

Connections

November-December 2004

For more information about any of the stories found in this issue please contact webmaster@aiha.com

Partner News

- AIHA PMTCT Meeting in St. Petersburg Provides Ground for Further Scale-up Efforts to Fight HIV/AIDS in Eurasia
- AIHA Presents International EBM Research at Cochrane Colloquium in Canada
- New LRCs Open Up Medical Information Channels for Providers in Azerbaijan and Georgia
- More Russian and Uzbek Civic Leaders Join the Ranks of AIHA's Open World/CLDP
- Medical Education Reform Is On the Go in CAR

Regional News

- New Internet Project Fights HIV/AIDS

Workshops, Conferences, Opportunities and Grants

- World AIDS Campaign 2004
- 2nd International Scientific Teleconference on New Technologies in Medicine
- 15th European Congress of Clinical Microbiology and Infectious Diseases
- 13th Cochrane Colloquium

Features

- Ukrainian Specialists Learn About Care and Treatment of HIV-infected Children

Partner News



AIHA PMTCT Meeting in St. Petersburg Provides Ground for Further Scale-up Efforts to Fight HIV/AIDS in Eurasia

In response to the accelerating spread of HIV/AIDS in Eurasia, AIHA, with support from USAID and in close cooperation with WHO, CDC, FXB, and UNICEF, continues to mobilize regional potential and human resources in the fight against HIV/AIDS.

AIHA's first efforts in this arena date back to 2001, when, with the help of partners in Boulder, Colorado, and the support of the Ukrainian Ministry of

Health, Odessa Oblast Health Administration, Odessa Oblast Clinical Hospital, and international and local NGOs, it launched a pilot project in Odessa, Ukraine, to address the prevention of mother-to-child transmission (PMTCT) of HIV. A key element in the national strategy to curb the epidemic, the primary goal of this project is to introduce integrated, systemic, and institutional capacity-building related to PMTCT and HIV/AIDS care and treatment in Odessa and replicate it throughout Eurasia. As part of this effort, AIHA supported the establishment of the South Ukrainian AIDS Education Center by the Odessa Oblast Hospital to train personnel in PMTCT-related skills.

Building upon the success of the Odessa project, AIHA—under a USAID grant and in coordination with local and national officials and other donor organizations—has recently initiated PMTCT replication projects in Kazakhstan and Russia. To meet international "scale-up" goals, these projects include a strategy for building capacity in Russia, Central Asia, and the Caucasus through the establishment of "PMTCT centers of excellence" where providers will be given knowledge-based and hands-on training in the care and treatment of women living with HIV/AIDS and their children.



Valentina Sadovnikova, advisor to the Department of Medical and Social Care for Women and Children at the Russian Ministry of Health and Social Development, speaks about Russia's national strategy for implementing a PMTCT. Debra Kantor from FXB is to her left.
(Photo: Suzanne Grinnan.)

Given the scarcity of resources and funding dollars available to meet the needs of PLWHA, AIHA convened a two-day meeting in St. Petersburg on October 27-28, to gather key national stakeholders from Kazakhstan, Russia, and Ukraine, as well as representatives from international donor and technical agencies, such as USAID, WHO, UNICEF, CDC, FXB, Glaser Foundation, AFEW, and JSI, along with AIHA staff from Almaty, Baku, Kiev, Moscow, and Washington, to discuss a coordinated strategy for moving forward so that efforts are not needlessly duplicated. At the meeting, the use and adaptation of the *CDC/WHO PMTCT Generic Training Curriculum* and a roll-out process for the NIS was one of the main topics of conversation.

First Day Provides Overview

During the first day of the meeting, participants discussed the WHO strategic framework for the prevention of HIV infection in infants in Europe; reviewed the status of AIHA PMTCT replication projects in and national PMTCT strategies for Kazakhstan, Russia, and Ukraine; identified common challenges; and determined future directions for PMTCT project development and dissemination in the NIS.



At the meeting, Ruslan Mayluta, medical officer for child and adolescent health and development at WHO/Euro, reviewed the MTCT situation in Thailand and Africa detailing key strategic approaches that WHO believes should be incorporated into any PMTCT program. Later in the day, Tin Tin Sint, present WHO's approach to capacity building; Jim Smith sits to her left. (Photo: Suzanne Grinnan.)

Key officials from Ministries of Health and National AIDS Centers shared information about the status of PMTCT approaches and related capacity-building plans in their countries, while AIHA PMTCT replication partners from Odessa, Ukraine; Samara, Russia; and Pavlodar and Temirtau, Kazakhstan, reported on the status of projects in their respective regions. Additionally, representatives from newly-established AIHA HIV/AIDS partnerships in Russia briefed participants about PMTCT activities in the cities of Orenburg, St. Petersburg, Sakhalin, and Saratov. AIHA staff then provided analysis of PMTCT progress in Azerbaijan, Georgia, and Uzbekistan; described AIHA's PMTCT scale-up strategy in Eurasia; and introduced participants to on-line resources available at the

Eurasia HIV/AIDS Knowledge Network (www.eurasiahealth.org/AIDS).

Within the discussions that followed the presentations, participants concentrated on issues related to capacity needs, PMTCT data collection and analysis, as well as program effectiveness and human resources development. They also discussed material, training, and human resource needs and ways for NGOs and others to cooperate successfully.

As a result of these debates, participants concluded that human resource development is one of key elements needed to ensure the effective implementation of a replicable PMTCT program. Thereupon, Tin Tin Sint, specialist with the HIV/AIDS, TB, and Malaria Cluster from WHO Geneva presented the World Health Organization's approach to human capacity building for health.

Second Day Focuses on Training Curriculum

The second day's discussion revolved around the *PMTCT Generic Training Curriculum* released by WHO/CDC in August 2004. The curriculum—an integral component of the proposed PMTCT strategy—is an evidence-based course prepared in modular format and designed to help healthcare professionals implement PMTCT programs in an environment of scarce resources. As the main reference document for providers attending the course, the *Participant Manual* comes complete with an introduction and nine content modules—each with a summary, clearly stated objectives, technical information, and exercises—as well as a glossary and a resources guide. AIHA will be working with partners, stakeholders, and the CDC, FXB and WHO to include an additional introduction to the Russian version of the manual that provides guidance to Eurasia-based providers on how to use the curriculum in their countries.

