



# The United States President's Emergency Plan for AIDS Relief

A MONTHLY UPDATE ON THE U.S. COMMITMENT TO TURN THE TIDE AGAINST GLOBAL HIV/AIDS

## Health workers join forces to fight AIDS in the Caribbean



Nurses from 20 Caribbean nations recently met in Barbados to create a mission statement to guide their work in the upcoming year and to discuss ways to improve their work as educators, advocates, and care of people living HIV/AIDS patients.

The meeting was an effort of the Caribbean HIV/AIDS Regional Training Initiative (CHART), a U.S. Government (USG)

project funded through the President's Emergency Plan for AIDS Relief (PEPFAR/ Emergency Plan) to ensure that the region builds a cadre of highly-trained, committed professionals to help combat HIV/AIDS by training health practitioners and encouraging them to work together.

“Given the changing nature of the HIV epidemic, health care worker burnout, and the out-migration of many Caribbean professionals, ongoing training is essential

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Photo by Barbados In-Country USG Team

CHART Barbados National Training Coordinator Wendy Sealy (left) prepares for the nurses meeting with fellow nurse MaryAnn Vitiello.

## Regionalization helps Tanzania scale up antiretroviral treatment

**An innovative service-delivery system is making strides towards treatment goals**



Prior to 2005, very few people living with HIV/AIDS in Tanzania had access to antiretroviral treatment (ART).

In March 2003, the Tanzanian Ministry of Health developed the National Care and Treatment Plan for HIV/AIDS for 2003–2008. The Plan set out ambitious goals to provide ART to 100,000 people by the end of 2006, and to approximately 440,000 people by 2008. The targets include an expansion in the number of treatment centers from the current 96 sites to 200 designated sites country-

wide by the end of 2006.

The U.S. Government through the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/ PEPFAR) is working in partnership with the Government of Tanzania to support these goals. The Emergency Plan seeks to support ART for 150,000 HIV-positive Tanzanians by 2008.

In just over twelve months, the number of people on ART has grown from just a few thousand to more than

25,000. During the initial push to get quality ART services up and running, activities were initiated in facilities where partner organizations

**The Tanzanian National Care and Treatment Plan set out ambitious goals to provide ART to 100,000 people by the end of 2006, and to approximately 440,000 people by 2008.**

had an existing or recently established relationship. This occurred regardless of geographic location and demand for ART, leading to confusion and overlap.

It became clear that a new process for ART roll-out was needed. The new approach, known as “regionalization,” was

developed in conjunction with the National AIDS Control Program and redistributed partners with the goal of ensuring that only a single partner operates within any given region. Regionalization gives each partner sole region-wide responsibility for providing ART in all of a region's hospitals and clinics – whether public, private, or faith-based.

Regionalization allows partners to mirror the government's health system hierarchy, leveraging referral patterns and support systems. This system also simplifies the mapping of services across

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#### CHART

Training centers are helping build capacity in the Caribbean. **P.3**



### ZIMBABWE

#### Role of PCCs

Primary care counselors are strengthening the health care system in Zimbabwe. **P.2**

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#### Ask the State Dept.

Dr. Mark Dybul answers questions about PEPFAR. **P.3**

# A counselor in Zimbabwe turns despair into hope



The first thing Primary Care Counselor Edward Mupunga says to new clients is, "My name is Edward. I am also HIV-positive and taking ARVs [antiretroviral drugs]."

Edward first came to the Opportunistic Infection Clinic at Harare Hospital in Zimbabwe as a patient. "I was very sick. You could say I was without hope." But time and antiretroviral treatment turned Edward's despair into a strong desire to help others. "I have a passion for counseling. Now, I help others have hope because clients see that I am working and living positively with HIV."

Edward is a Primary Care Counselor (PCC), part of a new cadre of workers in the national health system in Zimbabwe. PCCs are individuals with no prerequisite medical education trained to fill a critical need for HIV counseling services in Zimbabwe's hospitals and community clinics. The PCC cadre recently was adopted by the Ministry of Health and Child Welfare as part of the

national health system.

