

THE ARMENIAN MEDICAL FUND, USA

2013- A year in review

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As the year nears its end, we feel obligated to brief the Armenian Nation about the activities of the Armenian Medical Fund, USA (AMF). What follows is a brief review of the major projects that came to fruition.

THE AMF

Here's a brief introduction about AMF, especially for those who may not have had the opportunity to learn about AMF.

AMF is a US based 501C organization. It is the only Armenian organization in the world that is totally focused on supporting Armenian and International TB institutions and sanatoriums that are involved in combating and controlling the spread of TB. AMF was founded in New York in 1953 by three individuals John Torigian, Mihran Kalayjian and Mihran Karageuzian. The aim of the founders was to support the National Armenian Sanatorium at Azuniyeh, Lebanon which was established in 1920's to attend to the needs of Armenian TB patients. The Sanatorium was founded and initially supported by the Armenian Apostolic, Evangelic and Catholic churches. The latter resigned and the task of keeping and supporting the Sanatorium befell on the Apostolic and Evangelical churches up to this point.

From 1953 up to this point, AMF contributed monetary aid, renovated buildings, and supplied modern diagnostic equipments. The aid has well exceeded the million Dollar mark.

After the independence of Armenia, it became apparent that the Fatherland was facing serious health issues related to Tuberculosis (TB). AMF, working closely with the Ministry of Health of Armenia, mapped Armenia and assessed the needs and issues associated with the devastating TB.

From 1990 on, aid was given to: The Abovian TB Hospital (the central TB hospital in Armenia), the Gumri, Gapan, Goris, TB hospitals. The Vanadsor hospital was fully renovated. One of the two residential buildings of the Dilijan Children's Sanatorium was fully renovated. Aid was also given to the pulmonary division of Ttoojur hospital. Diagnostic equipments were donated to: The Mikaelian Hospital in Kanaker, the Goris Hospital and the Karagerd hospital, the latter was under the auspices of COAF.

The AMF accomplished two major projects in 2013 A- The building a new hospital in the region of Martuni, the Republic of Nagorno Karabagh (NK) and

THE MARTUNI HOSPITAL

Two years ago when we were approached by Armenia Fund, USA about the idea of building a new hospital in the Martuni region, it didn't take us much deliberation. We immediately agreed! Previously we had worked in Nagorno Karabagh; we had fully renovated the women's ward in the Shushi hospital; we had built TB diagnostic center in Stepanakerd. So, the Martuni hospital was an important project and needed all the support.

The City of Martuni is located in the province of Martuni in the northeastern part of the Republic of Nagorno Karabagh approximately 50 kilometers from Stepanakerd, the capitol. It has a population of 5000. The original hospital Martuni hospital was built in 1965, ravaged as much by age and heavily damaged during the Artsakh liberation struggle during the Azberbajani-Karabakh War.

A team of dedicated doctors, nurses, and other health workers unwaveringly attended to the nearly 5,000 residents in the town of Martuni and 23,000 people living in Martuni province. The hospital took care of an additional 30 rural communities in the province. The hospital in Martuni serves over 1,300 patients and 18,000 outpatients annually. With the dilapidated condition of the hospital, it could not face propensity to increase its patient capacity by as much as 40%, which is expected in the upcoming years.

The need to have a new hospital was pressing! The cost of building a new hospital was estimated to be 1.2 million Dollars. The year was 2010. To realize the project, the government of Karabagh contributed \$600,000, the Armenian Medical Fund, USA and Armenia Fund, USA, each agreed to participate with \$300,000.

This partnership was determined to transform the Martuni Hospital into a state-of-the-art, regional healthcare complex. The hospital was supposed to be equipped with pediatric, surgery, infectious disease (including thoracic and pulmonary diseases) departments, as well as therapeutic and auxiliary departments in addition to laboratories, diagnostic units and radiology screening.

Construction began in November of 2011 and celebrated its opening in May of 2013.

