

Connections

July 2005

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Partner News

- Baku/Portland Partnership Lauded for its Accomplishments in Addressing Health Problems of Refugees
- HIV/AIDS Workshop Brings New Vision on Nursing Care, Increases Value of the Profession
- Azeri and Georgian PHC Practitioners Gain Life-saving Emergency Care Skills
- Graduated Partners Discuss the Benefits of International Collaboration at Stockholm Conference
- Helping Donetsk Healthcare Providers Care for HIV-positive Patients
- Tbilisi NILC Director Becomes Chairman of the Council of Europe's European Health Committee

Regional News

- Russia Joins the Ranks of the HIV/AIDS Pandemic's "Second Wave"
- Studies Warn about HIV/AIDS Epidemic in Russia
- New Legislation Seeks to Move Ukrainian Orphans Out of Institutional Settings

Workshops, Conferences, Opportunities and Grants

- Ireland Hosts the European Health Psychology Conference 2005
- American Public Health Association to Explore Evidence-based Policy and Practice in New Orleans
- Conferences on Health and the Environment

Features

- Radiology Quality Assurance Program Helps Romanian Breast Health Specialists Diagnose Cancer Earlier

Partner News



Baku/Portland Partnership Lauded for its Accomplishments in Addressing Health Problems of Refugees

The Narimanov District of Azerbaijan's capital city of Baku is a densely populated

persons (IDPs) and refugees—live. Having lost their homes and means of subsistence to the Nagorno-Karabakh conflict, most of these refugees and IDPs reside in rehabilitation camps or dormitories in very poor, overcrowded conditions that make comprehensive social and healthcare services all too critical. Against this backdrop, AIHA's Baku/Portland partnership established in 2004 a primary healthcare center at Narimanov District Polyclinic No. 4 to provide much-needed care and support to these vulnerable populations.

Center Director Saida Nasibova and her staff recently had the opportunity to showcase the clinic's work for a group of American dignitaries, including M. Diane Bodman, wife of US Secretary of Energy Samuel W. Bodman; Leslie Harnish, wife of US Ambassador to Azerbaijan Reno L. Harnish III; and James Goggin, country representative for the US Agency for International Development (USAID) who visited the facility on May 25.



Saida Nasibova shows the new PHC Center to American guests Leslie Harnish and Diane Bodman. (Photo: Mehdi Mehdiyev.)

During their visit, the American guests toured the facility, starting with the old building of the Polyclinic where primary care practitioners used to work before the Center opened on May 21, 2004. The guests then moved on to the new wing established through the partnership, which houses offices of general practitioners, the Women's Wellness Center, and the Community Health Education and Resource Center, a modern patient education hub complete with audiovisual equipment and other learning aids. Neatly renovated and furnished, the new facility radiates hospitality while its professional staff of five family physicians and five nurses are well prepared to provide high-quality care to patients of all ages.

Impressed by the contrast between old and new, the visitors viewed the Center's state-of-the-art diagnostic and treatment equipment and learned about the wide range of specialized healthcare services available there, including community health education programs focusing on the most prevalent health problems observed among local community members, such as women's health, adolescent health, asthma, cardiovascular diseases, and mental health.

Explaining how the partnership has benefited both the Polyclinic and—more importantly—the community it serves, Nasibova said that they started to see the positive impact of the collaboration soon after the partnership was formed. She noted that the first program initiated by the partners focused on early recognition and prevention of breast cancer. Almost 80 percent of all breast cancer cases in the Narimanov district had been diagnosed in later stages due to lack of awareness about self-examination techniques, as well as a lack of appropriate diagnostic equipment and skills among primary healthcare providers. To address this problem, the US partners donated ultrasound equipment, trained their counterparts in breast cancer diagnostic and treatment protocols, and helped develop and produce educational materials on breast self-examination for the distribution among IDPs, refugees, and women in general. As part of the

program, Center staff provide education and outreach services on breast health to women from the Narimanov district and to female IDPs and refugees from six other Baku districts and neighboring areas.

"During the four and a half years of the program, we have examined and educated approximately 40,000 women in breast self-exam techniques and helped detect abnormalities in some 895 patients. These women were referred to the National Oncology Center for treatment and are now receiving follow-up care and psychological support at our Center," Nasibova said.

In addition to breast cancer screening, staff of the PHC center also monitor cervical abnormalities using Pap Smear tests that were donated by the US partners. This program started in 2004 and, to date, some 300 women have been examined; five percent of them were diagnosed with cervical intraepithelial neoplasia and underwent appropriate treatment.

Next, she explained that mental health services are another vital aspect of the partnership collaboration. Almost 90 percent of the 5,000 IDPs and refugees examined by the primary care specialists presented with psychological disorders such as encephalopathy or depression that required treatment by qualified professionals. To better address psychological issues in these patients and their families, staff received training in mental health counseling through the partnership program.



Tristam Perry, consular officer at the US Embassy in Azerbaijan, Jim Goggin, and Leslie Harnish observe educational posters at the center's waiting area.
(Photo: Mehdi Mehdiyev.)

Nasibova also told the guests about a successful adolescent health program initiated by partners in 2003 in cooperation with the United Methodist Committee on Relief (UMCOR). The program—which rapidly gained popularity among the youth—addresses issues of substance abuse, risky sexual behaviors, contraception, and family planning. "We first started this program among senior students at secondary schools in our district and initially were concerned how they and their parents would respond to it, but we soon discovered that there was significant interest in these issues among teenagers. For their part, parents recognize the importance of such education and are

really thankful to us," she explained.

According to Nasibova, the program became so popular that the Center's staff decided to set up a hotline that will be up and running later this year. Starting in September, six student volunteers from the senior class who participated in previous courses on adolescent health will provide telephone counseling to their peers. It is anticipated that for the first two months the young volunteers will be monitored by specialists from the Center before they are allowed to work independently.

