



World Health Organization

Human capacity-building plan for scaling up HIV/AIDS treatment



World Health Organization



Human capacity-building plan for scaling up HIV/AIDS treatment

Contents

The challenge.....	2
The goal	2
Objective: publish core training packages.....	3
Objective: develop a national approach to training and human resources....	7
Objective: provide technical support for training	10
Objective: establish in-country certification of HIV/AIDS competence.....	13
Objective: secure funding for capacity-building and training.....	16
Summary	19



The challenge

On 22 September 2003, the Director-General of WHO declared the "emergency expansion of training and capacity development for health professionals for delivering simplified, standardized antiretroviral treatment" to be a priority of the 3 by 5 Initiativeⁱ.

Globally, up to 100 000 people need to be trained for their contribution to achieving the 3 by 5 target—including those involved in managing and delivering antiretroviral treatment services, those working on testing and counselling and other entry points to antiretroviral treatment 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.

This document outlines a strategic plan for WHO to support the development, strengthening and sustaining of the workforce necessary to radically scale up and maintain antiretroviral treatment. The strategic approach is based on the understanding that achieving this goal critically depends on joint efforts between communities, countries and international organizations. It builds on the experience of successful capacity-building efforts and harnesses existing expertise to strengthen training capacity at the regional and country level in the context of an emergency response.

The proposed plan identifies five elements that are critical for building and sustaining human capacity for the 3 by 5 target at the point of service delivery:

- making available simple and appropriate training programmes on key competencies for antiretroviral therapy;
- designing country-specific approaches to training and human resource development;
- providing targeted technical assistance for rolling out training programmes;
- developing training certification and quality control mechanisms; and
- ensuring the availability of sufficient funds for implementing training.

The strategy outlines a set of action steps in each of these domains that together are expected to result in the necessary expansion of a skilled workforce at the country level. For each element, this document specifies what role partners can play and how countries can benefit from the proposed activities and services.

The plan proposes unprecedented global action for developing HIV/AIDS training and capacity. It can only be implemented by the combined effort of many partners. WHO is committed to drive this undertaking and invites countries and organizations to join.

The goal

The goal of the human capacity-building plan is to ensure the availability within countries of a sufficient number of appropriately qualified individuals for the emergency scale-up and maintenance of antiretroviral treatment services to 3 million people by the end of 2005ⁱⁱ.

Objective: publish core training packages

At the country level, the expansion of antiretroviral treatment to 3 million people by 2005 cannot be achieved by one professional group alone but only if a range of groups work hand in hand.

These include those directly involved in the treatment process at the point of service delivery (such as health care workers, counsellors, nurses and medical officers) and those providing critical adjunct services (including pharmacy, laboratory and referral services). Equally important is the contribution of testing and counselling services, other entry points to antiretroviral therapy (such as treatment services for tuberculosis, sexually transmitted infections or injecting drug users) and the existence of skilled programme planners and managers. Finally, the community itself often takes on critical functions in supporting treatment.

Both the groups involved in antiretroviral therapy and the task distribution among these groups vary between regions and countries, depending on the existing health infrastructure and resources. For example, whereas many countries in Africa report an absolute shortage of health personnel and therefore give priority to expanding the workforce and devolving tasks, countries in eastern Europe are challenged to upgrade the skills of the substantial existing medical workforce and to explore new ways of delivering services to hard-to-reach populations.

Almost all countries planning to radically scale up antiretroviral therapy, however, experience a mismatch between the skilled individuals who are available and those who are needed to contribute to this goal, which necessitates massive expansion of existing training efforts. In this, countries are challenged to explore innovative methods of providing training, encouraging the use of multiple potential training providers and reaching a maximum number of trainees while minimally disrupting the ongoing provision of services. Further, training for antiretroviral therapy cannot occur in isolation but needs to be firmly embedded in a broader approach to HIV/AIDS prevention and care and support for people living with HIV/AIDS.

Some countries have already trained hundreds of professional and lay service providers, and national and international organizations have developed a variety of training materials for a number of groups. Many had to do so without technical support, resulting in delays, difficulty in identifying the most appropriate content and methods and, in some cases, suboptimal training results.

Strategic approach

Simplifying and standardizing treatment regimens has been considered a prerequisite for massively scaling up antiretroviral therapy. Likewise, WHO will work towards making available simple but appropriate training packages that can be easily adapted by in-country training providers. Such training packages will add value to existing efforts and facilitate the establishment of additional training opportunities.

