

Connections

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Partner News



On Visit to Russia, HHS Secretary Announces Establishment of HIV/AIDS Partnership in St. Petersburg and Notes Achievements of Dubna/La Crosse Partnership

"AIDS is a disease that knows no borders and all nations must dedicate themselves to confronting this scourge as openly as possible," US Secretary of Health and Human Services (HHS) Tommy G. Thompson said during his visit to Russia, July 1-3, 2004. Thompson, who also serves as chairman of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, announced the Fund's recent decision to award \$34.2 million to Russia to help the country fight HIV/AIDS and tuberculosis. At a series of meetings with Russian officials, Thompson explained that the United States and the Global Fund look forward to working with the

agencies, to build an effective program of national response to the twin epidemics. According to experts, these diseases have already affected some 1.5 million Russians and the rate continues to grow at 15 percent every year. Thompson urged Russian health, legislative, public, and religious leaders to continue working with the international donor community and, most importantly, each other to effectively treat and prevent HIV/AIDS.

While in Russia, Thompson met with healthcare administrators and other community leaders in Moscow and St. Petersburg. During a meeting at the St. Petersburg City Hall, Thompson announced the establishment of a new AIHA-sponsored HIV/AIDS partnership between the St. Petersburg City AIDS Control Center and Yale University School of Medicine, located in New Haven, Connecticut. The partnership will effectively utilize the Global Fund grant as well as in-country resources to curb the infection and improve services available to people living with HIV/AIDS (PLWHA). Funded through the USAID/Russia's HIV/AIDS Operational Plan, the partnership will focus on creating the organizational and human capacity necessary to provide comprehensive prevention, care, treatment, and social support services to PLWHA in St. Petersburg.



Participating in the ribbon-cutting ceremony marking the opening of the HIV/AIDS Information Resource Center are Vladimir Zhelobov, deputy head of the St. Petersburg Healthcare Committee; Elena Vinogradova, head physician, St. Petersburg AIDS Center; and E. Anne Peterson, assistant administrator, USAID Bureau for Global Health. (Photo: AIHA archive.)

As a member of Thompson's delegation, E. Anne Peterson, assistant administrator of USAID's Bureau for Global Health, visited the St. Petersburg City AIDS Control Center where she met with both US and Russian partners and spoke at the opening of the newly-established HIV/AIDS Information Resource Center. The Center is designed to give local care providers, scientists, patients, and other interested parties better access to accurate, evidence-based information about HIV/AIDS. "We hope the collaborative efforts of the Russian and US partners will contribute to the fight against HIV/AIDS in the city of St. Petersburg and will inspire the rest of the country," Peterson stated, announcing the establishment of three additional AIHA partnership pilot programs in Russia to address HIV/AIDS. These partnerships have been established in three of the country's oblasts that have been hit the hardest by the HIV/AIDS epidemic, namely Orenburg, Saratov, and Togliatti.

The Russian Ministry of Health has agreed to use the four AIHA partnership sites as models for HIV-related service delivery programs that can be replicated in other cities and oblasts as the government scales up care and treatment for PLWHA. (For more information about the HIV/AIDS partnerships please refer to ["AIHA Launches Four New Partnerships in Russia to Help Stop the Spread of HIV/AIDS"](#))

Commenting on the establishment of the new partnership in St. Petersburg, AIHA Executive Director James P. Smith noted that the accomplishments of past

partnerships in the city serve as an important foundation for the new one. "Our now decade-long partnership with Hospital 122 and Pavlov Medical University, and more recently with Mechnikov Medical Academy, has demonstrated the ability of the partnership model to significantly improve health both here in St. Petersburg and in communities in the United States. The task of our newest partnerships is both formidable and of extraordinary importance as we jointly seek to address the HIV/AIDS pandemic. Through these partnerships, we hope to share the experience that US communities have gained over the past two decades combating the virus."

