American International Health Alliance

Final Performance Report

Health Partnerships Program, Russia 1998-2008

USAID CA #EE-A-00-98-00009-00

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Preface

The American International Health Alliance, Inc. (AIHA) is a 501(c)(3) nonprofit corporation created by the United States Agency for International Development (USAID) and leading representatives of the US healthcare sector in 1992 to serve as the primary vehicle for mobilizing the volunteer spirit of US healthcare professionals to make significant contributions to the reform of healthcare overseas through partnerships.

AIHA's mission is to advance global health through volunteer-driven partnerships that mobilize communities to better address healthcare priorities while improving productivity and quality of care. Founded in 1992 by a consortium of American associations of healthcare providers and of health professions education, AIHA is a nonprofit organization that facilitates and manages twinning partnerships between institutions in the United States and their counterparts overseas. AIHA has to date supported more than 150 partnerships linking American volunteers with communities, institutions, and colleagues in 33 countries in a concerted effort to improve healthcare services and delivery.

Operating with funding from USAID; the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services; the US Library of Congress; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other donors, AIHA's partnerships and programs represent one of the US health sector's most coordinated responses to global health concerns.

This final performance report provides a comprehensive overview of AIHA programs in Russia between the years 1998-2008, which were made possible with the generous support of the American people thanks to funding from USAID through Cooperative Agreement EE-A-00-98-00009-00. The report describes AIHA's unique partnership twinning model, the development and evolution of the program in the region, and the main program components funded during this period. It also includes summary results and success stories that highlight specific activities and accomplishments, as well as a discussion of key regional areas of impact and the overall legacy of the partnership program.

AIHA wishes to express its sincerest gratitude to the countless professionals in the Russian Federation and the United States who gave so generously of themselves to the partnership program. AIHA's programs have been so successful because these individuals demonstrated the courage and commitment to change; the patience, dedication, and hard work to gain new knowledge and skills; and a generous spirit of trust and collaboration. Together they made significant contributions to improving healthcare services and delivery for thousands of people in the region. AIHA also thanks USAID for the opportunity and privilege of working in the Russia Region and for its steadfast support of the partnership program.

Finally, AIHA gratefully acknowledges the contributions of dedicated staff in its Washington, DC, and regional offices in managing and implementing the program and in preparing this final performance report.

The contents are the responsibility of AIHA and do not necessarily reflect the views of USAID or the United States Government.

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Final Performance Report
Health Partnerships Program in the Russia Region
1998-2008

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"Partnerships were satisfying to both NIS and US partners, but they were also transformational demonstrations that supported real change in the primary healthcare sector and measurable health impact on the consumers served."

— From the USAID-commissioned Program Evaluation of AIHA's Primary Healthcare Partnerships in the Newly Independent States (1998-2006), January 2007

I. Executive Summary

Since 1992, AIHA has been creating and managing twinning partnerships that link American healthcare professionals with their counterparts in Russia. While these partnerships and complementary projects were designed to improve the quality and accessibility of health-related programs and services available to Russian citizens, they also helped build bridges between people and communities in the United States and Russia.

The first 11 partnerships established in Russia were part of a broader USAID-funded Health Partnerships Program that encompassed the 12 newly independent nations of the former Soviet Union and focused on improving hospital-based care. In 1998, USAID awarded AIHA a second round of cooperative agreements to apply its unique volunteer-based partnership model to new regional health reform priorities. Building on the many successes of those earlier partnerships, AIHA established 18 new twinning alliances during this second round of funding. During the initial years of the funding period, a majority of AIHA's USAID-supported partnerships focused on improving the quality and scope of primary healthcare services, while others targeted infection control and prevention, neonatal resuscitation, and women's health. In response to Russia's growing AIDS epidemic, the focus of AIHA's programs shifted in 2004, with the bulk of partnerships and other activities focusing on developing replicable, client-centered models of HIV/AIDS treatment, care, and support services.

During the last decade, hundreds of volunteers from 83 US hospitals, health systems, medical schools, universities, community-based organizations, and public health departments in 16 cities participated. They worked with a like number of counterparts at 43 Russian institutions. These Russian healthcare and allied professionals benefited not only from the knowledge and technical skills their American counterparts shared, but also from the collaborative learning process that drives partnership activities. Together, the dedicated efforts of partners on both sides resulted in positive and sustainable changes at the individual, institutional, community, and national levels.

Through AIHA's programs, partners paved the way for many "firsts" in Russia, including:

- Comprehensive diabetes control and model home care services programs in Dubna;
- Joint management and leadership trainings for physicians and nurses at multiple partnerships throughout the country;
- New hospice and palliative care programs in St. Petersburg and Orenburg;

- A network of five EMS Training Centers established in Russia and the development or expansion of EMS training curricula for healthcare providers and first-responders;
- Establishment of 10 Women's Wellness Centers that provide comprehensive, patient-centered diagnostic, treatment, education, and support services to women of all ages;
- Creation of 47 Learning Resource Centers (LRCs) that provide ICT support, including access to up-to-date evidence-based resources to a community of more than 23,318 health professionals affiliated with AIHA's partnerships in Russia;
- Establishment of AIDS Training and Education Centers in Orenburg and St. Petersburg; and
- Implementation of many successful innovations in primary care, infection control, neonatal resuscitation, maternal and child health, and HIV/AIDS treatment and care.

Whether by establishing community-based health information and resource centers, creating new models for prevention and treatment of diseases, establishing new educational programs for training current and future healthcare managers; opening innovative, patient-focused care centers, or creating and strengthening professional associations, AIHA and its partners have been pioneers of healthcare reform in Russia for the past 15 years, building critically-needed human and institutional capacity. Nursing professionals have been empowered and are now taking on expanded responsibilities for patient care and outreach. Healthcare administrators have adopted modern, cost-effective practices resulting in streamlined financial and management policies. Clinicians, students, and others have increased access to a wealth of evidence-based medical research, including the ability to consult with specialists around the world via the Internet, at partnership LRCs, Nursing Resource Centers, and AIDS Information Centers. And, patients have access to higher-quality care at hospitals, primary care centers, and other facilities involved with the partnership program.

The key contributions of the program as a whole can be described in the following eight broad areas of impact that cut across individual partnerships and program areas:

Changes in Thinking and Mindset

Perhaps the single most profound legacy of the partnership program is what partners have called a change in mindset — a newfound ability to think critically, to look at problems differently and find innovative solutions, to be more collaborative and work as a team, or simply a new perspective on oneself and the world. These mindset changes often range from the very personal to more general aspects of professional development. Many partners describe making changes in the way they interact with colleagues in a more equitable fashion, how they approach challenges, and how they view and treat their patients. By nature, such changes not only enabled partnerships to achieve their objectives, but they have also been responsible for influencing the ongoing achievements of many of the Russian partners. In the USAID-commissioned evaluation of AIHA's Primary Healthcare Program, Terra P Group wrote: "Empowered by new knowledge, better access to information, and broadened responsibility and autonomy, [primary care] providers have gained in their professional and social status."

New or Improved Health Professions

Thousands of Russian doctors, nurses, and other healthcare professionals received training through the voluntary, peer-to-peer exchanges and other programmatic activities implemented by AIHA and its partners. The interaction with their US counterparts and colleagues from Russia and other countries in the region, as well as their exposure to new ideas and ways of approaching the provision of care, enabled these partners to rethink their roles as healthcare providers and become educators and agents of change at their institutions and within their communities. Nurses, in particular, embraced the new educational opportunities that partnerships afforded them and assumed increased roles and responsibilities, gaining the respect of physicians and patients alike. The increased skills and knowledge of the Russian health practitioners in areas such as leadership and management, obstetrics and gynecology, infection control, cardiac surgery, neonatology, emergency medicine, chronic diseases, treatment and care of HIV/AIDS, and family medicine translated into clear improvements in healthcare, better preventive medicine, and healthier lifestyles for citizens in partnership communities throughout Russia.

Not only did individual healthcare professionals gain new skills, in several instances entirely new specialties were created as a result of partnership work. These include health management, emergency medicine, hospice, palliative care, home care, occupational health, nurse educator, infection control nurse, and case manager, among others.

Institutional and Organizational Change

Partnership activities led to a wide range of institutional changes that have endured well beyond the funding period. At Primary Healthcare Centers, these changes included implementing quality improvement processes; creating new departments or restructuring them; developing human resource policies; and instituting a team approach to patient care, particularly in HIV care and treatment where case management is crucial to patient care and monitoring of adherence. Partners also developed new courses and curricula — which in some cases were certified and adopted for mainstream medical education throughout the country — that greatly improved medical education in Russia and helped build new capacity for conducting healthcare policy analysis and research and for providing consulting services that enhance sustainability.

Patient-focused Care and Renewed Personal Responsibility

For patients and communities served by the Russian partnerships and projects, a dramatic change occurred as a result of the program. For the first time, the Russian healthcare institutions that participated in the partnerships adopted a patient-centered approach to care, resulting in innovations such as patient privacy policies, patient satisfaction surveys, a customer service department, and family-friendly policies including expanded visiting hours. At the same time, as healthcare professionals focused more on the individual patient, these people were asked to play a more active role in their own health by participating in health promotion and health education activities. This, too, was a major shift in thinking, given the historic lack of public engagement and personal responsibility and accountability in the health arena. Each of the healthcare partnerships — whether primary care or more narrowly focused — incorporated disease prevention and health promotion activities including patient education on healthy lifestyles, community outreach programs including media campaigns and health fairs, and various community-based interventions that taught people the importance of taking responsibility for one’s own health, as well as the health of their community.

Community Building

Partnerships embraced inclusiveness and community engagement as a foundation for improving the health status of the populations they served. This left behind a legacy of strengthened communities that are better able to work together across conflicting backgrounds, professions, and ethnicities in the interest of the public good. Partner communities in Russia not only benefited from the technical assistance provided by their US counterparts, but also learned to utilize tools of community mobilization, consensus-building, and conflict resolution, thereby developing a newfound capacity for working together across multiple sectors through community advisory boards and other mechanisms introduced by the US partners.

Regional and National Impact

AIHA partnerships have also been at the forefront of local and national healthcare reforms, initiating or influencing legislative and policy changes, demonstrating successful interventions that served as models for replication or rollout, and introducing new clinical guidelines and processes for adoption nationally.

Impact on US Partners

Individual US partners and institutions also reaped unexpected benefits, ranging from gaining a deeper understanding and appreciation of democracy or a new perspective on common problems to finding new ways to improve teamwork or implement different clinical approaches in their day-to-day practice. Partners described the dramatic enrichment to their personal and professional lives from their participation in the program. Institutions noticed changes in the way participants relate to each other and new energy and ideas brought to their work back home. Mary Thompson, a public health nurse and US partnership coordinator for

AIHA's Tomsk/Bemidji primary healthcare partnership and Engels/Bemidji HIV/AIDS partnership, summed up her thoughts on the value of partnerships as a tool for international development, stating, "If our common goal is for societies to prosper and thrive side by side, these programs will lead to the fulfillment of that goal with the wisest utilization of resources. While I feel that I am realistic about what we are accomplishing and am not overly sentimental about 'saving the world,' I can honestly say that the work we've done with AIHA and this partnership is possibly the most meaningful thing I have done in a professional nursing career that has spanned more than 30 years. I am very grateful to have had this opportunity to help expose our Russian partners to information that can dramatically improve the quality of their lives."

While many healthcare challenges remain in Russia, AIHA's USAID-supported Health Partnerships Program has created a new paradigm for international collaboration and the provision of technical assistance. By working directly with Russian healthcare professionals and policymakers, partners have helped lay a strong foundation for ongoing change. Political support and individual commitment have been critical to the success of the Health Partnerships Program in Russia and to bringing about sustainable health system reform. Having strengthened existing institutions or created new ones, partners have ushered in programs that are more relevant and responsive to the populations they serve, leaving healthcare leaders better positioned to sustain these services and seek new opportunities to improve quality of care.

This final performance report is a comprehensive overview of USAID's Health Partnerships Program in Russia between 1998-2008. Additional details and information on individual partnerships, and AIHA's partnership programs in other countries can be found at www.aiha.com.

II. Program Overview

A. Introduction

Beginning in 1992, AIHA established a total of 29 partnerships in Russia to address a range of health sector reform priorities. Under a cooperative agreement with USAID in effect from 1992-1998, AIHA established 11 hospital-based partnerships in Russia. These partnerships improved targeted health-care services while at the same time strengthening the capacity of both countries for ongoing improvements in quality of care. They addressed key healthcare priorities, such as expanding access to innovative women's health services, improving emergency medical services and nursing care, and institutionalizing changes through, for example, the development of new management practices, new information systems, improved surgical techniques, and better infection control practices. Information on the specific goals and achievements of each of the original hospital partnerships can be found on the AIHA Web site at www.aiha.com**.**

At the end of the first cooperative agreement funding period in 1998, USAID awarded the competitively-solicited NIS Health Partnerships Program to AIHA. This award comprised a "Basic Agreement" that provided the overall scope, authority, and parameters of the program, along with five "Sub-regional Agreements." Four of the sub-regional agreements focused on individual regions: Russia, Central Asia, the Caucasus, and West NIS. The fifth cooperative agreement was region-wide in scope and promoted inter-regional sharing, dissemination, and common initiatives, including neonatal resuscitation, nursing, and women's health that represented priorities for countries spanning Eurasia. The program and underlying cooperative agreements were funded for an initial five-year period with provisions for an extension of up to five additional years.

Much like the initial Health Partnerships Program in the region, the second NIS Health Partnerships Program — which was implemented from 1998-2008 — was designed to promote sustainable US/NIS partnerships that would foster more effective and efficient delivery of health services in Eurasia. In keeping with AIHA's partnership methodology and model, which is described in the following section, the program emphasized building institutional and human resource capacity to help ensure the sustainability and replication of successful healthcare interventions introduced through the partnerships.

Under the 1998 cooperative agreement awarded by USAID/Russia, AIHA was tasked with establishing partnerships in the Russian Federation in support of USAID's strategic objectives. With respect to the partnership program, USAID/Russia placed its greatest emphasis on primary care service delivery programs that would show meaningful results locally and that would be replicable nationally. USAID's strategy prioritized the development of primary care services that would be delivered at model community-based sites. AIHA health partnerships supported these sites through capacity-building programs that emphasized practical multidisciplinary retraining of health professionals and that complemented other USAID and international donor efforts to educate family physicians — a central pillar of the primary care reforms in the region.

With a view toward creating a mutually supportive environment for complementary programs, USAID envisioned partnerships working closely with other USAID health and social sector programs in the region to support the development of maternal and child health networks, emergency medical services, medical training, professional associations, evidence-based medicine, and activities that addressed a range of health

issues from infectious disease to alcohol abuse, with a particular focus on community involvement.

Under this cooperative agreement, AIHA's Russia program comprised 18 new partnerships, as well as a broad range of cross-partnership initiatives. Of these, seven focused on community-based primary healthcare, four targeted HIV/AIDS, two focused on neonatal resuscitation and maternal and child health, and two focused on improving infection control and prevention. The remaining three partnerships targeted women's health, reproductive health, and tuberculosis. Cross-partnership activities included continued support for programs initiated under the previous cooperative agreement — specifically Internet connectivity and support for new activities related to AIHA's infection control, primary healthcare, nursing, emergency medicine, and women's health initiatives.

At the end of the five-year award period in September 2003, USAID/Russia granted AIHA a five-year extension covering fiscal years 2004-2008. During the first half of that time period, the core of AIHA's programming focused on building replicable models for HIV/AIDS treatment, care, and support at pilot sites in high-burden regions across Russia. AIHA established four partnerships linking Orenburg with New York City; Samara Oblast with Providence, Rhode Island; Saratov with Bemidji, Minnesota; and St. Petersburg with New Haven, Connecticut. While specific goals and objectives differed from one region to another, these partnerships addressed four cross-cutting areas of need that emerged during the initial assessment and evaluation process in each community:

- HIV patient management and adherence;
- Care coordination and case management;
- Patient access and retention; and
- HIV and TB detection and treatment.

Beginning in October 2006, AIHA's USAID-supported HIV/AIDS program in Russia concentrated on the St. Petersburg and Orenburg partnerships in accordance with recommendations from USAID/Russia. Both sites were — and continue to — rapidly expand access to HIV/AIDS care and treatment through programs supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as national and regional administrative bodies within Russia. AIHA also initiated a public-private partnership in cooperation with the AIDS Healthcare Foundation and with support from USAID's Global Development Alliance to continue complementary partnership activities focusing on HIV/AIDS in Samara and Saratov.

> "In international development, we spend so much of our time on a supply-driven, shake-your-finger approach that is often resented and just doesn't enjoy the sticking power that a slower, more equality-based approach does. That's the true value of partnerships."
>
> *— Paul Holmes, Senior Regional Health Advisor, USAID Europe and Eurasia Bureau*

During the 10-year period covered in this report, USAID also supported AIHA's Prevention of Mother-to-Child Transmission (PMTCT) of HIV Initiative in Russia and a wide range of information and communications technology activities, including the provision of access to evidence-based knowledge resources through the AIDS Knowledge Network Web site and the development of strategic information tools related to PMTCT and patient management.

In October 2007, AIHA launched a public-private partnership in collaboration with GlaxoSmithKline to enhance the knowledge and skills of young Russian medical professionals working in the field of HIV/AIDS and nurture their potential as thought leaders and agents of change in target regions spanning the country. With support from USAID's Global Development Alliance, the Professional Development in HIV Medicine Program marks the first time an international pharmaceutical company has joined forces with the nonprofit sector to build human resource capacity to combat AIDS in Russia. The program utilizes Russian and international subject matter experts as trainers and mentors to 23 physicians from 16 regions of the country most heavily affected by HIV.

AIHA also managed a program focused on enhancing the quality of reproductive health services for women in

prisons in Irkutsk Oblast from February 2007 to September 2008. This project took place in three prison colonies in the Irkutsk area and was implemented in collaboration with a local sub-contractor, the Irkutsk branch of the Russian Red Cross, which had access and experience working in the Russian prison system.

In addition to these partnerships, the terms of the 1998 cooperative agreement provided for a number of limited one-year sustainability grants that would be competitively awarded to existing hospital-based alliances to assure programmatic replication and increase the likelihood of survival beyond the funding period. In accordance with the approved strategy and workplan, AIHA sought proposals from past partners looking to build on their previous accomplishments using the following guidelines:

- US and NIS partners were required to demonstrate will and capacity for ongoing, active collaboration;
- Partners were required to submit a targeted workplan and realistic budget outlining discrete objectives;
- Relatively little outside funding could be required to achieve their objectives; and
- Proposals needed to demonstrate a clear contribution to the sustainability of partnership achievements and/or the partnership relationship, as well as improved likelihood of replication and further dissemination of partnership successes.

AIHA submitted funding recommendations to USAID/Russia in January 1999 and promptly received concurrence for the award of sustainability grants to the 11 original hospital-based partnerships. Sub-grants were awarded February 1999 for workplan activities to be completed by December 30 of that year. USAID/Russia later approved a no-cost extension to June 30, 2000, to ensure that these partnerships could complete the sustainability activities identified in their workplans. The activities of each of the sustainability partnerships were reported quarterly to USAID/Russia during the year and partners participated in AIHA cross-partnership activities and conferences as appropriate to disseminate the models they had developed. For additional information about their activities during the sustainability period, please refer to Addendum A on page XX of this report.

In summary, there have been three distinct phases funded by AIHA's 1998 cooperative agreement with USAID over the past decade:

1. New healthcare partnerships — most established between 1998-2004 with a focus on improving quality and accessibility of primary care services and new models of care.
2. New healthcare partnerships, including public-private alliances, established between 2004-2008 with a focus on developing model treatment, care, and support programs for PLWH and building the requisite institutional and human resource capacity to effectively manage HIV-related care and other infectious diseases.
3. Sustainability grants for 11 previously established hospital-to-hospital partnerships that were awarded for targeted activities taking place in 1999-2000.

In compiling the data regarding the sustainability of partnership activities for this report, AIHA staff encountered a few obstacles. First, it has been almost 15 years since a good portion of the partnership programs were initiated and almost a decade since many graduated from the program. Not surprisingly, over this period of time there has been significant staff turnover at many partner sites. In some instances, the entire staff of a facility has changed and there is scant institutional memory about partnership activities that resulted in current practices or programs. Although all the Primary Healthcare Centers, Women's Wellness Centers, and many of the training centers and initiatives instituted by the partnerships are still in place and — in many cases — have been expanded and replicated, AIHA has not been directly involved with these programs and institutions for many years. The combined result is a reluctance on the part of some of the current institutional leadership to provide up-to-date data for this report. Secondly, due to recent instructions from Russia's Ministry of Health and Social Development placing restrictions on many Russian healthcare institutions from communicating or working with international organizations, many of the former partner institutions AIHA staff contacted refused to provide the requested data and anecdotal information. Consequently, while this report includes substantial data compiled for the primary healthcare partnership program through 2004 when these partnerships were evaluated by an external USAID evaluation, updated

information for the primary healthcare program and cross-partnership initiatives was not available through 2008.

B. The AIHA Partnership Model

In Russia and elsewhere in Eurasia, AIHA applied its core program methodology — a unique voluntary, twinning model that partners a US community's health-related institutions with counterpart communities and institutions in developing and transitional countries. By embracing city, county, and statewide relationships and conducting peer-to-peer professional exchanges, partners work together to develop practical solutions to healthcare delivery problems, create model programs, disseminate lessons learned, and effect broad, systemic change during and after the USAID-funded partnership period.

Over the years, external evaluations of AIHA's twinning model have consistently affirmed the positive and lasting contributions partnerships have made to efforts to improve healthcare and the overall health status in partner countries. These independent evaluations have also indicated that AIHA partnerships have played an important role in transitional nations by building local capacity; creating sustainable relationships, increasing international cooperation and understanding, and promoting democratic values.

As this report documents, many of the program outcomes can be attributed to the unique partnership model, in which the highly collaborative and participatory approach engendered mutual trust and a high degree of ownership of solutions by those partners who were ultimately responsible for implementing and sustaining the improvements. Furthermore, the partnership approach had a great and lasting impact on the US partners as well.

Key Elements of AIHA's Partnership Model

Voluntarism – Partners make significant contributions of human, material, and financial resources

Institution-based – Institutional partnerships foster capacity-building and systematic change

Peer-to-peer Collaborative Relationships – Help build trust, respect, and mutual understanding

Professional Exchanges and Mentoring – Facilitate effective transfer of knowledge, ideas, skills

Mutually Beneficial Relationships – Partners on both sides reap the rewards of their collaboration

Replication – Partners build on lessons learned to rapidly replicate and scale up successful projects

Sustainability – Partners build lasting relationships and work to institutionalize positive changes

"Partnership of Partnerships" – AIHA facilitates networking, sharing, and common solutions

C. Program Design and Implementation in Russia

At the end of the Soviet era and in the early years of the transition, health indicators for Russia were extremely poor. The country faced relatively high incidences of infectious disease and adverse environmental conditions, which greatly contributed to rising rates of infant, maternal, and adult male mortality. Economic difficulties accompanying the collapse of the former Soviet Union exacerbated many of these problems. Much of the government and social infrastructure that supported healthcare became increasingly incapacitated, while the overall risk to the health of the population in Russia continued to rise. One particularly alarming statistic was the decline in life expectancy for adults. Accordingly to the official GosCom Stat database life expectancy in 1992 declined to 61 years for men and 73 years for women. Much of the decline in health status could be attributed to sharp reductions in preventive care services, increased incidence of infectious disease as a result of institutional and infrastructure breakdown and current economic conditions, inadequate chronic disease management, poor lifestyle choices, increasingly adverse environmental and occupational

health conditions, and an increased number of accidental injuries and deaths.

Beginning in 1992, USAID/Russia targeted healthcare reform through the Health Partnerships Program to promote more efficient and effective healthcare and to improve disease management, women's reproductive health, and institutional and health system delivery capacity. The program implemented in Russia from 1998 through 2004 was designed to build on the lessons learned and past accomplishments of the hospital partnerships while addressing key USAID reform priorities for the region.

With respect to the partnership program, USAID/Russia placed its greatest emphasis on primary healthcare programs that emphasized the retraining of current health professionals. USAID/Russia envisioned a program that promoted evidence-based medicine, maternal and child health networks, emergency medical services, and medical training, as well as programs to address infectious disease and encourage community involvement — all of which were developed by AIHA and its partners over the past decade and continue to be self-sustaining today.

Partnerships

During the 10-year cooperative agreement period, AIHA partnerships were created within the framework of USAID's overall NIS-wide focus on primary healthcare and USAID/Russia region-specific priorities. The sites and programmatic emphasis for each of the partnerships were identified and selected in consultation with USAID and Russia's Ministry of Health.

For all of these partnerships, AIHA used an open solicitation process designed to identify US partner organizations with the institutional capabilities and expertise to meet the program goals and the broad institutional and community-wide commitment to participate under the program's voluntary partnership model. Solicitation announcements for the first 12 new partnerships were widely distributed among potential institutional candidates via AIHA's Web site, numerous online mailing lists, and to a broad network of health-related associations, health professions education institutions, and healthcare centers.

After an extensive proposal review process, AIHA selected US partners and submitted the proposed partnership institutions to USAID for concurrence. Once concurrence was obtained and the new partnerships were officially announced, AIHA issued subgrants to the US partner institutions then organized and implemented separate, detailed orientations for each US partner. Among other topics, these orientations covered the partnership model, USAID and AIHA policies and procedures, expectations of the partners, best practices, and monitoring and evaluation.

In 2001, the Volgograd/Little Rock partners were granted additional funds to strengthen local capacity to provide high quality family planning and reproductive health services, among other things. As part of a five-year extension granted by USAID in 2004, AIHA established five new partnerships — four that focused on developing model HIV/AIDS treatment, care, and support programs in the target regions of Orenburg, Samara, Saratov, and St. Petersburg, and one that worked to improve family planning and reproductive health services in Moscow and its environs. At this time, AIHA's partnerships and programs in Russia began to reflect USAID's greater focus on building sustainable institutional and human resource capacity to combat the nation's growing HIV/AIDS epidemic. AIHA conducted a similar solicitation process for these partnerships.

Cross-Partnership Program Initiatives

In addition to the healthcare partnerships, USAID funded a rich array of collaborative inter-partnership and supportive activities designed by AIHA to supplement and enhance individual partnerships and model projects. AIHA established region-wide programs addressing specific healthcare issues of common concern in countries spanning Eastern Europe and Central Asia to provide a mechanism for greater inter-partnership sharing, collaboration, and problem solving. Continuing support for these cross-partnership programs comprised the third component of AIHA's Russia program under the Russia sub-regional cooperative

AIHA Partnerships Established in Russia (1998-2008)

Partnership (Years Active)	Primary Area of Focus
Buryatia/Rhinelander (1998-2000)	Neonatal Resuscitation
Chelyabinsk/Tacoma (1998-1999)	Neonatal Resuscitation
Khabarovsk/Lexington (1999-2003)	Community-based Primary Healthcare
Kurgan-Shchuche/Appleton (1999-2004)	Community-based Primary Healthcare
Moscow/La Crosse (2004-2008)	Family Planning and Reproductive Health
Moscow/Memphis (1998)	Infection Control and Prevention
Orenburg/New York (2004-2008)	HIV/AIDS
Sakhalin/Houston (2000-2005)	Community-based Primary Healthcare
Samara-Stavropol/Iowa (1999-2004)	Community-based Primary Healthcare
Samara/Providence (2004-2006)	HIV/AIDS
Saratov/Bemidji (2004-2008)	HIV/AIDS
Sarov/Los Alamos (1999-2004)	Community-based Primary Healthcare
Snezhinsk/Livermore (1999-2002)	Community-based Primary Healthcare
St. Petersburg/Boston (1999-2003)	Infection Control and Prevention
St. Petersburg/New Haven (2004-2008)	HIV/AIDS
Tomsk/Bemidji (2001-2004)	Community-based Primary Healthcare
Volgograd/Little Rock (1998-1999)	Tuberculosis
Volgograd/Little Rock (2001-2005)	Family Planning and Reproductive Health

agreement initiated in 1998.

These cross-partnership program initiatives were launched starting in 1994 and covered issues such as emergency and disaster medicine, healthcare management, infection control, information and communication technology, neonatal resuscitation, nursing, and women's health. Through these cross-cutting programs, AIHA engaged partners from Russia in NIS-wide task forces designed to develop new and innovative ideas and approaches to improving care. AIHA's cross-partnership initiatives also supported the participation of Russia partners, experts, and policymakers in training workshops and conferences. Finally, AIHA supported the provision of Internet connectivity and the re-supply of clinical and training centers associated with these programs.

Monitoring, Evaluation, and Reporting

AIHA's monitoring and evaluation (M&E) system and processes evolved to meet the changing needs and requirements as the partnership program matured. Initially, the focus was largely on monitoring the performance of individual partnerships. However, as the need for a more comprehensive and systematic approach to M&E became clear from recommendations by both USAID and external evaluators, AIHA established an independent monitoring and evaluation unit and began to implement a wider range of M&E activities.

At the partnership level, AIHA worked closely with partners to assist them in developing workplans that incorporated M&E components, including measurable objectives, outputs, outcomes, and indicators. AIHA also encouraged partners to collect baseline data wherever possible. Many of the partnerships, however,

The Russia Program in Numbers: 1998-2008

Partnerships = 18

US Cities Involved = 16

US Partner Institutions Involved = 83

Russian Cities Involved = 16

Russian Institutions Involved = 43

Number of Person Trips to Russia = 491

Number of Person Trips to the United States = 395

Total Exchange Trips = 886

Primary Healthcare Centers Established = 9

Family Medicine Training Centers Established = 5

Learning Resource Centers (LRCs) Established = 47

Health and Allied Professionals Trained by LRCs = 4,013

Total USAID Funding = $28,084,889

Total Value of In-kind Contributions by US Partners = $21,719,996

faced constraints in trying to conduct baseline assessments or collect quantitative data on an ongoing basis due to a lack of human capacity, resources, and reliable systems available at partner institutions in Russia. AIHA's monitoring of the partnerships occurred at many levels and in varying forms, including:

1. Ongoing review of progress in workplan implementation;
2. Review of monthly financial reports;
3. Tacking of partnership exchange trips through a travel database;
4. Tracking of in-kind contributions (of both time and resources) through a special in-kinds database; and
5. Regular site visits to Russia partner institutions.

Partners also reported to AIHA through quarterly progress reports. In addition to these progress reports, AIHA collected data from Russia partners for each of its cross-partnership programs and initiatives. Using each of these various data sources, AIHA submitted quarterly reports to USAID describing the incremental progress of both partnerships and cross-partnership programs, as well as an annual program report, which provided more detailed analysis of statistical trends and progress toward the medium- and long-term objectives of each project.

At the inter-partnership level, AIHA developed objectives for its cross-partnership programs and collected data wherever feasible and appropriate, such as service and other program statistics from the Learning

Resource Centers (LRCs) and Nursing Resource Centers (NRCs).

Over the years, AIHA also supported a number of internal and external assessments and evaluations. For example, AIHA conducted assessments examining the network of NRCs and Women's Wellness Centers (WWCs) in the NIS and CEE. Among the targeted external assessments of relevance to Russia were: "The Diffusion of Medical Information Technology in Central and Eastern Europe and the New Independent States" (Learning Resource Centers), University of Minnesota, October 1998; and Assessment of Women's Wellness Centers, University of Illinois at Chicago, 2001. These assessments and evaluations provided useful information about the status of these programs, some analysis of outcomes such as observable attitude changes among staff, adherence to clinical practice guidelines and evidence-based practices, as well as evaluation of the sustainability of the programs.

At the program-wide level, AIHA participated in several external evaluations, including a 1997 evaluation of AIHA's overall partnership program (NIS and CEE) conducted by Butler, et.al. The findings and recommendations from that evaluation were incorporated into the new partnership programs AIHA initiated under the 1998 cooperative agreement. In addition, with the end of the first generation of partnerships that year, AIHA commissioned consultants to engage all NIS and CEE partnerships in a self-assessment process. This multi-faceted exercise resulted in a report of partnership achievements, as well as recommendations to AIHA for strengthening the partnership program in the future.

Under the 1998 cooperative agreement, provisions were made for an interim independent summative evaluation of AIHA's overall program. This mid-term evaluation, conducted by a "Continuing Evaluation Panel" (CEP) of internationally recognized healthcare experts, worked closely with AIHA over the course of 18 months as they assessed program context, conducted interviews and site visits, synthesized available program monitoring and outcome data, rendered an assessment of overall program effectiveness, and recommended strategic directions for future program enhancement, particularly in the area of monitoring and evaluation. The report by Vanselow, et.al. is available on AIHA's Web site at www.aiha.com.

Finally, USAID initiated an external evaluation of AIHA's primary healthcare program in 2006. Conducted by the consulting firm Terra P Group, this evaluation took place in fall 2006 with visits to AIHA program sites in Kazakhstan, Moldova, Russia, and Ukraine. The final report, issued in January 2007, analyzed the full impact and legacy of the partnership program, including evidence that AIHA's primary healthcare programs have contributed to reductions in the burden of disease.

Program Management and Administrative Support

AIHA managed its Russia program out of its headquarters in Washington, DC and its regional office in Moscow. In response to recommendations from several outside evaluators and advisory groups of partnership representatives, AIHA increased the role of its regional office in program development, project management, monitoring, and reporting over the years.

The Washington and Moscow offices provided ongoing programmatic and logistical support, particularly by coordinating interactions between US partners and their Russian counterparts and facilitating the implementation of partnership workplans. AIHA provided considerable logistical support, including the travel and transportation services of an in-house travel agent. The regional office also provided administrative and information technology support and served as AIHA's primary liaison with national ministries and health authorities, the USAID/Russia mission, and other international donors and programs.

III. Partnerships

AIHA supported a total of 18 Russian partnerships during the 1998-2008 funding period. These 18 partnerships included seven that focused on primary care, four that focused on HIV/AIDS, two that targeted neonatal resuscitation, two that focused on infection control and prevention, one that focused on women's health, one on tuberculosis, and one on family planning and reproductive health.

Each partnership began by conducting a needs assessment using a standardized assessment tool provided by AIHA. Results of the assessment were then used to develop a partnership workplan that addressed the priority areas identified in each community. AIHA's partnership model allows its partners the flexibility and freedom to determine not only their own objectives, but also their own path to achieving those objectives. The partners thus devised solutions and models best suited to local needs and the resources available within each Russian community.

In the case of the primary healthcare partnerships, AIHA encouraged partners to apply the "healthy communities" methodology whereby stakeholders from diverse organizations within each community are brought together in a planning process to assess health issues and set priorities. The result was that partnerships chose to emphasize disease prevention and health promotion, as well as to improve basic urgent and primary care services, disease management strategies, and evidence-based practices at model family-centered primary healthcare facilities.

Information for the partnership summaries below was drawn from partnership quarterly reports, as well as a self-assessment questionnaire completed by each partnership. Additional information on each partnership, including contacts, can be found on AIHA's Web site.

Russia Partnership Summaries

1. Buryatia/Rhinelander, Wisconsin (1998-2000)

US Partners: The Baikal-Great Lakes United Medical Program (BGLU) is a project of the Illinois-Russian Cultural and Economic Institute (IRCEI), a nonprofit organization whose mission is to develop connections, exchanges, and cooperative projects between the people of Russia and America. It was formed with the purpose of developing long-term, ongoing relationships between communities of the US Great Lakes Region and those around Lake Baikal in Siberia, concentrating on issues of health within the cultures and environments of each area. Professionals from Sacred Heart-St. Mary's Hospitals, Inc., Rhinelander Regional Medical Group, and Gunderson Lutheran Hospital also greatly contributed to the partnership.

NIS Partners: The Ministry of Health of Buryatia led this partnership with the City Maternity Center and the Republic Maternity Hospital in Ulan Ude playing an active role.

Partnership Objectives: The overall objectives of the partnership were to improve maternal and child health in

Buryatia and its environs and to strengthen capacity and sustainability of the Neonatal Resuscitation Program previously initiated by AIHA in the region. In support of these objectives, partners:

- Conducted a series of surveys to establish baseline assessments of newborn health and developmental progress for normal, high-risk, and impaired infants, which were continued at periodic intervals to ensure ongoing assessment and evaluation;
- Implemented a regional schedule for systematically training and/or re-training health professionals in maternal and neonatal health;
- Established a neonatal resuscitation classroom where regional training and re-training in neonatal resuscitation procedures could be conducted; and
- Linked Buryatia practitioners trained in neonatal resuscitation to a network of colleagues throughout Russia as a means of improving information sharing and problem solving.

Key Partnership Events and Achievements

Clinical Organization and Capacity Building

- In 1998, partners at City Maternity Hospital in Ulan Ude trained a total of 21 area health professionals in the first provider course conducted at the Neonatal Resuscitation Training Center (NRTC); nine of them successfully completed the instructor course and became trainers. Six more graduates completed the instructor course over the next two years, bringing the total number of master trainers to 15.
- From 1998-2000, the NRTC trained a total of 195 healthcare providers in modern, low-cost, low-tech neonatal resuscitation techniques.
- In May 1998, a US obstetrical nurse visited Ulan Ude Maternity Hospital where she conducted a series of lectures for a mixed audience of more than 50 health professionals. She presented on the important role nurses play in labor support, newborn resuscitation, initial newborn care, treatment and prevention of hypothermia and hypoglycemia in newborns, and the signs, symptoms, and treatment of premature labor. She also lectured on hypertension in pregnancy, infection control and hand washing, and postpartum care, and gave mini-lectures and clinical demonstrations to small groups of healthcare providers on newborn assessment, thermal regulation, glucose regulation, hyperbilirubinemia, prophylactic use of Rh-Immune globulin for mothers, and prophylactic use of antibiotic eye ointment in newborns.
- Midwives from both Russian partner institutions participated in a Childbirth Education Conference and subsequently made significant changes and improvements in perinatal care practices at their home institutions. Both facilities established family-centered birthing rooms that became increasing popular with patients. At the Republic Maternity Hospital in Ulan Ude, for example, 20 percent of all births in 1999 took place in the family-centered birthing rooms while the number increased to 25 percent in 2000. At City Maternity Hospital, 70-72 percent of all births in 1999 and 2000 took place in the new family-centered birthing rooms.
- Partners trained 102 local midwives in advanced maternal and neonatal health topics between 1999-2000.

Maternal and Child Health

- As a result of training they received, Buryatia partners began using erythromycin eye ointment as a prophylactic against conjunctivitis in newborns. They found this practice to be so successful that it has since become the official standard of care in the region.
- At City Maternity Hospital No. 2, a woman can have her husband and/or family members present for labor delivery and can choose a particular midwife and obstetrician for an extra fee. Both partner institutions also offer the option of rooming in and provide for early contact between the mother and child during the first 24 hours after birth. These new options represent the beginning of a fundamental shift from government-controlled services to a consumer-driven model.
- Lutheran Social Services provided funds to support a facility for children with Down syndrome and other mental disabilities in the Zakamensky Region.
- A US dentist who adopted a child from the region worked with Lutheran Social Services to establish the "No Tears Dental Program" to provide all Buryatia orphans with basic dental care using novocaine.

Improving Maternal and Child Health in Russia's Lake Baikal Region

Situated in the autonomous Russian republic of Buryatia, Lake Baikal is the largest fresh water lake in the world and was once called "the pearl of the world." Increasingly, however, this massive lake has become renowned less for its abundance of clear, blue water, than for its pollution by hazardous chemicals, which are dumped into it from numerous shoreline pulp and paper mills. According to health experts, that pollution has played a major role in the escalation of many health problems, particularly among expectant mothers.

In Buryatia's capital of Ulan Ude, only 10 percent of pregnant women who sought care at City Maternity Hospital in the mid-to-late 1990s were considered to be in good health, says Dr. Dorothy V. Skye, an ob/gyn at Sacred Heart-Saint Mary's Hospitals, Inc. in Rhinelander, Wisconsin. Skye started coordinating medical efforts with local Buryat health officials in 1994, four years prior to the establishment of AIHA's USAID-supported Buryatia/ Rhinelander partnership in January 1998.

"Ultimately, these complications lead to negative health problems for the newborn," Skye explains, noting that approximately 680 of every 1,000 newborns at City Maternity Hospital experienced problems such as anemia, low birth weight, hypoglycemia, and respiratory distress.

The partnership between the Ministry of Health of Buryatia and Sacred Heart-Saint Mary's Hospitals, Inc. worked to improve survival rates for expectant mothers and newborns in Buryatia hospitals, says Skye, who led her hospital's efforts to collaborate with healthcare providers in Buryatia. During her initial trips to Buryatia, she began identifying gaps in the provision of maternal and newborn care and setting priorities for improving the health status of women, infants, and children. One of her first tasks, she recalls, was to demonstrate a Caesarean section at the Ulan Ude City Maternity Hospital using equipment donated from the United States.

Through the partnership, Skye and her colleagues in Buryatia were introduced to AIHA's neonatal resuscitation training model and then adapted it for use in the region. Skye collaborated with colleagues from Wisconsin-area hospitals to demonstrate Western neonatal resuscitation techniques to local healthcare personnel during professional exchanges to Buryatia.

Lack of medical equipment at maternity hospitals in Buryatia presented a huge obstacle at first, Skye says. "The equipment was just not there at all, and when you don't have the equipment and supplies, you really can't train caregivers," she points out, explaining that she carried upwards of 250 pounds of luggage, chock-full of excess donated medical supplies from her Wisconsin home to hospitals in Buryatia on three previous solo trips to the republic.

"It was a start," she said, referencing the improvements made in updating Buryat maternity wards. "In the intermediate and long term, our collaborative efforts did have a very positive impact on the health of the people of Buryatia."

- Lutheran Social Services also provided funds to the Neonatal Center at Children's Hospital No. 1 to support newborns age five days to three months, and to Maternity Hospital No. 2 to assist in care for newborns for the first five days of life and for abandoned children. These funds were used to purchase drugs, supplies, and baby food for abandoned children.
- Lutheran Social Services established foster care sponsorships for abandoned children and a "Birth to 3"

training program for caretakers of preschool children at homeless shelters, orphanages, and special care facilities.

Neonatal Resuscitation and Newborn Care

- From 1996-2000, the Ulan Ude NRTC trained 361 people — 49 neonatologists, 130 nurses, 40 midwives, 86 pediatricians, 30 ob/gyns, and 26 anesthesiologists.
- The neonatal resuscitation techniques taught at the NRTC have become the standard of care at Ulan Ude City Maternity Hospital, where 3,500 babies are delivered each year.
- Neonatal resuscitation data collection began in May 1998. Partners worked together to develop a systematic approach to data collection, review, and analysis that helped ensure it would have a positive impact on the quality of services, as well as newborn mortality and morbidity. As a result of the program and accurate tracking of cases, the neonatal mortality rate decreased from 9.9 percent in 1996 to 8.6 percent in 2000. Rates of early neonatal mortality decreased from 8.0 percent in 1996 to 6.3 percent in 2000, and perinatal mortality decreased from 15.9 percent in 1996 to 12 percent in 2000.
- The regional Ministry of Health sent two pediatricians from City Maternity Hospital No. 2 to Moscow for a year of advanced training in neonatal intensive care. Both of the chosen pediatricians participated in the NRTCs provider and instructor certification during the initial AIHA-sponsored training course in 1998.

2. Chelyabinsk/Tacoma, Washington (1998-1999)

US Partners: Mary Bridge-Chelyabinsk Affiliation is the voluntary US administrative organization for the partnership. Mary Bridge Children's Hospital and Health Center includes an in-patient facility, 24 pediatric specialty clinics, satellite clinics located in areas of southwest Washington, and ancillary services. Tacoma General Hospital, a general medical and surgical facility, includes a 72-bed neonatal intensive care unit, a perinatal unit, and consultation services. MULTICARE is the corporate organization which includes Tacoma General Hospital and Mary Bridge Children's Hospital and also includes the Regional Medical Library, the Family Practice Residency Program, and the University of Washington Medical Student Rotation and Instruction Program. Tacoma-Pierce County Health Department is the regional health department for a population of 650,000 people. Pierce County Medical Society is the regional medical society with a membership of 725 physicians and includes among its programs the College of Medical Education.

NIS Partners: Public Fund Chelyabinsk-Tacoma is the voluntary NIS administrative organization for the partnership. It includes the Ural State Medical Academy for Postgraduate Education; Chelyabinsk City Children's Hospital No. 8; Chelyabinsk City Clinical Hospital No. 1; Children's Diseases Clinic No. 1; Chelyabinsk City Clinical Hospital No. 9,Maternity Division; Chelyabinsk City Clinical Hospital No. 10; Chelyabinsk City Clinical Hospital No. 8; Chelyabinsk City Maternity Hospital No. 5; Chelyabinsk Oblast Maternity Hospital; Chelyabinsk Regional Administration; Chelyabinsk City Administration; and central district hospitals in Kusa, Kyshtym, Miass, Satka, and Troitsk.

Partnership Objectives: The overall objective of the partnership was to build on previous work in the field of neonatal resuscitation initiated by AIHA in the region, strengthening the capacity required to improve newborn mortality and morbidity through practitioner training. Partners also worked to improve care for children with asthma and improve other aspects of maternal and child care. To achieve these objectives, partners:

- Conducted refresher courses for pediatricians from Chelyabinsk City Children's Hospital No. 8 who completed the AHA Neonatal Resuscitation Course in 1995;
- Trained ob/gyns and pediatricians from community hospitals throughout Chelyabinsk Oblast;
- Conducted training of trainers courses to build a cadre of knowledgeable and skilled course instructors;
- Collected and interpreted data on neonatal morbidity, mortality, and outcomes of the neonatal resuscitation initiative at hospitals in both Chelyabinsk city and oblast; and
- Established an “asthma school” for medical personnel to help improve patient care and outcomes.

