

Developing Human Capacity to Prevent Mother-to-Child Transmission Of HIV: Adapting WHO/HHS/CDC PMTCT Generic Training Package for Use in Eastern Europe and Central Asia

Natalya Nizova¹, Svetlana Posokhova², Laura Lisk³, Zoya Shabarova¹

¹American International Health Alliance, Washington, DC; ²Odessa Oblast Clinical Hospital, Odessa, Ukraine; ³National Jewish Medical and Research Center, Denver, CO

ISSUES

An increasing number of new HIV infections in Eastern Europe and Central Asia are attributable to sexual transmission. In Russia, for example, 6% of new HIV infections reported in 2001 were due to unprotected sex. By 2004, that number increased to 25%.¹ This trend is evident throughout the region, with a third of all new HIV cases reported in 2004 in Kazakhstan and Ukraine, and nearly half of the new cases reported in Belarus and Moldova, attributed to sexual transmission.²

A concurrent feminization of the epidemic in much of the region—in Russia, some 38% of all registered PLWHA are women and, in Ukraine, 42% of those newly diagnosed with HIV in 2004 were women³—has resulted in a marked increase in mother-to-child transmission of HIV. More than 13,000 children in Russia⁴ and some 10,000 in Ukraine⁵ have been born to HIV-positive women. These patterns clearly illustrate the critical need for addressing vertical transmission on a national and regional level.

PROJECT DESCRIPTION

The American International Health Alliance (AIHA)—with support from USAID and in close cooperation with WHO and UNICEF—in 2004-2005 adapted and translated the WHO/HHS/CDC PMTCT Generic Training Package (GTP) to assist countries in the former Soviet Union with scaling up national PMTCT programs. Other strategic partners in this project include the Francois-Xavier Bagnoud Center (FXBC) at the University of Medicine and Dentistry of New Jersey and leading experts and stakeholders from countries in Eastern Europe and Central Asia.

This regional effort is fostering the development of national PMTCT policies and goals, national PMTCT capacity building strategies, local pilot projects that can serve as centers of PMTCT excellence and models for replication, and training centers and programs that can provide both knowledge-based and clinical-based training (see Figure 1).



Figure 1: GTP Pilot Countries in Eastern Europe and Central Asia

WHO/HHS/CDC PMTCT Generic Training Package Overview

The GTP is a comprehensive, evidence-based PMTCT training course specifically developed for use in resource-constrained settings. The GTP is the result of a multi-year collaboration between WHO, CDC, and other key international agencies and is rooted in proven adult education methodology.⁶ The 32-hour curriculum—which consists of nine modules, each with a summary as well as problem-solving and role-playing exercises—is designed for training physicians, nurses, and allied caregivers working in primary care facilities, maternity hospitals, and AIDS centers (see Figure 2). Packages for particular countries include a collection of national policies and regulations related to HIV/AIDS and PMTCT.

Components	Purpose
Training Program, Course Director Guide	Provides guidance for developing a national PMTCT training program along with logistical information targeted to the course director
Trainer Manual	Provides course faculty with instructions for preparation and presentation of technical content and interactive exercises
Participant Manual	Provides trainees with PMTCT technical content, exercises, glossary of terms, resource guide, and a Presentation Booklet that summarizes course material
PMTCT Pocket Guide	Provides clinicians with hands-on instructions, including a Wall Chart, related to PMTCT procedures used in healthcare settings

Figure 2: Key Elements of the WHO/HHS/CDC PMTCT Generic Training Package

The purpose of the GTP is to:

- Provide an overview of the fundamental principles of a sustainable PMTCT program;
- Provide healthcare workers with the knowledge and skills they need to deliver basic PMTCT services;
- Provide flexibility for integrating country-specific PMTCT policies and procedures; and
- Provide a mechanism for human capacity building required to support PMTCT service delivery programs.

Implementation Strategy

At the onset of the project in October 2004, AIHA conducted a working group of its strategic partners and other stakeholders, as well as local and national officials from Kazakhstan, Russia, and Ukraine, to review the GTP and assess its potential for building human resource capacity in Eastern Europe and Central Asia. The meeting was also a forum for building consensus on the adaptation and roll-out process for the region.

