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**CONFERENCE ON DIPHTHERIA CONTROL IN
THE RUSSIAN FEDERATION: LESSONS LEARNED
AND CURRENT ISSUES
NOVGOROD, RUSSIAN FEDERATION**

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
MOH	Ministry of Health
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

In early 1995, the BASICS project began assisting the Russian Ministry of Health with public health communications. With the support of the United States Agency for International Development (USAID), BASICS conducted a joint conference on public health communication in October 1995. As a result of the conference, a memorandum of understanding was signed between BASICS, the Ministry of Health, the State Committee for Sanitary and Epidemiological Surveillance, and USAID. The objectives set forth in this memorandum are as follows: to strengthen the capacity to plan, implement, and evaluate public health communication programs at the federal level and selected oblasts and to support diphtheria control, polio control, and other immunization efforts at both the federal level and in selected oblasts.

BASICS continued on to establish three pilot projects in Russian oblasts to begin public health communication programs promoting diphtheria vaccination among adults and on-schedule immunization against a variety of diseases for infants. This work culminated in a joint conference dedicated to reviewing the results of their two-year effort. The conference, entitled "Lessons Learned and Current Issues" took place in Novgorod, Russia, and was sponsored by the BASICS project and the Ministry of Health of the Russian Federation along with CDC, USAID, and WHO. The goal was to encourage the exchange of views and practical/operational solutions to problems of diphtheria epidemic control.

BASICS, together with Russian counterparts, presented the results of the BASICS/Russian collaborative effort to implement multi-channel health communication based on behavioral research. A highlight of the conference was sharing success stories with other Russian public health practitioners. Important scientific data and practical tools were also introduced along with a variety of materials, including scientific data from international publications, recommendations from international bodies, guidelines for conducting case-control studies and focus groups, and a guide to public health communication.

Participants included Russian epidemiologists, Russian doctors charged with disease prevention at the federal and oblast level, CDC and BASICS staff, and staff from WHO and other international organizations. At the conclusion of the conference, a resolution was passed that characterized the work of US and Russian partners as very effective and called for continued collaboration in disease control.

BACKGROUND

Some of BASICS' work that preceded this historical resolution included participant training in the US for nine Russian health officials from all three oblasts and Moscow in March 1996 through the USAID/NET project. Participants were chosen by BASICS in consultation with staff from the Russian Federal Research Institute for Health Education and Health Promotion. The three-week visit included work on designing health communication interventions, conducting

and use of qualitative research, and visits to American institutions, such as the National Institutes of Health, that conduct public health communication programs

BASICS assisted counterparts in Moscow, Voronezh, and Novgorod to plan, conduct, analyze and present qualitative research focusing on diphtheria and immunization during May and June. The results of this work were later used to develop a communications strategy which was implemented in the fall of 1996. The campaigns were monitored and evaluated and presented by counterparts at this conference.

Through this program, counterparts gained the capacity to use modern communication methods and to mount a sufficient public health communication campaign using modest means. It is now possible for MOH authorities in Moscow to take the experience and materials developed by BASICS to other oblasts in order to achieve similar results.

THE CONFERENCE

Mark Rasmuson gave an overview of BASICS collaboration with the Russian Ministry of Health over the last two years. (See Appendix C for a copy of his presentation.) He discussed the success of BASICS efforts to strengthen and reinforce partnerships with Russian counterparts. An important aspect of these partnerships is the ability to understand the perspective of the patient. As behavioral research increases our ability to reach the patient through creative communication channels, the partnership will continue to thrive. As BASICS has worked to develop partnerships with Russian counterparts, they have also witnessed the development of new partnerships forming between medical institutions and the mass media. The willingness to collaborate on all sides is clearly a positive indicator for the future.

Dr. Vladimir Polessky, Director of the Russian Federal Research Institute for Health Education and Health Promotion, stressed the importance of federal authorities keeping in touch with the experiences at the oblast level. He also outlined his belief that Moscow officials need to be more cognizant of the real cost-benefit achieved through disease prevention versus the cost of treatment.

The participants from Novgorod noted that the BASICS program helped catalyze the need for prophylaxis in the minds of oblast administrative authorities. Dr. Boris Fishman also noted that it took an epidemic of diphtheria to bring out the need for a health communication intervention.

Participants from Yekaterinburg said that they would use the capacity gained from the diphtheria communications effort by applying it to a communication campaign designed to prevent the spread of STDs among their younger teenage population. They also planned to use communications programs designed to promote breastfeeding.

BASICS successfully convinced the Voronezh participants that they do not have to depend exclusively on physicians to carry out a communications campaign. They recognized the need to work with local media in order to communicate with their population. They also planned to apply their communication capacity to the problem of the spread of STDs, in addition to an anti-smoking campaign.

Robert Steinglass's presentation explained the rationale for and results of a joint BASICS/MOH effort directed at medical faculty and operational staff in Russia to revise policies, practices, and teaching concerning vaccine safety and efficacy, post-vaccination complications, and medical contraindications (see Appendix D). Paul Olkhovsky summarized the communication interventions in three oblasts and explained how they were designed and carried out (see Appendix E). Robert Porter discussed the outcome of the intervention by reporting evaluation results (see Appendix F).

Round table discussions were held with discussions on overall lessons learned, preventing future diphtheria outbreaks, and comparing the characteristics of diphtheria in other countries and during different historical periods.

OTHER BASICS ACTIVITIES

Several days before the conference, BASICS Senior Program Officer Paul Olkhovsky arrived in Moscow to work on pre-conference activities and to conclude work in support of oblast-level anti-diphtheria campaigns. Olkhovsky met with Bill Fick, director of the Internet provider Samovar and reviewed his company's support for the MFY Internet home page. They discussed the increased use of the Internet site by users across Russia. Olkhovsky received a detailed computer report of the "hits" on the site and their likely origins. (See Appendix G, the copy of the report is in Russian but the English speaker can see the origins of the sites in English and the number of hits.) Fick also developed a stand-alone running copy of the Internet site for display at the Novgorod seminar.

Polessky was pleased to present documents to Rasmuson in which modern communication techniques are now incorporated as policy in the Russian medical health care system. (See Appendix H for an English language version of the draft policy.) This document demonstrates that modern communication methods in public health care are now a part of government policy. *The Concept of Hygiene Education and Training, Disease Prevention, Preservation and Promotion of Health of the Population in the Russian Federation* recognizes the value of social marketing and use of mass media in order to communicate with targeted audiences.

CONCLUSION

The conference was successful in achieving its goal to share lessons learned from the work collaborated on by Russian and BASICS counterparts. This was also a rare opportunity for those whose main responsibility is to manage health communications to meet with physicians who work on epidemiological issues. The conference provided a forum for officials at the oblast and federal levels to discuss their respective concerns as well. The BASICS focus on improved communication has allowed not only international counterparts to work together more successfully, but has also given Russians the opportunity to communicate more effectively among themselves.

The Russian participants, both at local and federal levels, repeatedly expressed their hope that the cooperative work done with BASICS and CDC be continued. Specifically, Russian counterparts hoped for BASICS' assistance in establishing a medical public health communication faculty in Moscow, possibly in conjunction with an American educational counterpart.

APPENDIXES

APPENDIX A
Conference Agenda

Diphtheria control in the Russian Federation Lessons learned and current issues
Conference - 4 - 6 June 1997
Agenda

FIRST DAY Wednesday, 4 June 1997

- 8 30 - 9 15 Registration of participants
- 9 15 - 10 15 Introductory words and overview of the conference
- 10 15 - 10 45 Break
- The Russian diphtheria epidemic - background and perspective***
- 10 45 - 12 15 Overview of diphtheria in the world (Galazka A 10 minute presentation and 5 minute discussion)
- Overview of the diphtheria epidemic in Russia (Maksimova N M 10 minute presentation 5 minute discussion)
- Epidemiologic background of the epidemic in Russia
- population immunity vaccination schedules and practices (Sadovnikova V N 10 minutes presentation 5 minutes discussion)
 - new diphtheria strain introduction (Mazurova I K , 10 minutes presentation 5 minutes discussion)
- 12 15 - 13 15 Lunch
- The Russian diphtheria epidemic - lessons learned in control strategy and strategy implementation***
- 13 15 - 14 15 Strategy of epidemic control through raising adult and children immunization levels (Tymchakovskaya I M , 10 minutes presentation, 5 minutes discussion)
- Presentations from oblasts reports on success and extent of implementation of control measures in diphtheria control
- Novgorod oblast (Pyanikh V A 10 minutes presentation, 5 minutes discussion)
 - Kabardino-Balkar Republic (Kudryatzev Y V 10 minutes presentation 5 minutes discussion)
- The Russian diphtheria epidemic - international collaborations***
- 14 15 - 15 00 Russian/CDC collaboration in diphtheria epidemiology studies
- Overview of NIP collaborative activities in the Russian diphtheria epidemic (Wharton M , 10 minutes presentation, 5 minutes discussion)
- CDC - SES collaborative field studies
- Computerized surveillance review - (Vitek C 10 minute presentation 5 minutes discussion)
- 15 00 - 15 30 Break

- 15 30 - 16 15 BASICS Russian collaboration in health communication
 Overview of BASICS activities in Russia and communication
 collaborations (Rasmussen M 10 minutes presentation 5
 minutes discussion)
 Building partnerships and applying public health communication
 methods to other public health challenges (Polessky V A
 minutes presentation 5 minutes discussion)
- 16 15 - 17 30 Parallel small group discussions
 CDC - operational problems and tactics in diphtheria control
 small groups presentations from 6 oblasts
 BASICS - communication interventions

SECOND DAY, Thursday, 5 June 1997

International collaborations in diphtheria epidemic - methodologies and results

- 8 30 - 10 00 Special studies in outbreak investigations
 Identification and investigation of high incidence groups (Nosovetz G V ,
 10 minutes presentation 5 minutes general discussion)
 Case - control studies - basic elements (Brennan M 10 minutes
 presentation 5 minutes general discussion)
 Vaccine efficacy studies - Moscow 1993 (Golaz A 10
 minutes presentation 5 minutes general discussion)
 Case control vaccine efficacy study - school entry booster dose (Brennan
 M , 10 minutes presentation, 5 minutes general discussion)
- 10 00 - 10 30 Break
- 10 30 - 12 30 Health communication and reaching the hard to reach
 BASICS-MOH collaborative work
 Rational for and summary of interventions aimed at influencing
 immunization practice (Steinglass R , 10 minutes, 5 minutes
 discussion)
 Findings from behavioral research on diphtheria and immunization
 (Pervysheva E V 10 minutes presentation 5 minute
 discussion)
 Case study on diphtheria communication interventions
 (Olkhovsky P et al, 20 minutes presentation)
 Evaluation of communication intervention in Novgorod,
 Ekaterinberg and Voronezh (Porter R Dzhatoyeva F and
 Fishman B B, 15 minutes presentation, 5 minute discussion)
 Using the mass media for public health communication (Ignatov
 N G 10 minute presentation, 5 minute discussion)
- 12 30 - 13 30 Lunch
- 13 30 - 15 00 Small group discussions on tactics and experience in reaching the hard to

