

## CURRENT RESEARCH

Ongoing epidemiological and intervention research focuses on the populations who are most at risk or who have HIV/AIDS, hepatitis C, and sexually transmitted infections, including injecting drug users, migrants, men who have sex with men (MSM) and sex workers.



### Improving HIV Service Delivery for People who Inject Drugs (PWIDs) in Kazakhstan (2015-2020) BRIDGE

There is a critical need for effectiveness and implementation research to identify how best to improve HIV service delivery to close the critical “Treat” gap in the continuum of care. This will occur by identifying and linking HIV-positive PWID to HIV care, and reaching out to those who have never been in HIV care, are intermittent users of care, or have dropped out of treatment. The proposed study is designed to evaluate the implementation and effectiveness of an enhanced HIV service integration package (BRIDGE) that may be scaled up in Kazakhstan’s vast network of needle-syringe programs (NSPs) for PWID. This package includes low threshold strategies of peer-driven recruitment, HIV counseling and rapid testing (HCT) in NSPs conducted by HIV care clinic nurses, and ARTAS, CDC’s highly effective case management strategies for linking PWID to HIV care. BRIDGE is systematically designed to address specific service barriers to testing PWID for HIV, linking them to HIV care, and promoting ART initiation. This study will employ an innovative stepped wedge design to evaluate implementation and effectiveness on improving linkage to HIV care and initiation of ART in 24 NSPs located in 4 geographically disparate Kazakhstani cities using site-level data collected from NSPs and HIV clinics. We will also conduct a longitudinal panel study with a random sample of HIV-positive PWID (N=600) from four cities in Kazakhstan using repeated assessments at baseline, 6-, and 12-months follow-up. This study will employ mixed methods to identify multi-level structural, community, and organizational factors that influence the implementation and effectiveness of BRIDGE and the cost of BRIDGE, examining implications for cost-effectiveness, feasibility of expansion, and sustainability. The study builds on the investigative team’s extensive HIV intervention research among PWID in Kazakhstan in collaboration with the Republican AIDS Center over the past decade. It addresses implementation research questions to improve and integrate HIV service delivery systems for

PWID that are not only important to the region, but have relevance to other countries that have concurrent injection drug use and HIV epidemics. This 5-year study is funded by the National Institute on Drug Abuse (NIDA) and will be implemented in 4 sites: Almaty, South Kazakhstan, Zhambyl and Karaganda regions.

## **Evaluating a Microfinance Intervention for High Risk Women in Kazakhstan (2014-2019) NOVA**

This five year study is funded by the National Institutes of Drug Abuse (NIDA) to examine the efficacy of a combined HIV and microfinance intervention to reduce biologically confirmed sexually transmitted infections (STIs), and new incidence of HIV and HCV, as well as reported sexual and drug risk behaviors among 520 women who have injected drugs and have been engaged in sex trading in Kazakhstan. Kazakhstan is one of nine countries worldwide that has experienced a continuing rise in HIV infections (>25%) over the past decade. The epidemic is exacerbated by structural forces such as poverty and a lack of employment options for people who use drugs, especially women, which makes transactional sex a survival strategy. The proposed study will test combination HIV prevention and microfinance interventions. We hypothesize that increasing financial literacy, enhancing vocational skills required to fill marketable positions in the local economy, and beginning a personal savings program, combined with HIV risk reduction, will lead to significant reductions in study outcomes compared to an HIVRR intervention without a microfinance intervention. A qualitative component to examine factors that facilitate or impede women's ability to participate in and benefit from a microfinance intervention, and a cost and cost effectiveness analysis will provide additional data to inform the program. Study sites: Temirtau and Almaty cities.



## **Increasing Involvement of MSM in the Continuum of Care in Kazakhstan – Project UNI (2016-2021)**

This study aims to test the efficacy of a social network-based HIV intervention designed to increase the number of men who have sex with men (MSM) who use drugs across Kazakhstan into the continuum of care. The study involves a stepped wedge clinical trial of a social-network based intervention across 4 cities in Kazakhstan with 1,000-1,400 MSM who use drugs. The intervention is designed to utilize MSM as experts and leverage social network processes to increase the number of MSM in Kazakhstan to be engaged in the HIV continuum of care.

