



Connections

Vol. 9, No. 2 - February 2004

Reprint of an article that can be found at <http://www.aiha.com/index.jsp?sid=1&id=8788&pid=4177#features>

Teamwork, Specialized Training Are Key Elements of New HIV/AIDS Treatment Programs Being Developed in Eurasia

By Kathryn Utan

Working together to provide the best healthcare services possible to people in Central Europe and Eurasia has been the underlying goal of AIHA twinning programs since the organization was founded more than a decade ago. As countries in the region try to cope with one of the fastest growing rates of new HIV infections in the world, the concept of collaboration and teamwork is now more important than ever before—especially as these nations strive to develop accessible, comprehensive treatment programs for people living with HIV/AIDS (PLWHA).

While institutional capacity is the foundation of any effective HIV/AIDS program, it is the knowledge and skills of individual care providers that shore up this foundation, making a program not only successful, but also sustainable. Building a cadre of experienced healthcare practitioners who can work in concert with local and national governments, healthcare facilities, non-governmental organizations, international donor agencies, and other community stakeholders to create a strong clinical and social support network for PLWHA is the objective of a new collaboration between AIHA and the Los Angeles-based AIDS Healthcare Foundation (AHF).



AIHA kicked off this new alliance with AHF December 1-8, 2003, by co-sponsoring an “Anti-retroviral Therapy Training Workshop” in Odessa, Ukraine. The event brought together some 20 clinicians and social workers from Odessa and Kiev, as well as officials from Ukraine’s Ministry of Health, to discuss WHO protocols for providing care and treatment to the estimated 1.2 million HIV-infected people in the region. Representatives from the Kiev Medical Academy of Postgraduate Education and the All-Ukrainian Network of People Living with HIV/AIDS also participated in the training.

This was also the first training hosted under the aegis of the newly established WHO Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, which has been created to focus first on strengthening capacity in Ukraine—the country in the region that has been hardest hit by the epidemic—then to quickly expand its efforts by providing training and technical support to the other countries in Eurasia facing similar challenges in caring for HIV-infected individuals.

To fully comprehend the importance of this workshop and other training sessions that help build capacity in the region, it is important to understand the severe lack of human and financial resources these countries face as they work to develop and implement HIV/AIDS care and treatment programs.

The First Step in Finding a Workable Solution: Understanding Existing Problems

While the initial impulse of care providers and international donor organizations working in Ukraine and other countries in the region may be to charge headlong into the very real struggle to provide anti-retroviral therapy (ART)—or, in fact, whatever type of care is feasible—to HIV-positive people, the problem of providing care is more complex than simply distributing anti-retrovirals (ARVs). It is a dilemma that necessitates a thorough appreciation of the situation as it actually is, not how people might wish it to be. By understanding conditions as they really are, a multidisciplinary team that is well-suited to provide comprehensive care can be efficiently assembled and trained.

Ukraine—like most other countries—has an overburdened health system with many competing priorities. Consequently, insufficient financing is a major impediment to providing adequate treatment services for PLWHA, according to Svetlana Antoniuk, a Ukrainian HIV specialist from Lavra Clinic at the Institute of Epidemiology and Infectious Diseases in Kiev and one of the trainers at the ART Workshop in Odessa.

“Since Ukraine’s first case of HIV was identified in Odessa in 1987, the government has made prevention issues a priority, while at the same time virtually ignoring treatment programs,” Antoniak explains. “A National AIDS Committee was formed and funded in the early 1990s, but they continued to focus on prevention efforts, including testing, patient education, and assuring the safety of blood supplies. It was not until 2000 that treatment costs were included in the state budget for our national HIV/AIDS program,” she points out, noting that even then funds were not allocated for HIV treatment specifically, rather became part of the health budget allotted for general care and treatment purposes.

Another main obstacle impeding the implementation of programs to effectively administer ART in Ukraine is a wholesale lack of targeted education for HIV/AIDS practitioners, Antoniak continues. “Ideally, both theoretical and practical HIV/AIDS-related training should be provided at medical universities, but at this time no such medical specialty exists in Ukraine, thus schools have no dedicated HIV/AIDS departments that can provide students with access to education or patients,” she explains. And, even if such a specialization was available, anti-retroviral medicines are not, making training new personnel virtually impossible under current circumstances. “In addition, there are no post-graduate or continuing education classes for clinicians who are already treating HIV/AIDS patients,” Antoniak says, noting that this makes targeted training a crucial first step in developing a core group of healthcare providers with the knowledge and skills to effectively treat HIV-infected individuals.

This combination of factors, Antoniak stresses, is a clear indication that the government is not paying enough attention to the HIV epidemic itself or to its citizens who are living with the disease. Her assertion is reinforced by the Global Fund’s recent decision to temporarily withdraw its support from the three principal recipients of its grants in Ukraine, one of which is the nation’s Ministry of Health. The Global Fund cited the Ministry’s inability to scale up treatment programs in a timely manner, increasing the number of people receiving ART from fewer than 100 to 4,000 as a key factor in this decision. There is a direct correlation

between this inability and the need to develop a well-trained cadre of healthcare practitioners who are experienced in providing HIV-related care.