Long-standing Collaboration Brings New Perspectives

While in Russia, Thompson also had the opportunity to meet with Dubna Mayor Valeriy Prokh. During the meeting held at Spaso House—the Moscow residence of the American Ambassador to Russia—on July 2, the men discussed the achievements of the long-standing collaboration between medical and educational institutions in Dubna. The partnership brought together the Dubna City Hospital, Narcological Dispensary, Maternity House, Children's Outpatient Clinic, and all city's secondary schools with Gundersen Lutheran Medical Center and the Franciscan Healthcare System located in La Crosse, Wisconsin, the state in which Thompson was governor before being appointed secretary of HHS. Among the partnership's successes is the establishment of a Women's Wellness Center, which has been financially sustained by the Dubna community since its creation in 1998, and has been recognized as a model site for the Moscow Oblast. As a result of the partnership, an Orthotics Center was also established in Dubna and employees there now design and produce orthotic devices for the Russian Rehabilitation Hospital and the Moscow Oblast. In addition, the partnership has been instrumental in improving the health of the community in the areas of diabetes, cardiac rehabilitation, pediatric care, emergency medicine, and prevention of intimate partner violence, among others.

Just recently, Dubna and La Crosse partners were awarded a new USAID grant under the auspices of the AIHA partnership program to foster improvements in family planning and reproductive health. The criterion on which USAID based its choice was the positive impact the programs implemented in Dubna over the past decade have had on the health status of women and infants.



Prokh and Thompson share memories about their meeting in Dubna in 1993. To their left are Sergey Ryabov, head of the Health Department, Dubna City

Administration and Arsen Kubatayev, AIHA regional director for the Russian Federation. (Photo: AIHA archive.)

Reproductive health is an area of utmost importance to the Russian government, which is concerned with the low fertility

and high mortality rates that are negatively affecting the country's population growth. In keeping with national priorities to increase life expectancy, improve reproductive health, promote healthier lifestyle choices, and reinforce the family as an institution, the Dubna/LaCrosse partnership will focus on integrating reproductive health and patient education services into the overall primary care delivery system.

The partnership story caught Secretary Thompson's attention in the early 1990s, when he was governor of Wisconsin. In September 1993, he led a trade delegation to Russia and visited La Crosse's sister city—Dubna—where he spoke with members of the community who told him about the changes that had occurred in their health system thanks to the partnership program initiated by AIHA in 1992. During that time, as a result of peer-to-peer interactions, healthcare administrators, physicians, nurses, and community stakeholders were exposed to practical, real-world problems and viable solutions applicable to the local environment and not simply to theoretical approaches developed by visiting consultants. The acquired experience helped them to develop uniquely-adapted, self-sustaining approaches to improve the quality of healthcare delivery. This experience makes Thompson a strong supporter of the twinning model and he brings this knowledge to his present position at HHS, with which, according to Smith, AIHA has had a long-standing relationship.

Smith notes that various organizations under HHS umbrella have worked closely with AIHA partners in the past, contributing not only to a body of international health research, but also to new and effective programs that help partners in their efforts to assist Russia and other NIS countries carry out national healthcare reforms. He notes the Dubna/La Crosse partnership as being a significant example of such a relationship, citing, for example, an innovative alcohol prevention, treatment, and rehabilitation project implemented in 1996, that was recognized by the US Substance Abuse Mental Health Services Administration as a model for Russian schools. That same year, the Vallejo Diabetes School—established by the partners to train endocrinologists and other health professionals in diabetes management and to teach persons with diabetes and their families self-management—was acknowledged by the Gore/Chernomyrdin Health Committee. The school has been successfully replicated in three Russian cities and at two clinics in Moscow.

At the conclusion of the meeting in Spaso-House Thompson congratulated Prokh with winning the grant and wished the Dubna community success as they strive to build a better future for the country.



New Kosovo Partnership Focuses on Improving Reproductive Health

Following a plan established by the majority of Eastern European countries, Kosovo continues to shift its healthcare system towards primary care. For the past five years, a large cadre of well-trained family medicine specialists has been developed to provide improved primary healthcare services. Despite

this fact, there are still many issues that need to be addressed to assure effective primary care reform, including integration of reproductive health services into primary care settings.

Although current training for family physicians and nurses includes family planning, antenatal care, and management of sexually transmitted infections (STIs), these reproductive services are not yet available at the majority of the country's family medicine centers (FMCs) and the infant mortality rate in Kosovo remains one of the highest in Europe at 35 per 1,000 live births. UNICEF experts attribute these figures to low utilization rates and the poor-quality of antenatal care. Their assessments show that the regional primary care system, which consists of FMCs and village-based family medicine ambulatories, is not structured to create environments where quality reproductive health services can readily be provided.