Key Partnership Events and Achievements

Clinical Organization and Capacity Building

- In August 1998, AIHA and the US partners completed an initial shipment of equipment for one neonatal resuscitation program training station and began procurement of additional, much-needed equipment and supplies for local institutions.
- Partners printed additional copies of the Russian translation of AIHA's Neonatal Resuscitation Program Providers Manual in Chelyabinsk in response to local needs.
- A nurse educator from Tacoma traveled to Chelyabinsk in August 1998 to conduct the first neonatal resuscitation training course held under the auspices of the partnership. A total of 18 healthcare professionals completed the course, including three instructors.
- Partners developed a regional plan of neonatal resuscitation training and neonatal care that included community hospitals in Kishtim, Magnetogorsk, Miass, Troitsk, and Zatoust.
- In 1999, key policymakers and healthcare providers from Chelyabinsk traveled to Tacoma for extensive training on a broad range of newborn survival and care topics.
- Through the partnership, Northwest Medical Teams International assisted with the shipment of a 40-foot container of medical supplies and pharmaceuticals valued in excess of $200,000. These critically needed supplies arrived in Chelyabinsk in September 1999 along with a second shipment of neonatal resuscitation training equipment and neonatal care supplies and greatly contributed to the strengthening of institutional capacity at partner facilities in Russia.
- Partners focused on continuous quality improvement activities, including ongoing monitoring of the teaching and practice of neonatal resuscitation; collection and analysis of data related to newborn mortality and morbidity; more effective documentation of rates of nosocomial infections in the newborn intensive care units at partnership hospitals; implementation of quality improvement procedures at neonatal intensive care units; assessment of current practices on the stabilization and transport of sick and distressed newborns in Chelyabinsk City and region; development of routine procedures for determining and documenting perinatal risk factors; and implementation of perinatal morbidity/mortality conferencing between obstetricians and neonatologists.
- NRTC staff trained 100 percent of the neonatologists working in all Chelyabinsk City children's and maternity hospitals. These centers collectively deliver more than 11,100 infants annually. A total of 52 obstetricians also completed the neonatal resuscitation training.
- Partners at the Ural State Medical Academy for Continuing Education in Chelyabinsk published a 168-page manual titled "Intensive Care of Neonates," and published a 92-page manual titled "Classification of Diseases of Infants and Children" in 1998.
- Partners at Chelyabinsk City Children's Hospital No. 8 implemented new infection control protocols for the Neonatal Intensive Care Unit, which provides care for some 240 patients each year. Prior to 1999 there was no reliable information on the rate of infections in the NICU, but baseline data indicated that 47.8 percent of all patients had urinary tract infections, 8 percent had blood infections, and 30 percent had pneumonia.
- Partners completed new protocols related to the education of Chelyabinsk medical professionals in neonatal resuscitation.
- Chelyabinsk NRTC instructors completed training of 100 percent of their target providers in the region.
- As a result of the project, significant improvements in neonatal outcomes were achieved at Chelyabinsk area hospitals whose staff had received neonatal resuscitation training. For example, NICU mortality rates decreased from 26.6 percent in 1996 to 15.6 percent in 2000. The overall neonatal mortality rate decreased from 11.4 percent in 1998 to 10 percent in 2000, while early neonatal mortality rates decreased from 7. 3 percent in 1998 to 6 percent and the perinatal mortality rate decreased from 12.8 percent to 9.3 percent during the same time period.
- Through the partnership, the director of the Chelyabinsk regional cystic fibrosis program traveled to Tacoma for training, which was provided by staff at the Southwest Washington Regional Cystic Fibrosis Program, as well as to attend the International Cystic Fibrosis Congress.

Asthma

- In response to local needs, partners established an asthma school in Chelyabinsk for the education of medical personnel, as well as the development and provision of asthma education programs for both clini-

NRTC Sets Regional Standards for Training, Continuing Education

Situated 1,000 miles east of Moscow in Russia's Ural Mountains, Chelyabinsk was closed to foreigners until the early 1990s. The region has long been home to huge metallurgical, tractor, tank, and weapons facilities, which has left it heavily polluted by industrial waste, including radioactive byproducts of nuclear weapons manufacturing. This legacy resulted in significant health risks to the local population, particularly for women in their child-bearing years along with infants and children.

According to a series of National Public Radio reports in December 2008, the number of births in Chelyabinsk jumped from 1,200 in 2007 to 2,000 in 2008, greatly straining local hospitals.

With USAID support, AIHA launched the Chelyabinsk/Tacoma partnership in 1998. The partnership linked Multicare Medical Center and other Tacoma, Washington-area healthcare institutions with the Chelyabinsk regional and city administrations and area hospitals with the objective of improving neonatal health.

Part of AIHA's Neonatal Resuscitation Initiative, this twinning alliance focused on training local obstetricians, pediatricians, and other professionals involved with maternal health. Partners also collected data on neonatal health problems and mortality to better inform public health policymaking and clinical practice and worked to improve urgent care, stabilization, and transport capabilities for sick newborns.

Between 1998-1999, partners laid a strong foundation for long-term, sustainable improvements in neonatal care through ongoing practitioner training and education. In 2004, the Neonatal Resuscitation Training Center (NRTC) in Chelyabinsk received formal approval from the Ural State Medical Academy of Continuous Education to provide a distance learning course based on AIHA's Neonatal Resuscitation Training Program (AAP/AHA). That same year, the Russian Ministry of Health sanctioned the course, issuing Decree No. 372 on emergency neonatal care in the maternity ward. The Chelyabinsk City Healthcare Department issued *prikaz* 84/1 in June 2004, making it mandatory for all neonatologists and neonatal nurses from municipal hospitals to participate in NRTC NRP recertification training.

cians and patients. A local physician was selected as director of the asthma school and provided advanced training at McGill University Medical Center.

- Partners developed and implemented new training protocols for the asthma school in 2000 and began training Chelyabinsk physicians in pediatric asthma care using World Consensus Conference and NHLBI asthma guidelines.
- Partners worked with the American Lung Association to establish a citizen organization in Chelyabinsk.
- Partner institutions improved documentation of the number of pediatric asthma clinic visits, the number of hospital admissions, and the hospital length of stay to better inform decision-making.
- Partners assisted Chelyabinsk physicians and school officials in the implementation of a survey of asthma symptoms among 6,000 local school children.
- Partners helped implement internationally accepted clinical standards and protocols, making these pathways more widely available to Chelyabinsk physicians. As a result, there was a significant increase in nebulizer treatments that use beta agonists and corticosteroids.

Neonatology

- Partners tracked and documented neonatal outcomes in major delivery hospitals in Chelyabinsk, as well as in regional hospitals at Kishtim, Magnetogorsk, Miass, Troitsk, and Zatoust.
- Partners established a neuro-developmental follow-up program that included all infants discharged from the Neonatal Intensive Care Unit at Children's Hospital No. 8.

- Partners trained seven additional physicians as neonatal resuscitation instructors.
- In 1999-2000, US partners assisted the Chelyabinsk-Tacoma Fund to further develop procedures and protocols for the regional neonatal care center at Chelyabinsk City Clinical Children's Hospital No. 8 and other regional hospitals.
- Members of the partnership evaluated facilities at other regional hospitals and developed plans for future neonatal resuscitation training.

Perinatology and Obstetrics

- Partners conducted a neonatal resuscitation provider course for 75 obstetricians and facilitated the inclusion of obstetricians in the Chelyabinsk-Tacoma Fund to improve goal setting, planning, and implementation of activities.
- US partners helped establish routine procedures to document perinatal risk, to provide advance notice of risks to neonatologists, and to effectively plan neonatal resuscitation and transport.
- Partners established perinatal morbidity and mortality conferencing between obstetricians and neonatologists at major Chelyabinsk delivery hospitals and Children's Hospital No. 8.

Medical Informatics

- Partners established computer stations at affiliated institutions with modem, CD-ROM capability, and Internet to improve communication capabilities and access to evidence-based clinical resources.
- AIHA assisted the Chelyabinsk-Tacoma's efforts to obtain funding for the establishment of an inter-hospital modem and computer-based network.

3. Khabarovsk/Lexington, Kentucky (1999-2003)

US Partners: The University of Kentucky, the University of Kentucky Center for Excellence for Rural Health, and the Kentucky Department of Public Health.

NIS Partners: Khabarovsk Krai Health Department and the Pereyaslavka Rayon Hospital and Polyclinic.

Partnership Objectives: The partnership's overall objective was to improve the health status of the residents of the Lazo Region, Khabarovsk Krai, and develop interventions targeted to the specific health and wellness needs of vulnerable populations, including women and children. To achieve this objective, partners:

- Established a Women's Wellness Center in Pereyaslavka;
- Developed and implemented a school-based educational program to address risk behaviors of youth between the ages of 12 and 18 in Lazo Region;
- Conducted clinical lab training for 70 percent of lab personnel in Lazo Region;
- Established a diabetes school for patients and provided educational and clinical training programs for 75 percent of medical personnel participating in the partner-developed program; and
- Replicated a decision-making process involving community leaders and residents in the development of a health education and promotion.

Key Partnership Events and Achievements

Adolescent Health

- Partners opened a Youth Health Promotion Center in August 2001 to promote healthy lifestyles and behaviors among youth. They conducted a youth risk behavior survey of approximately 838 children and young adults to determine key challenges. Results indicated that some 60 percent of all respondents had smoked cigarettes, nearly 75 percent had consumed alcohol, more than 10 percent had smoked marijuana, and over 14 percent had carried a weapon during the past month. Survey data was used to guide program

Giving Young Women the Tools They Need to Make Better Decisions about Reproductive Health

"The first thing I tell my girls is that if they are going to have sex, they have to act responsibly," explains Natalia Rebrova, deputy chief physician of the Khor District Hospital and member of AIHA's Khabarovsk/Lexington partnership. "Of course, it is better if they wait until they are older and better prepared to begin having sex, but it is simply a reality that many of them become sexually active at ages 14, 15, or even younger. It is senseless to warn them not to do it because, in the end, they will find a way to do what they want."

Rebrova's girls are students at three schools in Khabarovsk Krai, a primarily rural, agricultural region in Russia's Far East. Most have lived there their entire lives and are between the ages of 15 and 17. Some attend a regular high school, some attend evening classes, and others — those who have various emotional or behavioral problems — go to a more specialized school.

"When the collapse of the Soviet Union ushered in all these images of sexual freedom, many of our teenagers were unprepared to deal with the temptation to live their lives like the people they saw in movies or read about in books and magazines," Rebrova explains. "The villages here are tightly-knit and everyone knows one another and what each person is doing. Many adults look down on teens and don't approve of what they do, but this just serves to widen the generation gap."

According to Rebrova, the girls she counsels all complain that parents and other adults don't understand their feelings or respect them as individuals. "Ironically, they think the information and assistance they get from these group discussions should ideally start in the home," she says.

Instead of condemning the girls for their lifestyle choices, Rebrova decided to look for a solution. An ob/gyn for more than 25 years, she first began holding informal talks with teenage girls at area schools when she noticed increasingly high rates of abortions and STIs among the age group. It was difficult at the beginning — there were no books or literature on effective ways of discussing sexuality and reproductive health with young girls available then, she says. "When I started this educational outreach work, I lectured at the schools in front a large classroom full of girls. I always asked the teachers to leave the room because many of them were older and didn't approve of the things I was talking about," Rebrova explains, noting that she soon discovered that this forum wasn't conducive to an open discussion of the sensitive matters she was attempting to broach.

"I quickly realized that even without their teachers present such a large audience made the young ladies too shy and embarrassed to ask questions." After trying and discarding several alternative approaches, Rebrova finally decided to split the girls into smaller, more easily focused groups of no more than 12 people. Struck from the start by the young girls' willingness to openly discuss the most personal details of their lives once they were in a smaller, more intimate setting, Rebrova says, "I never expected them to be so frank and sincere with me — for them to pour out their feelings and emotions so readily — but they do." She soon came to realize why: the girls are hungry for information, acceptance, and understanding.

"I am constantly amazed by their willingness to jump into a sexual relationship without any concern about the potential consequences. It doesn't matter if they come from a so-called 'good' or 'bad' family or if the parents are intellectuals or factory workers, the girls all seem to become sexually active around the same age." When she asked one group of girls why they started having sex at such a young age, Rebrova says she was surprised by their answer. "They explained to me very clearly that, according to all the information they now have access to through movies, books, music, and magazines, having sex at age 14 is quite normal in the world today. If they don't hear any differently from their parents, why would they believe otherwise?"

But the girls do hear differently from Rebrova. "I talk to them about STIs, about HIV, and about unwanted pregnancies. I explain to them that their health is a gift that they are responsible for preserving, and I tell them that terminating a pregnancy can be very traumatic not only physically, but emotionally, as well." She provides them with literature, videos, brochures, and other educational materials and she answers their many questions as honestly and openly as possible. "I love it when they ask me about sex, contraceptives, and the impact their actions could have on their health. All these questions mean they are beginning to take responsibility for themselves and for their future well-being," she maintains. But what parents and other adults really need to know is how to be patient and listen to what teenagers are trying to tell them, Rebrova concludes. "Young people are really not so different from adults. They want the rest of the world — their parents, their neighbors, their friends, and their teachers — to understand them. They want to fit in. I understand this and it is my job to try to help them."

decisions and the US partnership coordinator led focus groups with local youths to discuss the behavior survey results and potential program interventions.

- Partners trained a group of students in Khor as peer educators and they began to disseminate health promotion information to their contemporaries. US partners also conducted a peer-to-peer training workshop on healthy lifestyle behaviors for groups of teens.
- Partners distributed televisions, VCRs, and Russian translations of educational videos on a wide range of health topics to various health education and outreach sites including schools, orphanages, and a teen center. They involved personnel from each of these locations in community-initiated program planning to ensure services were in line with the actual needs of the local population.
- Partners conducted a three-day conference titled “Helping Children at Risk through Community-based Initiatives” in Pereyaslavka in August 2000.
- Two Khabarovsk partners attended a July 2001 training of trainers workshop on substance abuse conducted by AIHA in Moscow. Faculty at the event included experts from the US Substance Abuse and Mental Health Services Administration (SAMHSA).
- NIS partners met with representatives from Planned Parenthood and discussed pregnancy and STI prevention techniques for teenage girls. Brochures on these topics were translated and distributed at the WWC and the Youth Health Promotion Center.
- The Lexington partners founded a charity called The Children's Forget-Me-Not Foundation, which hosted a community awareness and fund-raising event at the Lexington Art Museum in the summer of 2000.
- Partners launched an intergenerational pilot program involving residents of the Khabarovsk Veteran's Home and Orphanage No. 2.

Community Health

- In August 2000, US partners conducted community meetings in five rural villages throughout Khabarovsk Krai to learn about local health needs and demonstrate effective community-based planning methodology to their Russian counterparts. Partners continued to hold focus group meetings when developing new program objectives.
- US partners conducted a series of diabetic treatment, care, and maintenance workshops for medical personnel were conducted for Russian healthcare providers in December 2001. They also used the Community Health Education Center for a presentation on diabetes to interested community members. Approximately 40 people attended the workshops.
- AIHA conducted a four-day community development workshop in January 2002; 24 community stakeholders from Khabarovsk participated. The team developed plans for new programs and, within a year, had implemented a multidisciplinary STI education program for students at a vocational school and a drug abuse prevention program for secondary school students.
- In September 2002, four Khabarovsk partners attended a smoking cessation conference in Moscow. They were introduced to a systematic approach to tobacco cessation through the instruction and practice of intervention techniques then created community-specific action plans for smoking cessation that were implemented through the Khor District Hospital.

Women's Health

- Partners officially opened a Women’s Wellness Center in May 2002 in Pereyaslavka after renovating existing space at the polyclinic. The WWC serves a population of 16,000 women of all ages and provides high quality patient-centered services in family planning, STD prevention, and pregnancy classes.
- Through professional exchanges in Kentucky and a wide range of training activities, the Khabarovsk partners were introduced to effective clinical, operational, and management practices that could be effectively adapted for use in the Lazo Region. They observed physical therapy practices; learned the principles of a patient-centered approach to care; and learned the importance of family support, community volunteer networks, and patient networking and communication.
- In March 2002, the US partnership coordinator co-led a management training workshop for 13 members of the WWC staff, using relevant case studies and current operational policies.

4. Kurgan and Shchuche/Appleton, Wisconsin (1999-2004)

US Partners: ThedaCare, a fully integrated primary healthcare system that includes Appleton Medical Center and Theda Clark Hospitals, 27 primary care clinics, and a behavioral health division, was the lead organization for the partnership. Fox Cities-Kurgan Sister Cities, Physicians for Social Responsibility, Lawrence University, the University of Wisconsin Family Practice Residency Program and Family Living Program, local and state governmental agencies, and various private, public, and nongovernmental organizations also participated.

NIS Partners: Kurgan Oblast Administration, Kurgan City Maternity Hospital, Shchuche District Administration, and Central District Hospital of Shchuche served as the main Russian partners. Shchuche, home to a chemical weapons stockpile, is one of the cities targeted under the Cooperative Threat Reduction agreement between the United States and Russia.

Partnership Objectives: The partnership's overall objective was to improve access to high quality primary care and prevention services by creating successful, replicable model programs and healthcare delivery mechanisms for the Kurgan Oblast. Specifically, partners:

- Increased access to quality primary care services in Shchuche District;
- Increased health promotion and prevention with special focus on reproductive and adolescent health;
- Increased patient and healthcare provider knowledge about domestic violence;
- Increased the level of support to the local community provided by Kurgan and Shchuche District Hospitals and local collaborating organizations, such as the Shchuche Red Cross;
- Strengthened physician and nurse knowledge of management techniques and evidence-based practices; and
- Improved maternal and child health practices, including neonatal resuscitation techniques.

Key Partnership Events and Achievements

Primary Healthcare Services

- Partners opened a Primary Healthcare Center in Shchuche in December 2001. The center was the first of its kind in the Shchuche District and in all of Kurgan Oblast and provides services to some 8,300 adults in its catchment area. It also serves as a model for replication and training within Kurgan Oblast.
- Two family physicians from the Shchuche Primary Healthcare Center completed training in family medicine at Chelyabinsk Medical Academy in October 2002 with support from the partnership grant.
- Partners developed and implemented successful patient education programs on hypertension and asthma.
- Through the partnership, two shipments of donated equipment and supplies from Carelift International, as well as a shipment from the Appleton Rotary Club, were sent to the Russian partners in September 2002. Additional shipments of supplies and equipment totaling more than $400,000 were donated by US partners over the life of the partnership.
- Primary healthcare and nursing programs implemented by the partners in Shchuche received the support of the chief of Kurgan Oblast Health Administration and were used as replication models for the region.
- Partners greatly expanded nurse training in Kurgan and Shchuche resulting in improved professional competency and patient care. Nurses now participate in patient education and create nursing care charts and a new position of nurse coordinator was created at the Central District Hospital.

Health Promotion and Education

- Partners conducted focus groups within the community and determined that young people faced significant health risks that would best be addressed through programs that involved a broad range of community stakeholders. As a result, a multidisciplinary steering committee was established, bringing together representatives of the City Administration, local law enforcement agencies, healthcare providers, teachers, and other interested parties. The programs developed by this committee and regularly offered

Giving Young Women the Tools They Need to Make Better Decisions about Reproductive Health

Staff at Kurgan Maternity Hospital No. 1 have long realized that the town's young people are largely ill prepared to become parents. School curricula neglect sex education and, for a variety of reasons, parents are often unwilling to discuss such matters with their children. Consequently, it came as no surprise that a series of health assessment surveys conducted by the Kurgan-Schuche/Appleton partners indicated that teens have a low level of awareness of family planning, contraception, the harmful effect of abortion, and other similar issues. The same surveys revealed that young adults have a marked interest in these topics, as well as a high level of dissatisfaction with the absence of reliable sources of information, so partners launched a program called "Healthy Family" to help strengthen the hospital's efforts to create a favorable setting for the birth and development of physically and mentally healthy children. Soon after its inception, Healthy Family was given official status as a program and, accordingly, administrative and financial support. An important part of this program was educating teens about reproductive health.

Teens participating in the Kurgan LRC's outreach program learn about infant care, including the proper way to hold a newborn.

The hospital's LRC staff compiled health assessment data and developed a plan for a series of lectures to be held at local schools. They also began the task of collecting information and materials and assembling a team of lecturers from the hospital's staff. In September 1999, this plan was submitted to teachers and parents at several area schools where the response was mixed. Some people said the plan would lead to the demoralization of the community's youth and claimed that life is already difficult enough for adolescents so "why burden them further with adult problems." Others reacted enthusiastically. In the end, the Healthy Family concept was approved and launched at City Training College.

Between 1999- 2002, more than 3,000 teens between the ages of 14 and 19 attended Healthy Family classes at four Kurgan schools and two colleges; 20 Maternity Hospital staff members helped implement the program, which focused on reproductive health and promotion of healthy lifestyles. Topics covered by the lectures include family planning, women's health, men's health, sexually transmitted infections, contraception, the culture of sexual relations, and the adverse effects of tobacco, alcohol, and drugs.

Midwife Marina Ivanova teaches girls how to swaddle and infant.

Understanding the need to engage the most active pupils as peer educators was a watershed of the program. Each student-lecturer chooses the topic for his or her class then uses LRC resources to collect information and teaching materials. Through this experience, students gain the confidence that comes with responsibility and knowing that others trust you to perform an important task well.

Making school children active participants in the program has resulted in a partnership with the Kurgan-based Garmoniya Center, which specializes in post-school education of young adults. Together, staff at Garmoniya Center and the Maternity Hospital developed a year-long program that allows teens who have chosen medicine as their future profession to train at local healthcare institutions. Teachers from the Maternity Hospital hold classes with several groups of these students each week. Whenever possible, teens are given an opportunity to perform actual tasks and gain hands-on experience. While training is professionally oriented, it is adjusted to meet the needs and perceptions of the younger audience. Senior medical trainees carry out scientific research in conjunction with their instructors at the Maternity Hospital and actively use the resources provided by the LRC. Topics for such studies include the causes of hemolytic disease in neonates and the geographical and environmental aspects of the development of inborn diseases.

One event that grew out of this program is "Creative Week." During this week, the members of the training program gained insight into the day-to-day operations of the Maternity Hospital by shadowing their instructors in the labs, diagnostic and therapy rooms, and various other departments. Toward the end of their training, students have described their impressions of the program and the impact it has had on their lives. Calling the atmosphere at the Maternity Hospital "so bright that I was full of hope that life will never cease," a girl in the tenth grade says that a career in obstetrics now "attracts her like a magnet." Another said, "Honestly, this year was not enough for me. People learn lessons throughout their life and there is no point in standing still. I was deeply drawn into a world in which people need to develop and improve themselves."

include: “The Problem Adolescent,” “Families with Children,” “The Tip of a Needle” (drug use prevention), and “Life with Friendship and Songs with no Drugs.”

- Partners at Kurgan Maternity Hospital No. 1 and Shchuche District Hospital provided ongoing educational programs on reproductive health to secondary school students. Kurgan Maternity Hospital No. 1 was especially involved in providing more advanced training to students attending a specialized school.
- Medical professionals from both Kurgan Maternity Hospital No. 1 and Shchuche District Hospital routinely conducted lectures on STI prevention for adults and secondary school students in their respective communities.
- The Kurgan partners organized 158 health promotion and disease prevention activities in 2003, which were attended by 3,518 people. In 2004, 79 such activities were conducted for 2,110 people. Topics at these events included early detection of breast cancer, substance abuse prevention, reproductive health, STI and HIV prevention, and maternal and child healthcare.
- Partners developed an after school program for at-risk youth that operated during the school year, as well as a youth program called “Harmony School” for secondary school children.
- Partners worked with the Kurgan Police Department and a local organization “Women Scholars,” as well as various social service agencies and the news media, to develop a domestic violence program in Kurgan. Through this program, seminars on domestic violence were conducted for 1,000 high school students in 2002; Women Scholars organized a symposium on women’s issues; and the 3rd Annual Kurgan Domestic Violence Conference was conducted in April 2002.

Community Mobilization and Support

- The two partnership LRCs established in-house resource libraries and the Kurgan LRC broadened its objectives to serve as a community education center.
- Twenty-four community stakeholders participated in an AIHA-sponsored community development workshop titled “Resolving Public Health Problems through Community Involvement” in January 2002. Participants developed plans for new programs and/or changed business practices as part of the workshop. Within the year, a multidisciplinary team to address youth programs and a breastfeeding media campaign were implemented. The Appleton partners were very involved in this type of community development with their Russian counterparts and focused many of their exchanges on follow-up.
- One of the workshop participants used skills developed at the workshop to apply for a grant from the regional administration and received funding that allowed up to 100 local children to participate in a three-day activist summer camp.
- Members of the Shchuche community implemented several after school programs, such as job counseling, parental education and counseling, and sports activities for at-risk youth. A group of active community members created programs based on strategic planning and problem-solving methods they learned at the community development workshop.
- The Shchuche LRCs held open houses in May and October 2002. The events were conducted to provide information regarding LRC objectives and resources to the community and each one was attended by more than 30 people.

Maternal and Child Health and Neonatal Resuscitation

- Kurgan Maternity Hospital No. 1 and Shchuche District Hospital routinely conducted breastfeeding workshops for all district feldsher station staff and for a number of neighboring district feldshers. Breastfeeding classes for hundreds of women were conducted throughout the life of the partnership.
- Kurgan Maternity Hospital was named a WHO baby friendly hospital in 2003. Thanks to the partnership, hospital and birthing house personnel were trained in neonatal resuscitation and positive changes, such as a “rooming in” policy became standard practice.
- Partners at the Maternity Hospital launched classes in parenting, prenatal care, newborn care, STI prevention, and contraception as a result of their collaboration with their US counterparts.
- In November 2004, the Kurgan partners were awarded a sustainability grant to build on the Maternity Hospital’s early successes in improving neonatal outcomes. Activities included a best practices conference on treatment and rehabilitation of premature infants, which was attended by 130 health professionals.

5. Moscow/La Crosse, Wisconsin (2004-2008)

US Partner: World Services of La Crosse is a not-for-profit organization that manages several international grants focused on capacity building in the health and civil society sectors.

NIS Partner: The Moscow Oblast Health Administration was the lead institution, working closely with the Dubna City Health Administration, which successfully implemented many model health delivery services through AIHA partnership activities in previous years.

Partnership Objectives: The overall goal of the partnership was to improve family planning and reproductive health services available to citizens in Dubna, Mytischi, Ramenskoe, and Voskresensk by increasing availability of and access to evidence-based family planning and reproductive health services at the primary care level. In support of this objective, partners:

- Expanded the availability of evidence-based family planning and reproductive health services to primary healthcare facilities at four identified sites;
- Increased exposure of the general public in target communities to useful, accurate information on family planning and reproductive health; and
- Improved the quality of reproductive health services at each of the four identified sites.

Key Partnership Events and Achievements

Clinical Organization and Capacity Building

- Partners conducted a family planning and leadership development training in Dubna to share the basics of clinical practice guidelines and introduce AIHA's Learning Resource Center (LRC) model, as well as the results of patient and provider surveys conducted at the onset of the partnership.
- Partners trained ob/gyns from project sites, mostly existing women's consultation centers, in all four target cities. Key topics covered included modern family planning methods and in some cases general practice and family medicine.
- Partners conducted training of trainers courses, teaching local physicians and nurses effective adult learning techniques in addition to clinical topics such as family planning, myths about contraception, patient counseling, and effective interpersonal communication.
- Through the partnership, mannequins, posters, and other education and training materials were purchased for each target site to assist in ongoing training and professional development efforts.
- The partnership also supported the procurement of computers and internet connectivity to facilitate improved communication and access to evidence-based medical information and research, as well as the purchase of office equipment and supplies that enabled partners at target sites to produce patient education and outreach materials.

Reproductive Health and Family Planning Services

- Partners at the four pilot sites each developed two reproductive health and family planning clinical practice guidelines for the project. Hormonal contraception and IUD use were selected for implementation in 2006 and 100 percent of the healthcare workers involved in the project now use the guidelines and report that the protocols make their work easier and more efficient. Moscow Oblast's Minister of Health requested that the remaining six guidelines be implemented in 2007 based on the success of the first two.
- Partners conducted a patient and provider satisfaction survey at the start of the project and again at its conclusion. The studies indicated positive changes were made in each of the sites. Specific improvements cited include scheduling, hours of clinic operation, cleanliness, and attitudes of healthcare workers.

Patient Education and Outreach

- Partners developed a prenatal care folder that contains information about contraception and

family planning, as well as pregnancy, delivery, breastfeeding, and the basics of newborn and infant care. The folder is given to every pregnant woman who receives care at the pilot sites.

- Partners established community committees in all four pilot cities to help determine the needs of the local populations, as well as the direction the project would take in each area. These committees included representatives of the mass media, city administration, school administration, and area churches. At first, partners expressed concern about the church's potential opposition to the family planning program. By actively engaging them in the process, however, partners eliminated a possible obstacle to program implementation.
- Partners from all of the pilot sites engaged the mass media in education and outreach efforts. They wrote articles for newspapers and participated in monthly television and radio broadcasts devoted to health-related topics in each city.
- In Voskresensk, all couples who obtain a marriage license are given educational materials on family planning and reproductive health topics.
- Partners conducted a survey among local teenagers to determine their needs for education on reproductive health and family planning educational and shared the results with school administrations, who adjusted their curricula accordingly. Classes on reproductive health, STIs, and a host of other topics were implemented and partners produced and translated a wide range of patient education materials for both students and parents.
- To complement these school-based activities, school administrators requested that physicians and nurses at partnership sites speak to the students on topics including reproductive health and hygiene and STIs, among other things.
- Partners at all four sites conducted health fairs as a way to share a broad range of information on family planning and reproductive health with the general public. This was the first time three of the cities engaged in this type of activity and they reported successful outcomes and plans to continue with similar events in the future.

6. Moscow/Memphis, Tennessee (1998)

US Partners: Methodist Health Systems, Inc. — which includes St. Jude Children's Research Hospital, Methodist Hospital, and LeBonheur Children's Hospital — is a healthcare system based in Memphis, Tennessee. It includes an operating hospital, health clinics, diagnostic and surgery centers, and home health agencies in West Tennessee and Mississippi. Methodist Health Systems, Inc. employs nearly 11,000 associates and operates more than 2,700 licensed beds; it is the twelfth largest privately owned hospital system in the United States.

NIS Partners: The Scientific Research Institute of Pediatric Hematology at Republican Children's Hospital of Moscow was founded in April 1991. It is Russia's leading research and clinical institution in the field of pediatric hematology, oncology, and immunology. The Institute's specialists were the first in Russia to start using the most up-to-date clinical treatments for leukemia, anaplastic anemia, and primary immune deficiency, as well as the first to do bone marrow transplants. The Institute conducts numerous training courses and workshops at pediatric hospitals.

Partnership Objectives: The overall objective of the partnership was to improve the quality of pediatric care, particularly for diseases of the blood, by implementing modern, evidence-based infection control and prevention standards and clinical practices. To this end, partners:

- Developed, implemented, and conducted ongoing evaluations of diagnostic techniques and treatment strategies for children with lymphoma, leukemia, and other diseases; and
- Improved the quality and scope of targeted services, including blood product safety and the management of fevers and neutropenia.

Key Partnership Events and Achievements

Pediatric Hematology

- In February 1998, two Russian physicians traveled to Memphis for a three-month internship at St. Jude Children's Research Hospital. They participated in the care of patients with leukemia, lymphoma, and solid tumors, as well as those undergoing bone marrow transplants. They also attended conferences, conducted primary research, and met one-on-one with leading US and international experts. As a result of their advanced training, they were able to initiate many changes in clinical practice and mentor colleagues at the Institute.
- In October 1998, the Advisory Board Foundation in Washington, DC, donated 40 vials of ATGAM and 500 vials of Amikacin worth $67,000 for pediatric cancer patients at the Institute for Pediatric Hematology.
- Partners conducted an interactive videoconference on acute lymphoblastic leukemia in October 1998, which was attended by more than 100 US physicians and 10 NIS participants. Case studies were presented by partners on both sides. A similar event was conducted in December on the topic of infection management.
- Partners facilitated the extension of a preliminary study of non-Hodgkin lymphoma in Russia and submitted a manuscript for publication.
- Partners improved laboratory diagnostic procedures for evaluating patients with suspected acute leukemia, introducing the use of initial bone marrow smears and review of morphology and special stains.
- Thanks to training they received through the partnership, the Russian physicians gained a better understanding of how to effectively manage infections in immuno-compromised children. Specifically, they implemented new institutional guidelines for the management of fever and neutropenia that closely parallel recommendations in AIHA's Infection Manual.
- Partners worked together to review how treatment plans for malignant conditions are selected. For acute leukemia, for example, this was based on both the subtype of leukemia diagnosed and on the clinical and biological risk factors. For those who presented with malignant lymphoma, the histologic and stage direct approach to management was extensively reviewed.
- Although the management of allergenic/immunologic disorders in children was not a specific goal of the partnership, two of the fellows were able to spend an extensive amount of time in clinics that focus on these disorders where they learned about congenital immune deficiencies, as well as acquired allergic and/or immunologic disorders. Principles pertaining to the management of infections in children with cancer are clearly pertinent in the management of children with immunodeficiency disorders and infections.
- In January 1998, AIHA awarded the Moscow/Memphis partnership a limited short-term grant to enable them to build on previous activities and accomplishments through an intense series of professional exchanges targeting specific objectives.

7. Orenburg/New York, New York (2004-2008)

US Partners: Elmhurst Hospital Center was the lead US institution, drawing on its own extensive knowledge and expertise, as well as that of Mt. Sinai School of Medicine, the New York City Department of Health's HIV Surveillance Unit and AIDS Institute, the AIDS Center of Queens County, and a vast network of area community- and faith-based organizations.

NIS Partners: The Orenburg Oblast AIDS Center was the lead Russian institution, joined by several other local and provincial organizations.

Partnership Objectives: The overall goal of the partnership was to strengthen the human and organizational capacity to develop a replicable and integrated model of HIV/AIDS treatment, care, and support based on international standards and best practices. To achieve this, partners:

Empowering Nurses Improves Care for People Living with HIV/AIDS in Orenburg

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

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

Elena Gutareva has eagerly and adeptly taken on her new role in the VCT unit at the Orenburg AIDS Center.

But as the staff at the Orenburg AIDS Center have learned through their USAID-funded partnership with Elmhurst Hospital Center in New York City, these support services can go a long way in determining the health outcomes of their patients. When the partnership began in late 2004, the AIDS Center had trouble even keeping its patients in care, recalls Elmhurst Nursing Supervisor Jacqueline Stith. In the face of this, Stith and other US partners who visited Orenburg were struck by the sight of nurses performing menial labor. “What a waste to have them scrubbing down walls,” Stith says, still riled by the thought. The Elmhurst team immediately drew a connection between this underutilization of human resources and the patient retention problem. When they suggested an expanded role for nurses, their Russian counterparts were skeptical but agreed to try it.

Recognizing that seeing is believing, the Elmhurst team countered their Russian colleagues’ initial doubts by bringing them to New York to see how nurses there worked. Elmira Vagapova, the chief nurse at the AIDS Center, came and shadowed her American counterparts as they went about their daily duties. Equally important was the fact that doctors and administrators from Orenburg had first-hand opportunities to see the way the Elmhurst nurses and doctors interact with patients and with each other.

The subsequent transformation in Orenburg was remarkable. “We have patients who come to us and say, ‘HIV is not curable, so why am I taking this medicine?’” says Vagapova. “And the nurses can explain, we can counsel that patient. That’s something we credit to our partnership,” she continues, explaining that the nurses educate patients about how ARVs work to keep HIV at extremely low levels in the body, thereby improving the health and quality of life of those living with the virus.

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

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

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

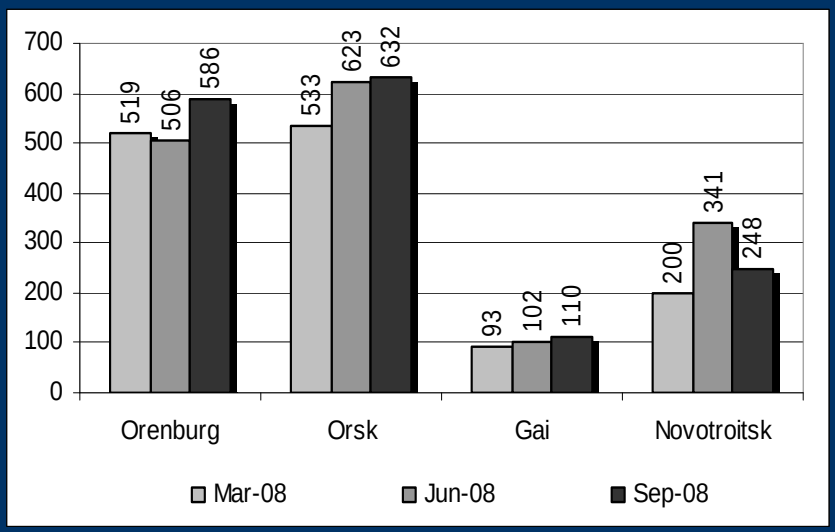
- Increased the knowledge and skills of existing medical staff at the Orenburg AIDS Center in key areas related to HIV/AIDS care and treatment;
- Increase the number of HIV patients receiving initial and ongoing care at the AIDS Center; and
- Integrated social service organizations and other healthcare specialists into the routine management of HIV patients.

Key Partnership Events and Achievements

Institutional and Human Resource Capacity Building

- During professional exchanges, Russian partners observed services provided by clinical staff at Elmhurst Hospital and other institutions, as well as staff and volunteers at numerous community-based organizations, including drug rehabilitation centers and patient-led support groups.
- Partners established an HIV/AIDS Steering Committee in Orenburg to determine local needs using a community-based multidisciplinary approach. As a result, the committee created two case manager positions at the Orenburg AIDS Center, vastly improving coordination of clinical care and social support services for PLWH.
- Due to an exceptionally high level of interest in partnership activities, Mt. Sinai Medical School and the Orenburg Medical School continue to discuss opportunities to develop an HIV curriculum for future implementation at Orenburg Medical School.
- Partners conducted an HIV/AIDS knowledge and attitudes survey among healthcare workers and analyzed the findings to determine gaps and better focus training and capacity building activities. They also conducted periodic clinical chart audits to effectively monitor and evaluate patient care and outcomes.
- Partners initiated a Patient Intake Clinic at the Orenburg AIDS Center and trained nursing staff to conduct medical assessments. Nursing staff were also trained in psychosocial skills, so they could better counsel and support newly diagnosed HIV patients. Forms and templates provided by Elmhurst Hospital Center were adapted for use in Orenburg.
- Partners placed a strong focus on improving infection control and occupational health practices at Orenburg AIDS Center and other facilities that provide care and treatment to PLWH. Thanks to the advanced training they received through the partnership, the Russian clinicians continue to conduct local trainings on infection control.
- US partners ensured that PLWH who receive care and treatment from the Elmhurst Hospital Center were very much a part of the professional exchanges they hosted for their Orenburg colleagues. The Elmhurst HIV

Provision of ART at Selected Sites in Orenburg Oblast during 2008



Throughout 2008, provision of ART continued to improve in Orenburg Oblast. Between July and September, partners initiated ART for 174 new patients, bringing the total number on treatment to 1,843. As of September 30, there were 586 patients on ART in Orenburg, 632 in Orsk, 248 in Novotroitsk, and 110 in Gai. This significant increase in the provision of ART supports national and global efforts to make high quality care accessible to PLWH and demonstrates the success of the model programs developed through the partnership.

patients initiated a letter-writing exchange with HIV-positive patients at the Orenburg AIDS Center, sending letters about their own experiences and offering hope to patients in Orenburg for the partners to distribute.

- Orenburg AIDS Center nurses now routinely conduct patient assessments and provide patient education during their appointments at the center. Prior to the partnership, nurses were neither trained nor authorized to do this; these activities were done only by physicians.
- Partners instituted a clinical mentoring program that operates on a monthly basis and brings experienced practitioners from AIDS Centers in both Orenburg and St. Petersburg to target sites where they assess the clinical skills of specialists from district and primary care clinics according to a well structured assessment form that includes both mentors and trainee feedback.
- AIHA continues to monitor the quality of HIV care provided at the Orenburg AIDS Center. This is the fourth year when regular clinical chart audits were conducted in close collaboration with care providers in Orenburg and the monitoring will continue in 2009 through funding from a new cooperative agreement.
- AIHA provided technical assistance for randomizing patient charts that are selected for treatment monitoring. Data from these clinical chart audits is analyzed, reported, and discussed with the AIDS Center administration in Orenburg.
- In July 2008, AIHA conducted a second round of patient satisfaction surveys at the AIDS Center. Data is being analyzed and compared to baseline data from July 2007 and the results will be discussed with local institutions, administrations, and the Russian and US partners.
- Infectious disease physicians working in primary care policlinics at the project sites were trained in management of ART for adult patients and are currently undergoing additional on-the-job training through mentoring by experienced care providers from the AIDS Center and the US partners.
- Partners implemented a comprehensive PMTCT program in Orenburg to focus on continuous institutional evaluation of PMTCT services with a structured assessment tool. In addition, they implemented a training program targeting ob/gyn, pediatric, and infectious disease services, along with a PMTCT monitoring system that utilizes a PMTCT database developed by AIHA in cooperation with partners.
- Partners developed quality assurance tools — including HIV Patient Chart Audits, HIV Patient Satisfaction Surveys, and the PMTCT monitoring database — which they adapted and integrated into the care systems.
- Orenburg partners, in cooperation with their St. Petersburg counterparts, developed a training course on stigma and discrimination for community-based institutions, including primary care centers, social services, and other non-HIV-specialty institutions. The course is used continuously with the active engagement of medical education institutions in Orenburg, as well as in St. Petersburg.
- Partners implemented a case management system to effectively link medical and social services and provided extensive training and on-the-job mentoring for new case managers. Guidelines for implementation of the case management system were derived from this experience, developed, and replicated.
- The Orenburg partners integrated a number of specialized training curricula on HIV/AIDS topics such as Adult ART, PMTCT, TB-HIV, and Palliative Care into professional medical education provided by regional medical education institutions.
- AIHA supported the establishment of HIV/AIDS Information Resource Centers at the Orenburg AIDS Center and medical education institutions in the oblast to facilitate access to evidence-based information on HIV/AIDS care and treatment for faculty, doctors, nurses, social workers, NGO staff, and patients.

8. Sakhalin/Houston, Texas (2000-2005)

US Partners: Baylor College of Medicine is a not-for-profit medical school located within the Texas Medical Center. The Center is composed of 42 institutions, including two medical schools, three schools of nursing, a school of public health, 13 hospitals, the regional library of the National Library of Medicine, and other ancillary institutions.

NIS Partners: Sakhalin Oblast Health Administration was the lead Russian institution for the partnership. Several municipalities, including the cities of Yuzhno-Sakhalinsk, Korsakov, Kholmsk, and Okha collaborated.
Partnership Objectives: The overall objective of this partnership was to establish high quality, patient-centered

primary healthcare services that could serve as replicable models of care throughout Sakhalin Island. To this end, partners:

- Increased the role of preventive healthcare services in Korsakov Rayon by developing a wide range of disease management and prevention programs and activities based on evidence-based clinical practice;
- Developed and supported nursing leadership and management training by establishing a nursing continuing education program and curricula for training new nurses and re-training practicing professionals;
- Provided training in reproductive health for primary healthcare personnel and developed and implemented an educational program on prenatal care, Lamaze, birthing techniques, and breastfeeding;
- Improved standards of infection control and prevention; and
- Provided training in healthcare management and established a Mayor's Health Council that enhanced sustainability of partnership activities beyond the funding period.

Key Partnership Events and Achievements

Primary Healthcare Nursing

- Nurse leadership, more effective utilization of nurses, and expanding and improving the care they provide was a priority focus for the partners. To that end, a number of Korsakov nurses received training in Houston on nursing management and continuing education.
- Partners jointly developed nurse continuing education curricula that is now the standard for nurse education in the region and is used regularly to conduct training.

Women's Health

- Partners designated December as "Women's Health Month" in Korsakov, and medical professionals conducted lectures on women's health topics in schools and at local businesses. They also focused on increasing the number of women receiving clinical exams and reached 170 women during the initial campaign.
- Partners routinely conduct classes on Lamaze, postpartum contraception, pregnancy, breastfeeding, and general healthy lifestyle topics for women.

Health Education and Promotion

- The Korsakov partners developed three patient education brochures on AIDS, family planning, and the dangers of smoking and distributed 400 copies to the community. They also published a monthly Medical Bulletin to expand their health education and outreach efforts.
- Between October and December 2003, partners carried out 231 health promotion activities on topics such as alcohol and drug abuse prevention, breast health, STI prevention, and contraception, which were attended by more than 3,300 people.
- Partners routinely hold health fairs and special health days. A "Day of Health" was conducted in February 2004 at local secondary schools and roundtables designed to help people take charge of their own well-being were conducted for some 164 people.

Infection Control

- Two Russian partners were training in Houston on epidemiological disease surveillance, hepatitis B and C vaccinations, prevention and monitoring of STIs, communicable diseases, and prison health issues.
- Partners conducted a hepatitis B and C screening for 480 hospital employees in Korsakov. Partners reorganized Korsakov Hospital's infection control department and initiated a new position of epidemiologist assistant to improve monitoring of nosocomial infections. They also conducted four

Giving Patients the Knowledge They Need to Effectively Manage Asthma

With its damp climate and high level of air pollution, asthma and other pulmonary diseases represent a major health concern for people on Sakhalin Island in Russia's Far East. Seasonal conditions can also be problematic for those with asthma, explains Natalya Kravtchenko, a physician at Korsakov Rayon Hospital and Polyclinic. "Winters are harsh with a lot of snow. We use a chemical to combat the ice and when it melts, the dust it leaves behind causes complications for many of our patients. At other times of the year, allergies can trigger an acute reaction," she notes.