15 30 - 19 30 reach groups during the diphtheria epidemic
SES sponsored reception for visitors (off site)

THIRD DAY. Friday, 6 June 1997

Diphtheria epidemic control - current issues

09 00 - 10 30 Additional measures to take in time of declining incidence
Review of situation in the NIS (Dittmann S 10 minute presentation 5 minute discussion)
Organization of activities in diphtheria outbreaks (Parkov O V , 10 minute presentation, 5 minutes discussion)
Measures targeted against carriage and need for additional scientific and operational studies (Vitek C , 10 minute presentation, 5 minutes discussion)

10 30 - 11 00 Break

Prevention of future diphtheria epidemics

11 00 - 12 30 Round table discussion on prevention of future outbreaks
Prediction of future outbreaks by monitoring of molecular epidemiology or population immunity/coverage (Brisgalov S P 10 minute presentation, 5 minutes discussion)
Immunization policy
- childhood schedule
- adult schedule

12 30 - 13 30 Lunch

The Russian diphtheria epidemic - lessons learned

13 30 - 15 30 Round table discussion - lessons learned
New features of diphtheria epidemiology
How to control diphtheria epidemics
How to prevent future epidemics

15 30 - 16 00 Break

16 00 - 16 30 Concluding remarks

APPENDIX B
List of Participants

List of Novgorod Conference Participants

Имя/Name	Должность/Title	Место работы/Workplace	Тел /Факс (Tel/fax)
Барсукова Наталья Константиновна Natalia Barsukova	Заместитель директора Deputy Director	Федеральный научно исследовательский институт медицинских проблем формирования здоровья Министерства Здравоохранения РФ Federal Research Institute for Health Education and Health Promotion Ministry of Health	202 18 13 факс 209 29 03
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Ручкина Наталья Александровна Natalia Ruchkina	Заместитель главного врача Deputy Chief Physician	Московский Центр гигиенического образования Moscow Center for Health Education Sanitation and Epidemiology Station	241-86 28
Федоров Юрий Михайлович Yuri Fedorov	Руководитель отдела Head of Department	Отдел сан охраны территории и ЧС Department of New and Emergency Situations	927 27-54
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Имя/Name	Должность/Title	Место работы/Workplace	Тел /Факс (Tel/fax)
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Фишман Борис Борисович Boris Fishman	1 й заместитель главного врача First Deputy Chief Physician	Новгородский Центр медицинской профилактики и спортивной медицины Novgorod Center for Prophylaxis and Athletic Medicine	26-172 факс 72 434
Чирская Марина Валентиновна Marina Chirskaaya	Заместитель главного врача Deputy Chief Physician	г Новгород Novgorod	27 843
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Назаров Вячеслав Анатольевич Vyacheslav Nazarov	Главный врач Chief Physician	Саратовский областной центр медицинской профилактики Saratov Oblast Center for Prophylaxis	60 315
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Первышева Елена Витальевна Elena Pervysheva	Научный сотрудник Researcher	Центр социологических исследований МГУ Moscow State University Center for Sociological Research	203-32-69 факс 203-63-34
Полесский Владимир Александрович Vladimir Polessky	Директор Director	НИИ медицинских проблем формирования здорового образа жизни Москва Institute for Health Education and Health Promotion Moscow	209-24-49

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List of Novgorod Conference Participants

Джевахашвили Светлана Анатольевна Svetlana Jevakhashvilly	Помощник Президента Assistant to President	Корпорация Медицина для Вас Москва Corporation Medicine for You Moscow	241 65 82 241 53 20
Возиянова Наталья Васильевна Natalia Vozyanova	Специалист Отдела здравоохранения Project Officer Health Care Department	Агенство Международного Развития США USAID	956 42 81 956 42 82 факс 956 70-92
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Пол Ольховский Paul Olkhovsky	Старший специалист Senior Program Officer	БЭИСИКС BASICS	703-920-6763 факс 703-920-6763
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Айрин Келнер Irene Kelner	Радио-репортер International Radio Broadcaster	Радиостанция "Голос Америки" Voice of America	202-401-5928

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Брагина Вера Егоровна Vera Bragina	Главный врач городской санэпидемстанции Chief Physician	ЦГСЭН в г. Новгороде Novgorod City SES Center	7 61-31
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Говорухина Надежда Васильевна Nadejda Govorukhina	Врач эпидемиолог Epidemiologist	ЦГСЭН в г. Владимире Vladimir City SES Center	4 02 32
Григорьева Валентина Александровна Valentina Grigorieva	Врач эпидемиолог Epidemiologist	ЦГСЭН во Владимирской области Vladimir oblast SES Center	4-02 32
Душина Ирина Федоровна Irina Dushina	Заведующая эпидемиологическим отделом Head of Epidemiological Department	Ковровская районная СЭС Kovgov Regional SES Center	3-08 96
Дружинина Татьяна Александровна Tatiana Druzhnina	Заместитель главного врача по эпидвопросам Deputy Chief Physician	ЦГСЭН в Ярославской области Yaroslavl oblast SES Center	23 13-11 факс 23 69-43
Жаворонков Вадим Геннадьевич Vadim Zhavoronkov	Врач эпидемиолог Epidemiologist	ЦГСЭН в Ленинградской области Leningrad oblast SES Center	227 60 73 222 81-28 факс 227 61 50
Жиляков Александр Михайлович Alexandr Zhilyakov	1-й заместитель главного врача First Deputy Chief Physician	ЦГСЭН в Новгородской области Novgorod oblast SES Center	7-50-77
Землянский Олег Алексеевич Oleg Zemlyansky	Заместитель главного врача Deputy Chief Physician	ЦГСЭН в Белгородской области Belgorod oblast SES Center	34-00-69
Иванов Сергей Иванович Sergei Ivanov	Заместитель начальника Департамента госсанэпиднадзора Deputy Chief of SES Department	Министерство Здравоохранения России Москва Ministry of Health of Russian Federation Moscow	973-26-74
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Пьяных Валерии Алексеевич Valery Pyanykh	Главный врач Chief Physician	ЦГСЭН в Новгородской области Novgorod oblast SES Center	7 30 42
Пушкина Галина Георгиевна Galina Pushkina	Врач эпидемиолог Epidemiologist	ЦГСЭН в Нижегородской области Nizhni Novgorod SES Center	36 76-17
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Савиных Алексеи Иванович Alexei Savinich	Заместитель директора Deputy Director	НПО Медсоцэкономинформ "Medsosekoninform"	218-11 09
Садовникова Валентина Николаевна Valentina Sadovnikova	Начальник отдела эпиднадзора Chief of SES department	Департамент госсанэпиднадзора Минздрава России State SES Department Ministry of Health of Russian Federation	973 16 25
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List of Novgorod Conference Participants

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APPENDIX C
Mark Rasmuson's Presentation U S -Russia Collaboration in Public Health
Communication 1995-1997 Overview and Achievements

**U S - RUSSIA COLLABORATION IN PUBLIC HEALTH COMMUNICATION
1995-1997
OVERVIEW OF ACHIEVEMENTS**

**Mark Rasmuson
Senior Communication Officer
BASICS Project**

**Prepared for CDC / BASICS Conference on Diphtheria Control in the Russian Federation
June 4-6, 1997
Novgorod, Russia**

It is with great pleasure that I address this conference in such a beautiful and historic Russian city. My assignment is to give you a brief summary of some very exciting work in public health communication that has been conducted over the past two years by the BASICS Project in close collaboration with a number of Russian partners. And talking about partnership is certainly the appropriate way to begin talking about public health communication in general and about our experience in Russia in particular.

Forming partnerships is one of the key principles of effective public health communication in any society. Partnerships of various kinds: partnerships between doctors and social scientists, between national and local health officials, between health facilities and communities, between health officials and the media. These are just some of the linkages that are necessary to ensure that our most important health messages are communicated throughout society accurately, intensively, inexpensively, and in entertaining and culturally appropriate formats that will have a real and lasting impact on our audiences.

Strengthening partnerships in public health communication has also been one of the main objectives and, I believe, accomplishments of BASICS' work in Russia. We have been privileged to work with an outstanding group of partners, most notably, diphtheria experts within the Ministry of Health and the former State Committee for Sanitary-Epidemiological Surveillance, health promotion experts at the Federal Research Institute for Health Education and Health Promotion, and communication and information experts at Medicine for You. I will return to what I believe have been very important achievements by these partners, but first let me return to the start of our project and review the objectives we set out to achieve.

The BASICS Project has been working in Russia since the middle of 1995, under a memorandum of understanding signed between the Ministry of Health, the State Committee for Sanitary and Epidemiological Surveillance, and the United States Agency for International Development, which is the funding agency for BASICS. The U.S. Centers for Disease Control and Prevention were also a signatory to this memorandum of understanding, and they have also been an important partner, on the U.S. side, to our work.

The objectives set forth in this memorandum for BASICS were the following

- * Strengthen capacity to plan, implement, and evaluate public health communication programs at the federal level and selected oblasts
- * Support diphtheria control, polio control, and other immunization efforts at both the federal level and in selected oblasts

Novgorod, Voronezh, and Yekaterinburg were selected as the three oblasts with which BASICS would work, in addition to our counterpart organizations at the federal level. Now let me review in brief the activities BASICS has carried out to achieve these objectives.

Our program was launched at a Joint U.S. - Russian Conference on Public Health Communication, held in Moscow in October 1995. This 3-day conference was attended by more than 160 physicians from nearly all oblasts in the Russian Federation. Many examples of both U.S. and Russian health promotion programs were presented at the conference, and the methodology of modern public health communication was also presented. The key points of this methodology include (1) a strong emphasis on changing behavior, not just giving information, (2) a commitment to understanding and differentiating various target audiences through social and behavioral research, (3) use of multiple communication channels to reach these audiences, including extensive use of television and radio.

Directly following the Moscow conference, two similar conferences were held in Voronezh and Novgorod, and BASICS also participated in joint diphtheria control assessments with CDC in these two oblasts.

In March 1996, a group of our Russian colleagues from Moscow, Novgorod, Voronezh, and Yekaterinburg traveled to Washington to participate in a 3-week seminar on public health communication.

This was followed in May 1996 by a 3-week training program in methods of qualitative research in Moscow, Voronezh, and Novgorod. During this program, which will be described in more detail by our Russian colleague Dr. Elena Pervysheva, qualitative research data on diphtheria and other immunization practices were collected among both health workers and their patients in Novgorod and Voronezh.