## **Primary Aims**

Aim 1: To test the efficacy of the social network-based intervention for increasing the following outcomes among MSM who use drugs in Kazakhstan: (1) proportion of participants visiting a service provider to get tested for HIV; (2) proportion of HIV-infected participants initiating HIV-related care; (3) proportion of HIV-infected participants receiving ART; and (4) proportion of HIV-infected participants achieving 90% adherence to ART.

Aim 2: To test the efficacy of the intervention for increasing service use for issues that co-occur with HIV, including drug abuse, HCV infection, and other sexually transmitted infections (STIs).

**Secondary Aim - Aim 3:** To describe the social network structures and dynamics and each city's social context and service structure and conduct exploratory analyses for potential moderating effects of these factors with each of the outcomes identified above.

## **COMPLETED RESEARCH STUDIES**

### **A Computerized Family-Based Youth HIV and Drug Abuse Prevention in Kazakhstan (2012-2015)**

This study is adapting an evidence-based substance use and HIV prevention intervention for at-risk adolescents and their caregivers (parents or other adult family members) from drug-risk communities in Almaty, Kazakhstan. The Kazakhstani Family Together (KFT) intervention combines empirically tested skills-based and family involvement approaches and utilizes multi-media computer technology to develop an engaging and potentially cost-effective tool with high fidelity and easy scalability. The KFT intervention will be tested in a pilot RCT with 248 adolescents and 248 of their caregivers. Intervention arm adolescent-caregiver pairs will receive three 45-minute interactive multi-media sessions with avatars customized to participants' gender that will focus on risk reduction self-efficacy, resistance to peer pressure, and caregiver-adolescent communication, support and monitoring. Adolescents from both intervention and control arms will receive the usual care services available for at-risk youth, which includes health education sessions on HIV and drug use delivered by peer educators and outreach workers.

### **Study on Tuberculosis among Migrants from Central Asia "CARAVAN" (2013-2015)**

Incidence rates of TB overall in Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan are extremely high. All of these countries of Central Asia are among the 27 high-burden countries for MDR-TB in the world. The problem of TB among migrant populations in Central Asia is especially alarming. Migrants have limited access to diagnostics and treatment services due to medical, administrative, social, behavioral and cultural barriers that are not well

understood. Moreover, the risk of TB infection among migrants is elevated due to mixture of political, ecological and social factors.

This two-year study is being funded by the U.S. Agency for International Development (USAID) and aims to describe TB epidemics in labor migrants in CARs, estimate the prevalence rate of TB, levels of knowledge about TB, access to TB services, and identify multi-level risk factors associated with TB among migrant workers from Kyrgyzstan, Tajikistan, and Uzbekistan. The Study recruits 1,400 migrant workers busy in construction, agriculture, trade, service, sex work and those with regulated and unregulated status with RDS in Kazakhstan and Household stratified sample in Kyrgyzstan and Tajikistan. The study is conducted among migrants returning to the three countries of Central Asia: Kyrgyzstan, Tajikistan and Uzbekistan, and among migrants from these countries, who work in Kazakhstan during the study implementation. The Research will be targeted on the most hidden and potentially most vulnerable migrants working in agriculture, construction and trade. Thus this Research is aimed at contributing to the knowledge about this vulnerable group, and informing policy planning and the design of future interventions to diagnose and treat TB, and MDR TB among labor migrants from Central Asia.