The new hospital, consisting of a two-story structure with a total area of 2,470 square meters, will be a state-of-the art facility, fully equipped to provide a broad range of modern health services. The basement of the new hospital will house various storage and service rooms. The first floor will host a reception hall, an emergency room, and an intensive-care unit, and polyclinic, diagnostic, infectious disease, and administrative departments. The second floor will include the departments of surgery, therapy, and gynecology. The hospital's electric substation and heating and air-conditioning systems will allow the hospital to run more efficiently. The complex will also feature a sizeable beautifully landscaped for patient use and the aging road leading to the hospital will be leveled and repaved with new asphalt.

The executive director Dr. Gasparyan, stated, "this is a great leap forward and it fills a critical healthcare need in the region." He's also hopeful that the new hospital will finally allow him to

complete his medical staff by hiring an obstetrician-gynecologist, an ear-nose-throat specialist, and a neuropathologist. “Once our equipment and staff shortages are addressed, we will be able to offer a broad spectrum of medical services, right here in Martuni.” Future plans include to have a physical therapy department. Built to the highest medical standards, the complex will feature central heating and air-conditioning. The hospital will be able to accommodate up to 22 patients and as much as 60 outpatients a day.

“The new Martuni Hospital is the second medical facility to be built in Artsakh through the efforts of the Armenian community of the Eastern United States,” said Ara Vardanyan, the executive director of the Hayastan All-Armenian Fund. “The first such facility was the Stepanakert Polyclinic which, ever since its construction nine years ago, has played an invaluable role in the health maintenance of the local population. We are extremely gratified that the future Martuni Hospital will in turn benefit the communities of Martuni and surrounding areas.”



A corridor and a room in the newly built

Martuni Hospital, Martuni, Nagorno Karabagh



The newly built Martuni Hospital, Martuni, Nagorno Karabagh

A JOINT VENTURE STUDY OF TB AMONG WORKING ARMENIAN MIGRANTS

The Armenian Medical Fund, USA (AMF-USA), the Center of Health Services (CHS) of the American University of Armenia (AUA) and the Ministry of Health of Armenia (MOH) embarked on a critical area of major health concern to Armenia, namely Working Migrants and TB in Armenia.

The Study- The study was an operational research focusing on cross-sectional assessment of TB related knowledge, attitude, and practices among migrant workers throughout Armenia, who have had TB in the past four years and worked outside Armenia for more than three months.

The project also looked at migrants' access and utilization of TB services in Armenia and in a host country of work.

The Problem- In 2010, the number of newly diagnosed TB cases was 41.3 per 100,000 population; it was estimated that approximately 9.4% of these new cases were multi-drug resistant TB (MDR-TB). Moreover, approximately 43.0% of previously treated TB cases became MDR-TB in 2011. According to the World Health Organization (WHO) statistics for 2011, 21 cases of extremely-drug resistant TB (XDR-TB) were found in Armenia. WHO has classified Armenia as having a high rate of DR-TB..

With regard to migrant workers, 91% of migrant workers of Armenia work in the Russian Federation (RF); many of them work in regions with the highest rates of TB prevalence. The percent of TB-HIV/AIDS co-morbidity among the participants was 4.7 times higher than among

all TB patients in Armenia. The time period between first diagnosis and first treatment was about 5-times longer for those who were diagnosed in the host country or work than those diagnosed in Armenia, this had increased the likelihood of infecting others and developing drug resistance (DR-TB). Participants who decided to start receiving treatment in the host country of work were 3.9 times more likely to have failed and defaulted treatment outcomes than those receiving treatment in Armenia.