During this same period of time, BASICS was invited to work with the Ministry of Health and Medicine for You to prepare media materials for Russia's national immunization days for polio. I'm sure that many of you saw the TV spots which were produced to promote the national immunization days. The fact that these spots were broadcast on Russian national television many times as a public service demonstrated just how important and how effective partnerships between the health services and the media can be. I believe the very high coverage rates achieved by the polio immunization days owe much to the communication component, which was truly a collaborative effort among the Ministry of Health, Medicine for You, and Russian media organizations.

Since July 1996, BASICS has been working with our Russian partners at both the federal and oblast levels to plan and implement communication programs on diphtheria immunization. A strategy development workshop was held in Moscow in July 1996 to determine how to best use the research data and resources available to us to plan effective communication activities to promote second and third doses of diphtheria vaccine among high-risk populations. We worked again with Medicine for You to develop TV spots to support these campaigns, and our colleagues in Novgorod, Voronezh, and Yekaterinburg developed a number of very innovative communication strategies and materials. My colleague Paul Olkhovsky and our Russian colleagues from these three oblasts will present some of these strategies and their results to you.

An essential part of effective public health communication is monitoring and evaluation, we need to know if our communication programs are working and having their intended impact on the audiences we have targeted. There are a variety of methods of monitoring and evaluation. In Novgorod last November and December, BASICS worked with the Novgorod team to develop and implement one very innovative method, based on a review of immunization cards and a survey of 2 samples of adults, one which had received a second dose of diphtheria vaccine and another which had not received it. Dr. Robert Porter and Dr. Boris Fishman will report on this very interesting study.

In addition to the activities I have described so far, which were focused on influencing knowledge and utilization of services by *patients*, BASICS has also supported several important activities focused on the providers of services, *doctors* and other health workers. We know that to achieve positive and lasting changes in public health, we must communicate with and influence the behavior of both of these groups.

Thus, last September BASICS worked with Dr. Fishman and his team here in Novgorod and other Russian experts to conduct a seminar on immunization practices entitled "Balancing Science and Practice for Child Immunization in Russia and the U S". My colleague Robert Steinglass will describe that seminar to you.

The last activity BASICS has supported is also one which we hope will eventually serve as an important educational resource for Russian doctors and health specialists. We have been working with Dr. Ignatov and his team at Medicine for You to strengthen their computer information system and establish a site on the World Wide Web. This has enabled anyone connected to the Internet to now have access to a large collection of documents on policies and technical information from the Ministry of Health and many other sources. We believe that further investments in this system will eventually link medical training institutes and practicing doctors throughout Russia in a unified information and medical education system that can quickly transmit the latest advances in medical theory and practice.

My colleagues, both Russian and American, will describe in greater detail the activities I have quickly summarized and the results that they have achieved. But I would like to close my remarks with my conclusions about what has been achieved through this very exciting collaborative program on public health communication between BASICS and our Russian partners.

1) The effectiveness of a modern scientific approach to public health communication has been demonstrated. The excellent work of our Russian colleagues in Moscow, Novgorod, Voronezh, and Yekaterinburg on communication programs for diphtheria and polio control has shown that an approach that begins with an understanding of the perspective of the patient, through professionally executed behavioral research, and that makes use of all available communication channels to reach our patients with creative messages, will give us better results.

2) The value of new partnerships for public health communication has also been demonstrated, particularly the partnership between medical institutions and mass media institutions. I have already spoken of the many excellent Russian partners with whom BASICS has been privileged to work. Dr. Polessky from the Federal Research Institute for Health Education and Health Promotion has been one of these excellent partners, and is going to give his perspective on how such communication partnerships can be expanded, sustained, and applied in other public health campaigns.

I would like to express my gratitude to Dr. Polessky and all of our other Russian colleagues for their enthusiasm, hospitality, and genuine spirit of cooperation. We have shared approaches and learned a great deal together. I very much hope that we will continue to have opportunities to work together in the future and continue to advance the state of the art in public health communication.

APPENDIX D
Robert Steinglass' Presentation Rationale for and Summary of One Intervention Aimed at
Influencing Immunization Practice in Russia

RATIONALE FOR AND SUMMARY OF ONE INTERVENTION AIMED AT INFLUENCING IMMUNIZATION PRACTICE IN RUSSIA

by Robert Steinglass

**Presented at the Conference on Diphtheria Control in the Russian Federation Lessons
Learned and Current Issues
Novgorod, Russian Federation
June 4-6, 1997**

The USA and Russia face a similar challenge -- how to sustain high and timely immunization coverage when the incidence of disease is low. Once doctors and the public become complacent, preventable diseases predictably return, as with measles in 1989-1991 in the USA and diphtheria since 1989 throughout Russia. While negative mass media about immunization has contributed to poor attitudes on the part of health care providers and the public, the diphtheria epidemic in Russia -- with 100,000 cases in the past 5 years -- has been a "wake-up call" for many providers.

In Russia, many providers and the public have a fear of vaccines, believe that children must be completely well to withstand the imagined stress of vaccination and to avoid serious adverse events, and believe that Russian children are weak and unable to mount an effective immune response. A high rate of temporary medical contraindications in Russia delays the timely start and completion of immunization and leaves children unprotected. Specialists (immunologists and neurologists) are usually consulted to determine whether a child is healthy enough to be immunized. These consultations often result in prescribed delays in immunization until the infant is healthier. The most common contraindications are ones that are not recognized as abnormal conditions in the USA and are not considered valid contraindications.

In both the USA and Russia, medical schools and post-graduate training institutes devote very little time to training about immunization. In Russia, medical students specialize during their first year of studies and are not exposed to thinking about immunization. And yet in the Soviet model of health care, narrow specialists are given an unusual role in screening each child for immunization. For example, neurologists are routinely consulted to determine if each child, all of whom are presumed to be weak, are able to withstand the presumed stress of vaccination. Furthermore, the prevailing economic conditions have resulted in a near absence of materials on immunization with the result that providers excessively rely on decrees and brochures which come with the vaccine.

Although the official list of contraindications was simplified, clarified and shortened in 1993, it is more conservative than in the USA and compliance is not considered to be high. Some pediatricians see their role as protecting children from the adverse effects of immunization! Each year in Russia since 1986, annual immunization coverage in children less than 12 months old against diphtheria has been 8 to 22 percentage points less than coverage in the same year against pertussis, because DT is widely used in place of DPT for the primary series of vaccination. This disparity illustrates continuing high levels of false contraindications and raises the threat of a re-emergence of pertussis. (See Figure)

The Ministry of Health of the Russian Federation, Novgorod Oblast officials, and the BASICS Project (Basics Support for Institutionalizing Child Survival) organized a Seminar on "Balancing Science and Practice for Child Immunization in Russia and the USA" from 17-19 September 1996 in Novgorod. Co-sponsored by CDC, the Russian Academy of Medical Sciences, World Health Organization (WHO), and with additional support in kind from the American Academy of Pediatrics (AAP), the Seminar attracted top international and Russian experts in the field of immunization.

The Seminar exposed medical faculty and operational staff to recent developments on the safety and efficacy of immunization, encouraged an exchange of views and practical/operational solutions to problems shared by both the USA and Russia, introduced practical tools and materials (curricula, lists of true and false contraindications, recommendations from international bodies, policies and standards in USA, etc.), reviewed options to ensure effective implementation of shortened lists of contraindications, and forged links domestically and internationally.

The 40 seminar participants and 15 observers included medical faculty responsible for training future cohorts of medical students and pediatricians at medical colleges and post-graduate training institutes, operational people responsible for implementing and administering immunization and disease control programs in three target oblasts (Novgorod, Voronezh, and Ekaterinburg), and senior staff from the MOH in Moscow. This mix of academic faculty and operational staff resulted in a rich exchange of experience and diverse perspectives. The medical school faculty was typically the Chair of Pediatrics or Infectious Diseases, while the operational staff generally included the Chief Pediatrician, Chief Epidemiologist, and Director of MCH at the oblast level. Six of the other Newly Independent States of the former Soviet Union also sent staff, including the Chief Pediatrician of four of these States.

Principal topics included rates of post-vaccination complications, true and false medical contraindications to immunization, immunization of sick children, identifying and reducing missed immunization opportunities, and overcoming negative attitudes towards immunization.

Folders were given to each participant and contained several hundred pages of documents in Russian, of which over half had been specially translated by BASICS for the Seminar. The folder included each lecture as well as thirty key documents: guidelines and policies in common use in industrialized nations, practical tools, and supporting papers. The materials reflected the scientific basis upon which immunization policies and practices are grounded and were primarily drawn from CDC, AAP, WHO, academic journals, and States and Counties in the USA. They were selected to satisfy the need for information in Russia on vaccine safety, post-vaccination complications, contraindications, and screening tools.

In a post-seminar evaluation, nearly all of the respondents declared their intention to use these materials in their practical work and for training. Some specifically intend to disseminate them in their oblasts in an effort to reduce contraindications. 82% of the participants (including 89% of the pediatric faculty) strongly agreed with the statement that "overall, the materials in the folders are appropriate" and remaining 18% agreed. 66% of the participants strongly agreed.

(including 89% of the pediatric faculty) with the statement that “I think that these materials are relevant to the work that I do” and the remaining 34% agreed. Nearly all of the respondents stated their intention either to use the materials themselves in their practical work or to use them in training. Some specifically intend to disseminate them within their regions. By far the most frequent response to the question “do you intend to introduce any ideas, materials or methods from the seminar into your work?” was “to change the list of contraindications.”

Although this was not a policy-setting meeting and the Seminar was not asked to produce recommendations, nevertheless there were some important conclusions, many of which are equally relevant to the USA

- bringing together operational staff with professors from medical institutes was an excellent idea, as academic faculty are not familiar with public health approaches and strategies being pursued by public health bodies. A better partnership is needed between pediatricians and epidemiologists
- medical staff and academic faculty want to have greater access to the world's scientific literature concerning immunization
- there is a profound need for more training materials, articles, and books for health workers on vaccine safety, side effects, and contraindications, versus the exclusive reliance on decrees for this information. Health staff want official lists of contraindications and rules for simultaneous immunization to be widely disseminated, vaccine brochures are outdated and contradict new recommendations
- there is a need to base immunization policies on scientific evidence and not on unfounded myths. (In the USA, at-risk children are targeted for vaccination, while in Russia healthy children are targeted.)
- professional medical associations (e.g., pediatric societies) and expert councils need to participate with the MOH in setting immunization policies. Participants were intrigued by how pluralistic societies formulate policies through a continuous dialogue between medical disciplines and between the public and private sectors, with inputs from professional associations and other stakeholders
- the Government in Russia needs to put greater advocacy effort into publicizing the need for and importance of immunization, the public needs attractive advocacy materials
- better skills should be taught to health workers for communicating with mothers about the benefits and risks of immunization
- the media has an important role and social responsibility in presenting the true facts about immunization. The media need to use more modern and persuasive methods to inform, educate and communicate with the public and providers about the importance, safety and effectiveness of immunization and dangers of re-emerging infectious diseases