### **Sexual and Drug-Risk Behaviors and Linkage to Care among HIV Positive Women in Kazakhstan “Start Up” (2013-2014)**

The study was conducted in partnership with Kazakhstani Network of Women living with HIV/AIDS (Network) and funded by UNAIDS. GHRCCA provides the technical assistance to Network. A total of 500 HIV positive and negative women recruited from 10 AIDS centers, healthcare clinics, NGOs working with people living with HIV/AIDS across rural and urban areas in Kazakhstan. We conducted face-to-face interviews with HIV positive and negative women on their HIV sexual and drug risk behaviors, experiences of abuse/violence, stigma and discrimination, and access/linkage to substance abuse treatment, job assistance, counseling, and HIV treatment and care, among others. This study will describe the socio-demographic characteristics of women surveyed, risk behaviors, access and linkage to needed services, including HIV services, and experience and attitude of stigma/discrimination. It also discusses the implications for prevention and access to HIV and other services.

### **Tuberculosis Mapping in Kazakhstan (2011-2014) BREEZE**

While TB incidence has declined in recent years, multidrug-resistant tuberculosis (MDR-TB) is rising. Risk factors influencing the spread of TB in Kazakhstan are yet undetermined. This project, funded by the Kazakhstan Ministry of Education and Science and The Center of Life Sciences at Nazarbayev University, aims to uncover which risk factors are fueling the epidemic and, in particular, the startling rates of MDR-TB. The information collected from four oblasts will offer insight into how to reduce the disease

burden of TB in Kazakhstan. 1,800 participants will be included, with 600 index participants and 1,200 controls, including an internal household control (index participant's household contact) and an external community control (non-household control). Index participants with newly diagnosed pulmonary TB will be recruited from 4 regions of Kazakhstan and followed-up for 12 months. A case-control study of TB-positive individuals will be complemented by both a household cohort study and a genetic, family-based sub-study of risk determinants. In addition, genotyping of M.Tuberculosis strains and their susceptibility to anti-TB drugs will form the last component of the study. Data will be mapped in GIS to reveal the distribution of cases and strain types across the regions. Separate statistical analysis will be conducted for the case-control, prospective cohort, molecular epidemiology, and family genetic components of the study.

### **WINGS (2012-2014)**

This study aims to evaluate the feasibility and preliminary effects of the intervention WINGS, an evidence-based Screening, Brief Intervention and Referral service (WINGS – Women Initiating New Goals for Safety to be adapted as Wings of Hope in Russian – KRYLYA NADEJDY)) designed to increase identification of intimate partner violence (IPV) victimization and to improve linkages to IPV-related services among female injecting drug users need to be adapted for the cultural context and to expand the problem definition of IPV experienced by women in Kyrgyzstan to a more generalized identification of gender-based violence (GBV) and inform our efforts to pilot the adapted version in NGOs in Osh and Bishkek cities (Kyrgyzstan) for feasibility and preliminary outcomes.

### **The Silk Road Health Project (2009-2013)**

Funded by the National Institute of Mental Health (NIMH), this longitudinal study aims to examine the influence of multilevel factors such as migration patterns, and gender roles and expectations on sexual HIV risk behaviors and incidence of HIV, Chlamydia, syphilis, and gonorrhea among a representative sample of 2,000 male migrant market vendors in the largest marketplace in Almaty, Kazakhstan. Findings from this study will have important implications for understanding the determinants of HIV risks and health challenges among migrant workers in Central Asia and will inform health policy and advocacy approaches to improving access to health and HIV treatment and services.

### **Project Renaissance (2008-2013)**

This five year study was funded by the National Institutes of Drug Abuse (NIDA) to examine the efficacy of a couple-based HIV and Overdose prevention intervention in reducing HIV risk behavior and overdoses. The study

was conducted with 300 injecting drug users and their main sexual partners (N=600) in Kazakhstan. The findings have important HIV prevention implications for drug users and their main sex partners in Kazakhstan and other Central Asian countries.

### **ADVANCE: Advocacy and Assessment of Naloxone in Central Asia project (2011-2013)**

The project on advocacy and assessment of naloxone administration in opioid overdose is the first regional initiative covering Central Asian countries, Kazakhstan, Kyrgyzstan, and Tajikistan. The project is called ADVANCE - Advocacy and Assessment of Naloxone in Central Asia, and is funded by the Open Society Institute. The project goal is to help regional partners to build local capacity for evidence-based advocacy in the countries participating in the project. The project aims to provide technical support to regional initiatives to expand access to naloxone among opiate users' communities and social networks in Kazakhstan, Kyrgyzstan, and Tajikistan by providing training to local partners in advanced technologies of data collection and certification to work with human subjects. Moreover, the project is focused at expansion of partnerships with governmental agencies and donors on procurement and wide distribution of Naloxone among different medical facilities, non-governmental organizations and trust points.