The Study- The Center for Health Services Research and Development (CHSR) of the American University of Armenia (AUA) implemented the Household TB Infection Control Pilot Project in 2012, in collaboration with the National TB Control Program (NTP) of the Ministry of Health of the Republic of Armenia and with support from the Armenian Medical Fund. The project under the supervision of Dr. Varduhi Petrosyan included:

1) Documentation and literature review; 2) Qualitative study among the TB patients, their family members, TB health care providers, and TB experts; 3) Training of Trainers (TOT) course for the teams that conducted the counseling sessions with TB patients and their family members; 4) TB household counseling sessions with TB patients and their family members in Aragatsotn, Kotayk, and Shirak Marzes of Armenia, 5) Baseline - follow-up evaluation surveys of the participants of counseling sessions; 6) A TOT course for 52 TB nurses serving in the TB outpatient centers; and 7) Comparison of treatment outcomes between the TB patients who participated in the household pilot counseling sessions and the national statistical data provided by NTP.

Findings- The findings from document/ literature review, including previous CHSR TB research, and the qualitative assessment informed and provided directions for the planning and implementation of the household counseling by two teams of professional trainers, each of them consisting of a psychologist and a TB nurse.

In total, 136 TB patients and their family members participated in 90 minutes interactive counseling sessions conducted for each family using a training manual designed for the training and counseling, a flipchart, supplemental materials, and TB brochures.

During the counseling sessions TB patients and their family members learned about the importance of : 1) taking TB drugs regularly, 2) monitoring and reporting side-effects and symptoms, 3) monitoring and reporting potential TB symptoms among other family members and contacts for follow-up check-ups, 4) taking appropriate safety and prevention measures as needed, and 5) providing psychological support to TB patients. These household TB counseling sessions were designed to curtail the spread of TB epidemics, reduce the rates of failed treatments and development of drug resistant TB, and reduce the stigma related to TB in the community.

Baseline - follow-up panel evaluation of the household counseling intervention showed: 1- that patients and their family members were interested in learning more about TB. 2-The intervention

helped to correct misconceptions about TB, 3- alleviate fear and anxiety related to the disease, 4- change behaviors to increase the likelihood of successful TB treatment outcomes, and 5- reduce the stigma of TB disease among patients and their family members.

There was a noticeable improvement in the support and interpersonal relationships between patients and their family members as a result of the counseling sessions emphasizing the importance of family-based TB control.

Conclusions and recommendations- 1- Household TB trainings substantially and positively impacted treatment outcomes of TB leading to increased rates of treatment success and decreased rates of treatment failure and default. 2-This project demonstrated that conducting a single household TB counseling session for households with TB patients is a cost-effective intervention. 3- Considering the effectiveness and viability of the Household TB Infection Control Pilot Project, the overriding recommendation of the research team is to institutionalize and integrate this approach in the National TB Control Program to expand it to the entire country.

Other recommendations include enhancing the psychological support of TB patients and their family members through engagement of psychologists into counseling at TB outpatient centers in Armenia.

In addition to the TOT session for the teams of the Household TB Pilot Project trainers, CHS organized TOT sessions titled “Educational and socio/psychological support for regular TB patients and their family members” for 52 TB nurses working in TB outpatient centers in Armenia. This session was organized to improve TB nurses’ evidence-based knowledge and the skill-sets for effectively working with TB patients and their family members, which were highlighted during the household counseling sessions.

Plans for 2014- The encouraging results of the study have led the AMF to plan to work with CHS/AUA and other interested research and support organizations to study the possibilities of expanding the study to include the entire country. We feel changing the mindset of TB patients and their families and irradiating the taboos associated with TB are needed for the well being of patients.

The Board of Directors of the Armenian Medical Fund, USA expresses its deepest thanks to all who have made donations to these worthy causes. Without their support the above mentioned projects would have not been accomplished. On behalf of the Board of Directors: Vahe Balouzian, President, Andrew Torigian, Vice President, Mesrob Odian, Ph.D. Treasurer, Herand Markarian, Ph.D. Executive Secretary, George Dermksian, MD, Khoren Nalbandian R.Ph, Greg Toufayan, and Kim Hekimian, Ph.D. again, we express our deepest thanks to all of our donors. Those interested to learn more about AMF, may contact by e-mail: armedfund@yahoo.com or contact by mail: 160 Waters Edge, Congers, NY 10920.