- providers need more positive incentives (“cookies”), as opposed to only negative ones (“whips”) and people need to take greater responsibility for their own health (the “absence of whips” is now the only “cookie”) Some pediatricians want a vaccine injury compensation plan for their own protection
- better training of nurses and narrow specialists is needed about immunization For example, neurologists, ENT specialists, and others have an important consulting role to play in vaccinating children with chronic conditions
- a uniform curriculum for teaching about immunization is needed at the undergraduate and post-graduate levels, as it is often taught differently by different departments within same medical institute
- vaccinations need to be covered by the medical insurance organization to assure proper financing of these activities
- vaccination cards need to be given to parents
- surveillance of adverse events is poorly conducted because of fear to report, lack of clinical criteria, insufficient contacts between clinicians and epidemiologists, and lack of enforcement
- the management information system for immunization and modern methods of monitoring/recording/feedback promoted by BASICS elsewhere (in Kyrgyzstan where the percent of children contraindicated for DPT fell from 35% to 5% within six months in a test district) should be tried in target oblasts to reduce contraindications

After the Seminar, the MOH reviewed the materials given to each participant and decided to send copies of all the lectures and all the technical documents to 50 key medical faculty responsible for pre-service and in-service immunization training of medical students and pediatricians in medical schools and post-graduate training institutes throughout Russia

The Seminar has already become a model for similar seminars in other countries of the former Soviet Union, as well as in other more developed parts of the world At least two countries of the former Soviet Union -- Moldova and Kyrgyzstan -- have begun a revision of their medical school curricula as a result And BASICS and WHO conducted a similar regional seminar for the five Central Asian Republics in March 1997 Many of these translated documents can now be accessed on the Medicine for You web site, which BASICS has helped to create A full-length article on the Seminar appeared in December 1996 in the widely-read medical newsletter Meditsinskaya Gazette

The Seminar was a modest investment with a potentially large impact on future immunization policies, teaching and practice in Russia and the other Newly Independent States

**IMMUNIZATION COVERAGE RATES AGAINST
DIPHTHERIA AND PERTUSSIS IN INFANTS BELOW 12
MONTHS OF AGE, RUSSIA 1986-96**

YEAR	DIPHTHERIA*	PERTUSSIS**
1986	70.8	60.1
1987	79.9	57.8
1988	69.7	50.1
1989	82.7	60.3
1990	68.5	60.2
1991	68.8	58.8
1992	72.6	62.0
1993	79.2	65.0
1994	88.1	71.7
1995	92.7	81.0
1996	95.1	86.9

*** DIPHTHERIA = 3 DPT OR Td, OR 2 DT**

**** PERTUSSIS = 3 DPT**

**Source: State Committee for Sanitary and Epidemiological Surveillance,
Russia**



APPENDIX E
Paul Olkhovsky's Presentation US-Russian Cooperation with Health Communications
Campaigns in Three Russian Oblasts

**US-Russian Cooperation With Health Communication Campaigns
in Three Russian Oblasts
1995-1997
Summary**

**Paul Olkhovsky
Senior Program Officer
BASICS Project**

**Prepared for CDC / BASICS Conference on Diphtheria Control in the Russian Federation
June 4-6, 1997
Novgorod, Russia**

It is an honor and a pleasure to be here. In early 1995, the BASICS project began assisting the Russian Ministry of Health with public health communications. With the support of the United States Agency for International Development (USAID), BASICS helped to organize a joint conference on public health communication held in October 1995. As a result of the conference, BASICS assisted in establishing three pilot projects in Russian oblasts to begin public health communication programs promoting diphtheria vaccination among adults and on-schedule immunization against a variety of diseases for infants. Briefly, I want to describe this joint Russian-American work and highlight what did and did not work in the hope that this might prove useful in future collaborative endeavors.

One of the important findings that emerged from the conference was that Russia faced two epidemiological challenges. First, diphtheria was reemerging as a disease throughout the former Soviet Union as vaccination rates fell with the economy. And second, there was concern that infants were not receiving timely childhood vaccinations as in the past.

In November and December 1995, BASICS began planning the collaborative efforts with Russian Federal Research Institute for Health Education and Health Promotion promoting diphtheria and childhood immunization in Novgorod and Voronezh Oblasts. These two oblasts were chosen because of work that had been begun there by CDC (Centers of Disease Control and Prevention in Atlanta) and the opinion that work there would prove successful in the view of the USAID Mission in Moscow. Because of the enthusiasm and independent communications effort displayed by health officials in Yekaterinburg, BASICS included them as a third oblast to partner with in the spring of 1996.

Continuing seminar work begun in the US, BASICS conducted seminars in Moscow, Voronezh and Novgorod on planning, conducting, analyzing and presenting qualitative research focusing on diphtheria and immunization in general during May and June. The results of this work were later used in implementing the communication programs in the fall.

Some of the key findings of the qualitative research included

- The public desires correct information on diphtheria and other diseases

- People generally are willing to assume responsibility for their health
- People do not have strong faith in the competency of Russian medical personnel because of negative publicity several years ago and because of the Russian medical community's decision to change the number of diphtheria vaccine doses recommended from one to three
- Because of previously high rates of immunization, Russians have forgotten the look and severity of many diseases including diphtheria

These findings meant that the media campaigns to be conducted in the fall would have several elements in common. Information provided would have to be accurate. The campaigns would have to appeal to personal responsibility. The campaigns would need to try to build up an element of trust in the Russian medical system. And finally, Russians would have to be reminded of the danger of diphtheria and the dire necessity of immunizing infants against childhood diseases on schedule.

Video Production in Moscow

After the qualitative research was completed, message development was underway. Epidemiological information from the Russian State Committee for Sanitary and Epidemiological Surveillance (SES) in conjunction with the US CDC pointed to a lack of diphtheria vaccination coverage of the 30-60 year old population in Russia. In the oblasts the particular population needing diphtheria vaccination varied by as much as a decade depending on local circumstances (e.g. the targeted population could be 30-50 years of age or 40 to 60 years of age depending on the epidemiological situation). BASICS staff, working with the Russian Ministry of Health press operation known as Medicine for You (MFY) and other MOH staffs, determined that the specific messages must be that

- Diphtheria is dangerous
- Diphtheria is preventable through vaccination
- The vaccine is safe and effective
- Adults need to be sufficiently vaccinated and that getting vaccinated is their responsibility
- Adults should consult their doctor about their vaccination status

BASICS and MFY began making several short videos that were for use in the oblasts on local television and radio.

You can see the video spots for yourselves on the monitor in the conference hall and I would be interested in any comments you may have.

After the production of the videos, they were pretested with an audience between the ages of 30 to 60 years. Overall the audience had a positive impression of the videos. However, they preferred that a syringe shown in one video not be so prominent. The MFY director took that and a few other comments and made changes to the video accordingly. This was also an accomplishment given that the few videos had been produced and pretested by the public sector in Russia.

By late summer 1996, diphtheria proved to be a greater priority than the target of timely childhood immunization as determined by the Russian Federation Ministry of Health. Because of the cyclical nature of the disease, fall and winter were the seasons with the highest incidence of diphtheria. Therefore, BASICS and their counterparts focused more of existing resources on the challenge of diphtheria vaccination coverage in the oblasts.

The next stage of the program then extended to work in each oblast.

The videos were distributed by BASICS staff to the oblasts for broadcast. BASICS staff and Russian Federal Research Institute for Health Education and Health Promotion staff together visited each oblast to review communication plans and materials that were to be used along with modest sums to match oblast funds mainly for the fall diphtheria campaign, and to a lesser extent, childhood vaccination communication campaigns.

I will let each of the oblast representatives here explain their particular programs and how they overcame their most difficult challenges.

Conclusions

Beyond the Leaflet

Our Russian-American collaboration provided oblast health centers the skill and to a lesser degree, the resources to plan and carry out successful health communication interventions using modern communication methods. Pretesting of material was rarely done in any of the oblasts. Sometimes, dull, thousand word leaflets were the primary tool of communication before this collaboration. During these communication campaigns, printed material was still used due to its low cost, but material was made to be visually attractive and pretesting was done to assure that the target audience would actually read them. Material was changed to reflect focus group understanding and reactions, thereby making more effective material. In all three oblasts, television and radio were used to go beyond the "round table" discussion format for more effective message delivery.

Bureaucratic Cooperation

Planning and running communication programs was often met with a negative attitude and the belief that the work would be too costly and that the local oblast authorities would never approve such undertakings. Our cooperative effort was able to encourage oblast health officials to seek support from oblast administration authorities for financial and official sanction. While oblast centers had always worked with local authorities, BASICS was able to help start health communication programs by visiting with local dignitaries and bring positive attention to the programs.

Budget and Planning

Oblast health centers began planning communication campaigns and budgeting accordingly. Whereas before budgets were viewed on a year-by-year basis, health center staff began to look a

what a campaign needed to accomplish, what the time frame was, and what resources were available

Evaluation

In November and December, an extensive evaluation was conducted to judge the effectiveness of the communication intervention in Novgorod. By going through tens of thousands of immunization cards in the city, a number of cases and controls were randomly chosen for in-depth interviews. The results indicated that there was some direct effect on individuals getting their second and third diphtheria vaccinations. It is clear that the communications intervention supported one of the most important objectives of the campaign and that was to get adults to check their diphtheria vaccination status. In Voronezh and Yakaterinburg, evaluations indicated a strong, positive correlation between vaccination status and exposure to the media campaigns. I will let Dr. Dzhatdoyeva address those evaluations more at length.

The Challenge of Broadcast

Both BASICS's staff and their Moscow and oblast counterparts learned a valuable lesson. One thing is to produce effective material, particularly for broadcast. It was quite another effort to get the material aired. In Russia, even at the local level, broadcast time is money. There is now no shortage of businesses wanting advertising opportunities. Therefore, it was a tremendous challenge to get material broadcast. Using video shorts, as opposed to forty minute round table discussions, helped considerably. The MFY shorts never exceeded a minute in length and therefore, cost less loss in revenue to the television stations. However, oblast medical staff found themselves for the first time having to use moral and bureaucratic persuasion to get their material on the air. All three oblasts succeeded. To date, none of the oblasts have had to pay for air time from their own budgets.

Results

The main objective of BASICS work was achieved -- capacity to use modern communication methods at the oblast level was built. The rate of diphtheria cases was on the decline in all three oblasts before the communication interventions began. However, that decline can be attributed in part to the vestiges of a command system that enabled health authorities to use methods such as coercion at the work place to ensure sufficient coverage. As the democratic process evolves, so will the requirement to convince the public to voluntarily comply with good health behaviors. BASICS provided a cost effective model of what can be done at the oblast level. Our joint effort showed oblast health workers how to mount a sufficient public health communication campaign using modest means. It is now possible for MOH authorities in Moscow to take the experience and materials developed by BASICS to other oblasts in order to achieve similar results in other Russian regions.