Nasibova also told the US visitors how the Center provides care to patients with

bronchial asthma. Each asthmatic patient undergoes special training and receives a peakflowmeter—a device that measures the climax scale of exhalation thereby helping to monitor and evaluate the effectiveness of treatment. With this device, patients can control their health status themselves and come to the center only for regular check-ups or counseling.

In addition, Nasibova also noted that within the partnership program US specialists trained medical providers from different primary care settings throughout the Narimanov District, teaching them basic and advanced examination skills in the areas of ophthalmology, neurology, and obstetrics and gynecology, as well as psychological counseling. The Azeri partners received sets of basic diagnostic tools and medication kits to help them to better provide care in remote locations. As a result of this "visiting physician" program, which started at the end of 2001, partners were able to examine 92 percent of all IDPs and refugees who reside in the camps of Narimanov district. Approximately 83 percent of them were diagnosed with some illnesses. More than 50 percent of those patients received counseling and medication on site and 46 percent were referred to the clinic for further consultations and follow-up care.

Talking about the Azeri healthcare system's transition to family medicine, Nasibova underscored the fact that she is very proud that the major strides that have been made toward this goal in Baku stem from the partnership program. She went on to explain that the efforts of the Baku/Portland partners have helped prove the efficacy of primary care practice in the regions and, with the support and technical assistance of the Narimanov and Portland specialists, a training course on family medicine was established in 2004 at the Azerbaijan Institute of Postgraduate Medical Education. In addition, the Narimanov Health Administration intends to utilize the model PHC Center as a resource and clinical base for ongoing training of family medicine practitioners.



After the tour, Center staff and their American guests posed for a memory shot. (Photo: Mehdi Mehdiyev.)

In addition to these innovations, Nasibova emphasized that the partners were also able to improve the Center's infrastructure and perform functional analyses of patient flow and medical record-keeping. To this end, computers were donated and installed to contribute to data collection, storage, analysis, and retrieval.

In her address to the Center's staff, Bodman said she was very impressed by the work of Azeri partners and their US counterparts and that she thinks this model of bringing health resources from the United States in the form of voluntary partnerships is very effective. Harnish, who works with World Vision in Azerbaijan, explained how that organization is setting up health posts in various refugee camps and expressed her wish that a collaboration between AIHA's model PHC Center staff and World Vision can be established. Finally, USAID's Goggin congratulated the partners on their hard work and many accomplishments, and wished them continued luck in their great and high-minded endeavors.



HIV/AIDS Workshop Brings New Vision on Nursing Care, Increases Value of the Profession

Nurses are closer to patients than anybody else and, in fact, the care and attention these professionals provide to people in need can be every bit as important as the medications they receive, which is why in some Slavic languages the name of this profession contains a very engaging word, one that is dear to everyone—sister. For patients living with HIV/AIDS, nurses are sometimes the only people to whom they can pour out their pain and distress, discussing their personal life while at the same time receiving competent advice and assistance.

The critical role nurses play in caring for people living with HIV/AIDS (PLWHA) was the underlying theme of a workshop held in Kiev June 21-15, 2005 under the aegis of the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia. In attendance were some 22 female nurses from the regions of Ukraine that currently have the highest incidence of HIV. Most of the participants work at oblast and city AIDS centers, where both inpatient and outpatient departments have been established to provide care for PLWHA. Also taking part in the workshop were two teachers from the P.I. Gavros Kiev Medical College, a school where the administration is looking to add a course on HIV/AIDS-related nursing care to its training program.



Elena Tychkova, chief nurse at the Zaporozhye Oblast AIDS Center, speaks about the role of nurses in HIV/AIDS care while Tatiana Godovanets, nurse at the Ivano-Frankovsk Oblast AIDS Center, and Yelizaveta Dyulda, chief nurse at the Kharkiv Oblast AIDS Center, look on.
(Photo: Vira Illiash.)

For most of the participants, this workshop was the last in a series of four educational courses on antiretroviral therapy (ART) offered by the Knowledge Hub in 2004-2005. The class—which was organized in response to numerous requests from nurses—differed from the earlier workshops in that it explored urgent HIV-related problems that nurses commonly encounter in their daily work providing treatment and care for patients with HIV/AIDS.

During five days of training, the nurses had the opportunity to upgrade their skills in counseling PLWHA; master methods of effective communication with patients and their families; build capacity to improve ARV adherence among their patients; learn more about various antiretroviral (ARV) medications and their side effects; and discuss common opportunistic infections and methods of preventing and treating them. Participants also worked on their command of the principles of dietary planning for patients with HIV/AIDS and rehearsed protocols for changing ART regimens, explored how nurses can assume a leadership role on the HIV/AIDS care team and act as agents of change, as well as learned methods for preventing professional "burnout" syndrome.

Palliative care was another important focus of the workshop. Participants learned about pain assessment and several methods of communicating with patients in the final stage of the disease, as well as their families. Through a series of

exercises, the nurses developed basic skills for discerning the difference between sadness and depression in terminally ill patients.

Because the palliative care system in Ukraine is just beginning to be developed, problems involving interaction with dying patients presented the greatest difficulty for many of the nurses. While dealing with terminal patients is a universally difficult part of end-of-life care, it is compounded in the former Soviet Union by the fact that there exists a long-standing tradition for medical professionals not to tell patients that they will likely die within a short period of time.

Alluding to how this tradition has affected the way she interacts with patients, Yelizaveta Dyulda, chief nurse at the Kharkiv Oblast AIDS Center, admits, "You can think a lot about what to say to a terminally ill patient and I would tend to try and give him hope." She went on to explain how two American instructors at the workshop— Mary Jo O'Hara, a nurse consultant on HIV/AIDS issues at Washington University in Seattle, and Linda Brandt, executive director and founder of the Rural AIDS Action Network in Bemidji, Minnesota—worked to change the thinking of everyone present.



Mary Jo O'Hara distributes chocolates to the most active participants after a brainstorming exercise on methods of effective communication with HIV-infected patients and their families.
(Photo: Grigory Naumovets.)

