

Applying a Twinning Methodology to Develop Replicable, Sustainable Models of Integrated Care, Treatment, and Support for PLWHA in Russia

Arsen Kubataev¹, James P. Smith², Laura Faulconer², Stela Bivol¹, Zoya Shabarova², Elena Vovc¹, Ihor Perehenits¹

¹American International Health Alliance, Moscow, Russia; ²American International Health Alliance, Washington, DC

ISSUES

With some 860,000 people currently infected with HIV, Russia is home to the largest epidemic in Europe. When AIDS first hit the country more than a decade ago, injecting drug users (IDUs) drove the epidemic, but today heterosexual transmission to non-IDUs accounts for an ever-growing percentage of new infections. The country is now facing the urgent task of building both the institutional and human resource capacity necessary to provide PLWHA with comprehensive, integrated treatment, care, and social support services.

PROJECT DESCRIPTION

Twinning focuses on transferring knowledge and expertise through largely voluntary, peer-to-peer exchanges among highly qualified professionals. Unlike some technical assistance programs, twinning relies on the substantial commitment of professional time and energy provided by volunteers on both sides. Based on peer-to-peer relationships among healthcare providers—some who are leading experts in their respective fields, some who are mid-level practitioners, and others who are just beginning their careers—these partnerships focus on finding solutions to healthcare delivery problems that are technologically and economically sustainable in the host country.

The twinning model presumes that healthcare professionals abroad are more receptive to new ideas and willing to make changes when they work together with colleagues who, in their day-to-day practice, face the same professional challenges. US partners work intimately with their foreign colleagues, thereby gaining an accurate perception of the financial, technological, legislative, and cultural constraints facing practitioners in transitioning nations. This greater understanding facilitates a non-proscriptive collaboration that results in the development and implementation of effective programs that are appropriate solutions to local problems.

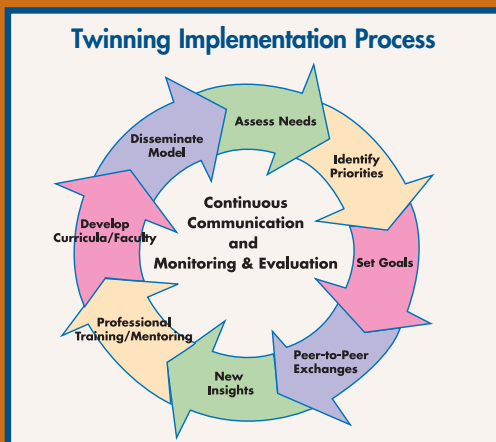


Figure 1: The interactive nature of twinning fosters open exchange of ideas and effective, peer-to-peer transfer of knowledge and technology. Flexible and driven by the needs of the recipient institution, AIHA's twinning model is dynamic in nature and ensures continuous monitoring and updating of programs and activities.

The linchpin of AIHA's twinning model is the exchanges that take place between hands-on professionals. These exchanges allow recipient participants not only to see a broad spectrum of effective healthcare services in the United States, but also to work alongside their American colleagues, learning new techniques and honing existing skills. Direct exposure to a wide range of clinical models gives recipient partners the tools they need to create programs specifically geared to meet the unique priorities and conditions of their own communities and is infinitely more effective than just reading about theories in a book. Furthermore, twinning's participatory project design ensures a high degree of recipient ownership and sustainability.

Twinning to Combat HIV/AIDS in Russia

In close collaboration with the Russian Ministry of Health and Social Development (MOHSD), the American International Health Alliance (AIHA) is using its highly effective twinning methodology to develop replicable models of integrated HIV/AIDS care, treatment, and support in Russia. Launched in August 2004, this project is funded by USAID and coordinated jointly with University Research Co. LLC.

AIHA's HIV/AIDS twinning partnerships are working to create a comprehensive system of care and social support for PLWHA in Russia and their families. To date, member institutions involved with these four partnerships have contributed more than \$3 million in volunteer staff time and other in-kind donations of materials and supplies.

Although each Russian region has its own unique capacity-building requirements, the following cross-cutting areas needing improvement were identified at all pilot sites:

- Patient management and adherence to treatment;
- Patient access and retention;
- Coordination for HIV/TB detection and treatment; and
- Overall coordination of care.

LESSONS LEARNED

The twinning methodology has resulted in the development of models that improve access to, and the coordination of, care and treatment services for PLWHA in the four pilot regions of Russia. Key capacity building efforts include:

Patient management and adherence to treatment

- 4 multi-disciplinary ARV care teams (12 individuals) from Orenburg, St. Petersburg, Saratov, and Togliatti were trained in adult and pediatric ART;

- 15 Russian doctors and nurses traveled to US partner sites for clinical ARV management training; and

- US doctors and nurses traveled to Russia for on-site training and mentoring.

Improved access and patient retention

- Palliative care training package was developed with co-funding from GLOBUS;
- 87 Russian caregivers, including 17 from AIHA sites in St. Petersburg and Orenburg, received palliative care training in St. Petersburg; and
- 38 Russian caregivers received palliative care training during exchange trips to US partner sites, equaling a total of 444 person-days.

Improved coordination for HIV/TB detection and treatment

- Regulatory order on coordination between TB and AIDS services issued in Togliatti;
- TB prevention program initiated in Saratov Oblast; and
- 12 physicians and nurses in Orenburg and Saratov were trained in HIV/TB co-infection.

Improved coordination of care

- New case manager positions were established and funded in Orenburg, St. Petersburg, and Saratov; and
- 32 staff from 4 pilot regions were trained in case management and care coordination.

Additionally, nine HIV/AIDS Information Resource Centers have been established in five Russian oblasts and 120 staff at institutions in these regions received training on the use of computers and Internet resources to improve quality of care through evidence-based clinical practices.

RECOMMENDATIONS

Twinning programs are a successful, cost-effective way to develop and implement sustainable models of integrated care, treatment, and support for PLWHA. Through peer-to-peer professional exchanges, partnerships can adapt and/or create care models that can be replicated in other Russian cities, as well as throughout Eastern Europe and Central Asia. Exposing recipient partners first-hand to new practices and models—and allowing the flexibility to adapt such models to local needs and resources—is critical to programmatic success.

