Angeles partnership, provided an overview of nursing education reform in Armenia and said the partnership played a crucial role in launching the first nursing baccalaureate degree program in Armenia.

Kushkryan also stressed the positive impact partnership-sponsored national nursing conferences had on expanding the scope of nursing education, practice, and administration. As an acknowledgement of the significant improvements made in the quality of nursing care, two Armenian partnership institutions—Erebouni Medical Center and St. Grigor Lusavorich Medical Center—received awards from the "Journey to Excellence" program sponsored by the American Nurses Credentialing Center. The partnerships' support was also a key factor in establishing the Armenian Nurses Association. (For more information about ["Journey to Excellence" program](#), see: ["Four AIHA Partnerships Receive International Award for Excellence in Nursing"](#))



Nurses and physicians from the Magnet Pilot Unit at St. Grigor Lusavorich and their US colleagues (in street clothes) Elizabeth Newton, Mary Ann Anderson, and Linda Aiken gathered for a group photo. (Photo courtesy of Linda Aiken.)

"Over the past 12 years the Armenian partnerships, with support from USAID and the Ministry of Health of the Armenian Republic, have traveled an exciting and fruitful road, introducing new programs, reforming existing services, developing protocols, and training healthcare professionals," says Kate Schecter, AIHA program officer for the Caucasus Region. "It is our hope that the capacity created by these partnerships will ensure that new models will continue to be replicated throughout the country. Scaling up and institutionalizing these models is the challenge we leave for our partners as we depart."

Regional News

New HIV/AIDS Awareness Campaign Attempts to Promote Sustaining Actions

The HIV/AIDS epidemic has already claimed lives of more than 20 million people and another 38 million worldwide are currently estimated to be living with the virus. Over the last several years, nations in Eastern Europe and Eurasia have been hit hard by the HIV/AIDS crisis. Driven largely by injection drug use, the epidemic

has made these countries a hotbed for one of the world's fastest growing rates of new infections.

The Russia Federation and Ukraine have the largest number of people living with HIV/AIDS in the region. In these two countries, almost one percent of all citizens are infected and the majority of these individuals are between the ages of 20 and 39. This poses a serious threat to not only the economic well-being of both nations, but their social and political stability as well.

Despite the growing epidemic, however, a recent BBC survey to identify public awareness of and attitudes toward HIV/AIDS in Russia and Ukraine revealed a frighteningly high degree of ignorance on the topic. According to the study, only 240 out of 3,000 responders identified the disease as a major concern; the remaining 2,760 had a very poor understanding of the virus, how it can be spread, and the importance of prevention.

While the ongoing efforts put forth by a vast number of bilateral donors, NGOs, philanthropic foundations, private-sector and faith-based organizations, and international agencies that have been engaged in HIV advocacy, public awareness campaigns, and prevention programs in these countries have already contributed greatly to the education of targeted groups, the fact remains that there is a severe lack of knowledge about HIV/AIDS among the public at large. Because of this, the epidemic in the region requires a concerted response involving from leaders of all walks of life, including local and national governments, healthcare and social services organizations, the media, clergy, and people living with HIV/AIDS themselves.

In response to this need, the World Health Communication Associate (WHCA) recently sponsored an HIV/AIDS Information Campaign Scoping Meeting in Copenhagen to explore effective ways of engaging different social and public structures and healthcare networks in an concerted effort to address the information and leadership challenges faced by those working to stem the spread of HIV/AIDS in high-risk cities in Russia, Ukraine, Estonia, and Latvia.

Healthcare professionals from the WHO Healthy City Network, international HIV/AIDS experts, members of professional associations and patient advocacy groups, industrial and business leaders, media professionals, representatives of various NGOs and donor organizations, and AIHA staff participated in a roundtable discussion to identify ways of addressing these challenges can be integrated into the mission and work plans of each organization, as well as how the strengths of each individual organization can be combined to enhance current HIV/AIDS information management activities throughout Eastern Europe.