Primary care physician Natalya Kravtchenko with some of the educational materials she prepared to help her asthma patients better understand their condition.

"When I was at university, the department of clinical therapy had an asthma school. I assisted with their activities and really enjoyed providing patients with information they could use to manage their condition. The knowledge these patients gained helped them live a more comfortable, normal life. When I came to Korsakov, I knew I wanted to start a similar program and, once our partnership with Baylor College of Medicine was launched in 2000, I had the opportunity to do it," the young doctor recalls.

"So many of the asthma patients we see don't know anything about the disease and even less about how to manage it," Kravtchenko says. "People fall prey to old stereotypes. They think having asthma means they are permanently disabled and that nothing can be done to improve the quality of their lives. That's why we started the Asthma Care Program — to help people take control of their own health," she says.

Through her participation in AIHA's Sakhalin/Houston partnership, Kravtchenko had the opportunity to travel to Texas, where she worked side-by-side with Baylor's pulmonary specialists to learn about different approaches to treating asthma. "On a professional level, getting the chance to see how the Baylor physicians work and gaining hands-on practical experience were really invaluable. What really impressed me, though, was how the medical professionals worked together with members of the local community — representatives from the American Lung Association, environmental specialists, local volunteers, journalists, and even police officers. This multidisciplinary approach is something that I'd like to see us implement. We already work with members of the mass media to produce a periodic bulletin, but we need to pull more people in," she says.

Through the program Kravtchenko helped launch, clinicians conduct patient education classes several times a week, teaching adults with asthma to recognize the signs of an impending attack and prevent it from occurring. Using evidence-based protocols adapted from the US Centers for Disease Control and Prevention, Korsakov staff designed a curriculum that has resulted in many positive outcomes for people living with asthma.

"Of the 386 patients we have diagnosed with bronchial asthma, 290 of them participate in the Asthma Care Program on a regular basis. Because we teach them how to manage their conditions, most of these patients have become less fearful about asthma," Kravtchenko says. "Once they learn how they can prevent an attack, program participants report a sharp decrease in the number of days they miss work or school. They also report fewer emergency room visits and hospitalizations," she continues, pointing out that many people also increase their level of physical activity.

One of the biggest challenges facing the clinicians who run the Asthma Care Program, according to Kravtchenko, is making patients understand that asthma is a chronic condition that must be managed on a daily basis through behavior modification and sometimes medication. "Many patients have a negative association with steroid medications because they can cause health complications and weight gain. Our job is to explain when and how they should use the drugs — at the onset of an acute attack, for example — and make them understand that they will have little or no side effects if they follow the guidelines we give them," she explains. "Another problem we see is that when some patients start to feel better or haven't had an attack for a stretch of time, they think they are cured and stop the program. With these people, we have to make them realize that they have a life-long condition that must be constantly monitored."

For Kravtchenko, one of the most rewarding aspects of this project is seeing the light of understanding spark in a patient's eyes. "As a physician, of course I could treat each attack an asthma patient has and send that person on his way," she admits. "The real satisfaction, though, comes from giving my patients the tools they need to manage their disease themselves because that knowledge will last a lifetime."

training sessions on nosocomial infections for 85 feldshers from Korsakov Rayon.

Healthcare Organization and Management

- Beginning July 2002, all employees at Korsakov Rayon Hospital received a quarterly performance evaluation as a result of training and policies the Russian partners adapted from their experiences in Houston.
- Korsakov staff conduct clinical practice reviews on a quarterly basis. Past topics have included the use of new fluoroquinoles in out-patient treatment of pneumonia; the effectiveness of using Ruzam in treating latex allergy in medical personnel; and the effectiveness of acetyl cysteine acid in treating patients with chronic obstructive lung disease.
- Korsakov Hospital's chief physician was provided advanced training in hospital management, waste management, and quality management, which led to the implementation of a new process for registering medical waste and other procedural changes.

Emergency Medical Services

- Partners conducted training seminars on emergency medicine and first aid for medical personnel in Korsakov. First aid and medical emergency seminars were also conducted for employees of the police department, students and teachers at the Navy Lyceum, and food industry personnel.
- Partners implemented a training series for local firefighters, titled "First Aid and Medical Emergency," that consists of 10 seminars. A total of 14 firefighters completed the seminar in September 2002 and the course was again offered in 2003 and 2004.

Sustainability Activities

- In November 2003, the Sakhalin partners were awarded a sustainability grant to disseminate their successful models of adolescent health education and breastfeeding education. In January 2004, they held a health fair for some 400 children in the pediatric polyclinic and, in April, they conducted a best practices conference that was attended by Russian partners from Samara, Sarov, and Tomsk.
- In July 2004, USAID provided additional funding earmarked for the development of model HIV/AIDS and STI prevention programs targeting adolescents in four cities in the region. Through this earmark, partners established five LRCs, administered a Youth Risk Behavior Survey to high school students in the pilot cities, and initiated a number of school- and community-based programs, including a "Healthy Inoculation" training of trainers workshop designed to decrease use of drugs – particularly injecting drugs – and increase safe sexual practices.
- Partners from the Korsakov Central Rayon Hospital received a grant from the Foundation for Russian American Economic Cooperation to develop and implement a breast cancer education and early detection program with affiliated programs in the cities of Korsakov, Yuzhno-Sakhalinsk, and Dolinsk during 2004-2005.

9. Samara and Stavropol/Iowa (1999-2004)

US Partners: The Iowa Hospital Education and Research Foundation (IHERF), a 501C3 entity of the Association of Iowa Hospitals and Health Systems, is the organization that develops and conducts special projects for the state hospital association. IHERF served as the lead US partner working with a coalition of institutions including the Central Iowa Health System, the Iowa Department of Public Health, Planned Parenthood of Greater Iowa, University of Osteopathic Medical and Health Sciences, Iowa Sister States, Iowa Council for International Understanding, and Consortium of Iowa Community Colleges.

NIS Partners: The Samara Oblast Department of Health, the Samara City Health Administration, and Polyclinics No. 9 and No. 15, along with Medical Sanitary Unit No. 2, participated in the partnership.

Partnership Objectives: As part of the development of a community-based primary healthcare system in Samara, partners focused on initiatives that would improve the health status of vulnerable populations, particularly in the areas of maternal health, adolescent health, and people at risk for STIs.

Samara-Stavropol Partners Host Domestic Violence Prevention Conference

For many people the world over — particularly women, children, and the elderly — the threat of physical and psychological violence at the hands of someone within their families is an ever-present reality. All too often, though, domestic violence is shrouded in shame, stigma, and the notion that it is simply the way things are.

AIHA and its Samara-Stavropol/Iowa partners hosted a regional conference in September 2001 to dispel some of the myths surrounding domestic violence and promote a greater understanding of the magnitude of the problem by fostering an open dialogue among a range of community-based organizations and groups, such as judicial and healthcare systems, government agencies, NGOs, law enforcement officials, and members of the mass media.

Vasily Pavlov gives opening remarks during the AIHA Domestic Violence Prevention Conference in Samara, Russia.

Some 110 people — including psychologists, police officers, social workers, prosecutors, physicians, and representatives from four Russian crisis centers and three AIHA Women's Wellness Centers — attended the conference. Deputy Head of the Samara Oblast Healthcare Department Vasily Pavlov provided opening remarks, as did USAID/Russia Health Division Chief Kerry Pelzman.

Sessions addressed the dynamics of domestic violence, the social and psychological impact it has on individuals, and strategies for developing proactive community-based programs to promote domestic violence prevention. Participants learned how violence in the media effects aggressive behavior, key rehabilitation methods that have proven effective at crisis centers, and the important role police, policy-makers, and community organizations can play in breaking the cycle of domestic violence. They had the opportunity to collect a wide variety of resources and public education materials, including brochures, posters, and a book about Samara's experience with domestic violence that provided clinical, legal, and grassroots perspectives on the topic. Participants also took part in small group exercises that included case studies of abuse and discussions of how their own community would respond to the victim's dilemma.

Allan Hoffman, dean of Des Moines University's College of Health Sciences and director of the Center for the Prevention of Community Violence, shared statistics and trends with participants during his presentation on developing an appropriate response to domestic violence. Noting that spousal or partner abuse — whether physical, emotional, sexual, or psychological — is the most unreported crime in many nations, Hoffman provided several characteristics commonly exhibited by victims of abuse and abusers that clinicians and community stakeholders should look for. He stressed the importance of changing social perceptions of domestic violence from a private issue to public policy and encouraged a coordinated response from physicians, psychologists, legal professionals, religious leaders, and other community leaders.

Valentina Minsafina, Deputy Chief of Samara Oblast Police Department's Juvenile Delinquency Unit, told participants that domestic violence is a complex problem that requires the intervention of police and relevant government officials to promote prevention and eliminate violent acts against victims. She shared statistical data with participants and explained that legal intervention would require training for all those who come into contact with victims of abuse.

The event helped partners and other participants to identify key areas for intervention, including legal reform, education and training, networking and community mobilization, and accurate data collection and analysis. It also outlined several principles to guide strategies and interventions, namely prevention, protection, early intervention, support for abused victims, and accountability of abusers.

At the conclusion of the two-day conference, many participants said they returned home armed with knowledge and a strong desire to implement programs to raise public awareness about domestic violence and implement new or expanded services for its victims.

To this end, partners:

- Worked to increase efficiency of, and patient satisfaction with, primary care services;
- Improved healthcare management, organization, and practices at Polyclinics No. 9 and No. 15 as a means of increasing patient satisfaction with primary healthcare services delivered at the centers;
- Established a Primary Healthcare Center at Medical Sanitary Unit No. 2 and Women's Wellness Centers at Polyclinics No. 9 and No. 15;
- Improved the health status of specific vulnerable populations through collaborative education and intervention programs, including domestic violence programs;
- Improved utilization of the Internet through education and training of clinicians and conducted distance education programs and health services research studies;
- Increased the role of the community in the process of primary healthcare planning and reform; and Improved nursing education and the role of nurses in primary healthcare settings.

Key Partnership Events and Achievements

Healthcare Organization and Management

- At the request of the Samara Oblast Healthcare Department, partners developed job descriptions for general practitioners and nurses; these did not previously exist. They also developed regulations on outpatient services, home care, and patient education schools, and quality assurance methodologies.
- As a result of the partnership work and improvements at her center, the chief physician of polyclinic No. 15 wrote an article, "Finance Management and General Practice," that was published in *Zdorovie Magazine*.
- City Polyclinic No. 15 was acknowledged by the Russian Ministry of Health as an example of successful innovation in the area of primary care. The Minister of Health presented the polyclinic's chief physician with an award for outstanding achievements in the provision of care. The chief physician credits her US partners for many of the changes.
- Polyclinic No. 15 has become known as an excellently operated center and practitioners from Moscow Oblast and other regions of Russia have visited the center and received practical training.
- Changes implemented in patient care protocols at Polyclinic No. 15 resulted in substantial savings in costs due to a reduction in hospitalizations.
- As a result of training from the US partners, the implementation of an economic model for the polyclinic resulted in physicians and nurses becoming more accountable for the financial resources in their clinics. Equally important, an incentive system for the care providers was implemented to promote good patient care and community outreach.
- Partners developed and implemented patient satisfaction surveys at Polyclinics No. 9 and No. 15. The Samara partners began to use the information obtained through these surveys to make management decisions. For example, the patient satisfaction surveys conducted in October 2002 were analyzed and the results demonstrated increased patient satisfaction and acceptance of reforms in the primary healthcare system. Partners added an on-line questionnaire offered on the polyclinic Web site to further assess patient satisfaction.
- Partners implemented a patient scheduling system — similar to a system in Iowa that maximizes physician and nurse time and reduces the time patients need to wait to be seen. The Samara partners reported that the number of patients seen by a physician increased from 29,423 in 2000 to 52,831 in 2002.
- Partners developed standard protocols for follow up care for chronic patients that permit segregation of functions and responsibilities of both physicians and nurses.
- Although efforts to move patient care away from medical specialists to general practitioners was underway in Samara prior to the partnership, the Russian partners attribute the region's rapid transition to the use of general practitioners to the USAID-supported partnership and reported a 30 percent reduction in specialist patient load after the partnership was launched.
- Samara partners reported an increase in the use of outpatient services and a decrease in urgent care patients and credit time spent in Iowa for helping them learn alternate approaches and reduce resistance to change among healthcare professionals.

Primary Healthcare

- Partners opened a General Practice Office at the Medical Sanitary Unit No. 2 in March 2002. The center served an isolated and poor population of 1,700. Specific technical training was provided by the partners to the chief physician and clinic nurses. The office was closed and the equipment was moved to another location in the winter of 2003.
- Polyclinic No. 15 established a school for patients with glaucoma and cancer. They also created an asthma screening program, a patient education school, and clinical practice guidelines on the treatment of asthma based on their work with the US partners.
- In March 2003, partners hosted a conference on bronchial asthma management, which was attended by more than 80 medical professionals.
- In collaboration with the Samara Oblast Ministry of Health, partners from Polyclinic No. 15 began to disseminate their asthma management project in four districts of the oblast. Quality assurance and technical assistance were provided by the US-trained team.
- Partners at Polyclinic No. 15 created new evidence-based guidelines on the treatment of arterial hypertension and a patient education program using methodologies learned from their US colleagues. As of June 2004, 193 patients participated in the program and the Russian partners hosted a conference on hypertension that was attended by 90 general practitioners.
- Partners created a diabetes school and developed new evidence-based guidelines. Annual statistics showed a decrease in complications each year beginning in 2000 and, as of June 2004, 133 patients were enrolled in the school.
- The US partners created a training video for nurses titled, “Assessment of the Clinic Patient.” The training video was reproduced and is now used as a standard training tool in Samara.
- Partners developed a clinical care patient survey to increase detection of risk factors; 80 questionnaires were submitted.
- Partners at Polyclinics No. 9 and No. 15 conducted a total of 423 health promotion activities attended by 4,861 people in 2003; 377 similar activities were conducted in 2004 and attended by 1,790 people.

Women’s Health

- Partners opened Women Wellness Centers (WWCs) at Polyclinics No. 9 and No. 15 in March 2002. These WWCs provide a variety of services, including family planning, education courses for future parents, and an STI prevention program. The centers serve a female population of 34,000.
- Staff at Polyclinic No. 15 developed a breast health and mammology program. They launched a public awareness program dubbed the Decade of Mammology in 2002 and provided 576 women with clinical breast exams, 26 with mammograms, and 38 with breast ultrasound examinations.
- Partners created patient education and reproductive health counseling programs at each WWC.
- The US partners developed demonstration training videos for physicians and nurses on topics such as cervical cancer, puberty and adolescent sexual behavior, STIs, and HIV/AIDS.
- Partners implemented patient education programs, including schools for young fathers and young mothers and Lamaze training at the WWCs. These programs are offered on a weekly basis.
- Partners at the WWC at Polyclinic No. 15 established “Golden Fall,” a program for peri- and postmenopausal women.
- Based on patient satisfaction surveys, the number of physicians who see peri-and postmenopausal women at Polyclinic No. 9 was increased to better meet the needs of this segment of the population.
- Partners hosted a region-wide domestic violence conference in 2001 as part of its work with vulnerable populations. Of the 90 participants who attended the conference, 50 returned the signed commitment letters and have created many activities and domestic violence initiatives.
- The WWC at Polyclinic No. 15 began primary screening for domestic violence among patients. The screening starts with a patient registration form that was modified from a sample presented at the AIHA Women’s Health and Dissemination Conference in December 2001. Physicians provide counseling and refer patients to local crisis centers as appropriate.
- The WWCs at Polyclinics No. 9 and No. 15 conducted 1,091 health promotion activities in 2003, which were attended by 3,850 people.

Nursing

- Nurses from Samara were trained in Iowa on delivery of family medicine services and patient health assessments, emphasizing the relationships between physicians, nurses, and patients in treatment and patient education. Nurses at the Samara partner sites now conduct health assessments and patient education on diabetes, hypertension, and other health topics.
- Substantial reallocation of responsibilities has occurred at Polyclinics No. 9 and No. 15. Previously, only physicians could make home visits to chronic patients, but nurses now also fulfill this role. Nurses also now perform EKGs, tonometries, otoscopies, cancer exams, test for blood glucose, make lab referrals, prescribe medication for chronic patients, and plan patient education programs.
- Training on patient health assessment was conducted for the nurses during their exchanges to Iowa in April and June 2002 and training by Samara healthcare professionals was implemented as a continuing education program. The most often demanded course is the physical assessment training created by the partners.
- In March 2004, nurses from Polyclinic No. 15 hosted a conference for nurse administrators and general practice nurses from the municipal and oblast hospitals and polyclinics.
- From 2000 to 2002, the Samara partners reported that the proportion of women whose clinical breast examination was conducted by a general practice nurse or midwives independent of a physician increased from 3.1 percent to 6.1 percent. During that same period, the proportion of women who were seen by either nurses or midwives without prophylactic screening was reduced from 68.9 percent to 2.2 percent.

Internet Technology and Distance Learning

- The Samara LRC and its healthcare database are considered model programs and the Russian partners often host tours and demonstrations.
- With the help of AIHA and the US partners, Samara established an Internet School that teaches medical professionals about medical databases, how to conduct online searches, evidence-based information, and how to conduct standard clinical practice reviews.
- The Samara partners established a Web site for Polyclinic No. 15 where patients can learn about services and health information.
- The US partners produced numerous training videos for the Samara partners. Several programs were taped, dubbed into Russian, and transmitted to the Samara LRC where they are copied onto compact discs and distributed to local clinics.
- The Medical Information and Analysis Center (MIAC) in Samara received a $29,000 grant from the Social and Cultural Projects Fair, “Nizhny Novgorod 2003” funded by the Volga Region Federal District. The grant proposal, developed with the US partners, supported the development of a regional information center and an interregional partnership for the prevention of drug abuse.

Sustainability Grant

- In November 2004, USAID awarded the Samara partners a sustainability grant to disseminate and replicate their successful asthma disease management program and improved nursing management techniques in Krasny Yar and Krasnaya Glinka districts.
- The Chief physician and nurse from Polyclinic No. 9 conducted a series of trainings for general practice nurses at the target sites.
- Partners from Polyclinic No. 15 conducted a series of asthma management trainings at both locations and established a monitoring system for the newly created asthma schools.
- Partners also conducted a Best Practice Conference in March 2004, which was attended by 82 health professionals.

10. Samara/Providence, Rhode Island (2004-2006)

US Partners: The National Perinatal Information Center (NPIC) in Providence, Rhode Island served as the lead US institution. A consortium of organizations including Care New England Health System, Stanley Street Treatment and Resources, Lifespan, and the Rhode Island Department of Health worked closely with NPIC.

NIS Partners: The Samara Oblast Ministry of Health served as the lead institution and the Togliatti City Health Department, oblast and city AIDS Centers, and several other health and social care institutions in Samara Oblast were also involved in the project.

Partnership Objectives: The overall goal of the partnership was to create replicable, integrated models of care and treatment for PLWH by establishing systems and processes to address human and organizational capacity building needs related to the provision of high quality HIV/AIDS care and treatment services. In keeping with this goal, partners:

- Improved the availability of counseling and HIV/AIDS support groups offered through the Togliatti Family Center and the Regional AIDS Center;
- Integrated the prevention and treatment of tuberculosis in HIV-positive patients at the Togliatti AIDS Center;
- Strengthened the capacity of the Togliatti AIDS Center to improve effectiveness of treatment;
- Strengthened the coordination of care and services provided to HIV/AIDS patients by the Togliatti AIDS Center; and
- Reduced stigma and discrimination on the part of healthcare workers towards PLWH.

Key Partnership Events and Achievements

HIV/AIDS Treatment, Care, and Support

- US partners provided a series of trainings for Togliatti health and social work professionals in adult and pediatric ARV adherence, HIV and TB co-infection, counseling, and stigma reduction. The trainings and subsequent mentoring sessions contributed to more comprehensive care and treatment of Togliatti HIV/AIDS patients, while at the same time improving the continuum of care.
- In March 2006, the efforts of the partnership and collaborating organizations resulted in the release of an order by the city health department, which was designed to improve the prevention, treatment, and care of HIV/AIDS in the city of Togliatti.
- During a May 2006 exchange to Togliatti, US and Russian partners jointly developed policy guidelines for social support of families of PLWH for potential adaptation within government policy.
- In 2006, the Togliatti Department of Health issued a document titled “Methodological Recommendations on Early TB Detection and prevention among HIV-infected patients.” Recommendations were developed based on input from the partnership and other collaborating organizations.
- In July 2006, the Togliatti Department of Social Support awarded two grants to local NGOs to provide support to socially vulnerable groups. This support includes case management and outreach for PLWH. The grants are part of the social support program developed jointly with US partners earlier in May 2006.
- A formal agreement was reached between the Togliatti Department of Social Services and the Togliatti AIDS Center to delegate a team of five social workers from the Social Support Center to provide services for AIDS Center patients. This team includes two case managers, two psychologists, and a lawyer.
- In 2006, AIHA assisted the Togliatti City Health Department to receive funding from the Russian Health Care Foundation (RHCF) — a principal recipient of the Global Fund in Russia for HIV/AIDS care and treatment in the city under GFATM’s Round Four program. In September 2006, the Country Coordinating Mechanism approved an application from the Togliatti Mayor’s Office, making Togliatti the first municipality other than a regional administration to receive RHCF funding. RHCF approached AIHA to develop a joint project in Togliatti, building on the successful implementation of the HIV/AIDS care and treatment project.
- As of September 2006, partnership activities were carried out under the auspices of the Volga River Alliance program, which supports ARV treatment and care scale up in select sites in Samara and Saratov

Togliatti Partners Introduce TB Prevention Program for PLWH

Tuberculosis can pose a greater threat to the lives of patients with advanced HIV infection than AIDS itself. This fact is well known in Russia, where 55 percent of all patients with AIDS also have TB. Treatment of this co-infection is complicated, costly, and time-consuming and the necessary resources are often unavailable.

Effective screening and prevention of TB among PLWH is several times less expensive than treating tuberculosis once the patient has contracted it.

As an alternative solution to the problem, AIHA's Togliatti/Providence partners added a tuberculosis prevention program to the list of services offered by the Togliatti AIDS Center in Russia's Samara Oblast in 2006 with the goal of providing timely TB screening for PLWH. The end result is improved ability to identify those at risk and provide necessary prophylaxis, which is several times less expensive than treating tuberculosis.

Russian specialists received comprehensive training in TB diagnostics and prevention specifically for PLWH through their partnership. In cooperation with their American colleagues, the Russian clinicians developed guidelines for TB screening, prevention, and treatment of HIV and TB co-infection, as well as comprehensive instructions designed to improve treatment adherence. All these materials are now being implemented at the Togliatti AIDS Center and the local TB Clinic.

To help their Russian counterparts develop the successful program, a team of specialists from the Miriam Hospital in Providence visited Togliatti. Comprised of a pulmanologist, infectionist, adherence nurse, and administrator, this team spent a week working hand-in-hand with their partners to select HIV-positive patients for TB prevention and to practice managing treatment regimens and adherence counseling. In addition, the American partners assisted with the selection of candidates for ART and instructed them in all clinical issues related to diagnosing opportunistic infections. During one of the counseling sessions, the American doctors confirmed the first case of pneumocystic pneumonia diagnosed by the Togliatti Center's infectionist. A good deal of time was also dedicated to discussing the multidisciplinary approach introduced through the partnership program with a view to help the Russian specialists ensure PLWH have access to comprehensive, patient-centered care and support services.

Oksana Chernova, head epidemiologist at the Togliatti Health Administration is in charge of the TB prophylaxis program in the region. She said the guidance she and her colleagues received through the partnership helped them introduce TB prevention and HIV-TB treatment activities into the local healthcare system. "For us, this practice is a unique one. Never before was TB screening or prevention treatment done in Russia, especially in HIV patients. This approach increases PLWH's access to safe and acceptable care and support services and helps avoid undesirable health-related complications," Chernova explained, noting that the Togliatti healthcare providers have ushered in a great number of positive changes in record time since the partnership started implementation of this program the previous year.

Chernova also said the program has been embraced on a regional level. Thus, the Togliatti City Health Administration has secured procurement of TB tests and issued a regulatory order “On Improving Measures for Prevention of TB in HIV-Infected Patients, Early Diagnosis of Co-infections, and Higher Quality of Medical Care Provided to HIV- Positive TB Patients.”

"We have also been able to integrate X-ray diagnostics performed at primary healthcare institutions into the process and ensure that TB cases in HIV-positive patients are reported to the AIDS Center. And, we have established cooperation between TB clinics, public healthcare institutions, and the AIDS Center," Chernova said, concluding, "This, in itself, is a great accomplishment because now we can identify patients who need preventive TB treatment and provide them with appropriate care."

under a Global Development Alliance grant. For further details, please refer to the Volga River Alliance program description below.

11. Saratov/Bemidji, Minnesota (2004-2008)

US Partners: Northern Rivers HIV/AIDS Consortium — a broad-based coalition of Minnesota agencies, healthcare systems, and public health professionals — served as the lead US institution. The Consortium included North Country Health Services, Bemidji State University, the Minnesota Department of Health's Section for STDs and HIV, Beltrami Area Service Collaborative, the Indian Health Service, Rural AIDS Action Network, the New York City's Metropolitan Hospital Center, Division of HIV/AIDS and other area community- and faith-based organizations.

NIS Partners: The Saratov Oblast AIDS Center served as the lead institution. The Engels City Health Department and other oblast and city-level health and social care institutions also collaborated.

Partnership Objectives: The overall goal of the partnership was to create replicable, integrated models of care and treatment for PLWH by establishing systems and processes to address human and organizational capacity needs related to providing high-quality HIV/AIDS care and treatment services. Specifically, partners:

- Increased the human and organizational capacity of the Saratov Regional AIDS Center and the Engels medical and social service system to deliver HIV/AIDS treatment, care, and support services;
- Increase the number of patients receiving ART; and
- Strengthened competencies and skills of staff in delivering specialty care for HIV and TB co-infection.

Key Partnership Events and Achievements

HIV/AIDS Treatment, Care, and Support

- Ten Saratov partners participated in exchange trips to New York and Minnesota. On these professional exchanges, they received training in case management, treatment of HIV for IDUs, motivational interviewing, health literacy, the importance of having consumers as advisors, and treating TB and HIV co-infection. They also learned about fundraising activities the US HIV/AIDS agencies routinely conduct to supplement government funding.
- In total, over two years, 12 Minnesota and New York partners participated in exchange trips to Saratov. The US partners conducted training on case management, HIV 101 (with pre and post test evaluations and a training of trainers component), blood borne pathogens, occupational safety, and HIV precautions in the work place.
- The partners worked together to develop a chart audit form and random sample methodology and reviewed 60 charts to determine what patients may be eligible for ART, what patients need CD-4 counts, and how many patients are following through with treatment and referrals. They presented their work and findings at the Russian Federation's meeting on organizing surveillance and prevention of HIV-infection in October 2005.
- The Engels City health administration created two case manager positions — a job function which previously did not exist — for the Saratov AIDS Center. A job description was adopted and financial support for one nurse and one PLWH to be case managers was established.
- The Saratov AIDS Center trained an additional 30 physicians and four nurses in ART initiation for adults and adolescents.
- Saratov partners conducted HIV 101 training courses for more than 200 professionals.

Helping PLWH in Russia Access Much-needed Care and Support

It's not a far stretch of the imagination to liken the work of Olga Fyodorova and Vladimir Dementyev to that of shepherds tending their flock. They look out for the best interests of the people under their care, marshalling these individuals through fields and valleys made treacherous not by wolves and other predators, but by ignorance, fear, and discrimination. They offer knowledgeable advice and a compassionate shoulder to lean on. They serve as advocates, pushing for much-needed care and support. And — just as important — they offer kindness and respect to people who have long since become accustomed to being treated as societal outcasts.

Fyodorova and Dementyev are pioneers of a new system of healthcare service delivery for PLWHA in Russia. As two of the country's first HIV/AIDS case managers, each day they help clients in the Saratov Oblast city of Engels access the care and support services they need to live better, more productive lives. The project was introduced by AIHA's Saratov/Bemidji partnership, which focused on improving the quality and scope of healthcare and related services available to PLWH in Russia.

"People with HIV in our country have a wide range of problems that go far beyond healthcare issues. They can face legal problems, employment problems, financial and public assistance problems, passport and visa problems … the list goes on and on," explains Fyodorova, who has worked as a nurse for more than 24 years, the last five in an outpatient drug abuse unit. With injection drug use accounting for the majority of HIV infections in the region, her long experience has made her all too familiar with the many challenges PLWHA come up against each day. She also knows first-hand that the stigma surrounding the virus compounds these problems exponentially.

Two of Russia's first HIV/AIDS case managers, Olga Fyodorova and Vladimir Dementyev.

"Even people who work in healthcare or social services lack basic knowledge about HIV/AIDS, so you can be sure PLWH face discrimination," Fyodorova says, recounting a scene she witnessed to emphasize this assertion. "One doctor used to call such patients in for an office visit by shouting to the entire waiting room 'OK AIDS carrier, come on in now.' If that type of stigmatization and lack of compassion exists among medical professionals, just imagine what the bias is among the general population."

Dementyev, her fellow case manager, can attest to the difficulties PLWH face in Russia. He himself is HIV-positive. "Without the case management system, HIV/AIDS patients are faceless strangers trying to navigate a difficult system on their own. They encounter roadblocks virtually every step of the way. If they need medical care, they aren't expressly refused. No one says 'I will not treat you because you have HIV,' but still no treatment is provided," he says, explaining that after this happens time and again, HIV-positive people learn to expect very little. "With me, there is no white coat separating us, no history of fear or animosity often associated with healthcare providers. We work together as partners and they have a real voice in the steps we take to solve their problems."

As a former injection drug user, Dementyev can relate to his clients because he has faced the demons of addiction. And, having been clean for nearly six years, he is living proof that drug dependence can be overcome. "After I found out I was HIV-positive in 1999, I became involved with a harm reduction project implemented by a local NGO called Socium and also directed a support group for PLWH through another NGO called Anti-AIDS Saratov," he recounts, explaining that working with active drug users actually helped him stay focused on his own recovery. The work also led him to the case management program. He began attending training courses conducted jointly by AIHA and University Research Co. LLC in October 2004, learning from experienced case managers from Minnesota, including Linda Brandt, former executive director of the Rural AIDS Action Network in Minneapolis.

Brandt is quick to point out, "It is obvious that the city of Engels is taking charge of its HIV/AIDS situation and that many important changes are being made. We can truly make the claim that Olga and Vladimir are the first HIV/AIDS case managers in Russia. They — along with the other professionals we are collaborating with — are hard-working, dedicated people who are making a real difference in the lives of citizens in their community. Many would doubt that so much could be accomplished in such a short time, but teamwork has helped create a network that is solid and moving forward," she says, concluding, "When a strong team of committed professionals has the courage to work together as agents of change, success is virtually assured."

12. Sarov/Los Alamos, New Mexico (1999-2004)

US Partners: The County of Los Alamos assembled a consortium of partner institutions with expertise in primary healthcare delivery and health professions education, including the Los Alamos Medical Center, Los Alamos National Laboratory, State of New Mexico Department of Health, University of New Mexico School of Medicine, and Los Alamos school district. Los Alamos has a Sister Cities relationship with Sarov and the two cities jointly participate in the Nuclear Cities Initiative sponsored by the US Department of Energy.

NIS Partners: The city of Sarov is one of the 10 closed cities known as "nuclear cities" throughout Russia. The NIS partners included the Sarov City Duma, the Office of the Mayor, and the Central Medical-Sanitary Unit No. 50.

Partnership Objectives: The partnership's overall objective was to improve the quality and delivery of primary healthcare to the people of Sarov. In keeping with this objective, partners:

- Increased local practitioner and public knowledge about high risk behaviors among adolescents that lead to STIs and substance abuse;
- Improved the oral health of the children, including reducing the incidence of dental caries in children aged 6 months to 6 years, by implementing a school-based oral hygiene and pilot fluoridation program, as well as by increasing the knowledge of participating stomatologists in current dental interventions;
- Developed model chronic disease management programs for asthma, diabetes, and hypertension; and
- Improved the healthcare services and patient education programs targeting women, particularly regarding breast-feeding and breast health.

Key Partnership Events and Achievements

Adolescent Health

- Sarov partners hosted a three-day conference on substance abuse prevention for all Russian primary healthcare partnerships in 2000. The conference was co-sponsored by the US Substance Abuse and Mental Health Services Administration (SAMHSA) and the US Department of Energy. That summer, approximately 4,500 children attended a camp focused on substance abuse prevention.
- Sarov schools implemented the curriculum, "Useful Habits and Useful Skills," to teach healthy habits and resistance skills as prevention methods to address alcohol and drug use among youth.
- The January 2002 issue of *The Teaching Crossroad*, a Russian publication, was dedicated to school-based substance abuse activities and included articles by Sarov teachers describing the educational and volunteer programs created by partners.
- In 2002, 15 volunteers began participating in the peer education program "Kids for Kids." Partners conducted pre- and post-testing of adolescent knowledge, attitudes, and behaviors.
- A narcologist working with the partnership routinely presents lectures on substance abuse prevention, risk factors, and the role of the family in substance abuse prevention to parents whose children are thought to be at risk.

Dental Health

- Partners trained school children, teachers, pregnant women, and parents on proper dental techniques and hygiene. The Los Alamos partners trained Sarov stomatologists in the administration of oral health surveys, fluoride tablet programs, examination of dental caries and proper documentation, and clinical hygiene.
- During exchanges to Los Alamos, the Sarov partners learned scaling and polishing techniques at private dental clinics and at the School of Dental Hygiene at the University of New Mexico. Dentists now routinely give exams and lectures to students at school and at the dental polyclinic each quarter.
- Partners held a four-day dental training in Sarov public schools in 2000. The audience included 1,050 students, five pediatricians, 50 parents, 80 teachers, and 40 nurses. Dental professionals now work in the public schools to teach dental hygiene as well as train other health professionals and teachers about oral health prevention. More than 50 children's dental professionals were trained and now work in the public

School-based Program Teaches Children about Proper Oral Hygiene

Four 6-year-old boys stand shoulder-to-shoulder in a line at the front of a school room in Sarov, Russia. One of their classmates — a small girl with white bows in her long brown hair — helps a woman gently pull a towel back and forth between each pair of boys, making sure to maneuver the cloth through all the nooks and crannies. The boys try to remain serious; this is a very important demonstration, after all. Yet they can barely contain their giggles. The other children sitting in the class smile and break into laughter as well. For the clinicians staging this presentation, the children's laughter and bright-eyed interest is a good thing. It means they are listening — and hopefully learning — about proper oral hygiene. The four boys, you see, represent teeth and the girl and woman are "flossing" them.

Students in Sarov take part in an interactive demonstration on flossing — the four boys are the "teeth" being flossed by a classmate and clinician.

"Dental health was identified as one of the top priorities our Russian partners wished to target," says Jeri B. Hertzman, US project coordinator of AIHA's Sarov/Los Alamos partnership, noting that community surveys and assessments revealed an almost universal need for dental restoration among the adult population of Sarov. "Ultimately, we decided the most effective way to deal with the problem in the long-run would be to implement some type of prevention program aimed at children," Hertzman explains.

Sarov's dental health campaign was launched in 2000 and reaches all children in the community, according to Ludmila Tourovets, head of the Pediatric Dental Department at Sarov's Central Medical Unit No. 50. Services are provided at a dental polyclinic, as well as four area schools and one kindergarten, which are equipped with dental examination rooms. "At the polyclinic, we use models to teach the children how to properly care for their teeth. Then they perform a teeth-cleaning exercise so we can determine their hygienic index and discuss ways of improving their skills," Tourovets explains. The educational exercises are followed by a clinical examination that includes an application of fluorine lacquer and the treatment of any problems.

"The biggest dental health concerns for the children of Sarov are caries and gingivitis," says Los Alamos dentist Joseph Matthews, who traveled to the Russian city in April 2000 on a partnership exchange. Explaining that an efficient infrastructure of dental care was already in place at the polyclinic and in some of the schools, Matthews adds, "The Sarov dentists are incredibly resourceful and it is apparent they have provided a higher level of care than I have observed in most of my Russian patients in the United States. I believe, however — as with our own care — that there is room for improvement, especially in primary prevention and early treatment of dental disease."

This philosophy of prevention and early treatment resulted in a systematic approach to community education and outreach that began with training nearly 500 dentists, nurses, pediatricians, and teachers to effectively convey the principles of oral hygiene to local children. Those trained then started to teach children and their parents about proper brushing and flossing, as well as how nutrition affects dental health, Tourovets says.

Developing culturally appropriate techniques for capturing the interest and appealing to the imagination of Sarov's children was a major concern for both the NIS and US partners. "It occurred to us that what makes caring for one's teeth the 'cool' thing to do may be different for children from different cultures," Matthews explains. "I find that in the United States, the American Dental Association's "Dudley the Dinosaur" cartoons work well in our culturally diverse schools but, in Russia, a more powerful imagery already exists in the form of fairy tales." Matthews harnessed that imagery, writing two short fairy tales of his own and blending the message of proper oral hygiene and regular self-care into traditional Russian stories such as "Ivan and the Firebird," which became "Ivan and the Toothbrush," an anecdote that encourages children to take along their toothbrushes on weekend visits to family gardens, and "Vassilissa the Wise," now "Vassilissa Visits the Dentist," a story that demystifies dental examinations. Matthews had the tales translated into Russian and presented them to the Sarov partners during his visit. My intent in writing the stories was to give examples to our Russian partners of how they might find culturally-appropriate solutions to the problem of reinforcing self-care," Matthews explains.

During the first year alone, the dental program accomplished a great deal, according to Matthews. Tourovets agrees, noting that 4,000 students were trained in dental hygiene; almost 5,000 received fluoride treatments; and more than 2,200 cavities were filled — all resulting in a 9 percent decrease in dental restorations. "While the reaction to the new treatment and education programs has been very positive so far, we realize that to successfully instill our children with good hygienic habits our work must be on-going."

schools to teach dental hygiene; these same professionals train other healthcare providers and teachers about oral health prevention.

- In addition to school children, the partners also focused on a prenatal preventive dental program that began in March 2000. The program consisted of three phases of work and provided oral health education to more than 1,130 new mothers in 2002-2001; follow up care as needed; and examination and reinforcement of proper oral hygiene when the infants reach six months of age. The expectation was that the mother will bring the child into the clinic every six months for regular check-ups.
- In 2002, the partners decided to combine the goals of the diabetes and dental projects in order to provide dental care to diabetics who might not receive the proper treatment.
- The Sarov partners reported a change in children's attitudes toward dental care. School trips to dental clinics became exciting to students whereas in the past these trips were met with dread. Children became more aware of their own responsibilities towards healthy teeth and good dental care.
- More than 700 children attended dental health education events organized by the partners in the polyclinic and kindergartens between July and September of 2004. Approximately 700 children have attended such events each quarter since 2002.
- Expectant mothers attend dental health maternal health classes established by the partners.
- Three dentistry programs were established in nearby city clinics as a result of the sustainability grant. The Sarov partners provide consultation and training.
- US partners trained Russian stomatologists in administering oral health surveys, conducting fluoride tablet and school-based brushing programs, and in clinical hygiene.

Asthma

- Partners held a three-day workshop on asthma treatment and management in 2000, which was attended by 80 physicians and 30 patients. Pre- and post-testing of participant knowledge helped the partners to assess the success of the workshop and the quality of the materials used. Patient enrollment in the asthma control project began in October 2000.
- Partners developed an asthma community needs survey for Sarov and created an asthma school where patients could learn how to control their condition. A Sarov partner developed a master curriculum notebook for the school that included lesson plans for classes along with learning objectives, written tests, class report forms, and various other educational materials.
- Partners revised and translated an asthma patient data form and developed an output form to record asthma statistics.
- Computers for the asthma team were installed in Sarov and all team members completed a computer training course.
- All patients completed initial registration, underwent a baseline examination as defined in the project protocol, and received educational training from members of the asthma team. The goals of patient education supported the concept of self-care and included teaching the patients to recognize signs and symptoms of their condition and prevent emergencies; monitor disease status with peak flow metering; take medicines properly; know the difference between medications for acute and chronic care; and avoid asthma-triggers.
- Review and statistical analysis of the data from the first six months of the asthma pilot project was completed and compiled by the Los Alamos partners. An analysis of the outcomes was completed in 2003, journal articles were published, and international presentations were made on the outcomes. Positive outcomes included improved patient recognition of signs of an impending attack and how to prevent it; reduced fear of the disease; fewer days of missed work or school; fewer emergency visits and hospitalizations; and increased participation in sports.
- Plans and modified guidelines to treat patients with "difficult" asthma were finalized. The persistent use of rescue inhalers by patients who had normal pulmonary functioning was addressed through the development of a special "refresher" class given by the asthma school.
- The municipal Duma agreed to provide the asthma medication fluticosone to both children and adults free of charge; the Duma continues to provide funding for high potency glucocorticoids for adult and pediatric asthma patients.
- Three members of the Sarov asthma team attended the Russian National Pulmonary Conference in the

fall of 2001. One partner presented a manuscript describing the results of the asthma project at the epidemiology section of the conference.

- In July 2001, a Los Alamos partner presented a paper summarizing the model developed by the asthma team to the 3rd Triennial World Asthma Meeting in Chicago, Illinois. The Russian Chief Pulmonologist attended the conference, as well.
- In May 2002 the Los Alamos and Sarov partners completed intensive training for the Global Youth Tobacco Survey at the Center for Disease Control. In October, they administered the survey to 1,495 randomly selected students aged 13-15 in selected schools throughout Sarov.
- A modified Global School Personnel Survey (GSPS) Tobacco Survey was given to 900 school employees at 20 schools. Both surveys were forwarded to the Centers for Disease Control and Prevention for review and analysis.
- A poster summarizing the asthma pilot project was on exhibit at the American Thoracic Society's Annual Scientific Meeting in Georgia in May 2002 and was presented at the AIHA annual conference.
- The Los Alamos partnership coordinator participated in the Annual Meeting of the European Respiratory Society in September 2002 where he presented an abstract and poster detailing the asthma project.
- The Sarov partners reported that the number of asthma patients monitoring their Peak Expiration Volume (PEV) between January and February 2004 was 210; it was 215 in March. Approximately 94.5 percent of asthma patients had PEV greater than 80 percent, which indicated the asthma was in remission. Similar numbers were reported each quarter.

Diabetes

- Partners created a diabetes school similar in structure to the asthma school. They developed and revised documents to aid in monitoring diabetic patients and now use the diabetes school curriculum, medical visit protocol, food and activity record, patient diary, written treatment plan template, an output report form, pre- and post-tests, personal insulin plan form, and the diabetes school master list to treat patients. Project data is measured in several ways, including office visits, weight, blood pressure, hemoglobin, cholesterol, and written and skills tests. The diabetes team members also completed a basic computer skills course.
- Four Sarov team members participated in a training exchange at the International Center for Diabetes in Minneapolis, Minnesota in August 2001. They were trained in the concept of staged diabetic care, particularly related to patients with Type II diabetes.
- In October 2002, the Sarov partners reported that the pharmaceutical company Roche donated an instrument to measure patients' cholesterol and sugar levels to the diabetes team. Patients involved in the project continue to see their physicians on a monthly basis and the municipal government of Sarov agreed to provide test strips for patients free of charge until 2005.

The Los Alamos partnership coordinator presented a poster abstract on the partnership's diabetes project at the International Diabetes Federation Meeting in Paris in 2003.

Hypertension

- Partners assembled a coordinating team for the hypertension project in 2002. The team accomplished several tasks in the first quarter of the project, including the development of objectives, guidelines, and a protocol for the project that included 150 hypertensive patients from the nuclear facility who have no target organ damage. They also completed a community needs survey and continued development of a patient education curriculum, data collection instruments, and a patient database.
- Servier Pharmaceuticals agreed to provide discounted medication and support for further training and supplies and the City Administration agreed to provide funds for some asthma equipment in 2002.
- Hypertension patients received their own blood pressure cuffs free of charge thanks to funding from the nuclear city administration and the USAID-supported partnership.
- The Sarov partners reported that 160 patients with hypertension had monitored their blood pressure January through March of 2004. The number of patients who controlled their blood pressure below 140/90 mmHG varied from 147 to 153 of the 180 patients enrolled in the program — roughly 94 percent.
- In the spring of 2004, the Sarov newspaper published an interview with the hypertension team featuring the partnership hypertension project.
- The hypertension guideline and program has been established at three dissemination clinics as a result of

a sustainability grant. The Sarov City team provides ongoing consultation and training.

Women's Health

- Partners opened a WWC in March 2002. The opening ceremony was attended by approximately 40 community and healthcare leaders. The center's staff includes four physicians and seven midwives and it serves a population of 24,000 women and 4,000 adolescent girls. Key priorities for the center were adolescent and maternal health, breastfeeding, and screening for STIs.
- Unexpected financial support from the government of Sarov was used to purchase mammography and ultrasound equipment in 2002.
- Partnership funds were used for renovating the WWC facility and purchasing patient education materials such as posters, leaflets, models, and mannequins.
- The WWC staff implemented "Project Aurora," an initiative to encourage adolescents to be responsible for their health, specifically with regard to prevention of HIV/AIDS and STIs. A questionnaire was created to test girls' knowledge on hygiene, contraception, and STI prevention and to evaluate the effectiveness of the lectures. Curricula for classes given at the WWC were developed based upon the results of the questionnaire.
- A group of 15 adolescents taught to be peer educators conducted a number of education activities to 14-16 year old school students in Sarov.
- Funding for a fetal heart monitor was obtained through the Los Alamos-Sarov Children's Fund and forwarded to the Sarov partners.
- The Sarov WWC conducted 336 health promotion activities in 2003, which were attended by 1,491 people.