I would like to thank Drs. Polessky and Barsukova for their support in Moscow. I also like to thank Dr. Fishman and his colleagues here in Novgorod for their support and hospitality, as well as Dr. Khoryakov and his colleagues in Yekaterinburg, and Drs. Mogilanskaya and Vedina in Voronezh. I am particularly indebted to Dr. Fatima Dzhatdoyeva from the institute who traveled

with me literally tens of thousands of kilometers to work with me in each of the oblasts I couldn't have asked for a better friend and colleague

Thank you

APPENDIX F
Bob Porter's Presentation Diphtheria Communications in Novgorod Results of a Tracking Study

Diphtheria Communications In Novgorod Results of a Tracking Study

**Robert Porter, Javaid Kaiser, Robert Steinglass,
Boris Fishman, Vera Bragina, Allison Richman**

**Prepared for CDC / BASICS Conference on Diphtheria Control in the Russian Federation
June 4-6, 1997
Novgorod, Russia**

This report presents the results of a Tracking Study designed to assess factors influencing adult immunization in the city of Novgorod. The study had three objectives. The first was to assess both the feasibility and utility of a research design which had never, to our knowledge, been implemented in Russia. The second objective was to estimate diphtheria vaccination coverage rates prior to and after a two month period of intensive diphtheria communication activities. The third objective was to identify and assess the relative importance of social psychological factors (consumer beliefs, attitudes, and perceived social norms) and aspects of service delivery which either facilitated or stood in the way of increasing coverage for the full series of diphtheria vaccinations.

Methods and Data Collection To address these multiple research objectives, the study followed a two-phased design, involving a review of the city's immunization records (Phase I), followed by a household survey (Phase II). Intensified diphtheria communication activities began in mid-September, 1996 and ended in mid-November (the "intervention period"). The review of immunization records (Phase I) was carried out in the third week of November, and the household survey (Phase II) was conducted in the first two weeks of December.

Phase I In the first phase of the study a systematic review of diphtheria immunization records was conducted by a team of 10 epidemiologists and their supervisor from the city of Novgorod's Center for Sanitary and Epidemiologic Surveillance (SES). With the data collected by the immunization record review team on immunization status prior to the implementation of communication activities (in mid-September, 1996), we could estimate baseline coverage rates for comparison with coverage rates after two months of intensified diphtheria communications. In addition to providing estimates of dose-specific coverage, the systematic review of immunization records generated the sampling frame for the follow-on household survey (Phase II).

The record review team was able to systematically review every 25th card within the approximately 170,000-card immunization record system in four days. The fairly minor problems encountered by the record reviewers had more to do with information missing from the record system than from the review process itself.

Phase II The household survey followed a modified case/control design. In order to draw the matched sample for the household survey, the record review team classified individuals as either "cases" or "controls." A "case" was defined as a 40-59 year old who received either Td2 or Td3

(or both) during the two-month period of intensified communication activities. A “control” was defined as a 40-59 year old who was eligible for either Td2 or Td3, but did *not* receive either dose during the intervention period. Individuals who had not received any dose of diphtheria vaccine prior to the intervention period, or alternatively had previously completed the full three-dose series, were not considered as potential respondents for the household survey.

The survey questionnaire was designed to collect information on respondents’ demographic characteristics, media habits, relevant beliefs, attitudes, and norms, how respondents learned about the need for second and third doses, and reasons why they received or failed to receive a second or third dose during the two-month intervention period.

The interview team completed the household survey, conducting 173 interviews in addition to their regular duties, over a period of two weeks. The completion rate for cases was very high, 86 out of 87 case questionnaires were successfully completed. The completion rate for controls was not as high. Interviews with 12 out of the 87 controls in the original sample listing were not completed, for a variety of reasons. Respondents had moved away, were in jail, had birth dates which excluded them from the study, or simply could not be located after repeated visits. Consequently, twelve replacement controls were selected, using random procedures, and interviewed.

Findings from the Immunization Record Review Diphtheria vaccination coverage rates for individuals 40-59 years of age at the beginning of the intervention were 74.1 percent for Td1, 21.3 percent for Td2, and 9.2 percent for Td3 (see Table 1).

**Vaccination Coverage, City of Novgorod
(Adults, 40-59 Years of Age)**

	Td1	Td2	Td3
Before 9/14/96	74.1%	21.3%	9.2%
After 9/14, before 11/17	76.2%	22.7%	10.2%

Over the two-month intervention period, total coverage for Td1, Td2, and Td3 (combined) increased 4.5 percent.

However, Td1 coverage for this age band appears to be significantly lower than the Td1 coverage rate for *all* adults (the *oblast* estimate was 85.6% coverage for Td1 in mid-1996). This suggests that 40-59 year olds are more difficult to reach with immunization services than other population segments. Coverage for Td3 is also increasing at a somewhat slower rate than for Td1 or Td2.

Findings from the Household survey Survey findings suggest that communication activities are providing significant support to Novgorod's diphtheria immunization program. After two months, the various media (TV, radio, print) used for diphtheria communications are cited by 33 percent of Novgorod's recently vaccinated (with Td2 and/or Td3) 40-59 year olds as the means through which they learned about the need for additional doses. There also appears to be strong evidence of a continuing need for media-based diphtheria communication, over 40 percent of the people who should receive a second or third dose, but had not, said that they did not know that they needed one.

Have diphtheria communications in Novgorod created greater consumer demand for immunization? The answer to this question is not as simple.

First of all, the generally favorable attitudes and norms regarding diphtheria immunization that we found in our study do not appear to effect individual immunization status. Why? The immunization program in Novgorod continues to provide diphtheria immunization services in the workplace and at people's homes. In this context, the majority of people who have received a second or third dose of diphtheria vaccine have *not* done so because they voluntarily seek out vaccination services at polyclinics. We estimate that only about one fifth of the respondents in the survey who were vaccinated during the intervention period actively sought out Td2 or Td3. For the rest, either vaccinations were required by local authorities or by the institutions or businesses where people are employed, or vaccinations were provided directly at home or in the work place. Most people simply have not needed to play an active role in seeking out these health services, for sooner or later the services will come to them. In other words, many of the residents of Novgorod who have received the full diphtheria vaccination series may not have had much choice in the matter.

This is probably the best explanation for the lack of any clear differences in the beliefs, attitudes, and perceived norms of people who were vaccinated during the two-month intervention period and people who were not. Receiving two or three doses of vaccine in Novgorod is not (yet) associated primarily with active consumer choices.

Conclusions Media-based diphtheria communications in Novgorod are supporting an immunization program which has already proven quite successful in achieving very high coverage rates for Td1. Access to immunization services in the city of Novgorod did not appear to be a problem during the period covered by this study. Consumer attitudes towards diphtheria immunization are generally favorable. Fear of side effects, and concerns about vaccine safety or quality are not significant barriers to immunization, although they may have been in the past. Most people will accept immunization *when it is provided*, not only to protect themselves, but to protect their children and other family members.

Appeals to parents' (particularly mothers') role as protector's of their family's health should continue to be the basis of an effective diphtheria message strategy. The media mix should be reviewed, however, with greater weight given to print and radio. Developing information packages for community outreach and work place distribution is also a tactic worth exploring.

In the short term, we can realistically expect that diphtheria communications will lead to greater efficiencies in service delivery. As long as government health services are able to sustain an

aggressive immunization program in the work place and the community, completion rates for the full series of diphtheria vaccinations will continue to rise. But if, over the longer term, the community-based delivery of immunization services is reduced -- as a result of budgetary constraints or for other reasons -- then individual choice and health-seeking behavior will become much more significant determinants of immunization status and coverage.

APPENDIX G

**A Detailed Computer Report of the “Hits” on the Site and Their Likely Origins
(The copy of the report is in Russian, but the English speaker can see the origins of the sites
in English and the number of hits)**

Статистика по дням

(Разделы [Начало](#) [Статистика по неделям](#) [Распределение по часам](#) [Распределение по доменам](#) [Статистика ссылок на сервер](#) [Запросы файлов](#) [Распределение по браузерам](#) [Статистика по браузерам](#))

Каждое деление (=) представляет 40 запросов страниц или часть от того

дата	стр	
23/May/97	1348	=====
24/May/97	447	=====
25/May/97	676	=====
26/May/97	1405	=====
27/May/97	1583	=====
28/May/97	1472	=====
29/May/97	175	=====

Распределение по часам

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по доменам](#) [Статистика ссылок на сервер](#) [Запросы файлов](#) [Распределение по браузерам](#) [Статистика по браузерам](#))

Каждое деление (=) представляет 300 запросов страниц или часть от того

час	стр	
0	7994	=====
1	5989	=====
2	5711	=====
3	5559	=====
4	3628	=====
5	2735	=====
6	4219	=====
7	4516	=====
8	5078	=====
9	7385	=====
10	9872	=====
11	11024	=====
12	12733	=====
13	13818	=====
14	12935	=====
15	13625	=====
16	12208	=====
17	11826	=====
18	10425	=====
19	9260	=====
20	8452	=====
21	8877	=====
22	9327	=====
23	8417	=====

Распределение по доменам

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по часам](#) [Статистика](#))

[ссылок на сервер](#) [Запросы файлов](#) [Распределение по браузерам](#) [Статистика по браузерам](#)

Выведены все домены с по крайней мере 1% запросов отсортированные по числу запросов
Выведены все отдельно указанные поддомены с по крайней мере 1% запросов

#запр	%запр	домен
173980	43 85%	ru (Россия)
(21964)	(5 54%)	aha ru (Mr Postman)
(5013)	(1 26%)	dialup ru (Демос)
(4086)	(1 03%)	khv ru (г Хабаровск)
(4477)	(1 13%)	lms ru (LMS, corp)
(5401)	(3 88%)	ras ru (Российская Академия Наук)
(3852)	(2 23%)	relcom ru (Релком)
(6948)	(1 75%)	rss1 ru (Российские НИИ)
55496	21 55%	[unresolved numerical addresses]
36029	9 08%	org (Организации)
(14025)	(3 53%)	glas apc org (Гласнет)
(21129)	(5 33%)	archive org (Internet Archive)
34255	8 63%	su (ex-СССР)
(4512)	(1 14%)	demos su (Демос)
(4228)	(1 07%)	msk su (г Москва)
(4387)	(1 11%)	msu su (Московский Государственный Университет)
(4933)	(1 24%)	spb su (г Санкт-Петербург)
27743	6 99%	net (Сетевые организации)
(7356)	(1 85%)	stack net (Стек лтд)
21113	5 32%	com (Коммерческие)
(10647)	(2 68%)	sovam com (Совам Телепорт)
4812	1 21%	ua (Украина)

*Domain of those visiting
M FY Homepage*

Статистика ссылок на сервер

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по часам](#) [Распределение по доменам](#) [Запросы файлов](#) [Распределение по браузерам](#) [Статистика по браузерам](#))

Выведены все URL со ссылкой на данный сервер с по крайней мере 1% запросов отсортированные по числу запросов