During discussions, St. Petersburg meeting attendees reached a consensus that all nine modules, as well as the Field Visit, Glossary, and Resources sections of the *Participant Manual I*, can be translated as is and used in Eurasia with only minor adaptations based on local practices and conditions specific to each country. These adaptations will reflect national policies and specifics related to the epidemiological HIV/AIDS process, the PMTCT regimen in each country, and other issues. Partners also suggested adding region-specific lists of resources and a separate module on the specifics of providing care to pregnant intravenous drug users (IDUs) and their newborns.



Attendees, including those representing some of AHIA's new HIV partnerships in Russia discuss the *PMTCT Generic Training Curriculum*. (Photo: Suzanne Grinnan.)

In addition, partners spoke about the necessity of introducing basic PMTCT training into the existing NRP and EMS clinical courses taught by AIHA partners and stressed the importance of involving postgraduate medical schools in the PMTCT scale-up process. Overall, the St. Petersburg meeting clearly defined an agenda that strengthens the human and organizational capacity building essential for meeting WHO/UNICEF/UNAIDS/UNFPA goals for preventing HIV infection among infants and young children in the region.



AIHA Presents International EBM Research at Cochrane Colloquium in Canada

The Cochrane Colloquium is an event awaited by many scientists working in healthcare. Sponsored by Cochrane Collaboration—an international non-profit organization that produces and disseminates systematic reviews of healthcare interventions—this annual meeting brings to focus the newest advances in evidence-based medicine (EBM) and highlights its impact on health outcomes in different healthcare settings. "Bridging the Gaps" was the theme of the 12th gathering, held October 2-6 in Ottawa, Canada. The theme was designed to generate conversation and exchange to repair some key differences that exist between the Cochrane Collaboration and clinical practice—as well as high- and low-income countries and individuals—close gaps between methodologists and reviewers, and remove misunderstandings between producers and users of healthcare information.

Numerous clinical surveys indicate that a variety of attitudinal, epistemic, logistic, and economic factors can hinder or encourage the implementation of EBM. At the same time, there have been few studies of clinicians' attitudes toward and awareness of EBM in nonwestern clinical contexts. Studies that do exist suggest the presence of additional ideological, infrastructural, and organizational factors that exacerbate the implementation of EBM in developing countries. As observed by *Page et al.*, nonwestern medical professionals doubt the applicability of Western medical information to local healthcare contexts, but are also skeptical about the quality of research conducted in their own countries and regard Western medical information as higher in quality.



Irina Carnevale, Ruth Cronje, and Mark Storey, director for ICT Programs, in front of the poster presentation that detailed survey results clinicians' understanding of and attitudes toward evidence-based medicine in Eurasia. (Photo courtesy of Irina Carnevale.)

AIHA has extensive experience in promoting EBM practice through its network of Learning Resource Centers (LRCs), now established in 22 countries in Central and Eastern Europe and the former Soviet Union. To test the validity of *Page et al.*'s hypothesis, Information and Communication Technology (ICT) Department staff in collaboration with Ruth Cronje, a researcher from the University of Wisconsin at Eau Claire conducted their own study, sponsored by the University of Wisconsin with in-kind support from AIHA and the Marshfield Clinic System in the US state of Wisconsin.

From May 1 through August 6, 2004, clinicians at 86 partnership institutions were surveyed to determine their attitudes toward and understanding of EBM principles and procedures. Preliminary survey results were presented at the 12th Cochrane Colloquium and, according to ICT Programs Coordinator Irina Carnevale, "generated the interest of many scientists, including researchers from the World Health Organization and MacMaster University in Canada, who work together on a similar project in 10 countries throughout the world."

The study uses a specially designed online survey instrument that aims to analyze and clarify clinicians' epistemic and normative commitments toward the use of scientific evidence in clinical practice and their concerns about barriers to the implementation of EBM at their institutions. Several of the survey items were specifically designed to elicit data regarding the relative force of these commitments in situations of uncertainty and conflict. A pilot version of the instrument was used in March 2004 to collect data in Wisconsin. Later, the instrument was slightly modified to fit the context of AIHA partnership organizations and translated into Russian so that partners could respond to the survey in the language with which they are most comfortable. Both the English- and Russian-language versions of the survey were then further pilot tested in Zadar, Croatia and Odessa, Ukraine. Its applicability confirmed at the pilot sites, the questionnaire was used to collect data from the 86 AIHA partnership institutions.

Health professionals from current and former partnership institutions in Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Russia, Ukraine, and Uzbekistan participated in the survey.

Speaking about the barriers that may affect the validity of the survey, the research team stresses that the lack of widespread computer or internet and email access, lack of centralized computerized staff directories, and prohibitive postage costs made it impractical to recruit a random sample of clinicians from all eligible institutions. "We therefore used a convenience sample of clinicians at each institution who were recruited by ICs and EBP specialists," says Carnevale. She further explains that the ICs and EBP specialists used a standardized set of instructions to identify survey participants and were specifically asked to restrict their recruitment to the clinical staff of their institutions, although some administrators and teachers who have had medical training, but who did not have active clinical duties at the time of the survey, were also recruited.

"The lack of random sampling may result in our data not being fully generalizable to all clinicians working at AIHA-affiliated organizations, much less to clinicians working at institutions that are not affiliated with AIHA. Further research will be necessary to determine the extent to which the collected data are representative of clinicians' knowledge of and attitudes toward EBM in more general nonwestern contexts," explains the ICT Programs Coordinator.

Meanwhile, preliminary results have been interpreted both by personnel not affiliated with AIHA and by AIHA staff familiar with the cultural, geographic, logistic, and ideological contexts of participating institutions.

Results of the Survey

According to the preliminary survey, approximately 90 percent of respondents rate their own attitude toward EBM as either positive or very positive, and 67 percent agree that EBM is an important part of their medical practice. An overwhelming majority—some 91 percent—also believe that practicing EBM improves patient outcomes, while only 13 percent say that EBM interferes with clinician autonomy and only a quarter believe EBM is impractical for everyday clinical practice.

Nearly half of the respondents indicate that research conducted closer to their local regions was more likely to influence their clinical practice than research conducted in Western Europe, the United States, or Australia. "However, respondents seemed less confident of the quality of research conducted in their region compared to that being conducted in Western Europe, the United States, and Australia," says Cronje.

There are also some intriguing patterns that emerged from these preliminary data. "More than one third of respondents indicate they would adhere to expert opinion and/or local practice standards, even if they conflict with current best practice evidence," explains Cronje. Researchers believe that such statements suggest that these sources of authority still hold sway within nonwestern medical communities.