Breast Feeding

- Pregnant women and new mothers continuously attend lectures on breastfeeding offered at the WWC and children's polyclinic. The Los Alamos partners provided several breast pumps for use at the center.
- After compiling nine months of data on the breastfeeding objective, partners found that the number of women who breastfeed had increased substantially. Some 80.6 percent of infants younger than three months, 56 percent of infants younger than 6 months, and 32.5 percent of infants younger than one year were breastfed at that time.

Community Mobilization

- Much of the work done in the first year of the partnership focused on organizational management methods, community-based strategic planning, media relations, and sustainability strategies. The Los Alamos and Sarov partners were both trained on these topics together. In September 2000, partners met with the mayor and officials from the Sarov Municipal Government; partners attribute the strategic planning and training for persuading the government to provide matching funds to support a Health Education and Women's Wellness Center. Officials also agreed to include specific partnership workplan objectives and goals in the Sarov municipal plan.
- Sixteen community stakeholders participated in a community development workshop conducted by the partners. Participants developed plans for new programs and/or changed business practices as part of the workshop. Within the year, a multidisciplinary team including representatives from the educational, social, and medical committees of the city administration, the police, and NGOs was formed. With participation from the Los Alamos partners, a project on prevention of drug abuse among adolescents was implemented. The model, Resolving Public Health Problems through Community Involvement, was later replicated by AIHA at several other partnership sites.
- Partners created community-specific action plans for smoking cessation that were implemented through the CMU-50 hospital.
- Partners drafted an article titled, "Pursuing Community-Oriented Primary Care in a Russian Closed Scientific City: The Sarov/Los Alamos Community Health Partnership," which was accepted for publication in the November 2002 issue of the American Journal of Public Health.
- A total of 124 health promotion activities were held at Medical Sanitary Unit No. 50 in 2003 and attended by 5,045 people; 146 activities were conducted in 2004 and attended by 4,937 people.

2004 Sustainability Grant

- USAID awarded the Sarov partners a sustainability grant in November 2004 to work with three communities to replicate and disseminate their successful models on chronic disease management for hypertension, dental health and reduction of carries, and women's health.
- In April 2004, partners hosted a conference on the above subjects attended by some 70 healthcare professionals. Health administrators, ob/gyns, dentists, and cardiologists from the three dissemination sites — central district hospitals in Ardatovo, Pervomaisk, and Diveevo/Nizhegorodskay Oblasts — attended the event.
- Sarov partners conducted follow up technical assistance visits to each of the sites, providing additional training and assisting with the establishment of reporting systems.

13. Snezhinsk/Livermore, California (1999-2002)

US Partners: The Livermore Area Consortium was formed to serve as the US partner institution and included the Alameda County Public Health Department, the City of Livermore, Chabot-Las Positas Community College District, Lawrence Livermore National Laboratory, Livermore Rotary Club, Sandia National Laboratory, Telcot Center/California State University at Hayward, ValleyCare Health System, and numerous community-based non-governmental organizations. Livermore and Snezhinsk have an existing Sister Cities relationship. In addition, Livermore and Snezhinsk jointly participate in the Nuclear Cities Initiative sponsored by the US Department of Energy, which is a program designed to encourage international cooperation between nuclear laboratories in these cities.

NIS Partners: The city of Snezhinsk is one of the 10 closed cities known as "nuclear cities" throughout Russia. The partner institution is the Central Medical Unit No. 15. The Snezhinsk Rotary Club also actively collaborated on partnership activities.

Partnership Objectives: The overall objective of the partnership was to improve women's and infant's health. To achieve this objective, partners:

- Strengthened local capacity to provide high quality primary care services to women of reproductive age and their children; and
- Improved the survival rates and overall health of newborns in the catchment area.

Key Partnership Events and Achievements

Women's Health

- Partners opened the Snezhinsk Women's Wellness Center in October 2002. The opening ceremony was attended by 40 people, including the vice mayor on social issues, executives from Central Medical Sanitary Unit No. 15, city administrators, Rotary Club members, and community representatives. The vice mayor, three US partners, the WWC director, and a WWC patient took part in the ribbon-cutting ceremony. Children from the Snezhinsk Family and Youth Committee gave a performance and each participant received an AIHA women's health pin and pen. A Snezhinsk printing house donated 100 registration books for use by pregnant women to track their pregnancies at the center. The opening was covered by local television, newspapers, and radio.
- The WWC represents the culmination of a three-year collaboration between the US and NIS partners to improve the quality of primary healthcare offered to women and girls in Snezhinsk. The partnership provided $12,000 in medical supplies and computer equipment to the center; the Snezhinsk City Administration invested nearly $40,000 in site renovations and provided a state-of-the-art mammography machine. The WWC provides a comprehensive range of services, including pre- and postnatal care, adolescent health services, family planning, STI screening, and breast health programs to a total population of 30,000 women and girls.
- Partners hosted a "Day of Open Doors" celebration twice to increase public awareness of breast cancer.

- US partners donated training models for breast self-exams and educational materials on breastfeeding, alcohol and drug use during pregnancy, osteoporosis prevention, and contraception. US partners also trained the Snezhinsk partners in Lamaze techniques and brought in lactation specialists from La Leche League to provide training on breastfeeding techniques.
- A local NGO helped found a breast cancer support group at the WWC in November 2000. When last reported, the group had 23 members, 20 of whom have received breast prostheses donated by the US partners.
- WWC staff participated in numerous AIHA-sponsored workshops and conferences throughout the life of the partnership. For example, four NIS partners participated in the Domestic Violence Conference in Samara in September 2001; two other staff members attended a contraceptive technology workshop in October 2001; and the center's director attended a management workshop in St. Petersburg in March 2002, sharing her experience with other department chiefs at Central Medical Sanitary Unit No. 15.
- The WWC also conducted health promotion and community education activities on a regular basis, working with the Family and Youth Committee to provide peer-to-peer substance abuse and STI prevention education programs. A physician at the center also donated her time to a domestic abuse hotline.
- An oncologist from Snezhinsk attended an AIHA-sponsored breast cancer conference held in Romania in 2002.

Neonatal Resuscitation

- In November 2000, a Snezhinsk physician traveled to Moscow to attend an AIHA-sponsored training of trainers workshop on neonatal resuscitation. The training included a two-day provider course, an instructor course, and a basic neonatal lecturing and skills-building course. This physician then began to train other staff members at Central Medical Sanitary Unit No. 15. When last reported, six separate training sessions had been conducted, resulting in 18 midwives and five doctors trained in neonatal resuscitation techniques. Each training session included a final exam to evaluate participant knowledge. Partnership funds also provided several staff members with the opportunity to participate in a three-week neonatology training course at a children's hospital in St. Petersburg.
- Staff at a Snezhinsk maternity house successfully resuscitated a premature newborn using techniques taught by AIHA and the partners. It was the first successful delivery for the mother, who had previously been pregnant six times. The staff prolonged the pregnancy at their facility and planned to move the mother to a regional perinatal center, but delivered the baby before the mother could be moved. Although complications after the birth occurred, staff were able to resolve the problems and the baby was successfully transferred to an intensive care unit where she began gaining weight.
- During exchanges to Livermore in November 2001, the Snezhinsk partners visited a Level III Intensive Care Nursery at Stanford University and met with prenatal specialists. During subsequent exchanges, the Russian partners attended a number of deliveries to observe c-sections, as well as the administration of various anesthetics and use of Lamaze techniques. Partners then discussed how what they observed could be replicated at the Snezhinsk WWC.

Youth Substance Abuse

- During exchanges in Livermore, the Snezhinsk partners received training on STI treatment and prevention at public health departments and private clinics. Livermore partners had several posters and patient education materials translated into Russian, including fact sheets on tobacco use and its impact on cardiovascular disease and other health problems, the tobacco industry, and other educational posters such as, "Mind if I smoke…mind if I die?"
- At the Committee on Youth and Family Affairs, adolescents participated in a training of trainers course on topics such as alcohol, tobacco, drugs, sexual behavior, mental health, and family issues. The teen advocates then worked to provide information and prevention techniques on these topics to their peers.
- Some 36 parents and students attended sessions given by narcologists on substance abuse and addiction. According to the Snezhinsk partners, a significant decline in the number of newly registered drug users was noted, as well as a decline in the number of drug users in general. Within the teenage population, a sharply negative attitude toward drugs started to predominate.

US Partners Donate Wheelchairs to Disabled Citizens in Snezhinsk

Many disabled individuals struggle each day because they have been deprived of their mobility as a result of tragedy, disease, war, or old age. While some are able to afford wheelchairs to help them move about and earn a decent living just as people who have full use of their legs, countless others — particularly those living in developing and third world countries — endure unbelievable hardships because even the cost of a simple, manual wheelchair is too great a burden. For US members of AIHA's Snezhinsk/Livermore partnership, the overwhelming need for wheelchairs worldwide struck home when the community health assessment they conducted in Snezhinsk during the fall of 2001 revealed that there were many disabled people in the Russian region who could benefit greatly from receiving a wheelchair. It was this realization that spurred the US partners to commemorate their Sister City relationship, their healthcare partnership, and the formation of the Snezhinsk Rotary Club with the sponsorship of the Livermore Rotary Club by arranging for the donation of 120 wheelchairs.

This paraplegic resident of Snezhinsk received a wheelchair donated by the US partners, greatly improving conditions for him and his family.

The idea proved to be a phenomenal one — it allowed partners to help many people gain self-reliance, freedom, and mobility, and also to help reduce the burden placed on families and the community. With the average cost ranging from $180-$375, wheelchairs are far too expensive for many people in Snezhinsk, particularly the elderly, pensioners, and those with minimal incomes. Thanks to the US partners and the involvement of the Wheelchair Foundation and Rotary Clubs in both Snezhinsk and Livermore, wheelchairs were provided to a long list of individuals waiting for assistance under a special government program for the disabled.

US partner David Mertes of Livermore's ValleyCare Health System contacted the Wheelchair Foundation in the spring of 2001 and arranged for them to provide 120 chairs free of charge, along with free transportation to any port city in Russia. The chairs, which are built to handle the rough terrain and conditions of rural areas, were shipped to Russia where the partners arranged for ground transportation to Snezhinsk, as well as their distribution on October 12, 2001. Normally, the Foundation charges a collaborating partner $150 per chair in addition to the cost of the ground transportation for delivery to a final destination, but from the very beginning, this shipment was different. All of the US partners — including Alameda County Public Health, Chabot Las Positas Community College, the City of Livermore, and ValleyCare Health System — were involved in arranging the shipment with the Russian government and setting up the delivery through the Foundation.

"The arrival and distribution of the wheelchairs were very high-profile events in Snezhinsk because they were recognized as a commemoration of activities between two cities that were — and still are — the home of nuclear weapons research and development institutes," Mertes says, noting that television and newspaper reporters from local agencies picked up on the story.

Handled as humanitarian aid provided by AIHA and the partners, the distribution was arranged by a seven-member committee formed at the City Department of Social Security to manage the dispatching and delivery of the chairs. This procedure allowed the Department to come up with an accurate count of those in need of wheelchairs. According to Mertes, the committee — comprised of representatives of various agencies and community groups in the city, including the newly-formed Snezhinsk Rotary Club — was specifically formed to develop policy for the distribution of the wheelchairs. It arranged for all of the necessary documents and maintained a list of recipients registered prior to the arrival of the shipment, along with the model number of the wheelchair assigned to each individual.

"Many disabled citizens came to get their donated wheelchairs during the distribution process, but a few chairs had to be delivered to some of the recipients who were unable to pick them up personally," Mertes says, adding that the partners initially faced a few difficulties, including getting the chairs through customs. "We maintained a sense of humor through it all, though, because we were determined to make the mission work. The wheelchair component added greatly to our project and was tremendously appreciated by the recipients. It also made our partnership more easily recognized throughout the community."

Dentistry

- Partners developed a dental hygiene prevention program in Snezhinsk schools and implemented a dental sealant program for school children. With the help of Livermore dental professionals, the Snezhinsk team worked to develop a training program on the benefits of good dental hygiene and preventive dental care for children, their parents, teachers, medical personnel, and pregnant women at the women's consultation clinic. The Livermore partners provided the information needed to create lectures and seminars and had fliers, questionnaires, and video materials translated.
- Snezhinsk partners reported that 208 children received dental sealants in 2001 and 377 received them during the first nine months of 2002. Partners continue to provide exams and apply sealants and conducted seven educational lectures on dental hygiene for children to approximately 318 parents and teachers.
- Partners conducted 64 school-based lectures and practical trainings on maintaining healthy teeth for some 1,231 children.
- Four local newspapers printed articles on the dental project and preventive maintenance of dental diseases. Two similar articles were published in the clinic's medical digest.

Infection Control

- Although infection control was no longer a specific objective during the last two years of the partnership, partners continued to address the lack of knowledge regarding proper infection control among medical staff. NIS partners received training on the correct techniques for handling medical waste and treating patients with infectious diseases.
- Snezhinsk medical staff attended a conference on disinfecting and sterilization, at the invitation of a specialist from the regional AIDS Prevention Center in Ekaterinburg.
- Staff at Central Medical Sanitary Unit No. 15 also conducted an assessment of their infection control knowledge and procedures. They concluded that there were several areas that still needed to be addressed, including the acquisition of packaging materials for waste disposal, sterilization of equipment, and annual training on effective techniques.

Community Mobilization

- Three community stakeholders from Snezhinsk participated in a four-day community development workshop conducted by AIHA in November 2001. Participants developed plans for new programs and/or changed business practices as part of the workshop. Within the year, a program titled "Our House, Our Courtyard" drafted during the workshop received funding from the municipal government and is being carried out throughout the city. Participants also conducted two peer education events on STI prevention among adolescents in February 2002.
- The local NGO psi-Soft, which was directed by one of the workshop participants, formulated and published its mission and goals for improving children's health and social support. Using the small group skills acquired at the workshop, working groups were formed at the city's department of education, resulting in two methodological publications for preschool teachers and psychologists.
- In September 2002, three Snezhinsk partners attended a smoking cessation conference in Moscow. They were introduced to a systematic approach to tobacco cessation through the instruction and practice of intervention techniques. Partners then created community-specific action plans for smoking cessation that would be implemented at Central Medical Sanitary Unit No. 15. It gave the partners the opportunity to work in small groups and brainstorm ideas for how to tackle smoking in Snezhinsk. Examples were presented for effective population based treatments, including clinical and community treatments.

14. St. Petersburg/Boston, Massachusetts (1999-2003)

US Partners: Harvard Medical International in collaboration with the Hospital Infection Prevention and Quality Assessment (INQUAL), the New England Chapter of the Association of Professionals in Infection Control and Epidemiology (APIC), and the Society of Healthcare Epidemiology of America, Inc. (SHEA) served as the lead US partners.

NIS Partners: The Department of Epidemiology at the St. Petersburg Medical Academy in the name of I.I. Mechnikov is a state-of-the-art training center providing basic and advanced infection control training to hospital epidemiologists, nurses, and clinicians in the Northwest region of Russia. The center is licensed by the Russian Ministries of Health and Education and serves as an epidemiological center of excellence, providing practical advice and expertise to infection control practitioners. In addition, the center serves as the model for other regional infection control training centers in Russia and Eurasia.

Partnership Objectives: The partnership's overall objective was to support and enhance the St. Petersburg Infection Control Training Center (ICTC) established in 1997 by AIHA, so that it could serve as a national and regional resource for hospital epidemiology and evidence-based medicine. In accordance with this objective, partners:

- Provided consultations for improved infection control policy based on evidence-based medicine;
- Coordinated a regional, hospital-based antibiotic surveillance program to evaluate antimicrobial use in hospitals and better focus hospital infection control measures to optimize antimicrobial use;
- Developed clinical practice guidelines to decrease rates of nosocomial infections; and
- Expanded and enhanced the ICTC training curriculum to include surgical site infection prophylaxis for surgeons and evidence-based medicine training for public health and clinic leaders.

Key Partnership Events and Achievements

Infection Control Policy and Legislation

- In 2000, partners developed protocols for introducing a system of infection control in a healthcare institution in accordance with the Committee on Health at the St. Petersburg Administration. They also developed guidelines on the accreditation of specialists in inpatient epidemiology, which were later adopted.
- In 2002, St. Petersburg partners were asked by the Russian Minister of Health to revise and update Prikaz No. 720, a policy first issued in 1978 to address infection control practices and surgical and wound infections. The Russian and US partners worked to develop and oversee the revision of this policy, which was later accepted by the Ministry of Health.
- Partners organized a taskforce in March 2002 to look at ways of refining the regulations for HAI prevention and perfecting the state sanitary-epidemiological norms in the area of preventing nosocomial infections. Members of the group included Ministry of Health representatives and other key stakeholders from Moscow and St. Petersburg, as well as colleagues from Belarus, Georgia, Kazakhstan, Ukraine, and the United States. The taskforce was authorized to develop evidence-based guidelines on sanitary norms and regulations, general principles of HAI prevention, SSI prophylaxis, and contra-epidemic regimes in hemodialysis units. Recommended guidelines developed by the taskforce work were approved by the Ministry of Health.
- In November 2002, partners took a lead role in meetings with representatives from the Ministry of Health, Committees of Health of Moscow and St. Petersburg, leading medical schools, regional hospitals, and the centers for state sanitary-epidemiological surveillance on refining the state sanitary-epidemiological regulations in the area of hospital-acquired infection prevention.

Surveillance

- St. Petersburg partners engaged in a study of peri-operative antibiotic prophylaxis. The St. Petersburg International Surgical Infections Working Group was formed to conduct the study and developed the nucleus of a system for surveillance of surgical site infections.
- Partners conducted the first ever study of the Hawthorne effect on improving hand hygiene.
- Partners investigated and successfully ended a cluster of klebsiella infections at a St. Petersburg Neonatal Intensive Care Unit.
- Partners conducted a study of Group B Streptococcal in 2003. Early neonatal mortality data in St. Petersburg was analyzed and laboratory staffs were trained in Group B Streptococcal identification methods.
- A WHONET site was established at a partnership hospital to assist the partners in identifying drug resistance and to encourage more prudent use of antibiotics. Active surveillance of antibiotic resistance was instituted in healthcare institutions throughout St. Petersburg and in major cities spanning Northwest Russia.

Selected Publications Jointly Developed by St. Petersburg/Boston Partners

"Development of a Russian Epidemiologist's Workstation Using Adapted Public Domain Software Tools." Abstract P-T1-51, Fourth Decennial Conference on Nosocomial and Health-care Associated Infections, CDC, Atlanta, March 4-9, 2000. American Journal of Infection Control 2000; 28[1]: 84.

"Challenges in Quality Improvement in Peri-Operative Antibiotic Prophylaxis in Russian Hospitals." Abstract P-M2-33, Fourth Decennial Conference on Nosocomial and Healthcare Associated Infections, CDC, Atlanta, March 4-9, 2000. *American Journal of Infection Control,* 2000; 28[1]: 93.

"Infections and Antibiotics in Surgical Practice: Results of Prospective Monitoring in Three Hospitals." *Journal of Clinical Microbiology and Antimicrobial Chemotherapy;* 2000; V. 2. Appendix 1; p 18.

"Recommendations on Hand Washing and Hand Treatment with Antiseptics: Gloves in the Infection Control System." St. Petersburg Infection Control Training Center, 2000.

"Incidence of Surgical Site Infections in St. Petersburg, Russia." Abstract 134]: Final Program of the 11th Annual Meeting of the Society for Healthcare Epidemiology of America, Toronto, Canada, April 1-3, 2001:68.

"Improving Quality: Assessment of Surgical Site Infection Incidence and Antibiotic Consumption at a Large Teaching Hospital in St. Petersburg, Russia." Abstract 159: Final Program of the 11th Annual Meeting of the Society for Healthcare Epidemiology of America, Toronto, Canada, April 1-3, 2001:74.

"Serial Point-prevalence Studies (PPSs) of Surgical Infections (SSIs) in the Republic of Georgia." Abstract 191; Final Program of the 11th Annual Meeting of the Society for Healthcare Epidemiology of America, Toronto, Canada, April 1-3, 2001:81.

"Analysis of Etiology of Colonization and Antimicrobial Resistance of the Cultures Isolated from Neonates upon their Admission to an Intensive Care Unit." *Attainments of Domestic Epidemiology in the 21st Century: Glance at the Future*; papers of a scientific conference with international participation held November 15-16, 2001, St. Petersburg, p. 296.

"Antibiotic Usage and Antimicrobial Resistance in a Neonatal Intensive Care Unit in the Former Soviet Union." Abstract K-1238; Abstracts of the 41st Interscience Conference on Antimicrobial Agents and Chemotherapy, Chicago, September and December 2001:419.

"Antibiotic Usage in Surgery in a Russian Hospital." Abstract K-1201; Abstracts of the 41st Interscience Conference on Antimicrobial Agents and Chemotherapy, Chicago, September and December 2001:410.

"Evaluating Hospital-wide Antimicrobial Use with Serial Point-prevalence Studies." Abstract 5; Final Program of the 12th Annual Meeting of the Society for Healthcare Epidemiology of America, Salt Lake City, Utah, April 6-9, 2002:42.

"Introduction of Modern Infection Control in a Tertiary Care Neonatal Intensive Care Unit in Russia." Abstract 30; Final Program of the 12th Annual Meeting of the Society for Healthcare Epidemiology of America, Salt Lake City, Utah, April 6-9, 2002:48.

"Incidence of Surgical Site Infection in Tbilisi, Georgia." Abstract 127; Final Program of the 12th Annual Meeting of the Society for Healthcare Epidemiology of America, Salt Lake City, Utah, April 6-9, 2002:71.

"Incidence of Surgical Site Infections and Antibiotic Usage in Pediatric Surgery at a Tertiary Care Hospital in St.Petersburg, Russia." Abstract 161; Final Program of the 12th Annual Meeting of the Society for Healthcare Epidemiology of America, Salt Lake City, Utah, April 6-9, 2002:79.

Partners provide ongoing training on systems of surveillance and the use of the WHONET database and all data is forwarded to Mechnikov Academy for analysis.

- Partners participated in the CDC-sponsored Decennial Conference on International Nosocomial and Healthcare Associated Infections conference and presented three posters.
- In collaboration with colleagues from the AIHA ICTC in Tbilisi, Georgia, partners conducted the first serial point-prevalence study of antibiotic usage. The study was later repeated in Ukraine. Partners presented the study results and their Prikaz work at the meeting of the Society for Healthcare Epidemiology of America (SHEA) in April 2002.
- Partners developed a peri-operative antibiotic prophylaxis (PAP) of surgical site infection protocol, which was implemented at local pediatric wards.
- Partners analyzed the rate of isolating the antibiotic resistant strains from NICU patients before and after the adoption of infection control measures.
- Epidemiological surveillance was initiated on the surgical unit including, but not limited to, monitoring the strains resistant to antimicrobials. Partners also provided recommendations on how to prevent infections of the lower respiratory airways, blood borne infections, and surgical site infections and guidelines on isolation precautions. Instituting these guidelines led to a two-fold reduction of the proportion of the Gentamicin resistant strains isolated from patients; the reduction reduced the use of reserve antibiotics.

Training and Capacity Development

- Partners developed a CD-ROM, "The Hospital Epidemiologist's Workstation," containing the most recent versions of Epi-INFO and WHONET software translated into Russian, as well as surgical site infection studies and updated infection control guidelines published by APIC.
- In December 2001, partners conducted a 10-day workshop on Clinical Epidemiology and Evidence-based Medicine in St. Petersburg for 19 Russian primary healthcare partners, five partners from the St. Petersburg ICTC, and five other interested parties from St. Petersburg.
- Partners routinely conducted basic and advanced infection control courses for the hospitals located in the Northwest Region of Russia. They developed more than 20 separate training courses with the assistance of their US partners on a broad range of infection control, prevention, and monitoring topics for epidemiologists, physicians, nurses, lab professionals, policymakers, and other allied healthcare workers.
- ICTC specialists provided technical assistance to maternity hospitals in Perm for a USAID/JSI-WIN project. Their joint work culminated in an infection control conference for Perm maternity facilities in March 2003.
- The St. Petersburg partners, in cooperation with the Mechnikov Medical Academy, the Russian Ministry of Health, and the Goldsmith Foundation of New York, hosted the Third International Russian Applied Research Conference in September 2003. Nearly 400 Russian infection control specialists and policymakers attended the conference, which was designed to explore challenges in the area of epidemiology and prevention of nosocomial infections in Russia. The conference also directed attention to the growing HIV/AIDS epidemic in the region and its impact on the general population, as well as healthcare providers. Four US experts made presentations on the treatment of HIV/AIDS, mother-to-child transmission of HIV, and addressing HIV infection in community practice.
- ICTC staff regularly provide consultation on the issues of infection control to the majority of hospitals in St. Petersburg and other regions of Russia, as well as clinicians and policymakers from Belarus, Georgia, Kazakhstan, Kyrgyzstan, and Ukraine.
- The St. Petersburg and US partners contributed significantly to publication of AIHA's 2nd Edition of the Infection Control Manual. Available in both Russian and English, this manual contributes greatly to the sustainability of progress made by the AIHA partnerships and ICTCs in preventing and controlling hospital-based infections.

15. St. Petersburg/New Haven, Connecticut (2004-2008)

US Partners: Yale University School of Medicine served as the lead US institution. The partnership consortium included the Yale Center for Interdisciplinary Research on AIDS (CIRA), the Yale AIDS Care Program,

Yale-New Haven Hospital, Nathan Smith Clinic, and the Connecticut Department of Public Health, as well as Hispanos Unidos and other area community and faith-based groups.

NIS Partners: The St. Petersburg City AIDS Control Center was the lead partner institution; the St. Petersburg Health Committee, the Botkin Clinical Hospital, and the Russian Federal Center also collaborated.

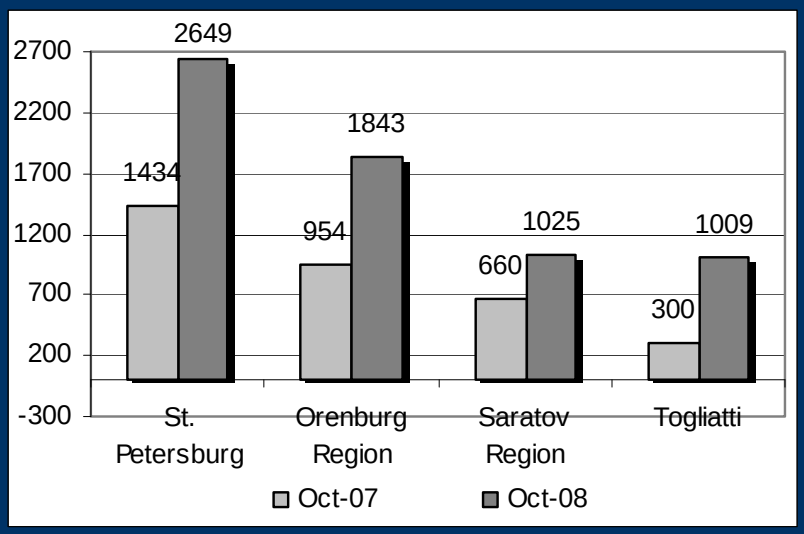
Partnership Objectives: The overall goal of the partnership was to create replicable and integrated models of care and treatment for PLWH by establishing systems and processes to address human and organizational capacity needs related to providing high-quality HIV/AIDS care and treatment services. To achieve these objectives, partners:

- Increased the knowledge and skills of physicians and nurses from the Krasnogvardeisky District and the St. Petersburg Municipal AIDS Center;
- Improved the comfort level among healthcare professionals in providing care to patients with HIV or AIDS;
- Increased the involvement of PLWH in the provision of HIV/AIDS treatment, care, and support; and
- Improved communications and information systems related to HIV/AIDS care among health institutions in the Krasnogvardeisky District and between district and city AIDS Centers.

Key Partnership Events and Achievements

- St. Petersburg and Krasnogvardeisky District partners participated in exchange visits to New Haven where they were trained on methods of treating IDUs. They visited substance abuse treatment clinics, rode with the Community Healthcare Van, and observed Narcotics Anonymous meetings. The Russian partners also received training on nursing in HIV care, ART regimens, treatment of Hepatitis C and HIV co-infection, TB and HIV co-infection, care and case management of HIV-infected IDUs, and research activities in an HIV/AIDS clinical setting.
- The New Haven partners participated in numerous exchange trips to St. Petersburg. The US partners shadowed the Russian physicians to assess the quality and process of care provided to HIV patients, as well as training needs of Russian care providers. In addition, US partners conducted focus groups for care providers to assess the current attitudes towards PLWH and IDUs and the perceived risk of occupational exposure.
- Partners developed training curricula for physicians and nurses on HIV/AIDS treatment, care, and support; substance abuse and addiction medicine; HIV and Hepatitis C co-infection; and the prevention of occupational exposure and post-exposure prophylaxis.
- Partners created a brochure titled, “Information for You and the People You Know,” which provides general HIV/AIDS information regarding transmission, protection, diagnosis, anonymous testing, and local contact information for HIV/AIDS services. In addition, a booklet titled, “My Health, My Rights, and My Opportunities,” was created for PLWH to provide more in-depth information on where to receive treatment, medications and possible side effects, the importance of adherence, characteristics of HIV progression, and AIDS and social services available to them and their family and friends.
- HIV/AIDS information booths were placed in four locations throughout Krasnogvardeisky District to provide current information related to HIV/AIDS. These booths also offer community members the ability to communicate anonymously with healthcare providers through a question box; answers are then publicly posted as a way to raise awareness among the general population.
- Ongoing monthly meetings between infectious disease specialists in Krasnogvardeisky District and the AIDS Center were established. Data reviewed during these meetings indicated that approximately 38.9 percent of all people newly detected with HIV in the district went to the AIDS Center for confirmatory testing.
- Partners trained and mentored specialized AIDS Center teams in the provision of high quality HIV care, including ART, PMTCT, palliative care, and HIV-TB services. Intensive clinical mentoring was provided during US partner exchange visits, primarily on the topics of adult ART, pediatric ART, and TB-HIV.
- With the support of US partners, ART adherence strategies were discussed and several recommendations were developed and new methods for maintaining adherence were implemented through working groups in St. Petersburg.

Provision of ART at Selected Sites in Russia: 2007-2008



Over four years, AIHA initiatives strengthened both the quality of services offered through AIDS Centers and the institutional expertise at St. Petersburg project sites. Access to ART in St. Petersburg continues to improve. Since September 2007, the number of patients on ART increased to 2,649 including 259 patients that initiated ART in the last quarter of fiscal year 2008. This chart shows the increase in number of people on ART in St. Petersburg compared to other oblasts participating in AIHA's USAID-supported HIV/AIDS treatment, care, and support projects in Russia.

- Partners developed a questionnaire to assess patient willingness and inclination to start ART, which is now being used at the City AIDS Center.
- Partners developed and distributed guidelines and recommendations on adherence strategies.
- Partners trained infectious disease physicians working in primary care polyclinics at the project sites in the management of ART for adult patients. These clinicians are currently undergoing additional on-the-job training through mentoring by experienced care providers from AIDS Centers and the US partners.
- Partners developed, adapted, and integrated quality assurance tools — including HIV Patient Chart Audits, HIV Patient Satisfaction Surveys, and the PMTCT monitoring database — which are used regularly at project sites.
- Partners developed a training course on stigma and discrimination for community-based institutions such as primary care facilities, social service organizations, and other non-HIV-specialty institutions that is used continuously with the active engagement of medical education institutions in St. Petersburg.
- Partners implemented a social case management system that links medical and social services. They provided extensive training and on-the-job mentoring to facilitate the new processes and developed guidelines for implementation of the case management system based on this experience.
- A number of specialized training curricula in HIV/AIDS subjects were integrated into professional medical education through regional medical education institutions, including Adult ART training, the PMTCT curriculum, the TB/HIV curriculum and Palliative Care training, as well as specialized Pediatric ART Training.
- Partners established HIV/AIDS Information Resource Centers at the AIDS Center in St. Petersburg to facilitate access to evidence-based information on HIV/AIDS care and treatment to faculty, doctors, nurses, social workers, NGO staff, and PLWH and their families.

16. Tomsk/Bemidji, Minnesota (2001-2004)

US Partners: The North Country Coalition – which included North Country Health Services, Bemidji State University, Beltrami Area Service Collaborative, Cass Lake Health Service Indian Hospital, Bemidji MeritCare, Beltrami County Nursing Service, the Headwaters Regional Development Commission, and the Rural Physician Associate Program – served as the lead institution for the partnership.

NIS Partners: The Tomsk Oblast Administration was the lead Russian institution for the partnership.

Partnership Objectives: The overall objective of the partnership was to create a model for primary healthcare delivery in the Tomsk Rayon that could be successfully replicated throughout Tomsk Oblast. To accomplish this, partners:

- Promoted community involvement in health by establishing the Svetly Community Health Education Center;
- Implemented modern infection control practices to reduce nosocomial infections at the Central Rayon Hospital through a series of assessment, training, and monitoring activities;
- Expanded evidence-based clinical practices by training physicians and mid-level health personnel in the use of information and communications technologies made available through the partnership's Learning Resource Center;
- Increased citizen access to primary healthcare services at family health clinics;
- Identified and developed 15 nurse leaders as leaders and mentors capable of training their colleagues and introducing a broader scope of practice for nursing professionals; and
- Improved evidence-based practices in the area of cardiovascular health through increased screening for hypertension at the Central Rayon Polyclinic and improved control of blood pressure among hypertension patients.

Key Partnership Events and Achievements

Primary Healthcare

- Partners celebrated the opening of the Family Health Clinic in Kislovka in March 2002. The event was given significant attention by the local media. A second Family Health Clinic was opened in Zonalny in 2003.
- The Svetly Community Health Education Center was established in 2001. Center staff conducted 82 health promotion activities that were attended by 1,580 people in 2003. The following year, they conducted 64 activities that reached a total of 874 people. The Svetly Community Health Center submitted documents to register as a NGO.
- In 2004, partners established two other Community Health Education Centers in Asino and Molchanova as part of the project dissemination efforts. They conducted a health fair at the Asino center in June of that year and nearly 1,500 people attended.
- Tomsk partners organized two more successful health fairs — one in Svetly in June 2002, which attracted some 400 of the town's 7,000 residents, and another at a secondary school in Oktyabrskoe in September 2003, which was attended by nearly 500 of the village's 2,000 residents.
- The Kislovka and Zonalny Family Health Clinics in Tomsk were utilized as clinical training sites for new family medicine medical students at the Tomsk Medical University.
- The Kislovka Family Health Clinic has collected clinic utilization rates by age, gender and diagnosis since January 2002 as a result of learning the importance of this data from the US partners.
- A family health physician at the Kislovka Clinic worked with focus groups to determine healthcare service priorities for the local community and, as a result, recommended new working hours for the clinic.
- Members of a Family Health team and healthcare providers completed the development of clinical training modules. Partners also worked on clinical and administrative education and training in family practice and the delivery of rural healthcare.
- Equipment for the second family health clinic in Zonalny was purchased in Russia with partnership funds. Medical professionals from Zonalny, together with their colleagues from Kislovka, attended training in the use of the EKG machine, hematocrite centrifuge, and electric microscope.

Nursing Care

- As a result of the nurse training the partners conducted, the Central Rayon Hospital in Tomsk signed an agreement with the Tomsk Nursing College to provide a clinical practice site for nursing students from Tomsk.
- Partners helped form a nursing association — with 23 initial members — in Tomsk Rayon and registered it with the Oblast. Two nurses from the Svetly Polyclinic were assigned leadership roles.
- The chief nurse of Timiryazevo Rayon developed a survey on nursing reform based on methods learned

during AIHA's community development workshop in 2001. The nurse collected 200 surveys from nurses in Timiryazevo and the results reflected that nurses did not feel they are being utilized appropriately and that the biggest barriers to advancement for nurses are financial, lack of initiative, oppression, and lack of information.

- Approximately 40 participants, including faculty from the Medical University Nursing Department, attended a presentation by a US family nurse practitioner on oppression and challenges in nursing in the United States; US and Russian participants later engaged in roundtable discussions.
- In November 2002, nurses from Central Rayon Hospital began an asthma school for pediatric patients and a hypertension school. The nurses run the school and conduct the classes; student nurses also work in the schools.
- During their 2002 trip to Tomsk, US partners conducted a leadership workshop for Tomsk Rayon nurses. The nurses learned about quality improvement methods, communication, and facilitation of team development. They also practiced brainstorming, how to write a mission statement, and flowchart processes.
- In December 2003, nurses from Tomsk Rayon conducted a seminar for colleagues throughout Tomsk Oblast to facilitate establishment of a Council of Head Nurses for the region.
- A nurse with higher nursing education was made the full-time director of the Community Health Education Center based at Molchanovo Central Rayon Hospital.

Hypertension

- Partners developed assessment tools for hypertension screening.
- After receiving training in Bemidji, a physician from the Tymiryazevo Clinic conducted a medical record audit on assessing cardiovascular risk factor prevalence and treatment. The prevalence of diagnosed hypertension was 44 percent; undiagnosed hypertension was 7 percent; and 8 percent of patients were not screened. The audit results and an overview of the continuous quality improvement process were presented to the therapeutic medical staff and selected Rayon clinical staff in May 2002.
- A second systematic random audit of 100 charts from the same practice was conducted in September 2003. Compared with the baseline audit from the previous year, hypertension screening only increased 3 percent — from 92 to 95 percent — but the rate of undiagnosed hypertension was reduced from 7 percent to 2 percent of the general population.
- Other patient care indicators obtained from the second audit showed very positive improvements in care including an annual increase in cholesterol screening of 22 percent; annual diabetes screening increased by 12 percent; height and weight screening increased by 21 percent; and smoking history screening increased by 13 percent.
- US partners presented on the benefits of treating mild hypertension and the use of aspirin therapy to prevent myocardial infarctions to a group of 20 physicians at Timiryazevo Hospital.
- Of the 92 patients with hypertension who had been monitoring their blood pressure every month, 49 were able to maintain a level of 140/90 mmHg, which represented a 53 percent success rate.
- The Tomsk partners conducted a clinical practice review of the treatment of hypertension in breastfeeding mothers.

Maternal and Child Health

- US partners conducted a training of trainers course on neonatal resuscitation. Three regional certified trainers taught six individuals in the Tomsk Rayon to become trainers for their community healthcare providers who attend deliveries. Courses continue to be provided to nurses at the Central Rayon Hospital.
- A complete set of neonatal resuscitation equipment was purchased by North Country Regional Hospital in Bemidji and sent to Tomsk.
- As a result of the partnership, all relevant medical personnel in Tomsk Rayon Medical facilities have been trained in neonatal resuscitation thereby contributing to proper care for newborns at area medical facilities.
- Partners led a roundtable discussion with pediatricians and maternal child nurses from Tomsk. Bemidji partners distributed informational materials on promoting breastfeeding and breastfeeding supplies to local healthcare professionals.
- According to data from the Community Health Education Center in Svetly, 93 percent of mothers initiated breastfeeding in July and August 2002, representing 74 out of 79 births in the Rayon in July and 64 out of 69

Public Outreach Sparks a Healthcare Revolution in Tomsk Oblast

Yuri Sukhikh, chief physician of Tomsk Central Rayon Hospital, is quick to point out that more than a decade of economic transition in Russia and subsequent decentralization of healthcare financing have led to greater burdens being placed on local health authorities. “In the past, patient education was handled by state-run institutions, but this model is now untenable. The government does not have funds to take care of educating patients on healthy lifestyle choices and we can’t afford to stand idly by waiting for their help,” says the Tomsk/Bemidji partner.

“Before becoming involved with our AIHA partnership, patient education and outreach in the region left much to be desired. Through our collaboration, though, we learned new approaches to this almost forgotten art,” Sukhikh says, explaining how he and his colleagues from Tomsk witnessed many of these approaches first-hand during exchanges in Bemidji. There, US partners at the North Country Coalition encouraged their Russian counterparts to look for ways to promote healthier lifestyle choices back home in Russia.

“When our Tomsk partners came to Bemidji, we introduced them to a number of community groups to expose them to the education and outreach process. The Beltrami County Nursing Service and the Area Service Collaborative have very effective community-based programming and we hoped our partners would begin to realize that these types of programs could also work for them,” explains US partnership coordinator Mary Thompson, a professional nurse and director of clinical safety, infection control, and risk management at North Country Regional Hospital.

While their interest may have been piqued by what they saw in Bemidji, many of the Russian partners remained skeptical that such an approach would work in Tomsk. “When we first started working with our American partners, we didn’t think that what we saw in the United States would work well in our own community,” admits Olga Kayalova, deputy chief physician at Svetly Rayon Polyclinic in Tomsk Oblast. “As a doctor myself, I can tell you that physicians are not always easy to deal with,” she says with a laugh, explaining that change can be a bitter pill to swallow.

Russian nurses provide blood pressure screenings and offer advice on hypertension control at the June 2002 health fair partners conducted in Svetly.

Concurring that many of his colleagues in Tomsk were unconvinced that the outreach programs would be effective in their communities, Sukhikh says, “With the image of a Soviet-style lecturer mumbling boring phrases from a rostrum fresh in everyone’s minds, our healthcare professionals unanimously agreed that preaching healthy lifestyles in this manner would fail miserably.” But this method was not at all what the US partners had in mind.

“Our Tomsk partners expressed initial concern that the public wouldn’t be interested in these types of programs,” Thompson acknowledges, noting that she and her colleagues in Bemidji arranged meetings for their Russian colleagues with people in Minnesota who had benefited from their involvement with support groups and other patient education methods. Two of these groups — a breastfeeding support network and a cancer group made up entirely of concerned patients and family members — were particularly effective examples of how a community can embrace outreach programs. “The visits with these people seemed to have the most significant impact on the clinicians from Tomsk,” Thompson recalls, explaining that the meetings helped set the course for the partners’ future endeavors.

“During an exchange in Bemidji, we worked together with the US partners to plan our very first health fair, to be held in Svetly in June 2002,” Kayalova says. “A decision was made there that struck many of the doctors as quite unusual: the nurses and midwives were put in charge of conducting the event,” she continues, explaining that — historically—nurses in Russia were given little if any autonomy. “Our nurses and mid-level professionals embraced the idea from the very beginning and they showed us that they have enormous potential. For me, this was an eye-opening discovery. They did a wonderful job!”

Sukhikh wholeheartedly agrees that this health fair — and others that followed — were hugely successful, although he acknowledges that the partners were more than a little nervous on the day of the event. “In the morning, the only people there were a flock of curious school children who always like being in the thick of things no matter what is going on,” he says with a laugh. “By the afternoon, though, their fathers and mothers started approaching us with various health-related concerns and requests and, by the end of the day, we had seen almost 400 people and distributed some 6,000 pamphlets and brochures on topics ranging from depression, smoking cessation, and alcohol abuse to hypertension, osteoporosis, contraception, and more.”

births in August.

- Of 71 women who delivered in the Tomsk Rayon in October 2001, 69 initiated breastfeeding. In November, of 57 who delivered, 56 initiated breastfeeding. The Tomsk partners reported that the percentage of women who breastfeed for at least six months was 32 percent at that time.
- Partners developed and distributed breastfeeding posters and patient education fliers throughout the community.

Infection Control

- After receiving training from the US partners, Tomsk nurses began to provide training in basic infection control techniques to other healthcare workers. The training included a computerized program with a test for the trainees. These nurses also implemented surveillance techniques including chart reviews and developed a database. Head nurses of the hospital and the polyclinic collected and analyzed data about nosocomial infections with a focus on surgical site infections, nosocomial pneumonias, and urinary tract infections.
- The Russian partners made substantial progress in decreasing nosocomial infections by instituting a hand hygiene program in their facilities.
- In 2002, two nurses from Tymiryazevo Rayon Hospital completed a survey of 52 Tomsk Rayon feldshers on knowledge of proper infection control practices. After the survey, the nurses provided training on infection control practices.
- The Russian partners changed several routine infection control procedures as a result of their partnership. These included replacing hard brushes and disinfectant for hand-washing with an antiseptic hand gel. They no longer require nurses to manually clean needles before disposal.
- Nosocomial infections were reduced by 5 percent in 2003. According to Sanitary Epidemic Center data, in 2001-2002, 1,460 patients were treated in the surgical department and nosocomial infections were diagnosed in 118 cases, representing an 8 percent rate of infection. In 2002-2003, 1,500 patients were treated and nosocomial infections were diagnosed in 45 cases, representing a 3 percent rate of infection.
- At the close of the partnership, 87 percent of the nurses were trained in modern infection control practices.

Information and Communications Technology

- The Learning Resource Center at the Central Rayon Hospital conducted an open house for members of the Tomsk district community in 2002.
- LRC staff trained 82 medical professionals in the use of information and communications technologies available at the center.
- In August 2002, two partners from Bemidji evaluated the potential for developing a long distance computer-based educational program. They visited sites in Kislovka, Svetly, and Tymiryazevo that have established LRCs, as well as four colleges and universities and a large Oblast Hospital in Tomsk, to evaluate their computer capabilities. They found that the three LRCs were the most advanced and best utilized of the eight facilities they visited.
- A new computer, printer, scanner, and copy-machine were purchased for the family medicine clinic in Kislovka. The medical director of the clinic uses the computer to provide training to staff physicians and nurses on how to perform research about new treatment techniques and communicate more effectively with other physicians. Clinic personnel also worked on the development of patient databases and on processing data generated from population surveys on general practice and health related issues.
- In collaboration with staff at the Center for Evidence-based Medicine at Siberian State Medical University, LRC staff at the Central Rayon Hospital in Tomsk organized 13 evidence-based practice workshops for healthcare professionals in Tomsk Oblast. They conducted five workshops at the main LRC and eight other seminars at the “mini LRCs” in the villages of Loskutovo, Oktyabrysky, and Svetly.