**ISWOP (2012-2013):** Informing Social Work Practice with Most-At-Risk Populations (MARPs) for TB and HIV in Central Asia study aims to achieve the short-term goal of building capacity of those currently providing psychosocial support services to MARPs for HIV and TB, primarily outreach workers and nurses. Utilizing our research team's expertise and experience in the region we aim to contribute to the USAID-funded Quality Health Care Project's long-term goal of institutionalizing functions and educational capacity for psychosocial support services and systematizing productive collaboration between NGOs serving MARPs and the health sector. By collecting data using a digital survey and focus groups with Central Asian key informants in Kazakhstan, Kyrgyzstan, and Tajikistan, to include leadership and front-line staff from governmental and non-governmental agencies serving MARPs for HIV and TB regarding the knowledge and skills needed by social service providers, we will inform strategies to address barriers to engagement into care and HIV testing and care of those most at risk. Additionally, academic leadership training social workers will be surveyed to gain expertise in the training of social workers and to enhance uptake of curriculum being constructed. Finally, using focus group and in-depth interviews population key informants will be interviewed to gain understanding of the issues that may inhibit engagement and successful utilization of healthcare services and how social service staff might support clients and mitigate barriers.

**The Preliminary Research Investigation of MSM Estimation (PRIME) (2011-2012)** was funded by the Republican AIDS Center of Kazakhstan (RAC) and conducted in conjunction with the NGO Amulet. The overarching goals of the study were to generate preliminary estimates of the number of men who have sex with men (MSM) - Almaty, Astana, Pavlodar, and Shymkent Kazakhstan, - and to suggest research methodologies for the future larger-scale estimations. Summary average point estimates from the estimation methods used in PRIME suggest that MSM represent about 4.2% of the 18-59 year old male population in Almaty, 2.2% in Astana, 0.9% in Pavlodar, and 1.9% in Shymkent. If extrapolated (with weighting based on the population size of each city) to all of Kazakhstan, findings suggest 3% of the 18-59 year-old men in the country are MSM; credence in this value is supported by the finding that among the 18-59 year old men in the study's general population sample, 2.5 – 3.0% were MSM depending on whether sex with another man was reported in the past 12 months or ever in the respondent's lifetime.

### **Women's Wellness Project (2007-2012)**

In collaboration with the Mongolia National AIDS Center, this study is the first behaviorally-based randomized clinical trial conducted in Ulaanbaatar, Mongolia with the support from the National Institute on Alcoholism and Alcohol Abuse (NIAAA). The study is designed to examine the efficacy of an integrated microfinancing and HIV prevention intervention for women who are engaged in sex work and who have a history of alcohol abuse. The findings will have important HIV prevention implications for female sex workers in Mongolia.

### **Project SHARP (2009-2011)**

This study, funded by the Open Society Institute, collected biological and behavioral data in order to inform the design of surveillance systems to accurately track the HIV epidemic among men who have sex with men (MSM), characterize the behaviors driving HIV transmission, target and evaluate prevention and care programs, and advocate for health resources for this population. The survey started with a qualitative formative phase to assess the diversity of social networks of MSM in the designated area followed by a structured survey with 400 MSM in Almaty using respondent driven sampling and biological testing for HIV using rapid testing. In addition to the question on the size of the participants' social networks and HIV prevalence, key measures included a set of standardized questions on demographics, risk behaviors, health services, and human rights. This study found that about one-fifth of the 400 MSM participants tested positive for HIV.

