

Connections

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Partner News



Elmhurst Team Travels to Orenburg to Support Improved Care to People Living with HIV/AIDS

Dr. Naylya Mikhaylova and her nurse, Natalia Kargopol'tseva, see patients at the Orenburg AIDS Center, where they struggle to stay afloat in a sea

of contradictions. The marble tiles of the center's corridors contrast sharply with the simple furnishings of their office. Piles of patient records overwhelm their bookshelves, but they have medicine to offer to only a handful of patients. And the seemingly healthy young man sitting before them today is infected with HIV.

Dmitriy, 32, a slight but rugged fellow clad almost entirely in denim and sporting a faded tattoo on his arm, is himself no stranger to contradiction. "We are becoming more open about HIV in Russia," he says during a visit to the AIDS Center. "But in all honesty, I don't want anyone to see me here. Sometimes people have a bias. Although they understand the disease in their heads, at a subconscious level they are afraid and they try to stay away."



Naylya Mikhaylova (left) and Natalia Kargopoltseva (right), both of the Orenburg AIDS Center, share a patient history with Elmhurst Hospital's Marilyn Fabbri. (Photo: Sara Wright)

It is September 27, the second day of a partnership exchange of healthcare professionals from Elmhurst Hospital in New York City to Orenburg, a town near the Kazakh border in Russia's Ural Region.

Dmitriy is being seen by Mikhaylova and Kargopoltseva and is also joined by Dr. Marilyn Fabbri and nurse Judith Garcia, both of Elmhurst. The Americans are mentoring their Russian counterparts in providing ARV therapy and the patient support necessary to help patients stick with the medications. But of course, they are learning as much as they are teaching.

Reducing Stigma among Healthcare Workers

The tension between scientific knowledge and personal comfort that Dmitriy talked about is widespread. A knowledge and attitudes survey of healthcare professionals in the region conducted by the partners showed that these workers struggle with the contradiction themselves. While they have a fairly strong grasp of the facts surrounding HIV/AIDS, about a third of the medical workers surveyed would hesitate to hug an HIV-positive person and more than half would not want their child to be taught at school by

an HIV-positive teacher.



Vasanthi Arumugam (left) leads a discussion on treating patients co-infected with TB and HIV with doctors and nurses at the Orenburg TB hospital. (Photo: Sara Wright)

discussion on treating patients co-infected with TB and HIV with doctors and nurses at the Orenburg TB hospital. (Photo: Sara Wright)

In analyzing the results of the survey during the September 26-30 exchange, Dr. Joseph Masci of Elmhurst hypothesized that these apparent contradictions may reflect stigma

attached to HIV/AIDS because it is associated with injecting drug use, or even a fear of "mysterious" routes of transmission. During the exchange—and as part of the partnership's ongoing efforts to chip away at this kind of stigma and fear—Masci provided a short "HIV 101" course to 75 area healthcare workers.

In his talk, Masci acknowledged how difficult—and how normal—stigma can be. "A distinction between our professional understanding and our personal fears is not new," he stressed. "It's not unique to Russia. Separating the science and the emotions is difficult. This phase is normal and all systems go through it." Masci also spoke of his personal experiences with needle-stick injuries and the fear they caused, but pointed out that likelihood of healthcare workers being infected through occupational exposure is extremely low.

Creating Patient-centered Systems of Support

When Dmitriy was first prescribed ARV drugs, he failed to take them correctly. Because he had once been an injecting drug user, his non-compliance seemed to confirm the prevailing belief among staff members that patients with a history of drug use could not or would not adhere well enough to ARV regimens to warrant prescribing the costly drugs to them.

But with nudging from its American partners, the staff of the Orenburg AIDS Center has amended its own protocols to better serve patients like Dmitriy. Where appointments were once scheduled as infrequently as once every six months, doctors and nurses now see newer patients once a week, giving them only enough drugs to last until the next appointment. "It helps us understand better if a patient is complying with the regimen," said the deputy director of the center, Sergey Mikhaylov. "If a patient comes every week, that means he is taking the drugs, but otherwise that means we may need to convince him."

Consequently, efforts to convince patients like Dmitriy have been stepped up as well. Nurses especially have increased their role in patient counseling, even making house calls when necessary. After Dmitriy's first appointment at the center, "he just disappeared," said Kargopoltseva. She visited him at home repeatedly, eventually cajoling him to return to the center. "Together with the psychologist, we had a lot of counseling [sessions] with him," Kargopoltseva explained to Elmhurst's Garcia during the mentoring. "I believe we didn't work with him in vain. Dmitriy is now very motivated," she said.

Kargopoltseva's experience with Dmitriy is hardly unique. In two roundtable discussions during the exchange, nurses at the AIDS Center shared both the rewards and the frustrations of their new responsibilities with Garcia and Jackie Stith, another Elmhurst nurse. They cited numerous examples of patients who had responded positively to their counseling. "Before only the infectious disease specialists did counseling," explained Laura Vishniakova, "but now we're considered specialists too." She said that the opportunities to work with Garcia and Stith during the exchange, and with other American nurses through partnership activities, have infused the nursing staff with a new confidence. "They feel like they are a lot more important, a lot more in demand, and I feel

that that is really important, especially for the younger nurses. They feel empowered."

In addition to raising the status of nurses, the partnership is working to bring case workers into the team of professionals who support HIV/AIDS patients. Partners have drafted a *prikaz*, or official decree, which establishes two case manager positions at the center.

"Do We Treat the Disease or the Person?"

In a related effort to help coordinate services for patients, the partnership is focusing on creating a more integrated system of medical care. Incidence of tuberculosis among HIV-positive Russians is 50 times the incidence among the general population, said Dr. Irina Lazutkina, head of the Orenburg AIDS Center's outpatient department and a key member of the partnership's working group on TB/HIV co-infection. According to Lazutkina, about a third of AIDS deaths in Russia are the result of TB. Yet tuberculosis treatment is provided only at a separate TB hospital. "We have this classic problem," Lazutkina said. "Do we treat the disease or the person? We resolve this problem only by organizing interdisciplinary care for the patient."

The partnership is taking two approaches to organize such care. First, it is raising awareness among healthcare workers at disparate institutions about the perils of fragmented care. During the September exchange, US partners visited both the TB and maternity hospitals to train healthcare workers on how to better care for HIV-positive patients and to encourage closer collaboration with the AIDS Center. Dr. Vasanthi Arumugam, of Elmhurst, also gave a talk at the AIDS Center on treating Hepatitis B and C in HIV/AIDS patients.



