

# Trainers Report on Regional Workshop on Adherence to Antiretroviral Therapy under HIV Infection in Central Asian countries.

*May 25-29, 2009*

*Bishkek*

## **Description of participants group:**

The group is very manifold by both, age and level of knowledge. The participants represent four Central Asian countries: Kyrgyzstan, Kazakhstan, Tajikistan, Uzbekistan (list of participants is enclosed). The group is much disciplined: in case somebody was absent, he/she warned in advance without fail, attendance was 90-95% which was confirmed by the analysis on the pre- and post-evaluation tests. There were no conflicts in the group during the training.

The initial evaluation of knowledge as per the questionnaire results has shown an extremely low level of awareness of ARV therapy and adherence to HIV-infection treatment (a table with results of awareness level is enclosed). In connection with the obtained results the team of trainers has made a decision to revise the training program with the aim to improve the participants' awareness of ARV therapy and adherence to HIV-infection treatment.

## **May 25, Day 1**

Session name	Method of conduction, comments
Greeting the workshop participants. Presentation of the program. Expectations from the workshop by participants.	<p>Presentation of the workshop organizers and program.</p> <p>Collection of participants expectations in many-colored stickers in the form of perception tree (for the subsequent analysis in the final day of the training). Key expectations: Sustainability of multidisciplinary teams (MDT) (how to ensure sustainability)</p> <p>Communication inside MDT</p> <p>Overview of the countries by the treatment aspects.</p> <p>How to strengthen a social sector in the treatment programs.</p> <p>Treatment of opportunistic infections under ARV therapy.</p>

Session name	Method of conduction, comments
	<p>Gaining the additional knowledge.</p> <p>New introductions.</p> <p>Side effects under ARV therapy (myths and reality).</p> <p>Effectiveness of ARV therapy.</p> <p>Successes and challenges of conducting ARV therapy in the other countries.</p> <p>Main barriers of HIV treatment programs.</p> <p>Usefulness of coefficient of efficiency.</p> <p>How to overcome barriers during counseling.</p> <p>New technologies of conducting ARV therapy adherence trainings and obtaining new skills.</p> <p>Mutual understanding, proper attendance, effective work, usefulness of the workshop.</p> <p>New contacts, awareness and experience of more developed countries, positive environment.</p> <p>Adherence by IDU – main activity methods.</p> <p>Interaction of ARV therapy with the other drugs and resistance.</p> <p>More information about PLWHA and their problems.</p> <p>Preparedness to ARV therapy and adherence of children.</p> <p>Practical recommendations on forming adherence</p> <p>Experience of the other countries on adherence programs implementation, overcoming barriers.</p> <p>To maintain immunity without ARV therapy.</p> <p>Peculiarities of counseling on adherence.</p> <p>To evaluate trainers, effectiveness of the trainers team.</p> <p>New researches in the area of ARV therapy.</p>
Introduction of participants.	Self-contained presentation of participants before the audience. Besides the questionnaire data the

Session name	Method of conduction, comments
	participants tell on what obligations they perform in the working place.
Epidemiological situation in the region (overview lecture).	Interactive lecture with further discussion.
HIV pathogenesis.	Interactive lecture with further discussion. The lecture was adapted for the social workers audience (who do not have medical education).
Clinical stages of HIV infection	Interactive lecture with further discussion. Hot discussion, especially the 4 <sup>th</sup> stage of disease development (AIDS). There were many questions on when exactly it is better to start ARV therapy.
Main opportunistic infections.	Interactive lecture with further discussion.  This subject was absolutely new for most participants and raised a number of questions. Decision was made to conduct the event to consolidate the obtained material.
Summary of the day	Many of participants can hardly determine their feelings, it is complicated to remember and pronounce medical terminology.