"They told us that every person has the right to know their diagnosis even though that is not currently the practice in Ukraine," Dyulda says, explaining that many people would call such a practice inhumane and would say that Americans have a somewhat different mentality. "On the other hand, what does it mean to be humane? ... Is it being given the right to choose how to live out the last days of life and even how to die, or is it being told a lie for the sake of having faith in something that it will soon be impossible to call realistic? We probably do have to change our psychology," she ponders, acknowledging that it is a very difficult question for her and many of her colleagues. "The good thing is that after this

training, I know what has to be said to terminal patients, although I am not sure that I'll be able to do it."

Sharing her own impressions about the workshop, another participant, Yelena Shinkarenko, chief nurse at the Odessa Oblast AIDS Center, notes that the training was a watershed in her professional evolution and has vastly increased her self-confidence. She explains that although she has been working with PLWHA for a long time, it is only in the past two years that the Odessa Oblast AIDS Center has begun to administer ART. Today, the Center provides treatment to some 300 people, including children who receive ART thanks to grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as assistance from other international organizations. "Despite the positive impact of this therapy, the complications of ART are something we all must confront," she laments. "This workshop reviewed various clinical situations and complications resulting from ART in a way that I could understand and visualize how they

would happen. It turns out that the drugs, the complications, and the types of patients are all the same everywhere and this course gave me not only an understanding of this commonality, but also ideas about what specifically needs to be done in each concrete situation because I never stop thinking about my patients," she acknowledges with sincerity.

Larisa Golovaschuk, deputy chief physician in charge of nursing at the Kiev Family Medicine Scientific and Practical Center, and Natalia Galapats, chief nurse at the Zhovkva Central Rayon Hospital, served as the instructors at the workshop. Both women have become leaders in the nursing profession in Ukraine thanks to their participation in AIHA's Kiev/Philadelphia and Lviv/Cleveland partnerships respectively. Golovaschuk admits that the demand for this type of training far exceeds the supply, saying, "Nursing care for people living with HIV is an enormously urgent issue because more than 1 percent of the population in our country has now been infected with the virus."

Golovaschuk went on to explain that, despite the different levels of skill and knowledge among workshop participants and the fact that some work in hospitals, while others work in clinics, the information covered during the training was equally topical for all of them. The event also provided them with an opportunity to share their experience and to learn from and teach one another. "There was lively discussion and role playing in the working groups. The participants interacted easily and freely, talking about their relations with doctors without fearing the truth because they were all on the same wavelength. The intensity of their participation was accordingly high," she stresses.



Larisa Golovaschuk conducts a session on nursing leadership and encourages participants to discuss this issue from their own perspectives. (Photo: Grigory Naumovets.)

"We were able to learn a lot from our American colleagues, as well," Golovaschuk says, explaining that it was due to the trainers from the United States that the workshop atmosphere was a very positive one. "What's interesting is that the American instructors did not pass judgment on what the participants had to say as is the custom in our educational system. On the contrary, they created an environment in which the nurses could say what they were thinking regardless of whether or not it contradicted the instructors' opinion. If something did run counter, then they would suggest looking at what was written in the handout material. They taught very gently about how to act."

In Golovaschuk's view, the same technique should be followed in working with patients. "You always have to take into account the convictions and values of the patient, whatever those might be," she says with feeling. "After all, both the course of treatment and its results often depend on the nurse's understanding and ability to engage the patient on a personal level. That's why the concept that something familial is embodied in the very name of our profession is so meaningful," she concludes, alluding to the fact that for many patients in need, the care of a nurse feels more like the kind attention of a loving sister.



Azeri and Georgian PHC Practitioners Gain Life-saving Emergency Care Skills

Members of AIHA's primary healthcare (PHC) partnerships in Azerbaijan and Georgia recently took part in a workshop designed to hone their urgent care skills. Held April 25-28 at the National Emergency Medical Services Training Center (EMSTC) in Tbilisi, this four-day event was part of AIHA's regional training activities for the Caucasus.

PHC physicians from Ganja, Azerbaijan, as well as Georgian specialists from the PHC centers in Gori and Guria, the National Medical Center, Children's Central Hospital, and Ambulance Service No. 3 in Tbilisi attended the workshop, where they were instructed in fundamentals of emergency care, including basic life support, patient examination, trauma assessment, and CPR. Additional topics covered were management of upper airway obstructions, anaphylactic shock, infectious diseases, acute respiratory failure, and cardiovascular disorders. In addition, attendees learned how to perform pediatric and adult resuscitation and gained skills in disaster response and triage.



Gabriel Djanashvili, a physician from the Gori PHC Center plays the role of a car accident victim while workshop participants learn how to immobilize a patient using a cervical collar. (Photo courtesy of Lela Kvachantiradze.)

All training sessions were conducted by staff of the EMSTC, which was established in 1995 by AIHA's now-graduated Tbilisi/Atlanta partnership. In addition to attending educational lectures featuring Power Point presentations, slides, overheads, and plenty of handouts, participants also had ample time for hands-on practical exercises using mannequins and various other types of emergency care equipment available at the Center.

The training curriculum was developed as part of AIHA's cross-cutting EMS initiative in the previous program cycle (1992-1998) and was designed specifically to fit into the existing structure of healthcare systems in the region—where PHC settings are more accessible to the community particularly in rural areas.



EMS instructor Maka Gabidzashvili leads a practical session with representatives of Ambulance Service No. 3 and the Guria PHC Center. (Photo courtesy of Lela Kvachantiradze.)

a practical session with representatives of Ambulance Service No. 3 and the Guria PHC Center. (Photo courtesy of Lela Kvachantiradze.)

"This event played an enormous role in filling the gaps that exist in emergency care training among primary care professionals," says workshop participant, Saida Ragimova,

head of the primary healthcare department at Ganja City Policlinic No. 6, which provides services to some 60,000 people. According to Ragimova, approximately 3 percent of all patients applying to the center require emergency care. "In most cases, we see patients with heart attacks or acute hypertension, but there are also plenty of cases of trauma, and poisoning, as well as cuts, wounds, and burns. Also, unfortunately, we still have to deal with complications that could be avoided if appropriate emergency care were provided during the initial response at the accident site. In my opinion, training of PHC physicians in emergency care skills will help us dramatically improve this situation."