With support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR/Emergency Plan), the Zimbabwe Association of Church Hospitals (ZACH) took the lead in training PCCs. The U.S. Government HIV/AIDS strategy in Zimbabwe includes approaches to strengthen systems and build human capacity," explains Dr. Shannon Hader, Director of the U.S. Center for Disease Control (CDC) office in Zimbabwe. "Before the advent of PCCs, severely overburdened nurses provided the majority of counseling in clinical settings in this country where an estimated one in five people lives with HIV."

CDC Zimbabwe collaborated with ZACH to develop a six-month PCC training program that included classroom education and supervised practical counseling experience. "About 300 newly trained PCCs are being integrated into the health system," notes Hader. "They are filling a critical unmet need for comprehensive HIV counseling services that will



Photo by Zimbabwe In-Country USG Team  
Primary Care Counselor Edward Mupunga is part of a new cadre of workers in the Zimbabwe national health system being trained to fill a critical need for HIV counseling services in hospitals and clinics.

only increase as antiretroviral therapy is scaled up in Zimbabwe."

As a PCC, Edward is a valued member of the Opportunistic Infection clinic team. "Sometimes the doctor refers patients to me for counseling because he has identified a need," he explains. "Sometimes I see what I believe to be a medical issue during a counseling session, and I go to discuss it with the doctor."

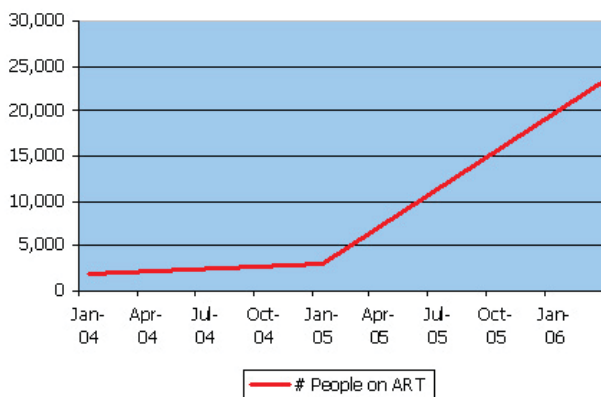
"Helping others

keeps me going," says Edward. "Every time I counsel someone, I grow from the experience, because I know that I'm helping that person face his fears and live more positively."

The U.S. Government is proud to be working shoulder to shoulder with Zimbabweans like Edward, strengthening the health care system and building human capacity that will sustain efforts to fight HIV/AIDS long into the future.

## More Tanzanians accessing antiretroviral treatment

Number of Persons Receiving Antiretroviral Treatment in Tanzania



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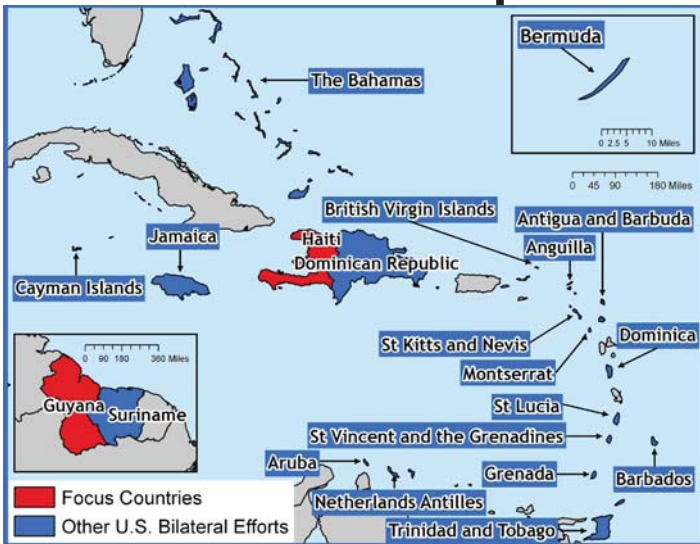
similar facilities, and alleviates potential duplications. The improvements brought about by regionalization provide a platform for the rapid expansion of treatment within a framework of continued quality of care. This process also strengthens the Government of Tanzania's coordination efforts by providing a single point of contact in each region.