## May 26, Day II

Session name	
Approaches to ARV therapy in the world and Central Asia.	Interactive lecture with further discussion. This subject was of a great interest of participants, raised a number of questions, it was new enough for many of them. Decision was made to conduct the event to consolidate the obtained material.
Side effects of ARV therapy.	Interactive lecture with further discussion. Also, the subject appeared to be new for many participants, it was complicated to remember medical terminology.
HIV and TB.	Interactive lecture with further discussion. The subject appeared to be in demand; many participants faced TB and HIV problems before. The issues on working with patients with the active forms of TB were discussed, as well as timely treatment of TB and HIV-infection.
HIV and Hepatitis.	Interactive lecture with further discussion. The

Session name	
	subject is urgent for all participants. It attracted interest and a number of questions, especially the treatment of combined infection: what to treat first?
Consideration of clinical cases.	Various clinical situations were actively discussed in groups and rendered to general discussion.
Role game – counseling. Discussion of the role game.	The role game on counseling was accepted by the whole group and was interesting. The focus was made to the key moment of counseling.
Summaries of the day.	Participants speak about their feelings more openly, learned by heart the names of antiretroviral drugs accepted in the countries of the region.

### May 27, Day III

Session name	
MDT to conduct ARV therapy.	Interactive lecture with further discussion. A special attention was paid to necessity to have TB Specialist and Narcologist in the team. The group analyzed how to work with common goals but by separating responsibilities.
Maintenance of ARV drugs intake regimen.	Interactive lecture with further discussion. A number of questions were raised: what to do when the patients missed the intake time, how to calculate adherence (%), can the active injection drug user be attached.
Social work in HIV.	Interactive lecture with further discussion. Ethical norms of the social work, solution of ethical dilemmas.
Social work process in the area of HIV. Target group needs assessment.	Interactive lecture with further discussion. Attention was focused on social case management technology, social support has beginning and ending.
Exercise to strengthen the material considered.	Group work: 3 groups of participants independently prepared and presented the didactic material (Clinical stages, ARV therapy questions, opportunistic infections and side effects).
Summaries of the day.	Participants easily ask questions on the passed day materials, the audience requested to repeat the

Session name	
	material on opportunistic infections (OI).

### May 28, Day IV

Session name	
At participants request a clinical case was discussed and the role game was performed to repeat OI material.	Participants contrived and conducted a performance in fancy-dresses based on OI lecture materials (casting: TB, Herpes, Candidosis named “Joyful dairy-maid” etc).
Actualization of the problem. Development of the list on psycho-social support services and job description of social workers.	Group work with brainstorming elements. The key focus was given to qualification of social workers by destroying the myth on HIV status as profession. Equal-to-equal is not patient-to-patient, but means horizontal relations.
Counseling by phone.	Role game: participants are divided into three – consultant, client and statistician (observer), the roles are changed. The main difference from the ordinary counseling is – easier to speak (no eye-to-eye contact, there is no non-verbal communication) that means – easier to lie.
Social support goal identification. Development of case management plan with further discussion. Initial counseling.	Main conclusion of participants: if a client participates in the development of the plan of his own support, in that case he approaches to realize that more responsively.
Summaries of the day.	Participant like the interactive discussion and role games more. The level of knowledge has become higher. Medical terminology is pronounced easier.

### May 29, Day V.

Session name	
Counseling in case of treatment failure.	Three groups of participants. They work on presentation of treatment failure: clinical, immunology and virology, afterwards three role games were performed with various clinical cases.
Motivation to continue the treatment and barriers.	Participants determined barriers occurring while maintaining treatment regimen and ways to overcome them. The role games to strengthen the

Session name	
	material were performed.
Social work in the area of HIV.	Interactive lecture with further discussion. Ethical norms of social work, solution of ethical dilemmas.

### **Summaries**

The training has been conducted timely since the problem on adherence to HIV-infection in Central Asia is of current importance. This training is a selective one on the threshold of TOT therefore we have conducted a session related to participants who correspond to the further training as Regional trainers. In perspective, in our viewpoint, it is advisable to train the following participants as trainers:

- Ferangiz Hasanova (Kazakhstan);
- Eugeniya Kalinichenko (Kyrgyzstan);
- Pulod Dzamolov (Tajikistan);
- Sergey Uchaev (Uzbekistan);

Based on pre- and post-test questionnaires analysis results, the competency level related to HIV and corresponding pathologies treatment has been increased significantly (see Annex with questionnaire analysis).

Group of trainers:

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