At the conclusion of the workshop, participants expressed their gratitude for the opportunity to upgrade their emergency response skills and learn new techniques, emphasizing that adequate primary emergency care is critical in improving overall patient health outcomes at all partnership institutions and in the communities they serve.



Graduated Partners Discuss the Benefits of International Collaboration at Stockholm Conference

Daniel Verman, a graduated AIHA partner and the head of the Constanta Public Health Authority, presented the Constanta/Louisville partnership's experiences in a session titled "International Partnership for Change: A Work in Progress" at the sixth European Conference on Effectiveness and Quality of Health Promotion in Stockholm, Sweden, in June.

During his presentation, Verman explained how the US and Romanian partners worked together to establish the Center for Women in Constanta, where more than 900 domestic violence victims have found help, then outlined the steps they took to help ensure the Center's success, including conducting a needs assessment and selecting the community's health priorities, developing an appropriate program, promoting health through mass media, and establishing a community foundation.

Conference participants—policymakers, healthcare professionals, and researchers from the entire European Region—learned the results of a 2003 street survey on 1,300 women from Constanta. Sixty-five percent of the respondents knew about the Center and 70 percent of those women said they would seek help at the Center if needed. The Center, which was established with support of US partnership institutions Humana Foundation and University of Louisville, has served as a model for six other centers in the country and helped the partnership achieve its goal of improving women's health by addressing domestic violence in Romania.



Daniel Verman demonstrates the experience of the Constanta/Louisville healthy communities partnership. (Photo: Loti Popescu)



The Constanta partners discuss sex education in schools with their new Italian contacts. (Photo: Natalia Lukiyanova-Kallstrom)

In another session at the conference, Constanta's Director of Public Health Loti Popescu presented the benefits of Romania's national curriculum on health promotion and health education, which includes modules on STIs, including HIV/AIDS. In addition to discussing the important role schools can play in sex education, Popescu led a poster session on prevention of HIV/AIDS infection for medical personnel.

Verman and Popescu said the conference, which was organized by the National Institute of Public Health in Sweden and the International Union for Health Promotion and

Education, was "a great opportunity to see that health promotion and health education represent a very important component of public health that is in continuous development." While attending a workshop on networking in health promotion, Verman and Popescu developed a partnership-style working relationship with healthcare providers from Udine, Italy. The group plans to work together to develop health promotion programs in the Udine area.

—by Victoria Merkel, AIHA publications assistant



Helping Donetsk Healthcare Providers Care for HIV-positive Patients

Editor's Note: When members of AIHA's Donetsk/Pittsburgh primary care partnership were asked by the Donetsk healthcare community for more information regarding prevention, care, and treatment options for patients with HIV/AIDS and tuberculosis, they arranged for two doctors to travel to Ukraine to give lectures on HIV as part of a previously-scheduled workshop on lung disease and TB. During the session it became apparent to Joseph Pulvirenti, director of inpatient HIV services at Cook County Hospital in Chicago, Illinois, and Robert Cohen, senior attending physician at John H. Stroger Jr. Hospital of Cook County's Division of Pulmonary Medicine/Critical Care, that local practitioners were eager to learn as much as possible about HIV; Donetsk Oblast is home to one of Ukraine's worst HIV infection rates. To accommodate these needs, additional sessions on the topic were added to the schedule. Joseph Pulvirenti's story clearly illustrates how partnerships adapt to meet the ever-changing needs of the host community, often going beyond the scope of the original work plan to improve the quality and breadth of available care.

Although it appears there is a great lack of knowledge about HIV among practitioners in Donetsk, there is also a very real desire to learn more about the virus and what can be done to prevent its spread and treat those who are already living with the disease. Additionally, there seems to be a real sense of fear among providers that they are standing on the edge of a precipice in their country and that they may soon be facing the same devastation that has visited Sub-Saharan Africa. During my short visit to Ukraine, I came away with the impression that many more resources need to be developed before providers

there will be able to handle the HIV/AIDS epidemic in their country.

As the US team's infectious disease and HIV specialist during the November 2003 exchange, I presented two lectures on HIV and TB co-morbidity and diagnosis to approximately 30 healthcare providers, many of whom had traveled quite a long distance to attend. Those present were so eager to learn more on the topic that the partners and I decided to add a third impromptu lecture on basic HIV care and various aspects of antiretroviral therapy in the treatment of HIV/AIDS. Because we hadn't prepared in advance for this lecture, we all pitched in and pulled everything together at the last minute with the help of an excellent translator.

The 15 clinicians who attended the ART session were very concerned about the impact HIV/AIDS is having on their community. There was an overall sense that they were seeing increasing numbers of patients with HIV and other communicable diseases—such as TB—especially among young substance abusers and women forced into the sex trade by poverty and difficult economic circumstances. Despite a marked increase in new cases, however, it appeared to them that there was very little being done to assess the magnitude of the problem at a national level. The practitioners we spoke with said they were unaware of any epidemiological studies currently being conducted, although we did not independently confirm this.

In talking with practitioners from Donetsk, we were struck by the severe lack of resources available to healthcare providers in the region. At the time at least, HIV medications were not available and appeared even scarcer than in Sub-Saharan Africa. The laboratory resources needed to perform basic tests, such as T-lymphocyte cell counts and viral loads, were also scarce. At the same time, a strong need for a more evidence-based knowledge of HIV itself was readily apparent.

Despite this almost crippling lack of critical resources, the other US partners and I were overwhelmed by the generosity and goodness of the people with whom we worked and stayed. Everyone we met went out of their way to help us provide the best technical sessions possible. This is a strong testament to their desire to make available the best possible care to the people in their community.