To effectively respond to this specific challenge, AIHA, in cooperation with the USAID, has launched a two-year Reproductive Health Partnership Project in Kosovo that links the network of FMCs in Gjakova—one of the country's 30 regions—with the Dartmouth Medical School Department of Community and Family Medicine, located in Hanover, New Hampshire. The official ceremony formalizing the collaboration took place in Hanover on June 24, 2004, and was attended by Zef Komani, director of the Gjakova Municipality Directorate for Health and Social Welfare, American counterparts from Dartmouth Medical School—Dean Stephen Spielberg and past deans Etan Dmitrovsky (2002-2003) and John Baldwin (1998-2002)—and representatives from AIHA. The Memorandum of Understanding signed at the ceremony affirms the partners' commitment to improve the health of mothers and infants in Gjakova.



Stephen Spielberg, AIHA Executive Director James P. Smith, and Zef Komani sign the MoU ratifying the two-year collaboration between Gjakova and Hanover. (Photo courtesy of DMS.)

Given the fact that improving antenatal care will be the focus of this partnership, the partners have identified the initiation of high-quality antenatal services at FMCs—including providing family planning, prenatal care, and STIs prevention—assurance of their sustainability, and promotion of knowledge and acceptance of FMC-based antenatal care within the community as some of their primary objectives. Another goal is the development of strategic alliances with key stakeholders in the implementation of family medicine in the region.

The partners hope to achieve these goals by training FMC personnel in reproductive healthcare services using the principles of the clinical "microsystems" quality improvement method. This approach promotes internal leadership, fosters team work, encourages self-confidence, optimizes the role of every staff member to assure efficiency of care, and empowers improvements in healthcare delivery. (For more information about the microsystems approach, please see: ["Microsystems Approach Improves PHC Delivery in Kosovo"](#) .)

The project will rely heavily on partnership exchanges, sending volunteer teams of Dartmouth-affiliated physicians and nurses to Kosovo to help family medicine partners develop quality improvement plans for reproductive health services, while specialists from Gjakova will travel to Hanover to work side-by-side with US colleagues to gain insight, vision, and skills that can be applied in Gjakova. The US partners will also help to provide their Kosovo counterparts with the material resources necessary to create a basis for qualitative reproductive healthcare provision.



New Gjakova/Hanover partners with AIHA staff. (Photo courtesy of DMS.)

In addition, the partners will collaborate with staff from the Gjilan Main Family Medicine Center, Dartmouth's former partner in the Gjilan/Hanover partnership (2001 - 2004). It is expected that Gjilan FMC representatives will serve as advisors and mentors to Gjakova partners and that the Gjilan FMC will serve as a model for new sites in Gjakova. In return, the Gjilan partners will benefit from the quality implementation materials and methods that will be developed during the course of the Gjakova/Dartmouth partnership.

As they did in the Gjilan partnership, nurses will play a vital role in the Gjakova experience. They will be trained to provide quality patient education on reproductive health, both in conjunction with clinical and "nurse-only" visits. Another key component of this project will be training a designated reproductive health nurse "specialist" for each FMC. This nurse will be available to the community as a source for reproductive health information and will assist patients with accessing reproductive health services in the primary care system.

Commenting on the new partnership, Emily Fedullo, AIHA program officer for Central and Eastern Europe, explains that Dartmouth Medical School has a long history of developing and implementing successful community-based primary healthcare programs and—as one of the few US medical schools situated in a rural area—is uniquely well-suited for the task of working with Kosovar partners to create effective programs that meet the healthcare needs of people in their community. "Working together, the partners will seek the involvement of multiple sectors, disciplines, and interests within the community as they re-build and re-vamp the existing healthcare infrastructure, in part by creating a system to deliver high-quality reproductive health services and by providing evidence-based training for clinicians," she emphasizes.