#запр	URL
899	http://russia.agama.com/cgi-bin/template.dll
879	http://www.aha.ru/users/doccl.htm
661	http://www.relcom.ru/Internet/ExUSSR/Treasures/Health.htm
606	http://www.openweb.ru/cgi-bin/www-search.cgi
502	http://www.stars.ru/cgi-bin/decad.pl
372	http://www.aha.ru/users/doccl2.htm
327	http://search.interrussia.com/Harvest/cgi-bin/BrokerQuery.pl.cgi
316	http://www.online.ru/rmain/rhouse/rhealth.xhtml
267	http://views.vcu.edu/views/fap/medsoc/medsoc.htm
245	http://weblist.demos.su/cgi-bin/www-list.pl
174	http://weblist.ru/cgi-bin/www-list.pl
172	http://www.piter-press.ru/koi/yp/full/version/yp11.htm
166	http://www.intercom.ru/Resources/health/
155	http://www.glasnet.ru/glasweb/rus/refer.html
129	http://altavista.digital.com/cgi-bin/query
127	http://www.sanguis.mplik.ru/
122	http://www.rambler.ru/cgi-bin/rambler-search
107	http://www.telsib.ru/sima/WIN/medicine/medtotal.html
105	http://www.aha.ru/~farmb/links.htm
98	http://www.mednet.com/medspace.htm
95	http://www.stars.ru/cgi-bin/stsrch.pl
91	http://www.friends-partners.org/partners/health/nismed/nismed.htm

Статистика запросов файлов

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по часам](#) [Распределение по доменам](#) [Статистика ссылок на сервер](#) [Распределение по браузерам](#) [Статистика по браузерам](#))

Выведены все запрошенные файлы с по крайней мере 0.2% запросов отсортированные по числу запросов

#запр	%запр	файл
32659	8.23%	/
22798	5.75%	/dsearch/ddb.cgi
11442	2.88%	/dsearch/
11012	2.78%	/dbase/
9009	2.27%	/teleconf/
8310	2.09%	/library/
7061	1.78%	/misc/
5704	1.44%	/search/ww-search.cgi
2987	0.75%	/courier/
1861	0.47%	/division/
1841	0.46%	/dsearch/dlist-letters.html
1776	0.45%	/misc/minzdrav/
1083	0.27%	/division/network.html
1037	0.26%	/dbase/nph-drugs.cgi
829	0.21%	/dsearch/help.html

Распределение по браузерам

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по часам](#) [Распределение по доменам](#) [Статистика ссылок на сервер](#) [Запросы файлов](#) [Статистика по браузерам](#))

Выведены первые 15 типов браузеров отсортированные по числу запросов

#запр	браузер
157635	Netscape 3 *
127527	MSIE 3 *
31213	Netscape 2 *
21365	ia_archiver
15202	rwwwsteal
7800	Netscape 1 *
7566	Netscape 4 *
6731	MSIE 2 *
5774	Harvest
2932	ArchitextSpider
1990	Teleport Pro
1587	Lynx
1269	MSIE 4 *
1238	http pl
1207	MuscatFerret

Статистика по браузерам

(Разделы [Начало](#) [Статистика по неделям](#) [Статистика по дням](#) [Распределение по часам](#) [Распределение по доменам](#) [Статистика ссылок на сервер](#) [Запросы файлов](#) [Распределение по браузерам](#))

Выведены все браузеры с, по крайней мере 1% запросов отсортированные по числу запросов

```

#загг браузер
-----
56922 Mozilla/2 0 (compatible MSIE 3 0, Windows 95)
42599 Mozilla/3 0Gold (Win95 I)
34343 Mozilla/2 0 (compatible, MSIE 3 01 Windows 95)
30360 Mozilla/3 0 (Win95 I)
_9951 Mozilla/3 01Gold (Win95 I)
17486 ia_archiver/1 6
_5202 rwwwsteal/2 3 libwww-perl/0 40
12649 Mozilla/3 01 (Win95 I)
_7451 Mozilla/3 0 (Win16 I)
5978 Mozilla/3 0Gold (Win16, I)
5774 Harvest/1 4 pl2
5_33 Mozilla/3 01 (Win16 I)
5120 Mozilla/3 01Gold (Win16, I)
4730 Mozilla/2 0 (compatible, MSIE 3 01 Windows NT)
4672 Mozilla/2 0 (compatible, MSIE 3 02 Windows 95)
4121 Mozilla/2 0 (compatible, MSIE 3 0B, Win32)
3992 Mozilla/1 22 (compatible MSIE 2 0 Windows 95)

```

Эта статистика была сгенерирована программой analog1 92beta1/Unix адаптированной Александром Зотовым

Время выполнения 2 мин 52 сек

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[\[Главная страница\]](#) [\[О корпорации\]](#) [\[Телеконференции\]](#) [\[Библиотека\]](#) [\[Базы данных\]](#)

APPENDIX H
English Language Version of the Draft Policy Vladimir Polessky Presented in Which
Modern Communication Techniques Are Now Incorporated as Policy in the Russian
Medical Health Care System

MINISTRY OF PUBLIC HEALTH OF THE RUSSIAN
FEDERATION

DEPARTMENT OF STATE SANITARY AND-
EPIDEMIOLOGICAL SURVEILLANCE

FEDERAL RESEARCH INSTITUTE OF MEDICAL PROBLEMS
IN HEALTH FORMATION

CONCEPT OF HYGIENE EDUCATION AND TRAINING,
DISEASE PREVENTION, PRESERVATION AND PROMOTION
OF HEALTH OF THE POPULATION IN THE RUSSIAN
FEDERATION

MOSCOW 1997

48

CONCEPT OF HYGIENE EDUCATION AND TRAINING, DISEASE PREVENTION, PRESERVATION AND PROMOTION OF HEALTH OF THE POPULATION IN THE RUSSIAN FEDERATION

Introduction

Health should be viewed as wholesome multidimensional dynamic state of an organism and human vital activities' form which ensures the individual's physiologically determined life expectancy, sufficient satisfaction with the state of his/her own organism and acceptable social capability

There are the following health indicators integrally reflecting its various aspects

- level and harmonious nature of physical development, body's functional status and presence of reserve capacities of its various systems,
- body resistance to various adverse factors,
- presence of a disease, disturbed physical or mental development

Health of the Russians may not be characterized as satisfactory according to any of the listed parameters, and this is reflected in persisting unfavorable tendencies in medical-and-demographic indicators indicators of morbidity and mortality Thus, since 1986 through 1996, general mortality level in the country grew 1.5 times and the number of premature deaths has exceeded 3 mln. As before, major causes of mortality are circulatory diseases, malignant neoplasms, traumas and poisonings, respiratory diseases. Total population number during 1995 went down by 330 thousand people or by 0.2%. During the same period the number of newborns has dropped by 44.7 thousand (0.3%), and the cumulative birth rate factor has become 1.4 as against 2.14 - 2.15 that is required for simple reproduction of the population.

Here it should be taken into consideration that degraded health status of the population has been caused not only by the effects of known socio-economic factors but also by a number of negative tendencies in the public health system, including reduced quality of management in the branch, increased structural disproportion and lost positions of prophylaxis in medicine.

It should be recognized that under these conditions the situation can be changed only through really enhancing the priority of and purposefully developing and improving preventive activities in public health.

1 BACKGROUND

Continued aggravation of negative tendencies in the health status of the population of Russia, evolution of depopulation processes today, make preservation and promotion of human health, extension of average life expectancy and life quality, prevention of premature mortality the most urgent problems not only for the public health sector but also for the society in general.

Health promotion is a process enabling the population to control their health status as well as the factors that affect it. Health promotion strategy is not only a primary interdisciplinary, but also a major intersectoral approach uniting in an integrated system the human beings and their environment (physical environment - man-made and natural, social and economic) and ensuring the synthesis of personal choice and social responsibility in achieving a healthier future.

Five key areas of activity for health promotion have been defined:

- developing State social policies that shall facilitate increased health potential, and securing these policies legislatively,
- creating the environment supportive to human health,

- enhancing health promoting efforts at community (local) level,
- developing and improving individual skills and habits of healthy lifestyle and disease prevention,
- reorienting health services towards active interventions aimed at disease prevention and health promotion

At the same time, hygiene education and training (HET) as well as prevention of interrelated and mutually dependent diseases should be considered as two major components of health promotion system, the instruments for achieving the objectives of the above priority dimensions. Suffice it to say that HET functions as informational and educational nucleus in most preventive programs of various levels and it can be viewed as the basis for primary prevention.

Guided by factor theory, we can rather accurately identify such targets for disease prevention as minimizing negative risk factors (smoking, alcohol and drugs use, hypodynamia, irrational nutrition, etc.) and also stimulation of positive factors increasing human health potential.

Here the HET ensures influence primarily upon the universal factor of disease risk and premature death, such as lack of knowledge (or incorrect/incomplete knowledge) about the mechanisms, methods and specific ways to achieve the optimum level of health under certain conditions of time and place, lack of skills and habits of correct behavior in a real and often unfavorable environment (i.e. lack of skills and habits of healthy or safe lifestyle).

Therefore, the HET is a planned activity that facilitates gaining knowledge about health and diseases, i.e. it ensures continuously changing awareness of individuals as well as inculcates upon them appropriate skills and habits, as such, it has the most immediate and specific objective - through using informational, educational and training strategies, to facilitate individual and collective activities leading to health.

