



Building Human Capacity for 3 by 5



World Health Organization

Globally up to 100 000 people need to be trained for their contribution to making 3 by 5 possible—including those involved in the management and delivery of anti-retroviral treatment (ART) services, those working on testing and counselling and other entry points to ART, and the many community treatment supporters assisting people living with HIV/AIDS who are receiving medication. The challenge is enormous, and the impact of HIV/AIDS on the workforce is exacerbating the already difficult situation.

The World Health Organization (WHO) has developed a '*Human Capacity-Building Plan*' (available online at www.who.int/hiv) that proposes a set of unprecedented steps by which WHO, together with partners, will help countries to develop and sustain the workforce necessary to achieve 3 by 5. It addresses five critical elements for building and sustaining human capacity at the country level.

Objective: Core Training Packages

Recognizing that simplification is key to scaling up, WHO will work with partners and develop '*Core training packages*' that can be easily adapted for in-country training. Based on the experience with existing training material, training packages will be assembled focusing on core competencies needed for taking ART to scale—including integrated management of HIV at first-level facilities, provision of lay ART support, laboratory and pharmacy services, counselling and testing skills, and programme management skills. Simplified training packages are task oriented and support the use of flexible and innovative training approaches.

Milestones: By mid-2004, seven training packages will be developed and published; by the end of 2004 10 training packages will be available.

Objective: National Emergency Training and Human Resource Approach

Emergency pre- and in-service training of a large number of individuals is critical for achieving 3 by 5, but must be embedded in efforts for sustainable *national human resource development planning*. WHO will catalyze in-country collaboration in 'capacity-building task teams' to steer both emergency training measures as well as human resource development in the short- and long term—determining country-specific solutions to challenges such as task distribution and workforce expansion, retention and continued education of employed staff, working conditions and incentive systems, migration of staff in and beyond the health sector, and stigma associated with working on HIV. National support to human resource development will be complemented by advocacy for removing obstacles to human resource development at the international level.

Milestone: By the end of 2004, all countries committed to 3 by 5 will have training and human resource plans.

Objective: Technical Support to Training Roll-out

WHO seeks to harness existing training competence, experience and networks to equip in-country training providers with the necessary material and skills. WHO Regional and Country offices will work with partners active in the regions to adapt training packages to local needs; to 'push' for the emergency expansion of training opportunities at country level; and to provide '*Training of trainers*' in countries and at regional level—using mobile training teams and other methods. At the global level, WHO will support existing networks in creating a '*Capacity-building helpdesk*' as an international referral mechanism to material, human and institutional resources.

Milestones: By the end of 2004, 30 000 health providers and community treatment supporters will be trained in line with national standards—this number will increase to 100 000 by the end of 2005.

Objective: In-country Certification of HIV/AIDS Competence

Providing 'Certificates of HIV/AIDS competence' to those involved in scaling up ART will 'pull' the interest of training providers to expand existing training programmes, serve as an incentive to potential trainees, and represent an important instrument for quality control. WHO regional and country offices will support countries in the development of training systems that allow training providers to evaluate and certify the competence of health workers. Training providers that demonstrated their adherence to WHO standards will be authorized to reference WHO when issuing certificates of competence.

Milestone: By end-2004, 40 countries will have introduced training using WHO supported certification of HIV/AIDS competence.

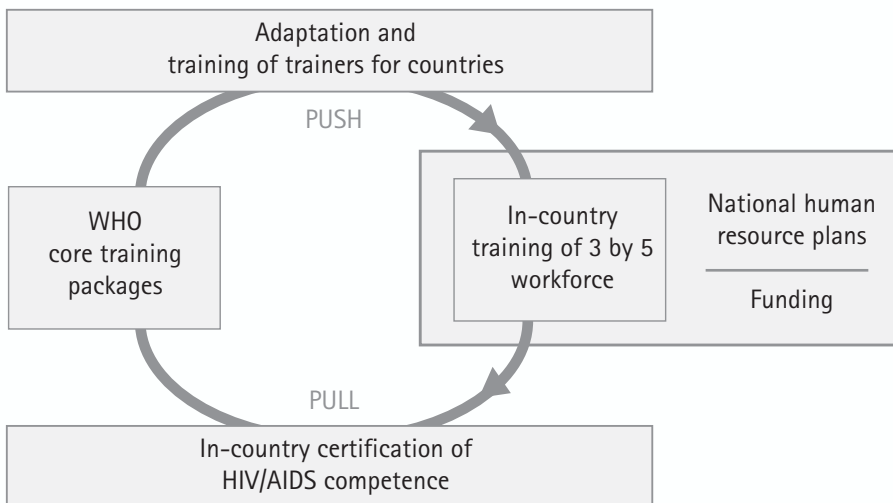
Objective: Funding for Capacity Building and Training

Capacity-building has been widely recognized as a prerequisite to scaling up ART and is now addressed in all major funding initiatives. Yet, given the extent of the emergency scaling up, serious resource gaps

for the development and implementation of training may occur. WHO will work with partners in countries to support the *optimal use of all existing funding opportunities* for capacity-building, and provide additional technical support to fund identification at the international level where funding shortages threaten to jeopardize the training process.

Milestone: In round four of Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), all submissions by countries committed to 3 by 5 will have appropriate capacity-building components.

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Partnerships for country support

The plan outlines a set of concrete products and services that together are expected to result in the necessary workforce expansion at field level. The proposed products will enable countries and training providers to draw on rapid and 'non-bureaucratic' support related to the five essential ingredients for a rapid and sustainable workforce expansion: normative guidance, national planning, technical assistance, certification, and funding.

Already, many organizations have developed significant expertise and activities with respect to capacity-building and often had to do so without external support. The 'Human capacity-building plan' is an attempt to harness and to expand this energy, and it can only translate into meaningful support to countries if many partners join forces. Many of these partners have contributed to developing this plan as a framework for joint action. Many more are invited to join in, and WHO is committed to put its resources to this critical component of the 3 by 5 strategy.