During the event, WHCA proposed a globally-supported, locally-applied strategy for raising public awareness about the epidemic that would be implemented under the umbrella of an HIV/AIDS education and outreach campaign titled, "Ask and Act — It's Your Health." All campaign activities will be generated by participating networks with the goal of strengthening the capacity of those who provide health information to the public—medical professionals, print and broadcast journalists, policymakers, NGOs, and private-sector advertisers, for example. By stimulating a broader demand for related information, participants hope to build an effective and sustainable response to the region's skyrocketing HIV/AIDS epidemic.

Through a discussion forum, participants at the meeting identified various strengths and weaknesses of current HIV/AIDS information initiatives in the targeted countries, shared opportunities and concerns about cooperative campaigning, and brainstormed on the steps each participating organization can take to build real partnerships and collaboration among health professionals and the private sector, including media outlets, pharmaceutical companies, and business organizations, as well as NGOs and people living with HIV/AIDS at the community level.

As a result of these discussions, attendees agreed that the principles of WHO's Healthy City project—a commitment to health for all, joint action between sectors and stakeholders, active community participation, innovation, healthy public policy, and international solidarity—can serve as a foundation for implementing an effective, sustainable information and outreach program.

Over the course of the next two months, participating organizations will work on planning and partnership-building initiatives to ensure the success of the Ask and Act-It's Your Health campaign. An interactive Web site, which will be launched by WHCA in the near future, will incorporate HIV/AIDS information, resources, and other materials, as well as provide virtual discussion forums that will facilitate the exchange of information among project participants to enhance their effective cooperation.

Close Your Eyes to the HIV Problem Today and Tomorrow You'll Be Living in a Country of Old People and Won't Have a Partner to Play Chess With

What is the best way to tackle the HIV/AIDS problem in Russia when the scale of this infection's spread has passed all the bounds? What can be done when the efforts of numerous HIV-service organizations and domestic and international NGOs to implement short-term educational programs and information campaigns are not effective enough to appeal to the common sense of both those who are at risk and those who have the power to stop the virus from spreading further? Do the people of this country have eyes and, if so, what does their future look like when some 80 percent of the estimated 1.5 million HIV-positive Russians are under the age of 30 . . . when only 3,000 out of the 50,000 who are in dire need of treatment have access to it? Will this country still be a strong power if one million young people die from AIDS by 2008, as forecasted by Vadim Pokrovsky, head of the Federal AIDS Center, unless appropriate steps are done by the government to prevent it?

While Russian President Vladimir Putin has been largely silent on the subject of HIV/AIDS, United Nations Secretary General Kofi Annan announced the launch of the Global Media AIDS Initiative, a UN project that enlists the creativity and broad reach of international media companies to increase HIV/AIDS awareness in Russia and around the world, reports *USA Today*. The project was initiated in the United States and is based on the approach developed by the Kaiser Family Foundation, which involves media companies as full partners in public service campaigns. Entertainment companies including Viacom Inc., MTV, and Black Entertainment Television (BET) have already started to introduce HIV/AIDS-related plots into their programming and pioneered a vast number of HIV awareness and sexual health advertisements in the United States.

The advertising campaign started by the UN Global Media AIDS Initiative was also supported by Russian media companies. World AIDS Day marked the launch of an ad trailer featuring a city populated entirely by old people. The message of the video read: "Imagine for a moment, Russia without young people. Four out of five people with HIV in Russia are under 30." The Russian campaign is supported by communications giant Gazprom-Media, which spearheaded a partnership with more than 30 private media companies—including MTV/Russia and STS network—in Russia and Ukraine to respond to Annan's call to action. According to *USA Today*, these companies have collectively generated some \$50 million in commercial airtime that will be donated to the AIDS awareness advertisements.

Despite these efforts, however, the media consortium may not succeed in its endeavors without a governmental policy that encourages all media companies in these countries to support HIV awareness campaigns. Without such a policy, partnership members run the risk of losing their ratings, according to Natalya Katsap, program coordinator for Transatlantic Partners Against AIDS. "The media companies said they are ready to do this, but they can't do it alone. It is just too risky," she explains.