Regional News

Tajikistan Struck by TB Epidemic; International Organizations Unite to Stop Infection

The United Nations' *Integrated Regional Information Networks (IRIN)* reports that Tajikistan continues to face a consistent tuberculosis epidemic. To date, the number of registered cases has reached 12,000. Given Tajikistan's population of 6.5 million, this figure means that 67 out of every 100,000 persons in the country have the disease. The number of cases has increased by 21 percent since 2001.

Experts, however, fear that the real rate of incidence considerably exceeds official data. According to Nazira Artykova, a liaison officer for WHO in Dushanbe, "Based on [WHO's] assessment, the number of TB sufferers in the country is five to six times higher than officially reported, especially among prisoners and people living in overcrowded places such as hostels." Artykova identifies the poor socioeconomic situation in the republic, inadequate nutrition, poverty, and unemployment as the main culprits for continuing the spread of TB in Tajikistan, a country where, according to a World Bank report, 83 percent of the general population lives in poverty and 17 percent are considered impoverished.

Sadullo Saydaliev, director of the Tajik TB Control Center, has notified *IRIN* that a growing number of TB cases have been registered at clinics where the WHO-endorsed directly observed treatment short (DOTS) course has been implemented. Saydaliev believes that this is not because the DOTS regimen is not working, but rather because more people are looking for treatment at sites where WHO supplies free anti-TB drugs for the program and that consequently more cases are detected in these regions.

Despite the fact that a national anti-TB program developed by the Tajik government to eradicate the infection by 2010 is in place, the country still lacks resources to adequately manage TB treatment and prevention. Artykova emphasizes that medical institutions in Tajikistan are not able to provide surveillance because of the financial situation of the country and a lack of appropriate laboratory equipment. She also notes that medical personnel are unable to provide quality healthcare to TB patients due to a lack of training. Saydaliev supports this assessment of the situation, emphasizing that "proper training [of healthcare providers] will pay dividends in the form of better monitoring, detection, and treatment."

The dilemmas faced by Tajikistan are well understood by international donors who in an effort to help the country curb the infection support the national TB program through efforts designed to build capacity among medical personnel, provide laboratory supplies, and implement DOTS monitoring and evaluation. The main contributors to the anti-TB efforts in Tajikistan are: WHO, USAID, the World Bank, Swiss Development Agency, and Project HOPE, an international health NGO.

In addition to providing financial and technical aid, WHO experts worked closely with National Coordination Committee members in Tajikistan on the development and submission of an application to the Global Fund to fight AIDS, TB, and Malaria asking for more than \$1.2 million for 2004-05 to support anti-TB activities. *IRIN* also reports that the German KFW development bank is granting \$3 million to Tajikistan for costs not being covered by other international donors.

Workshops, Conferences, Opportunities and Grants

2004-2005 Fogarty International Research Collaboration Award in HIV/AIDS and TB

The International Clinical, Operational, and Health Services Research Training Award for AIDS and Tuberculosis (ICOHRTA-AIDS/TB) Programs provides extended support to institutions to foster collaborative, multidisciplinary research in developing country sites where HIV/AIDS, TB, or both are significant problems. Grants are awarded to institutions in developing countries, including the NIS, that have strong HIV- or TB-related research experience and to their US counterparts with whom they are collaborating. For more information, visit:

www.fic.nih.gov/programs/ICOHRTA-AIDS-TB/ICOHRTA-AIDS-TB.html

International Society for Sexually Transmitted Diseases Research Announces Meeting

The 16th biennial meeting of the International Society for Sexually Transmitted Diseases Research (ISSTD) will be held July 10-13, 2005, in Amsterdam, the Netherlands. The meeting will be organized jointly by Dutch and Belgian STD researchers and will provide a forum for investigators and policy makers to discuss recent advances in research and control of all STDs including HIV. Special attention will be given to the situation of controlling STDs in developing countries that are coping with a large disease burden, with few resources to conduct research. For more information, go to: www.isstdr.org/

International Cancer Vaccine Symposium: Clinical Laboratory Advances In Cancer Vaccines And Immunotherapies

The Royal Society of Medicine and Hasumi International Research Foundation will sponsor a two-day meeting focused on new approaches to cancer treatment and will observe different aspects of tumor immunotherapy and related clinical trials. The meeting will take place in London, UK, November 12-14, 2004. For more information, see: www.rsm.ac.uk/academ/810-hasumi.htm.