WHO has already developed simplified antiretroviral therapy guidelines and produced compatible HIV/AIDS care guidelines for nurses, other multipurpose health workers and lay providers working at first-level facilitiesⁱⁱⁱ. WHO is also currently developing simplified and appropriate training packages that correspond to these guidelines.

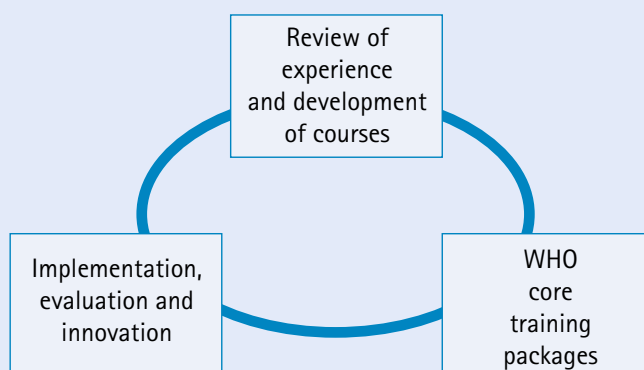
Training packages will be standardized to WHO's clinical and operational recommendations and focus on essential core competencies. At the same time, they will be flexible and adaptable to a range of different training contexts and modalities, such as residential short courses and in-service and pre-service training. These packages can be easily adapted by in-country training providers and may alternatively serve as a set of standards to which partners may adapt or develop other training courses.

Training packages will be developed in close collaboration between WHO headquarters and regional offices and partners that have already developed resources, many of which are members of the International HIV Treatment Access Coalition (ITAC^{iv}). Given the differences in task distribution between countries, training packages will focus on core competencies that are essential in team approaches to HIV/AIDS care and antiretroviral therapy at levels where the need for skilled personnel is greatest.

Training packages will be placed in the public domain and serve as tools for the ongoing expansion of training at the country level. Adapting training packages to local contexts is critical; they need to be in line with national delivery models and guidelines. WHO regional and country offices and partners active in each region will proactively support this process (see the objective on providing technical support for training). WHO will also support countries in establishing mechanisms that allow for training certification and quality control based on WHO standards (see the objective on establishing in-country certification of HIV/AIDS competence).

Training packages can also be used in the initial emergency expansion of pre-service training by targeting them to students prior to graduation. This phase should be initiated in parallel to revising written curricula, which is likely to be a longer-term process. Students can be assessed using the same WHO standards available for in-service training. This phase will require action plans at the national and institutional level that address the efficient training of teachers and clinical staff and the preparation of material for teaching and assessing students as well as clinical practice sites.

Finally, the use of the training packages will be embedded in the development of comprehensive and sustainable approaches to human resource development (see the objective on developing a national approach to training and human resources).



Activities and results

1. *Compilation of existing resources.* WHO and other international and national partners have already developed a number of resources that can immediately inform the development of training programmes. Available training material will be collected, reviewed and made available via the Internet and, upon request, through an international Capacity-Building Help Desk (see the objective on providing technical support for training).

Involvement of partners. The Forum for Collaborative AIDS Research^v, in collaboration with the International HIV Treatment Access Coalition^{iv}, has initiated the development of a training resource inventory. WHO will support the continuation of this process and invite partners to share their training resources and to contribute to updating the inventory and making material available in the public domain.

Service for countries. Countries and institutions can easily access a wide range of existing material online and obtain personal support in identifying the material most appropriate to their needs.

2. *Development of WHO core training packages for in-service personnel.* The development process will focus on training packages for the key competencies involved in chronic HIV/AIDS care and antiretroviral therapy at first- and second-level facilities. These core competencies include the integrated management of HIV/AIDS at first-level points of service delivery, provision of lay and community support for antiretroviral therapy, laboratory and pharmacy services, counselling and testing skills, team approaches to antiretroviral therapy and skills in planning, managing and evaluating programmes. Training packages will take a modular and task-based approach, facilitating their use for a variety of professionals involved in scaling up antiretroviral therapy. Training packages will be developed based on WHO guidelines, will build on existing training material and will discuss antiretroviral therapy in the context of comprehensive prevention, care and support for people living with HIV/AIDS.

Involvement of partners. The developmental process will be closely coordinated with WHO regional offices, and partners will be invited to play an active role by sharing their expertise and their existing training material by participating in working groups and/or by drafting material on behalf of WHO.