Based on my knowledge of what other countries dealing with skyrocketing infection rates over the course of the past two decades have been doing with some success, I believe that a solid epidemiological program along with education and outreach efforts to stop the further spread of the infection are important first steps in any effort to combat HIV/AIDS in Ukraine and the rest of the region. A culturally-specific educational program for healthcare providers—and the general population—is also a prerequisite, as is the need to develop a rational usage scheme for anti-retroviral medicines particularly in the populations that needs these drugs the most. Perhaps such a program can be modeled on successful programs now in place in other low-resource countries, such as Botswana.

—by Joseph Pulvirenti, director of inpatient HIV services at Cook County Hospital.

Europe's European Health Committee

Long-time AIHA partner Zviad Kirtava, director of the National Information Learning Center (NILC), which was established in 1996 through the efforts of AIHA's first Tbilisi/Atlanta partnership, was elected as a chairman of the European Health Committee (EHC) of the [Council of Europe](#) on June 7, 2005.



In his position of director of the NILC—which operates under Georgia's Ministry of Labor, Health and Social Affairs—Kirtava has played a leading role in providing healthcare professionals and students in Georgia with consistent access to the global information resources essential to providing high-quality healthcare services and conducting advanced medical research. Together with his US partners from Emory University in Atlanta, Kirtava has contributed greatly to Georgia's transition from traditional practices of information management to more modern, multi-media modes of communication and education.

Zviad Kirtava leads the 57th plenary session of the EHC while Karl-Freidrich Bopp, secretary of the Health Division, and Vera Boltho, head of the Health Department, look on. (Photo courtesy of Zviad Kirtava.)

Kirtava's leadership and dedication—combined with the assistance and support of his US partners and AIHA—helped make the NILC a place thousands of medical professionals, researchers, and students have turned to for ready access to the best collection of electronic medical journals, textbooks, and databases. In addition, all of these users were provided with the opportunity to observe systematic reviews of evidence-based medicine materials; learned clinical practice guidelines for virtually every subspecialty of medicine; attended distance learning courses; and established virtual connections with their colleagues and scientists around the world through the Internet and teleconferencing.

"My experience with AIHA's partnership program helped me to enhance my communication and managerial skills and develop my capacities for collaboration and team-building, as well as improve my command of the English language," Kirtava says, emphasizing that all these skills will be instrumental in pursuing his new responsibilities with EHC.



Zviad Kirtava and EHC Bureau members

gathered for a group photo with Council of Europe Secretary General Terry Davis (center). (Photo courtesy of Zviad Kirtava.)

Kirtava will continue on as director of the NILC and says he hopes that his new position on the EHC will enable him to

contribute to the Center's further development. Presently, he is the only representative from a former Soviet country the Council of Europe, which unites 46 member states to chair one of its Steering Committees. He was elected for a one-year term and will lead biannual plenary sessions of the EHC and yearly meetings of its 10-member Bureau.

The EHC is directed by the European Committee of Ministers and works on developing and enhancing cooperation among member states with the goal of promoting better health in European populations. Specific projects include performing joint studies and research on common problems; sharing information, knowledge, and expertise among members of the European healthcare community; and developing recommendations on action, organization, and strategy related to healthcare reform in the European region.

Regional News

Russia Joins the Ranks of the HIV/AIDS Pandemic's "Second Wave"

A 2000 National Intelligence Council report identified Russia as a probable candidate for a "second wave" outbreak of HIV/AIDS and, alarmingly, this prediction has held true as the country is currently struggling to deal with one of the fastest growing rates of new HIV-infections in the world before its epidemic spirals out of control.

On June 13, the Center for Strategic and International Studies gathered public- and private-sector HIV/AIDS experts at a Washington, DC, conference to confront the issue of early-to-mid-stage HIV epidemics in Russia and four other "second wave" nations—China, Ethiopia, India, and Nigeria. The overarching goal of the event was to emphasize the importance of HIV prevention in Russia and other "second wave" countries. Essentially, conference leaders agreed that the key to overcoming the global AIDS problem lies not in treating AIDS in countries where it has already become an epidemic, but rather preventing its spread through targeting nations where the disease has not yet reached epidemic proportions.

Valery Zubov, first deputy chairman of the Russian State Duma, represented Russia at the conference, discussing the current status of his country's AIDS epidemic and highlighting specific obstacles that need to be overcome to effectively curb the spread of the disease. He identified key economic, political, and cultural factors that present barriers to prevention and shape the ways in which the Russian government has attempted to remedy the problem.

Acknowledging obvious existing economic barriers, Zubov voiced concerns that the Russian government does not have the financing it needs to effectively contend with the country's growing HIV/AIDS problem. Until recently, severe

economic reform issues stemming from the collapse of the Soviet Union have kept AIDS issues on the backburner. Although Duma representatives are working hard to increase the amount of funding available and have received encouraging financial support from international and domestic sources, these funds have proven insufficient thus far. In part, this is because the AIDS epidemic is significantly less severe in Russia than in many other nations, so outside donors are less willing to include the country in global funding efforts and Russian leaders are more hesitant to accept this funding. Thus, the situation has become increasingly tense, forcing donors to position themselves carefully and strategically in an attempt to keep the focus on HIV prevention.

A lack of centralized government health efforts combined with a serious discrepancy between prevailing attitudes in the Russian government and the Russian Duma about how to best combat AIDS further complicates the issue. Currently, Russia does not have a single center available designated to HIV/AIDS. This presents a problem for Russian health leaders and thwarts their ability to effectively harness their existing human and material resources. Weak AIDS surveillance systems have also contributed to the problem, making it difficult to fully grasp the extent of the epidemic, and therefore difficult to convince government officials of the seriousness of the issue.

Unfortunately, political precedents have traditionally discouraged the Russian government from any attempt to focus on social or health problems. "We used to [believe] that our system would not have had prostitution, we couldn't have had drug addiction, and, of course, we couldn't have had AIDS," Zubov explains, noting that while this misconception is decreasing, there is evidence that it is an attitude that still exists today and, in fact, has pitted the Russian government against the Duma making achieving any headway on AIDS issues extremely difficult.