Features

Opening of First Pediatric Emergency Room in Georgia Demonstrates Maxim That All Achievements Start With an Idea, but Are Attained as a Result of Hard Work

"To reach your goal, you have to really want it." Many of us have heard this conventional, somewhat didactic expression dozens of times in our lives without giving it much thought. Then there are moments when everyone understands the meaning of these words, which reveal not simply a desire, but rather the pragmatic striving toward a goal and the knowledge that to get there requires not just will, but hard work. A concrete example of this is the story of the creation of the first pediatric emergency room in the South Caucasus, a facility which opened in Georgia as the result of the persistence of one doctor and the efforts of many people and organizations.

Seed of the Idea

Several years ago, Irakli Sasania, who is now general director of the Central Children's Hospital (CCH) in Tbilisi, was studying for his master's degree in public health at a university in Israel. His dormitory room window looked out onto an enormous hospital, the first floor of which housed an emergency room. "Each day I watched the precise teamwork of the staff, and I was filled with interest and admiration for their work," Sasania recalls. Intrigued, he decided to learn more about the model of the unit and "was impressed by its effectiveness."

When Sasania returned home, he began a detailed study of the emergency care system in Georgia and discovered that there are no emergency units in the country that provided an effective alternative for patients who needed short-term diagnostic and emergency care. He learned that all patients requiring urgent care are checked by an ambulance crew or at a regional multi-profile hospital through the admission department, where triage is performed and patients sent to the department specializing in their problems. A similar system is used by children's hospitals. In addition, he stresses that all resuscitation departments in his country as well as in the other countries of the former Soviet Union—are located on the upper floors of hospitals. "As a result of this thoughtless design, there are cases where patients die in the elevators," says Sasania, emphasizing that for patients in a critical condition, every minute counts and the very idea that a person could die within the hospital due to technical difficulties or inefficiency of the admission system, is absurd. It is even more appalling when the matter concerns children. Thus, when Sasania became director of CCH, he began to actively work to change the concept emergency care and to create an emergency room designed to be housed on the ground floor, taking into account all of the technical and architectural nuances that make it possible to provide urgent care to a patient.



Irakli Sasania shares his memories about how the project developed during the opening ceremony of the CCH emergency room. On his left are Erosi Kitsmarishvili, president of Rustavi 2 Television; Georgian President Mikhael Saakashvili; Minister of Labor, Health, and Social Affairs Lado Chipashvili; and Zurab Chiaberashvili, mayor of Tbilisi. (Photo courtesy of CCH.)

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From Challenging Inception to Successful Fruition

Bringing this idea to life turned out to be a complicated matter, although Sasania admits that he never thought it would be easy. His first challenge was to find funding to create this new unit. The financial crisis that occurred in Georgia as the young country became independent made it necessary to find sponsors within both the commercial sector and among foreign nongovernmental organizations (NGOs). He also looked to NGOs to provide technical assistance in terms of training the staff in modern approaches and methods of providing emergency care as the model he wished to follow had been used successfully for many years in many Western countries.



Georgian president Saakashvili and CCH General Director Sasania prepare to cut the ribbon marking the opening of this remarkable center. (Photo courtesy of CCH.)

All of this took two years. During this time, the director of CCH and his supporters managed not only to find and convince private sponsors and NGOs of the importance of providing effective, expert care to Georgia's children, but also won the support of the country's leadership, which approved his initiative and provided staffing and material, as well as political, support for the unit.

In 2003, the team of physicians and nurses assembled to staff the unit began receiving technical assistance from American partners from Emory University's School of Medicine and Children's Healthcare of Atlanta at Egleston, which began working with CCH under AIHA's Tbilisi/Atlanta partnership. Trips to Atlanta gave Georgian specialists the opportunity to study the technology used in

American pediatric emergency rooms. During visits to Tbilisi by American colleagues, emergency room staff received advice on how to provide the most effective critical care. In the course of their work, the American and Georgian specialists studied in detail methods of conducting triages and providing urgent care for injuries and cuts, as well as reviewed complex clinical cases and jointly determined the most effective methods of providing care and treatment to patients in critical conditions given local resources and conditions.