Service for countries. Training packages will be accessible to countries through the Internet or a WHO office. WHO regional offices and a network of partner institutions active in the region will provide active technical support for their use (see the objective on providing technical support for training). WHO will work with countries and institutions to certify trainees who have successfully participated in training activities based on the WHO training packages (see the objective on establishing in-country certification of HIV/AIDS competence).

3. *Rapid development of pre-service training.* Training packages can be used to support the immediate introduction of pre-service training for relevant professional groups and thus prepare them for later specialization as stipulated in national regulations. The initial phase should support targeted training for students prior to graduation without waiting to revise written curricula. In parallel, existing curricula should be revised and/or new curricula developed and approved by the appropriate bodies. Training should begin immediately using WHO standard courses and other courses modified to meet WHO standards (after rapid in-country adaptation for in-service and pre-service use), which should be complemented by technical seminars and reference materials. This will require action plans at the national and institutional level that address the efficient training of teachers and clinical staff and the preparation of materials for teaching and assessing students as well as clinical practice sites. WHO and partners should make available national medical and nursing school curricula that have already integrated antiretroviral therapy and HIV/AIDS care. Initially introduced in the later years of the academic programme, this material should be gradually be extended backwards and the new principles and concepts incorporated into earlier years, and written curricula should be fully revised.

4. *Continued innovation of training techniques to increase efficiency.* Just as operational guidance to the scaling up process itself requires continual review and refinement, so does the accompanying training material. Given that the emergency situation will not allow lengthy field testing, mechanisms for closely monitored early implementation of training packages will be developed and used to validate and improve training material. Innovative methods for increasing training efficiency must also be explored. Such techniques may include the use of video, skill stations, on-site detailing approaches, etc.

Involvement of partners. Training providers will play a critical role in guiding the early implementation and refinement of training packages, and interested institutions are invited to participate. A collaborative project on video development has already been initiated.

Service for countries. Countries will be able to work with material from the moment it is published, and frequent updates will be issued to incorporate feedback from the field level.



Indicators and milestones

Indicator	Initial milestone	Mid-2004	End 2004
1. Proportion of core areas covered by some training material online	Capacity-Building Help Desk ^{vi} online on 1 February 2004	80%	100%
2. Number of standard in-service training courses developed	First WHO standard training courses for integrated HIV/AIDS management at first-level facilities available in February 2004	7	10
3. Proportion of countries committed to 3 by 5 that have introduced HIV/AIDS pre-service training	Pre-service plan and technical meeting to support pre-service introduction in February 2004	50%	100%
4. a) Number of institutions participating in early implementation and refinement	First institutions involved in early implementation in February 2004	10	20
4. b) Number of innovation groups established	Collaborative groups established by 15 December 2003: video development group, on-site detailing approaches	3	4

Objective: develop a national approach to training and human resources

The emergency establishment of a skilled health workforce is a prerequisite for achieving 3 by 5 and challenges health systems as a whole.

An absolute shortage of personnel with specific HIV/AIDS skills represents only one critical challenge to meeting the human resource needs for 3 by 5. Other challenges include the appropriate distribution of tasks, the migration of health care workers, the retention of trained personnel in their positions and/or the country where they are trained, working conditions and occupational safety, stigma attached to working on HIV/AIDS and, most notably, the impact of HIV/AIDS on staff itself. Finally, although a well trained workforce is an essential prerequisite to high-quality health care, quality is also determined by the organization of the health care system in which the workforce is operating.

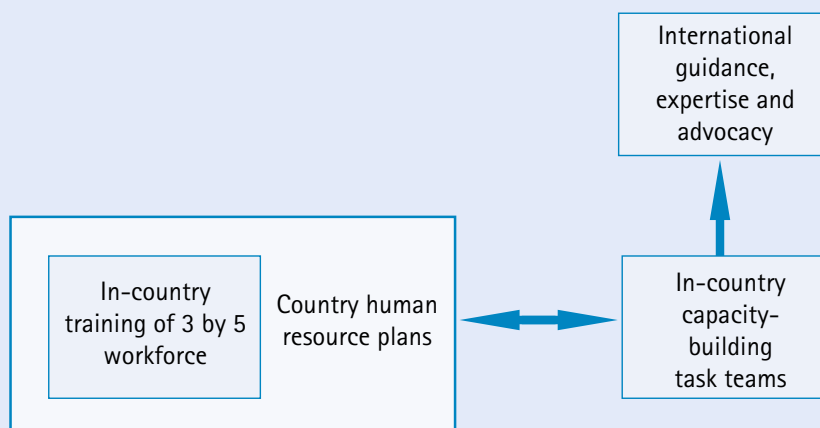
The rapid training of many individuals is an important element of the response, and such training efforts must be based on a thorough understanding of appropriate delivery models and the related human resource needs. However, training alone is insufficient to ensure the availability and retention of an adequate workforce. In a sustainable approach to developing human resources for achieving 3 by 5, emergency pre- and in-service training must be embedded in a flexible national process of developing human resources – ensuring the match between the workforce needs and the supply for 3 by 5 while making sure that other parts of the health sector are not harmed.