Culturally speaking, issues of stigma and discrimination have also impeded AIDS prevention efforts. Efforts need to be made to counteract the viewpoint that "HIV infection is a punishment for personal sins" and therefore represents criminal behavior. Five years ago in Russia, 95 percent of people infected with HIV were members of high-risk groups—notably injecting drug users, commercial sex workers, and gay men. Although currently only 65 percent of those infected with HIV are members of these groups, the stigma has remained. Such stereotypes are particularly threatening to prevention efforts because they discourage members of these high-risk groups from seeking professional help due to a lack of legal protection.

Many media companies have launched information campaigns targeted at reducing this prejudice and educating the general public. Media leaders say they hope that these messages will reduce public prejudice and, more importantly, will alert members of these high-risk groups to the vulnerability of their situation, thereby helping to prevent the spread of HIV/AIDS.

These important economic, political, and cultural factors have all seriously hindered prevention efforts, bringing Russia to the cusp of a serious AIDS epidemic, Zubov concluded. Urging world leaders to come to Russia's aid in its quest to curb this frightening pandemic, specifically through forcing the Russian government to take a more active role in preventing spread of HIV/AIDS, he

challenged the United States and other nations to avoid using "kid gloves" when dealing with the Russian government. "We need for you to give them the message that they are not doing enough in fighting against AIDS. We need for you to give them the message that AIDS is not just a problem of Russia. It is a problem of the whole world community."

—by Barret Jefferds, AIHA communications intern

Studies Warn about HIV/AIDS Epidemic in Russia

The UK medical journal The Lancet published a study July 2, finding that HIV prevalence among commercial sex workers and street children in Moscow is 30 to 120 times more prevalent than among the general Russian population. The findings were based on tests for HIV and three sexually-transmitted bacterial infections, as well as for biomarkers for drug use, that were conducted among 1,066 inmates at a remand center, a juvenile detention center for teenagers aged 15-17, and a homeless detention center in Moscow. The report, titled "Sex Work, Drug Use, HIV Infection, and Spread of Sexually Transmitted Infections in Moscow, Russian Federation," can be found on The Lancet's Web site:

www.thelancet.com/collections.

Another report released by Human Rights Watch was based on a three-week investigation of the experiences of HIV-positive people in Moscow and St. Petersburg conducted in March 2004. Researchers interviewed HIV-positive mothers and families, medical personnel and orphanage staff, health officials, social workers, and psychologists serving people living with HIV/AIDS, along with staff of non-governmental organizations that provide material, psychological, and legal support for HIV-positive families.

The report, titled "Positively Abandoned: Stigma and Discrimination against HIV-Positive Mothers and Their Children in Russia," describes the many hardships faced by HIV-positive citizens, such as lack of confidentiality among some medical providers and cases of orphanages refusing to care for HIV-positive children. The report gives several recommendations, including asking the government to encourage public awareness of the disease and to designate an official body to investigate complaints about violations of the 1995 AIDS law, which protects the rights of HIV-infected people. The publication is online, at www.hrw.org/english/docs/2005/07/15/russia11320.htm.

—by Victoria Merkel, AIHA publications assistant

New Legislation Seeks to Move Ukrainian Orphans Out of Institutional Settings

Recent legislation in Ukraine has generated fundamental reforms in orphan laws targeted at helping children find homes. The Ukrainian government has committed itself to a new policy championing "family-type" upbringings for orphan children, making it possible for between five and 10 orphans to reside in a household. Since its initiation in January, this legislation has already proven effective in bettering the lives of orphaned children throughout Ukraine.

and Sports has been instrumental in bringing the concept of family-style upbringing to the forefront of orphan reform in Ukraine. Volynets has spent the past decade developing and implementing the concept of foster families and European style "family" upbringing in this former Soviet country of 47.4 million people. Since 1998, Volynets has worked closely with Halyna Postolyuk, executive director of the British-based non-governmental organization Hope and Homes for Children (HHC), to identify and train potential foster parents in Ukraine. Using a careful screening process, HHC interviews adoption applicants to ensure compatibility between orphans and their host families. To date, HHC has funded the purchasing of houses for 65 families in 15 regions of Ukraine. Ownership of the homes is granted only after the family has proven itself to be stable and successful, resulting in the creation of a family-style home. One such family, the Batursky, has taken in a total of 12 foster children, rescuing them from life in the orphanage and becoming a living testament to the success of the family-type system.

In the past, concerns have been raised over the ability of the Ukrainian government to find families to host these orphans, however a 2000 survey showed that 10 percent of Ukrainian families—a figure that amounts to some 1.5 million potential homes—expressed willingness to foster children provided that they receive financial aid. The state currently provides families with \$60 a month for each foster child, making the family-type system a feasible solution to the orphan problem. Volynets does, however, admit that the country is in need of social workers who can recruit and train families before this plan can be implemented on a larger scale.

Success stories such as the Batursky family have not only contributed to current changes being made in orphan reform, but have also paved the way for additional legislation. The groundwork has been laid for supplementary laws that stipulate orphanages cannot house more than 50 children, a marked reduction from current conditions, which allow as many 400 orphans in a single institution. These laws are designed to encourage adoption and placement in foster homes, using the orphanage only as a last resort. This legislation would also allow the governing body to continue to look for a family to adopt the child during his or her stay in the orphanage with the ultimate goal of making these facilities temporary residences as opposed to permanent homes. Although there is still much work to be done, the family-style system has instilled legislators and citizens with the hope that the goal of finding a family for each Ukrainian orphan will one day become a reality.