2004 Sustainability Grant

In November 2004, USAID awarded the Tomsk partners with a sustainability grant to replicate the community health education center and breastfeeding education program models at three additional sites in Tomsk Oblast. Partners also replicated the neonatal resuscitation program and the hypertension guideline and chart audit program at one other location. They conducted a Best Practices Conference in February 2004 that was

attended by more than 100 healthcare professionals.

17. Volgograd/Little Rock (1998-1999)

US Partners: University of Arkansas for Medical Sciences (UAMS) is the only graduate health science institution in the state of Arkansas. Developed in the 19th Century from the merger of a proprietary and a public school, UAMS occupies three campuses in Arkansas's capital of Little Rock. With 15 percent of its budget from state funds, UAMS generates much of its own support from patient care, which includes tertiary as well as primary care. It boasts unique resources in subspecialties of cancer therapy, pediatrics, geriatrics, and tuberculosis treatment. In 1993, UAMS established an affiliation with the Volgograd State Medical Academy in order to train family practice physicians according to the successful 20-year-old model of family medicine residency programs of UAMS.

NIS Partners: Located in Volgograd, Russia, now a municipality of 1.2 million people, in the oblast of the same name, the predecessor of the Volgograd State Medical Academy (VSMA) was founded in 1935 and graduated its first physicians in 1940. Its facilities were ruined in the Battle of Stalingrad in World War II, but it recommenced operation in 1943. Since 1962, many foreign students have trained there and, in 1993, it was granted the status of "Academy." Basic research and academic programs in medical sciences leading to doctoral degrees are conducted. The Academy also trains allied health workers. In addition, a large part of medical care in the oblast, including tuberculosis treatment, is directed by the Academy.

Partnership Objectives: The overall objective of the partnership was to improve tuberculosis control and the delivery of related services in Volgograd through introduction of current evidence-based practices. To accomplish this objective, partners:

- Demonstrated current clinical therapy, best practices, and standards of technology for screening and tracing TB infections on a panel of Volgograd TB patients;
- Provided long-term training opportunities for two Volgograd TB experts at UAMS;
- Conducted onsite training for 30 physicians practicing in special TB hospitals in Volgograd;
- Incorporated current TB control measures into VSMA curricula for physicians training in family medicine, infectious disease, and other specialties;
- Initiated development of a regional reference TB laboratory in Volgograd to test specimens from the oblast for M. tuberculosis, perform drug susceptibility tests, set standards for other laboratories in the oblast, and train their technicians;
- Provide intensive training in the US of two VSMA tuberculosis scientists to develop competencies in laboratory research, procedures, and operations, as well as familiarize them with the most up-to-date tuberculosis literature and scientific data; and
- Assisted Volgograd Oblast in developing plans for adoption of current TB therapy in region.

Key Partnership Events and Achievements

Tuberculosis Control and Treatment

- US partners conducted a series of lectures for some 60 Russian physicians on tuberculosis treatment and control programs at the Regional Tuberculosis Dispensary in Volgograd in June 1998.
- Two VSMA physicians took part in six-month fellowships in Arkansas — one studied epidemiology and surveillance at the Arkansas Department of Health and the other studied laboratory methods at UAMS and affiliated institutions.
- In November 1998, five US partners and three other international authorities participated in the first Russian-American TB Conference at Volgograd State Medical Academy, along with the two Russian physicians who had just returned from their extended training in Arkansas.
- A referral by a National Institute of Health official led to an agreement with a group at SUNY Albany and

the New York State Health Department (NYSHD) for a grant to educate VSMA physicians.

- Partners implemented modern evidence-based methods for collecting, handling, and testing specimens, along with laboratory quality-assurance and data management protocols, which were taught at the Volgograd State Medical Academy.
- Partners revised VSMA laboratory procedures to improve effectiveness of testing methods and analysis of data in the absence of modernized equipment. They also conducted a survey of laboratory capacities, volumes, and methods to supply necessary data for planning the reference laboratory.
- The Volgograd State Medical Academy laboratory initiated quality assurance procedures, safety measures, and laboratory methods to the extent possible within resource constraints.
- Partners continued strategic planning for future development of a poison control center in Volgograd, as well as related training in toxicology and environmental health.
- One laboratory specialist became sufficiently conversant in English to interact effectively with international and US peers. Another became proficient in English communications in the laboratory.
- Partners at Volgograd State Medical Academy linked with Russian TB experts at the Central TB Research Institute, as well as international experts at CDC, NIH, and WHO.
- An Arkansas Department of Health TB epidemiologist lectured at Volgograd State Medical Academy and interviewed candidates for future study in Arkansas. In Moscow he discussed project coordination with officials from USAID and WHO, as well as TB experts at the Central Tuberculosis Research Institute and with a TB epidemiologist at the Research Institute of Phthysiopulmonology.
- In December 1998, partners began preparations for submitting a request to NIH for training in HIV/AIDS and TB and, in June 1999, application for NIH supplemental funds for the education of two Volgograd physicians at UAMS and ADH was made.
- In January 1999, AIHA provided partners with a limited grant to sustain the partnership by building upon their previous accomplishments in targeted areas. This award supported additional professional development of two laboratory specialists through the study of safe handling of TB specimens, quality control, identification of positive M. tuberculosis, and drug sensitivity in Arkansas.
- In December 1999, partners met with the Russia's Minister of Health in Moscow regarding the Volgograd tuberculosis project.
- Partners sustained their activities in 2000-2001 without additional AIHA funding, including providing an additional six-month internship focusing on epidemiology and statistics in Arkansas for one of the first Volgograd physicians who trained there; conducting the second Russian-American Tuberculosis Conference at Volgograd State Medical Academy in November 2000 and the third in June 2001; and arranging for continued funding under the NIH program in Albany.

18. Volgograd/Little Rock (2001-2005)

US Partners: The University of Arkansas for Medical Sciences (UAMS) Regional Programs served as the lead US partner. Seven UAMS Area Health Education Centers (AHECs), the Arkansas Department of Health and Human Services, the Lowell Medical Center, the Arkansas Academy of Family Physicians, the Arkansas Foundation for Medical Care, the Rogers Family Practice and Occupational Medicine Clinic, the Arkansas Farm Bureau, and the UAMS Department of Obstetrics and Gynecology also participated in the partnership.

NIS Partners: Volgograd Medical University (VMU) served as the lead Russian institution; the Volgograd and Volzhiskiy city health departments also collaborated with the partners.

Partnership Objectives: The initial objective of the partnership was to strengthen the provision of primary care and family medicine services in Volgograd and its environs. In 2004-2005, the partners also received funding earmarked for making improvements in family planning and reproductive health available to the local population. In keeping with these objectives, partners:

- Developed curricula in family medicine that was implemented at Volgograd Medical University to train

clinicians in the provision of comprehensive, high quality primary care;

- Opened a model Family Medicine Center in Volgograd, as well as satellite replication sites in the region;
- Established a Poison Control Center in response to community needs;
- Developed a number of clinical practice guidelines to ensure high quality care and optimal utilization of scarce resources; and
- Implemented new and expanded programs in reproductive health and family planning.

Key Partnership Events and Achievements

Primary Healthcare and Family Medicine

- Through the partnership, the Family Medicine Department at Volgograd Medical University grew from three residents in 1995 to 25 residents in 2003. Partners trained 17 of these residents and 15 of them participated in three-month residencies at various Arkansas hospitals. Demand for the trained residents was high because of a strong interest in replicating family medicine training programs throughout the oblast.
- Partners developed a new curriculum for VMU's Family Medicine Department at VMU.
- US partners contributed greatly to the expansion of an existing multi-specialty medical clinic that was opened in Volgograd in 1993, providing medical education for many family physician residents and assisting with the reorganization of medical education to include family medicine. During a ceremony in September 2001, the facility was renamed the Russian-American Family Medicine Center. Two residents who trained in Arkansas practice at the clinic and other family practice residents intern there. The center director also received advanced training in clinic practice management at an Arkansas primary care clinic. Using the skills and knowledge he gained through the partnership, he assists with the training of others and teaches courses on business practices at VMU.
- US partners worked with VMU family medicine faculty, practicing physicians, and residents to create standards for conducting patient examinations. These standards include health issues specific to women that

USAID-supported Partnership Opens Family Medicine Center in Volgograd

AIHA's Volgograd/Little Rock partners opened the Russian-American Family Medicine Center September 3, 2001, making high quality primary care, health promotion, and disease prevention services easily accessible to men, women, and children in the small Russian community of Volgograd.

Alexander Spasov (left), director of International Programs at Volgograd State Medical Academy, and Charles O. Cranford, vice chancellor of the University of Arkansas for Medical Sciences, officiate the ribbon-cutting ceremony at the opening of the Russian-American Family Medicine Center.

Staff at the Family Medicine Center — which is located in the Volgograd Business Center Building — were trained through various partnership exchanges and ongoing continuing medical education activities for practicing physicians and medical residents facilitated by partners at the Volgograd State Medical Academy and the University of Arkansas for Medical Sciences.

"Family and specialty medicine work best when they adopt collaborating roles to provide optimum care for patients," UAMS Vice Chancellor Charles Cranford said during the opening ceremony. "The University of Arkansas for Medical Sciences is proud to have been given the opportunity to work with Volgograd Medical Academy on community-based healthcare issues, and to participate in healthcare reforms in Russia."

had not been covered previously. Responsibilities of primary care nurses and procedures for recording patient histories were also developed. The Volgograd partners incorporated the specific patient exam skills, clinic management, and interdisciplinary techniques into their practices.

- In March 2002, partners hosted a two-day conference on “The Role of the Primary Care Provider in Tuberculosis Treatment and Prevention,” which was attended by more than 100 healthcare professionals from Volgograd and other AIHA Russian communities. An article in *Medicine*, Volgograd’s medical newspaper, reported on the event and a local TV broadcast featured the US partners visiting with the mayor of Volgograd.
- During a 2002 exchange visit to Little Rock, a Volgograd partner reviewed the methods used by Arkansas medical establishments and professionals to communicate current medical information and physician standards. The Russian, who was a co-founder and editor of a new Russian professional health promotion publication for primary care, incorporated what he learned on medical information communication in his own publishing.
- In April 2002, VMU residents who trained in Arkansas conducted a workshop on the principles of management utilized in US family practice clinics for some 20 participants.
- Nurses in Volgograd expanded their responsibilities based on the medical model observed in Arkansas; specifically nurses in family practice clinics have taken on a greater role in patient education.
- Volgograd partners reported that there is great demand for VMU residents to work at other primary care locations throughout the oblast. Residents were assigned to these locations to increase the level of primary care services offered. The US and Russian partners participated in discussions with city health directors, hospital medical directors, and physicians to explore opportunities for replicating the partnership's achievements in physician training at other clinics that are prepared to include family medicine as a service.
- The VMU Family Medicine Department hosted four medical conferences between October and December 2003. Conference subjects included the diagnosis and treatment of hepatic diseases, treatment of depression at general practices, heartbeat disorders, and the usage of diuretics in hypertension treatment.
- The Volgograd partners identified a second site at which to establish a primary care clinic that would use the same model of care as the Russian-American Family Medicine Center. The building, not previously used for a medical practice, needed extensive repair and renovation. US Partners purchased four family medicine kits — one for each of the new facility’s exam rooms — and trained local staff on use of the medical instruments.
- Volgograd partners worked to establish a relationship between the Volgograd City Health Administration and VMU in order to promote the services that would be provided by the renovated clinic.
- A delegation of American World War II veterans traveled to Volgograd in 2003 to celebrate the 60th anniversary of the Battle of Stalingrad and to participate in the civic ceremonies of Victory Day. The ceremonies were widely covered by the media and included interviews regarding partnership objectives and sponsors. American and Russian veterans attended the anniversary reception and met with the governor of Volgograd.
- Volgograd Medical University added a College of Nursing in 2003 to provide advanced degrees in nursing specialties, including family medicine. Its curriculum is modeled after Western nursing curricula and was reviewed with the US partners in September 2002.
- In March 2004, partners conducted an employee health fair at the Volzhskiy Hydro Electric Plant, one of the largest employers in the region. In addition to health screenings, employees had the opportunity to participate in special programs on weight loss and smoking cessation.
- In November 2004, USAID awarded the Volgograd partners a sustainability grant to join the efforts of the oblast health administration to replicate their primary healthcare model at two additional sites that would serve as residency training sites and be staffed by physicians trained through the partnership program.
- Partners replicated the family medicine center model at a hospital in Mikhailovka and a polyclinic in Volzhsky. The hospital in Mikhailovka retrained 18 practicing physicians to be family medicine practitioners at the center and VMU graduates are staffing the center in Volzhsky.
- Partners conducted a Best Practices Conference in March 2004 and focused on family medicine programming, health management, smoking cessation, and poison control.

Poison Control

- Partners and other healthcare leaders in Volgograd officially opened a Poison Control Center on Nov. 19, 2002, when the US partners were there, although the center had been operational since May 2002. During a press conference held immediately following the opening, the center director provided information about the center's objectives and capacity to provide poison control services. Local television news broadcasts routinely run PSAs promoting the center and listing the number to call for poison emergencies.
- US partners purchased and installed computer equipment and software specifically designed to help identify the poison that a patient has been exposed to and its effects, and trained center staff in its use.
- In October 2002, a Volgograd clinical pharmacologist attended a four-week course on poison control and toxicology at UAMS. The same partner was also trained to use MedCases.com, an interactive learning resource that helps users access peer-reviewed, evidence-based family medicine cases. The partner demonstrated the resource's applications to approximately 65 faculty, students, and area health professionals at Volgograd Medical University.
- The director of the Poison Control Center studied the UAMS poison control center model, as well as standards for treatment and prevention of poisonings involving various toxic substances. Approximately 60 VMU faculty members, residents, and students also received advanced technical training in toxicology, drug interactions, and overdoses from US partners.
- Volgograd physicians trained to staff the poison control center accompanied the Little Rock partners on a trip to a local Russian pharmaceutical production company, a substance abuse rehabilitation center, and another hospital to present the poison control center model. In addition, partners hosted a gathering of representatives from local medical institutions, pharmaceutical companies, and Volgograd Medical University to present the center's goals and objectives.
- The Volgograd partners received inquiries from the Russian Ministry of Health asking how the center might be replicated throughout other parts of Russia. Healthcare professionals from surrounding areas expressed interest in using MedCases.com and exploring the poison control model.
- On average, the center receives approximately 100 inquiries a month from healthcare providers and some 20 inquiries a month from community members.

Family Planning and Reproductive Health

- In 2004-2005, USAID awarded the partners funding earmarked to improve family planning and reproductive health services available to the populations of Volgograd and Volzhiskiy, particularly at the primary care level.
- Partners increased the quality and availability of family planning and reproductive health services by implementing evidence-based practices, training healthcare providers, and implementing patient education and outreach programs on topics including HIV and STI prevention and contraception.

Key Areas of Focus for Russia Partnerships, 1998-2008

Focus Area	Partnership(s)
Antibiotic Resistance	St. Petersburg/Boston
Asthma	Sakhalin/Houston, Sarov/Los Alamos
Breastfeeding	Sarov/Los Alamos
Cancer	Sakhalin/Houston, Snezhinsk/Livermore
Community Health	Khabarovsk/Lexington, Kurgan-Shchuche/Appleton, Samara/Iowa, Sarov/Los Alamos, Snezhinsk/Livermore
Curriculum Development	Sarov/Los Alamos, Volgograd/Little Rock
Dentistry	Sarov/Los Alamos, Snezhinsk/Livermore
Diabetes	Sakhalin/Houston, Samara/Iowa, Sarov/Los Alamos
Disease Prevention	Sarov/Los Alamos, Snezhinsk/Livermore
Domestic Violence	Kurgan-Shchuche/Appleton, Samara/Iowa
Drug Addiction and Control	Orenburg/New York, Saratov/Bemidji, St. Petersburg/New Haven, Samara/Providence
Emergency and Disaster Medicine	Sakhalin/Houston, Tomsk/Bemidji
Evidence-based Practice	Orenburg/New York, Saratov/Bemidji, St. Petersburg/New Haven, Samara/Providence
Family Planning/Reproductive Health	Moscow/La Crosse, Sakhalin/Houston, Samara/Iowa, Volgograd/Little Rock
Health Management	Sakhalin/Houston, Volgograd/Little Rock
Health Services Administration	Orenburg/New York, Saratov/Bemidji, St. Petersburg/New Haven, Samara/Providence
HIV/AIDS	Orenburg/New York, Sakhalin/Houston, Saratov/Bemidji, St. Petersburg/New Haven, Samara/Providence, Volgograd/Little Rock
Infection Control	Moscow/Memphis, Sakhalin/Houston, Snezhinsk/Livermore, St. Petersburg/Boston, Tomsk/Bemidji
Maternal and Child Health	Buryatia/Rhinelander, Tomsk/Bemidji
Medical Education	Kurgan-Shchuche/Appleton, Samara/Iowa, Sarov/Los Alamos, Volgograd/Little Rock
Medical Informatics	Chelyabinsk/Tacoma
Neonatal Resuscitation	Buryatia/Rhinelander, Chelyabinsk/Tacoma, Kurgan-Shchuche/Appleton, Snezhinsk/ Livermore
Nursing	Sakhalin/Houston, Samara/Iowa, Tomsk/Bemidji
Neonatology	Chelyabinsk/Tacoma, Samara/Iowa
Occupational Health	Orenburg/New York, Saratov/Bemidji, St. Petersburg/New Haven, Samara/Providence
Perinatology	Chelyabinsk/Tacoma, Kurgan-Shchuche/Appleton, Samara/Iowa, Sarov/Los Alamos
Poison Control	Volgograd/Little Rock
Practice Guidelines	Volgograd/Little Rock
Primary Healthcare	Khabarovsk/Lexington, Kurgan-Shchuche/Appleton, Sakhalin/Houston, Samara/Iowa, Sarov/Los Alamos, Snezhinsk/Livermore, Tomsk/Bemidji
Professional Association Development	Samara/Iowa
Sexually Transmitted Infections	Kurgan-Shchuche/Appleton, Sakhalin/Houston, Volgograd/Little Rock
Telemedicine	Samara/Iowa
Tuberculosis	Volgograd/Little Rock
Women's Health	Khabarovsk/Lexington, Kurgan-Shchuche/Appleton, Samara/Iowa, Sarov/Los Alamos, Snezhinsk/Livermore

IV. Major Areas of Focus

USAID supported a rich array of collaborative inter-partnership and supportive activities designed by AIHA to supplement and enhance the individual partnerships and projects. AIHA established region-wide programs addressing specific healthcare issues to provide a mechanism for greater inter-partnership sharing, collaboration, and problem solving. Continuing support for these cross-partnership programs comprised the third component of AIHA's Russia program under the cooperative agreement initiated in 1998.

AIHA's cross-partnership programs grew out of a desire to search for common solutions to problems and needs identified by multiple partnerships in the region, regardless of their location. These programs constitute a key aspect of AIHA's "partnership of partnerships" concept, which encourages and facilitates networking, sharing, and the creation of common approaches within and across borders. The programs thus helped to reduce duplication of efforts and maximize resources by developing common protocols, providing shared training opportunities, disseminating model programs, and influencing national policies. Through many of these programs, human and organizational capacity in the health sector has been strengthened and new and improved healthcare services introduced.

Developed beginning in 1994, AIHA's earliest cross-partnership programs focused on topics such as emergency and disaster medicine, healthcare management, infection control, information and communication technology, neonatal resuscitation, nursing, and women's health. Through these initiatives, AIHA engaged partners from Russia in region-wide task forces designed to develop new and innovative ideas and approaches to improving care. They also supported the participation of Russian partners, experts, and policymakers in training workshops and conferences, as well as the provision of Internet connectivity and the re-supply of clinical and training centers associated with these programs.

From 1998-2008, AIHA supported the continuation of Russian participation — largely in the form of ongoing opportunities for training and networking, Internet connectivity, and limited provision of selected equipment and supplies — in the following cross-partnership initiatives, which are described in more detail below:

1. Primary Healthcare and Clinical Practice Guidelines
2. Emergency and Disaster Medicine
3. Learning Resource Centers (Information and Communications Technology)
4. Neonatal Resuscitation
5. Women's Health
6. Nursing
7. Infection Control and Prevention
8. HIV/AIDS

1. Primary Healthcare and Clinical Practice Guidelines

Background

A key emphasis of AIHA's primary healthcare partnerships was to improve clinical practice and ensure appropriate and effective care by utilizing evidence-based interventions that optimize the management of limited resources. Many partnerships developed and implemented clinical practice guidelines for the most common diseases and AIHA facilitated this process by establishing and supporting NIS region-wide and Russia specific CPG steering committees. Physicians, nurses, and LRC information coordinators from the Russian partnerships were trained in the processes of developing clinical practice guidelines and quality improvement. These individuals served as leaders and agents of change at their home institutions and in their communities. They each participated in a country-level working group that included physicians, university faculty, local Ministry of Health officials, and healthcare administrators. Members of the working groups created innovative ideas and methods for guideline development and adaptation not only among the medical professionals in their respective institutions, but also among the partnerships region-wide. AIHA conducted two CPG steering committee meetings and a CPG development workshop in 2001 to provide training on evidence-based practice and continuous quality improvement and to create a process for ongoing guideline development, review, and implementation.

The Russian CPG Steering Committee developed and implemented primary healthcare guidelines in the region, coordinating its activities with the region-wide advisory committee. A series of workshops were carried out to promote the CPG development process within NIS primary healthcare institutions. A fundamental component of the approach involves the use of teams of master trainers at each partner institution. After an initial series of training workshops, these master trainers became responsible for promoting the use of clinical guidelines at their respective institutions and for training providers in the various clinical areas.

Program Goals and Objectives

The overall goal of AIHA's Primary Healthcare Initiative was to improve the quality of primary care services and related outcomes thereby contributing to the region's reorientation toward primary care. Specific objectives were to:

- Establish national and regional working groups to adapt and implement new clinical practice guidelines and improve the quality and efficiency of care;
- Increase health system capacity to deliver high quality primary care services in targeted communities;
- Increase patient satisfaction with primary healthcare services;
- Increase acceptance and availability of evidence-based practices and clinical practice guidelines in primary healthcare; and
- Increase community participation in improving the overall health of the community.

Key Events and Outcomes of the Primary Healthcare and Clinical Practice Guidelines Initiative

- Thirty NIS-wide CPG Steering Committee members met prior to AIHA's April 2001 Annual Conference in Washington, DC, to review the progress of related activities in each region, discuss collaborative activities for the next quarter, and provide guidance for guideline development programs at partner institutions.
- In June 2001, the first Evidence-based Practice and Clinical Practice Guideline Development Workshop was conducted in Almaty, Kazakhstan.
- Following a June 2000 training of trainers workshop, US and NIS members of the CPG Steering Committee and the national working groups taught CPG master trainers in selected clinical areas.
- AIHA conducted a strategic planning meeting in Washington, DC, with the participation of steering committee members and AIHA staff in August 2000.
- AIHA co-sponsored a training on "Substance Abuse and Prevention and Treatment for Healthcare Providers and Others Involved in Fighting Drugs" in Moscow.

- In December 2001, AIHA conducted a region-wide Clinical Practice Guidelines Advisory Committee Meeting in Moscow.
- AIHA sponsored a one-day study tour to Dubna, Russia, for Region-wide Advisory Committee members to observe quality improvement processes in action and discuss best practice with local physicians, nurses, and administrators.
- In April 2002, AIHA conducted a region-wide Clinical Practice Guidelines Collaborative Workshop in Kyiv, Ukraine, to launch three region-wide inter-partnership CPG projects on bronchial asthma, diabetes, and arterial hypertension and to establish effective communication among AIHA partners from Russia and the Caucasus and West NIS regions who were working on similar primary healthcare projects.
- AIHA hosted a region-wide CPG Advisory Committee meeting in conjunction with its August 2002 Annual Conference in Washington, DC.
- *Clinical Practice Guidelines for General Practitioners: A Process Manual* was reviewed by the members of the region-wide CPG Steering Committee and published soon after.
- At this time WWCs were being developed and AIHA facilitated the development of a *Women's Health Clinical Practice Guidelines Reference Manual.* This manual was compiled, translated into Russian and distributed to each WWC upon its opening. The reference manual includes resource material related to clinical practice guidelines in ten areas.

In 2006, USAID commissioned an independent evaluation team to measure the impact of AIHA's primary healthcare partnerships throughout the region. The team examined 28 partnerships overall, including one in Russia. According to their findings, AIHA partnerships had ushered in "significant health system change and health and social gain." (see the full text of the report, *Program Evaluation Report: AIHA Primary Healthcare Partnerships in the Newly Independent States (1998-2006*), at www.aiha.com).

From 1998-2004, AIHA's primary healthcare activities under the 1998 cooperative agreement with USAID/ Russia addressed Strategic Objective 3.2: *Increased use of improved health and child welfare practices.* The outcomes and outputs of the primary healthcare partnerships contributed to achieving two intermediate results in primary care, namely increased access to more effective primary healthcare services and increased demand for preventive health services by individuals, communities, and decision-makers. A total of 35 primary healthcare institutions adopted new healthcare practices during this time period. These new clinical practices fell into the following 15 categories:

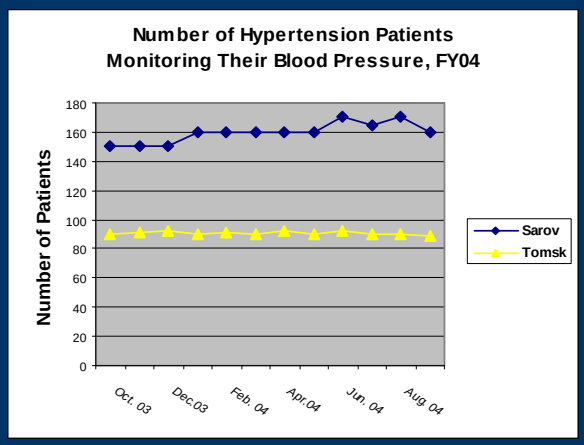
1. General practice services provided through new primary healthcare centers;
2. Comprehensive outpatient services provided to women of all ages at Women's Wellness Centers;
3. Education and outreach programs for the community;
4. Evidence-based management of bronchial asthma, arterial hypertension, and diabetes through adaptation and implementation of clinical practice guidelines and patient schools;
5. Screening, diagnosis, referral, and management of depression in outpatient settings;
6. Evidence-based infection control and occupational health practices;
7. Patient counseling on STI and HIV/AIDS prevention;
8. Expanded primary healthcare services provided by nurses;
9. Evidence-based breast health practices, including clinical breast examination and education on self-examination;
10. Patient counseling, prevention, and treatment for substance abuse;
11. Screening, referral, and support for victims of domestic violence;
12. Evidence-based prevention and treatment of tuberculosis in primary healthcare settings;
13. Patient counseling on smoking cessation;

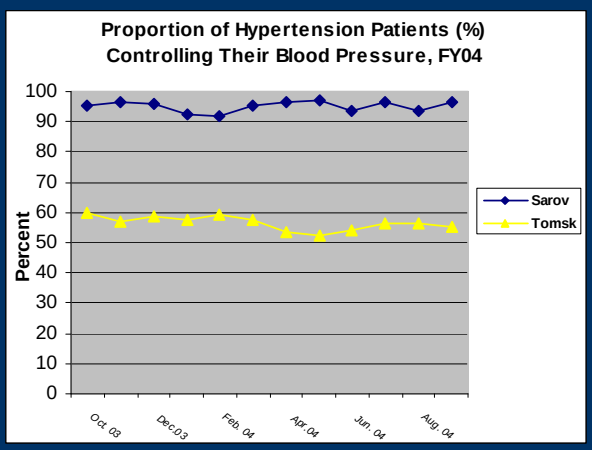
14. Publishing and distributing printed health promotion materials; and
15. Evidence-based neonatal care.

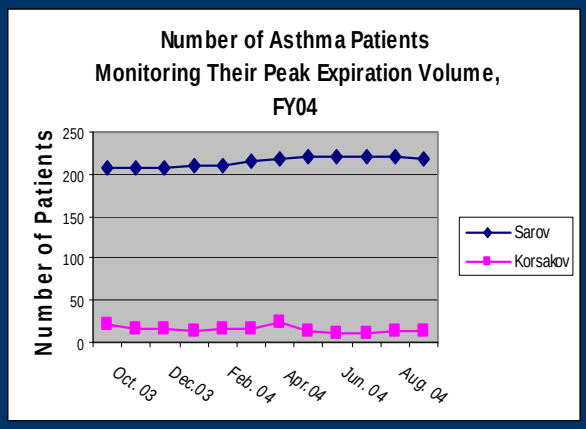
A total of six Russian primary healthcare partnerships were awarded sustainability funding to disseminate and replicate their most successful projects. All conducted a Best Practices Dissemination Conference, which were cumulatively attended by 535 healthcare professionals. In addition to these conferences, partners provided professional training and technical assistance to the replication sites. For example, the Korsakov and Sarov partners delivered 42 training events for 874 physicians, nurses and other health professionals. Similar to the previous year, most of the training courses offered by partners in fiscal year 2004 were for nurses, who accounted for 52 percent of the total attendees.

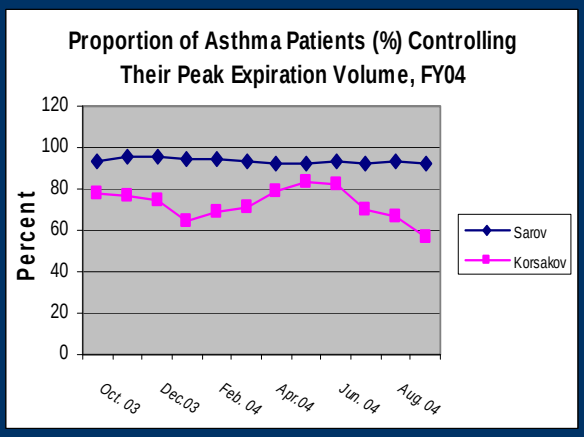
Clinical Practice Guidelines: Selected Outcomes in Sarov and Tomsk

AIHA primary healthcare partners in Sarov and Tomsk implemented clinical practice guidelines for the management of patients with hypertension and asthma. The graphs below indicate that patients who were taught to monitor their condition, make appropriate lifestyle changes, and take prescribed medications as needed were able to successfully control their disease.









AIHA's primary healthcare partnerships devoted significant time and effort to community health promotion and education activities. Three partnerships graduated in fiscal year 2003 and stopped providing data to AIHA, yet the number of community education events conducted by the remaining partners increased in fiscal year 2004 (see table below).

Health Promotion Activities Conducted by Selected Primary Healthcare Partnerships: Fiscal Years 2003-2004

Partnership and Sites	FY2003	FY2004	Total
Khabarovsk/Lexington (Pereyaslavka Youth Education Center)	8	0	8
Kurgan-Shchuche/Appleton (Kurgan Maternity Hospital No. 1 and Shchuche Central Rayon Hospital)	158	79	237
Sakhalin/Houston (Korsakov Central Rayon Hospital)	456	831	1,287
Samara-Stavropol/Iowa (Polyclinics Nos. 9 and 15)	423	377	800
Sarov/Los Alamos (Medical Sanitary Unit No. 50)	124	146	270
Snezhinsk/Livermore (various school and community sites throughout the city)	20	0	20
Tomsk/Bemidji (Svetly Public Health Center)	82	68	150
Total	**1,271**	**1,501**	**2,772**

Throughout the funding period and beyond, AIHA's primary healthcare partners implemented a number of new preventive health programs in the communities. A comprehensive list of these was provided in AIHA's 2003 Annual Report, Appendix III. In fiscal year 2004, the partners focused their activities on disseminating their most successful projects to other communities and AIHA identified a minimum of four new prevention programs implemented, including substance abuse, STI and HIV/AIDS, arterial hypertension, and preventive dentistry. That year, six health institutions among the partnership dissemination sites reported implementing new preventive health programs bringing the total number of sites implementing new preventive health programs from 1999-2004 to 18. In addition, health councils previously established by AIHA partners in four Russian communities were reported to be active during fiscal year 2004. Descriptions of councils in each community and their activities were provided in AIHA's 2002 Annual Report, Appendix III.

2. Emergency and Disaster Medicine

Background

After the dissolution of the Soviet Union, death rates due to accidents and cardiac incidents in the region were nearly three times the rate in the United States. Healthcare institutions had limited capacity to respond to unexpected illnesses, accidents, and disasters due to weak emergency infrastructure and lack of trained staff. In the process of reforming health systems, authorities in Russia were concerned about improving pre-hospital and hospital emergency care.

AIHA and partner institutions contributed to improving urgent care by establishing 16 national EMS Training Centers (EMSTCs) in 12 countries in Eurasia, including five in Russia — one each in Dubna, Izhevsk, Moscow, Snezhinsk, and Vladivostok.

The EMSTCs provide hands-on training in emergency techniques, emphasizing practical skills. The courses are monitored and evaluated for relevance to local conditions. EMSTCs assist in training medical and nursing students and building regional professional associations. This model allows for the expansion of EMS educational programs throughout Russia. Each center was furnished with training equipment and supplies, as well as computers and Internet connectivity, and a uniform training curriculum adapted to existing healthcare structures was introduced.

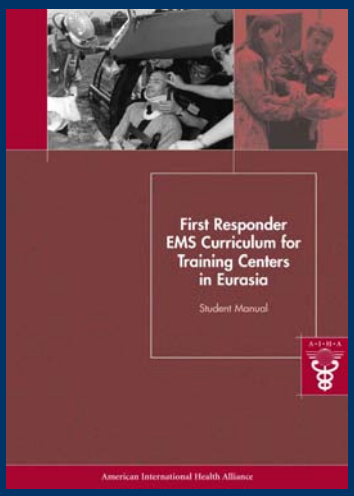
Program Goals and Objectives

The overall goal behind the development of these innovative training centers was to create sustainable capacity to respond effectively to emergencies ranging from routine medical cases and traumas to disasters with mass casualties. Specific objectives were to:

- Increase capacity for quality training and education in emergency and disaster medicine;
- Improve the knowledge and skills of first-responders, medical providers, and others trained at EMSTCs;
- Increase EDM services; and
- Increase sustainability of EDM programs.

Moscow EMS Training Center: Sustained Success for More than a Decade

In October 2005, the Moscow Emergency Medical Services Training Center celebrated its 10-year anniversary. Established through a partnership between Russia's Federal Directorate for Biomedical Problems and Disaster Medicine and the Austin (Texas) Emergency Medical Services Department, the center has distinguished itself as a model of sustainability in the eight years since the partnership graduated. The center operates on a combination of public and private revenue, stoking demand for services through its solid teaching of emergency response basics and by continuously updating and expanding course offerings to meet the changing needs of the healthcare community, first-responders, and other interested parties.



Through a collaboration with the European Resuscitation Council (ERC) launched in 2005, the center became one of the first institutions in Russia to offer training in the use of automatic external defibrillators (AEDs). These devices are an effective tool for rapidly diagnosing and treating sudden cardiac arrest, dramatically increasing the chance of survival. That makes them a particularly attractive technology in Russia, where heart disease is a leading causing of death.

A team of Swiss instructors from ERC traveled to the Moscow EMS Training Center in October 2005 to train the center's instructors in use of AEDs and to certify them to teach others. This international collaboration and commitment to new techniques is part of what has driven the center's success, says Maria Borodina, the center's director. "Our purpose — the purpose of education," she says, "is to take the most modern approaches from all over the world." The center reviews its curricula often to ensure that they meet high international and Russian standards.

In 2004, the center's courses reached more than 700 people — from paramedics and nurses to teachers and police officers — in Moscow and elsewhere in Russia. "We are known and loved for our hard work," Borodina says. "People come back to us five years after they have finished their first course. Now we are celebrating our 10-year anniversary and we find that the same people keep returning. Our approach is that students should not just look at the instructor; they should try to do [a new procedure] themselves. Practice is the basis of learning. That's what we learned from our American partners."

More than 10 years later, it's clear that it's a lesson that has served the center well. It is a prime example of the long-term sustainability of AIHA partnership programs and their ability to grow and adjust to changing circumstances. In 2007, the Moscow EMSTC was renamed the Department of Emergency Medicine at the Institute of Professional Development at the Federal Med-Biological Agency. The Center receives both government funding and commercial income for courses it provides to public and private entities. A total of 36 out of the 56 classes the Center conducted in 2007 were funded commercially.

3. Learning Resource Centers (Information and Communications Technology)

Background

AIHA's Learning Resource Center (LRC) project promoted improvements in healthcare practice and policy by providing health professionals with access to research information, as well as a framework for applying this knowledge to clinical, educational, and policy settings.

AIHA established LRCs within existing healthcare institutions, providing one or more computers with Internet access and a collection of online and CD-ROM-based health and medical databases. Each LRC was managed by specially trained staff who are responsible for providing training, outreach, and information support to personnel, patients, and members of the local community. LRC staff are also responsible for working with healthcare professionals at their institutions to conduct periodic literature reviews that facilitate evidence-based evaluation of current standards of practice relating to clinical diagnosis and treatment, preventive health services, and health promotion or education.

> "LRCs were a very valuable tool for increasing health professionals' access to data and medical literature, and they contributed significantly to the achievement of partnership goals. Information technology and the Internet had a profound effect on the medical profession … the LRCs introduced these tools to the partners well ahead of most of their peer institutions."
>
> *— From an external evaluation report on AIHA's CEE programs prepared by RTI (January 2006)*

Through the LRC project, AIHA has incorporated a combination of strategies to begin to overcome barriers to accessing information. One of the distinguishing features of AIHA's approach is that the LRCs are designed to give health professionals access at the point of care and thereby improve the convenience of using information. Another element of the project involves active staff outreach and education. To accomplish this, AIHA has promoted the development of a cadre of staff at partnership institutions to serve as agents of change or opinion leaders at their institutions. Each LRC is managed by an information coordinator who is responsible for making the resources of the LRC accessible to staff, patients, and members of the local community. The LRC is also staffed by an evidence-based practice specialist who is responsible for broadly promoting the adoption of evidence-based practice and an IT specialist who supports the technical aspects of the project. These key leaders are charged with the task of encouraging their colleagues to begin using information and communication technology integrally in their day-to-day practice.

In addition to staff outreach and training, core functions of the LRCs include staff promotion of evidence-based medicine, exchange and information dissemination, and health promotion. Staff are responsible for the creation and use of tools such as Web sites and databases to support these activities and for information systems planning activities. Finally, because LRCs are supported by AIHA for a limited time, each is also responsible for building support and sustainability.

The LRC project is executed as a two- to three-year program that includes periodic training workshops and ongoing project activities. A series of training workshops, held during the first years of the program, introduce a range of skills and themes that help LRC staff and their colleagues to develop a more sophisticated attitude toward information. These training workshops cover such topics as basic and advanced Internet tools and applications, medical information searching techniques, principles of evidence-based practice and critical appraisal of information, training and outreach, strategic planning for sustainability, Web site development, basic database design, computer networking, and information systems planning.

In establishing each LRC, AIHA's approach is grounded in the belief that Eurasian partners must be prepared to commit their own resources to the project. This commitment is formalized through the signing of a project agreement that outlines the responsibilities of AIHA and the overseas partner institution. AIHA equips each LRC with computers and other equipment determined by a needs assessment (e.g. printer, scanner, digital

camera, LCD projector); access to e-mail and the Internet; and various online and CD-ROM databases and educational resources. The Eurasian partner agrees to establish a separate, secure room for the center that must be open and accessible to all staff and to designate staff who are compensated by the institution to serve as the information coordinator, the evidence-based practice specialist, and information technology specialist.

Program Goals and Objectives

The overall goal of the LRC project was to promote improved healthcare practices through increased access to, use of, and understanding of available knowledge resources. Specific objectives were to:

- Increase access to up-to-date health and medical information, primarily through the Internet;
- Promote the adoption of evidence-based practice;
- Improve the ability of partner institutions to sustain access to knowledge resources; and
- Increase the development and use of information and communication technology tools and applications, including databases, local area networks, telemedicine, and Web sites.

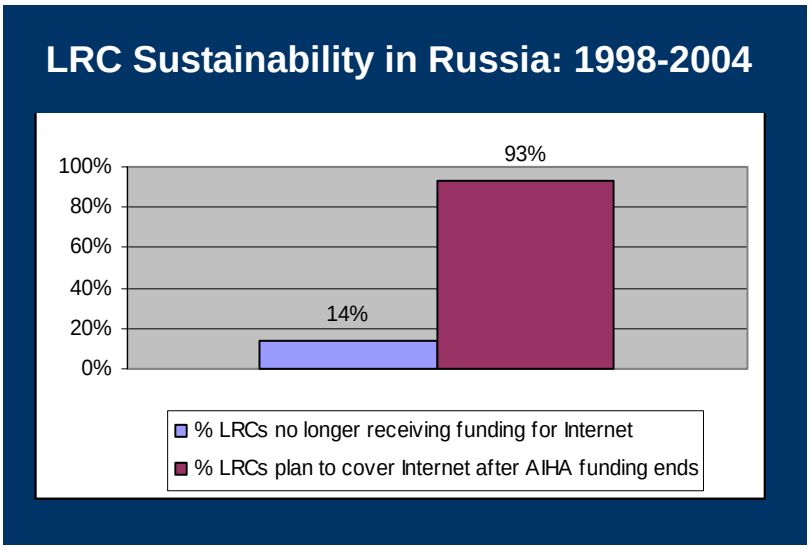
Key Achievements of the Learning Resource Center Project

Promotion of Evidence-based Practice

Through the LRC program, AIHA has consistently strived to promote the ideas and principles of evidence-based practice (EBP) at both the individual practitioner and the broader institutional level. Because of the broad range of institutions involved in the partnership program and variations in practice among regional and national health administrations, these promotion efforts have largely been non-prescriptive. For example, rather than advocating particular institutional quality assurance processes, AIHA has tried to instill the EBP philosophy into existing processes and practices. AIHA measures the success of these efforts by determining whether staff at partner institutions are able to demonstrate their understanding of EBP methodologies and whether quality review processes that embody these principles exist or are being developed within the institutions. As part of the partnership program, staff from each LRC work with other health professionals at the partnership institution to review two specific clinical or educational practices per year. Upon receiving these written reviews, AIHA staff work with partners to help them evaluate the search strategy and their critical appraisal of the existing research. Through this process, partners gain a fuller understanding of the principles of evidence-based practice and how to apply these principles in practice.

Sustainability

AIHA partners have continued to make progress in their efforts to establish sustainable Internet access for staff at their institutions. In 2004, the last year of AIHA funding for Internet connectivity for LRCs that were established prior to 2002, 14 percent of partner institutions in Russia were maintaining Internet connectivity without AIHA support. The results of the survey assessing the ability of LRCs to sustain their activities into the future indicated that 92 percent of Russian LRCs anticipate being able to pay for Internet connectivity through institutional budgets or other sources. In addition, 43 percent have at some point during the course of the project received grants supporting Internet connectivity or other resources and infrastructure that enhance the capabilities of the LRCs. Finally, 57 percent of the LRCs are partially recovering some maintenance costs by, for example, renting equipment and facilities and charging external clients for information and/or clerical services.



Using Information Technology to Improve Medical Care

Evidence-based medicine has gained wider acceptance around the world as an effective paradigm for improving the quality of care in medical practice. In Russia, however, the concept is not taught in medical schools and the average physician there is, in most cases, unfamiliar with the theory and unable to apply it to his or her own clinical practice. Nonetheless, in recent years, evidence-based medicine has gained a growing number of supporters in Russia and other countries in the region and is being discussed more frequently in the healthcare field.

"This research principle makes it possible to obtain statistically valid data, which precisely fit a given clinical problem. It changes how our doctors think. It can't fail to catch the attention of people who genuinely want to provide the highest level of medical care that is possible today," says Yuri Medyantsev, who clearly knows what he is talking about. As an internist at the Tomsk Central Regional Hospital, he is continually striving to apply evidence-based medicine in his every day practice.

For several years, Medyantsev has supplemented his work as a physician by serving as information coordinator at the hospital's LRC, which was established in 2001 under AIHA's Tomsk/Bemidji partnership. Integrating evidence-based medicine into clinical practice at partnership institutions is the cornerstone of AIHA's LRC project and a key factor in the many successful programs and services introduced by partners throughout Eurasia.

The Internet, medical databases, electronic versions of leading international health and scientific publications — and the ability to make good use of all these resources — are all necessary elements of a successful "practice standard review," an approach that AIHA has introduced to apply evidence-based medicine to specific medical practices. As Medyantsev explains, the point of these reviews is to help ensure that the protocols clinicians follow when providing patient care make the most of limited resources and yield the best possible outcomes. His job as information coordinator is to create a procedure that enables healthcare specialists to find relevant literature on specific problems they face in clinical practice, evaluate the quality of the information found, select the best items, study the content of the selected sources, and then — on the basis of the evidence found — form conclusions and compare them with existing practice. "It is, of course, a lot of work," he admits, "but the results help determine the extent to which one's existing way of doing things is — or is not — in accord with the latest scientific data."

Yuri Medyantsev, Liliya Zhidkova and Yelena Lushnikova analyze materials found for their evidence-based research on high blood pressure treatment in nursing women.