Strategic approach

The emergency expansion of a workforce contributing to 3 by 5 needs to be embedded in the development and implementation of national plans for training and capacity-building for scaling up antiretroviral therapy.

Such a process must be driven and owned by each country. The strategic approach hence builds on the support of in-country collaboration on capacity-building bringing together governments and dedicated stakeholders and partners under the umbrella of the appropriate mechanisms for HIV/AIDS coordination. WHO will support countries in managing national training and capacity-building for HIV/AIDS in the short term and in implementing sustainable approaches to human resource development in the medium term.

In-country work will be complemented by backing activities at the regional and global level that seek to elicit and make accessible guidance for planning human resources based on a review of international experience. This includes developing standardized instruments for assessing, planning and evaluating human resources and for developing policy options and case studies. Finally, WHO will work with organizational partners and governments at the global level to advocate for removing obstacles to the national development of human resources that are rooted in international contexts.





Expected activities and results

- National training and human resource planning.* WHO will help to establish dedicated in-country capacity-building task teams and support them in applying human resource planning methods to review existing and/or create plans that respond to achieving 3 by 5.

In the **short term**, this process focuses on developing national plans for training and capacity-building founded on rapid assessment of the human resource situation, including reviewing clinical and preventive tasks at various programme levels. The plan will focus on translating nationally adopted models of service delivery into training needs, unleashing and strengthening existing training capacity, establishing partnerships with communities for sharing tasks and responsibilities in antiretroviral therapy services, supporting strategies for reducing stigma, devising short-term measures for increasing the workforce where needed (such as re-engaging retired staff, inducing inactive trained personnel back into service and external recruitment for key posts such as training tutors), improving working conditions and occupational safety, devising incentives to aid recruitment and increase productivity and establishing incentive systems for trainers, such as employment progression.

In the **medium term**, plans for human resource development will be developed that anticipate and manage system-wide workforce demand and supply. Supportive action will focus on: changing legislation and regulations to ensure appropriate investment in human resources and to maximize human resource use; developing new cadres of health care workers; identifying new mixes of human resource skills; developing policies to address the problems of retaining human resources and substituting health workers; and increasing the capacity for monitoring and evaluating human resource development.

Involvement of partners. At the national level, partners are encouraged to participate in WHO-supported capacity-building task teams, including governments, nongovernmental organizations, community-based organizations and representatives of international organizations.

Service for countries. Task teams will help countries in developing comprehensive plans for training and human resource development that can manage the workforce qualification and/or expansion in a sustainable manner.
- Networks of capacity-building experts.* WHO headquarters and the regional offices will support the development of networks and rosters of regionally versed experts and institutions that can support countries in designing nationally tailored training programmes that address antiretroviral therapy in the context of HIV prevention and comprehensive care and support based on a sound analysis of the situation in each country. WHO will familiarize these experts with current approaches and guidelines and call upon them to support the development of national human resource plans through training on methods for human resource planning and direct technical assistance.

Involvement of partners. WHO will work with partner institutions and networks to determine suitable individuals and upgrade their skills.

Service for countries. WHO will work with countries to determine the specific expertise needed and to identify appropriate experts.
- Global guidance to human resource planning.* WHO will carefully review the experience of countries in developing human resources for scaling up antiretroviral therapy in order to develop guiding material based on the comparative analysis between countries identifying similarities, differences and good practices.

Involvement of partners. Partners will be invited to share their experience and participate in developing guidance material.

Service for countries. Countries will have immediate access to guiding material through WHO offices and the international Capacity-Building Help Desk^{vi} (see the objective on providing technical support for training).