—by Barret Jefferds, AIHA communications intern

Workshops, Conferences, Opportunities and Grants

Ireland Hosts the European Health Psychology Conference 2005

Psychology experts and others will exchange ideas and recent findings at the European Health Psychology Conference 2005 in Galway, Ireland, August 31 to September 3. The conference is organized by the European Health Psychology Society, which promotes research in and applications of health psychology within Europe. Conference details are at

www.conference.ie/Conferences/index.asp?Conference=10/

American Public Health Association to Explore Evidence-based Policy and Practice in New Orleans

More than 13,000 public health professionals from around the world will gather to learn about current and emerging health science, policy, and practice issues at the American Public Health Association's annual meeting and exposition in New Orleans, Louisiana, November 5-9. This year's theme, Evidence-based Policy and Practice, explores the processes of systematically finding, appraising, and using scientific research as the basis for developing sound practices and policies. More information is at www.apha.org/meetings/

Conferences on Health and the Environment

Health specialists, scientists, and engineers will discuss economic sustainability and the health, safety, and prosperity of populations at the Environmental Exposure and Health conference October 5-7 in Atlanta, Georgia. The conference organizers, the Wessex Institute of Technology and Georgia Tech, are reviewing presentations on original research, health risk analysis, site-specific case studies, and more. Abstracts can be submitted at www.wessex.ac.uk/conferences/2005/eeh05/

The third international conference on the impact of health problems related to the environment, also organized by the Wessex Institute of Technology, will be held September 14-16 in Bologna, Italy. The aim of the conference is to provide a forum for the dissemination and exchange of information on the diverse aspects of the impact of environmental factors on health across different disciplines. Further information is at www.wessex.ac.uk/conferences/2005/ehr05/

Features

Radiology Quality Assurance Program Helps Romanian Breast Health Specialists Diagnose Cancer Earlier

"Early identification of breast cancer significantly increases a patient's chance of survival, so in my line of work nothing can beat the satisfaction of a job well done. When I detect the earliest signs of the disease, I know that I have given the woman—who is always someone's mother or daughter, sister or wife—a chance to fight it," says Christiana Ciortea, senior radiologist at the Cluj District University Hospital in Romania.

Over the past decade, breast cancer has emerged as one of the leading causes of death among women in Romania—partly because of low awareness about breast self-examinations and partly because the disease is often detected too late or remains undiagnosed altogether (See "[Bucharest Breast Health Conference Shines a Spotlight on the Need for Improved Access to Screening and Treatment Options, Increased Public Awareness](#)").

In 2001, the Ministry of Health and Family launched a campaign to improve breast health services in the country, outfitting 50 Romanian medical institutions—including the Cluj District University Hospital—with mammography machines to improve breast cancer diagnostic capacity.



A Romanian radiologist (far left) and JSI representatives attend one of the quality control workshops held in Bucharest. (Photo courtesy of Chase Gray.)

Initially, General Electric, the manufacturer of the machines, provided a two-week training course for 50 clinicians from the mammography sites, but the Ministry soon determined that additional training of both radiologists and radiology technicians was necessary to ensure that these specialists possess the skills necessary to properly use the equipment, effectively review the mammograms, and detect breast cancer in its earliest stages. With support from the United States Agency for International Development (USAID) and the Susan G. Komen Breast Cancer Foundation, AIHA joined forces with the Romanian Ministry of Health and Family; the Bucharest office of John Snow, Inc.; Bucharest University of Medicine and Pharmacy; the National Institute for Postgraduate Education of Doctors and Pharmacists; and the Renesterea Foundation for Education, Culture, and Health to increase these specialists' skills and introduce European and American quality standards and practices in mammography screening throughout Romania.

Improving Diagnostic Services through Quality Assurance

AIHA's Radiology Quality Assurance Program in Romania commenced in February 2004 with the initial assessment of five pilot sites: the Institute of Oncology and District University Hospital in Cluj and the Institute of Oncology, Fundeni Hospital, and Renesterea Foundation Clinic in Bucharest. The purpose of the assessment stage was to evaluate current levels of mammography techniques, professional training, and current practices in use at the pilot sites. The assessment was completed by a volunteer team of experts that included Jan Demeter, head physician at St. John's Hospital at Budapest, Hungary; David Dershaw, director of Breast Imaging at the Department of Radiology at Memorial Sloan-Kettering Cancer Center in New York and a well-known author of more than 200 publications on breast imaging and biopsy; Amanda Corey, assistant professor at Emory University Hospital in Atlanta, Georgia; and Justine Cimarolli a consultant from Clarksburg, Maryland who has been a pioneer in the evolution of modern mammography and has assisted in the development of mammography quality control standards in the United States.



Justine Cimarolli explains the important role an effective quality assurance program plays in the provision of comprehensive mammography services.
(Photo courtesy of Chase Gray.)

Discussing the findings of the assessment, Cimarolli explains, "Although we concluded that the majority of radiology technicians at the pilot sites had no specialized training in breast imaging, we were surprised to discover that they were still doing a good job. Mainly this could be attributed to the close supervision of the radiologists who gave them detailed instructions as to what a good mammogram should look like."

According to Cimarolli, she and her colleagues on the assessment team found that while the radiologists were highly trained, they did not adhere to any uniform procedures of quality assurance in their day-to-day practice. "This realization gave us the impetus to launch a project that would help the Romanians begin a process similar to the one we undertook 25 years ago in the United States. Back then, we had no quality control procedures, which resulted in significant variations in the quality of mammograms, some cases of cancer being overlooked, and many patients being subjected to unnecessarily high doses of radiation," she explains, stressing that the quality of a mammogram can be

likened to the quality of any photograph. "If there is no quality control, you may get lousy photographs and the same is true for mammography, only the consequences are much more devastating."

The first quality control training for the radiology teams from the five pilot sites took place in April 2004. The two overall objectives of the training were to teach these specialists the skills necessary to implement a quality assurance program at their sites and to instruct them in adult learning methodologies, so they could teach professionals from other mammography sites about image quality, patient positioning, quality control standards, and quality assurance tests, Cimarolli explains.

At the time of the training, a manual based on the American College of Radiology's Quality Assurance Guidelines was developed and translated into Romanian for use at each of the pilot centers. In addition, each site received all sorts of equipment—including phantoms, densitometers, sensitometers, and screen film contact tools—needed to implement quality assurance practices. According to Cimarolli, these tools are absolutely instrumental in assuring quality. For example, a phantom depicts specks of micro-calcification that provide the reviewer with cues about image quality. High-quality processing will detect more micro-calcifications, which are indicative of breast cancer. Similarly, the densitometer reads what is created on the sensitometer film, while both of these tools also demonstrate how the film processor works.