STS Executive Director Alexandr Naumov agrees, acknowledging that STS and the other companies involved have their work cut out for them because Russians are fatalistic, hard to reach, and deeply in denial about the HIV/AIDS epidemic in the region. Perhaps that is why, according to the *USA Today* article, the media campaign in Russia is shaded with a touch of humor and irony, as evidenced by another public awareness video called "Half City." It shows single individuals who perform activities that are usually done by two—playing chess or carrying a sofa, for example. The legend of the advertisement says, "Close your eyes on HIV today and you might miss the people closest to you tomorrow."

Even with the media campaign and other efforts to raise public awareness about HIV/AIDS, it's difficult to speculate how long it will take Russians not just think about the threat posed by the virus, but to act responsibly to stop its flow. One thing is obvious though—the sooner they do it, the better their country will be.

Workshops, Conferences, Opportunities and Grants

United States National Library of Medicine Announces Grants in Informatics-related Research

The Extramural Programs Division of the National Library of Medicine (NLM) provides grants and fellowships to organizations and individuals interested in applying computer and telecommunication technology as a means to improve storage, retrieval, access, and use of biomedical information. For more information, please, go to: www.nlm.nih.gov/ep/ep-overview.html

The Komen Foundation Brinker Award for Scientific Distinction

This award recognizes scholars for a specific contribution, a consistent pattern of contributions, or strong leadership in a field that has had a substantial impact on breast cancer. Nominations for the 2005 Brinker Award must be received by June 30, 2005. For award description and guidelines, please visit: www.komen.org/intradoc/cgi/idc.cgi_isapi.dll?IdcService=SS_GET_PAGE&nodeId=560

Call for Publication of Evidence-based Medicine Series Brochures

The Armenian Medical Association, in cooperation with philanthropic organization "Aid Armenia," are holding a competition for publication of evidence-based medicine series brochures on the topics that include: Basics of evidence-based medicine; Osteoarthritis; Carpal tunnel syndrome and other neuropathies of the upper limb; Colorectal cancer; and Stroke prevention. For further details, please go to:

www.armeda.am/download/AidArmenia.pdf

First European Consensus Conference on the Treatment of Chronic Hepatitis B and C in HIV Co-infected Patients

This conference will provide a forum in which leading experts in the field can review current knowledge on the treatment of HBV and HCV in HIV co-infected patients with to the ultimate goal of publishing a consensus statement developed by an independent jury panel. The event will take place on March 1-2, 2005 in Paris, France. For further information, please, visit: www.coinfectionecc.org/

Features

Bringing Primary Care to Turkmenistan: The Achievements of the Ashgabat/North Dakota Partnership Lay the Groundwork for Successful Healthcare Reform

Family medicine is something new for all the countries of the former Soviet Union. After some initial skepticism, however, there is growing confidence that it is an approach that will work.

In the second half of the 1990s, a wave of healthcare reform rolled through Eastern Europe and Eurasia. The resultant innovations involved a transition from a health system based on narrow specialization, to a system of general primary care, which is considerably more cost-effective, while at the same time more efficient because it focuses not only on the patient, but also his or her entire family. Despite these obvious benefits, at the time, healthcare professionals and even patients were highly skeptical about the possibilities for this approach to succeed.

Their initial cynicism was a response to the prospect that the services previously provided by a wide range of medical specialists would be handed over to a single physician. It was evident that this system would be convenient because it would relieve the frustration and exhaustion that patients frequently experienced as they shuttled from one specialist's office to another at local clinics. Nevertheless, people were plagued with nagging doubts that a single general practitioner would never be capable of handling the problems that a cardiologist or neurologist may have dealt with in the past.

As the ranks of family practitioners grew and the concept of primary care began to develop and gain momentum, attitudes toward its viability changed. People discovered its advantages and—as is case with most progressive innovations—more and more people began to advocate for family medicine.