At the same time, an overwhelming majority of respondents say that they believe it is important to include clinical experience in the practice of EBM. This suggests that there is less ambivalence among respondents regarding the authority of clinical experience in terms of supporting decision making. Respondents also seem split evenly between those clinicians who believe it is important to use EBM with common, as well as with unusual conditions, and those who are more likely to use EBM with rare conditions. "This suggests that respondents who have a great deal of clinical experience with a particular condition do not feel compelled to consult the evidence—further support for our speculation that their own clinical experience is a trusted source of authority for decision making among respondents," Cronje underscores.

An equal split separates clinicians who believe they should critically evaluate scientific evidence themselves and those who do not. Given the large number of respondents who reported fair-to-poor English comprehension skills, however, their hesitancy in critically evaluating scientific evidence could be less a reflection of discomfort with the scientific principles of EBM and more a function of the relative scarcity of evidence published in local languages. In addition, fewer than half of the respondents seemed confident of their ability to use the Internet to find health and medical information, yet a large majority report that scientific information is readily accessible to them. According to Cronje, "Further analysis of available data will enable us to determine the nature and medium of the scientific information they access regularly. Taking into account that only about one third of the respondents report they have English-language skills strong enough to comprehend the vast majority of sources of scientific information, it seems unlikely that thorough reviews and critical appraisals of the evidence is realistic for clinicians who cannot read English and that this will have to wait until more EBM resources are available in local languages."

Finally, the survey identified that there are fewer clinicians who feel patient preferences are important to clinical decision making than those who agree that it is important to include patient preferences in EBM. "If statistical analysis of our final data set reveals this difference to be significant, it could suggest that uncertainty about whether and how to integrate patient preferences into clinical decisions might serve as one factor explaining the relatively low number of clinicians who feel confident of their ability to practice EBM," says Cronje.

"Our preliminary results seem consistent with those of *Page et al.*, who observed that nonwestern clinicians tend to be more skeptical of the quality of local or regional research studies than those conducted in Western Europe and the United States," confirms Cronje. However, according to her, the results of the AIHA survey indicate that clinicians consider themselves more likely to be influenced by local research than they are by studies conducted in Western Europe, the US, or Australia. These data suggest that clinicians may perceive that local research is more applicable and accessible to them, but may be struggling to reconcile their concerns about the validity of that research.

"We anticipate receiving additional responses to the survey in the coming months. Statistical analyses will enable us to test various hypotheses relating

to some of the tensions and contradictions hinted at by our preliminary data," concludes Cronje.



New LRCs Open Up Medical Information Channels for Providers in Azerbaijan and Georgia

Two new Learning Resource Centers (LRCs) have recently joined the AIHA extensive network of more than 140 similar institutions. Opened under the auspices of a newly established AIHA community-based primary healthcare twinning partnerships—which link the City Health Administration in Ganja, Azerbaijan, with ValleyCare Health System in Livermore, California, and the Regional Healthcare Administration in Guria, Georgia, with World Service of La Crosse, Wisconsin—the centers will promote long-term improvements in clinical care at individual, institutional, and systemic levels, supplying healthcare professionals with current information on the most effective practices within their specialization, while helping these professionals build new programs rooted in evidence-based medicine.

To sustain these objectives, both new centers are equipped with three computers connected to the Internet, a collection of health and medical databases, a printer and copier, as well as a digital camera and scanner to be used for teleconsultations. In addition, each LRC is managed by an information coordinator and evidenced-based practice specialist who has been introduced to the LRC concept and trained through a series of workshops held by AIHA in May and July in Tashkent, Uzbekistan, and Tbilisi, Georgia.

The new LRC in Georgia was opened on October 19 at the Ozurgeti District Policlinic in the Guria region; the Guria region stretches from the Black Sea to the Caucasus Mountains and has a population of approximately 169,000. Talking about the plans of the Guria/La Crosse partnership, Zaza Varsimashvili, senior program coordinator at AIHA in Georgia, notes that partners want to restructure the Ozurgeti Policlinic into a model Primary Healthcare Center capable of responding to the needs of the local healthcare system, which struggles to move from costly hospital-based care to a more accessible and cost-effective primary care structure. "If they succeed, the Guria region will greatly benefit from a primary healthcare clinic," he says, explaining that in accordance with the partners' plan the site will provide healthcare services to walk-in patients and operate as a training center for general practitioners from rural clinics in the region.



Guria/La Crosse Information Coordinator Vasil Khomeriki (far right) talks about the function of the LRC at the opening ceremony while, from left, Georgian Minister of Health Lado Chipashvili, Governor of the Guria Region Bejan Kalandadze, Partnership Coordinator Levan Skamkochaishvili, AIHA/Caucasus ICT Specialist Nika Mentesheshvili look on.
(Photo: Zaza Varsimashvili.)



Minister Chipashvili briefs journalists about his vision regarding the partnership's role in healthcare reform in Georgia. (Photo: Zaza Varsimashvili.)

"In terms of the LRC, it will offer an opportunity for local healthcare specialists to incorporate advanced international standards into their practice and help them provide high-quality healthcare to their patients. As a result, patient satisfaction will increase and better health outcomes will be attained.," emphasizes Varsimashvili.

During the opening ceremony, which was attended by government and healthcare officials, US partners from La Crosse, and AIHA staff, the Georgian Minister of Health Lado Chipashvili underscores the role of the LRC in the overall success of sustainable healthcare provision in the region. "I am glad that such a center was opened in Guria because it will help local physicians and nurses overcome the existing information vacuum and receive access to modern international clinical standards and practices, which, in turn, will have a positive impact on the local population's health status."

Offering New Professional Opportunities to Local Healthcare Providers

City Polyclinic #6 in Ganja was the site of the LRC opening ceremony in Azerbaijan on October 22. Local health authorities and community leaders, representatives of international NGOs, and AIHA staff from Baku, Tbilisi, and Washington gathered to celebrate the event.



Nika Mentesheshvili (far right) provides local healthcare specialists with an overview of the resources and programs available at the newly opened LRC in Ganja. (Photo: Mehdi Mehdiyev.)

Like their Guri/La Crosse counterparts, Ganja/Livermore partners plan to restructure the existing ambulatory care delivery system in Azerbaijan. Promoting high-quality, evidence-based care within a family-centered primary care environment, the partnership will strive to integrate a range of health promotion, disease prevention, and social services tailored to the unique needs of the community, which is comprised of some 330,000 people, including 40,000 internally displaced persons and refugees. The training of primary care physicians, nurses, social workers, and other

allied health professionals will play an important role in the partnership's activities, as will the creation of an integrated healthcare referral system in the region.