4. *Global advocacy and monitoring.* At the global level, WHO will maintain an inventory of national plans for human resource development and monitor progress in and barriers to expanding the workforce for achieving 3 by 5. In addition, WHO will work with global partners and governments to resolve barriers to the national development of human resources associated with international phenomena, such as the migration of health care workers from resource-poor to resource-rich countries.

Involvement of partners. Partners will be invited to contribute to resolving international barriers through participation in fora and consultations.

Service for countries. Countries will be regularly informed of the progress made in global advocacy efforts.

Indicators and milestones

Indicator	Initial milestone	Mid-2004	End 2004
1. Proportion of countries committed to 3 by 5 with plans for training and capacity-building	First country with plans for training and capacity-building for 3 by 5 in February 2003	50%	100%
2. Proportion of countries committed to 3 by 5 that have received technical assistance on human resource development	First training implemented in March 2004	40%	80%
3. Number of guidance documents on national human resource development for scaling up antiretroviral therapy	First guidance document available in February 2004	2	2
4. Number of communications to 3 by 5 countries addressing human resource development	First update issued in March 2004	3	6

Objective: provide technical support for training

Many institutions have successfully established training programmes at the country level and will be able to build on their own experience to significantly scale up training. Although such institutions will not have difficulty in taking on board new developments and standards, other institutions are challenged to start to develop their own training capacity.

In the absence of mechanisms for technical support on training, institutions usually depend on random contacts and risk receiving inadequate advice or duplicating work, such as developing training material.

Nevertheless, many institutions have developed impressive training capacity, and several training providers have started to self-organize mutual support. At the global level, a working group on training has formed under the umbrella of the International HIV Treatment Access Coalition^{iv}. One of the products of the working group has been a draft inventory of existing training programmes related to providing antiretroviral therapy compiled by the Forum for Collaborative AIDS Research.

Likewise, some service providers have initiated training programmes at the regional level to share their experience with future trainers from neighbouring countries, some of which are supported by WHO regional offices in collaboration with GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit GmbH).

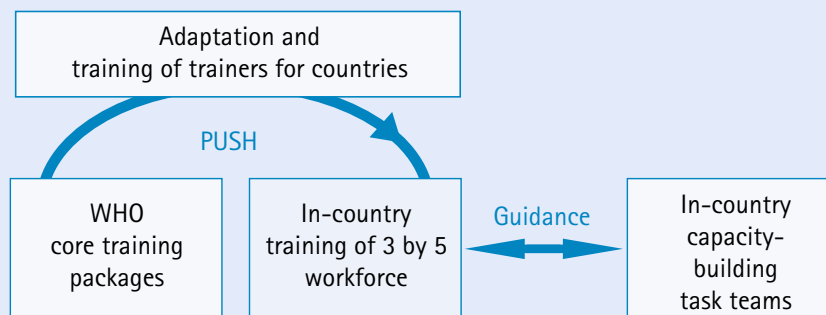
Technical assistance to countries in adapting international training packages based on analysis of national needs and in supporting training institutions in using them is critical for translating normative guidance into concrete action. WHO proposes to provide such proactive technical support in collaboration between its regional and country offices and key partners active in the regions.

Strategic approach

Increasing institutional, in-country training capacity as outlined in existing and emerging national 3 by 5 human resource plans will be supported by targeted technical assistance to training providers and potential training customers at the global, regional and country levels. WHO seeks to provide technical support in collaboration with existing training competence, experience and networks.

At the regional level, regional and country offices will actively promote WHO training courses (see the objective on publishing core training packages) in collaboration with several partner institutions that are capable of taking on the functions of training trainers. Such partners active in multiple regions include nongovernmental organizations, the Global AIDS Program of the United States Centers for Disease Control and Prevention, Médecins Sans Frontières, the Prince Leopold Institute of Tropical Medicine (Antwerp, Belgium) and many others. WHO, together with such a network of training supporters, will actively **push** for adapting training packages to local contexts and developing the institutional capacity of potential training providers to tutor key groups involved in scaling up antiretroviral therapy. To ensure that such proactive support is coordinated with national scale-up plans, it is suggested to work through in-country capacity-building task teams under the umbrella of the appropriate national mechanisms for HIV/AIDS coordination (see the objective on developing a national approach to training and human resources).