For the Meredovykhs, a Turkmen family with four children ranging in age from 7 to 17, having the same team of clinicians watch over the health of all six family

members has greatly streamlined the care process. All members of the family are clients of the Model Primary Healthcare Unit, which was opened in 2002 at Health House #1 in the Central Asian nation's capital of Ashgabat. There they are under the care of family physician Bibi Baylyyeva, who works in close collaboration with primary care nurse Marina Padalka.

"The fact that our district doctor and nurse know the detailed medical histories of all the members of my family really means a lot to me because they can always provide very prompt and skilled care," explains Artykach Meredova. "Following their instructions always results in a positive outcome and sometimes I don't even have to take the children to the Health House because the doctor and nurse periodically make house calls to give complete check-ups. They have all the equipment needed to conduct these remote visits and, as a mother of three sons and a daughter, the home visits are especially convenient for me."



Marina Padalka and Bibi Baylyyeva consult with a patient at the Model Primary Healthcare Unit. (Photo courtesy of Myakhri Nedirova.)

Stressing that Baylyyeva and Padalka truly treat them as a family unit, Meredova notes, "I can contact these clinicians any time not only for medical care, but also for all kinds of advice ranging from how to prevent diseases or common ailments to coping with some psychological or age-related problems the children have. They always listen attentively to my questions and take my concerns seriously, so we completely trust each other. When we used to get healthcare services at the regular clinic, nobody had this attitude and the healthcare personnel were not as skilled," she concludes.

How the Seeds of Family Medicine Were First Planted

The principles of family medicine were first introduced in Turkmenistan in 1996 when Saparmurad Niyazov, the country's president initiated a national healthcare reform program called "Health."

Implementation of this program entailed the identification of priority areas that were in need of immediate improvement. Some of these priority areas included maternal and child health, tuberculosis and other infectious diseases, cardiovascular disease, sexually transmitted infections, and problems associated with lifestyle choices such as smoking. All of these issues could be effectively addressed at the primary care level, but that meant shifting the existing specialized system to the more generalized family medicine principles. By doing so, healthcare professionals could look at the root causes of various ailments rather than just trying to deal with the resultant symptoms as they arose. This would allow practitioners to study the reasons behind the appearance of a given family's main health problems in more detail and to act accordingly to more effectively manage their conditions and prevent recurrences.

With the idea of shifting to family medicine came the need to train personnel capable of meeting the population's growing needs for high-quality medical services. Because the family medicine concept was such a new field within the

healthcare system of Turkmenistan, it was important to draw on the knowledge and experience of specialists from other countries where family medicine had already proven successful and a system of educating clinicians had already been established.

The first people to offer assistance for Turkmenistan's fledgling primary care reform efforts were a group of family medicine specialists from North Dakota who began to work with their colleagues from Health House #1 in 1999 through an American International Health Alliance partnership in primary healthcare. This partnership had two offspring right away—the Ashgabat Primary Care Training Center (PCTC), which uses the clinical facilities at Health House #1 to teach doctors and nurses the rudiments of family medicine, and the Model Primary Healthcare Unit, which now functions as a full-service family medicine center at that same institution.

Creating a Training Center to Ensure High-quality Care and Promote Sustainability

Recounting the partners' collaborative efforts to ensure the development—and the sustainability—of the family medicine model in Turkmenistan, PCTC Director Myakhri Nedirova is quick to admit that they took a very serious approach toward practitioner training from the very beginning of the project. "We wanted the Center's staff to be specialists who support family medicine heart and soul, so we announced a competition to select four doctors and three nurses who would work at the PCTC. Once the selection process was over, the prospective trainers all traveled to North Dakota to learn about adult teaching methods and they visited several US cities to become familiar with the American system of medical education and how family doctors and nurses work together as a team."

In addition, Nedirova notes, the American partners made sure that the training would pay off by providing the Center with all the necessary equipment that a family doctor uses in daily practice, including otoscopes, ophthalmoscopes, and peak flow meters. They also supplied appropriate teaching aids, such as mannequins, displays, and audio-video materials containing training programs on modern methods of patient examination.