Helping Ukraine begin to train members of this specialized workforce was the purpose of the December workshop and is also the goal of others that are planned for the future. Topics covered during the event included ART, common opportunistic infections, palliative care, post exposure prophylaxis, and prevention of mother-to-child transmission (PMTCT) of HIV, as well as WHO and Ukrainian Ministry of Health requirements for monitoring and evaluating ART. The training concluded with practical sessions conducted at the Odessa Women’s Wellness Center and the Odessa Satellite Clinic—both located at the Odessa Oblast Hospital. During these sessions, participants had the opportunity to

meet with HIV-positive people, obtain their medical histories, and conduct physical examinations to determine each patient’s present condition and their suitability to be among the first to receive ART as soon as it becomes available in Ukraine.

Building Capacity Requires Building a Multidisciplinary Team

An underlying goal of the training was to give participants the knowledge and skills they need to help create a comprehensive HIV/AIDS treatment program. One of the most challenging tasks associated with effectively providing care to HIV-infected people in the nations of the former Soviet Union is overcoming a health system that for decades was based on strict compartmentalization of care. Under this paradigm, mental health and social support services systems were not integrated with medical care. But, according to Antoniak and the two American HIV/AIDS specialists from AHF—Michele Babaie, a physician at AHF/Whittier Healthcare Center in California, and Richard Gettings, a registered nurse and regional supervisor of AHF/Positive Healthcare Florida—who also served as trainers at the December workshop, HIV-related care requires a more holistic approach.

Stressing the important role this workshop and others like it play in training healthcare providers in the particular nuances of HIV-related care, Babaie—who manages a case load of some 400 HIV-positive patients at AHF’s Whittier Healthcare Center in California—explains, “Services for HIV/AIDS patients need to be integrated physically, organizationally, and philosophically. For



Photo: Kathryn Utan

Clinicians participating in the training observed patient interviews, reviewing x-rays and other medical information to determine on a case-by-case basis if individuals were appropriate candidates for anti-retroviral therapy.



Photo: Kathryn Utan

AHF physician Michele Babaie (center) conducts a patient interview while workshop participants look on.

this to happen, physicians need to first understand this [holistic] model of care and believe in its validity. Multidisciplinary training sessions can serve as a helpful first step in this process. Additionally, having ‘centers of excellence’ where such a model is adopted and could then be used to train other centers would be useful. The Lavra Clinic, for example, is already adopting this model with quite a bit of success.”

All three trainers agree that adopting a multidisciplinary team approach is critical to the success of the country’s fledgling treatment and care program. “As trainers, we not only have to sell the idea of a team approach, we have to show the care providers how it can work and how to create it,” says Gettings, a registered nurse with more than 10 years of clinical experience providing HIV/AIDS care. “Training nurses and social workers to address particular areas of care will allow physicians to focus on things that only a doctor should be doing, such as deciding what drugs are used in a patient’s therapy regimen,” he explains.

“Nurses in particular can be trained to assess adherence and to work individually with patients on managing symptoms and side effects,” Gettings says. “If a patient history form were created, for example, many of the mundane questions required for a complete medical history could be asked by a nurse before the patient ever sees a physician. This would eliminate that step for the doctor, freeing him or her to spend more time on the physical exam and planning the most appropriate course of treatment,” he continues, noting that social workers can be trained to do most of the prevention and testing work, as well as to assist with the management of side effects.

Babaie concurs with this opinion, adding, “It is important both to involve more non-physicians in treatment plans and to integrate other subspecialties of medicine, such as tuberculosis, hepatitis, and sexually transmitted infections, into the comprehensive care of an HIV-positive patient. Mental health and substance abuse treatment also need to be de-stigmatized and incorporated into the overall care plan.”

Implementing this methodology, however, is not without significant challenges, Antoniak points out. “I believe adopting a multidisciplinary team approach to HIV/AIDS care is the only chance we have to ensure the success of our treatment program, but we face a great lack of nursing personnel and social workers and there is no money in the budget to fill in this gap. Instead, we will need to turn to non-governmental organizations and the international donor community for support.”

Explaining that the workshop was an important learning experience for the Ukrainian care providers because it combined both theoretical and practical training sessions, Antoniak continues, “The format of the training was wonderful; participants had the chance to learn about the experiences of US HIV/AIDS specialists, see patients, and discuss different treatment approaches, as well as to compare our national standards to those advocated by WHO. It was a good example of how the educational process related to HIV/AIDS should be performed and I think it was a concrete practical step towards improvement of care.”

Summing up the experience from her point of view, Babaie concludes, “It was very humbling to be able to interact with intelligent, dedicated healthcare providers who were so grateful for the knowledge and clinical experience that I have obtained simply by being fortunate enough to practice HIV medicine in a resource-rich environment. I could sense their frustration at not being able to provide the best level of care possible to their patients due to a lack of resources. It must be extremely frustrating and demoralizing, and I feel extremely privileged to not have to deal with the same obstacles in my own practice.”

DC-based Kathryn Utan is an AIHA staff writer.



Richard Gettings of AHF/Positive Healthcare Florida discusses how WHO clinical guidelines might be adapted to better suit the specific conditions in Ukraine with workshop participants.

Photo: Kathryn Utan



Photo: Kathryn Utan

Michele Babaie (bottom left) moderates a group discussion about WHO’s protocols for HIV/AIDS treatment and care in the region.