



Human Capacity Development

The U.S. President's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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More than 25 million of the estimated 33 million people living with HIV/AIDS live in resource-limited areas characterized by weak and under-staffed health systems. HIV/AIDS places a growing strain on the already limited capacity of health care systems and workers in these countries. The challenges posed by the HIV/AIDS pandemic are compounded by the struggle to acquire the capacity, knowledge and skills to deliver prevention, treatment and care to people infected with and affected by HIV/AIDS.

The Power of Partnerships:

- From FY2004 through FY2008, PEPFAR supported an estimated **3.7 million training and retraining encounters** for health care workers.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) recognizes that quality and sustainability in HIV/AIDS prevention, treatment and care require skilled providers of health services and strong health systems to support them.

Priorities for building sustainable human capacity are:

- Developing workforce management strategies, including support for workforce planning, sustained performance/quality assurance, and expanded roles and retention of qualified staff;
- Improving training coordination through the development of country strategic plans; and
- Assessing and documenting strategies for building sustainable human and institutional capacity.

However, many countries lack the trained health workers necessary to respond to the need. With this in mind, PEPFAR and its host country partners support:

- National strategies with innovative approaches geared towards retention;
- Broadening of policies on the type of health care workers that can provide HIV/AIDS services; and
- The use of volunteers and twinning relationships to rapidly expand the number of local service providers required to respond to this disease.

PEPFAR-supported activities include: support for policy reform to promote task-shifting from physicians and nurses to community health workers; development of information systems; human resources assessments; training support for health workers, including community health workers; retention strategies; and twinning partnerships.



A Commitment Renewed

On July 30, 2008, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing up to \$48 billion over the next 5 years to combat global HIV/AIDS, tuberculosis, and malaria. Through FY2013, PEPFAR plans to work in partnership with host nations to support:

- Treatment for at least **3 million people**
- Prevention of **12 million** new infections
- Care for **12 million people**, including **5 million** orphans and vulnerable children

To meet these goals and build sustainable local capacity, PEPFAR will support training of **at least 140,000 new health care workers** in HIV/AIDS prevention, treatment and care.

PEPFAR at Work

The following examples illustrate how PEPFAR is working under national strategies and in partnership with host nations to strengthen health systems and human resource capacity to deliver prevention, treatment and care for people living with and affected by HIV/AIDS:

- **In Uganda**, lay providers, many of whom are HIV-positive, have been trained to provide nursing care, deliver medication refills, and monitor treatment adherence. These community health workers also are involved in health promotion, providing information on condoms, malaria, and other subjects traditionally addressed by physicians and nurses.
- **In Rwanda**, the Government of Rwanda has adopted policies to expand service delivery by lay or community health workers. The Rwandan Government is implementing a pilot program that allows nurses to prescribe antiretroviral drugs; has piloted community-based tuberculosis treatment; and has approved and published policy guidance on community-based malaria treatment.
- **In Zambia, Kenya and Côte d'Ivoire**, local health agency staff members have been trained to conduct human resource assessments with the intent of developing a sustainable strategy for human resource plans.
- **In Botswana**, the Botswana Retired Nurses Society is expanding access to palliative care for people living with HIV/AIDS through an innovative program using volunteer nurses.
- **In the Caribbean**, the Caribbean HIV/AIDS Regional Training Initiative (CHART) is building a cadre of highly-trained, committed professionals to train their peers about HIV/AIDS. CHART runs five training centers in the Bahamas, Haiti, Jamaica and Barbados.
- **In Namibia**, the USG partners with Potentia, a private-sector Namibian personnel agency, to support health care staff positions in an equitable fashion. This includes supporting doctors, nurses and pharmacists for public hospitals, at the same salary as government workers.
- **In Tanzania**, a twinning partnership between the Mihimbili University and the University of Michigan will integrate HIV/AIDS care into the nursing school curriculum and develop a cadre of HIV/AIDS nursing instructors to provide clinical mentoring to faculty members at all 56 of Tanzania's nursing schools. An expected 6,600 nursing students will receive advanced HIV/AIDS instruction and nearly 2,000 nurses will graduate annually with a strong foundation in HIV/AIDS-related treatment and care as a result of this partnership.
- **In Botswana**, a South-to-South twinning relationship between the Government of Botswana and the African Palliative Care Association in Uganda has trained or retrained nearly 200 health professionals and community-based coordinators in palliative care.