At the global level, WHO will support the expansion of already initiated efforts to inventory and update training resources at an international level and to complement this database with a referral service. Eventually, such a Capacity-Building Help Desk can develop into a platform for a number of organizations (many of them organized under the umbrella of the International HIV Treatment Access Coalition) to offer a range of technical support services, including programme twinning and/or brokering between fund-seekers and donors (see the objective on securing funding for capacity-building and training).



Expected activities and results

- 1. Regional training of trainers.** WHO regional and country offices will work with partners active in each region to provide proactive technical assistance for adapting training packages, identifying potential training providers and equipping them with the necessary skills to implement training, with a focus on mobile approaches to training the trainers.

Involvement of partners. WHO will invite expressions of interest by existing institutions to take on functions of training trainers consistent with the WHO guidelines at the regional and country levels. WHO aims to develop a network of training supporters that can play a critical role in rolling out training programmes.

Service for countries. Countries can request technical assistance for developing their training capacity. Likewise, WHO and partner institutions will proactively invite countries to participate in programmes for training trainers to create the necessary core cadre of trainers at the national level.
- 2. International backing through a Capacity-Building Help Desk.** WHO will establish an international Capacity-Building Help Desk to complete and maintain the global antiretroviral therapy training inventory and technical expertise inventory initiated by the International HIV Treatment Access Coalition. WHO will complement this with a personal referral service for training material and human and institutional expertise for WHO headquarters and regional offices and other interested institutions. The Capacity-Building Help Desk will also serve as a point of access for WHO regarding reviewing training materials and developing training courses and standards for antiretroviral therapy.

Involvement of partners. WHO will work directly with the International HIV Treatment Access Coalition through one of the partner organizations with established links to groups involved in scaling up antiretroviral therapy to expand existing inventories into an international Capacity-Building Help Desk. This service will be located in Geneva, support the work of WHO headquarters and regional offices and be directly accessible to countries.

Service for countries. Countries will be able to draw on the resources of the Capacity-Building Help Desk through the regional offices or directly via the Internet, e-mail or telephone^{vi}. The Capacity-Building Help Desk will offer support to the public and private sectors as well as civil society organizations that have capacity-building needs.
- 3. In-country training support.** At the country level, WHO will support the establishment of capacity-building task teams bringing together, under the guidance of the appropriate national mechanism for HIV/AIDS coordination, national government and nongovernmental stakeholders of capacity-building as well as international organizations represented in the country (see the objective on developing a national approach to training and human resources). WHO will contribute to equipping this group with the necessary knowledge to act as a national entry point for technical assistance requests from training providers.

Involvement of partners. At the national level, partners are encouraged to participate in WHO-supported capacity-building task teams.

Service for countries. In countries, institutions requesting technical assistance for training can turn to clearly defined task teams serving as entry points to targeted support.



Indicators and milestones

Indicator	Initial milestone	Mid-2004	End 2004	Mid-2005	End 2005
1. Number of countries that have received technical assistance in developing a training system	First training of trainers implemented in February 2004	30	40	50	50
2. Number of referrals by the Capacity-Building Help Desk ^{vi}	First referral handled in February 2004	75	200	400	500
3. Proportion of countries committed to 3 by 5 that have in-country capacity-building task teams	First task team established January 2004	50%	100%	100%	100%

Objective: establish in-country certification of HIV/AIDS competence

Certification has long been used as a major incentive for training providers and trainees to engage in training activities.

For example, WHO has issued certificates through its network of WHO collaborating centres, and certifying training is an integral part of national educational systems in many health disciplines. At the international level, however, support for certification related to HIV/AIDS training has only been provided on a small scale. Contributing factors are a lack of normative guidance on desirable training standards and the fact that national bodies have primary responsibility for educational issues.

However, the unprecedented shortage of skilled individuals essential for achieving 3 by 5 requires a concerted international effort to rapidly expand the cadre of health professionals skilled in HIV/AIDS. International support for installing certification schemes at the national level can provide an important stimulus to expanding training opportunities and demand and can support national efforts to ensure the attainment of high-quality training.

Certificates of HIV/AIDS competence are of particular use to individuals if they enhance their employment progression, which is best achieved through national regulations and agreements. WHO can support this process by recommending appropriate standards and procedures, and reference to WHO standards can be added to certificates provided by training providers that have demonstrated that they adhere to WHO standards.