US and Russian nurses discussed the role of nursing professionals in patient care during the exchange. Shown here are American nurses Jackie Stith (front right) and Judith Garcia (front left) with the head nurse of the Orenburg AIDS Center, Elmira Vagapova, and the rest of the AIDS Center nursing staff.
(Photo: Sara Wright)

The partnership's second approach is a bit grander. Through the working group on TB/HIV co-infection, partners are advocating for placement of a TB specialist at the AIDS Center. "This would be a specialist who is knowledgeable about both problems and co-infection and would serve as a bridge between the two systems," Lazutkina explained during a presentation by her group to the partnership coordinating committee.

Planning for Future Success

In addition to undertaking training and mentoring initiatives to meet immediate needs, the partners also used the exchange visit to reassess long-term goals and to plan next year's work. In several stakeholder meetings, they discussed ongoing concerns, such as the lack of ARV drugs, which forces physicians to switch patient regimens frequently and prevents them from treating all patients who need antiretroviral therapy. The coordinating committee recommitted itself to continued collection of patient data from a cohort of 59 patients that the partnership is tracking, to implementing the case management *prikaz*, and to efforts to help reduce the stigma directed at people living with HIV/AIDS.

Stakeholders also developed partnership activities for their second-year workplan. These include activities that will improve treatment and prevention of opportunistic infections, establish a uniform and effective system for referring HIV/AIDS patients to social services, and introduce a new "mini-curriculum" on HIV/AIDS at the local medical university.

—By Sara Wright, AIHA writer and editor



Laboratory Services: A Critical Component in the Provision of Prompt, Effective HIV/AIDS Diagnosis and Treatment

Today, almost 10 years after the number of HIV cases in Ukraine began exploding into epidemic proportions, the country is experiencing a runaway growth in the number of patients whose HIV has progressed to AIDS. For these people, antiretroviral (ARV) drugs are a matter of life or death. But life-extending medications are not a panacea for the AIDS pandemic facing Ukraine and many other countries across Eurasia. For these therapies to be effective, HIV/AIDS care systems must provide for the timely diagnosis of AIDS and its associated pathologies while at the same time setting forth appropriate guidelines for prescribing antiretroviral therapy (ART) and monitoring the efficacy of treatment regimens.

Alla Shcherbinskaya, director of the Ukrainian AIDS Prevention Center (UAPC), paints a grim picture of the nation's evolving HIV epidemic, reporting that the number of AIDS patients increased by a factor of 4.5 during the first half of 2005 compared to last year.

Furthermore, mortality from AIDS has quadrupled, she says, which is a clear indication that addressing this situation will take more than the ARV drugs that grants from the Global Fund to Fight AIDS,

Tuberculosis and Malaria made available in Ukraine as of August 2004. "Now that the number of AIDS patients in the country is growing by the day, there is an acute need for doing more complex tests that can determine a patient's immune system impairment and viral load. These diagnostics are crucial in order to determine the need for prescribing ART and monitor the effectiveness of treatment," she underscores.



Blood serum sample ready for biochemical testing. (Photo: Vira Illiash)

New Knowledge Hub Course Helps Lab Workers Keep Pace with Growing Demands

As part of the national capacity-building efforts supported by the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (Knowledge Hub), staff members of laboratories from all the oblast AIDS centers in Ukraine gathered in Odessa September 12-16 to enhance their knowledge of lab procedures for monitoring AIDS and ART. The meeting provided participants with an opportunity to learn about the most advanced methods of laboratory diagnostics used to monitor HIV/AIDS, various co-infections, and ART. In

addition, sessions focused on issues of quality control, equipment maintenance, and occupational health and safety. Leading Ukrainian and American experts on laboratory systems and monitoring served as trainers during the meeting.



Ukrainian lab workers listen to Olga Kravchenko's presentation on Ukraine's plans to improve the country's HIV diagnostic capacity.(Photo: Vira Illiash)

According to UAPC data, more than 2.5 million people are examined for HIV in Ukraine each year. Since 1987, some 83,300 cases have been officially registered. At the meeting, UAPC Chief Laboratory Diagnostics Specialist Olga Kravchenko noted that 2,700 people in Ukraine are currently receiving ARVs and—by the end of 2006—5,000 Ukrainians will be on ART. To satisfy the growing requirement for timely prescription of antiretrovirals, Ukraine plans to open five inter-regional laboratories that will be supplied with flow cytometers, as well as equipment to measure viral load and facilitate the early diagnosis of pediatric

HIV. These laboratories will operate out of the regional AIDS centers in Dnipropetrovsk, Donetsk, L'viv, Odessa, and Crimea and will handle the needs of the entire country.

Commenting that the participation of Ukrainian specialists from the laboratories at Ukrainian oblast AIDS centers contributes to their professional development, Kravchenko emphasized how important such trainings are for ensuring high-quality HIV/AIDS diagnostics. For that reason, education on AIDS monitoring and ART issues was identified as a priority area in the plans projected for implementation. In addition, she noted that the many years of experience that the American instructors brought to the event greatly helped the Ukrainians to improve their own knowledge.

Theory Provides Knowledge While First-hand Experience Brings Confidence

During the lectures and practice sessions, participants engaged in a dialogue with the American instructors, exploring together an array of topics related to the specific laboratory diagnostics used for monitoring HIV/AIDS and ART—including hematology, biochemistry, flow cytometry, viral measurements, and the diagnosis of tuberculosis and other opportunistic infections.



In order to help participants make the connection between theory and practice, they had the chance to visit the laboratory at the Odessa Oblast AIDS Center (OOAC) where all of the equipment needed for selecting and monitoring ART is already installed. There, they observed first-hand how their Odessa colleagues perform diagnostic tests using the blood analyzer, biochemical analyzer, flow cytometer, and bacteriological equipment. They also watched staff conducting polymerase chain reaction analysis to determine viral loads in blood samples.

demonstrate how to prepare blood for CD-4 count testing during a site visit at the Odessa AIDS center. (Photo: Vira Illiash)

During the visit, OOAC Laboratory Chief Vladislav Studzinsky briefed participants about diagnostic methods and the reagents used for each test, discussed the technical support system for the equipment, and provided an overview of the replacement process for consumable supplies, which are sent to Odessa from Kiev.



Vladislav Studzinsky (in the middle) shows workshop participants the computer analyzer used to assure quality control of the majority of tests made at Odessa AIDS center. (Photo: Vira Illiash)

Studzinsky fielded questions concerning the day-to-day operation of the lab, even detailing the cost of various reagents and testing systems, which, he said, are not cheap. Performing a CD-4 cell count test on one patient, for example, costs around five dollars and the Odessa laboratory does as many as 60 CD-4 counts each day.

In addition, the Ukrainian specialists viewed a demonstration of OOAC's diagnostics quality control system—a computer analyzer that collects test data from the laboratory's different machines.

