

Using Twinning Partnerships to Scale Up Integrated Models of HIV/AIDS Treatment, Care, and Support in Target Regions of Russia

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CONTEXT

Russia currently has more than 403,000 people officially registered with HIV, although nearly 1 million people in the country are estimated to be infected with the virus (UNAIDS, 2007). The country now faces the urgent task of rapidly building both the institutional and human capacity needed to provide comprehensive and integrated HIV treatment, care, and support services to PLWH now that treatment is increasingly available. Barriers to building the prerequisite capacity include: structural separation of health and social care systems; fragmentation and/or poor coordination of care; and widespread HIV/AIDS-related stigma and discrimination, even among healthcare professionals.

APPROACH

In 2004, the American International Health Alliance (AIHA) applied its successful twinning partnership methodology to four HIV/AIDS Treatment, Care, and Support Partnerships established in Russia with USAID support.

AIHA's twinning partnerships link organizations and build peer-to-peer relationships among healthcare professionals and allied caregivers. They create an effective framework for building sustainable institutional and human resource capacity through the open exchange of knowledge, information, technology, and professional experience.

The Saratov/Bemidji, St. Petersburg/New Haven, Orenburg/New York City, and Togliatti/Providence partnerships linked US institutions with significant experience providing high quality medical and support services to PLWH with their counterparts in Russia. Partners developed replicable HIV treatment and care models in the four target regions focusing on key areas including:

- Care coordination and case management
- Patient management and adherence
- Patient access and retention
- HIV and TB detection and treatment

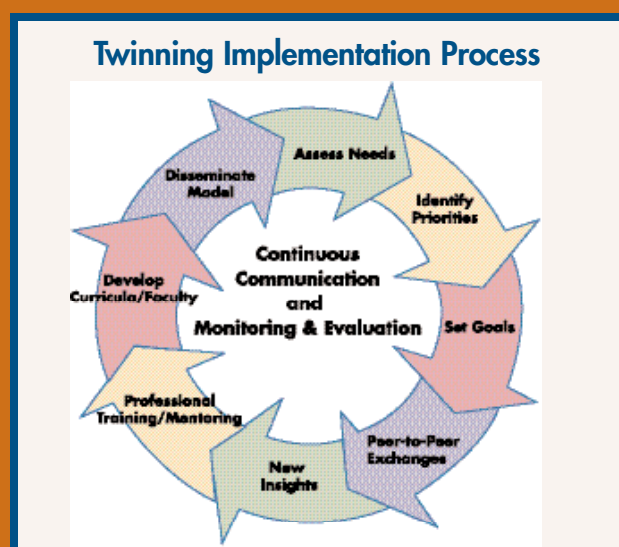
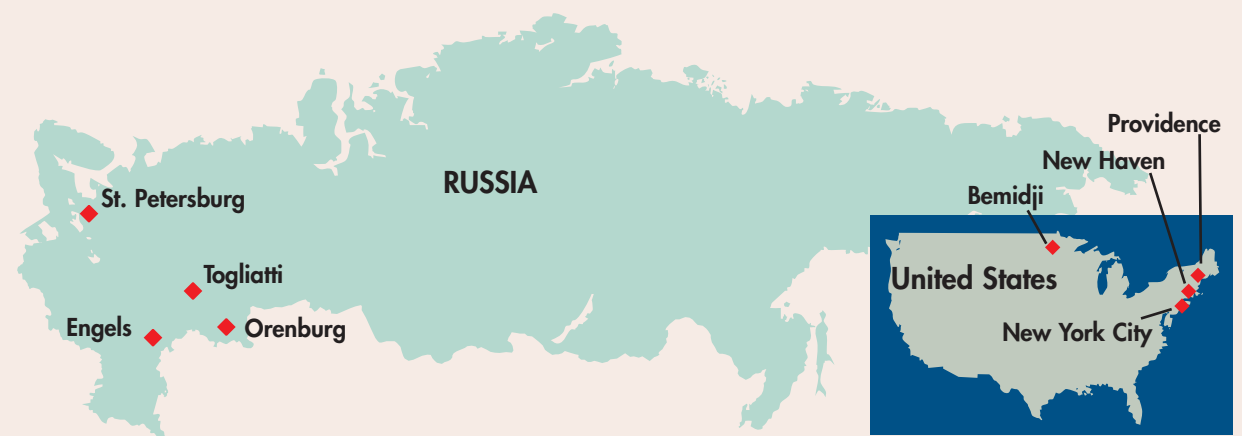


Figure 1: The interactive nature of twinning fosters open exchange of ideas and effective, peer-to-peer transfer of knowledge and technology.