### **Factors that Affect HIV Treatment Adherence among IDUs (2009-2010)**

This one-year pilot project funded by a Seed Grant from the Center and the Institute for Social and Economic Research Policy (ISERP) was designed to explore factors associated with HIV treatment adherence and non-adherence

among HIV-positive injecting drug users in Karaganda and Temirtau, Kazakhstan. The study completed 25 qualitative interviews with HIV positive injecting drug users and focus groups with HIV care service providers.

### **SHIELD Central Asia (2008-2009)**

Funded by the National Institute of Drug Abuse (NIDA), Project SHIELD was a one-year project which adapted an existing HIV prevention program for injecting drug users in Osh, Kyrgyzstan. The intervention – SHIELD – is a social network, peer driven program that addresses both sexual and drug risk behaviors, and focuses on individual behavior and group norms. Findings from immediate post intervention demonstrated that the SHIELD intervention has a potential for wider scale-up in Central Asia to reduce drug and sexual risk among IDUs and their risk networks. Pre post repeated measure show that at immediate post test for both index and network members reported in the previous thirty days, a reduction in number of sexual partners, a decrease in having unprotected vaginal and/or anal sex, an increase in number of participants who reported reduced frequency of sharing needles and increased utilization of needle exchange programs.

### **Factors that Affect HIV Treatment Adherence among IDUs in Kazakhstan (2008-2009)**

This one-year pilot project funded by a Seed Grant from the Center and the Institute for Social and Economic Research Policy (ISERP) was designed to examine factors associated with HIV treatment adherence and non-adherence among HIV-positive injecting drug users in Karaganda and Temirtau, Kazakhstan.

### **Tajikistan HIV/AIDS Prevention (2005-2007)**

With the support from the National Institutes of Health (NIH), the Center collaborated with the Tajikistan Ministry of Health and the Tajik HIV/AIDS Center for Prevention and Care to develop and implement HIV prevention research with sex workers in Tajikistan.

### **Marketplace Pilot Study (2007)**

Funded by Columbia University's Institute for Social and Economic Research and Policy (ISERP), GHRCCA and the Moore Foundation, this pilot study examined correlates of risky sexual behaviors and the prevalence of HIV, hepatitis C, and syphilis among migrant market workers in Almaty, Kazakhstan. Data was used to inform a larger study, The Silk Road Health Project.

### **Renaissance Pilot Project (2005-2006)**

The Center's researchers received funding from the National Institutes of

Health (NIH) to test the safety, feasibility, and preliminary effects of a couple-based HIV prevention intervention with injecting drug users in Chu, Kazakhstan. Data from this study informed the larger study, Project Renaissance.

### **Family-Centered HIV/AIDS Treatment and Care (2008-2009)**

Funded by a Seed Grant from the Center and the Institute for Social and Economic Research Policy (ISERP), this project assessed the needs of women and children infected with HIV/AIDS. The Center worked with UNICEF-KZ to develop and implement a survey to assess current psycho-social programs set up to address the HIV outbreak among women and children in Shymkent. The survey and site visit provided a foundation to develop new research projects focusing on family-centered HIV/AIDS treatment and care programs for women and children.

### **TRAINING AND CAPACITY BUILDING**

GHRCCA conducts research trainings for its government and university partners in Central Asia and New York through the following courses.

- Intermediate and Advanced Epidemiology
- Operational Research
- Program Evaluation
- Bioethics
- Biostatistics
- Science of Intervention Research
- Clinical Approaches to Behavioral Interventions

Through our training modules and courses, GHRCCA is enhancing the Center's capacity for research and training via:

- Collaborations and consultations with GHRCCA partners and affiliates whose specializations in a wide range of sectors and subjects augment the Center's scope of knowledge and ability in studies related to global health issues.
- A multidisciplinary approach that encompasses a variety of subjects from medicine to the social sciences, and more.
- Organizing exchanges of faculty, researchers, students, and technology with partners and affiliates in Central Asia.

The training and education gained from the Center's modules and courses are implemented in strategies used to facilitate joint studies addressing prevention, care, and treatment of regionally significant communicable and non-

communicable diseases. The Center also aims to promote regional health studies and projects, and develop research focusing on improving the health of at-risk populations. Below is a list of current and past training and capacity building projects.