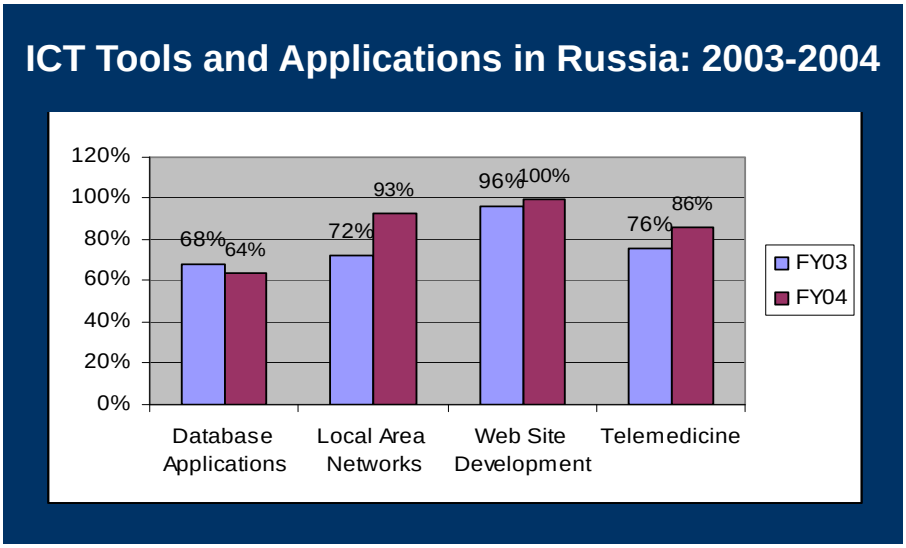
Although the Tomsk/Bemidji partnership officially ended in 2004, the LRC remains dedicated to continually improving the quality of patient care through evidence-based research. Medyantsev and his colleagues have conducted several reviews on topics of interest to them, mainly concerning pregnant women and nursing mothers. Explaining the reason for this attention to young mothers, Medyantsev says, "In Russia there is no well-defined interaction between obstetricians and internists. As a result, women's post-partum problems do not often come to the attention of their district physicians."

For this purpose, hospital staff selected topics involving the most common ailments facing pregnant and nursing mothers and the work began in earnest. Real life intervened, changing these plans, however. "I had already begun to collect material for a review on anemia in pregnant women when three nursing mothers in a row came to the clinic with seriously high blood pressure," Medyantsev explains, noting that he did not know how to help these women at first because Russian literature recommends against using drugs to treat such cases. No other information on the topic could be found, so "it soon emerged as the most urgent clinical issue to be researched, and I set out to master it as a way of helping my patients."

Together with two of his colleagues, internists Liliya Zhidkova and Yelena Lushnikova, Medyantsev searched the literature in the American Academy of Family Physicians database and Medline. "In our review, we identified different groups of blood pressure drugs that can be used when nursing, thus demonstrating that our existing practice contradicted the latest scientific data," Medyantsev explains, noting that this review was at the time the only source of information on treating hypertension in nursing mothers in Russia. The fact that it exists may have an impact on changing the existing medical practice, as well as on patient attitudes about the problem. He says that the prolonged lack of precise scientific information has produced a serious problem for these mothers — their hypertension remains untreated or they stop breastfeeding. The consequences are equally damaging, in the first instance to the health of the mother, and in the second to the health of her baby.

ICT Tools and Applications

LRCs have planted a variety of "seeds" within partner institutions, helping foster the growth of the information and communications technology infrastructure, as well as improve management information systems and telemedicine capabilities. In 2004, the number of partner institutions in Russia that had installed local area networks rose from 72 percent to 93 percent. All of the Russian partner institutions have developed their own Web sites and 86 percent of them actively engage in Internet-based teleconsultations to enhance patient care.



4. Neonatal Resuscitation

Background

Saving newborn lives and ensuring the most advantageous infant health outcomes is at the core of both AIHA's Neonatal Resuscitation program and our Neonatal Resuscitation Training Centers. Training curricula and materials used by these centers is based on the Association Heart Association/American Academy of Pediatrics neonatal resuscitation program. In conjunction with our partners, AIHA translated both the AHA/AAP Textbook of Neonatal Resuscitation and Instructor's Manual for Neonatal Resuscitation into Russian and Ukrainian languages.

The AIHA neonatal resuscitation training course provides healthcare professionals with a set of basic skills in newborn care that are standard practice in delivery rooms across the United States, Western Europe, and other areas of the world. At each center, delivery room personnel and other care providers learn how to assist infants who experience difficulty breathing on their own. Medical teams are taught procedures such as thermal management, infant positioning, suctioning, and stimulation, as well as more specialized skills such as ventilation, intubation, and the use of medications and volume. Many of these techniques can be implemented using minimal equipment and at little additional cost to the healthcare facility.

Neonatal Resuscitation Training Center staff disseminate skills-based knowledge by conducting monthly training courses. They also routinely gather statistics from medical institutions that have sent staff for training in order to evaluate the impact of training in the region.

Program Goal and Objectives

The overall goal of the program is to decrease infant mortality and morbidity rates in the immediate newborn period through the implementation of appropriate neonatal resuscitation skills in delivery rooms. Specific objectives were to:

- Increase capacity to provide training in evidence-based neonatal resuscitation and care as the standard of clinical practice; and
- Improve sustainability of the neonatal resuscitation program.

In collaboration with local and national ministries of health, AIHA and its partners have facilitated mandatory training in neonatal resuscitation for staff providing deliveries. The Russian Federation established a similar program, based on the fact that neonatal mortality rates fell by more than 40 percent in several hospitals following implementation of AIHA's Neonatal Resuscitation program.

AIHA Neonatal Resuscitation Training Centers in Russia

Location	Partnership Affiliation	Date Established
Buryatia (Maternity Hospital No. 2)	Buryatia/Rhinelander	March 1996
Chelyabinsk (Ural State Medical Academy for Continuing Education)	Chelyabinsk/Tacoma	January 1997
Moscow (Institute of Pediatrics and Children's Surgery)	Moscow/Norfolk	May 1996
Samara (Samara Regional Healthcare Department)	Moscow/Norfolk	November 1995
Saratov (Saratov Oblast Children's Clinical Hospital)	Chelyabinsk/Tacoma	May 2002
Tver (Tver Regional Healthcare Department)	Moscow/Norfolk	January 1998

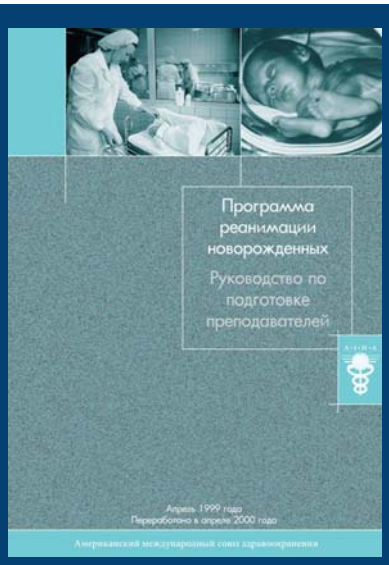
AIHA partner institutions developed two new Neonatal Resuscitation Training Centers in Russia in 1998-2002 in addition to four centers established in 1996-1997 — one in Saratov and one in Tver.

The Chelyabinsk NRTC, which has been operating since 1997, is another example of the sustained success enjoyed by AIHA partnership training centers in Russia and throughout the region. The Center not only continues to train physicians from the region, but has also had a national impact through its research and improvement of neonatal resuscitation practices.

Since 2000, the neonatal resuscitation course has been integrated into the national program for postgraduate education for interns specializing in neonatology, pediatrics, anesthesiology, obstetrics, and gynecology. In 2004-2005, NRTC specialists conducted an evaluation of newborn resuscitation practices. They also routinely conduct research on the status of neonatology in various regions of Russia, along with analyses, supervision, and mentoring on training techniques for neonatal intensive care.

In 2008 the Chelyabinsk Regional Educational and Methodological Center for Neonatal Resuscitation established a chair for medical post-graduate education, which is headed by Dr. Vladislav A. Romanenko, a member of AIHA's Chelyabinsk/Tacoma partnership. The Center grew out of the positive and fruitful work of the Russian-American partnership.

Thanks to the advanced training provided by staff at the Chelyabinsk NRTC, the neonatal mortality rate in the region decreased from 18.8 percent in 1990 to 6.4 percent in 2005-2006. As of 2008, NRTC instructors trained more than 700 neonatal resuscitation providers from all over Russia.



The Neonatal Resuscitation Program manual pictured here in Russian is just one of the many training materials developed by AIHA and its partners to improve infant survival through practical, skills-based clinical training.

5. Women's Health

Background

AIHA launched its Women's Health Initiative in 1995 with the help of a US-Eurasian task force comprised of women's health clinicians and educators. The goal was to develop a model for the delivery of comprehensive, integrated healthcare services tailored to the needs of women from adolescence to post-menopause. The resulting Women's Wellness Center (WWC) model built on the work of AIHA's initial hospital-based partnerships and used existing programs, administrative structures, and professional relationships in family planning, health education, clinical training in obstetrics, and neonatal resuscitation.

WWCs were designed to provide primary and selected specialized clinical services using a client-centered approach that emphasized wellness, preventative care, and ongoing patient education. Although WWCs often tailored their services to the specific healthcare concerns of the communities they serve, core services available at these centers include:

- Family planning and reproductive healthcare, including fertility and contraception counseling;
- Prevention, diagnosis, and treatment of STIs;
- Cancer education and screening, including cervical cancer screening and clinical breast exams;
- Perinatal care, including pregnancy, breastfeeding, and childbirth classes;
- Education and clinical intervention for peri- and post-menopausal women;
- Counseling and education on HIV/AIDS, domestic violence, trafficking, and other topics related to women's wellness;
- Education, screening, and treatment for chronic diseases, along with referral to specialists as needed; and
- Community outreach on women's health issues, including breast health.

Under the cooperative agreement covered in this report, AIHA provided support to the WWCs from 1998-2004 through a broad range of cross-partnership workshops and conferences, as well as through procurement of Internet connectivity and limited supplies.

Program Goals and Objectives

The overall goal of AIHA's Women's Health initiative was to establish a client-centered approach to providing women of all ages with comprehensive services that address their healthcare needs. Specific objectives were to:

- Increase local capacity to deliver comprehensive, integrated health and wellness services to women of all ages;
- Foster implementation of modern, evidence-based clinical practice guidelines to improve women's health services and make the best use of limited resources;
- Increase use of contraceptives among women of reproductive age who wished to avoid pregnancy; and
- Help ensure sustainability of the WWCs beyond project funding periods.

In Russia, eight WWCs were established between 1998-2002 (see table on page 81) and AIHA supported these centers through cross-partnership workshops and conferences, as well as limited supplies and Internet connectivity. The Russian centers are part of a network of 32 AIHA WWCs established throughout Central and Eastern Europe.

Key Outcomes and Achievements of AIHA's Women's Health Initiative

An assessment of the WWCs was conducted in August and September of 2003. For the evaluation, AIHA's monitoring and evaluation and nursing program staff developed a standardized survey instrument that was translated into Russian and distributed to WWCs via e-mail. Out of 30 targeted centers, 29 returned

Women's Wellness Centers Established by AIHA Partners in Russia: 1998-2002

Women's Wellness Center	Partnership Affiliation	Year Established
Dubna	Dubna/La Crosse	1998
Essentuki	Stavropol/Cedar Rapids	1998
Moscow	Moscow/Pittsburgh	1998
Pereyaslavka	Khabarovsk/Lexington	2002
St. Petersburg	St. Petersburg/Louisville	1998
Samara (Polyclinic No. 9)	Samara and Stavropol/Iowa	2002
Samara (Polyclinic No. 15)	Samara and Stavropol/Iowa	2002
Sarov	Sarov/Los Alamos	2002
Snezhinsk	Snezhinsk/Livermore	2002

completed self-evaluation forms, including nine centers in Russia. Pursuant to instructions from AIHA, the self-assessment form was completed during a staff meeting in which the participation of at least three key health professionals representing a minimum of three different roles at the center was required, for example: a center director, one physician, and one nurse.

The Self-Assessment Tool consisted of two parts — one that focused on available services and one that focused on the center's quality improvement processes. In the latter section, WWC staff were asked to identify quality improvement initiatives being implemented at their facilities and to answer related questions. A number of core services were available to patients prior to the partnerships, however, participation in the AIHA program helped the WWCs expand the scope and quality of these services through professional training as well as provision of modern medical equipment. Other services, such as those related to healthy lifestyles and elderly women's health, were introduced by many centers. AIHA's contribution to each of the core service areas is summarized below.

Family Planning and Reproductive Health Services

Most family planning and reproductive health services were available before AIHA's involvement, but the partnerships helped to improve existing services and introduce new ones. The assessment revealed that only 52 percent of the centers were offering patient education previously, for example, but this increased to 97 percent with the assistance of AIHA and its US partners. The quality of patient education improved due to the procurement of equipment such as VCRs, mannequins, visual aids, and training materials donated by the partnerships. Other services, such as contraceptives and infertility counseling, were increased by 14 percent as a result of the WWC model.

Prenatal and Perinatal Care Services

Pre- and perinatal care services were largely available in most of the centers before introduction of the AIHA program. As a result of AIHA's initiative, however, the scope and quality of services improved greatly, particularly in the areas of breastfeeding, patient education, and childbirth classes. A number of WWCs introduced these services for the first time during the partnership.

STI Prevention and Treatment Services

Prior to the AIHA program, not all of the STI services were offered by many centers. AIHA and the US partners introduced and improved key services, such as patient education and testing, counseling, and treatment for STIs, including HIV/AIDS. Expanded STI services are now available in some 85 percent of the WWCs.

Cancer Screening and Prevention Services

AIHA's initiative has many achievements in cervical and breast cancer screening and prevention. Five out of eight services in this category are currently offered by more than 90 percent of the WWCs, and about one-third of these services were introduced by AIHA and its US partners. Although breast biopsy, ultrasound, and mammography are still not widely available, their numbers have doubled or even tripled as a result of the partnerships.

Mental Health Services

Although the number of centers offering mental health services continues to be relatively small, AIHA's assistance enabled a doubling of services such as counseling, which is available at 52 percent of the WWCs; patient education, which is available at 45 percent of the centers; and treatment for depression, which is available at 34 percent of the WWCs. Because psychological help is often necessary for women with physical health conditions, further effort in this area is needed.

Chronic Disease Services

The assessment indicated that there continues to be a large gap in this category. Although the partnerships assisted some 17 percent of the WWCs to introduce counseling, screening, referral, and treatment related to chronic diseases. These services were only available at 10 percent of the centers that responded, which is especially
important because some chronic diseases are related to other gynecological conditions, such as menopause and menstrual dysfunctions.

Elderly Women Services

Prior to the partnerships, services for elderly and postmenopausal women were not widely available. Thanks to AIHA and the US partners, more WWCs began offering these services. Patient education increased from 24 percent to 65 percentand postmenopausal services grew from 62 percent to 86 percent.

Healthy Lifestyles Programs

Healthy lifestyles programs were not popular before the initiation of partnerships. Only one-fourth of the centers offered limited services within this category. Although AIHA's intervention almost doubled the number of centers offering healthy lifestyle activities, less than half of the WWCs offered this service at the time of the evaluation.

Community-oriented Programs

The number of WWCs providing services related to adolescent health, breast health, and social services has doubled due to collaboration with AIHA and the US partners. Further efforts are needed, especially in social services.

Lessons Learned from the WWCs

The AIHA initiative allowed the staff of WWCs to be exposed to modern educational materials and clinical guidelines. Through Internet access provided by the program, healthcare professionals had the opportunity to exchange information and knowledge with counterparts in other communities and countries. In many cases, only a limited number of physicians and nurses were able to use the state-of-the-art information and learning resources effectively. The lack of sufficient knowledge of English and/or computer skills limited their participation. Thus, it is important that the WWCs initiate a dissemination program that will enable all health professionals access to up-to-date literature and research information in the form of lectures, distribution of translated materials, and collaboration with other WWCs.

AIHA's assistance helped the WWCs to increase the scope and quality of services provided. At this point, the centers need to identify deficiencies in services and strengthen delivery of care through ongoing training, dissemination of information among health professionals, and program improvements. Based on the self-assessment results, it is critical for centers to continue working with communities — especially with youth — on topics such as healthy lifestyles, sex education, STI and HIV prevention, and violence. In addition to existing social services, the centers could offer social and psychological support to women and victims of violence and HIV/AIDS counseling, treatment and referral. Although testing and counseling for HIV/AIDS is

offered by 65 percent of the WWCs, treatment and referral is offered by only 17 percent of the centers. This may reflect lack of facilities for referral or limited knowledge of treatment guidelines for HIV/AIDS. Chronic diseases require greater attention, especially in patient education, screening, counseling, treatment, and referral. WWCs also need to improve healthy lifestyles programming and increase provider training for services related to nutrition, exercise, and weight control counseling.

6. Nursing

Background

Beginning with the first round of AIHA partnerships in 1992, nursing quickly emerged as a key priority area for countries in Eurasia. Partners identified challenges to improving nursing care and practice in their countries, including the lack of professional standards for nurses and of an independent nursing care structure.

AIHA took the lead in organizing a region-wide nursing task force that held annual international nursing conferences where common problems and new approaches could be shared, as well as workshops where new skills could be taught. Over the years, AIHA's nursing program grew to encompass a wide array of activities that supplemented and enhanced the work of partnerships in nursing-related areas. These activities included development of nursing curricula, clinical practice guidelines, and practice standards; establishment of Nursing Resource Centers (NRCs) to support continuing education for nurses; and support to national nursing associations. AIHA also promoted leadership development through the International Nursing Leadership Institute (INLI) and pilot program in nursing quality improvement. Through these projects, AIHA and its partners have built capacity, improved care, and provided sustained leadership and vision for nursing in the region.

Building upon its initial success, AIHA directed its attention to the need for enhanced nursing capacity in community-based primary care. The approach integrated a vertical focus on nursing which cross-cuts the various regions, while building upon partnership and country-specific nursing activities. It harnessed the capacity developed through previous activities to strengthen the new primary care partner institutions.

In support of these goals, AIHA used a variety of program strategies, including association-building, primary care skills training and curriculum development, continuation of INLI, and ongoing NRC meetings. Activities in the area of primary care were directed by a Steering Committee made up of US and NIS nurses active in the partnerships. AIHA also maintained an active electronic network of nurse leaders from partnerships and other nursing organizations worldwide.

Program Goals and Objectives

The overall goal of the nursing program was to improve patient care by strengthening nursing practice and the contribution of nurses to systemic healthcare reform in Eurasia. Specific objectives were to:

- Enhance nursing education to meet international standards and elevate the status of nursing as a profession;
- Improve nursing practice through nurse training, the introduction of new models of nursing care, and the expansion of nursing roles and responsibilities; and
- Increase nurses' access to information resources and networking opportunities through the creation of sustainable NRCs.

Key Outcomes and Achievements of AIHA's Nursing Initiative

<u>International Nursing Leadership Institute (INLI)</u>
AIHA established the INLI program in 1999 as part of a broader program that supported the advancement of nursing in the region. Developed in close coordination with leading US nursing professionals, INLI provided a

Providing Home-based Care: A Nurse's Domain

"For me, providing care to people in their homes is extremely rewarding, not only because I am helping patients, but also because it gives me greater autonomy. Inpatient care is dominated by physicians, but home care is truly a nurse's domain," Marina Markova says, explaining that being a nurse in Russia these days requires more independent thinking than it ever has.

Marina Markova

Markova is senior nurse at Medical Center DELOR, a primary care facility established by St. Petersburg State Medical University Hospital and DELOR—a private company that coordinates patient referrals to the hospital's specialists. Her responsibilities range from managing patient flow and training new nurses to acting as a liaison between physicians and nurses and patient care. Despite all this, home care visits remain one of her most satisfying duties.

Markova had been a surgical nurse in the hospital's urology department for almost 15 years when in 1996 she heard about a new type of clinic the hospital planned to open. As part of AIHA's St. Petersburg/Atlanta partnership, the facility was well-equipped to make primary care part of the changes they were implementing. But, Markov explains, the concept of general practice medicine is not deeply rooted in the Russian mentality. "Under the Soviet system, the idea of family medicine became lost in a sea of specialty care providers. Telling people that a general practice office was opening in their community meant nothing to them because most of them had never even heard of such a thing."

Nevertheless, Markova was convinced that primary care was the wave of the future, so she enrolled in a nine-month course to obtain a certificate in general practice nursing. When Medical Center DELOR opened its doors later that year, she opened a new chapter in her career, joining the practice as senior nurse. Markova soon signed up for two courses at the Post-graduate Nursing College at St. Petersburg Hospital No. 122, a member of AIHA's St. Petersburg/Louisville partnership and the only place in the city that offered an American-style nursing curriculum. There, she says, the classes on clinical practice and management opened up a world of new ideas for her and, when the opportunity to participate in a professional exchange hosted by the Georgia Baptist Medical Center in Atlanta arose, she was eager to see the theories she had been learning put into practice. "My experience and the courses I had taken had given me the knowledge, but seeing everything with my own eyes impressed me more than I ever thought it would," she says, describing visits not only to the Atlanta Center, but also to an area medical school, general practice and insurance offices, and a second hospital center in nearby Macon.

Something else Markova had not expected to see was the way nurses were viewed—not only by the medical community but patients as well. "Nursing is a respected profession in the United States. They work capably and have quite a bit of independence, yet they also work as part of a team with physicians. In Russia, this has not been the case, but it is starting to change," she remarks, noting that similar doctor/nurse teams—as well as nursing units that incorporate clinical care, social services, and patient education—were established at DELOR soon after she returned from the exchange.

"The doctors I work with now really view nurses as partners and they are starting to spread this way of thinking to their colleagues and to the patients, but not everyone is so quick to change," Markova admits. "The first encounter most of our patients have these days is with a nurse," she says, explaining that the team structure at DELOR helps staff provide comprehensive care, while ensuring they operate in a more cost-effective manner. "In the past we had a relatively high rate of hospitalizations, but our American partners showed us that many of our patients did not require hospital care. What they really needed was social care—someone to teach them how to manage their conditions, to talk openly with them, and to oversee their treatment," Markova concludes. "For many patients, especially the elderly or chronically ill, this means home visits."

year-long learning experience in which NIS and CEE nurses could gain the skills and knowledge necessary to be successful leaders and mentors in their own countries. Each INLI nurse continued to work in his or her home country throughout the program, traveling to attend three intensive, one-week class sessions and international nursing meetings. The sessions were held in the United States, Russia, England, and Denmark.

The program utilized varied teaching methodologies to create an integrated curriculum that used adult learning models. INLI faculty were US nurse leaders who, in subsequent years, were joined by NIS/CEE nurses chosen from among the INLI graduates. Participants were trained in leadership, management, public speaking, and publishing skills. They were encouraged to become part of an ongoing community of peers and colleagues. At the end of each class, INLI participants were asked to employ their new competencies to develop a project in their home countries that would enhance healthcare and the nursing profession at a regional level. Three classes, with a total of 56 nurses, graduated from INLI by the end of the program, including eight nurses from Russia.

Nursing Quality Improvement Initiative

AIHA's Nursing Quality Improvement Initiative tested the feasibility of introducing high-level ("magnet") nursing standards at four hospitals in the region — including Sokolov Medical Center in St. Petersburg and Central Clinical Hospital in Moscow. Magnet Nursing Standards, developed by the American Nurse Credentialing Council (ANCC) of the American Nurses Association (ANA), are a mark of excellence in nursing in the United States. US magnet hospital volunteers from Robert Wood Johnson Hospital and Aurora Health Care provided consulting services, assisted in developing nursing care standards, and conducted pre- and post-test surveys for nursing satisfaction as part of a University of Pennsylvania research study. An evaluation of the implementation of quality standards was also completed for preparation in developing a report to ANCC. The project culminated in 2004 with "Journey to Excellence" ceremonies held at both Russian sites to acknowledge the hospitals and nurses who participated in the program.

7. Infection Control and Prevention

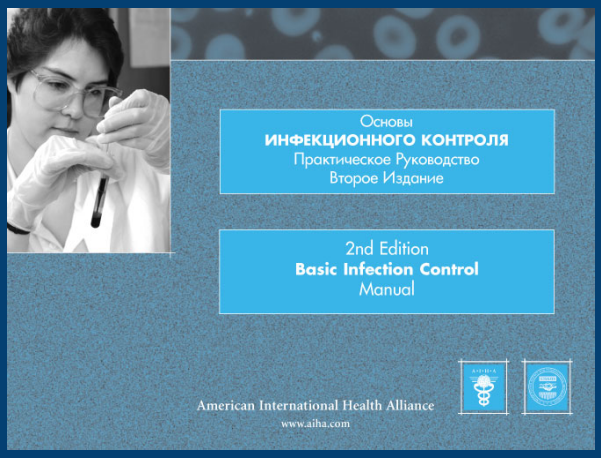
Background

Infection control has become a major theme in the healthcare arena in the NIS and CEE. It is both a focus of hospital reform and a vehicle to achieve the goals of improving the quality of care and restructuring national health systems. Basic infection control methods practiced at the primary care level — such as proper hand washing and safe waste removal — help prevent the transmission of communicable and infectious diseases between patients and healthcare workers. Within hospitals, surveys conducted in low and middle-income countries demonstrate that nosocomial, or hospital acquired, infections are among the most common adverse outcomes of hospitalization. Nosocomial infections have become increasingly important because they affect the quality, efficiency, and effectiveness of healthcare services. Infection control programs play a critical role in reducing patient mortality and morbidity, while at the same time decreasing hospital costs through more efficient delivery of medical care.

Responding to the rising concern over the quality and costs of healthcare services in the NIS, many AIHA partnerships have concentrated their efforts in the area of infection prevention and control and have developed and translated guidelines and a training curricula in an effort to disperse modern practices in limited-resource settings. As part of this region-wide initiative, AIHA cooperated with ministries of health in Georgia, Kazakhstan, Russia, and Ukraine to assist in the development of national infection control programs, as well as to establish model training centers where medical professionals can receive continuing education in modern infection control practices.

AIHA has trained more than 50 instructors throughout these four countries to conduct monthly trainings for physicians, chief nurses, epidemiologists and microbiologists. The Hospital Infection Prevention and Quality Assessment Program (INQUAL), the Society for Health Care Epidemiology of America (SHEA), the Association of Professionals of Infection Control and Prevention (APIC), the US Centers for Disease Control

Infection Control Training Centers: Strengthening Policies and Practices



While hospital infection control in the former Soviet Union has a strong hygienic tradition — most hospitals in the region are kept sufficiently clean — nosocomial infections are more likely to be spread through person-to-person contact. Additional emphasis must therefore be placed on patient care practices.

Building on the successful training center model used for its Emergency and Disaster Medicine and Neonatal Resuscitation programs, AIHA created a comprehensive plan for establishing Infection Control Training Centers (ICTCs) that address issues such as developing targeted curricula, educating faculty in evidence-based infection control standards and adult-learning techniques, and compiling appropriate reference and teaching materials. Four training centers have been established — one each in Georgia, Kazakhstan, Russia, and Ukraine.

The cornerstone of each ICTC is a one-week Basic Infection Control course that was developed for hospital epidemiologists, assistant epidemiologists, and other physicians and nurses who are responsible for infection control practices in their hospitals. The first edition of AIHA's Basic Infection Control manual for nations in the region was co-authored by US and Russian infection control experts. It was published in 1997 and distributed to all partnership hospitals, major teaching institutions, and national and regional health authorities. The manual was updated in 2003 and the second edition was published and distributed widely throughout the region.

Infection control professionals are currently using it as a teaching tool and resource in their day-to-day practice. In addition, a special "Training of Trainers" program was designed to ensure ICTC faculty remain current on evidence-based infection control practices and continuing education methodology. This program allowed for the gradual involvement of faculty from the region in teaching the Basic Infection Control course and other specialized classes, first jointly with their US partners and then on their own.

and Prevention (CDC), the World Health Organization (WHO), and other USAID-sponsored organizations such as the Program for Appropriate Technology in Health (PATH), have joined AIHA as strategic partners in these efforts.

In early 1997, AIHA's Infection Control Initiative conducted a thorough evaluation of microbiology laboratories at three partnership hospitals, as well as three central reference laboratories in Russia and Ukraine as part of WHO's WHONET surveillance program. Based on needs assessments, each of these six pilot labs received equipment and supplies that allowed for quality testing of antimicrobial susceptibility and ongoing monitoring of test results. Since then, a total of 18 AIHA partnership hospitals throughout Armenia, Georgia, Kazakhstan, Kyrgyzstan, Russia, and Ukraine have implemented the WHONET system; 13 of them are currently active in the program.

Program Goals and Objectives

The overall goal of the Infection Control Initiative was to improve the quality of healthcare services in the NIS/CEE through regional and institutional infection control programs aimed at reduction in hospital-acquired infection rates and effective control of antibiotic resistance in microorganisms. Specific objectives were to:

- Strengthen training capacity in infection control, clinical epidemiology, and evidence-based medicine;
- Improve surveillance and assessment capacity in the areas of nosocomial infections and antibiotic resistant microorganisms;
- Improve infection control practices based on evidence-based clinical and management practice protocols; and
- Enhance sustainability of infection control program.

Key Outcomes and Achievements of AIHA's Infection Control Initiative

The St. Petersburg/Boston infection control partnership graduated in September 2003 and, in fiscal year 2004, only Internet connectivity was funded for the ICTC. AIHA did not fund infection control cross-partnership programming in 2004 other than to continue to provide copies of its *2nd Edition Infection Control Manual* and related CDs to anyone requesting these materials.

The St. Petersburg ICTC continued to conduct a variety of training courses in St. Petersburg, Izhevsk (Republic of Udmurtia), Cherepovets, Kaliningrad, Murmansk, Perm, Pskov, and Vologda. In 2004, physicians, epidemiologists, and nurses continued to be trained in the basics of evidence-based medicine, epidemiology, nosocomial infection control and prevention, infection control and microbiology, tuberculosis, and monitoring of antimicrobial resistance, but the ICTC did not provide data on the total number of people trained.

AIHA conducted a telephone survey with representative infection control participants from 16 St. Petersburg area hospitals during the last quarter of fiscal year 2003 to determine the percentage of hospitals targeted through the Infection Control Initiative that demonstrated improved infection control practices, as well as the number of hospitals with an active infection control program. The demographic and infection control-related characteristics of the individual hospitals, the infection control programs, and pertinent infection control issues in the institutions were the focus of the survey.

The study concluded that a solid initial base of support for the administrative and personnel structure for infection control programs was established at these institutions under the leadership of the local city and university coordinators and staff. Procedural, institutional, and nursing guidelines and protocols for infection control practice were established and are used in training as recommended. Surveillance had begun in most institutions and some data were reported, but the critical role for precise definitions, active numerator data collection, matching with appropriate denominators, and comparative rate reporting to document relationships between infection control process and outcome of decreased nosocomial infections had not yet been established as the norm for methodology in support of this process at most of these institutions. Antimicrobial resistance was reported as an important issue and laboratory practice in support of this belief was said to be common but, as with surveillance, the practice needs additional confirmation.

8. HIV/AIDS

Background

Under the 2004-2006 extension to the cooperative agreement covered in this report, AIHA's HIV/AIDS Treatment, Care, and Support Partnerships focused on creating comprehensive models of integrated care and treatment for PLWH that can be replicated throughout Russia. These partnerships, as well as other AIHA HIV/AIDS programs in Russia supported the strategic objectives of both USAID/Russia and the US President's Emergency Plan for AIDS Relief (PEPFAR).

Launched in July 2004, AIHA's HIV/AIDS partnership program linked US and Russian care providers in a concerted effort to build the requisite institutional and human resource capacity needed to provide integrated, comprehensive treatment, care and support to PLWH in targeted regions of Russia.

Program Goals and Objectives

The overall goal of AIHA's HIV/AIDS Treatment, Care, and Support partnerships in Russia was to develop replicable models of care for PLWH in Russia. Specific objectives were to:

- Improve patient management, adherence, retention, and access to HIV/AIDS treatment, care, and social support services;
- Improve diagnosis and treatment of opportunistic infections, including TB; and
- Assure HIV care coordination and case management.

Key Outcomes and Achievements of AIHA's HIV/AIDS Treatment, Care, and Support Partnerships

- Progress was made in each of the program focus areas by all four partnerships. A total of five ARV care teams — each comprised of a physician, nurse, and social worker or peer counselor — were trained in the provision of adult ART and another five teams were trained in pediatric ART.
- The Saratov/Bemidji and Orenburg/New York partners conducted a standardized medical record review of HIV/AIDS care to establish baseline data and facilitate implementation of a monitoring and evaluation system integrated into a continuous quality improvement program.
- Saratov/Bemidji partners in the city of Engels established positions for two HIV/AIDS case managers. Funded by the municipality, these case managers greatly improve patient access to medical care and social support and have resulted in improved patient retention.
- After seeing how effective the case management model was at their partner institution in New York, the Orenburg partners worked toward creating two case management positions as well. They also instituted a new patient intake protocol or "clinic" based on a model they observed at their US partner institution and have trained 28 healthcare professionals on the new model.
- A total of 38 Russian partners participated in US exchange visits that included training and technical assistance in HIV/AIDS counseling and testing. In addition, 91 doctors, nurses, psychologists, and social workers from Togliatti and 19 healthcare professionals from Saratov received basic information on motivational interviewing, specific interviewing methodology used to engage and encourage people to take responsibility for their care.
- Several *prikazy,* or regulatory orders, have been drafted to institute case management in Orenburg and Saratov.
- The Togliatti City Health Department implemented new protocols for coordinating AIDS and TB services, including the creation of a TB specialist position at the Togliatti AIDS Center.
- The Samara Oblast continues to demonstrate effective implementation of PMTCT practices. Registration for antenatal care before 12 weeks increased 33 percent and the referral rate to NGOs increased from 0 to 95 percent. Significant progress in establishing an effective PMTCT program in Togliatti was made in fiscal year 2005. An improvement on all indicators occurred, including an 18 percent increase in HIV testing before delivery; a 44 percent increase in ARV prophylaxis for mothers and 38 percent increase for babies; and a 48 percent increase in family planning and counseling. The number of women who did not receive antenatal care decreased by 19 percent.
- AIHA assisted in the development of PMTCT strategies and operational plans for the Russian regions where it operates HIV/AIDS partnerships. This included the promulgation of related *prikazy* in Togliatti. In addition, AIHA successfully completed the translation, adaptation, and initial piloting of the Russian version of the WHO/CDC PMTCT Generic Training Package (referred to in previous reports as the PMTCT generic curriculum).

Selected HIV/AIDS-related Textbooks, Guidelines, and other Reference Materials Translated through AIHA's EurasiaHealth AIDS Knowledge Network

WHO HIV/AIDS Treatment and Care Protocols for the CIS – WHO developed protocols specifically for the region, taking into consideration both the unique structures of its healthcare systems and available resources. The protocols address treatment and care for various patient populations and represents one of the cornerstone documents of the EAKN HIV/AIDS Library.

Medical Management of HIV Infection (2007 update) – a comprehensive clinical handbook edited by Drs. J. Bartlett and J. Gallant of the Johns Hopkins University Division of Infectious Diseases. This textbook was reviewed by an AIHA-sponsored committee of AIDS specialists from Eurasia. One thousand copies were printed for distribution in Russia and other NIS countries.

HIV Medicine 2005 – This textbook provides a comprehensive and up-to-date overview of the treatment of HIV infection and is a product of the collaboration among European HIV/AIDS specialists, edited by C. Hoffman, J. Rockstroh, and B. S. Kamps. AIHA has previously posted the 350-page 2003 version of this textbook. This 580-page textbook was reviewed by an AIHA-sponsored committee of AIDS specialists from Eurasia.

Textbook of Pediatric HIV Care – This textbook, published in 2005, was edited by S. Zeichner and J. Read of the US National Cancer Institute and reviewed by an AIHA-sponsored committee of AIDS specialists from Eurasia.

The Pocket Guide to Adult HIV/AIDS Treatment 2007 – In addition to posting on-line, AIHA published and distributed 2,000 Russian-language copies of this quick reference for antiretroviral drugs, antiretroviral therapy, opportunistic infections, and related issues edited by J. Bartlett.

Prevention of Mother-to-Child Transmission of HIV (PMTCT) Generic Training Package by WHO and HHS/CDC – This comprehensive, evidence-based PMTCT course was developed for implementation in limited-resource settings.

Management of Pediatric HIV Infection, HIV Prevention in Clinical Settings, Prevention/Treatment of Opportunistic Infections – from the Global AIDS Learning and Evaluation Network (GALEN) modules, published by the International Association of Physicians in AIDS Care (IAPAC).

Strengthening Health Systems to Improve HIV/AIDS Programs in the Europe and Eurasia Region Using Global Fund Resources – a USAID report prepared by Roger Drew and George Purvis.

Palliative Care for People with AIDS: A Curriculum and Teaching Resource for Medical Educators – by the University of Washington Center for Palliative Care Education.

Case Management Recommendations for HIV-infected Patients – a manual developed by AIHA.

Patients' Medical Cards Audit as a Quality Improvement Tool – a manual developed by AIHA.

Prevention of Mother-to-Child Transmission (PMTCT) of HIV - Monitoring Tool – a tool developed by AIHA together with the Samara Oblast Medical Information-Analytic Center and Samara Oblast AIDS Center.

Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States – US National Institutes of Health.

Safety and Toxicity of Individual Antiretroviral Agents in Pregnancy – US National Institutes of Health.

Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection – US National Institutes of Health.

Rapid HIV-1 Antibody Testing During Labor and Delivery for Women of Unknown HIV Status – US Centers for Disease Control and Prevention.

V. Public-Private Partnerships

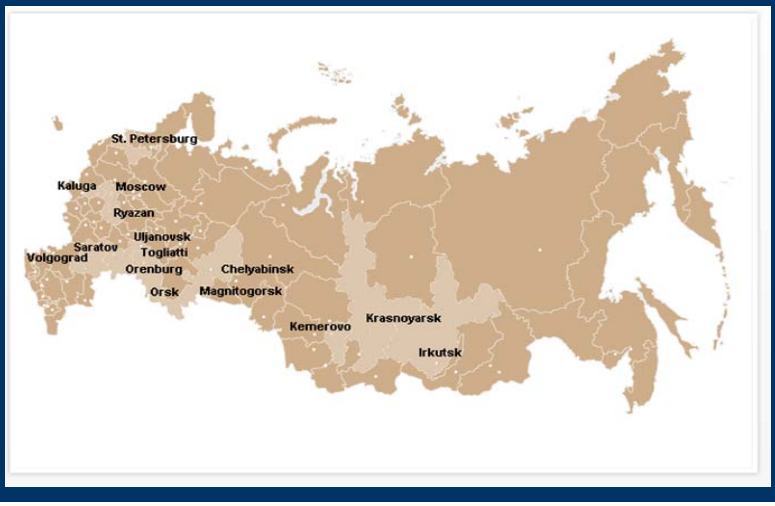
1. Professional Development in HIV Medicine

Launched in October 2007 with support from USAID's Global Development Alliance, the Professional Development in HIV Medicine Program is a public-private partnership between AIHA and the pharmaceutical company GlaxoSmithKline (GSK). The program utilizes Russian and international experts as trainers and mentors for a group of 23 participants from 16 Russian regions most heavily affected by HIV/AIDS (see map below).

The program has four main objectives:

1. Development of a core group of opinion leaders in the area of HIV/AIDS care and treatment;
2. Development of Russian language Web-based resources on HIV/AIDS care and treatment;
3. Strengthening of medical professional education, supplementing AIDS Training and Education Center activities; and
4. Supporting the translation, publishing, and distribution of professional literature on HIV/AIDS care and treatment.

Professional Development in HIV Medicine Target Regions: 2007-2008



Following is an overview of the program in three phases:

Phase I — October 2007 - February 2008

An open competition was organized to identify candidates for this program. AIHA worked with GSK regional representatives and with local coordinators, who served as proxies for reaching out to potential candidates. Application guidelines were developed and sent to a number of prospective candidates in the regions. More than 45 applications were received and reviewed; 29 candidates from the cities of Moscow, St. Petersburg, Samara, Togliatti, Ulianovsk and the oblasts of Moscow, Irkutsk, Orenburg, Saratov, Volgograd, Sverdlovsk, Chelyabinsk, Kemerovo, Ryazan, Kaluga, and Krasnoyarsk were selected to take a professional level test to determine their knowledge level and to select a group of 23 program participants.

The questionnaire was developed by one of the leading Russian faculty, Dr. Vladimir Musatov, deputy chief physician at Botkin Infectious Disease Hospital in St. Petersburg and a technical consultant with WHO and the Global Fund, who also plays a key role on the program faculty. The test was comprised of 49 questions

that covered the main issues on clinical management of HIV infection, treatment of opportunistic infections, PMTCT, and basic components of HIV care. The group scored an average 68.3 out of 98 possible points with the highest score being 79 and the lowest 44. Based on the test results and program objectives, the 23 participants were selected.

AIHA, together with an Internet development company, started working on the functional specifications for the program section of AIHA's EurasiaHealth Web site. This section features several components including on-line interactive courses and tests, forums, HIV-related presentations, and other documents. The site was designed specifically for the project participants and has several levels of access, including access for a wider audience.

The first workshop was held February 18-20, 2008, at the Moscow City AIDS Center. The themes of the workshop included: advanced principles of evidence-based medicine, clinical trials, and the development of guidelines and care standards for PLWH. The workshop involved 22 participants from 16 Russian cities and oblasts and seven instructors, including Dr. Ben Young, a professor from the University of Colorado, two staff/instructors from GlaxoSmithKline, two staff/instructors from AIHA, and Dr. Elena Nikulkina from the I.M. Sechenov Moscow Medical Academy.

One of the outcomes of the workshop was the selection of themes for the future forums, where the participants discuss clinical cases they have developed in groups or individually. These forums were held on the EurasiaHealth website until the program's website was developed.

As an initial step to develop and distribute professional materials, 1,000 copies of the *Pocket Guide to Adult HIV/AIDS Treatment: 2007* by J. Bartlett were printed and distributed among project participants in the GSK target regions and at the HIV conference in Suzdal in December 2007 (200 copies).

Phase II — February 2008 - June 2008

In order to better coordinate AIHA and GSK efforts in bringing the best experience to the participants, a checklist that outlined the main logistics issues that may arise was developed. It provided guidelines for the workshop organizers and was a great help for subsequent workshops.

In April and May, AIHA conducted an Internet-based six-week course titled, "Introduction to Evidence-based Practice." From 22 enlisted participants, eight completed the course. The course itself lasted for four weeks, and two more weeks were given to participants to complete all the tasks. All materials were posted on a dedicated Web site to facilitate access to participants with different levels of Internet connectivity. The participants spoke highly about the course, noting the wealth of information and its value. However, they also noted that the time given for the course was not sufficient to complete all the tasks and requested that the course be repeated with more time to complete the tasks.

An Internet e-mail group including program participants, GSK and AIHA representatives and trainers, was developed at Google Groups (http://groups.google.ru/group/ppp_rus). This mailing list features messages with information on upcoming forums and events, organizational information, information on funding/grants and other news that might be relevant to the group or their colleagues.

On May 19 -21, a second workshop was held at the Okhtinskaya hotel in St. Petersburg. The workshop involved 22 participants and six instructors, including Dr. Fiona Mulkahy and Dr. Martina Hennessy from the Trinity Medical School and Hospital in Dublin, Ireland, two Russian experts — Dr. Svetlana Kizhlo from the St. Petersburg AIDS Center and Dr. Vladimir Musatov — and two staff/instructors from AIHA. The workshop focused on specifics of ART for IDUs, clinical pharmacology of HIV drugs, drug-to-drug interaction, adherence to treatment, management of patients with co-infections, writing clinical cases, and working with forums and Web sites. In the evaluations of the workshop, the participants wrote that the workshop was very useful and well organized.

The participants shared their knowledge and international and national best practices through facilitated

interaction with a larger community of HIV care providers in their respective institutions.
The program Web site became functional in May 2008. To increase the Web site's interactivity, in collaboration with the Internet portal MedMir, AIHA developed two interactive tests — ART in Adults and HIV and Alcohol. These tests are meant to be used by the program participants, as well as by other HIV specialists in their training.

In addition to building the Internet and interactive discussion skills of the young clinicians, there are three main objectives for discussing clinical cases online via interactive forums:

- Promoting cooperation between the program participants and Russian and international experts;
- Ensuring the participants' understanding about how to develop and present a clinical case; and
- Providing an opportunity for remote consultations for the patients regarding treatment and care.

Dr. Young developed the first clinical case on HIV and Drug Interactions and began a series of forums. The case and replies were translated into both English and Russian and 14 specialists from the group participated in that forum. Participants also sent two consultation requests about difficult cases.

During this phase, 660 copies of the textbook *Medical Management of HIV Infection (2007)* by J Bartlett, G. Gallant were printed for distribution in the targeted regions of Russia.

Phase III — June 2008 - October 2008

Three of the program participants were chosen to attend the Ninth International Congress on HIV and Drug Therapy in HIV Infection in Glasgow on November 9-13, 2008. AIHA and GSK met to discuss and choose the best candidates based on their participation in forums and other program-related interactive events, participation during the workshops and in development of clinical cases, initiative demonstrated in the area of promoting their knowledge among their peers and colleagues, and knowledge of English. These criteria helped to identify three leaders able to represent the program. The three representatives reported on the conference events when they returned from the conference.

From June to October, three clinical cases were developed and discussed online. The cases on HIV Infection and Hepatitis, Treatment of HIV Infection and Management of HIV, and Treatment of TB and HIV Co-infection were developed by the participants with the assistance of Dr. Vladimir Musatov. Dr. Musatov provided leadership and mentoring support for the group and was a major contributor to the development of the clinical cases and forum discussions. Two more requests were submitted for discussions at the forum — one from a medical doctor who was not a member of the group at that time and another one from a patient who requested consultation on his ART regimen.

The third four-day training took place in Moscow in October 2008 with 22 participants. The workshop consisted of two components — one covering medical topics and another one focused on presentation skills. The curriculum for the two-day clinical component was presented by the international faculty and covered aspects of switching ART regimens, defining treatment failure, short-term and long-term side effects, HIV drug resistance, and an update on recent data from the 2008 International AIDS Conference. Two international experts, Dr. Ben Young and Dr.Josep Llibre from Hospital Universitari Germans Trias i Pujol, Spain, together with their Russian colleagues, Dr. Marina Bobkova from the Virology Institute of the Russian Academy of Sciences and Dr. Vassily Shakhgildyan from the Federal AIDS Center in Moscow also facilitated case-study presentation sessions lead by the program participants. The two-day training on presentation and public speaking skills was performed by Wilson's Learning.