Studzinsky told the group that the concept for this system was developed by OOAC specialists and implemented by local computer experts, noting that it is currently the only one of its kind in Ukraine.

"Because each testing system has a 10-30 percent probability of error, in the absence of quality control there will always be doubts about the accuracy of diagnostic capabilities," he warned his colleagues, charging them to pay special attention to this important aspect of their work.

Drug Resistance Monitoring Gives Patients a Better Chance at Positive Outcomes

The workshop was structured to provide participants with a good deal of time for studying methods of analyzing drug resistance of the virus because this problem can present a serious obstacle to effective treatment. One of the instructors, physician Geneve Allison from the Division of Geographic Medicine and Infectious Disease at the Tufts-New England Medical Center in Boston, Massachusetts, noted that the resistance test is one of the most informative diagnostic tools because it precisely shows the presence or absence of mutations at the viral level. "This is a very expensive test, so it only makes sense to perform it for each individual patient if the strains identified in that patient exceed 15 percent or when the therapy prescribed for the patient is not producing the desired results. In addition, this analysis is desirable before prescribing ART for a patient," she

said. Due to the constant mutation of the virus, new drugs to fight it are always being developed. The resistance test, she explained, helps determine exactly which drugs will help a given patient. Allison continued, noting that in these diagnostics the virus is placed in the strains system and observed for its behavior in the presence of various drugs. Thus its vulnerability can be determined.

Sharing news that Ukraine will soon implement a surveillance project financed through the Global Fund, UAPC's Kravchenko talked about plans to monitor the development of drug-resistant strains of HIV to help determine the percentage of transmission of these "super viruses" in newly diagnosed patients. Another component of this program will be the monitoring of drug resistance in patients who are just beginning therapy, she explained. "Soon Ukraine will acquire resistance equipment that will be installed at the UAPC Reference Laboratory. At this stage, it will handle the needs of the whole country," she said, noting that the apparatus will be provided by Abbott Molecular, winner of the Global Fund tender announced last year.



Vladimir Orekhov discusses the technical characteristics of a drug-resistance analyzer that will soon be installed in Ukraine's Reference Laboratory. (Photo: Vira Illiash)

Abbott Molecular representative Vladimir Orekhov then demonstrated the drug-resistance analyzer's capabilities and the requirements for laboratory workers using it, calling the machine the most perfect discovery of modern science to date. The system, which will soon be used in Ukraine, is based on analysis of complete nucleotide sequences of protease and reverse transcriptase genes and can determine resistance to any of the existing ARV drugs. It produces a convenient report with interpretation of the results, allowing specialists to use the data for determining the subtype of the virus strain. These tests have an error rate of less than 10 percent, which is the highest level of accuracy in laboratory diagnostics. Orekhov stressed in his presentation that the personnel using these test systems need to be very experienced and well trained.



Geneve Allison (left) describes the benefits of effective communication between lab workers and clinicians while AIHA Program

Officer Inna Jurkevich looks on. (Photo: Vira Illiash)

Another important topic at the workshop was the diagnosis of opportunistic infections and other HIV-associated

ailments. During discussion of these issues, participants reviewed WHO recommendations for laboratory diagnostics in this area. To this end, the American specialists recommended that their Ukrainian colleagues establish cooperative relationships with medical specialists who can provide accurate information about each patient, thereby making their efforts to diagnose problems as effective as possible. "This is necessary for high-quality diagnostics because you have to know exactly what to test for and what needs special attention," Allison advised the participants. In addition she stressed that regular communication between lab workers and physicians will enable both parties to understand the essentials of each other's job. This dialogue will, in turn, help them to solve the problems of real people and not just to focus on impersonal data.

Sharing Information and Knowledge Benefits Students and Instructors Alike

Commenting on the joint work of the American and Ukrainian specialists during the five-day workshop, one of the instructors, Harvey George, director of diagnostic laboratories at the Massachusetts State Public Health Department, acknowledged, "I tried to offer my Ukrainian colleagues the most complete information possible on questions of various degrees of complexity. At first I was afraid that I would be delivering a monologue" because the HIV/AIDS epidemic in the United States began long before it reached Ukraine and, as a consequence, the Americans naturally have more experience in laboratory diagnostics. "But even during the first lecture, it became clear to me from the participants' questions that I was dealing with real professionals. It gave me a sense of satisfaction to work with them." Stressing that he was amazed by knowledge of the Ukrainian specialists, as well as the results they achieve, working in circumstances with such limited resources, George concluded, "I hope that the knowledge we shared with our Ukrainian colleagues will give them useful ideas and provide a solid basis for professional development and improvement."

—By Vira Illiash, AIHA staff writer



Almaty LRC Conference Highlights Effective ICT Programs, Provides Forum for Lively Exchange of Information and Ideas

The Learning Resource Center (LRC) Project represents one of the most fundamental methods by which AIHA works to promote health improvements at its partnership institutions overseas. LRCs are designed to facilitate the dissemination of the most current medical information to healthcare professionals while at the same time providing them with the skills they need to critically appraise the quality of that information and apply it in their day-to-day practice. In this way, these innovative hubs of information and communication technology encourage the adaptation of healthcare standards with respect to constantly changing international conditions.

On September 12-13, representatives from current AIHA partnerships met for an LRC dissemination conference in Almaty, Kazakhstan. The overarching goal of this event was to provide partners with the opportunity to collaborate with one another, learn from each other's experiences, and—ultimately—to help partners fine-tune their strategies for implementing the LRC model. Because AIHA partners hail from a wide variety of healthcare institutions across many different countries, a flexible and easily adaptable model is critical to success. Dissemination conferences therefore serve as an instrumental and highly valuable source of cross-pollination and growth.



Long-time AIHA partner Oliko Asatiani of the Gudushauri National Medical Center in Tbilisi, Georgia, discusses the past, present, and future of the LRC Project during the keynote address.
(Photo: Irina Carnevale)

The Almaty conference brought together staff from institutions including medical universities, nursing colleges, hospitals, polyclinics, HIV/AIDS centers, and public health departments. Focusing on five key themes that highlight the most integral components of the LRC project—access to resources, application of evidence-based practice, healthcare information systems, distance learning and telemedicine, and sustainability—the conference served as a forum for partners to showcase successful initiatives and generate ideas for new programs. In addition to panels dedicated to the five topic areas, special breakout sessions were organized to address the specific needs of various types of health institutions, including educational institutions and HIV/AIDS care providers.