### **Treatment as Prevention international conference (2012)**

The GHRCCA in partnership with the Fogarty-funded New York State International Training and Research Program (NYS-ITRP), Kazakhstan Republican AIDS Center, UNAIDS, and CDC conducted the international HIV Research Conference “Scaling up Treatment and Treatment as Prevention Efforts in Kazakhstan” on November 13-15 in Almaty, Kazakhstan.

The conference goals were twofold: 1) to review and discuss the international trends and national situation with prevention and treatment of HIV infection in Kazakhstan, scientific evidence behind providing ARV treatment at the early stages of HIV infection, opportunities and barriers for scaling up ARV treatment and treatment as prevention efforts in Kazakhstan; and 2) to build capacity and partnership for fruitful research, training and development of clinical study programs on HIV infection. This 2-days event brought together professionals from the Kazakhstan Ministry of Health, international and national NGOs, practitioners, scientists and faculty from the US and Kazakh universities for a fruitful discussion and potential collaboration in the above mentioned areas.

### **Modern Strategies of Primary Prevention of Chronic Non-infectious Diseases, Effective Screening Methods, Cluster Mechanisms and Inter-sectoral Cooperation (2012)**

for the Ministry of Health, Center for Healthy Lifestyle Development, Kazakhstan  
In December, 2012, GHRCCA received funding from Kazakhstan’s Ministry of Health to implement a train-the-trainer curriculum on the prevention of non-communicable diseases. Doctors from local and regional offices participated in a 5-day training designed to increase awareness of health risks, screening, treatment and ways to enhance dialogue with patients in medical practice. It used a combination of teaching methods including lecture, group work and interactive role play to build knowledge and skills, including the model Motivational Interviewing. Practice exercises and scenarios addressed issues relevant to Kazakhstan’s at-risk populations as well as system issues that may be barriers to implementation and the training of medical staff.

### **Counseling Skills for HIV care providers: An ecological approach to improve outcomes through adherence to care and treatment (2013)**

in Kyrgyzstan, Kazakhstan and Tajikistan. This 4-day training of medical providers of HIV care in three countries is sponsored by The Republican AIDS Center and The Republican Narcology Center with the Support Project of ICAP and the Global Health Research Center of Central Asia (GHRCCA) of Columbia University, funded by the US Centers for Disease Control and

Prevention (CDC). The goal is to build capacity of clinical providers of HIV care to implement effective counseling strategies with patients to enhance engagement and treatment adherence. Using the ecological framework the training is designed to increase knowledge and skills of evidence-based strategies that target multi-level, contextual patient factors, including systemic-level determinants of health including family and network dynamics of patients living with HIV/AIDS. The content addresses relevant challenges to treatment adherence; including substance misuse and mood disorders, and ways to enhance dialogue with patients, their families and networks in HIV care practice.

### **Improving Social Work Practice in Central Asia**

In 2011, GHRCCA received funding from the Kazakhstan Ministry of Health to develop a basic social work training curriculum for primary care providers with the long term goal of integrating basic social services into primary care and to build the capacity of primary care providers to work with vulnerable populations and to provide basic social services, including screening for mental health and psychosocial problems, conducting needs assessment, crisis management, brief evidence-based counseling services and interventions, and conducting case management, treatment planning and referrals. In 2012, GHRCCA was awarded a subcontract by Quality Health Care Project, USAID to develop a social work training curriculum for NGOs that serve Most-At-Risk-Populations (MARPs) in Kazakhstan, Kyrgyzstan and Tajikistan. Formative research methods and data collection informed educational content and future HIV and TB prevention and care programming.

### **AITRP Fogarty Training for Kazakhstan**

Dr. Chris Beyrer of Johns Hopkins School of Public Health (JHSPH), in collaboration with the GHRCCA team, received funding from the Fogarty Center to provide training in Kazakhstan that will continue to build research capacity and support ongoing research projects. Training and mentoring by a joint team from JHSPH and Columbia University has been implemented related to bio-ethics, treatment of HCV, overdose prevention, research methods and conducting qualitative research.