Partners consider the new LRC to be a valuable vehicle in addressing the information needs of local healthcare providers and promoting evidence-based practice. According to Elchin Safarov, the LRC information coordinator

in Ganja, "The existence of our center is very important for those healthcare professionals who seek opportunities to provide effective diagnostics, treatment, and disease prevention to their patients. And everyone who wants to increase their professional skills is welcomed to take advantage of the Internet resources and medical libraries that our LRC offers."



More Russian and Uzbek Civic Leaders Join the Ranks of AIHA's Open World/CLDP

October marked the launch of activities for AIHA's 2004 Open World/Community Leadership Development Program (CLDP) with the arrival of two delegations of civic and healthcare leaders. As one component of AIHA's ongoing partnership with the US Library of Congress's Open World Leadership Center, the exchanges brought community leaders from Russia and Uzbekistan to Florida, Iowa, and Minnesota where they received a first-hand look at models of community development, healthcare delivery, and civil society.

Uzbeks Learn Effective Methods of Addressing Public and Rural Health Issues

For the 15-member delegation from Uzbekistan, the program began in Washington, DC, on October 7 with three days of targeted instruction about US health systems, strategic planning processes, and capacity-building methods. Armed with a wealth of new knowledge the healthcare and civic leaders who came from different cities in Uzbekistan began their journey to find viable solutions to health services delivery problems back home. Ten of the participants traveled to Tampa, Florida, where the University of South Florida Health Sciences Center facilitated an exchange that focused on public and rural health issues. The remaining five delegates spent their exchange learning about community-based healthcare and tuberculosis services in Bemidji, Minnesota, where North Country Health Alliance managed their visit.



CLDP participants from Uzbekistan work on action plan during a session in Washington.
(Photo: John Capati.)

Commenting on the Tampa exchange, Dianne Frankel, a University of South Florida graduate student who helped facilitate the event, credits the success of the program to the fact that host city coordinators were able to attend the CLDP orientation in Washington, DC. There, she explains, coordinators learned more about the expectations of the Uzbek participants and were able to adjust the program prior to the delegation's arrival to better meet their needs.

As a result, participants spent the week in Tampa visiting local clinics and organizations where they observed first-hand programs that provide healthcare services to minorities, immigrants, and migrant workers in both rural and more urban settings. They also met with representatives of the

federal, state, and local governments to learn how various agencies provide financial resources to healthcare establishments throughout the community. Noting that the Uzbek delegates were especially impressed when they heard that many US communities and organizations rely extensively on volunteers to foster social and health-related improvements, Frankel described a visit to a health fair organized by medical students where the students talked about their experiences volunteering on the fair and other health promotion campaigns with the Uzbeks.

According to Frankel, the delegates were also interested in learning more about the educational system in the United States, from primary schools to universities. "We did our best to accommodate the delegates and tailor the program to their requests. We added tours of the University's Nursing School, Medical School, and Clinical Assessment Suite to the schedule, as well as arranged for many speakers who described health professions education," she explains.



Uzbek delegates on a tour of Tampa General Hospital. (Photo: John Capati.)

At the conclusion of the week-long exchange in Tampa, Uzbek participants expressed their gratitude toward the host community for providing them with such a valuable learning experience and said what they learned will help them foster positive change in their home towns. For their part, the US hosts came to realize that the strength of the Open World/CLDP exchanges lies not only in its ability to stimulate sustainable professional relationships, but to contribute to the establishment of personal friendships between people of different nations as well.

"We are in the process of developing a gift campaign for the delegates from Uzbekistan," Frankel says, noting that the US coordinators have already contacted Open World and AIHA representatives to coordinate shipments of gifts to the country. "We also plan to create a photo album to give to US host families and participants. Many of the US hosts have already contacted the individuals whom they met to further their relationships," Frankel concludes.

Bemidji Exchange Explores TB-related Programs and Services

The spirit of mutual trust and friendship that characterized the Tampa visit was clearly evident during the in Bemidji exchange. According to Mary Auger, one of the program's coordinators, the experience of the exchange went well beyond the original goals and expectations of all those who participated. In addition to gaining important knowledge about the prevention and treatment of TB, she explains, participants on both sides gained valuable insight into the commonality of wanting to make a real difference in people's lives. "I cannot imagine a participant or host whose life has not been changed in a wonderful and profound way by this experience," she stresses.



Women from Uzbekistan teach US hosts from Tampa a national dance. (Photo: John Capati.)

Like their Tampa counterparts, the Bemidji community structured their exchange to meet the specific goals and expectations of the Uzbek community leaders. Because the group was primarily interested in learning about the prevention and treatment of TB, delegates visited specialized medical facilities that focus on TB screening, including a laboratory and imaging department at a local public health clinic. They also witnessed successful TB prevention programs in action at the Red Lake Indian Hospital, which serves the local Native American

population, and had the opportunity to learn about the benefits of directly-observed therapy (DOTS) thereby gaining insight into the TB treatment and screening strategies used by US healthcare professionals. Because the delegation included two Uzbek physicians who work in prisons where TB is an overwhelming problem, the group also toured two local jails and observed the provision of healthcare services and TB-prevention programs there.

"We were impressed with the interest and dedication the Uzbek group showed throughout the entire week," Auger concludes. "It was obvious that they were putting a lot of thought into this experience and have many ambitious plans for the future, so we feel sure they will be very busy this next year implementing new ideas and sharing what they learned with their colleagues back home."

Russian Delegates Focus on HIV/AIDS-related Services

In another Open World/CLDP exchange, some 33 Russian community leaders from Samara Oblast and the city of St. Petersburg visited the Iowa cities of Cedar Rapids, Davenport, Des Moines, Marshalltown, and Sioux City from October 20-28. With an estimated 1.5 million of its citizens already infected, Russia is currently facing one of the world's fastest growing rates of HIV/AIDS. Participation in this exchange gave the Russian leaders a chance to learn about community-based services and effective programs related to HIV/AIDS prevention, treatment, and care—critical information for delegates from both Samara and St. Petersburg as these two cities face some of the highest HIV/AIDS incidence rates in Russia.

At the conclusion of the exchange, the Russian delegation traveled to Washington, DC, where they met with Congressional leaders and healthcare policymakers, as well as worked to develop plans of action to address the health-related needs of people living in their own communities based on ideas generated during the program. The Washington visit included a reception at the Embassy of the Russian Federation hosted by Ambassador Yuri Ushakov.