Per a request from one of the faculty, an international peer-to-peer participation component was included in this program with the participation of Dr. Jacob Gray (University of Colorado) not as a mentor, but as a peer to the program participants. The third workshop also featured two presentations and case studies that were delivered by two participants which marked a new step in their professional development. More presentations and lectures by the participants will be planned for the future. In the end, each participant received a DVD with the materials from all three trainings in 2008.

In the end of the workshop, the same test as in the beginning of the program was administered to the group. Twenty one participants took the test (anonymously this time), and the results were compared with the test results in the beginning of the program: the mean score was 68.7 with the highest score being 81 and 53 being the lowest. There were several differences in the test-taking conditions: the participants did not have enough time to prepare and less time to take the test compared to the first time. There was also a difference in the group composition that might reflect on the outcome. Dr. Young proposed to present the test results to the group.

The program participants reported during this period on their activities in providing ART and PMTCT to their patients. According to the available data, 3,750 adult patients and 356 pregnant women were treated by the program specialists to date; 5,453 adults and 733 pregnant women are expected to be treated by them in the near future. This sharp increase in expected patients for the next year demonstrates the significance of the impact of the project in helping the participants with the overall quality of care and treatment in the Russian Federation.

The program Web site is operating as planned and was improved with the addition of forum sections and a more robust search function. Currently all the sections of the site are functional and AIHA staff continues developing and adding necessary training and educational materials.

Two more on-line tests were developed together with the Internet portal MedMir.com:

- Two Drugs: Kaletra and Tenofovir (in Russian)
- Pediatric HIV and HAART (in Russian)

In order to support a group of participants that were applying but did not join the core group, another e-mail list was created (for 11 subscribers) to improve their access to evidence-based course materials.

There was a 15 percent rotation of cadres in the group due to work, school, or family conditions, some of the participants had to be replaced throughout the year.

Since one of the main program objectives is to promote knowledge-sharing and mentoring/teaching activities among the participants, the organizers started gathering information on such activities. For example, some of the program participants work as infectious disease specialists at local HIV Centers and also teach at local Academies for postgraduate studies and/or teach at medical academies or universities (Saratov State Medical University and Saint Petersburg State Medical University). Project participants also conducted several trainings for local physicians. There will be more detailed data by the end of the program.

Plans for November 2008 – October 2009

The distance course “Introduction to Evidence-based Practice” was conducted November 2008 through January 2009. The course lasted nine weeks rather than six weeks. All enlisted participants were notified personally and by e-mail about the course and all materials were e-mailed and posted on a dedicated Web site to be accessible to participants with different levels of internet connectivity.

Two three-day trainings will be conducted in 2009. The first one will be in St. Petersburg March 2-4. The theme of this training will be Opportunistic Infections and HIV and will likely involve one international trainer and two or three Russian trainers.

The second training might be on the topic of HIV and Pregnancy, as requested by the program participants. Young fellows will be expected to develop presentations and lead sessions under the supervision of the faculty as the program progresses.

Participants will develop six case-studies and use them for discussions with Russian and international faculty for the interactive forums. Dr. Musatov will work with participants on all the case studies as a mentor. The forums based on the case studies are scheduled for several weeks in order to allow local and international ex-

perts to participate in this bilingual discussion.
Near the end of September 2009, all the participants will be tested using the latest Global AIDS Learning and Education Network (GALEN) test in order to give them an opportunity for internationally-recognized certification. This comprehensive, 190-question test will be preceded by a number of online trainings focused on preparing the participants for the test. The tests will be scored by IAPAC and the results of the test will be sent directly to the participants.

Professional Development in HIV Medicine Program participants with AIHA and GSK representatives.

2. Volga River AIDS Alliance Program

AIHA and AIDS Healthcare Foundation (AHF) developed the Volga River AIDS Alliance (VRA) to support the efforts of Togliatti City and Saratov Oblast to scale-up ART and related care and support to 1,500 PLWH by the end of 2008, as well as to institutionalize training capacity in the Volga Region to support future scale-up efforts. AIHA, AHF, and the Minister of Health of Saratov Oblast entered into formal Memorandum of Understanding during the International AIDS Conference in Toronto in August 2006; the Mayor and the Head of Health Administration of Togliatti City entered into a similar MOU later in the month in Togliatti City, completing the VRA structure. AIHA, with its registered office in the Russian Federation, led the training components of the project, served as the implementing partner of the development alliance project, and provided on-site operational oversight, monitoring, and reporting. AHF provided expertise in clinic operations and management and professional mentors.

The project built on and extended a highly successful USAID-funded project to develop model treatment and care programs in Samara (City of Togliatti) and Saratov (City of Engels) Oblasts. As a direct result of the project's success and AIHA's direct discussions with the Ministry of Health and Social Development (MOHSD) and the Russian Health Care Foundation in the case of Togliatti City, both Saratov and Togliatti City were selected as Global Fund regions and received ARVs and other support to scale-up care and treatment to 1,000 and 500 patients respectively.

Through AIHA's well established coordinative mechanisms with the GFATM-Russia and the MOHSD, the project was fully coordinated and consistent with Russia's AIDS strategy and served as a model and training site for the entire Volga Region. The project's Performance Monitoring and Evaluation Plan with outcome and output data and indicators were fully in compliance with the MOHSD, USAID and PEPFAR reporting requirements.

Background

Saratov Oblast and Togliatti City in Samara Oblast have high incidence rates of HIV/AIDS and represent primary targets for care and treatment for the Russian Federation and the Global Fund. In 2006 Saratov Oblast had an HIV prevalence rate of 230 reported cases per 100,000. As of February 2004, the Oblast had 6,140 officially registered HIV/AIDS cases, but the actual number of infected individuals was estimated to be as much as five times higher than that. In recognition of the severity of the problem, Saratov was selected as one of the first 10 Global Fund Round-4 regions in 2005. With Global Fund support, Saratov received ARVs for 1,000 adult patients beginning in late Summer 2006.

Togliatti city's HIV prevalence rate is one of the highest in the country with 1,232 cases per 100,000. As of February 2004, 9,114 of the Oblast's 21,005 officially registered HIV/AIDS cases were in Togliatti. Experts estimate, however, that the actual number of infected individuals is as much as five times higher than that. By 2006 more than 1,100 infants had been born to HIV-infected mothers and 73 children had been diagnosed with HIV. With the support of AIHA, Togliatti submitted an application to the Global Fund and was selected as one of a second group of a dozen high priority sites to receive funding beginning in 2006. Togliatti received ARVs for 500 adult patients in the spring of 2007.

The availability of Global Fund resources presented significant challenges for Russian medical personnel, who suddenly had a critical need to rapidly expand human resource capacity and replicate, scale up, and further strengthen recently initiated care and treatment programs developed under existing USAID awards to AIHA and URC. AIDS centers in both Saratov and Togliatti were unable to meet the projected service demands and had to initiate the development of decentralized, community-based treatment and care of PLWH through infectious disease specialists at primary level healthcare clinics, which were staffed by specialists who have no experience or training in HIV/AIDS care.

Saratov Oblast chose four replication sites in Engels, Balakovo, Balashov, and Volsk where ARVs were provided at the primary care level. Only in Engels had the AIDS clinic received training and technical assistance through the existing AIHA-URC project. There was an immediate need to replicate the work done in Engels to the three other sites and to help all four sites develop the capacity to provide HIV management at the primary care level. Togliatti has constrained resources and staffing at the AIDS Center level, therefore there was an even greater need to build capacity at the level of narcology, TB, STI and primary care clinics in the city.

The MOHSD and the Global Fund principle recipient requested urgent support in the key areas of need identified in both Togliatti and Saratov:

- Training of care teams, particularly in the introduction and monitoring of ART, TB and HIV co-infection, and adherence for IDUs;
- Continuous support to clinical staff through preceptorships, mentoring, and/or ongoing clinical exchanges to assist them to meet the challenges of introducing ART to large numbers of patients over a very short time period;
- Developing and implementing organizational models that enable the integration of services, as well as better referral systems and data exchange essential to monitoring quality, adherence, and operational efficiency during scale-up;
- Building of indigenous training capacity by integrating and institutionalizing AIHA-developed training programs in the continuous medical education system on a regional basis;
- Providing access for care providers to protocols, guidelines, and international evidence-based practice information through the Internet and other resources;

- Meeting current gaps in medications and supplies not currently covered by the GF or the Russian MOHSD. While the GF provides ARVs and lab needs for adult PLWH, for example, they do not currently adequately cover pediatric ARVs and drugs for some HIV-associated conditions, such as Hepatitis clinical management.

AIHA's USAID-funded HIV/AIDS partnership program focused on improving staff capacity at AIDS Centers in each VRA city to provide quality HIV care. This was accomplished through skills-based training in various clinical areas, including adult and pediatric ARV, palliative care, TB and HIV co-infection, case management, and social support. The partnerships also provided one-on-one professional training through exchanges to HIV clinics in the United States and onsite mentoring by US partners during exchanges in Russia. As a result, the AIDS Centers now have trained personnel, better tools and skills, and new technologies that enable them to deal with increasing numbers of ART patients.

In addition, the partnerships focused on building HIV awareness and decreasing stigma at the primary care and social service levels by providing introductory HIV and infection control trainings to a wide range of health and allied professional. Hundreds of healthcare workers and other service providers received this training, which helped create a supportive environment at the primary care level for delivery of treatment and support to PLWH. Local AIDS Center capacity for working with evidence-based clinical information has been strengthened through the establishment of AIDS Information and Learning Resource Centers, as well as the development of local operations management capacity and quality assessment and monitoring tools, including chart audits and a PMTCT database.

As a result of the partnership program, organizational changes for integrating TB, HIV, and narcology services have started occurring in both pilot sites, and administrative decisions have been made to provide coordinated HIV/AIDS services in selected primary care or polyclinic settings. Increased access to social services that are essential to case management and the promotion of high adherence strategies has taken place and a case management system and hiring process for case managers have been established.

The VRA leveraged the gains made through the partnership activities described above while also bringing significant new resources and expertise to the scale-up effort in both regions.

Program Goals and Objectives

- Train primary level healthcare providers and develop expanded care teams that include narcologists and TB and STI specialists at the clinic level. Cross train using courses developed at AIHA-supported ATEC in St. Petersburg with rigorous onsite mentoring provided by AHF clinical experts;
- Develop an integrated care model at the primary care sites that addresses the main problems of PLWH, including substance use, TB, Hepatitis C, and other opportunistic infections;
- Establish an HIV clinical care management information system that links all HIV care sites; and
- Engage NGOs in community mobilization and expand voluntary counseling and testing.

Key Outcomes and Achievements

At the AIDS Center in Togliatti (1 center) and Saratov Oblast (3 centers) the project helped to:

- Establish new management systems based on operational efficiency and improved clinical outcomes;
- Improve the case management system by using an integrated disease management model;
- Establish AIDS Information and Learning Resource centers with internet connectivity to further expand access of health professionals to evidence based information.

Within the oblast and city, the project also helped to:

- Develop in-patient palliative care units and provide caregiver training in palliative care and pain management for AIDS patients;

- Provide essential opportunistic infection prophylaxis and treatment and build clinical capacity in the management of infections, including PCP, fungal (candida), and viral (CMV, herpes);
- Address immediate challenges related to the provision of pediatric ART, namely lack of GF support for pediatric ARVs and the fact the national program only provides several drugs that cannot be combined in regimens and has not made public any plans about provision of pediatric ARVs in the future; and
- Address the Hepatitis B and C co-infection issue and look into ways of providing direct support.

Key Achievements in Saratov

- In December 2006, a Registered Nurse from AHF traveled to Saratov to conduct a preceptorship. Care teams from Engels AIDS Center, Balakovo Rayon Hospital, and Saratov AIDS Center received mentoring and recommendations on HIV treatment and care. The preceptor conducted two days of patient visits together with local physicians.
- Initiation of ART for adolescents and adults training for infectious disease specialists from Saratov region was conducted in December, 2006. US and Russian care providers jointly reviewed patient charts and discussed ARV treatment options and approaches, as well as TB and HIV co-infection management and contraception strategies.
- In April 2007, a US physician/nurse team provided a week-long training for 24 Russian infectious disease specialists from Saratov Oblast, including Balakovo, Engels, and Volsk. An intensive, three-day didactic training on initiation of ART for adolescents and adults was further strengthened by a two-day mentoring on ARV treatment and management, which included clinical case study reviews. American and Russian care providers jointly reviewed patient histories and discussed ARV treatment options and approaches, as well as TB and HIV co-infection management and contraception strategies. The course was held at the Saratov State Medical University.
- A preceptorship was conducted in Saratov Oblast in May 2007. Several care teams from the Balakovo, Engels, Volsk and Saratov infectious disease departments of their respective hospitals took part in the bedside mentoring in palliative care and management of opportunistic infections provided by an international expert from AHF.
- During the preceptor trips, a number of meetings with medical doctors, nurses, and heads of municipal polyclinics were held to define and discuss the roles of the policlinics and the AIDS Center in treatment, care, and support of PLWH.
- In October 2007, a team of a US nurse and a physician provided mentoring sessions for infectious disease specialists at Volsk, Balakovo, and Saratov AIDS Center. In Balakovo, 12 clinical cases were studied at two local polyclinics, a rayon hospital, and a TB dispensary. Local specialists had an opportunity to ask specific questions about cases and share their expertise. In Volsk, the experts visited the Central Rayon Hospital and met with local specialists who are providing counseling for eight patients that are on ARV treatment. Overall, there are 50 PLWH on ARV treatment in Volsk. Specialists from both cities were previously trained through the VRA.
- In April 2008, AIHA conducted an Introductory Pediatric ART for HIV course for care teams from St. Peterburg, Orenburg, Togliatti, and Saratov at the Republican Infectious Disease Hospital (Ust' Uzhora Clinical Center for Children and Women with HIV). Russian faculty conducted the training utilizing an international standard curricula adapted for Russia. The lectures and clinical sessions within this course were based on WHO recommendations for ART for the NIS and focused on a team approach in HIV/AIDS care and treatment in children.
- Onsite Mentoring and HIV and TB Co-infection Clinical Training in Saratov and Togliatti was conducted in May 2008. A team of a US nurse and a physician provided didactic and clinical training to physicians on HIV/AIDS and the associated co-morbidities in Togliatti and Saratov. The first two days were didactic lectures on HIV and TB co-infection and pulmonary medicine in HIV and TB integrated rounds. The remainder of the week was spent visiting polyclinics and performing clinical preceptorships on both inpatients and outpatients. The second week was in Saratov, Russia for clinical preceptorships in the associated polyclinics of Balakovo, Engels and Volsk. A final discussion with the Director of the Saratov AIDS Clinic and medical colleagues was conducted on the last day for program recommendations. Local specialists had an opportunity to ask specific questions about cases and share their expertise. American

specialists noted that the amount of clinical knowledge gained over the three years has been very impressive. Not only was this evident in the didactic training in Togliatti but also clear during the clinical case discussions in both Togliatti and Saratov.

Key Achievements in Togliatti

- In December 2006, AIHA conducted the first clinical training on Initiation of ARV for adults within the framework of the VRA in Togliatti. Twelve infectionists and six nurses from four local policlinics participated in a five-day training. Dr. Heiko Karcher from the Institute of Tropical Medicine and International Health, Charité-University Medicine, Berlin, Germany and John Marangio, an RN from AHF, facilitated the training.
- In February 2007, AIHA's field coordinator in Togliatti conducted follow up meetings with nine medical doctors and nurses from four Municipal Clinics. The purpose was to receive feedback on the training on "Initiation of ARV for adults" and evaluate the level of support provided by the polyclinics to the PLWH. Representatives of the polyclinics explained how they communicate with the Togliatti AIDS Center and shared data about patients served in the polyclinic settings: Polyclinic No. 1 serves 624 HIV-infected people, including 6 children; Polyclinic No. 2 serves around 2,000 PLWH; Polyclinic No. 3 serves 847 PLWH; and Polyclinic No. 4 serves 1,333 PLWH.
- In March 2007, AIHA conducted the first round of perceptorships for medical workers from four Togliatti polyclinics that participated in the training "Initiation of ARV for Adults" in December, 2006. Fourteen medical doctors and nurses from polyclinics and two medical doctors from the Togliatti AIDS Center participated in a five-day mentoring. During the mentoring, 37 patients were seen by the mentors jointly with the local infectionists and nurses in the policlinics and 15 at the AIDS Center. The mentors initiated a working meeting with TB specialists at the Togliatti TB Dispensary to discuss better collaboration with medical institutions which provide care, treatment, and support for PLWH. More than 20 representatives of the Togliatti AIDS Center, Department of Healthcare, and polyclinics participated in the meeting.
- Advanced ARV training was held in May 2007. Two international experts conducted an advanced course designed to strengthen the capacity of Togliatti PHC clinics to provide ARV treatment and care. Care teams from four Togliatti policlinics participated in a five-day clinical training at the city AIDS Center. After the course, the experts followed up with mentoring sessions to ensure proper application of treatment and care.
- Also in May 2007, the Togliatti Healthcare Department issued an order titled, "Establishment of a Pulmonary Commission" and a resolution calling for the expansion of the AIDS Center staff and modernization of trainings and equipment. The role of the commission will be to review complicated cases of TB among HIV infected patients. The order and the resolution were developed based on the recommendations of the Alliance's international experts who conducted mentoring sessions in Togliatti and visited the Togliatti City TB Dispensary in March of 2007.
- On June 20, 2007 the VRA/Togliatti Medical Director made a presentation on neurological symptoms in HIV/AIDS patients at the Togliatti Regional Neurological Conference. The presentation was supported by a case study and materials provided by AIHA and AHF.
- In July 2007, a patient satisfaction survey was conducted in Togliatti. The aim of the survey was to evaluate patient satisfaction with services provided at the Togliatti AIDS Center and municipal policlinics. A total of 51 patients on ARV treatment were surveyed. The majority of the respondents (60 percent) had been on ARV treatment under six months while only 8 percent were treated for over 12 months. An impressive 98 percent of respondents felt that the doctors had sufficiently explained their treatment regimen and 56 percent of surveyed patients thought that ART was effective while the rest did not confirm either way.
- In July 2007, a self-support group for patients that are on ARV was initiated by the Togliatti Department of Social Care as a result of efforts by the previous Togliatti/Providence Partnership and close cooperation with the Department of Healthcare. Twenty participants of the group were provided with free premises for their meetings by the Department of Social Care and informational materials, developed by AIHA.
- In September 2007, a US nurse and physician (Monica Rutherford, RN and Scott Howell, MD, USA) provided mentoring sessions for infectious disease specialists from four Togliatti municipal policlinics and

the TB dispensary. With 15 physicians and five nurses in attendance, they reviewed 44 clinical cases and provided patients with recommendations.

- In December 2007, a three-day training for community general practitioners was conducted by local experts on VCT, epidemiology and infectious diseases. The purpose of the training was to educate community physicians about the epidemiological situation of HIV in Togliatti, prepare them to work with PLWH and follow up with patients on ARV treatment. The community physicians are supporting the Togliatti AIDS Center and the municipal policlinic's efforts to provide treatment and care for PLWH.
- In April 2008, AIHA conducted an Introductory Pediatric ART for HIV course for care teams from St. Peterburg, Orenburg, Togliatti, and Saratov at the Republican Infectious Disease Hospital (Ust' Uzhora Clinical Center for Children and Women with HIV). Russian faculty conducted the training utilizing an international standard curricula adapted for Russia. The lectures and clinical sessions within this course were based on WHO recommendations for ART for the NIS and focused on a team approach in HIV/AIDS care and treatment in children.
- In April 2008, another three-day training for community physicians and general practitioners was conducted by local experts on VCT, epidemiology and infectious diseases. The purpose of the training was same as the training in December of 2007.
- In May 2008, a team of a US nurse and a physician provided didactic and clinical training to physicians on HIV/AIDS and the associated co-morbidities in Togliatti and Saratov. The first two days were didactic lectures on HIV and TB co-infection and pulmonary medicine in HIV-TB integrated rounds. The remainder of the week was spent visiting polyclinics and performing clinical preceptorships on both inpatients and outpatients. The second week the US team worked in Saratov conducting clinical preceptorships in the associated polyclinics of Balakovo, Engels and Volsk. A final discussion with the Director of the Saratov AIDS Clinic and medical colleagues was conducted on the last day for program recommendations. Local specialists had an opportunity to ask specific questions about cases and share their expertise. American specialists noted that the amount of clinical knowledge gained over the three years has been very impressive. Not only was this evident in the didactic training in Togliatti but also clear during the clinical case discussions in both Togliatti and Saratov.
- Four infectious disease doctors from four local polyclinics and three infectious disease doctors from the Togliatti Municipal AIDS Center consulted with AHF trainers in September 2008. They discussed management of patients with TB and/or Hepatitis co-infection, management of side-effects; necessary medical examinations; thorough counseling/education of patients and various issues related to ART (adherence, side effects, safe sex, etc.). Overall, the visit was very effective and covered all the issues that were needed. The participants appreciated the knowledge and expertise of the American colleges and admitted that much of information was new to them.
- In addition to clinical trainings for medical personnel, five children were provided with the full scope of treatment and care, including ARV drugs and case management services. Fifty adults were provided with OI treatment and case management services in Saratov.

The workplan for fiscal year 2007 included provision of ARV treatment for five children and OI management medications for 50 adults registered at the Saratov AIDS Center. A list of 55 patient names with their diagnosis and treatment regimens was developed and provided to the partners of the project. Unfortunately, due to drug supply regulations and the complexity of donating medication to the Russian Federation, specific medications were not provided for the Saratov patients. At the same time, the Saratov AIDS Center was able to secure appropriate treatment options on the local level and received funding from the regional budget to cover OI management medications, including the 55 patients selected for the project. Provision of the supplies and medications originally intended within the project were therefore ultimately not included in the program.

In September 2008, AIHA completed the VRA initiative that was implemented under the Global Development Alliance and managed jointly with AHF in Saratov Oblast and the city of Togliatti. The Closing Conference was held at the Togliatti Municipal Healthcare Department. Ekaterina Toreeva (Deputy Head, Togliatti Department of Healthcare); Arsen Kubataev (Regional Director of AIHA in the Russian Federation); Dina Rosen (MD, AIDS Healthcare Foundation, Los Angeles, CA, USA); Monica Rutherford (ACRN, AIDS Healthcare Foundation, Positive Healthcare, USA), and heads of Togliatti Municipal Healthcare Institutions took part in

the Conference as well as infectious disease doctors involved in the project in Togliatti and Saratov.

Participants of the Alliance presented reports on strengthening the system of treatment, care, and support for PLWH in Togliatti through the implementation of the project. The following topics were presented: the results of patient satisfaction surveys (2007-2008), operational challenges and problems in HIV care system delivery faced by medical professionals before the project started, the interaction between the AIDS Center and municipal polyclinics in management of PLWH, perspectives of practitioners, political will and the commitment of the Togliatti Department of Healthcare to improve the system of treatment, care and support for PLWH in Togliatti, and outcomes of the project.

Journalists representing the local TV channel (VAZ TV), the radio channel (Lada FM), and local newspapers (Gorodskie vedomosty, Togliatti revue) were also present at the Conference.

3. Reproductive Health in the Russian Far East Program

This project was implemented from February 2007 to September 2008 and focused on enhancing the quality of reproductive health services for women in prisons in Irkutsk Oblast.

The three main objectives of the project were to:

1. Improve the knowledge of inmates on reproductive health and enhance their awareness about their reproductive health rights;
2. Improve the quality of reproductive health services provided to inmates; and
3. Improve the transition from the penitentiary system to the civil system with appropriate access for diagnostics and treatment for recently released inmates in the process of transition.

The project activities took place in the colonies of Bozoi, 120 kilometers from Irkutsk. Two women's colonies (Nos. 11 and 40) and a settlement for men and women (No. 44) are located in Borzoi. There are more than 2,000 women who reside in both colonies. The reproductive health project was implemented in close collaboration with the Irkutsk branch of the Russian Red Cross, who received a subgrant from AIHA. Due to administrative difficulties and delays in awarding a subgrant to the Russian entity, regular visits to the colony and the actual work started in August 2007.

In March 2007, a baseline survey assessment was conducted to gauge the knowledge of the inmates and a follow-up assessment was conducted in February 2008. Despite the transience of the prison population, the surveys indicated that knowledge improved among the respondents.

The following training activities were conducted for the healthcare and correctional workers from the Medical Unit at the Irkutsk Department of Corrections and for employees from both colonies at Bozoi:

November 12-13, 2007 — A training of trainers was held for the chiefs of teams of inmates and NGO representatives who work with the peer educators among inmates (a total of 16 participants). The faculty consisted of one US nurse, two trainers from the Red Cross, and the Chief Psychologist of the Irkutsk Oblast Department of Corrections. At this event, a manual was introduced for peer educators. The participants had a chance to practice presentation skills and working with the audience.

November 14-15, 2007 — A burnout prevention training was held for 13 participants (nine medical workers, the deputy chief on human resource issues for an alliance of three colonies, the chief of educational work with inmates at colony No. 11, and two trainers from the Red Cross). Three faculty members conducted the training: a US nurse, the chief psychologist of the Irkutsk Oblast department of corrections, and a psychologist from the Irkutsk training center.

At the end of the training, participants made the following comments: “Now I know how to behave in certain situations.” “I’d like there to be a similar training for our administration.” “My question was answered with a practical exercise, and this was wonderful.”

April 2008 — Two educational workshops were conducted for the medical and non-medical workers of the colony.

April 16-19 — Two US trainers from the Albany Medical Center (a physician and a nurse), together with the trainers from the International Federation of the Red Cross, the Irkutsk branch of the Red Cross, and the Department of Corrections of Belarus, conducted a training for eight physicians and nurses from the Bozoi colonies as well as the detention center in Irkutsk. The workshop covered such topics as sexually transmitted infections (STIs), HIV treatment and prevention, stigma, and psychosocial issues. According to Dr. Inna Barkhatova, a feldsher-obstetrician and the Chief of the Health Station at colony No. 40, “It was the first time that we were told about medications in a simple and understandable language. Before that, the AIDS Center provided some training but there were a lot of things we didn’t understand. Now that we are working with this we can see how the medications work and what kinds of side effects there can be.”

April 18-20 — The same instructors conducted a TOT course on HIV, STIs, contraception, stigma and discrimination, behavior change, reproductive rights of inmates, strategies of adult teaching and peer education techniques for 22 non-medical personnel and NGO representatives working in Bozoi and one employee from a settlement for youth in Taishet, 680 kilometers from Irkutsk.

Despite the short duration of the project, it had a positive impact on the vulnerable population of the region.

The local authorities are committed to finding ways to support the project in the future. As Andrei Lemeshevsky, Chief Medical Officer for the Irkutsk Oblast Department of Corrections, stated: “After the project ends, we probably will not start anything new, but will support what we already have and try to involve NGOs in this work. We would very much want the project to continue, but that’s the problem with all projects. The system doesn’t change, the inmates come and go, and it’s a continuous process. The most important thing is that the inmates themselves are interested in the classes. Before the project started, this would not have been possible.”

According to Marina Dudarchuk, a medical specialist at the Irkutsk Oblast Department of Corrections, “This was the first experience of this kind with the medical workers of GUFSIN. We had a food program for medical workers, but nothing that involved the inmates. The most important problem is that the colony is far from the city. In Bozoi, there is a shortage of employees and this project was a real help.”

Elena Ageeva, Chief Psychologist for the Irkutsk Oblast Department of Corrections, noted, “In a situation where we have to put in bunk beds to have sufficient sleeping space for the inmates, it was a great achievement to have the colony administration allocate a room for the inmates’ Resource Center.”

Key Achievements of the Program

Improved Inmate Knowledge on Reproductive Health Issues

- Bi-monthly two-day trainings were held for the inmates. A total of 572 participated in the educational trainings on reproductive health, which included lessons on male and female reproductive systems, contraception and STIs, and general information about STDs and HIV.
- To assure project sustainability, 65 peer educators were prepared in both colonies. The Administration of the Department of Corrections recognized the peer-educators’s work and awarded them with certificates and letters of gratitude. Nineteen peer-educators provided the Red Cross (RRC) with reports on trainings they conducted. In total, there were 43 trainings held by peer educators and 320 inmates took part in them on a regular basis. Thus, 572 inmates were trained by RRC and 320 by peer educators. In total 892 inmates completed the training program.
- Inmates and staff were provided with educational charts and posters, anatomical model of a pregnant uterus, and self-help books.

- RRC trainers used a participatory approach in training activities and actively involved inmates in the development of the peer manual, which was highly appreciated by future peer-educators.
- An educational film for inmates on communicable diseases that was developed at the Albany Medical Center was dubbed into Russian to be aired on the colonies' TV channel and used in educational rooms.

Improved Quality of Reproductive Health Services Provided to Inmates

- From August 2007- September 2008, there were 699 women consulted in total, among them, 146 women returned again for a second consultation. In total, 855 consultations were provided. There were 203 consultations with infectionists, 292 with venereologists, and 360 with ob/gyns.
- Regular visits of medical specialists helped diagnose many women with various STIs, gynecological, and oncological diseases and some of them were provided with treatment. However, due to the insufficient funding available to the Medical Unit of the Department of Corrections, the distance from Irkutsk, and a set of limitations established by the Department of Corrections related to security for transferring inmates to medical facilities, a number of women with newly diagnosed, and sometimes life-threatening conditions, have not received any treatment.
- Trainings were provided to the colony workers on: reproductive health for medical workers (April 16-19, 2007 – eight medical workers); reproductive health for non-medical workers (April 18-20, 2007 – 23 trained); training of trainers (November 12-13, 2007 – 18 trained); and burnout prevention (November 14-15, 2007 – 13 medical and administrative staff from the colony and the Red Cross trained);
- A laptop and a printer were purchased for the Department of Corrections. One used laptop was donated for the educational activities with inmates. During the program, 17 convicted women started taking ARVs, even though this treatment was recommended for 25 people, due to stigma and misperceptions about HAART, only 17 of them initiated the therapy. Prior to initiating the treatment, the peer counselor and adherence specialists from the multidisciplinary team were invited to the colony to consult with the staff regarding HAART, the importance of adherence, and various psychological issues. The team conducted a group session on general information about HIV. As of today, all the women who initiated treatment are continuing with their therapy.
- Organizations that donated informational materials to the project include the International Federation of the Red Cross (IFRC), AFEW, John Snow International (JSI) and the Open Society Institute (OSI). Since September 2007, with the support of UNODC, AFEW has been implementing a project on "case management units" and "social bureaus" in six regions of Russia, including Irkutsk Oblast. The local partner is the Irkutsk Red Cross, the AIDS Center, and a local NGO. This project is helping to sustain the resource centers in the two colonies established by AIHA.
- AIHA shared training materials developed through this project with UNODC and AFEW, agencies that implement a long-term program for incarcerated people in 10 territories of the Russian Federation.

VI. Conclusions, Challenges, and Lessons Learned

From 1998-2008, AIHA's 18 partnerships and numerous cross-partnership programs in Russia made many significant contributions to improving healthcare services in the country. Together with the NIS and US partners, AIHA implemented a successful program that leaves behind a legacy of new institutions and services, including model primary healthcare clinics and training centers, Women's Wellness Centers, an Infection Control Training Center, Nursing Resource Centers, modern diagnostic and screening exams, PMTCT and HIV/AIDS treatment and care programs, and innovative community education and outreach programs.

In addition to the many facilities and services that provide tangible evidence of success, partnerships effected change on a more fundamental level. They enabled participants to develop new conceptual frameworks, gain new knowledge and skills, and bring about a profound shift in thinking about health and healthcare. Partners did more than reform services, develop protocols, and train healthcare professionals. The real success of the Russian Health Partnerships Program is that it created local capacity that not only serves as a foundation for continued reform, but also as a model that can be utilized and adapted to address new and ongoing challenges.

Integration and Improvement of Services

AIHA partnerships and cross-partnership activities have focused on improving the quality and scope of healthcare services in Russia by adopting an approach that is comprehensive, integrated, and more responsive to the needs of the population. Partners emphasized community-based programs that encourage a multidisciplinary team method that not only includes physicians, nurses, and other care providers, but patients as well — all with a view toward maximizing primary care and health promotion. Because practitioners have gained a more expansive view of their patients' health, they have significantly increased their emphasis on preventive care, health screenings, and outreach activities. Targeted populations are receiving more comprehensive care through the Primary Healthcare Centers and Women's Wellness Centers and report, overwhelmingly, that the quality of their care has improved.

Nurses, in particular, have played a key role in improved services as they have taken on increased roles and responsibilities in addition to working more collaboratively with physicians. Local trainers were selected and trained in an effort to build capacity and sustainability for training and continuing education of nurses. They are more active in the provision of patient care, are leading community health activities, and strengthening education and training for future cadres of nurses.

Learners, Leaders, and Change Agents

The healthcare professionals in Russia who were involved in AIHA partnerships and programs have benefited not only from the technical skills their counterparts shared, but also from the collaborative learning process that drives partner activities. Thousands of doctors, nurses, and other healthcare professionals and managers have received training through AIHA and partner activities between 1998 and 2008. Equally important, these professionals have used their new skills and knowledge to create in-service training programs for their

colleagues, as well as more formal educational programs for future doctors, nurses and managers. The Russian partners have developed a new view of their role, coming to see themselves not just as providers or managers of healthcare, but as educators and agents of change as well. This is especially the case with the nurses, many of whom now have a newfound professionalism and pride in their profession, and demonstrate critical leadership, educational, and clinical skills.

Sustainability

AIHA's partnership program leaves behind affordable models of care, sustainable institutions, and the human capacity for ongoing education and change. Some of the most significant results of AIHA's program in Russia are low-cost interventions, such as the many community education and outreach services that have continued long after the formal end of the partnerships, such as diabetes control programs and substance abuse counseling programs. These activities yield significant results in early diagnosis and treatment, promotion of healthy lifestyles, and disease prevention and ultimately lead to lowered morbidity and mortality.

The partnership program also contributed to sustainability by mobilizing and enabling communities to increasingly take responsibility for their own health matters. These communities are now more likely to be able to identify future problems affecting their community's health and design workable solutions. Partnerships also played a role in accelerating health policy reforms at the national level by creating new institutional capacities and developing model programs that could be scaled up.

In addition, most of the new centers established by AIHA partnerships have been able to continue full activities after funding ended. The model Primary Healthcare Centers and Women's Wellness Centers created over the past decade continue providing exemplary patient care. The Women's Wellness Centers, in particular, introduced a patient-centered approach to healthcare with a range of services beyond those offered by traditional women's consultation centers in the country by providing a wide range of preventive and treatment services through a client-centered approach to patients and addressing the health needs of women of all ages.

Building Relationships

An important legacy of the partnership program is the relationships formed between US and NIS partners, among NIS and other Eurasian partners, and among the Russian partners themselves. If past experience is a guide, these relationships can be expected to last long past the end of the formal partnership arrangements. Some US and NIS partners have sought new funding to continue their joint efforts. Chances are also very good that the Russian partners continue to communicate with and learn from AIHA's broader family of partnerships for many years to come.

For the Russian partners, participation in the AIHA program has brought them together through shared experiences and shared successes. Among the Americans who participated, there is an appreciation of the resource-poor conditions under which the Russian partners work. The goodwill exhibited by individuals at all levels of the partnerships has resulted in a lasting and valuable contribution to international understanding and respect.

AIHA also forged successful public-private partnerships in Russia through the GSK Professional Development in HIV Medicine Program and the Volga River Alliance with the AIDS Healthcare Foundation. Both of these programs clearly demonstrate the potential for further linkages with the private sector both in Russia and the United States. The programs leveraged funds and expertise and helped to disseminate these resources to a wider audience within Russia.

Key Findings of the Primary Health Care Evaluation

As mentioned earlier in this report, Terra P Group conducted an assessment of 28 primary healthcare partnerships that were active from 1998 to 2006. The key program outcomes and impact included more competent self-care and active peer support; strengthened demand for care; improved access to care;

rationalized utilization of care; improved quality of care; and significant health and social gain.

In the area of strengthening care delivery, the report stated, “The PHC partnership program has increased the capacity of PHC providers to address health problems and concerns… PHC provider capacity has been strengthened in conducting general and condition-specific physical examinations, differentiating symptoms, diagnosing, preventing and treating major communicable and non-communicable disease, and counseling on the wide range of public and personal health issues.” On management, the report stated, “Significant progress has been achieved in modernizing teaching technologies, curricula, and instructional materials… Empowered by new knowledge, better access to information, and broadened responsibility and autonomy, PHC providers have gained in their professional and social status.”

Lessons Learned in the Treatment and Care of HIV/AIDS

The primary goal of the HIV/AIDS partnerships was to strengthen human and organizational capacity to develop replicable and integrated models of HIV/AIDS treatment, care, and support services based on international standards of care. Overall, this goal was achieved and continues to expand and improve in the partnership sites. The results achieved include the following:

Capacity Building in Quality ARV Treatment — As part of a scale-up effort initiated by AIHA through its collaboration with WHO on the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, AIHA developed the AIDS Training and Education Center (ATEC) in St. Petersburg. The ATEC continues to provide training to professionals from the entire region. Training in teams consisting of a nurse, physician, and social worker is essential to breaking down barriers within the disciplines, to improving the quality of care provided, and to creating a more supportive environment for both patients and healthcare providers. In addition to the primary objective of creating the human resource capacity necessary to provide HIV-infected individuals in targeted Russian oblasts with effective HIV/AIDS-related care and treatment, the ARV training was augmented by additional mentoring and support on ARV management from US partners during exchanges.

Chart Audit — A standardized medical record review of HIV/AIDS care was developed by the US partners and customized to reflect community resources and priorities. The indicators selected are consistent with the Russian Federation and WHO standards of care. An electronic database was used by the US partners for analysis and report generation and the US partners trained their Russian colleagues on the use of the EpiInfo software. The chart audits assessed numerous clinical indicators including the following: most common exposure category; staging criteria (based on Russian Ministry of Health criteria); duration of HIV infection; antiretroviral therapy (ART) provision and compliance; CD4 counts measured in the past year; viral load testing; TB, Hepatitis C, and syphilis screening; pneumocystis prophylaxis; education on transmission risk reduction in the past six months; documented drug abuse, alcohol, and psychology assessments; pregnancy screening; and HIV specialist care. Over the course of the partnerships, medical record keeping, tracking of significant indicators, and auditing of care improved greatly by using this important tool. In addition, the chart audits contributed to the introduction of and expansion of the concept of case management.

Case Management — In order to provide access to social and healthcare services and to improve the coordination of care, the partnerships adapted and developed case management systems utilizing models proven to be effective in the US. As a direct result of the partnership work, a few case manager positions were established at some of the partnership sites. Numerous trainings have been conducted over the last four years to continue to institutionalize the concept of case management and solidify the position within the team of professionals caring for PLWHA. Training support materials were developed, including position descriptions and an implementation methodology that could be adapted locally.

HIV and TB Co-infection — AIHA coordinated the HIV and TB co-infection activities with URC and other national and donor organizations involved in HIV and TB programming, including the Russian Ministry of Health and Social Development and WHO. The partners included a TB prophylaxis and HIV and TB co-infection objective at four project sites: St. Petersburg, Togliatti, Orenburg, and Saratov. The US partners provided guidance on organizing both TB prevention and HIV/TB treatment activities, and numerous

physicians and nurses from partnership sites received training and attended medical rounds examining HIV and TB co-infected patients while in the United States.

Continuing Challenges in Fighting HIV/AIDS

While AIHA and its implementing partners at the project sites have made many important contributions to the efforts of USAID and the MOH in addressing the HIV/AIDS epidemic in the Russian Federation, the health-care delivery system continues to face serious challenges with respect to effectively treating and caring for PLWH. The following are areas that still need to be addressed or expanded:

- The process of incorporation of HIV/AIDS and PMTCT issues into the undergraduate and postgraduate medical education needs to be accelerated as well as the quality training of postgraduate faculty;
- Continuous on-site education of all relevant workers, from infectionists and narcologists, to social workers and nurses;
- Data collection and processing on the local level needs to be improved and monitored by the MOH;
- The narcology system needs to be integrated with the system of AIDS care to insure that the IDU risk group is adequately reached;
- Regular supplies of rapid tests, and ARVs need to be insured; and
- The capacity of the laboratory services of AIDS centers (viral load, CD4 count and PCR tests) to ensure access to timely testing needs to be improved.

Notwithstanding these serious and continuing systemic challenges, which characterize many aspects of the health system in Russia, the USAID-funded AIHA projects have successfully developed capacities at the main project sites and have addressed critical human and organizational needs related to providing high quality ARV services to PLWH. As a result, Russian caregivers in these regions are well positioned to sustain their capacities and continue to improve adherence and treatment for PLWHA in the coming years. Their success sets an important benchmark for the rest of Russia in particular and for the NIS region in general.

Remaining Challenges for Russian Healthcare

While AIHA and its partners have made many important contributions to the efforts of USAID and the Ministry of Health in Russia to improve healthcare for the citizens of the country, the health sector continues to face serious challenges. The most significant obstacles in Russia were encountered in trying to institutionalize systemic changes and securing approval from the health authorities at various levels of government.

Nevertheless, AIHA's programs have shifted the paradigm of how stakeholders perceive and interact with — and within — the healthcare system in Russia. Having built institutions and programs that are both more relevant and more responsive to the populations they serve, healthcare leaders in Russia are well poised to sustain these services and seek out new opportunities to improve care in the coming years.

Addendum A

VLADIVOSTOK, RUSSIA – RICHMOND, VIRGINIA (1999-2000)

THE PARTNERS

US Partners

The **Medical College of Virginia Hospitals** of Virginia Commonwealth University is the fourth largest university-affiliated hospital in the USA. During the original AIHA partnership that began in 1993, the Richmond Ambulance Authority also served as a partner playing a key role in developing the Regional EMS Training Center in Vladivostok.

NIS Partners

Vladivostok City Hospital #2 is a 1040-bed teaching and referral hospital, which houses eight chairs of the Vladivostok Medical Academy, including cardiology, nephrology, internal medicine and surgery, and the Vladivostok State Medical Academy.

PARTNERSHIP OBJECTIVES

Nursing

- Develop, implement and evaluate standards of patient care for nurses.
- Develop training materials that promote understanding of the relationship of independent, interdependent and dependent nursing activities and their impact on patient outcomes. Incorporate the materials into a continuing education programs for nursing staff.
- Connect Nursing Resource Center (NRC) at Hospital #2 to the Internet.

Infection Control

Expand the current level of practice in the Infection Control department to include administrative activities and policy development including:

- Identify and prioritize ward- and unit-specific infection control issues at Hospital #2.
- Write ward/unit specific policies.
- Educate staff, administration and physicians about new policies.
- Implement the policies.
- Establish measurement tools and indicators to evaluate effectiveness.
- Begin basic Continuous Quality Improvement (CQI).

KEY EVENTS

- Exchanges were conducted to develop the nursing curriculum and educate administrators and policy makers about the curriculum.
- US partners worked with Vladivostok City Hospital #2 to train the staff how to recognize and identify ward- and unit-specific infections. The partners established priorities in infection control policies, educated the staff about new infection control policies, established measurement tools and indicators to evaluate the effectiveness/appropriateness of these policies and interventions, and began basic Continuous Quality Improvement processes.
- Began collaborative efforts between the Nursing Resource Center and the infection control program to provide access to information and resources.

ACHIEVEMENTS

- With the assistance of the Richmond partners, the staff at Vladivostok City Hospital #2 developed, implemented, and evaluated standards of patient care that support quality nursing care and improve patient outcomes. They have incorporated these standards into continuing education programs for nursing staff.
- The nursing staff has continued to expand their scope of practice and are involved in establishing a professional organization for the region.

Addendum A

- The Nursing Learning Resource Center is providing education to both hospital staff and health care professionals throughout the area.
- As a result of the improvements in nursing practice, particularly in the Operating Room and Intensive Care Unit, the retention rate for nurses at Vladivostok City Hospital #2 has improved dramatically.
- The infection control program at City Hospital #2 has been able to develop and implement processes to significantly reduce the number of surgical wound infections and occupational injuries.
- Through collaborative efforts with the Nursing Resource Center, the infection control program has also positively impacted other hospitals and health care professionals in the region.
- The partnership used unspent funds to install a Local Area Network (LAN) at Vladivostok City Hospital #2. The LAN will ensure that the hospital will have continuous and reliable access to the Internet so the staff will be able to utilize its web-based capabilities.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	0
	NIS Partner Exchange Days	0
	US Partner Exchanges	1
	US Partner Exchange Days	84
	Total Exchanges	**1**
	Total Exchange Days	**84**
In-Kind Contributions:	Medical Equipment and Supplies, Educational Materials	1,040
	Food and Lodging	1,500
	Professional Services	46,764
	Other Direct Costs	776
	Human Resources	79,581
	Total	**$129,661**

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BURYATIA, RUSSIA – RHINELANDER, WISCONSIN (1999-2000)

THE PARTNERS

US Partners

Lutheran Social Services of Wisconsin and Upper Michigan (LSS) was the primary sponsor and fiscal agent for the sustainability grant. **The Baikal-Great Lakes United Medical Program** (BGLU) is a program of the Illinois/Russian Cultural and Economic Institute (IRCEI), a non-profit organization whose mission is to develop connections, exchanges, and cooperative projects between the people of Russia and America. The organization was formed with the purpose of developing long-term, ongoing relationships between communities of the U.S. Great Lakes region and those around Lake Baikal in Siberia, concentrating on issues of health within the cultures and environments of each area. Through the BGLU, professionals from **Sacred Heart-St. Mary's Hospitals,**

Addendum A

Inc., Rhinelander Regional Medical Group and **Gundersen Lutheran Hospital** have been essential to partnership exchanges.