The partners from North Dakota also helped set up a library containing up-to-date medical literature, so teachers and students at the Center could improve their knowledge through independent study. A Learning Resource Center (LRC) was created and equipped with computers and Internet access to further enhance the possibility for the Turkmen healthcare professionals make use of the latest medical technologies during training sessions and in their day-to-day practice. According to Nedirova, the LRC makes the constant exchange of knowledge and experience among medical professionals in Turkmenistan, the United States, and other countries in the region possible. In addition, these capabilities have made it possible for the Center's staff to help clinicians from other healthcare institutions in Ashgabat find materials they need for their own practice, as well as to provide methodological consulting services to people at Turkmenistan's Ministry of Health and Medical Industry and the Ashgabat City Health Administration.

PCTC trainer Oraznabat Saparmamedova conducts a session on peak flow meters.
(Photo courtesy of Myakhri Nedirova.)

Collaboration Leads to the Development of a Family Medicine Training Program

In addition to preparing Center staff for the task of training—and in some cases retraining—healthcare providers in the art of family medicine, another key task undertaken by the Ashgabat/North Dakota partners was developing an innovative educational program for PCTC students.

Describing the training process, Nedirova explains that the four-week course was built around the principles of evidenced-based medicine. Course topics are based on the latest scientific achievements and designed to encourage practitioners to look at each family as a system and each family member as an individual. "We tried to construct the program in a way that focuses students' attention on the simplest and most accessible methods for evaluating a patient's condition before initiating more detailed diagnostics, treatment, and follow-up care," she points out, stressing the importance of taking each patient's physical, psychological, social, and behavioral condition into account before proceeding with a care plan.

The training curricula emphasizes a team approach based on an active partnership between physician and nurse, Nedirova continues. "During the classes, the physician-nurse teams have the opportunity to conduct patient examinations together then, using an evidence-based clinical approach, they discuss the diagnosis and a treatment plan. In addition, the training period provides time for the teams to observe patients of various ages ranging from infants to elderly people, as well as to learn how to establish ways of communicating with an entire family," she observes. "This gives practitioners the chance to conceptualize which educational techniques work best with one age group or another and helps them improve their ability to get patients more interested in matters of health promotion and disease prevention."



Nedirova and Saparmamedova discuss the results of graduation tests. (Photo courtesy of Myakhri Nedirova)

Nedirova also stresses that the LRC plays a special role in the learning process by giving students an opportunity to learn to use the latest information technologies. In the future, this will enable them to conduct teleconsultations and exchange information with their colleagues around the globe, as well as to continue their own education independently.

Although training at the PCTC is often seen by Ashgabat's medical community as an interesting and attractive thing to do, Nedirova is quick to point out that the course is very difficult and requires significant effort to complete successfully. "We have former

general practitioners, pediatricians, neurologists, gynecologists, surgeons, and other specialists undergoing retraining, so our course rosters are extremely full. Moreover, the learning process is constantly monitored through specific activities, role-play and situational problem-solving exercises, and weekly examinations. We also regularly evaluate students on their practical skills and medical note-taking and, at the end of the course, they are given a two-part exam to measure both their theoretical knowledge and hands-on skills," she explains. Only after the students have passed all these stages of testing do they receive the right to practice family medicine.

Each month, eight physician-nurse teams from various healthcare institutions in Ashgabat are trained at the PCTC. Since its opening in 2001, 517 primary care professionals have passed their exams and been certified as family medicine specialists. And, despite the fact that the training model was something entirely new for the local medical education system when it was first introduced, today the program has been accepted and approved at the national level.

The Model Primary Care Department: A Pathway to Improving Family Health

The establishment of the Model Primary Healthcare Unit at Health House #1 represents yet another stellar accomplishment of the partners. Likening the facility to a mirror that reflects the impact of their collaboration with the medical professionals from the United States, Nedirova calls the unit unique for both its structure and its capabilities.