However, the principal objective of the HET is much broader through systematic and purposeful influence upon human consciousness and behavior, through establishing hygienic messages, notions, principles, values, to form a healthy mode (or, in psychosocial terms, style) of life, that is behavior contributing to health preservation and promotion

With its theory, models, methods and means, the HET turns out to be a rather powerful instrument for the formation of health and this is clearly exemplified by a number of foreign countries. The International Union of Health Promotion and Education has also stated that today for health promotion and protection we can offer nothing better than hygienic instruction and education of the population

Based on the HET purposes, its several strategic dimensions can be specified. Primarily, it is so-called information dimension which we habitually call advocacy of healthy lifestyle (HLS). It is targeted at providing high quality accessible and easily understood health information including that on its social and economic determinants, to anyone who might need this information, disseminating this medical and hygienic knowledge via all means, primarily the mass media. In this dimension, the objectives also include explaining purposes and goals of local, regional, national programs of HLS formation and health promotion to the population as well as promoting other similar commodities including that at the level of social marketing

The second dimension defined as educational, is no less if not more important, and it comprises developing, implementing and evaluating the efficacy of HET programs for various population groups. Such programs are designed using comprehensive strategies which involve the elements of cohort, factor and nosologic approaches. As a matter of fact, efficient HET as well as the disease prevention is only feasible provided that all population is supplied with well-designed programs that have been developed in cooperation with the served population, implemented by trained workers of health and other sectors and supported by "healthy" State policies. Special

programs are being developed to train "health teachers" of various levels

The third dimension of HET ensures performance coordination of various State and non-governmental bodies and agencies, public institutions and private structures mass media, etc., whose efforts are aimed at supporting health promotion policies, it also ensures including these issues in the agenda of politicians and other decision makers, supporting these issues in the process of developing decisions contributing to health preservation

Finally the last HET dimension is related to direct participation of HET experts in the development and implementation of multilevel programs oriented towards prevention and health improvement, technologies for evaluating and correcting the level of individual health the methods of futurologic or prognostic screening, etc

Having such broad scopes of performance, the HET together with prevention ensures achieving the main objectives of health preservation and promotion

2 PRIMARY GOALS AND OBJECTIVES OF HET DISEASE PREVENTION AND HEALTH PROMOTION

Immediate goal of the HET, disease prevention and health promotion consists of stabilizing adverse tendencies in health status of the RF population in terms of its principal indicators

Long-term goal consists in achieving health levels that would be acceptable for specific socio-economic conditions together with ensuring for interventions aimed at reducing unfair differences in health between various population groups as well as eliminating inequalities in the access to health services

Inasmuch as main factors determining health status of the population are related to lifestyle and environment, reducing the prevalence of negative risk factors and their influence upon humans as well as stimulating health-friendly factors of internal and external environments, it is necessary to implement comprehensive policies and efforts aimed at health promotion and disease prevention with the purpose to

- 1 *form and support in people striving for positive changes in their lifestyles through providing quality medical-and-hygienic knowledge, creating respective motivations and attitudes to health, developing ILS and disease prevention skills and habits,*
- 2 *create physical and social environment conducive of these changes according to the principle "making a healthier choice an easier one"*

In this context, the main objectives of health promotion and disease prevention policies in Russia are

- reducing prevalence of smoking and tobacco use,
- improving quality of nutrition,
- increasing physical activities,
- alleviating the effects of adverse psychosocial factors and enhancing the quality of life,
- ensuring broad immunization coverage of the population,
- preventing HIV infection and STDs,
- reducing alcohol consumption,
- preventing drug use,
- improving quality of the environment and minimizing adverse effects of man-made factors

Resolving these complicated objectives and establishing the line of preventive activity primarily requires secure outstripping development of a multi-component system for promoting health of

the population. This system would functionally interact with respective structures in other sectors (education, social welfare, environmental services, public institutions and associations, mass media). Therefore, among practical steps aimed at implementing the modern health promotion strategy, the foremost problem consists in creating the infrastructure of medical prevention and health formation at the Federal, regional, municipal and local (community) levels. The nucleus of this infrastructure should be composed of innovative institutions - Centers of Medical Prophylaxis as well as Centers of State Sanitary-and-Epidemiological Surveillance, Centers of AIDS Prevention and Control, Family Planning Centers, relevant divisions of treatment and-prevention facilities and primary health services which would subsequently form a coalition based on broad intersectoral cooperation.

Building sustainable coalition ensures the development of this system into a broad intersectoral health forming infrastructure and prospectively - into a major social protection service ensuring for each human being, among other social guarantees, an indispensable right for health and equal possibilities for achieving its optimal level.

3 BASIC PRINCIPLES OF HET, DISEASE PREVENTION AND HEALTH PROMOTION STRATEGY

3.1 DETERMINING REQUIREMENTS IN IMPLEMENTING EFFICIENT HET, PREVENTION AND HEALTH PROMOTION

1. Defining requirements should become a mandatory initial step in creating prevention programs of any level. Only after identifying and formulating the existing requirements and the practices it is possible to make correct administrative decisions, planning and evaluation of subsequent interventions.

2. Methods of epidemiological statistics, of epidemiological and socio-hygienic research of target population groups are the chief instruments for evaluating the needs of a territory for health promotion.

Risk factors including the behavioral ones among the population can be monitored by the Centers of State Sanitary-and-Epidemiological surveillance which have on their staff respective specialists who can organize selective studies of representative population groups including special groups of special interest (children and school children, youths, fertile women, etc.) to assess health dynamics.

Prevention required for target groups that are homogenous according to some attributes (demographic, social, behavioral) shall be defined through social (qualitative) research which can be undertaken by Medical Prevention Centers in cooperation with mass media or other partners. As the result of these studies, attitudes of the population to their health are identified, priority health-related problems, the level of population awareness about disease risk factors, the degree of HES skills and habits mastery, satisfaction with health care, its quality and accessibility, the level of medical activities of the population, etc. are defined.

3. Using this information enables public health bodies to become leaders in organizing efficient HET, disease prevention and health promotion. This will require reorganizing the work and functions of basic public health structures responsible for preventive activities among the population, as well as creating new forms of work.

2.2 INTRA- AND INTERSECTORAL COOPERATION IN PLANNING AND IMPLEMENTATION OF HET PROGRAMS, DISEASE PREVENTION AND HEALTH PROMOTION

Unlike intrasectoral cooperation which suggests search for partners inside public health sector (Ministry of Public Health, regional Departments of Public Health, Centers of Medical Prophylaxis, Centers of State Sanitary-and-Epidemiological Surveillance, primary care public health institutions, medical institutes and vocational schools, research institutes, professional

medical associations (etc.), intersectoral cooperation is ensured through forming coalition among various sectors of the society. In this case, public health bodies and institutions may have such partners as legislative and governmental structures, regional administrations, departments of health, social protection, culture and sports, boards of interior, industrial enterprises, etc.

Goal setting – creating a coalition and building a partnership should take place at all levels: federal, regional, municipal and local. This is achieved through setting a common goal based on identification of problems, establishing their priority and defining major ways for resolving thereof.

In Russia as well as in other European countries, chronic non-communicable diseases, primarily cardio-vascular, cancers, diabetes mellitus and some other are causing three of every four deaths. They are causing major losses inflicted upon the society and meaningful for all its sectors. Therefore, both at the national and the regional levels, prevention of non-communicable diseases is a priority in building intersectoral cooperation.

Political and institutional support is essential for the performance and implementation of long-term preventive programs. Here, obtaining support at the national level is an important objective. In order that politicians and decision makers be interested in supporting such programs, they should be convinced that

- major problems in public health can be resolved through preventing diseases and implementing health promotion strategy,
- primary prevention is a realistic way to enhanced public health system's efficiency with limited resources,
- significant success can be achieved with moderate additional financing.

Listed below are possible major lines of activities

- developing approaches that would convince the politicians, health workers and other partners about the value and

importance of HET, prevention and health promotion strategy implementation,

- drawing into preventive effort and obtaining support from decision makers including both Houses of the Federal Assembly of the Russian Federation, the Government, subjects of the Federation, local administrators, heads of enterprises, research institutes, public organizations, etc.,
- conducting wide campaigns to meet the needs of prevention to minimize disease risk factors with broad involvement of various levels mass media, health workers and The campaigns should inform the population and key persons about the possibilities in prevention and HLS formation as well as about their value for public health. The campaign should be clearly targeted, it should have goals, time frames, description of partners, material and resource support as well as assessment system,
- including social marketing into the list of elements necessary for developing disease prevention and health promotion programs financed by the State
- developing guidelines for introducing social marketing technologies into preventive programs,
- cooperating actively with medical and other institutions promoting health related products in central mass media with the purpose to include HLS elements into its advertisements.

Selecting strategy Together with approving the goals and priority problems it is necessary that strategy and specific ways to achieve set goals should be approved among the partners

General strategy for working with the population can be of populational group or individual type. The most efficient and economic way for HET, disease prevention and health promotion is the populational strategy (work with all population) which can be combined with a high risk strategy

Principles for building coalition Forming partnership and coalition always strengthens any prevention program as long every partner possesses various types of resources: intellectual, material, financial

When building a coalition it is important to consider and combine the interests and resources of various partners

Coordination of intersectoral cooperation HET policies and strategies: disease prevention and health promotion are coordinated at the national and regional levels

Regions: intra- and intersectoral coordination councils should be organized

In order to coordinate work in the whole country, it is necessary to establish the National Center for developing HET policies and strategies, disease prevention and health promotion. The role of this center should consist of

- developing scientifically sound policies and strategies in the area of HET and health promotion,
- coordinating efforts of various departments and structures at various levels,
- conducting research aimed at developing disease prevention and health promotion strategies
- coordinating collaboration with other countries,
- technical assistance to the regions in developing HET policies and strategies, disease prevention and health promotion

For the development of HET, disease prevention and health promotion strategy at the Federal level it is very important to establish the medical journal "Health promotion and disease prevention" for public health workers

INTERNATIONAL COLLABORATION

In the HET disease prevention and health promotion activities a principally important role belongs to international collaboration. It primarily concerns participation of the parties in performing large-scale joint projects in the framework of priority dimension "Health education and health promotion" of the Health Committee in the joint Russian-American Commission on Economic and Technological Cooperation (Gore - Chernomydin Commission), in prophylactic and research programs of the Centers for Disease Control and Prevention and of the National Institutes of Health, WHO projects "Global initiative on health promotion in schools" and "Creation of World-Wide Network for Health Promotion in Mega-Countries", WHO-EURO programs on "European Network of Health Promoting Schools", "Healthy cities - Europe Free of Tobacco" and in a number of other international projects and initiatives.

Cooperation shall be coordinated through creating national centers for the support of joint projects and WHO collaborating centers.

Cardinal expansion is required in collaboration of the Russian party with the International Union of Health Promotion and Health Education - a most authoritative non-governmental organization where Russia has its representative in the Board of Directors.

4. STRUCTURE AND FUNCTIONS OF MEDICAL PROPHYLAXIS AND HEALTH PROMOTION SYSTEM

At the Federal level, all activities related to HET, disease prevention and health promotion for the population of Russia is guided by the Ministry of Public Health of Russia and its Department of State Sanitary-and-Epidemiological Surveillance which exercises its authority powers regarding regional administrative structures of the medical prophylaxis and health promoting system. At the regional level they are represented by divisions of prevention of Health Departments and by the Departments' deputy heads for prophylactic

work functioning regional network of agencies in the medical prophylaxis system: Centers of Medical Prophylaxis, respective sections in the Centers of State sanitary-and-epidemiological surveillance, Centers of AIDS prevention and control, family planning centers, consulting rooms and units of medical prophylaxis as well as healthy child consulting rooms at health facilities for adults and children.

Federal Center for medical prophylaxis is the head practical facility in the system of medical prophylaxis and health promotion. This Center ensures organizational and methodological guidance for public health bodies and facilities whose activities are aimed at raising the level of hygienic culture, advocacy of medical aspects in health formation, implementation of prevention programs.

Scientific and methodological support for the service in its performance is provided by the Federal Research Institute of Medical Problems in Health Formation, State Research Center for Preventive Medicine and other Federal research institutes as well as research institutes of prophylactic orientation in the territories.

Regional Centers of medical prophylaxis are organizing the work of health facilities and the coordination of performance of other agencies and institutions regarding disease prevention and the HLS formation in the framework of regional comprehensive and targeted health promotion programs through intra- and intersectoral coordination councils at the Departments of Public Health.