NIS Partners

Through a relationship with the Ministry of Health of Buryatia **and** the City of Ulan Ude Health Administration**,** City Maternity Hospital #2 **and the** Republic Maternity Hospital **in Ulan Ude have been actively involved in the partnership.**

PARTNERSHIP OBJECTIVES

Neonatal Resuscitation

- Oversee ongoing neonatal resuscitation training courses for obstetricians and pediatricians from community hospitals in Buryatia.
- Monitor teaching and practice sessions involved with the neonatal resuscitation training course.
- Continue to assist in the collection and interpretation of data regarding neonatal morbidity, mortality and outcomes of the neonatal resuscitation initiative.
- Continue assessment of current practices on the stabilization and transport of sick and distressed newborns.

Maternal and Child Health

- Enhance knowledge and skill development of physicians, midwives, and nurses on maternal and neonatal health during pregnancy, delivery and the immediate postpartum period.

KEY EVENTS

- Representatives from the Russian and US partner institutions participated in the **4th World Conference on Childbirth Education** held in Tallinn, Estonia in May.
- Two NIS and two US partners participated in AIHA's **Annual Partnership Conference** in Arlington, Virginia, in November.

ACHIEVEMENTS

- As a result of their participation in the 3-day Childbirth Education Conference, the Buryat midwives made significant changes and improvements in perinatal care practices. Both the Republican Hospital and City Maternity Hospital #2 have developed functioning family-centered birthing rooms. At City Maternity Hospital #2 a woman can have her husband and/or family members present for labor delivery and can choose a particular midwife and obstetrician for an extra 3000 rubles. Both institutions also offer the option of rooming in and provide for early contact between the mother and child in the first 24 hours after birth. These new options represent the beginning of a fundamental shift from government-controlled services to a consumer-driven model.
- Buryat midwives have made significant changes and improvements in perinatal practices. Both the Republican Hospital and City Maternity Hospital #2 have developed family-centered birthing rooms. At the Republican Hospital, in 1999, there were 330 births (20% of total number of births) at the family-centered birthing rooms; in 2000, 437 births (25% of 1,751 births). At the City Maternity Hospital #2, in 1999, there were 2,520 births (72% of 3,500 births) at the family-centered birthing rooms; in 2000, 2,555 births (70% of 3,650 births).
- In 1999-2000, 102 midwives received advanced training in maternal and neonatal health.
- Neonatal mortality rate (NMR) decreased from 9.9% in 1996, to 8.6% in 2000; early NMR rate decreased from 8.0% in 1996, to 6.3% in 2000; and perinatal mortality rate decreased from 15.9% in 1996, to 13.4% in 1998, to 12% in 2000.
- Medical professionals in Buryatia have regularly maintained data regarding resuscitation. A system has been established to collect useful data and to review and research the data. These evaluation efforts are to determine the impact of the NRP on quality of resuscitation, mortality and morbidity.

Addendum A

- As a direct result of neonatology training exchanges, the Buryat Ministry of Health has sent two pediatricians from City Maternity Hospital #2 to Moscow for a year of advanced training in neonatal intensive care. Both of the chosen pediatricians had received NRP provider and instructor certification during the initial AIHA-sponsored training course in 1998.
- Challenging former policies, City Maternity Hospital #2 began using erythromycin eye ointment for prophylaxis against conjunctivitis in newborns. Reduced infection rates were demonstrated which led to this treatment becoming the new standard.
- A computer center was established at City Maternity Hospital #2.
- Lutheran Social Services (LSS) has provided funds to support a facility for mentally retarded children in the Zakamensky Region.
- With the help of one of the adoptive parents who is a dentist, LSS established the "No Tears Dental Program" to provide all Buryat orphans with basic dental care using novocaine.
- The Rhinelander Rotary Club is joining Rotary Clubs in Alaska to support orphanages in Siberia, including those in Buryatia.
- LSS has provided a fund for refusniks (abandoned children) for the Neonatal Center of Children's Hospital #1 (for newborns age 5 days to 3 months) and for Maternity Hospital #2 (for newborns for the first five days of life). LSS has also established Foster Care Sponsorships for abandoned children.
- LSS has established a Birth-to-3 Training Program for caretakers of pre-school children at homeless shelters, orphanages, and special care facilities.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	3
	NIS Partner Exchange Days	39
	US Partner Exchanges	6
	US Partner Exchange Days	56
	Total Exchanges	**9**
	Total Exchange Days	**95**
In-Kind Contributions:	Medical Equipment and Supplies, Educational Materials	$3,000
	Food and Lodging	$2,547
	Human Resources	$90,002
	Total	**$95,549**

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Addendum A

CHELYABINSK, RUSSIA – TACOMA, WASHINGTON (1999)

THE PARTNERS

US Partners

Mary Bridge-Chelyabinsk Affiliation is the voluntary US administrative organization for the Partnership. **Mary Bridge Children's Hospital and Health Center** includes a 75-bed in-patient facility, 24 pediatric specialty clinics, satellite clinics located in areas of southwest Washington, and ancillary services. **Tacoma General Hospital**, a general medical and surgical facility, includes a 72-bed neonatal intensive care unit, a perinatal unit, and consultation services. **Multicare** is the corporate organization which includes Tacoma General Hospital and Mary Bridge Children's Hospital and also includes the **Regional Medical Library,** the **Family Practice Residency Program,** and the **University of Washington Medical Student Rotation and Instruction Program. Tacoma-Pierce County Health Department** is the regional health department for a population of 650,000 people. Pierce County Medical Society **is the regional medical society with a membership of 725 physicians and includes among its programs the** College of Medical Education.

NIS Partners

Public Fund Chelyabinsk-Takoma is the voluntary NIS administrative organization for the Partnership. This organization includes the following agencies: **Ural State Medical Academy for Postgraduate Education** is a postgraduate medical academy that provides a residency training program in hospitals throughout Chelyabinsk city. **Chelyabinsk City Children's Hospital No. 8** is the acute pediatric teaching hospital of the Ural State Medical Academy; in addition to several pediatric specialty services, it provides neonatal intensive care and pediatric intensive care services. **Chelyabinsk City Clinical Hospital No. 1** includes the regional pediatric surgical intensive care facility. **Children's Diseases Clinic No 1** is the headquarters for the regional outpatient pediatric asthma care program. **Maternity Division, Chelyabinsk City Clinical Hospital No. 9** includes the regional cystic fibrosis clinic, the regional pediatric orthopedic program, and the children's rehabilitation unit. **Chelyabinsk City Clinical Hospital No. 10** includes the regional high-risk maternity program. **Chelyabinsk City Clinical Hospital No. 8, Chelyabinsk City Maternity Hospital No. 5, Chelyabinsk Oblast Maternity Hospital, District central hospitals in Troitsk, Miass, Kyshtym, Kusa, and Satka, Chelyabinsk Regional Administration,** and **Chelyabinsk City Administration** are also involved.

PARTNERSHIP OBJECTIVES

Neonatal Resuscitation

- Documentation of neonatal outcomes in major delivery hospitals in Chelyabinsk city and in regional hospitals at Magnetogorsk, Miass, Zatoust, Kishtim, and Troitsk.
- Train seven additional physicians as neonatal resuscitation instructors.
- Delivery of equipment and supplies for one additional NRP training station at Hospital No. 8 and at the regional hospital.
- Evaluation of facilities at other regional hospitals and development of plans for future NRP training.

Neonatology

- Document improvement in the rate of nosocomial infection in the newborn intensive care nursery of Chelyabinsk City Clinical Children's Hospital No. 8. Review neonatal intensive care quality assurance procedures and develop procedures for improvement.
- Establish a neuro-developmental follow-up program to involve all infants discharged from Children's Hospital No. 8 Newborn Intensive Care Unit.
- Assist Chelyabinsk-Takoma to further develop procedures and protocols during 1999-2000 for the regional neonatal care center at Chelyabinsk City Clinical Children's Hospital No. 8 and regional hospitals.

Perinatology/Obstetrics

- 75 obstetricians will complete the neonatal resuscitation provider course.
- Assist Chelyabinsk-Takoma to include obstetricians in its membership for goal setting, planning, and implementation of plans.

Addendum A

- Assist Chelyabinsk-Takoma to establish routine procedures to document perinatal risk, to communicate in advance to the neonatologist of the risk, and to plan neonatal resuscitation and transport.
- Establish perinatal morbidity/mortality conferencing between obstetricians and neonatologists at one or more major Chelyabinsk City delivery hospital and Hospital No. 8.

Pediatric Asthma

- Instruct physicians from principal Chelyabinsk City and key Oblast hospitals in pediatric asthma care using World Consensus Conference and NHLBI asthma guidelines.
- Establish an asthma school in Chelyabinsk City for education of physicians and nurses, public school teachers and students, civic leaders, the media, and the general public.
- Continue documentation of the number of pediatric asthma clinic visits, the number of hospital admissions, and the hospital length of stay.
- Establish affiliation with the American Lung Association to establish a citizen organization in Chelyabinsk.

Cystic Fibrosis

- Improve care and outcome of Chelyabinsk cystic fibrosis patients.

Medical Information

- Establish one or more computer stations with modem, CD-ROM capability, and Internet access at the Center.
- Assist Chelyabinsk-Takoma to plan to obtain funding for establishment of an inter-hospital modem-and computer-based network.

KEY EVENTS

- Two shipments of **neonatal resuscitation and practice equipment and supplies** were provided by Northwest Medical Teams International and delivered to Chelyabinsk.
- Chelyabinsk physicians and school officials completed a **6000-student survey of asthma symptoms** of school children.
- **Broadband Internet connection for the Information Center** was established in November.
- The **Chelyabinsk Oblast Deputy Governor** responsible for medical and educational services visited Tacoma.

ACHIEVEMENTS

Neonatal Resuscitation

- Significant improvement in neonatal outcomes, as measured by the rate of admission to neonatal intensive care, was documented in those Chelyabinsk City hospitals in which physician staff had received neonatal resuscitation training.
- Seven additional NRP instructors were trained in Chelyabinsk City.
- One additional hospital, the Kyshtym Central Hospital, was added to the group of regional hospitals included in Affiliation activities and support.
- Chelyabinsk City Children's Hospital No. 8 prepared and accepted new infection control protocols for the Neonatal Intensive Care Unit (the ICU serves 240 patients/year).
- Significant improvements in neonatal outcomes were documented in those Chelyabinsk City hospitals in which physician staff had received neonatal resuscitation training. Mortality at intensive care units decreased from 26.6% in 1996, to 15.6% in 2000. Neonatal Mortality Rate (NMR) decreased from 11.4% in 1998, to 10% in 2000. Early NMR decreased from 7.3% in 1998, to 6% in 2000; perinatal mortality rate decreased from 12.8% in 1998, to 9.3% in 2000.

Neonatology

- Rates of nosocomial infection in the neonatal intensive care unit of City Clinical Children's Hospital No. 8 were compiled. Initial review shows a modest reduction in the rate of infection during 1999, but the total numbers are small.
- Neonatal intensive care quality assurance procedures have been drafted and submitted to the administration.

Addendum A

- A follow-up clinic for evaluation of graduates from the neonatal intensive care unit of City Clinical Children's Hospital No. 8 has been established.

Perinatology/Obstetrics

- Neonatal Resuscitation training has been completed by 52 obstetricians.
- The assistant director of Chelyabinsk-Takoma became chief physician and administrator of the Chelyabinsk Oblast Maternity Hospital.
- Radio and television interviews of Tacoma Affiliation members during their October exchange visit were aired in Chelyabinsk. Presentations regarding Affiliation activities were made in Tacoma to the Mary Bridge Children's Foundation, to physician groups, and to the editorial board of the Tacoma News Tribune.

Pediatric Asthma

- Physicians at Children's Diseases Clinic No. 1 were trained in pediatric asthma care using the World Consensus Conference guidelines.
- A physician has been designated to be the director of an asthma school. He received significant orientation regarding this task during a training visit at McGill University Medical Center. Protocols for this school are to be developed during 2000.

Cystic Fibrosis

- The director of the Chelyabinsk regional cystic fibrosis program was instructed in Tacoma by Southwest Washington regional cystic fibrosis program staff and he also attended the International Cystic Fibrosis Congress held in Seattle.
- The Tacoma co-director lectured on cystic fibrosis diagnosis and care at the postgraduate medical school.

Medical Information

- Three computer stations were established at the Medical Information Center. A wide-band Internet connection was established to the Information Center.
- Planning was begun for development of an inter-hospital modem-and computer-based information network.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	8
	NIS Partner Exchange Days	111
	US Partner Exchanges	6
	US Partner Exchange Days	54
	Total Exchanges	**14**
	Total Exchange Days	**165**
In-Kind Contributions:	Medical Equipment and Supplies, Educational Materials	$121,143
	Food and Lodging	$15,160
	Human Resources	$210,383
	Total	**$346,686**

CONTACTS

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Addendum A

DUBNA, RUSSIA – LA CROSSE, WISCONSIN (1999)

THE PARTNERS

US Partners

Gundersen Lutheran Medical Center is a 402-bed regional medical center that provides both primary and specialized medical services, including a Level III trauma center and an air medical transportation system. Gundersen Clinic, Ltd. is a 275-physician, multi-specialty group practice, connected to Lutheran Hospital. Gundersen Clinic has 24 branch and satellite clinics and 32 outreach centers located throughout western Wisconsin, northeast Iowa and southeast Minnesota.

Franciscan Healthcare System provides a number of health care services, including a rural hospital, nursing home, home care and services for the elderly. Franciscan Health System operates St. Francis Medical Center, a 346-bed regional medical center and the largest member of its system. Skemp Clinic, connected to St. Francis Medical Center, is a multi-specialty group practice of over 70 physicians. It also operates family practice branch clinics in six other hospitals.

NIS Partners

Bolshaya Volga Hospital is the oldest hospital in Dubna, serving largely the elderly and impoverished population of Dubna. Half of the facility provides inpatient care and the other half is dedicated to the Children's Rehabilitation Center that is largely supported by parents of children with disabilities (cerebral palsy, hearing impairment, diabetes). This part of the hospital is called the "Christmas Center."

Hospital No. 166 is a multi-profile facility with 17 medical specialties. The hospital is 40-years old and has approximately 300 inpatient beds.

Hospital No. 9, which was built to provide care to workers at the prestigious Joint Institute of Nuclear Research, is a larger and better-equipped facility than Hospital No. 166.

PARTNERSHIP OBJECTIVES

The sustainability partnership worked toward the following objectives during fiscal year 1999:

Diabetes Management

To establish a packaged marketing plan for the future sustainability of the Diabetes School and its replication sites, the partners propose to:

- Plan and conduct a two-day seminar for representatives from each school.
- Assess status and progress of each of the replication sites.
- Develop a business plan for future marketing and model replication.
- Document historical perspective of model development to include efficient steps for replication.

Emergency Medical Services

In cooperation with the University of Moscow and the AIHA Moscow EMS Training Center, the partners propose to:

- Evaluate trained CPR instructors providing classes for health professionals.
- Evaluate the quality of emergency care focusing on diagnostic capabilities in the filed versus in the hospital.
- Deliver self-contained breathing apparatus to Dubna fire-fighters and train in their use.
- Oversee community-based CPR instruction in Dubna.

Women's Health

To enhance the success and operation of the Women's Wellness Center and develop fee-for-service program to promote cost recovery, the partners propose to:

- Evaluate the administration and operation of the WWC in Dubna.

Addendum A

- Monitor medication inventory and appropriate distribution of medications for patients of the center.
- Evaluate equipment and supplies operation and maintenance purchases.
- Ascertain the effectiveness of the computer documentation and data tracking of Center services.
- Assist in implementation of a marketing plan for services.

Nursing Education

To document the nursing integration process and changing roles of nurses in Dubna, the partners propose to:

- Evaluate the program's efforts to increase accessibility, and efficiency of care through Nursing Outreach/home care in Dubna.
- Assess and document the changing roles of nurses in Dubna resulting from partnership activities and changes in health care system.

Physical Rehabilitation

- Train NIS physicians in the appropriate diagnosis and referral for orthotics.
- Train NIS physicians to prescribe orthotics for adult stroke patients in Dubna.

KEY EVENTS

1999

- In March, representatives from the partnership's four Diabetes schools in Dubna, Krasnogorsk, Balashikha and Moscow attended a workshop sponsored by Measure 3, an initiative of USAID/Moscow. They discussed many of the common problems faced by the four schools, project assessment, and means of replicating the schools in more communities at the workshop.
- In May, two partners from LaCrosse traveled to Dubna to assess the Quality Project in Dubna's health care institutions. They also established next steps for the AIHA sponsored sustainability project in the areas of Orthotics, Women's Health and Infection Control.
- Partner representatives attended the Sister Cities International Conference and served on panels exploring the challenges of establishing and maintaining Sister Cities relationships. They also presented the partnership's successes in the areas of sex education, substance abuse prevention, and diabetes education.
- In September, LaCrosse sent one traveler to Dubna to review and evaluate the administration and operation of the Women's Wellness Center. The main goals of the trip were to monitor the medication inventory, evaluate equipment and supplies, and assist in the implementation of the center's marketing plan.
- Three U.S. partners traveled to Dubna in September to plan and conduct a two-day seminar for representatives from each of the diabetes schools. This seminar was intended to help establish a marketing program for further diabetes school replication and to assess the progress of the current schools.
- The partners also continued non-AIHA funded activities that included a September Quality Conference for Moscow Oblast and the development of a smoking and alcohol cessation curriculum for student in grades 7-12.
- In late October, two NIS doctors traveled to LaCrosse to study rehabilitation methods and techniques used at Gunderson Lutheran Medical system for stroke patients and children with physical limitations. During their stay, the physicians shadowed the work of doctors, nurses and support staff from the orthotics department.
- In November, US and NIS and VIPs from Dubna attended AIHA's Annual Partnership Conference to conduct presentations on topics of managing chronic disease, promoting partnerships through information technology, and quality improvement.
- One American partner traveled to Dubna in December to conduct an end-of-partnership evaluation in each of the following areas: women's health, renal dialysis, alcohol treatment and prevention, diabetes, cardiac rehabilitation, orthotics, health care reform, emergency medicine, infection control, and project administration.

ACHIEVEMENTS

Women's Health

- New Women's Wellness Center Director hired to oversee operations and services of the center. Center services expanded to include STD education for teens and all Center clients. Additional training provided for nurse midwives in education about family center birthing practices. The frequency of family-attended births was maintained in 1999. Efforts are planned to increase the number of family-attended births in 2000.

Addendum A

Physical Rehabilitation

- The physical rehabilitation center in Dubna now provides orthotics to the Moscow Region. The orthotics portion of services was recently moved to the physical rehabilitation center. Now patients can received the whole spectrum of care at one facility. Goals for 2000 include expansion of the orthotics lab to include the manufacturing of not only ankle and foot orthotics, but other prosthetic services as well. Other services would also include occupational and "back-to-work" training for stroke and other physically disabled individuals.

Nursing Education, Home Care and Hospice

- Nurses continue to assume a greater role in direct patient care at Central City Hospital and Hospital #9. Leadership training for nurses has resulted in a number of changes, including increased pride, and involvement in a larger number of conferences, workshops and seminars.

Diabetes

- The Diabetes Schools established in the Moscow Region gathered for additional training and site update and assessment. Five of the six sites recently monitored appeared to have improved the quality and range of care considerably. One Moscow site has not advanced as expected. Insulin and supplies continue to be a challenge for the Diabetes Centers, however, patient and family education continues to increase at each site.

Emergency Medical Services

- CPR training for health care personnel continues. The CPR instructors remain current in their certification and motivated to continue training. A community CPR training was held with great success. More than 3000 individuals ranging in age from teens to older adult were exposed to the importance of CPR and viewed a demonstration of the technique.

PARTNERSHIP DATA

Date of MOU Signing:	Sept. 22, 1992	
Exchanges:	NIS Partner Exchanges	10
	NIS Partner Exchange Days	110
	US Partner Exchanges	8
	US Partner Exchange Days	97
	Total Exchanges	**18**
	Total Exchange Days	**207**
In-Kind Contributions:	Medical Equipment and Supplies, Educational Materials	$35,400
	Food and Lodging	$1,150
	Educational Materials	$3,067
	Total	**$39,617**

CONTACTS

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Web site: http://www.dubna.ru\koi\Dubna\med.

Addendum A

MURMANSK, RUSSIA – JACKSONVILLE, FLORIDA (1999-2000)

THE PARTNERS

US PARTNER

Memorial Hospital assumed the role of US partnership institution in June 1996. St. Vincent's Medical Center was the original partnership institution. Memorial Hospital is a general hospital that provides general medicine, obstetrics, gynecology, oncology, orthopedics, and general surgery. The Jacksonville Sister Cities Association has a 25-year old relationship with Murmansk, Russia.

NIS PARTNER

Murmansk Regional Hospital is the major referral hospital for the entire Kola Peninsula; the hospital provides services in essentially all medical specialties. **City Ambulance Hospital of Murmansk** is the primary emergency care facility for the City of Murmansk, but also provides services such as general surgery, orthopedics, ophthalmology, cardiology, obstetrics and gynecology.

PARTNERSHIP OBJECTIVES

Laparoscopic Surgery

- To enhance training in Laparoscopic Surgery and thereby decrease the rate of surgical complications and the average length of stay, the partners will continue to train surgeons, anesthesiologists, and other operating room personnel in advanced laparoscopic procedures.

Infection Control

- To facilitate the implementation of a comprehensive hospital infection control program in Murmansk, the partners plan to provide training in techniques to decrease infection rates, especially in obstetrics, and in hospital infection control surveillance procedures.

Pediatric Cardiovascular Surgery

- To enhance the level of Pediatric Cardiovascular Surgery available in Murmansk, the partners plan to provide training for surgeons, anesthesiologists and nurses in the surgical correction of congenital heart defects and the diagnosis and management of cardiac defects in infants and children.

Women's Health

- To increase the number of women properly using birth control and STD prevention and to advance the use of breast conservation therapy, the partners will provide instruction on birth control, STD prevention, and obstetrical infection. In addition, the partners will initiate activity in early detection of breast cancer and Introduce breast conservation therapy as a management option for breast cancer.

KEY EVENTS

- The Director of Surgical Services for the Murmansk Region and the surgeon responsible for the establishment of an outpatient surgery center in Murmansk traveled to Jacksonville in 2000. Both free standing and hospital-based ambulatory surgery centers were visited and the role of such centers studied. Following this exchange to Jacksonville, the Regional Director of Surgery and the general surgeon returned to Murmansk and established the first outpatient surgery center in the entire Kola Region. Their goal was to eliminate long hospital stays for patients by using procedures appropriate to this type of center and thus saving considerable resources previously spent for inpatient care.
- The early detection of breast cancer is a health care priority in Murmansk. The Jacksonville partners **provided training, breast models, and visual aides on early detection of breast cancer**.

Addendum A

- Partners from Jacksonville and Murmansk attended AIHA's 1999 Partnership Conference. While in Washington, partners met with Florida congressmen to discuss the strategic importance of the Murmansk region to US interests and sustainability of their activities after AIHA support ends.

ACHIEVEMENTS

- U.S. surgeons traveled to Murmansk to demonstrate laparoscopic ventral hernia repair using the latest in supplies - Gortex mesh. **Surgical procedures were performed in both partner hospitals by Russian surgeons under the supervision of the American partners**. The W. L. Gore Company and Memorial Hospital of Jacksonville provided the special equipment for this demonstration. Local television stations and newspapers covered the training.
- The Regional Director of Surgery and the general **surgeon established the first outpatient surgery center in the entire Kola Region.** Patient days have been reduced from weeks to days within the first six months of the center opening.
- The partnership was able to obtain through discounted purchase and donation two complete sets of laparoscopic surgery **equipment and associated supplies valued in excess of $200,000.00** to augment and/or replace equipment previously donated by the US Partners.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	4
	NIS Partner Exchange Days	44
	US Partner Exchanges	8
	US Partner Exchange Days	80
	Total Exchanges	**12**
	Total Exchange Days	**124**
In-Kind Contributions:	Equipment	11,698
	Human Resources	2,950
	Total	**$11,648**

CONTACTS

US Representative: *Muriel Whelchel,* Project Coordinator, Jacksonville-Murmansk Medical Project, Jacksonville Sister Cities Association, 9033 Bay Cove Lane, Jacksonville, Florida 32257. Tel: (904) 730-0405; Fax: (904) 448-8374; Dwhelc3526@aol.com

NIS Representative: *Dr. Alexander Pisarenko,* Director, Murmansk City Health Department, Profsoyucnaya, 20, Suite 418, 18308 Murmansk, Russia. Tel: 7-815-255-5335; Fax: 7-789-10452 (Norwegian Line)

VOLGOGRAD, RUSSIA - LITTLE ROCK, ARKANSAS (1999)

THE PARTNERS

US Partners

The University of Arkansas for Medical Sciences (UAMS) is the sole graduate health sciences campus of the state. During the 1960s the College of Medicine joined the national trend of training family physicians as a new specialty, and during the 1970s UAMS founded six Area Health Education Centers (AHECs) in small cities around the state. Affiliations of UAMS include **Arkansas Children's Hospital**, three **Veterans Administration** facilities, and the **National Center for Toxicological Research**. The **Arkansas Department of Health (ADH)** administers ten regional offices among the state's seventy-five counties.

Addendum A

Addendum A

NIS Partner

The **Volgograd Medical Academy (VMA)** began in 1935 and graduated its first class of physicians in 1940. The Academy serves a municipality of 1.2 million people in the oblast of the same name.

PARTNERSHIP OBJECTIVES

Tuberculosis

- Develop a regional reference tuberculosis laboratory. The lab will test specimens from the oblast for *M. tuberculosis,* perform drug susceptibility tests, set standards for other laboratories in the oblast, and train their technicians.
- Teach two Volgograd scientists methods of Arkansas TB laboratories including collecting, transporting, processing, culturing, and identifying positive specimens and testing for drug-susceptibility.
- Develop, implement, and maintain quality assurance standards.
- Survey TB laboratory services and resources of the Oblast.

Communications

- Improve the English language skills of two laboratory specialists.

KEY EVENTS

- UAMS Vice Chancellor for Regional Programs met with the **Minister of Health for the Russian Federation** in Moscow in December.
- The **first Volgograd physician supported by a supplemental NIH grant** completed his studies and returned to Volgograd in December.
- In November the regional health director and vice rector met the director of the Arkansas Department of Health and learned about its activities and responsibilities. The **regional health director committed to trials of TB management methods** practiced in Arkansas.
- A referral by a National Institute of Health official led to an agreement with a group at SUNY Albany and New York State Health Department for **a grant to educate VMA physicians.**
- ADH and UAMS jointly arranged interviews and video taping of the two visiting administrators and the two laboratory specialists by **UPI and Little Rock TV Channel 12.** Stories were broadcast that evening and printed in the newspaper the following day.
- The ADH TB epidemiologist was invited by the **Russian Federation Minister of Health** to travel with him to Volgograd.
- The project director met with officials of the **World Bank** and **USAID**, visited **IREX,** and spoke with two Senators and one Representative of the **Arkansas Congressional delegation**. In addition, he met colleagues in the **Office of International and Refugee Health--National Institute of Allergy and Infectious Diseases**, and the **Johns Hopkins University School of Public Health and Hygiene** where a similar training project is based.

ACHIEVEMENTS

- The partners were taught **quality assurance procedures, safety measures, and usable laboratory methods**. Two faculty administrators of VMA visited UAMS and discussed post-graduate training in toxicology with officials of the National Center for Toxicological Research near Little Rock and the development of a poison control center with the director of the UAMS poison center.
- The **ADH TB epidemiologist lectured at VMA and interviewed candidates for future study** in Arkansas. In Moscow the epidemiologist discussed the project with a WHO and a USAID official, with other TB experts at the Central Tuberculosis Research Institute, and with a TB epidemiologist at the Research Institute of Phthisiopulmonology.
- In mid-December preparations began for submitting a request to NIH for **training in HIV-AIDS and TB**. The NIH program would provide five years' support. Application for **NIH supplemental funds** for education at UAMS and ADH of two physicians from Volgograd was made in June.
- Two TB laboratory specialists from the VMA tuberculosis center (which serves the oblast) and the municipal dispensary learned measures for safely handling TB specimens, maintaining quality control, identifying

positive *M. tuberculosis*, and ascertaining drug sensitivity. The specialist returned to their positions in Volgograd and participated in the **development of a regional laboratory** and the promotion of the procedures they learned with their directors.

- English skills of one laboratory specialist became sufficient for conversation with her peers. The other became proficient in accurate communications in the laboratory.
- During July, at the annual convention of **Sister Cities International** in Little Rock, AIHA and UAMS co-sponsored a dinner for representatives of partners and UAMS displayed a poster about its two medical affiliations at the AIHA exhibit.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	4
	NIS Partner Exchange Days	270
	US Partner Exchanges	5
	US Partner Exchange Days	41
	Total Exchanges	**9**
	Total Exchange Days	**311**
In-Kind Contributions:	Food and Lodging	5,485
	Human Resources	12,668
	Total	**$18,153**

CONTACTS

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MOSCOW, RUSSIA – AUSTIN, TEXAS (1999 – 2000)

THE PARTNERS

US Partners:

The **City of Austin Emergency Medial Services Department** is a division of the City of Austin, Texas. The department operates a fleet of fifteen ground-based advanced life support ambulances, two emergency rescue ambulances, and one emergency rescue helicopter. Services are provided to Travis county residents--over 1,100 square miles.

NIS Partners:

The Moscow Emergency Services Training Center**, established by the Austin partnership using the AIHA model curriculum.**

Addendum A

PARTNERSHIP OBJECTIVES

Emergency Medicine Curriculum

- To transition from the on-going refinement of the teaching curriculum to the development of final translated lectures for continued use and support of the Moscow Training Center.
- Replication of continuing education programs similar to the US version of Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS), expanding both programs to two-weeks, was the focus curriculum.

KEY EVENTS

- Regretfully, educational trips to Zelenogorsk were cancelled on both scheduled occasions due to political concerns.
- Austin and Moscow partners participated in AIHA's 1999 Partnership Conference. The Austin partners hosted the Director of the Moscow EMS Center and an EMS instructor immediately following the Conference; the Moscow partners observed the Travis County/ City of Austin EMS system at work and also participated in an EMS Conference that the City of Austin sponsored.

ACHIEVEMENTS

- **An EMS Training Center was opened in Tver as an affiliation of the Moscow Center**. The instructors from Tver received training in Moscow and were certified by the Institute for Postgraduate Education of the Russian MOH's Federal Administration for Biomedical and Extreme Problems. Funding for the EMS Center operation was secured by the partners from World Bank as part of the Health Reform Project in Tver. Since opening in May 1998, 9 courses have been conducted and 124 persons trained.
- The Moscow EMS training center made great strides in **marketing EMS training courses.** In 1999, the Center provided training for 100 *Transaero* flight attendants and marketed courses to firefighters, police officers, transportation workers, power industry employees and civil defense personnel. From opening to December 2000, 438 persons have been trained.
- The **development and translation of lectures on personal safety and stress management** was completed. Education materials on advanced pediatrics are being developed to send to the Moscow Training center.
- A **144-hour and 80-hour EMS curriculum was developed** based on an earlier curriculum. Emphasis was placed on how to insure Moscow teaching staff were competent and self-sufficient.
- Plans were developed and implemented to insure the **future sustainability of the Moscow Center** through the use of specialized courses. A framework was also developed for the future establishment of a Russian pre-hospital association, certification process and network avenues.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	0
	NIS Partner Exchange Days	0
	US Partner Exchanges	2
	US Partner Exchange Days	110
	Total Exchanges	**2**
	Total Exchange Days	**110**
In-Kind Contributions:	Medical Equipment and Supplies	
	Educational Materials	
	Food and Lodging	
	Human Resources	104,213
	Total	**$104,213**

Addendum A

CONTACTS

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MOSCOW, RUSSIA – CHICAGO, ILLINOIS (1999 – 2000)

THE PARTNERS

US Partners: Premier, Inc. is an alliance of hospitals and health networks with over 1800 affiliated institutions. The Premier hospitals that participated in the partnership included New York Mount Sinai Medical Center and Beth Israel Hospital, Chicago Mount Sinai Medical Center and Schwab Rehabilitation Center, Central duPage Hospital, and Cleveland Clinic Foundation.

NIS Partners: Medical Center of the General Management Department of the President of the Russian Federation, including Central Clinical Hospital, Volinskaya Hospital, Michurinsky Hospital, the post-graduate center (Nursing School), and Sanatoria Barvicha.

PARTNERSHIP OBJECTIVES

Nursing

- The creation of a Nursing Resource Center to be used by all medical center affiliates and to be available to AIHA's Moscow office as needed. The center will be the only NRC in the Moscow area continuation of the Maryland Hospital Association Quality Indicators Project and enrollment of four additional Russian institutions.

Quality Indicators

- Continuation of the Maryland Hospital Association Quality Indicators Project and enrollment of four additional Russian institutions.

KEY EVENTS

- The **Opening of the Nursing Resource Center** was held at Volinskaya Hospital on September 8, 1999. The site was blessed by the High Priest and many dignitaries attended the opening.
- Chicago and Moscow partners presented at the AIHA's Partnership Conference.

ACHIEVEMENTS

- The NRC served as an educational site for nurses from the partnership program. **Since its opening, a total of 721 nurses have participated in NLRC- based training program**s.
- **Premier, Inc. provided the equipment and supplies for the NRC**. A nurse educator from Premier's affiliated hospital, The Cleveland Clinic Foundation, provided **two weeks of training on the use of new clinical equipment and the use of mannequins.** She also worked with hospital staff at Volinskaya to complete computer installation.
- **Four additional hospitals were enrolled in the MHA Quality Indicator project**, including St. Petersburg's Sokolov Medical Center. Data is collected by a statistician at each site and summarized by the chief statistician. The Chief statistician participated in the Premier-sponsored MHA update in Chicago and will

also participated in the panel on quality at the International Society for Quality in Healthcare (ISQUA) meeting in Dublin (September 00).

- The partners are collaborating on the development of a **Quality Indicators manuscript** for a professional journal.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	1
	NIS Partner Exchange Days	36
	US Partner Exchanges	1
	US Partner Exchange Days	15
	Total Exchanges	**2**
	Total Exchange Days	**51**
In-Kind Contributions:	Medical Equipment and Supplies	$19,856
	Educational Materials	$23,475
	Human Resources	48,317
	Total	**$91,648**

CONTACTS

US Representative: *Sharon Weinstein, MS, CRNI, RN,* Executive Director, The Premier Foundation, Director/Office of International Affairs, Premier, Inc., 700 Commerce Drive, Suite 100, Oak Brook, IL 60523. Tel: (630) 891-4793; Fax: (630) 891-5327; sharon_weinstein@premierinc.com.

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ST. PETERSBURG, RUSSIA – LOUISVILLE, KENTUCKY (1999-2000)

THE PARTNERS

US PARTNER

Jewish Hospital Health Care Services (JHHS) of Louisville, Kentucky is a regional healthcare network with over 36 sites. **Jewish Hospital**, one of the 25 Premier providers in JHHS, is a 442-bed regional tertiary care center. Consistent with its mission to emphasize research, education, and technology, Jewish Hospital has a formal relationship with the **University of Louisville School of Medicine** for training and research projects.

Addendum A

Also part of JHHS is **Clark Memorial Hospital**, of Jeffersonville, Indiana, a 270-bed facility offering an array of services including: emergency care, women's and children's health, behavioral health, cardiopulmonary, ortho/neuro, home health and occupational medicine.

NIS PARTNER

Medical Center of St. Petersburg in the name of Sokolov (formerly Hospital No. 122) was founded in 1973 in order to provide medical care for employees of certain industrial facilities in the region. At that time it had only one outpatient clinic and three small outreach ambulatories. In 1983 the main hospital building with 560 beds was constructed. Now Sokolov includes Clinical Hospital in the name of Sokolov, numerous outpatient clinics, a Sanitary Epidemiology Station, the Bureau of Forensic Medicine, and a **Post-Graduate School of Nursing**. Services offered at Sokolov include Inpatient and Outpatient Surgery, Gynecology, Urology, Otolaryngology, Ophthalmology, Rheumatology, Traumatology, Dermatology, Neurology, Occupational Medicine, Pulmonology, Dentistry, Cardiology, Psychiatry, Allergology, Endocrinology and Oncology.

PARTNERSHIP OBJECTIVES

Emergency Medical Services

In order to improve emergency preparedness and raise the educational level of emergency personnel, the partners will:

- Complete their assessment of the current emergency medicine delivery model.
- Provide training to a team of NIS professionals, including physicians, nurses and managers.
- Establish Process Improvement Teams to oversee changes within the institution.

Primary Care/Nursing Education

To develop a primary care model that will minimize the fragmentation of care and assign a gatekeeper to oversee patient care, the partners will:

- Educate hospital administration, management and staff on planning for change and manage outcomes.

KEY EVENTS

- NIS partners traveled to Louisville to explore the possibility of establishing primary care services at Sokolov hospital. During the one-month visit, participants observed and completed training in emergency care in a community setting; referral procedures, guidelines for admitting patients, and guidelines for emergency room treatment were focus areas.
- Twelve NIS partners traveled to Louisville for three weeks to evaluate the structure and organization of financial services including strategic and business planning, product lines for health care, health care cost-accounting, and the organization and structure of plant and foundation services. Equipment maintenance, reconstruction of the hospital admitting area, organization of the emergency room area, marketing dental services, and guest relations were also evaluated. Contemporary trends in nursing education, undergraduate and graduate curriculum, and continuing education in nursing were reviewed.
- A team of four US partners traveled to St. Petersburg to introduce the product line concept at Sokolov Hospital. The activity was designed to increase market share and to organize care around product lines to increase patient and staff satisfaction. During the visit, US partners trained nurse managers and educated department chiefs on dealing with the above changes and their outcomes.
- In November 1999 the partnership hosted the second session of the International Nursing Leadership Institute in Louisville, Kentucky. The week featured skills-building in the areas of negotiation, presentation skills, teamwork and team-building exercises, SWOT analysis, and project management skills.
- Seven partners from this partnership participated in the AIHA Annual Conference in Washington, DC.

ACHIEVEMENTS

- The average length of stay at Sokolov decreased from 16.7 days in 1992, to 10.7 days in 1998, to 10.3 days in 1999, to 10 days in 2000.

Addendum A

- Partners jointly developed a curriculum to enable nurses and managers to serve as case/care managers in order to implement critical paths, facilitate timely follow-up of care, and shorten length of stay.
- Partners established a system of triage in the emergency room at Sokolov hospital enabling more efficient hospital admissions. Currently the system is serving over 100 patients per day.
- As a result of partnership participation, Sokolov hospital created financial and business planning services for marketing the hospital and promoting its health care product line.
- A free 24-hour hotline, "Assistance 122", has been established to consult patients via phone, to advise them on the care needed, and, if necessary, to arrange patients for triage and admission at Hospital 122. The establishment of the hotline enables the Hospital to provide medical services for all clients and patients within the city metropolitan area.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	21
	NIS Partner Exchange Days	440
	US Partner Exchanges	12
	US Partner Exchange Days	85
	Total Exchanges	**33**
	Total Exchange Days	**525**
In-Kind Contributions:	Food and Lodging	20,907
	Human Resources	48,671
	Total	**$69,578**

CONTACTS

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NIS Representative: *Irina Bakhtina, MD,* Director, Post Graduate School of Nursing, Medical Center of St. Petersburg in the name of Sokolov, 4 Prospekt Cultury, St. Petersburg, 194291, Russia. Tel.: (812) 559-9685; Fax: (812) 559-9673; aihasoc@glas.apc.org.

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ST. PETERSBURG, RUSSIA – ATLANTA, GEORGIA (1999 – 2000)

THE PARTNERS

US Partners: Georgia Baptist Health Care System (GBHCS) is an integrated health care delivery system consisting of 4 hospitals, 3 nursing homes, home health agencies in 22 Georgia counties, hospice, baccalaureate College of Nursing, a Medicare demonstration managed-care plan, ambulatory surgery center, mobile mammography and community health centers.

Addendum A

NIS Partners: Saint Petersburg Medical University (SPMU) of Pavlov is the premier medical training site in St. Petersburg, Russia. SPMU is comprised of 51 teaching departments, 14 clinics, a central research laboratory and one of the oldest, largest medical libraries in Russia. The hospital has 2100 beds used for general medicine, surgery, pulmonary and cardiac services.

Addendum A

PARTNERSHIP OBJECTIVES

Family Physicians

- To assist family practice physicians at SPMU to organize, develop and implement a fully-integrated primary health care delivery system. This would become a fully developed unit of SPMU and part of their teaching program.
- To develop an educational curriculum for primary care.
- To write a policy/procedure manual, to develop charts of accounts with associated fee structures, to develop clinical pathways that are readily implemented and an indicator system that would lead to outcomes measurement.

KEY EVENTS

- In July and August 1999, two US physicians conducted an assessment of the current primary care program at First Medical University in St. Petersburg. The physicians were a family practice physician and the Executive Associate Dean and a professor of the Department of Family Medicine at Mercer University School of Medicine in Macon, Georgia.
- Four health professionals from St. Petersburg traveled to Atlanta in October 1999 for a "hands" on clinical training. The primary focus of the training was family medicine/general practice. The training was conducted at the Mercer University School of Medicine. The delegation of four included the chief nurse, director and deputy director of Medical Center "Delor," and the Director of the General Practice Department at SPMU.

ACHIEVEMENTS

- Two experienced US physicians conducted an assessment of the primary care program at First Medical University in St. Petersburg.
- A training on family medicine/general practice was conducted at Mercer University School of Medicine.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	6
	NIS Partner Exchange Days	72
	US Partner Exchanges	5
	US Partner Exchange Days	37
	Total Exchanges	**11**
	Total Exchange Days	**109**
In-Kind Contributions:	Administrative and Support Services	125
	Indirect costs	30
	Total	**$155**

CONTACTS

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Addendum A

MOSCOW, RUSSIA – PITTSBURGH, PA (1999 – 2000)

THE PARTNERS

US Partners: Magee Womancare International, Magee-Womens Hospital of UPMC Health System.

NIS Partners: Savior's Hospital for Peace and Charity, Moscow, Russia, Birth House at Savior's Hospital for Peace and Charity, Moscow, Russia

PARTNERSHIP OBJECTIVES

Health Education

- Develop curricula in health education models (childbirth education, breast health, adolescent health, non-profit development and domestic violence).
- Participate and present at the Fourth World Conference on Childbirth Education in Tallinn, Estonia
- To train the clinical staff of the Wellness Center in Moscow in the area of Domestic Violence.

Sustainability Strategies

- Create marketing outreach and service provision report for the WOMANCARE Wellness Center in Moscow, Russia.
- Work with the Woman and Family Foundation Board on sustainability issues for the Savior's Birth House.

KEY EVENTS

- A representative from the Savior's Hospital presented *From Teens to Adults: School Education Models* at the Fourth World Conference on Childbirth Education, held in Tallinn, Estonia.
- Three representatives from Magee-Women's Hospital (the Vice President, Community and Government Affairs, Compliance Officer, and a Certified Registered Nurse Practitioner) trained Savior clinicians and administrators on domestic violence, the development of healthcare partnerships with the private insurance sector, and the development of philanthropic health foundations.
- The Vice President, Community and Government Affairs, met with the representative of World Learning, Inc. and USAID to discuss technical assistance programs for the Women and Family Foundation, developed as a result of Magee-Savior's Partnership. The Foundation was selected to participate in this project (Component II of the NGO Sector Support); Magee agreed to support and facilitate the initiative. The Vice President also met with a Board member of the Woman and Family Foundation and began the development of the Board Development Binder.
- Partnership members met with Russian non-governmental organizations working in the area of domestic violence and sexual assault. These organizations are in need of modern health care assessment tools and training in emergency contraception services and staff at Savior's could provide a training program for physicians who work with survivors of domestic and sexual abuse.
- The Compliance Officer from Magee-Women's Hospital met with representatives of insurance companies in Russia and provided an overview of the insurance system in the United States and discussed possible opportunities of working together.
- A representative from Saviors Women's Wellness Center made a presentation to the Moscow Health Department regarding the WOMANCARE Wellness Center activities. In his presentation he outlined the strategic directions for the further development of the center.

ACHIEVEMENTS

- In June 2000 Savior's Hospital for Peace and Charity opened the Birth House.
- On-going national efforts in the promotion of prepared childbirth classes resulted in the Ministry of Health declaring that the Magee-Savior's prepared childbirth curriculum be published and taught in continuing education programs for Russian physicians and nurses.

Addendum A

- Training binders on Domestic Violence, Childbirth Education, and Non-Profit management were developed to use for reference and training purposes.
- A domestic violence training was conducted for the health professionals at Moscow Wellness Center at Savior's Hospital and at Hospital #85. Appropriate clinical interventions were explored because of human right issues for Afghani women.
- As a result of marketing outreach and service provision, a report was submitted by the Director of the WOMANCARE Wellness Center in Moscow.
- MWI and Savior's established contact with Carelift International, a not-for-profit equipment procurement company based in Philadelphia, PA and asked for equipment donations. Carelift International promised to provide Savior's Hospital with equipment valued over $200,000.00 USD.

PARTNERSHIP DATA

Exchanges:	NIS Partner Exchanges	4
	NIS Partner Exchange Days	36
	US Partner Exchanges	9
	US Partner Exchange Days	85
	Total Exchanges	**13**
	Total Exchange Days	**121**
In-Kind Contributions:	Educational and training materials	1650
	Human Resources	11,047
	Total	**$12,697**

CONTACTS

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NIS Representative: *Alexander Goldberg,* President and Chief Physician, Savior's Hospital for Peace and Charity, 17, Federativni Prospekt, Moscow, 111399 Russia. Tel.: (095) 301–5-02; (095) 278-23-24; moskva70@glas.apc.org.

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