Opened in 2002, the Model Primary Healthcare Unit is staffed by 10 physician-nurse teams—all trained by the PCTC—who tend to the healthcare needs of some 10,000 local residents. All of its family medicine specialists are equipped with medical bags that enable them to conduct complete physical examinations during house calls, as well as during the times they see patients on site.

The staff collaborates closely with PCTC personnel, using the Training Center's Internet access and other information resources to keep abreast of the latest research on preventive, diagnostic, and treatment methods, as well as to conduct joint consultations with patients and prepare seminars on topical themes.

The department also has a training room equipped with models and visual aids where staff members teach patients about topics ranging from proper nutrition and the harmful nature of substance abuse to breastfeeding techniques and the importance of conducting monthly breast self-examinations. The interactive nature of these discussions make them very popular with patients because they come to feel that they, too, are part of the healthcare team.

New Approaches to Care Yield New Opportunities

From a practitioner's standpoint, the most fundamental change that has occurred in Turkmenistan since the primary healthcare reform efforts were launched is evidenced by a shift in the country's approach to public health problems, according to Bibi Baylyyeva, a former pediatrician, and Marina Padalka, who worked for many years as a district medical nurse. The pair trained together at the PCTC and now work together as a physician-nurse team at the Model Primary Healthcare Unit.

Describing what has changed since their retraining as family medical specialists, Baylyyeva explains, "We have refocused our mindset to treat not merely the specific diseases that patients have as was the case in the past, but to pay attention to the patient as an individual. Now we listen to his or her problems that may go above and beyond the physical, yet may still affect how he or she feels."

Baylyyeva says that an attentive and respectful attitude toward patients—coupled with the desire to dig deeper into the problems they face and learn more about their families and the environment in which they live—has gone a long way in gaining people's trust. Even though the department is relatively new, its family practice specialists can already see the positive results of their work, she notes, stating, "The rate of compliance with our recommendations has noticeably risen,

which has a positive impact on both treatment and prevention. Consequently, we have observed a reduction of acute episodes in patients with chronic illnesses and we've also reduced the need to send patients to specialists or the hospital.

Baylyyeva credits many of these successes to the tremendous amount of work that primary care nurses like Marina Padalka now do, particularly when it comes to preventive measures. Padalka herself admits that upgrading her professional skills has led to an enhanced role for her in improving the health of the population. "Besides my responsibilities at the clinic, I also give educational talks on the prevention of cancer and tuberculosis, work with adolescents, brief young mothers on the right way to care for their newborns, and lead prenatal classes for pregnant women," she reports. "These activities keep me in constant touch with patients from all age groups and really help me to better understand the needs of different people. This understanding, in turn, helps me give patients the information they need to know and teach them to pay closer attention to their own health, as well as that of their families."



Baylyyeva conducts a prenatal class with future mothers. (Photo courtesy of Myakhri Nedirova)

Expanding the Horizons for Turkmen Healthcare Professionals

Commitment, mutual understanding, and striving for constant professional growth, Nedirova says, are what have made the common cause of the Ashgabat/North Dakota partners both more fruitful and more meaningful. "I am very proud that our work clearly illustrates that family medicine is the foundation upon which a healthy future can be built for every family. What's more, all of our partnership's initiatives were highly rated at the national level. In fact, the success of the PCTC's program for retraining family medicine specialists helped government officials decide to replicate our model in other regions of the country," she says, noting that there are plans to open a second, similar training center for doctors and nurses from other areas of Turkmenistan in the spring of 2005 and, later on, to create a national network of such centers.

"We hope this is only the beginning," Nedirova concludes. "After all, a patient's rapid and complete recovery depends on his receiving competent primary medical care. Because the family doctor is the one who first encounters the health problems that members of any given family have, it is very important to create a well-trained cadre of primary care practitioners who has the patience and skills necessary to find the right approach for each family, win the trust of their patients, and work together with them to improve their health."

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