Russian CLDP delegates from Balakovo in Saratov Oblast present a book about their city to Bemidji Host Coordinator Mary Thompson (second from left), AIHA Executive Director James P. Smith, and Sergey Belyutin, Russian Federation Embassy attache during the embassy reception. (Photo: John Capati.)

Back in their native countries, the delegates will become part of the Open World/CLDP alumni network, established by AIHA in Russia and Uzbekistan to maximize the experience of the exchange and encourage the continuing development of stronger community-based programs that improved healthcare delivery.

The final AIHA Open World/CLDP exchange took place November 3-13, with 33 Russian participants from Orenburg and Saratov Oblasts traveling to communities in Minnesota where they learned about effective community-based intervention strategies to more effectively address HIV/AIDS.



Medical Education Reform Is On the Go in CAR

"The success of healthcare reform in a country is directly related to its ability to develop a cadre of high-quality professionals capable of working within the new system," according to Talgat Muminov, rector of the Kazakh State Medical Academy (Astana city). With the goal being to facilitate ongoing medical education reform in the Central Asian Republics (CAR) and to help these countries bring medical education to internationally recognized levels of excellence, AIHA—with the support of Abt Associate and a USAID grant—contributed to the establishment of the CAR Council of Rectors (COR) initiated by a region-wide consortium of 30 medical schools in 2000. This project was later supported by an AIHA Regional Medical Education Partnership (RMEP), which was organized in 2003 to extend the work of COR. RMEP partnered seven leading medical institutions in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan with the University of South Florida Health Science Center in Tampa. (For more information about CAR COR and RMEP, please see: ["Council of Rectors and Others Convene to Discuss Medical Education in CAR"](#))

As part of its effort to sustain the development of medical education reform in CAR, AIHA, with additional support from USAID, the Academy for Educational Development, ZdravPlus, and Abt Associates, sponsored the Regional Medical Education Symposium and Faculty Development Workshop, held in Astana, Kazakhstan, October 18-20, in concert with a jubilee celebration marking the 40th anniversary of the establishment of the Kazakh State Medical Academy. These two events gathered more than 80 senior medical educators—including representatives from the ministries of health and education of all CAR countries, members of CAR COR, RMEP participants, and an expert from WHO—and served as a vehicle for sharing successful approaches, models, and practices to better address and support medical education reform strategies in the region.



Medical educators and healthcare providers listen to a plenary talk on medical education reform in CAR. (Photo: Pavel Guliayev.)

Issues of standardized testing and accreditation of programs and institutions, pedagogical skills among faculty, levels of professional competencies and their evaluation, and curriculum reform in top clinical areas including HIV/AIDS, asthma, cardiovascular disease, and cancer were among the core issues highlighted in Astana. Moreover, the meeting provided an opportunity to discuss the current context of medical education and healthcare system reform in CAR and explained European and US perspectives and practices related to clinical education.

As summarized by Turgunpulat Daminov, rector of Taskent Medical Institute #1, " Such meetings are important communication vehicles. They allow medical schools to exchange ideas about their experiences and how to enhance the professional skills of faculty, as well as help promote the development of medical education reform in CAR.

Regional News

New Internet Project Fights HIV/AIDS

According to *IRIN*, The Japanese International Cooperation Agency (JICA) and World Vision Japan/Uzbekistan have recently introduced a unique on-line project called "SOS," aimed at raising public awareness about HIV/AIDS through specifically a designed Internet Web site: www.aids-drugs.uz/ Using the Web site, the project's authors hope to reach a wider audience of youth and risk groups and educate them about HIV-related issues. In this way they hope to curb the increasing incidence of HIV in Tashkent, which houses approximately 70 percent of all reported HIV cases in Uzbekistan.

The Web site contains material on HIV/AIDS prevention, treatment, and care; provides information resources for people living with HIV/AIDS; and promotes on-line discussions about the infection and the damage of drug use.

According to Eiko Oka Thompson, a project manager with World Vision Japan/Uzbekistan, "There are many Internet cafes in Tashkent visited by young people who use their services on a daily basis. Thus, we expect our project's Web site to become a source of health information and an avenue for communication and dialogue for targeted groups and others who visit the site."

IRIN says, that official statistics released by the Uzbek National AIDS Center report some 3,600 HIV/AIDS cases in Uzbekistan, but international healthcare experts say that the real number of people living with the infection in this country could be ten times higher.

According to AIDS Center officials, injecting drug use, is a main engine of infection transmission and causes approximately 60 percent of all registered cases in Uzbekistan, while the infection is transmitted via sexual intercourse in 13 percent of all cases.

Considering the fact that the majority of HIV-infected individuals are young people who may use the Internet, "SOS" project authors believe that the Web site will help Uzbek youth stop risky behaviors and thereby contribute to the improvement of their quality of life.

Workshops, Conferences, Opportunities and Grants

World AIDS Campaign 2004

The theme for the World AIDS 2004 is Women, Girls, HIV, and AIDS. Beginning on World AIDS Day, or December 1, it is hoped that the year-long campaign will foster a global response to HIV/AIDS by focusing on its impact on women and girls, in terms of preventing new infections, promoting equal access to treatment, and mitigating the impact of the virus. For more information about the campaign, visit:

<http://www.unaids.org/Unaid/EN/Events/Campaigns/World AIDS Campaign 2004.asp>

2nd International Scientific Teleconference on New Technologies in Medicine

The International Scientific Surgical Association based in St. Petersburg, Russia, will conduct its second International Teleconference: "New Technology in Medicine — 2005" this coming March. Topics of presentations and discussion forums will include new diagnostic methods and treatment of diseases; the latest technical inventions for the monitoring, treatment, and rehabilitation of patients; drug therapy; and modern information technologies in medicine. For more information, go to:

www.ntmed.by.ru/NTM/2005/NTM05E.htm

15th European Congress of Clinical Microbiology and Infectious Diseases

The European Society of Clinical Microbiology and Infectious Diseases will sponsor its 15th European Congress on Clinical Microbiology and Infectious

Diseases in Copenhagen, Denmark, April 2-5, 2005. The agenda of the international gathering will reflect issues related to the interconnection between human beings and microbes from the living and innate environment, in addition to recent developments in well-established, emerging, and re-emerging infectious diseases. For more information, see: www.akm.ch/eccmid2005/

13th Cochrane Colloquium

Cochrane Colloquia are occasions to reflect upon the achievements of the Cochrane Collaboration and to recognise the efforts of its many tireless contributors (see: "[AIHA Presents International EBM Research at Cochrane Colloquium in Canada](#)"). The 13th Cochrane Colloquium will be held October 22-26, 2005, in Melbourne, Australia. The scientific program of plenaries, workshops, papers, and posters will focus on the challenges of systematic review preparations and their promotion to a wide audience. For more information, visit: www.cochrane.org.au/colloquium/index.html

Features

Ukrainian Specialists Learn About Care and Treatment of HIV-infected Children

With funding from the International HIV/AIDS Alliance, a series of courses were conducted in October through the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia. During these lectures and clinic-based courses, Ukrainian healthcare professionals from some of the most affected regions in the country gained the knowledge and practical skills necessary to provide ART to children and adults. The Knowledge Hub was established in 2004 and is supported by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) through WHO's Regional Office for Europe (WHO/Euro) in conjunction with AIHA. This article details the pediatric training and mentoring courses, held October 11-22.