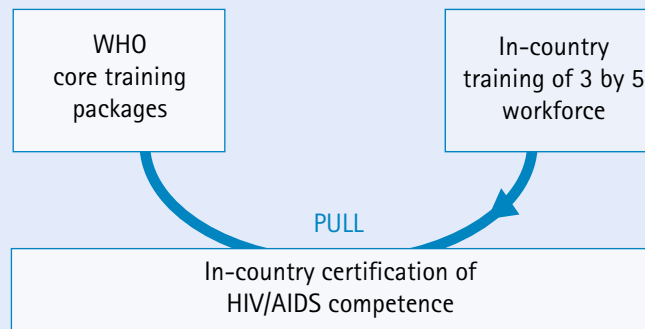
Strategic approach

In a situation in which training opportunities are expanding rapidly, certifying trainees can play an important role in quality control and significantly stimulate the training market. Providing certificates of HIV/AIDS competence to individuals who have successfully upgraded their skills in quality-assured training programmes will be an important part of a comprehensive strategy for expanding the workforce to achieve 3 by 5.

WHO will work with appropriate national bodies in countries and with training providers to establish certification procedures that are in accordance with WHO quality standards for HIV/AIDS training. WHO will provide technical support to assess the appropriateness of training opportunities and authorize training providers that have demonstrated that they adhere to WHO standards to explicitly refer to WHO on the certificates.

The certification process is expected to **pull** the interest of training providers in expanding training efforts and in seeking authorization to provide certificates of competence, as it will increase the demand of key groups to receive training, being assured of acquiring a set of skills that are highly relevant to current or future employment progression.

This process thus complements the active *push* for the creation of adequate national training capacity by providing core training courses and targeted technical assistance to institutions that have an untapped potential to provide training (see the objective on providing technical support for training). Both the push and pull will trigger a substantial national training effort if they are based on simplified and appropriate training approaches (see the objective on publishing core training packages), if they are embedded into sustainable human resource planning (see the objective on developing a national approach to training and human resources) and if they are backed up by the necessary financial resources (see the objective on securing funding for capacity-building and training).



Expected activities and results

1. *Training standards for key audiences.* WHO will develop both core training courses and free-standing training standards to which other courses can be modified or developed by partner organizations to meet the criteria for certification. These courses address core competencies that the range of groups contributing to the 3 by 5 Initiative need to acquire – ranging from supportive community members to service providers over to programme managers. Training standards will specify minimum requirements and build on WHO guidelines, based on content core curricula, criteria for training processes and means for verifying outcome. Specific standards will be elaborated, and WHO will work with countries to adapt them to national contexts.

Involvement of partners. The development of training standards will be based on the existing experience of partner organizations. WHO will work in close collaboration with the working group on training of the International HIV Treatment Access Coalition, and organizations with interest and experience in developing certification standards will be invited to join the working group.

Service for countries. Training courses and standards are published as open source material, and countries and organizations can freely access them through WHO and the International HIV Treatment Access Coalition. Countries can request technical assistance for their adaptation through WHO country and regional offices (see the objective on providing technical support for training).

2. *Establishing the certification process.* WHO will work with countries to develop national certification standards and mechanisms for HIV/AIDS training and for assessing training providers and certifying their competence. When training providers demonstrate that they adhere to WHO training standards, they will be authorized to refer to WHO on the certificates – in addition to possible national credentials. The assessment procedure recognizes that training can occur in a variety of formats and will be designed to be flexible enough to allow institutions to translate training standards into the most appropriate format. Authorization to refer to WHO will be granted initially for a time-limited period. Certificates issued by authorized training providers could read as follows: “[Name] has developed HIV/AIDS competence in [training package] after training and examination by [institution] based on WHO training and assessment standards.”

Involvement of partners. WHO regional offices will seek to collaborate with organizations active in the regions that wish to join WHO in supporting countries in developing and implementing certification systems.

Service for countries. Countries and training providers can request technical assistance from WHO in developing certification systems and will be authorized to refer to WHO if training programmes are demonstrated to be in accordance with WHO standards.

3. *Monitoring of training implementation.* Countries and training providers authorized to issue certificates of competence will report back the number and types of certificates issued, based on a system coding the institution's name, the type of WHO standard followed, the certificate number and the date. Certificate codes will be transmitted quarterly and reported to WHO for registration purposes.

Involvement of partners. Institutions involved in the authorization process are requested to forward information on in-country training activities to WHO.

Service for countries. Regular updates will be issued on the progress made on training.