Access to Information Improves Quality of Care

The common thread that links virtually all activities undertaken by the LRCs is the notion that the quality of patient care can be greatly improved by access to current, reliable information that is rooted in evidence-based science. This theme echoed through presentations made at all five of the topical panels. Some examples of how LRCs and their staff can facilitate access to the latest available resources include: conducting IT clinics, disseminating healthcare-related resources, offering expertise to colleagues for staff and team projects, and organizing theme-based workshops. Teaching physicians, nurses, and other healthcare professionals how to access information helps encourage and empower them to seek it out on their own. Additionally, creating electronic and physical libraries and databases—as well as strengthening corporate and local area networks—were identified as key factors in improving access to information for staff, local communities, and patients alike.



Conference participants attend a plenary session. (Photo: Lala Akhmadova)

Lia Baindurashvili, a member of AIHA's Gori/Milwaukee partnership and the information coordinator at the Gori Central Polyclinic in Georgia, summed up the view of many who spoke during the panel presentations, noting that the Internet has opened up an almost limitless supply of information for their institutions. "We've started to get used to the idea that all information can be accessible to us," she explained.

Accessing evidence-based research and applying it to clinical practice is another critical element of the LRC project. Participants discussed how evidence-based practice (EBP) is improving healthcare quality, agreeing that the five-step model at the core of the EBP methodology can be utilized both for physician training and patient care. The experience of many presenters showed that one of the most effective methods for training and implementing evidence-based methods in practice are Practice Standard Reviews. Presenters stressed the importance of incorporating evidence-based approaches in clinical practice guideline adaptation and development and recommended that guidelines be published in EurasiaHealth's Multilingual Library and the database of the Russian Society of Evidence-Based Medicine Specialists.

Two other examples of how the LRCs facilitate access to information highlighted during the conference were distance learning programs and the use of telemedicine to support remote consultations on difficult or out-of-the-ordinary cases. Presenters at this panel agreed that due to the fact that distance education is complex and resource-intensive, the best way to begin the process is by breaking plans down into stages and setting realistic timelines for each phase. With regard to telemedicine technology, it was emphasized that a digital camera and e-mail capability are really all that is needed to conduct most teleconsultations. The greater difficulty lies in finding specialists and colleagues to provide a consultation. Panelists emphasized the importance of finding and recruiting specialists who are capable of responding to consultation requests on a regular basis. Furthermore, telemedicine activities should be formally assigned to a dedicated staff member to ensure that the process remains functional and efficient.

LRCs Help Improve Institutional Information Systems, Look for Avenues of Sustainability

On a broad level, the most important component of improving health record systems lies in the standardization of information and databases across different users and facets of the healthcare system. This standardization should encompass a wide variety of issues, including how much information to include on databases, what type of text and formatting should be used, how to separate and prioritize valuable information from irrelevant data, and determining the correct sequence of steps and stages for developing health information systems as a whole. By providing access to a host of proven models and other development resources, LRCs can play an important role in helping their institutions find and implement a record system that best fits their unique organizational needs.

Another important consideration presenters talked about relates to calculating costs based on time investments by staff as well financial expenditures, and ensuring that these costs enable health information systems to remain up-to-date technologically. To help defray costs in low-resource settings, presenters advocated supplementing and adapting existing technologies, rather than investing in new ones.



Pavel Gulyayev, AIHA ICT coordinator for Central Asia, (second from left) moderates a panel discussion on distance learning and telemedicine.
(Photo: Courtesy of Irina Carnevale)

With an eye toward the future, many participants were especially interested to share information about ways of sustaining their LRCs after AIHA funding ends. Panelists discussed several strategies for realizing this goal, noting that strong support from institutional administrators is essential to ensuring both functionality and effectiveness of each LRC and its programs. Another key is making sure that policymakers and staff alike view the LRC as an integrated part of the organization not as a separate project. Finally, presenters recommended that raising the visibility of LRCs within institutions and communities will help to elevate their status and diversify sources of continued support.

—By Barret Jefferds, freelance journalist



Moscow EMS Training Center Celebrates 10 Years, Introduces New Course on Automatic External Defibrillators

In October, the Moscow Emergency Medical Services Training Center celebrated its 10-year anniversary. Established through a partnership between Russia's Federal Directorate for Biomedical Problems and Disaster Medicine and the Austin (Texas) Emergency Medical Services Department, the center has distinguished itself as a model of sustainability in the five years since the partnership graduated. The center operates on a combination of public and private revenue, stoking demand for services through its solid teaching of emergency response basics and by continuously updating and expanding course offerings to meet the changing needs of the healthcare community, first-responders, and other interested parties.

Through a new collaboration with the European Resuscitation Council (ERC), the center will soon become one of the only institutions in Russia to offer training in the use of automatic external defibrillators (AEDs). These devices are an effective tool for rapidly diagnosing and treating sudden cardiac arrest, dramatically increasing the chance of survival. That makes them a particularly attractive technology in Russia, where heart disease is a leading causing of death.

A team of Swiss instructors from ERC traveled to the Moscow EMS Training Center in October to train the center's instructors in use of AEDs and to certify them to teach others. The center will soon begin offering an AED course. This

international collaboration and commitment to new techniques is part of what has driven the center's success, says Maria Borodina, the center's director. "Our purpose—the purpose of education," she says, "is to take the most modern approaches from all over the world." The center reviews its curricula often to ensure that they meet high international and Russian standards.

In 2004, the center's courses reached more than 700 people—from paramedics and nurses to teachers and police officers—in Moscow and elsewhere in Russia. "We are known and loved for our hard work," Borodina says. "People come back to us five years after they have finished their first course. Now we are celebrating our 10-year anniversary and we find that the same people keep returning." Returning students come to renew their credentials or to brush up the latest techniques. They are often drawn by the center's learner-centered methods of training, Borodina says. "Our approach is that students should not just look at the instructor; they should try to do [a new procedure] themselves. Practice is the basis of learning. That's what we learned from our American partners."

Ten years later, it's clear that it's a lesson that has served the center well.

—By Sara Wright, AIHA writer and editor



Voluntary Blood Bank in Georgia Gains National Recognition for Its Safety Record, Serves as Replication Model for Rest of Country

Healthy blood donors can potentially save the lives of up to three patients with a single donation. The tradition in the former Soviet Union of replenishing blood supplies through facilities that pay donors, however, attracted people from high-risk groups who earned their living by selling their blood, very often transmitting life-threatening infections such as HIV/AIDS, Hepatitis B and C, and Syphilis to already severely sick patients.

Due to the limited availability of reliable and safe blood in Georgia, AIHA has been collaborating with Global Healing, an American non-profit organization based in San Francisco, California, to create the first voluntary blood bank in the country. The facility opened its doors in September 2000 at Jo Ann Medical Center (JAMC) in the nation's capital of Tbilisi.

Over the course of four years of collaboration, the Georgian blood bank staff received continuous training in different laboratory methods and transfusion techniques, as well as acquired knowledge in blood bank management, donor recruitment, and patient interviewing. Supplied with modern diagnostic and office equipment, the Center's policies and procedures are in accordance with both European and American standards and uses only disposable supplies and high-quality test systems.