"HIV infection is the moment of truth."

These words were spoken during a mid-October seminar on antiretroviral therapy (ART) for children. They were spoken quietly, but they deafened everyone who heard them. The woman who spoke them was Svetlana Komar, head of the Infectious Disease Department at Kiev Children's Hospital No.1, who served as an instructor at the seminar. By addressing this statement to an audience of doctors, nurses, and social workers who deal with HIV infection in Ukraine, she switched on a light in the minds of everybody present and enabled each person to examine his or her feelings, emotions, and actions toward people living with HIV/AIDS (PLWHA), their children, and their families. Moreover, her words helped those present realize that, as healthcare workers, they have to do much more than extend a helping hand to their patients, especially now that life-saving ART has become available in Ukraine. They must ensure that patients take that hand and not let go, ever, because antiretroviral treatment is a life-long undertaking.



A poster on the front door of the Infectious Disease Department at Kiev Children's Hospital No.1 says: "Treating PLWHA well is not dangerous to your health."
(Photo: Vira Illiash.)

Despite the fact that Ukraine is experiencing an HIV/AIDS epidemic that experts estimate has infected one percent of the country's population, until recently antiretroviral drugs (ARVs) have only been available to a mere handful of fortunate Ukrainians. In the past, the main reason for this was an acute shortage of ARVs, which had been supplied only in limited quantities to a few medical institutions by the Ukrainian Ministry of Health and various philanthropic foundations, international organizations, and NGOs.

"Since ART has to be taken for life, it can only be prescribed when there is certainty that a patient will be able to adhere to the treatment without interruption and that there will be an adequate supply of drugs for that patient for more than just a year or two," says Irina Raus, a seminar participant and pediatric infectious disease specialist at the Kiev City Center for AIDS Prevention and Control. "We acquired that certainty only at the end of last year when the Ukrainian Ministry of Health purchased ARVs abroad and began negotiations with the Global Fund [to Fight AIDS, Tuberculosis, and Malaria] for a massive purchase of these medications. Before then, it was very difficult to work effectively because the people who were ill were mistrustful, asking, 'What can the AIDS Center do for us?' And indeed, until recently all we could do was provide regular medical check-ups and try to deal with opportunistic infections, so many sick people stopped coming."



A ward at the Kiev City Center for AIDS Prevention and Control (Photo: Vira Illiash.)

ART Arrives in Ukraine

Raus shrugs her shoulders, recounting how this past summer the AIDS Center received enough drugs to commence immediately treating 144 adults and how staff there began trying to make contact with people whose condition indicated an immediate need for such treatment. But as they quickly learned, for many of individuals the medications arrived too late. "We had more than 1,500 people registered, but now that number is much lower," Raus explains, noting that an alarming number of patients on the Center's list have

already died. She says that children are among the dead, as are parents of children who are now undergoing treatment. "There are 30 children in Kiev with a confirmed HIV-positive status, 15 of whom are receiving treatment at the AIDS Center. But that's only the children we have registered. The real number is greater, for sure," she notes sadly.

According to data from the Ukrainian National Center for AIDS Prevention and Control, some 7,511 children born to HIV-infected mothers have been registered in Ukraine since 1987. More than 100 of these youngsters have already died, while 273 are suffering from AIDS and in need of immediate treatment.

Practical Training is More Effective than Self-education

The ART seminar took place at the Infectious Disease Department of Kiev Children's Hospital No.1 through the auspices of the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia whose mandate is to develop a cadre of trained medical specialists who can implement ART on a broad scale in the region. Four experts from Russia, Ukraine, and the United States taught an agenda that was structured to encompass the complete spectrum of issues involved in prescribing ART to children — from counseling parents about this type of therapy to clinical aspects of treatment involving the study of actual case histories and a discussion of which ARV regimens are best suited for pediatric patients. A major focus of the seminar was the multi-disciplinary team approach, which involves close interaction among doctor, nurses, social workers, and other care providers who form a single cohesive team. Without this type of coordinated, holistic approach, it is generally accepted that ART cannot be effective.

Seminar participants included professionals from Dnipropetrovsk, Donetsk, Kiev, Nikolayev, Odessa, and Simferopol—the six Ukrainian cities with the highest rates of HIV infection. They explained that they came to Kiev in an effort to clarify a number of questions related to prescribing ART to children because, when the regional AIDS centers received the ARVs last summer and were finally able to begin administering them on a large scale, none of Ukraine's HIV/AIDS specialists had yet been trained in prescribing the drugs. The ones who had any experience at all acquired it with some trepidation and at their own risk, using only specialized medical literature as a guide.

Commenting on the situation, Raus says, "Everything we know about ART, we learned through self-education. We read the literature, translated foreign articles, made inquiries of international experts, and sought advice from colleagues."

Successful Treatment Based on Teamwork

Talking about the role and the obligations of all members of the team, seminar instructor Joseph De Santis, a nurse-educator and coordinator of personnel training in HIV and other blood-borne diseases at the Jackson Health System in Miami, Florida, notes that the social worker is the chief defender of the rights of patients needing treatment.

"When prescribing ART, it is very important to pay attention to the patient's family situation, since his or her adherence to the therapy depends on this. Adherence is the most important aspect of care. Without it, the treatment will have a negative effect because infected cells will begin to develop resistance to the drugs, thereby making the medications ineffective. Only the social worker who visits the patient at home and can evaluate the situation in the household can provide the necessary insight into the home," De Santis says.

He further explains that "If the child's parents are addicted to drugs, compliance with the medication regimen is unlikely and appropriate measures—such as getting social agencies involved and making a decision on who should have custody of the child—will have to be taken." De Santis says there can be difficulties with prescribing ART if family members do not support the child's need for the treatment, the family has no permanent place of residence, or the child is homeless.