The participants agreed on a 13-step adaptation process that included: developing new materials for pilot countries based on relevant national conditions and legislation; adapting and translating existing materials to local conditions; developing country-specific training modules and presentation booklets; initiating training courses at pilot sites; evaluating results of the pilot trainings and revising curricula accordingly; and finalizing national PMTCT training packages for the pilot countries. In addition to these actions, which have already been completed, the project is currently working to adapt the materials to other nations in Central Asia and the Caucasus and develop a separate training module on PMTCT issues specific to injecting drug users.

Following an initial training course conducted for 21 representatives from five countries in the region along with officials from WHO, FXBC, and other international organizations, the project was launched in pilot countries (see Figure 3).

Country/City(ies)	Trainings Conducted	Caregivers Trained	Funding Source
Azerbaijan*	1	10	GFATM
Kazakhstan (Temirtau)	2	47	USAID
Russia (Chelyabinsk, Magnitogorsk, Orenburg)	10	309	UNICEF/Russia
Ukraine (Bila Tserkva, Cherkassy, Kryvyy Rog, Mykolayiv)	4	95	USAID

*Training for Azerbaijani caregivers was conducted at the Southern Ukraine AIDS Education Center (SUAEC), a center of PMTCT excellence located in Odessa, Ukraine.

Figure 3: Overview of PMTCT Trainings Conducted in Pilot Countries

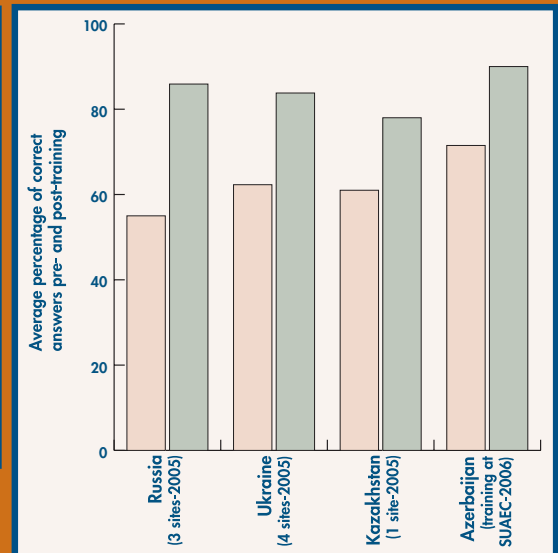


Figure 4: Selected Knowledge Improvement Results Based on PMTCT Trainings Conducted in 2005-2006 in Four Pilot Countries

LESSONS LEARNED

Evaluation of the results of pre- and post-tests administered to gauge participant knowledge indicates that the adapted GTP and training methodology are effective at improving PMTCT knowledge and skills. Test scores increased by an average of 22% across all sites (see Figure 4, above), with individual trainings resulting in increases that ranged from 17-52%.

Careful evaluation and analysis of the results of the initial workshop in St. Petersburg⁷ and the individual country trainings identified the following areas that require additional investigation and development:

- Working effectively with key high-risk populations, particularly injecting drug users;
- Implementing a case management system to help bridge gaps in care due to stratification of healthcare services in the region;
- Expanding or developing PMTCT monitoring and evaluation systems based on national recommendations;
- Encouraging use of replacement feeding (formula) where acceptable, feasible, affordable, sustainable, and safe in the region; and
- Exploring an apparent trend of Caesarean sections being used more frequently for HIV-positive women in the region than in other parts of the world.

RECOMMENDATIONS

To ensure permanent PMTCT training of healthcare workers, it is necessary to integrate the GTP course into the system of healthcare education in the region. This requires: adapting course materials to the requirements of national ministries of health; obtaining official approval of the course by national ministries of health and education; and developing faculty who are knowledgeable about the PMTCT GTP material and skilled in adult learning methods.

References

1. WHO. AIDS Epidemic Update 2005, p 47 (December 2005).
2. Ibid., p 45.
3. Ibid., pp 47-50.
4. Ibid., p 48.
5. Ukrainian National Report on the Follow up to the UNGASS Declaration of Commitment on HIV/AIDS, p 5; http://data.unaids.org/pub/Report/2006/2006_country_progress_report_ukraine_en.pdf
6. WHO/HHS/CDC Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package; www.cdc.gov/nchstp/od/gap/PMTCT
7. FXBC Report on facilitator orientation and pilot training workshops conducted in St. Petersburg, Russia, March 11-18, 2005, pp 22-23 (April 2005).