A physician measures the blood pressure of donors before blood withdrawal. (Photo: Vira Illiash)

All donated blood is screened for HIV, Hepatitis B and C, Syphilis, and ABO/Rh. By monitoring the blood supply so closely and discarding any tainted donations, the Center has achieved a zero transmission rate for these diseases—an impressive achievement given the fact that the blood bank receives approximately 2000 voluntary donations per year and supplies 8 percent of all donor blood used in the country.

Potential donors are targeted through mass media campaigns and through repeat donors who encourage their friends and community members to make life-saving contributions.

Last year the JAMC became the recipient of the safe blood component of a two-stage open tender on "Strengthening Existing National Response for Effective HIV/AIDS Prevention and Control in Georgia in 2003-2007" through the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. With the help of AIHA—a subcontractor of the project—JAMC blood bank staff will train workers from 10 of Georgia's blood transfusion centers with the highest donor rates in modern lab methods and blood bank management practices. All participating laboratories will receive modern ELISA equipment while the laboratory personnel will be trained on how to use it. In addition, AIHA will also assist the JAMC blood bank in conducting a volunteer donor recruitment campaign to attract donors to the blood bank network. It is expected that all these actions will provide a basis for the expansion of the voluntary blood bank network in the upcoming years.

A computerized donor database created by the US partners and implemented at the Blood Bank in 2000 is now being adapted by AIHA specialists for use throughout the country by a growing network of blood banks. The expanded database will contain information on registered donors and blood products from all blood banks in the network giving all affiliated centers access to data on existing donors. Also, the database will be automatically updated on a daily basis. It is expected that the project will reach its full capacity in January 2006 and will provide a basis for a national voluntary blood bank system roll-out that will greatly improve Georgia's capacity to ensure the safest possible blood and blood products for those in need.

—By Vira Illiash, AIHA staff writer

Regional News

Russia Significantly Increases Federal Funding to Combat HIV/AIDS

Russian President Vladimir Putin recently announced that \$105 million dollars will be allocated for HIV/AIDS-related prevention and treatment services in the coming year—a dramatic increase from the \$4.55 million spent fighting the virus in 2005, *Bloomberg News* reports.

In a live nationwide television and radio broadcast, Putin finally addressed the AIDS issue in Russia, claiming that "recent surveys and statistical data confirm

epidemic."

Although official records register just 330,000 cases of HIV/AIDS in Russia, experts estimate the actual number to be nearly three times greater than that. Igor Sadreev, spokesperson for the Moscow office of AIDS Foundation East-West refers to the Kremlin's decision as "a great victory" for all non-governmental organizations that have been attempting to call attention to the AIDS problem despite the government's historical tendency to downplay the severity of the disease.

During the three-hour broadcast, Putin answered more than 70 questions from around the country out of a total of nearly 1 million that were submitted. Putin attributed the 20-fold increase in AIDS funding to economic growth and an increase in the standard of living among Russian citizens, *Pravda.ru* reports. In addressing the nation, Putin explained that sustained economic growth, triggered largely by increasing oil and gas exports, has "created the conditions to move to solving on a large scale the most painful social problems."

Reproductive Health Services: The Next Logical Step in HIV Prevention

Policy experts are calling for HIV prevention services to be better integrated into reproductive health and primary healthcare services, deeming this synergy an essential component in the long-term fight against AIDS. In much of Eurasia, prevention messages tend to be targeted toward groups considered most at-risk of contracting the disease, for example injection drug users, commercial sex workers, and men who have sex with men. This is understandable in a region where most HIV infections are still concentrated among these groups, but largely overlooks the growing number of people who are being exposed through heterosexual contact.

UNAIDS estimates that by 2003, more than 20 percent of new infections in Russia and more than 30 percent in Ukraine were acquired through heterosexual sex. In other Eurasian countries, the proportion is still much lower and prevention efforts aimed at the general public will help keep it that way, experts say. In a brief issued last year by the Alan Guttmacher Institute (AGI), a US non-profit involved in reproductive health issues, and UNAIDS, Heather Boonstra of AGI argues that reproductive health services are uniquely poised to lead such efforts. Reproductive health providers "already have the counseling and educational skills needed to offer HIV prevention information. Indeed, they are sometimes the only professionals able to discuss with clients the risks of unsafe sex." Similarly, primary healthcare providers, with their strong emphasis on total wellness and patient education, have a set of skills that easily lends itself to HIV prevention messages.

Aside from tangible training and educational advantages, the innate infrastructure of reproductive health services also lends itself well to integration with HIV prevention services, largely due to the increasing prevalence of HIV in women. In recent years, women have moved to the forefront of the HIV pandemic and now account for one half of all adults living with HIV, according to the AGI brief. Reproductive healthcare providers in developing countries encounter millions of HIV-infected women each year, many of whom are married and are therefore at an even greater risk of contracting HIV from their often

nonmonogamous husbands, AGI reports.

Although millions of these women come into contact with reproductive healthcare workers in response to fertility control issues, few seek the same access to HIV control/prevention facilities. Integration would allow these women to become educated about HIV and receive access to HIV testing and counseling under the guise of receiving "reproductive services," thus avoiding the stigma that often accompanies a visit to an HIV clinic.

Though especially beneficial in targeting women, reproductive services also have the ability to reach men. Men are generally encouraged to accompany their female partners to reproductive health services or seek independent help for problems related to sexually transmitted infections (STIs). Reaching these people with HIV prevention messages before AIDS becomes a generalized epidemic in Eurasia will undoubtedly prevent many infections.

The question of how to integrate reproductive health with HIV prevention was also addressed in the AGI brief. First, experts claim that providing access to HIV counseling and testing within reproductive health clinics is a necessary step toward fighting AIDS. As mentioned above, combining these two services will provide an avenue whereby treatment can be received without the negative connotations and stigma associated with AIDS.

Secondly, reproductive health workers need to take a more firm stance toward advocating condom use not only for fertility and STI control, but more importantly as a mechanism for HIV control. Patients need to be educated as to how HIV can be contracted and made aware that even if they do use other forms of contraceptives for pregnancy prevention, condoms are one of the only forms of contraception that also protects against HIV.

In a similar vein, patients need to be taught to understand that pregnancy prevention and HIV prevention go hand-in-hand. In 2003, an estimated 630,000 infants worldwide contracted HIV during pregnancy, according to AGI. Increasing the availability and quality of contraceptive services is an important step toward lowering the rate of mother-to-child transmission.