Joseph De Santis explains roles and responsibilities of multi-disciplinary team members while Elena Bukreyeva translates. (Photo: Vira Illiash.)

In his presentation, De Santis laid out the principles of effective teamwork, stressing the fact that individual members of the team can succeed only if they work with each other and share information about patients on a regular basis. The nurse, De Santis says, should be the team manager or leader, organizing meetings of the various members. "She is assigned this role because she is the one who is in constant contact with the doctor, the patient, and the social workers, and she has the most complete information—both on the people being cared for and on the work schedules of the members of the team. This allows physicians to focus on the clinical aspects of treatment rather than spending time on logistical matters."

Counseling Means Patient Support, First and Foremost

Seminar instructor Yelena Vedmid, a specialist in social work and practical psychology from the Pediatric HIV/AIDS Clinical Center of Russia at the Russian Ministry of Health, introduced participants to the finer points of working with HIV-infected children and their parents. The hospital where

Vedmid works has had experience in helping HIV-infected children since the late 1980s when approximately 300 children from various Russian cities contracted HIV while being treated in a hospital. Since 1996, the Pediatric HIV/AIDS Clinical Center of Russia has also admitted abandoned HIV-positive children whose parents are drug-addicts, as well as children born to families where HIV was transmitted through sexual contact.



Role-playing was used as part of the mentoring process. Here, a social worker from the Dnipropetrovsk AIDS Center (far right) takes on the role of a mother whose child is taking ART while her colleague from Nikolayev acts as the counselor. Yelena Vedmid oversees and mentors the exercise. (Photo: Vira Illiash.)

During her presentations and in workshops with seminar participants, Vedmid laid out psychological principles and methods that can help practitioners build relationships with patients based on trust and create a favorable atmosphere for successful collaboration. In her lectures, she focused on psychological counseling methods that target mothers because they are the ones who bear the full weight of their children's illness.

"Studies have shown that most mothers of HIV-infected children suffer psychologically and that their quality of life is significantly lower than that of childless women diagnosed with HIV. Many of them wear their burdens like a piece of clothing, looking obviously haggard and prematurely old. It's

important, therefore, for a counselor to help the mother build a bridge from her current circumstances to her previous, more stable situation."

For this to happen, Vedmid says, the specialist counseling the mother needs to anticipate a great number of things and provide a comfortable room for the counseling session. "A good counselor also has to learn to empathize with the patient, to be an 'active listener,' to pose open-ended questions that prompt extensive answers, and to be tactful and guarantee patient confidentiality." Seminar participants rehearsed this method of counseling during practice lessons in which anyone who wanted could take on the role of counselor.

After becoming familiar with counseling approaches and the teamwork concept, participants concentrated on the clinical aspects of ART. Ukrainian instructors Komar and Alla Volokha, associate professor in the Infectious Disease Department of the Kiev Medical Academy of Post-graduate Education, gave detailed lectures on the basic principles of administering ART. Their presentations included an overview of ARVs, regimens used for prescribing or interrupting treatment, and the possible side effects of each medication. Issues of laboratory diagnostics and monitoring HIV infection, symptoms of disease progression, and the diagnosis and treatment of opportunistic infections were also covered. Participants had the opportunity to learn in detail about vaccinations and the importance of a healthy diet for HIV-infected children, to work through tactics for administering ART and counseling caregivers, and to consider issues related to HIV-infected children attending school or day care, as well as the inpatient and home care of these children. In addition, the seminar included a discussion of the *WHO HIV/AIDS*

Treatment and Care Protocols for the CIS and a presentation of the national clinical protocol for pediatric ART, which maps out step-by-step modules for prescribing and administering therapy.

Knowing the Basics of ART Guarantees Effective Care

Practical training in administering ART took place at the Children's Hospital, which works closely with specialists from the Kiev City Center for AIDS Prevention and Control and has been providing inpatient care and ART to HIV-infected children since 2000. During the working sessions, participants analyzed patient case histories and laboratory test results with help from the instructors, as well as learned to how to decide on ART regimens and calculate drug dosages for individual children.

During the practice sessions, much emphasis was placed on therapy compliance issues and the proper basis for prescribing ART. Komar stresses that "access to this therapy does not mean that we should prescribe it too early because this can lead to the development of resistance or can make infected cells mutate just as readily as non-adherence to the drug regimen." She also notes that such a turn of events necessitates extremely expensive and often inaccessible therapy, which can lead to a fatal outcome for the patient.



Alla Volokha provides an overview of antiretroviral drugs, their actions, and their side effects.(Photo: Vira Illiash.)

Although ART is strictly an element of clinical care, instructors tried to involve all seminar participants in the learning process. "It is very important for all members of a team, including social workers, to know the names of all the drugs, their properties, and their possible side effects so they are able to provide explanations to a patient," Komar explains. Nurses also play an important role in administering ART by collecting information about a child's physical status, his or her daily schedule, and his or her diet—all critical elements that need to be coordinated with treatment. "Having this information helps nurses evaluate the mother's ability to give a child his or her drugs and can help the doctor determine which form of medication the child will take more willingly—powder or tablets," Komar notes.



Svetlana Komar expounds basic principles of ART prescription during one of the practical sessions. (Photo: Vira Illiash.)

out.

Speaking about the issue of how to maintain therapy adherence among children, Komar says it is psychologically critical that the child associate the medications with positive emotions. To help young patients have such a positive association, members of the team can think up various games and tasks that make taking the drugs fun. For example, a special diary for each child can be created in which a patient is able to mark each dose taken with a sticker or drawing made with a special marker. "This will bring an element of joy to the process of taking the medications," she points

As for the psychology benefit to the mother of a child whose is receiving ART, Komar says she believes that having the medications is a very important factor. "A mothers has to see the drugs and know that there are sufficient quantities" to believe her child has a chance.

As a general rule, the stronger the patient's spirit, the more likely he or she will adhere to therapy and the better the results of treatment, Komar acknowledges, stressing that it is the responsibility of all members of a multi-disciplinary care team to put forth their very best human qualities and ethical and moral principles when working with these children and their parents. "Their quality of life depends on each team member not only working to ensure the child's development and adherence to ART, but also helping to root out the stigma attached to HIV/AIDS. That can only be achieved through a positive, compassionate attitude that gives these children and their families a chance to feel like full-fledged members of society."

Going Back Home with Life-saving Skills and Effective Solutions

Overall, the seminar inspired all of the participants. "Our expectations were fulfilled because the course dealt with very complex and instructive cases. Whereas before we were unsure about when or under what conditions to prescribe ART, now we feel more confident.