### **Fogarty Public Health Fellows Program for Kazakhstan**

Dr. Jack Dehovitz of SUNY Downstate University, in collaboration with GHRCCA, received funding to offer full scholarships to enroll in SUNY's Masters of Public Health Program. The Fogarty scholarship program is open to qualified Kazakhstani individuals who are interested in pursuing a career in public health in Kazakhstan.

## **COMPLETED TRAINING AND CAPACITY BUILDING PROJECTS**

### **Next Generation Minority Health and Health Disparities International Research Training (MHIRT) Program (2014)**

Recognizing a “compelling need” to promote diversity in the research workforce, the goal of this NIH-sponsored fellowship program is to provide short-term global research training opportunities that will:

- Encourage undergraduate and graduate students from underrepresented populations to pursue careers in biomedical and/or behavioral health research fields;
- Broaden the research efforts and scientific training of students from underrepresented populations to encompass international health issues; and
- Assist students from underrepresented populations to participate in research initiatives that address minority health or health disparities in the United States and globally.

This year, 3 students from Columbia University participated in an 11-week research training program. They spent two weeks studying in New York, followed by eight weeks of hands-on mentored research at an international research site – in Kazakhstan, and a final week back in New York. The interns were assigned to GHRCCA on-going projects and were based in different sites: Almaty, Shymkent, Temirtau and Astana.

While coursework is an important element of this training program, research mentorship is its cornerstone; trainees assimilated and applied their new knowledge through the experience of effective research mentorship.

### **2010-2012 Training at GHRCCA - Branch Office, Almaty, Kazakhstan**

AIDS International Training and Research Program (AITRP) Trainings – Ongoing. Focus of Trainings: HCV diagnostics and treatment, Rapid Testing, Motivational Interviewing for at-risk populations, and molecular epidemiology.

### **Health Science and Systems of Care Training in New York (November 2009)**

GHRCCA hosted and facilitated an 8-day program of trainings, site visits and lectures with a focus on hospital management in New York for thirty MBA students from the Astana Medical University in Kazakhstan. Training was conducted by faculty from Columbia University and SUNY Downstate Medical Center and was funded by the Kazakhstan Ministry of Health.

### **Summer Internships in Central Asia (Summer 2009)**

GHRCCA staff in Central Asia hosted three Columbia University interns. Wilber Yen, a graduate student at the School of Social Work, interned at Project Shield in Kyrgyzstan. Annie McMillan, a graduate student of the Mailman School of Public Health, spent six months in Kazakhstan working on the Silk

Road Study with migrant workers. Grace Zhou, a junior and Linguistics major concentrating in Anthropology and Slavic Studies utilized her Russian for work with GHRCCA in Kyrgyzstan.

### **Research Science Training in Kazakhstan (May - June 2009)**

Twenty health professionals from Kazakhstan participated in the GHRCCA Research Science Training on biostatistics and epidemiology at the Almaty Institute of Public Health in Almaty, Kazakhstan. Training was conducted by the faculty of Columbia University and other U.S. universities. This training was funded by the Republic of Kazakhstan Ministry of Health.

### **Motivational Interviewing Training (January 2009)**

GHRCCA conducted an introductory training on Motivational Interviewing for thirty social service and health professionals at the Almaty City Republican AIDS Center in Kazakhstan.

### **Engagement with Men Who Have Sex with Men and Sensitivity Training for Health Care Workers in Kazakhstan (2011)**

This 2-day training funded by Open Society Institute's Sexual Health and Rights Project in collaboration with the Center for Public Health and Human Rights at Johns Hopkins University, the Global Health Research Center of Central Asia/Columbia University and NGO "Amulet" aimed to build capacity of a core group of medical staff and MSM advocates in Kazakhstan to train health care workers in the necessary skills and knowledge to provide sensitive services that support and adequately cater to MSM and their unique needs within Kazakhstan health care settings. Participants from four regions in Kazakhstan were encouraged to build on their current knowledge and experience and to commit to training other health care providers in their home regions.