Third, STI prevention in general needs to be prioritized. STIs, especially those that cause ulcers, have been proven to greatly increase the likelihood of HIV transmission. Reproductive health providers should focus on low-cost alternatives such as patient education, family planning advice, and community outreach programs, as well as medical treatment for STI prevention.

For these integration measures to be fully realized, the AGI brief calls on policymakers to take a more realistic stance on HIV in terms of cost, as well as attitude toward HIV prevention. A 2003 UNAIDS report found that nearly \$4 billion is needed to provide contraceptive services to the estimated 200 million currently in need, and this number is only expected to grow. It is imperative that donors recognize the importance of contraceptive funding as a means of slowing the spread of HIV. Unless reproductive health providers receive the necessary financial support, integration efforts will be seriously undermined.

Additionally, policymakers worldwide need to abandon the promotion of

abstinence as a realistic means of curbing pregnancy as well as STI and HIV transmission among unmarried people, the brief points out. In the past, social and cultural values have prevented donors from funding contraceptive or HIV programs because they fear that this funding would indirectly support premarital sex. Unfortunately, the fact of the matter is that majority of young people are becoming sexually active in their teenage years or shortly thereafter. In a world where 70 percent of HIV infections are contracted through heterosexual sex, failure to confront HIV prevention in a realistic manner limits the ability of reproductive health services to implement effective HIV integration policies, AGI posits, concluding that most experts agree that the integration strategy offers incredible potential. Policymakers, donors, activists, and academics alike must work together to overcome these barriers, refocus their efforts, and take a more active role in combating the global HIV pandemic before any real improvements can be made.

Kazakhstan Joins Clinton Foundation's HIV/AIDS Initiative

In a concerted effort to provide treatment and care to its citizens living with HIV/AIDS, the Kazakh government recently joined the William J. Clinton Foundation's Procurement Consortium—a group of more than 40 countries that are currently receiving antiretroviral medications (ARVs) and HIV/AIDS diagnostics at the Foundation's dramatically reduced prices, according to a *Radio Free Europe/Radio Liberty* (RFE/RL) report on September 7.

Kazakh Minister of Health Erbolat Dossayev and President Clinton signed in Almaty on September 6 a Memorandum of Understanding that will allow the Central Asian nation of 15 million people to purchase ARVs at a rate 50-90 percent below regular market prices and diagnostic equipment at an 80 percent reduction.

"The memorandum that was signed today brings hope to those who suffer from AIDS, and we can say loudly that they can live their normal lives further on without fear of death," Kazakh President Nursultan Nazarbaev told *RFE/RL*, noting that people living with HIV in his country currently view the virus as an imminent death sentence. Through the Clinton Foundation, however, "the medicine which we would be receiving will be one-third the cost," he said, making life-extending treatment possible for many more citizens of Kazakhstan.

Speaking in Almaty, President Clinton said, "I am delighted that Kazakhstan has entered my Foundation's Procurement Consortium for the purchase of high-quality antiretroviral medicines and testing equipment. Kazakhstan is at a crucial point in its fight against HIV/AIDS and this agreement will make the investments of the Ministry of Health more cost-effective, enable the government to reach more HIV-positive people, and save more lives."

HIV/AIDS has taken center stage on the health agenda of many Central Asian nations because of the recent, alarming increase in HIV prevalence rates. Although there are only around 5,000 officially registered HIV/AIDS cases in Kazakhstan, UNAIDS estimates that between 16,500 and 20,000 people may actually be infected. A sharp increase in injecting drug use has been a catalyst for the recent upswing of new HIV cases in the region and widespread needle sharing—coupled with the increasing prevalence of sexual transmission—threatens to bring Kazakhstan to the brink of an epidemic if the virus is allowed

to spread unchecked.

Only since 2004 has the Kazakh government begun to take serious measures to prevent the spread of HIV, but these steps have been limited. In an interview with *IRINnews.org*, UNAIDS National Programme Officer Alexander Kossukhin said, "Currently, the government provides treatment only for pregnant women [to help prevent mother-to-child transmission] of the infection, and to children under [the age of] 14." With the help of the Clinton Foundation, he explained, Kazakhstan will be able to purchase critical ARVs at affordable prices with the goal of offering therapy to every person living with AIDS by 2008.

UN Report Concludes Chernobyl Impact Lower than Expected

A newly-released United Nations report has concluded that the long-term health and environmental effects of the 1986 Chernobyl nuclear accident in Ukraine appear to be far less devastating than originally anticipated.

In the immediate aftermath of the accident, experts predicted tens to hundreds of thousands of cancer deaths would in the future be attributed to radiation exposure and that the environment immediately surrounding the area would be contaminated for decades. The UN report, however, estimates that only 4,000 deaths resulting from the Chernobyl explosion will occur over time—a marked contrast to the initial assessments. To date, only 50 deaths have been directly attributed to radiation. Most of these occurred within days or weeks of the accident, according to the report, which was the result of a two-year study commissioned by the "Chernobyl Forum."

The accident itself was a result of a flawed reactor design, which triggered an explosion that released nuclear material into the atmosphere where it spread over the European continent. The three nations most severely impacted were Ukraine, Belarus, and Russia. For the past 20 years, citizens of these countries have struggled to overcome this disaster and cope with the lasting effects on their health, in particular widespread fear of cancer—especially thyroid cancer in children—and fear of the potential effects of radiation exposure on reproductive health.

"Earlier media reports suggested there would be tens or hundreds of thousands of people who would die as a result of radiation exposure, through cancer, or other effects," World Health Organization radiation expert Mike Repacholi told Voice of America. "When you compare to the fact that just in Russia every year about 100,000 people die on the roads, 4,000—or 4 percent—from a major nuclear accident is, I guess, a reassuring thing. [It is lucky] that the accident wasn't worse, or didn't cause greater health effects," Repacholi said.

An even more reassuring finding of the report indicates that fears of contracting thyroid cancer are largely unfounded. To date, only nine children who have contracted thyroid cancer from radiation exposure have died and—of the 4,000 individuals afflicted with thyroid cancer—99 percent have survived. Furthermore, no tangible connection has been made between radiation exposure and birth deformities or infertility, according to the UN report.

In addition, the report claims that environmental effects have been negligible as well. In contrast, the surrounding ecosystem, largely untouched for the past 20 years, has been allowed to regenerate and flourish and is today home to a diverse variety of plants and animals.

Louisa Vinton of the United Nations Development Agency refers to the persistence of unjustified and unsubstantiated health and environmental fears as the "Chernobyl myth." One unfortunate consequence of this myth is that much money has been spent helping Chernobyl victims who, as the report has found, are not really in the grave danger they were once believed to be. The governments of Belarus and Ukraine spend an estimated five to seven percent on costs related to the explosion. Furthermore, as many as 7 million people currently receive government handouts, while only an estimated 200,000 were actually exposed to high radiation levels and are thus in danger of contracting cancer.