The regionalization

model is currently being implemented across the twenty-six regions of Tanzania, of which Emergency Plan-supported partners are supporting sixteen regions.

Challenges remain and the physical re-orientation of partners to new areas will need to be carefully managed. Ultimately, the regionalization of ART services under the National Care and Treatment Plan will lead to a more rationale and better coordinated response.

# CHART trains counselors in compassion



PEPFAR Activities in the Caribbean

CHART has five training centers throughout the Caribbean, which are supported by the Emergency Plan.

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to sustaining an HIV/AIDS trained workforce in the Caribbean,” says Angela Davis, USAID’s project management specialist.

With Emergency Plan support, CHART runs five training centers in the Bahamas, Haiti, Jamaica, and Barbados, which are supported by a regional coordinating unit in Jamaica. At the start of 2006, more than 100 doctors, nurses, and other health practitioners had been trained as trainers to spread their knowledge to other health workers. Another 1,200 health care workers had completed multidisciplinary training that includes development of national HIV/AIDS work plans.

In addition to providing training, the project also holds workshops addressing stigma and discrimination against HIV

patients. A recent survey of CHART training participants found that the majority feel more confident, more compassionate, and more sensitive to issues of stigma and discrimination. “My most important lesson came from interacting with people living with HIV/AIDS – this did a lot for me,” notes one CHART participant. “It helped me to be a better counselor. I began to take more time with [my HIV/AIDS patients.]”

CHART also coordinates and shares HIV/AIDS information with key organizations including the Caribbean Health Research Council, the Caribbean Epidemiology Centre, and the Coalition of Caribbean National AIDS Program Coordinators. The groups share best practices and lessons learned, which in turn helps achieve a more standardized and consistent approach to combating AIDS.

**1,200**

the number of health care workers in the Caribbean who have completed multidisciplinary training that includes development of national HIV/AIDS work plans

## Q&A with Dr. Mark Dybul, Acting U.S. Global AIDS Coordinator



On April 13, 2006, Dr. Mark Dybul was featured on “Ask the State Department” — an online interactive forum where people can submit questions to State Department officials. The forum drew a variety of questions about PEPFAR, ranging from the accountability of the Emergency Plan to the role of religious organizations in fighting HIV/AIDS. “Ask the State Department” allowed Dr. Dybul to answer questions about the Emergency Plan and to address some common misconceptions about the program. To view the full discussion, please visit [WWW.PEPFAR.GOV](http://WWW.PEPFAR.GOV). The following is an excerpt from the discussion:

**Question:** How do you expect to reach your goals? How are you tracking your achievements?

**Dr. Dybul:** The Emergency Plan has set goals of supporting prevention of 7 million new infections, supporting treatment for 2 million HIV-infected people, and supporting care for 10 million individuals, including orphans and vulnerable children as well as people living with HIV/AIDS – and doing all this in an accountable and sustainable way.

Accountability is thus a hallmark of PEPFAR. Accountability depends on accurate information. The Emergency Plan is thus investing heavily in the tools needed to ensure that accurate information on results is gathered and fully utilized by the Emergency Plan and its host nations.

The test of our efforts is our results. After two years of implementation, PEPFAR has supported antiretroviral treatment for approximately 471,000 people worldwide (including 401,000 people in the 15 focus nations and 70,000 people in other nations). In two years, 3.1 million women in the focus countries have received PEPFAR-supported services to prevent mother-to-child transmission of HIV, and an estimated 47,100 infant HIV infections were prevented. In two years, 9.4 million people in the focus countries have received PEPFAR-supported HIV counseling and testing services. In FY 2005, 42 million people in the focus countries have been reached with evidence-based community outreach prevention efforts. PEPFAR supported care for nearly 3 million people in FY 2005, including 1.2 million orphans and vulnerable children and over 1.7 million people living with HIV/AIDS.