### **Prevention and Intervention Science Research Training (January 2009)**

The Center's country representative in Tajikistan, Makhbat Bahkromov, MD, was awarded a one-year NIDA INVEST Fellowship, with GHRCCA Director Dr. Nabila El-Bassel as his mentor. As part of the fellowship, Dr. Bahkromov participated in research training at Columbia University to develop and implement a pilot project in Tajikistan.

### **Visiting Researcher Exchange (January 2009)**

On invitation from the Center, Visiting Researcher Dr. Anna Skosireva visited the New York office at Columbia University to conduct research and discuss her work with GHRCCA Director, Dr. Nabila El-Bassel. During her stay, Dr. Skosireva was able to connect with other Columbia University faculty/researchers and learn more in-depth information about their projects.

### **Internship for Open Society Institute Fellows (2008-2012)**

We have had over 20 Open Society Institute fellows from Central Asia who have completed one-year internships with the Center in New York City. We have also had several visiting faculty fellows from Central As sponsored by OSI who have been mentored by GHRCCA faculty and researchers.

### **Health Science and Service Training in Kazakhstan (November 2008)**

In collaboration with Columbia University School of Social Work and Columbia University Mailman School of Public Health, the Center held an advanced training program for medical and public health professionals, scholars, and Kazakhstani government representatives in Almaty, Kazakhstan. The four-week program built on the previously offered course work in epidemiology, bioethics, biostatistics, health sciences and services, and provided additional training in proposal writing, peer review, and publication.

### **MSM: An Introductory Guide for Health Care Workers in Kazakhstan (October 2011)**

Funded by Open Society Institute, GHRCCA staff in conjunction with Johns Hopkins Center for Public Health and Human Rights (JHSPH) and the NGO Amulet developed and delivered a train-the-trainer curriculum for medical providers of HIV and STI services in four cities of Kazakhstan called *Men Who have Sex with Men: An Introductory Guide for Health Care Workers in Kazakhstan*. This two-day curriculum design included the partnership of a MSM trainer with a clinical provider to deliver the clinical content in healthcare settings. Follow-up technical assistance and implementation evaluation is ongoing.

### **Program on Integrated Systems of Care in the United States (December 2007)**

The Center hosted a week-long training program for four medical professionals from the City of Astana Health Department in Kazakhstan. The training program assisted in building infrastructure and scientific capacity to advance knowledge on global health issues in Central Asia. Participants had an opportunity to learn about innovative models of medical treatment, systems of care, and integration of social services as part of the continuum of care.

### **Health Science & Service Training at Columbia University School of Social Work (November - December 2007)**

Together with the Columbia University School of Social Work, the Center held a four-week training program for medical professionals and scholars from Kazakhstan. The program offered course work in epidemiology, bioethics, biostatistics, and health sciences and services; site visits to health and social

service facilities; and meetings with leading health experts working in New York City.

### **PROFESSIONAL AND FACULTY EDUCATION EXCHANGES**

GHRCCA collaborates with a number of U.S. and Central Asia universities to facilitate short- and long-term educational exchanges for pre- and post-doctoral students, faculty and scholars.

- **Pre- and Post-Doctoral Scholars Education:** In collaboration with the Kazakhstan National University, the Center hosts an exchange program for pre- and post-doctoral scholars.
- **Undergraduate & Graduate Student Intern Field Placement:** GHRCCA serves as a field placement for Columbia University and Central Asian students from different disciplines and fields. The Center provides internship opportunities for undergraduate and master's level students who are interested in continuing their work in the region and/or furthering their knowledge of Central Asia. In 2009, the Central Asia staff hosted three Columbia students. The New York staff continuously hosts two Open Society Fellow/ Master of Social Work students.

Currently, faculty, and scholars from Central Asia and the Caucasus are training at Columbia University School of Social Work through the Open Society Institute Faculty Exchange Program. Future opportunities for US investigators interested in collaborating with partners in Central Asia will be posted as they are announced.