At the regional level there is a possibility to make local decisions regarding the structure, functions and relationships between the Centers of medical prophylaxis and other health services and prophylactic structures in accordance with regional specificity.

In order to resolve practical issues regarding organizational improvement of medical prophylaxis and health promotion system, at the Ministry of Public Health of Russia a Council on population HET is being set up which, if necessary, will bring the most important problems in this area to the attention of Interdepartmental

Commission for the protection of citizens' health established by the Resolution no. 456 of the RF Government of 15 April 1996

At the local level, disease prevention and health promotion activities are exercised by the units and consulting rooms of medical prophylaxis at district health facilities and catchment area services in close interaction with local public organizations and community leaders

4.1 CENTERS OF MEDICAL PROPHYLAXIS

Centers of medical prophylaxis (CMP) in reforming public health can become a leading structure in the HET, disease prevention and health promotion activities based on population group and individual approaches. It is advisable to raise the status of CMP as a special health service facility supervised by Administration of the Public Health Department of the region according to the same principle as the Centers of State sanitary-and-epidemiological surveillance. This is determined by the need for a closer cooperation of CMPs with the Centers of State sanitary-and-epidemiological surveillance, with the catchment area (family) service as well as with HET and health promotion experts

CMP need to take part in resolving HET strategy and prevention issues in their respective regions. This can be achieved through

- playing a key role in organizing the activities of intrasectoral coordinating council for the promotion of population's health,
- representing the interests of public health sector in the work of intersectoral coordinating health promotion council at the Department of Public Health,
- subordination directly to the regional public health administrator or his/her first deputy,

- organizing and coordinating the activities of regional task force for the development and implementation of HET and health promotion programs

Fund raising to support CMPs' activities can be achieved through

- signing contracts with insurance companies
- developing new standards for logistics and staffing schemes for regional Centers to be financed from local budgets,
- deducting a certain percentage of proceeds from tobacco and alcohol sales as well as from advertisement of these products, for the HET and disease prevention at the regional level

In order to evaluate the existing HET and prevention activities it is recommended to develop criteria for assessing efficiency of CMP work, in particular standards and documents for expert assessment of preventive work

CMP due to specificity of their structure may perform as organizers of training in principles and HET and prevention methods for both health workers (pre- and postgraduate training) and non-medical people (trainers, educators, social workers, law enforcement officers etc.)

It is necessary to consider including prevention issues into training for physicians of various specialties

In conducting preventive work among school pupils and teachers it is necessary, together with educational institutions and drawing in health promotion experts, to proceed with scientifically sound development of regulatory documents, creating training programs as well as methodological and training aids for them

In order to obtain methodological and consultancy assistance regarding problems of prevention and health promotion the CMPs are collaborating with Federal research institutes (Federal Research

Institute of Critical Problems in Health Formation, State Research Center for Preventive Medicine, Research Institute of Sanitation, Hygiene, Public Health, Economy and Administration (etc.) and with scientific institutions in the regions.

4.2. CENTERS OF STATE SANITARY AND- EPIDEMIOLOGICAL SURVEILLANCE

Over a number of years, Centers of state sanitary-and-epidemiological surveillance (CSSES) were engaged in preventing chiefly communicable diseases and they have accumulated a highly valuable experience in collecting information, record keeping as well as in the analysis of epidemiological situation. One of the top priority functions of the CSSES is developing a package of preventive interventions including the development of policies and strategies for the prevention of these diseases, drawing in various structures to take part in this work as well as organizational and educational activities.

Public health reform has broadened the functions of, and interactions between the CSSESs and CMPs. In this connection

- in the work of CSSES which take part in discussing issues related to the formation of public health policies in the region, preventive activities can be substantially expanded in the area of non-communicable diseases (NCD),
- for efficient preventive work CSSES should have at their disposal guidelines for this problem and they should receive scientific and-methodological assistance,
- it is necessary to bring trained HET and prevention experts into the Centers' respective units as well as to conduct training courses and workshops for existing specialists,
- the Centers in their work can collect epidemiological data on NCD and their risk factors in conducting special studies, and this will ensure obtaining more accurate information in this field,
- sufficiently good interaction between CSSES and mass media can be used in order to widely inform the public

both the results obtained in the area of HET, epidemiology and control

- in order to pursue these activities the CSSLs needs to be appropriately equipped in material and technical sense together with supplementary financing

4.3. CATCHMENT AREA (FAMILY) SERVICE

Development of family medicine in Russia is a most acceptable way to resolve the problem of expanding preventive orientation in the work of primary health care structures. Therefore, it is necessary to encourage and support general practitioners and family physicians, to provide for their appropriate use, timely licensing and ensuring jobs. This dimension will enable significantly accelerated establishment of respective infrastructure ensuring efficient realization of efforts in the sphere of HET, disease prevention and health promotion at the community level.

Primary health care should occupy its place in changing the lifestyle of an individual, family and community. It is essential here that efforts of the staff be aimed not only at discussing and changing individual human behavior but also oriented towards reducing the effects of adverse social factors, towards improving living conditions and improving environmental health. Therefore it is necessary to develop and implement respective training programs for middle-level health staff and family physicians (general practitioners) who have broad contacts with the population in their everyday work.

From this viewpoint, major components of primary health care are teaching patients the main principles of health preservation and promotion in the broad sense of this word including primary prevention of major diseases, teaching correct nutrition, supplying with safe water and maintaining sanitary well-being, immunization against communicable diseases, appropriate treatment and secondary prevention of existing diseases including medication care.

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EDUCATION OF THE POPULATION

Informing and training are pursued along three dimensions: educating broad strata of population through mass media, group training sessions and using individual methods and means

Here a key position in the HET, disease prevention and their risk factors is given to the central mass media

Organizational-and-methodological approaches should be developed to carry out advocacy and general education campaigns addressing various aspects of HLS formation for all regions of Russia with active involvement of mass media and health workers and the use of social marketing technologies

In federal institutions oriented towards prevention it is necessary to create information centers where press-conferences shall be held regularly in order to inform the population about active preventive programs, methods of prevention and HLS formation

Methods of social mobilization and organization of population should be used on a wider scale in carrying out preventive campaigns or interventions

It is necessary to develop social infrastructure simultaneously in order to create conditions facilitating HLS choice for the population

Clearly conceptually verified target Federal program "Health promotion at school" should be developed. This program shall be deployed in the territories in the form of school public health regional programs possessing quantitative goals and objectives as well as concrete contents

It is necessary to develop disease programs for the prevention of diseases, their risk factors as well as for health promotion at workplaces.

Quality of hygienic training and instruction of decreed cohorts needs to be enhanced

It is also necessary to ensure training of policemen, traffic police officers, firemen, workers of the Ministry of Emergency Situations and road traffic participants in the methods of providing first medical aid to victims of accidents, poisonings and traumas.

Medical-and-hygienic passportization of the population should be developed and implemented by legislatively securing introduction and filling out of an individual "Passport of health".

6 EDUCATION OF HEALTH WORKERS

Creating a system of continuous education in the framework of existing system for training health workers of various levels should become the main goal of this area of activities related to HET. The following should be recognized as major guiding principles for the development of this education system: using health promotion concept which must be described also in terms of environmental model of medicine, and the unity of prophylactic science and practice in the process of teaching.

Such system should cover the training of students of higher and secondary medical educational establishments, faculty, physicians studying as interns, residents, post-graduate students, physicians studying at physicians' advanced training departments (PATD), in State institutes for advanced training of physicians (SIATP), in schools, seminars, low-grade health workers (doctor's assistants, nurses) including those in the primary health care during specialization and re-qualification, heads of public health bodies.

For this purpose it is necessary to

- ⇒ envisage creating respective chairs or courses in medical institutes and educational establishments for postgraduate training,
- ⇒ train cadres for teaching in higher educational establishments and other health institutions,

... the curricula for training experts of all levels, coverage
... for teaching sessions on "HEI - disease prevention and
health promotion" together with exam control of training
sessions

It is also necessary to provide for training of health workers
directly at workplaces (in-job training) enabling simultaneous
coverage of a large cohort of students of various levels and specialties

7. LEGISLATION

Despite the fact that priority of preventive interventions in
ensuring health has been secured by the Bases of legislation of the
Russian Federation on the protection of citizens' health and regulated
by the Article 26 "Hygiene education and training of citizens", there
is a clear need for creating a series of regulations and statutory acts in
elaboration of these documents which would define the mechanisms
for implementation thereof and improvement of regional
infrastructure for medical prophylaxis and health promotion under
new economic conditions

Together with the above regulations aimed at improving
legislation on the protection of population's health, the urgent
necessity is ripe to develop the laws "On medical-and-hygienic and
environmental education of population" and "On economic
stimulation of health"

Also, stringent control should be ensured over execution of
existing laws and regulations aimed at preserving and promoting
health of the population of Russia

RF legislation on mass media and the RF Law "On
advertisement" should be supplemented with the provision on fine
sanctions for advertising in mass media products hazardous for health
of the population (tobacco, alcohol), the sums thus confiscated
should be assigned for preventive activities. Also, such advertising
should be forbidden on territories adjacent to medical, educational
and pre-school facilities

For successful performance of HET – medical prophylaxis and health promotion work by health facilities of Russia's Ministry of Health it is necessary to expand legal basis by having developed and approved a series of documents

- on supplementing functional responsibilities of physicians in all specialties with types of preventive activities
- on including into the basic mandatory health insurance program of preventive interventions including HET for all adult and pediatric cohorts,
- on restating indicators of hygiene education activities in the reports of health facilities

It should be proposed to include into the State Standard, the preventive work quality standards for the “general practitioner” (family physician) specialty

Besides, it is necessary to ensure control over licensing of medical activities for the type “Preventive work with the population” (paragraph 1.14 “Mandatory medical activities” of the Annex 1 to the Order no. 270 of the RF MOHMI of 07.01.96) for the Centers of medical prophylaxis, units and medical prophylaxis rooms in health facilities

8. MONITORING AND ASSESSING EFFICIENCY OF HET, DISEASE PREVENTION AND HEALTH PROMOTION ACTIVITIES

For successful planning, implementation and assessment of preventive interventions monitoring of epidemiological situation is required regarding various diseases. This monitoring should include morbidity and mortality as well as behavioral, physical and social factors from which these diseases are rooting

There is a necessity to improve the State system for monitoring population's health indicators. It is also necessary to create a system for assessing preventive activities of public health institutions and

health promotion interventions including that for primary health care level

9 CONDUCTING RESEARCH

For successful implementation of health promotion and disease prevention programs it is necessary to continue multiple aspect studies of HET, epidemiology and disease prevention and health promotion having brought research closer to public health practices. This is facilitated by implementation of international, national and regional pilot projects which provide conditions for the formation of practical habits and creation of models as well as the developments of new methods and means for HET, disease prevention and health promotion eligible for broad use