The process of remodeling this area of the hospital and supplying the emergency unit with new furniture and modern laboratory and diagnostic equipment involved more than 22 organizations, including the Rustavi-2 national television network; GEOCELL, a mobile communications company; Maggie Style, a construction company; the well-known food and beverage company Nestle; the Georgian representative office of the worldwide restaurant chain McDonalds; the Swedish Agency for International Development; and many other organizations that were moved by Sasania's energy and admirable idea.

Reflecting on their involvement, Irma Tskitishvili, GEOCELL's public relations manager, says that sponsoring this project is the most significant charitable act in the company's history. "We felt that by helping to create the pediatric emergency room, we were helping to save the lives of our own children," she said during the ceremony officially opening the new unit, which was held on June 1, 2004, to coincide with International Children's Day.



Emergency room physician Nikoloz Kvachadze at his new work place. (Photo courtesy of Nikoloz Kvachadze.)

In addition to the fact that the unit is equipped with powerful diagnostic resources and the staff has access to the latest methods of providing medical care, all of the unit's services are provided

free of charge. For Georgia, which introduced insurance-based medical care several years ago, such generosity is rare. This important aspect was noted by Georgian President Mikhael Saakashvili in a speech during the opening ceremony. Expressing certainty that "the unit will meet one of our most urgent needs" and also stated concern over the fact that many Georgian citizens are unable to receive specialized care due to the cost of medical services, noting that it is even sadder when children lack access to healthcare. "This unit will help provide high-quality critical care to all children without exception," he said, while offering sincere gratitude for the work of all those who sacrificed their time and money for such a precious gift.

The need for the unit is indeed clear. According to Sasania, in the first two months since it opened, the unit has treated 1,711 children; 700 of whom required hospitalization. Having received the necessary care, the remaining 1,011 went home safely, which represents a huge costs savings when compared to the old model of emergency care in which the proportion of patients requiring hospitalization would have been 40 percent higher.

Sasania explains that this reduction in need for inpatient treatment is to the result of the unit's ability to provide timely medical care, which is made possible by several factors. First, the new unit offers comprehensive emergency care 24 hours per day. Second, the unit has modern diagnostic and laboratory equipment. Third, because it is extremely important that a child coming to the unit be immediately placed in the reliable hands of an entire team of specialists, each of whom performs a specific role, the process of check-in, examination, and determination of further treatment happens as quickly as possible. By organizing its work in this way, the unit can, in the majority of cases, avoid complications that previously occurred due to the bureaucratic nature of the old system, such as the distant location of laboratory and x-ray equipment or the single on-duty physicians who simply could not handle patient flow alone.



Hospital staff look on as a little girl enjoys the children's play room. (Photo courtesy of Nikoloz Kvachadze.)

Assessing the New Facility

Studies show that both parents and children are satisfied with the work of the unit. According to foreign experts, the unit now surpasses similar institutions in the West. "This is the most modern pediatric emergency room that I have ever seen," says Kenneth Walker, a professor of medicine at Emory University's School of Medicine who along with his colleague Steven Lanski, a physician in the pediatric emergency room at Children's Healthcare of Atlanta at Egleston, has been actively involved in training the personnel for the new emergency unit through the Tbilisi/Atlanta partnership. Speaking at the

opening ceremony both US partners expressed their conviction that once in operation, the sound of children crying will be heard much less often in Georgia. In his complimentary address, Lanski also noted that the unit is innovative not only for Georgia, but for Western countries such as the United States, and that the extension of its model could play an important role in improving children's

health in any country throughout the world.

This opinion is shared by Lado Chipashvili, Georgia's Minister of Labor, Health, and Social Affairs who said "The model created at CCH will definitely be followed in every emergency room in Georgia," during an interview in which he also emphasized that the first steps in this direction have already been taken, explaining that negotiations are currently underway with the World Bank and other large donors to finance a continuation of the project to improve emergency medical care in the country.

The success of the project is clear, as is the fact that one man's desire to make the world a better place has brought about benefits to many. Some are inspired to do good things themselves and others receive help in times of trouble and misfortune. Sasania's experience shows that the most important thing is to be true to your idea and to see it through to the end.

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