Miscalculations of the magnitude of the accident have contributed to what UN agencies have termed a "paralyzing fatalism" among traumatized residents in surrounding areas. Fears and myths associated with Chernobyl have given rise to an array of mental and behavioral health problems such as alcoholism and depression, which the report claims pose an even greater threat to society than the radiation exposure itself.

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

Workshops, Conferences, Opportunities and Grants

7th International Workshop on Clinical Pharmacology of HIV Therapy

The 7th International Workshop on Clinical Pharmacology will provide a comprehensive update on various topics, such as newly detected drug interactions, pharmacokinetic modeling and simulations, drug-induced toxicity including hepatotoxicity, pharmacokinetics of investigational agents, and post-marketing surveillance projects. The workshop will also present the current achievements in therapeutic drug monitoring (TDM) and the latest developments of generic antiretroviral drugs. It will be held in Lisbon, Portugal, April 20-22, 2006. For additional info, please visit: www.virology-education.com/index2.html

4th European HIV Drug Resistance Workshop

Drug resistance can present a serious problem for treatment outcomes. This event will provide a venue for scholars and clinicians from throughout the world to share the latest scientific achievements in the field of HIV drug resistance research. During the workshop—which will be held March 29-31, 2006 in Monte Carlo—participants will discuss a variety of topics including the epidemiology of HIV resistance, resistance to entry inhibitors, new antiretrovirals, clinical implications of HIV resistance, and mechanisms of resistance, among other things. For more information, please go to: www.virology-education.com/index2.html

4th Lung Science Conference

Hypoxia in lung biology and disease will be the theme of the European Respiratory Society's 4th Lung Science Conference, which will be conducted in Taormina, Italy, March 24-26, 2006. The conference will explore issues of basic mechanisms of hypoxia-sensing and oxygen-dependent signaling, oxygen sensing and control of ventilation, acute lung vascular responses to hypoxia, and hypoxia in sleep-related disorders, in addition to other topics. For more information about this conference, please see: www.ersnet.org/ers/default.aspx?id=2079

International Congress of Elderly Health

Sponsored by Turkey Geriatrics Society, the Congress will present significant developments in the field of geriatrics and gerontology and will provide an opportunity for its participants to discuss problems of the elderly with the perspective and collaboration of medical professionals of all specialties. The meeting will take place in Istanbul, Turkey, April 2-6, 2006. For more information, please see: www.geriatrics2006.org.

Features

As the Possibility for Treatment of Ukraine's Prison Inmates Living with HIV/AIDS Looms on the Horizon, Penitentiary Health Specialists Learn about ART

By Vira Illiash, AIHA staff writer

The sound of the bells from Kiev-Pechersk Lavra's Orthodox Monastery fills the crowded classroom of the AIDS clinic, intensifying the meaning of the words spoken at that moment. "After receiving a diagnosis of HIV, many prisoners realize the mistakes they made in the past. Some of these guys start cursing themselves. Some cry. And some retreat inside themselves and won't even utter a word. So, each in his own way, these men express how upset they are about their previous drug addiction, which was the cause of their contracting an infection," Alexander Shatalov says. Shatalov is chief of the medical section at Olshansky Correctional Colony No. 53 in Nikolayev Oblast, where almost 80 percent of inmates are former injection drug users (IDUs). More than 15 percent of these people have been diagnosed with HIV, but Shatalov is certain that the real number is much higher. HIV testing is voluntary in Ukrainian prisons, though, and many people prefer not to know.

Currently in some Ukrainian prisons where former IDUs are serving sentence, as many as 30 percent of all inmates are HIV-infected. This sad statistic was shared during a workshop on HIV/AIDS in correctional settings conducted September 12-16 by the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (Knowledge Hub). Hosted by the AIDS clinic at the L.V. Gromashevskiy Institute of Epidemiology and Infectious Diseases in Kiev, the workshop brought together 28 doctors and nurses from six of the largest penitentiaries and AIDS centers in the southern and eastern parts of Ukraine, which have the highest HIV/AIDS incidence.



Alexander Shatalov (third from left) and his Ukrainian colleagues from Nikolayev oblast of Ukraine: Nikolay Kolomiyets, physician from Kazankivska Correctional Colony No. 93; Nikolay Dovbnya, AIDS center's infectionist; and Ruslan Purshel, feldsher at Olshansky Correctional Colony No. 53, share concerns about the HIV/AIDS situation at their correctional institutions with the instructors. The workshop allowed participants to get advise from experienced care-givers on how to organize effective counseling and treatment programs for their patients, the majority of whom are former IDUs. (Photo: Vira Illiash)

According to the participants, just a few years ago there would have been no point in holding such a meeting because there were no medications available for ordinary citizens, let alone people serving prison sentences. Now, however, the use of antiretroviral drugs (ARVs) has been initiated on a broad scale in Ukraine. Since August 2004, some 2,700 people have begun antiretroviral therapy (ART) and now it's the prisoners' turn. According to the Ukrainian Ministry of Health, a total of 3,798 inmates have been identified as HIV-positive as of April 1, 2005. Fifty prisoners have already developed AIDS and require ART but—given the fact that most HIV-infected individuals contracted the virus in 1997 or 1998—that number is growing every day. The prison health system must therefore increase its capacity to provide appropriate treatment for HIV-infected inmates while at the same time ensuring the safety of its care providers.

Ukraine Lays the Groundwork for Providing ART to Prisoners in Regions Hardest Hit by the AIDS Epidemic

Unveiling the country's plan to initiate ART for prisoners, Oksana Titarenko, senior specialist with the State Department of the Penitentiary System's Medical Division, told workshop participants that the Department is establishing an infectious disease unit in the country's southern region at Corrective Colony No. 10 in Kherson Oblast. By the end of 2005, the first group of inmates there with HIV/AIDS will begin to receive ART. For the time being, this unit will provide services only for the southern part of the country, where HIV prevalence rates are the highest. Because the Kherson unit will have only 40 beds and many more people than that need treatment, staff there will take the lead role in prescribing therapy, but delegate the day-to-day responsibilities of managing each case to the doctors and nurses at each of the prison colony health stations. "Now that these specialists at all of the penitentiaries in the southern region will monitor how the ART is working, they must be knowledgeable about all aspects of organizing and administering effective treatment. The same is also true for healthcare personnel in the eastern region, which also has a high incidence of HIV."