Moreover, we saw examples of how to manage situations in which regimens are stopped and also had the chance to work as part of a team, which is very important to the provision of care. This kind of rehearsal will help us establish such a system in our locations more quickly," notes Zinaida Ruban, a pediatric infectious disease specialist at the Nikolayev Oblast Center for AIDS Prevention and Control, where 13 children have recently begun receiving therapy and six more are expected to start treatment in the near future.



Members of multi-disciplinary teams from Dnipropetrovsk and Donetsk learn how to identify appropriate ART regimens and calculate ARV dosage taking into account a patient's HIV/AIDS status and weight. (Photo: Vira Illiash.)

Irina Prikhodko, a social worker at the Dnipropetrovsk Oblast Center for AIDS Prevention and Care, says the seminar made her realize the full responsibility and significance of her profession. "I've really become convinced of the importance of my place on the multi-disciplinary team and the role social workers play by always being there for the patient, providing moral support, explaining things, and helping him or her to solve psycho-social problems. And I also realized how important it is for me to know my way around the medical side of HIV/AIDS care. This knowledge will not only give me a chance to provide better quality counseling, but will also have a positive impact on my interaction with other members of the team—the doctors and nurses with whom I'll soon be working." Prikhodko says she does not believe that the team approach is being used at the Dnipropetrovsk AIDS Center but plans to bring her colleagues up to speed when she returns. "I think that this is the most effective and reliable method for handling ART patients because adherence is a very difficult challenge. People have to take the therapy for a very long time, so they need constant support from the doctor, the nurse, and definitely from the social worker. I think that we'll be able to achieve this kind of collaboration at our center."

Mentoring Provides Additional Training

After the week-long course, ART instruction continued in the form of on-site mentoring as instructors visited seminar participants in their home cities and worked with the individual teams on the issues related to providing pediatric ART that were discussed during the formal instruction. The first mentoring workshop took place at the Kiev City AIDS Center and is illustrative of the hands-on sessions that continued throughout the country for the next week.



During the practical session on ART administration, medical and social workers from Dnipropetrovsk and Donetsk rehearse their roles with a patient, performed by Irina Prikhodko (middle), a social worker from the Oblast Center for AIDS Prevention and Care in D'nipropetrovsk. (Photo: Vira Illiash.)

The multi-disciplinary teams from Donetsk and Kiev visited the Kiev City AIDS Center where, under the supervision of the pediatric ART course instructors and AIDS Center staff, they gained hands-on experience counseling children already taking ARVs, examining children who are in need of therapy, and speaking with the parents of current pediatric ART patients. In addition to studying actual cases and discussing various ART regimens, these practical sessions gave the multi-disciplinary team members a chance to explore a number of issues related to the social and psychological problems that families that have a child receiving ART face, or soon will face. AIDS Center staff also shared some of the

problems they commonly encounter when providing care and treatment to HIV-positive children.

The multi-disciplinary teams learned that all of the children being treated at the Center had contracted HIV from their mothers and that the overwhelming majority of these women had been infected through heterosexual contact. Many of these children live in families in which the fathers were infected with HIV through injection drug use; most of these men are no longer living. Others are being raised by their grandparents-some because both parents have died, others because their mothers are gravely ill. And, in most cases, these families are in need of supplemental material assistance and social support.

Interviews that took place between the providers and the patients and their parents clearly underscored how the stigma attached to HIV is the strongest deterrent to parents seeking help in a timely fashion. Raus says that many mothers conceal their children's HIV status because they fear discrimination and that it is the children suffer the consequences. "I want to live," seven-year-old Nastya said during one of the interviews, telling the participants why she was taking her medications. This little girl suffers from a severe form of encephalopathy, which has caused motor and speech disorders. Her condition developed because her status became known to medical personnel too late, after the neurological dysfunction had already set in. Nastya contracted HIV from her mother who initially concealed her daughter's status from relatives and from the local pediatrician. Later, when Nastya was two, her



While playing with her patient Nastya, Svetlana Komar introduces the girl's case history to the group. (Photo: Vira Illiash.)

mother committed suicide taking the secret of her daughter's illness with her to the grave. Left in the care of her grandparents, Nastya was often sick, but because there had been no mention of HIV infection in her medical history, doctors were unable to establish the cause of the child's worsening condition in a timely fashion. As soon as she started taking ART, Nastya's health improved, but sadly the neurological problems are irreversible. Hers is not the only such case.

"Mothers ask us not to report their child's HIV-positive status to the local pediatricians, but those are exactly the doctors who must know the truth because each child's health directly depends on this," Raus says. Explaining that there is a special vaccination regimen for HIV-positive children and that ART causes many subtle variations in the appropriate selection of medications for treating common childhood diseases, Raus points out another key problem: if an infant does not test positive for HIV at birth, a mother generally does not bring her baby back for repeat testing when he or she reaches 18 months of age and it is possible to make a definitive diagnosis. Raus accounts for this behavior in two ways: "Some of the mothers simply do not want to lose the financial support provided by the government for HIV-infected children and many others simply do not want to know the truth." In either case, she says, it is the children who suffer, so practitioners, policymakers, and public health advocates must insist on defending the rights of children and seek the active cooperation of local pediatricians.



During a tour of the Kiev AIDS Center, Svetlana Komar, Vladimir Izotov (interpreter), Joseph De Santis, and Irina Raus discuss the ARV treatment strategy for one of the center's patients. (Photo: Vira Illiash.)

From a medical standpoint, this is the correct approach, but there are reasons why parents have a different opinion. During the interviews many parents and care-givers lamented the fact that the atmosphere at public schools is extremely hostile and forbidding to young people with HIV, yet there are no special schools where these children can learn in a safe and accepting environment. For this reason, most HIV-positive children are raised entirely at home. This means their caregivers cannot work, much to the detriment of the material welfare of the family. Moreover, the ARV regimen calls for medications to be

administered every 12 hours, which further hinders the activities of family members and causes psychological and emotional turmoil, as well as physical strain and exhaustion.

For the healthcare professionals involved in HIV/AIDS-related treatment in Ukraine, the availability of ARVs brings the hope that a greater number of HIV-infected people will report to special treatment institutions and that adopting a multi-disciplinary approach to care will improve their quality of life and help dispel the stigma that surrounds the virus. Beyond that, medical specialists say they expect their close collaboration with social and HIV-

service organizations to help them better defend the rights of infected children and move the issue to the top of the national policy agenda thereby helping eliminate the grave problems faced by the country's youngest HIV-infected citizens and their families.

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