AIHA and its partners collaborated closely with local health administrations to ensure sustainability of model programs developed through the partnerships. AIHA also provided direct technical assistance and support to these partnerships, conducting clinical trainings, replicating our model PMTCT Program, establishing HIV/AIDS Information Resource Centers to enhance use of information and communication technology, and developing or adapting Russian-language publications on HIV/AIDS.

AIHA HIV/AIDS Twinning Partnerships in Russia



AIHA's twinning partnerships linked US healthcare institutions with significant experience addressing HIV/AIDS in their own communities with AIDS Centers in four high-prevalence regions of Russia. Together, partners adapted programs that have proven successful in the United States to the unique conditions in Russia. Since 2006, the project has focused on the PEPFAR target regions of St. Petersburg and Orenburg Oblast.

SCALING UP IN PEPFAR REGIONS

Availability of ARVs has increased dramatically in Russia and, in 2006, AIHA began rolling out successful HIV treatment, care, and support models in the PEPFAR priority regions of St. Petersburg and Orenburg Oblast. AIHA's scale-up activities replicate and expand on partnership accomplishments.

Clinical trainings on ART and opportunistic infections—coupled with onsite mentoring and other support activities provided by US partners—are successfully building district and regional networks of well qualified healthcare providers.

The project is helping prevent vertical transmission of HIV. It also combats stigma and discrimination while at the same time arming a larger healthcare workforce with the knowledge and skills they need to effectively manage patients through Primary HIV Care and Tolerance Building workshops. Other focus areas include management of HIV and TB co-infection, palliative care, HIV case management, ART adherence support with a focus on patients who are injecting drug users, and quality assurance through chart audits and patient satisfaction surveys.

OUTCOMES & CHALLENGES

Overall, the four partnerships successfully developed and implemented models that have improved coordination of and access to high quality treatment, care, and support services for PLWH in the target regions. Russian care providers and policymakers were exposed to new models and practices. Working with their US counterparts, they adapted these to local needs and conditions. Programs established through the partnerships continue to be scaled up in all four regions as access to ART improves.

Key Accomplishments

As of May 2008, AIHA reports the following accomplishments at PEPFAR-supported sites in St. Petersburg and Orenburg Oblast:

- Partnership models support more than 3,500 patients currently receiving ART at two pilot sites
- 100 percent of primary level infectious disease specialists in target regions are trained to manage ART
- HIV/AIDS Information Resource Centers established at pilot sites provide access to evidence-based HIV/AIDS literature to care providers and patients
- Case management system was introduced at AIDS Centers and other care institutions
- System of coordinating care among substance abuse and primary care clinics was improved

- Clinical monitoring and quality control systems developed and implemented
- Counseling and testing services were improved and expanded

A major challenge was integrating case management into substance abuse and social services facilities, while that process was most efficient within AIDS service or primary care institutions.

RECOMMENDATIONS

As ART becomes increasingly available in Russia, public health interventions derived from US models—such as case management and the multidisciplinary team approach to HIV care—have proven highly effective at meeting a broad spectrum of socio-medical needs and ensuring treatment adherence and patient retention. Selection of appropriate hosting institutions is critical to the replication process and the programmatic elements must be in line with institutional missions, goals, and objectives.



Clinical training, mentoring, and ongoing collaboration are the hallmarks of AIHA's twinning partnerships. The end result is increased capacity and improved patient care.

Assessment and quality improvement tools such as clinical chart audits and client satisfaction surveys provide evidence of HIV care management required by local and national administrations, as well as international donors. These tools also identify areas where improvement is needed.

