Elena Gutareva is a nurse in the voluntary testing and counseling unit of the Orenburg AIDS Center. She provides pre- and post-test counseling to those getting tested for HIV in the Russian town of Orenburg. “Every person has his own personality, so counseling has to be done on a case-by-case basis,” she explains. As she describes it, her job is as much about listening as it is about explaining the mechanics of how HIV reproduces in the body. “We try to find ways to explain HIV that are appropriate to each person.”

Gutareva is a natural fit for the job, easily establishing a rapport with her patients and taking her cues from them. Despite almost two decades as a nurse, however, this kind of patient contact is new, even novel, to her. Russian nurses have traditionally been relegated to administrative and even janitorial roles. They have performed very little of the patient support services—intake, counseling, and health education—that are considered core duties of the nursing profession in much of the world. In most cases, that has meant that patients haven’t had access to these crucial services.

But as the staff at the Orenburg AIDS Center has learned, these support services can go a long way in determining the health outcomes of their patients. Through an institutional partnership with the Elmhurst Hospital Center in New York City, the AIDS Center has committed itself to improving the care and treatment it offers to people living with HIV/AIDS. The partnership is supported by the American International Health Alliance (AIHA) through funding from the US Agency for International Development (USAID).

When the partnership began in late 2004, the AIDS Center had trouble even keeping its patients in care, recalls Jacqueline Stith, a nursing supervisor at Elmhurst who is active in the partnership. In the face of this, Stith and other US partners who visit-
Less than two years later, the transformation in Orenburg is remarkable. “We have patients who come to us and say, ‘HIV is not curable, so why am I taking this medicine?’” says Vagapova. “And the nurses can explain, we can counsel that patient. That’s something we credit our partnership with.” The nurses educate patients about how antiretroviral drugs work to keep HIV at extremely low levels in the body, thereby improving the health and quality of life of those living with the illness.

Such positive changes prove that it was not a lack of training or ability that kept the nurses from playing a crucial part in improving the quality of patient care. It was reliance on the traditional roles of an ineffective system. “The key has been getting the others on board with the plan—the infectious disease specialists, the director,” Stith observes.

Nurses at the Orenburg AIDS Center now work closely with doctors in two-person teams, providing counseling and education to help patients manage their disease, as they’ve learned from their US partners. For example, nurses use pillboxes and sample medications to reinforce the importance of taking antiretrovirals according to the indicated schedule and to encourage patients to set up their own systems to remind themselves. They follow up with patients who fail to show up for appointments, even making house calls at times. They try to establish a connection with their patients, so that each one will feel comfortable asking questions or talking about the struggles of managing HIV/AIDS.

By all accounts, these efforts have been successful. Laura Vishniakova, another nurse at the AIDS Center, tells the story of a young woman who nodded stoically as the doctor told her she was HIV-positive. “The moment the doctor left, the girl looked at me and she said, ‘Talk to me,’” Vishniakova recounts. “Every nurse has a story like that,” she says, stressing that until recently, nurses had not been empowered to provide this type of patient support. “Before, only the physicians did counseling, but now we’re considered specialists too.”