Oksana Titarenko introduces a draft order on the organization of ART implementation in correctional settings to the audience while another trainer at the workshop, Alexander Telnov, project physician at the Medecins sans Frontieres office in Odessa, looks on. (Photo: Vira Illiash)

Acknowledging the presence of healthcare providers from these regions at the workshop, Titarenko underscored the fact that training a core group of penitentiary system healthcare providers who will administer high-quality treatment to HIV-infected prisoners is currently one of country's top priorities. "It is one way of guaranteeing that ART will be effective in Ukraine's correctional institutions," she affirmed.

Titarenko went on to say that one of the best features of the workshop was the fact that the instructors were foreign experts well versed on treating HIV-positive inmates within the penitentiary system. This first-hand knowledge was passed on to the participants as the instructors from Germany, the United States, and Ukraine shared their respective systems for organizing medical treatment at correctional institutions. With regard to the provision of HIV-related care and treatment, the experts came to the conclusion that the stumbling blocks facing each system are common to all, with the sole

difference that in Ukraine they are still potential problems. "Learning from the mistakes of others is easier and cheaper," Titarenko said, stressing the importance of applying the lessons learned in other countries to Ukraine's nascent HIV/AIDS treatment program for prisoners.

In this connection, workshop sessions explored in detail the various aspects of prescribing ARV drugs and monitoring treatment regimens, as well as diagnosing and managing common co-infections and the side effects of ART. Sessions also focused on the importance of developing a comprehensive system of treatment and monitoring within the Ukrainian penitentiary facilities that would help ensure adherence, which is a sine qua non of successful treatment.

One important advantage of treating HIV-infected people in a correctional institution, workshop participants agreed, is the opportunity for strict monitoring of compliance with the prescribed therapy. In most US prisons, the "directly observed therapy"—or DOT strategy is used for this purpose. According to Frank Rhame, adjunct professor in the Infectious Disease section at the University of Minnesota School of Medicine who served as the instructor during the workshop, DOT has another very valuable benefit. "In the event that therapy fails, this strategy makes it possible to determine that the choice of regimen was incorrect because the possibility of non-adherence to the therapy is excluded." At the same time, Rhame warned about certain imperatives of drug taking that need to be considered to make this system work. "Some drugs have to be taken exactly 12 hours apart, some of them on the empty stomach, some with a meal. As care providers, you must make sure you are able to provide a flexible system of medicine distribution and observance of patient compliance," he recommended.

Although DOT seems to be the only viable solution for Ukrainian prisons because inmates are forbidden by law to have any drugs other than heart medicines in

their possession, this recommendation gave the Ukrainian participants pause. Prison dispensaries are open for restricted periods of time during the day and medications are administered to prisoners when they are on their way to or from meals. Because of this, the penitentiary healthcare workers acknowledged that prison administrators would have to address this issue before the DOT strategy could be effectively implemented within the Ukrainian correctional system.

Effective ways of ensuring optimal drug adherence proved to be one of the main topics of discussion during the workshop and participants explored several possible strategies that might work well in Ukraine, including implementing a multidisciplinary team approach to HIV-related care. Comprised of a physician, a nurse, and a social worker, these multidisciplinary teams work together as a synergistic unit with each member responsible for particular aspects of care. While the physician oversees clinical and organizational issues related to treatment, the nurse and social worker play a key role in patient counseling and monitoring adherence to treatment. This approach has an excellent track record in the West, particularly with respect to patient adherence issues.



Frank Rhame presents case studies on the side effects of ART. (Photo: Andriy Styopkin)

In Ukraine, an unfortunate obstacle hindering adoption of the multidisciplinary team approach is the fact that prison administrators are not receptive to social workers visiting inmates because of concerns that they could be potential suppliers of narcotics. At the same time, in the United States, for instance, representatives of NGOs that deal with the psychological and social aspects of HIV-infection in prison inmates have been able to reduce the frequency of recidivism. These data provide grounds for thinking that concern about their own health and improvement in the psychological state of HIV-infected inmates is in the interest not only of the patients themselves, but also of the country as a whole.

Alluding to this, Titarenko noted that a draft order on the Organization of ART Implementation in Punitive Institutions and Pre-trial Detention Centers is now being prepared for registration by the Ukrainian Ministry of Justice. This order provides for recruiting HIV service organization staffers to work with infected inmates and outlines strict selection criteria under which no former prisoners or active IDUs will be recruited for this work. This important step, according to Titarenko, is hopefully an indication that the physician-nurse cooperation already in place in the prison healthcare system will soon be supplemented by the reliable support a third team member who will focus on the psycho-social aspects of HIV/AIDS care. By strictly delineating who is responsible for each element of a patient's treatment and support plan, this approach will not only serve to lighten the heavy burden currently being assumed by physicians, but also better ensure that the physical, mental, and emotional needs of HIV-positive inmates are being met.

Helping Ensure Access to Care for Prisoners after Their Sentence Has Been Served

One of the biggest challenges the Ukrainian specialists cited was how to ensure adequate follow-up care for HIV-positive prisoners after their release from jail. The majority of their patients are former drug users who need very close supervision and a great deal of support to be adherent to treatment and avoid returning to drug use once they leave the prison. In reality, most of these former prisoners do not receive any social support from the state, they are not provided with housing assistance, and it is likely impossible for them to find any sort of permanent work.



Minda Hubbard and a volunteer from the Kiev-based NGO "Life Plus" demonstrate effective techniques for ensuring ART adherence. (Photo: Andriy Styopkin)

"We make really great efforts to treat inmates with drug addiction when they come to prison," Shatalov said, explaining that each penitentiary institution in Ukraine has a narcologist who goes through a lot of challenges to help former IDUs conquer their dependency. "Because these people are not provided with any social support when they are released, they have no other choice but to go back to their old habits and I am afraid we'll see them back in the prison sometime soon. But they will return hooked on drugs again and with a more resistant strain of HIV from inconsistent adherence to ARV medication."

Admitting that this problem presents a serious challenge in the United States as well, Minda Hubbard, a research nurse practitioner at Clinical Pharmacology Studies Unit in New York City and a trainer at the workshop, recommended that the Ukrainian specialists establish a partnership with organizations and foundations that specifically target former inmates and who can provide medical care and support services to these people. Hubbard warned the trainees to always consider the consequences of ART initiation, specifically if the patient is scheduled to be released in the near future. "Some well-meaning providers in the jail setting often see it as their duty to initiate ART when an inmate has HIV infection, but they fail to consider that these prisoners may not continue treatment after they are released. Treatment should be initiated only if the provider is 100 percent certain that communication between the prison and the public health providers can be assured in order to coordinate patient care within the public healthcare setting," she underscored.

In the end, the participants and trainers agreed that there is still much that has to be done before the comprehensive system of HIV treatment and care is established in Ukrainian prisons. However, ensuring that care providers within the prison system have the ability to offer therapy to inmates and the skills necessary to do it is already an important accomplishment by itself and a big step forward for the country.