Ciortea, who was among the attendees of the April 2004 training, contemplates the impact the course has had on her work, noting, "After having been trained in quality control practices, the utilization of quality control tools, patient positioning, and the physics of mammography, I came to realize what a big difference possessing all these skills can make in my diagnostic capabilities."

Quality has always been our primary concern in the mammography unit of the Cluj District University Hospital, however, before the training we failed to perform those rather simple but fundamental steps necessary to assure it."

According to Ciortea, another key lesson learned during the training was the value of teamwork. "The course made us realize how important it is to work as a team, to communicate with each other, and to provide continuous feedback, as well as to cooperate with other specialists who are also involved in patient care," she says, explaining that her increased awareness about roles and responsibilities of other professionals on the team made the process easier and work outcomes more meaningful.



Initial graduates of the program—radiologists and radiology technicians from Cluj and Bucharest—gathered for a group photo after the meeting in Sinaia. (Photo courtesy of Chase Gray.)

From Training to Practice: QA Protocols are Implemented at Pilot Sites

Following the training, the project has entered a new stage during which the quality assurance guidelines were implemented at the five pilot facilities. In September 2004, each of the five sites were asked to document their daily quality control procedures and to send two exemplary "dense" and "sensi" mammograms and a phantom radiograph to the US radiologists and radiology technicians for review and analysis by the end of this period. The films were submitted anonymously, so the review

panel had no idea which sample came from each facility, nor were any patient names provided. The reviewers analyzed the submissions using the American College of Radiology (ACR) Clinical Image Evaluation Standard forms for positioning, compression, exposure level, contrast, sharpness, artifacts, and exam identification.

The results of the expert panel review were announced in October 2004 during a quality assurance follow-up workshop in Sinaia, Romania, attended by multidisciplinary teams from all pilot sites. "In the course of two days, we sat down with each team and discussed their image quality and how they can make it more compliant with the norm," says Cimarolli. She went on to reveal that only one set of films failed the review—all the others passed. The radiologists and technicians of the institution that received a failing recommendation were invited to participate in the quality assurance training that was held in April 2005 to provide them with the opportunity to be re-acquainted with the quality assurance program.

Follow-up Training Helps Disseminate QA Principles to Practitioners at Other Sites

In April 2005, AIHA collaborated with the Romanian Society of Breast Imaging (RSBI)—a professional association formed after the introduction of the program a year earlier by radiologists, technicians, and physicists from participating sites with the goal of advocating for the implementation of quality assurance guidelines among the broader medical community in Romania—to host a second

quality assurance workshop. This event was sponsored by USAID and the Susan G. Komen Breast Cancer Foundation.

Explaining the overarching goal of this event, AIHA Program Associate Chase Gray says, "The April 2005 training was an effort to disseminate the QA program to five additional sites in Romania where mammography units were present. As in the first case, the staff of these new facilities went through the same steps of training, however the workshop was conducted by trainers from the original pilot sites, which are now operating as centers of excellence. A curriculum developed by US experts David Dershaw, Justine Cimarolli, and Nina Fabiszewski, vice president of Medical Center Radiologists, was used and the authors were present as observers and guest lecturers on topics such as breast cancer screening technology, quality assurance programs, and benign and malignant breast disease."

According to Gray, when new sites were being selected as second-stage centers, priority was given to facilities that are affiliated with medical educational institutions, so that the training curriculum developed for the workshops could potentially become part of the university's program in radiology or could be used for training radiology technicians. She also explained that proximity to the centers of excellence was also considered as part of the selection criteria, so as to enable the participating sites to share resources and develop mechanisms for the peer review process, which, when in place, would further help with the development of a standardized curriculum in quality assurance and its



David Dershaw presents on mammography screening techniques during the April 2005 quality assurance workshop. (Photo courtesy of Chase Gray.)

country-wide replication. To help ensure the sustainability of the pilot program at new sites, AIHA provided each facility with necessary quality control tools. The tool kits contain a mammographic phantom, acrylic contrast test disk, faxitron x-ray image and magnifying glass; hand-held dual color sensitometer; hand-held densitometer; portable digital thermometer; mammography screen-film contact test tool; mammography compression scale; acrylic contrast test disk; fixer retention test chemical solution; hypo-estimator comparison strip; mammography cassette wipes; storage case; and ACR manual and CD. These are the same tools provided to the original five sites.

Speaking about their experience at the recent workshop and further plans for program development, two Romanian trainers—RSBI members Ciortea and Mihai Lesaru, assistant professor at the the Bucharest University of Medicine and Pharmacy and manager of the QA program in Romania—acknowledged that the project had proved that it was possible to reach high standards in diagnostics as well as to disseminate model practices. They both expressed the hope that the ultimate outcome of their efforts will be a reduction of mortality among women due to breast cancer and higher quality of life for cancer survivors.

"The QA program gave me confidence that I won't miss cancer even at its initial

stages because now I clearly know what to look for. I also know how to pass my knowledge on to others," says Lesaru, noting that the Romanian trainers are presently evaluating the results of quality control utilization surveys conducted at the newly-trained facilities and will provide a follow-up workshop for them in September.

Discussing RSBI's plans for the future, his colleague Ciortea explains, "Members of the Society intend to vigorously pursue our goal of introducing quality control and assurance protocols in all mammography departments in an effort to create the foundation for a national screening program for breast cancer, which is a disease that presently has become a matter of great public health concern. These five sites are just the beginning," she exclaims, stressing that she and her colleagues are prepared to devote all their time and energy to achieving this goal.

Speaking for the US team, Cimarolli commented on the work of the Romanian trainers, concluding, "Because they were so passionate about learning how to do quality control and how to do it correctly, they understand the concepts so well that they were able to teach it to others. Attending the workshop this past April was very rewarding for us because we were able to see firsthand that the seeds we had planted at the inception of the project bore fruit."

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