Indicators and milestones

Indicator	Initial milestone	Mid-2004	End 2004	Mid-2005	End 2005
1. Number of distinct training standards developed for key groups	Training standards for health care workers published in February 2004	7	10	10	10
2. Number of countries that have introduced training using WHO-supported certification of competence	First certification introduced in February 2004	30	40	50	50
3. Number of health providers and community treatment supporters trained in accordance with national standards	First trainees equipped with certificates referring to WHO in March 2004	10 000	30 000	70 000	100 000

Objective: secure funding for capacity-building and training

The massive efforts in training and human resource development required to achieve 3 by 5 necessitate immense financial resources both for preparing training programmes and for implementing them. Accordingly, capacity-building components are now integrated in most major funding initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank loans and grants and funding provided by bilateral aid and other donor agencies.

Yet, given the extent of the emergency 3 by 5 scaling-up process, serious resource gaps are likely to remain. Reasons might include the expansion of previously defined capacity-building targets in the context of 3 by 5, the underestimation of resources needed for funded activities and/or the lack of adequate technical advice in accessing existing resources.

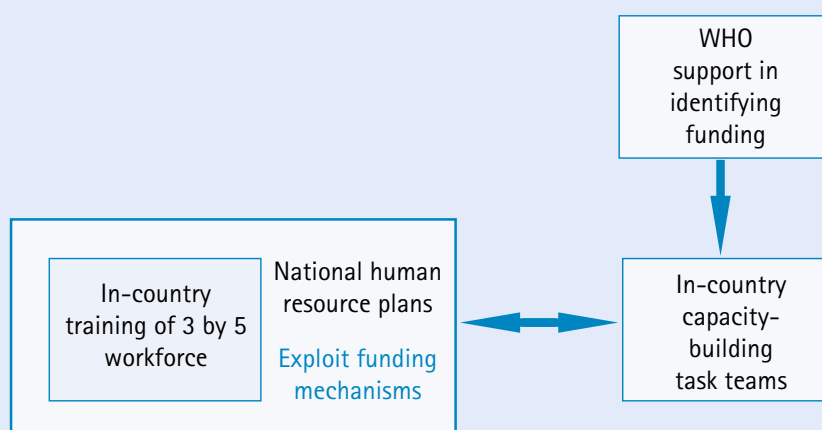
In an emergency approach, unresolved funding issues should not lead to a delay in urgently needed capacity-building activities. For this reason, a comprehensive strategy for scaling up capacity-building must provide mechanisms for rapidly resolving ad hoc funding needs that may potentially jeopardize the achievement of training for 3 by 5.

Strategic approach

The strategic approach to supporting countries in resolving unmet funding needs is based on making optimal use of the plethora of existing funding options rather than creating new funding mechanisms. It also recognizes that fundraising for capacity-building cannot be seen in isolation from the mechanisms for financing the overall HIV/AIDS response.

Consequently, the main thrust of the strategic approach is to support the use of all existing mechanisms at the country level. WHO, together with partners at the country level, will support the appropriate in-country HIV/AIDS coordinating body in anticipating and resolving needs and bottlenecks related to capacity-building funds. This will include reviewing existing grant agreements and preparing for new funding requests to major donors as well as mobilizing national funds.

In cases in which in-country efforts to tap existing financing options do not yield the funds necessary to sustain the 3 by 5 capacity-building efforts, WHO will work with partners at the international level to help in matching those who seek funding with those who might be willing to provide ad hoc financial support. Finally, WHO will work at the global level to raise the awareness of donors that capacity-building needs to be funded and to develop guidance on supporting in-country fundraising.



Expected activities and results



1. *Identifying funds in-country.* WHO will support the establishment of capacity-building task teams bringing together, under the guidance of the appropriate national mechanism for HIV/AIDS coordination, national government and nongovernmental stakeholders within capacity-building as well as international organizations represented in the country (see the objective on developing a national approach to training and human resources). WHO will help this group in assessing funding needs for capacity-building, to develop capacity-building components for larger grant applications, to identify and resolve bottlenecks in the flow of funding and to exhaust all existing mechanisms for filling ad hoc funding gaps through national and international programmes. This will be aided by a general set of WHO guidelines describing methods of tapping existing funds that are likely to be relevant to most countries.

Involvement of partners. At the national level, partners and donors are encouraged to participate in WHO-supported capacity-building task teams.

Service for countries. In countries, training providers can turn to the clearly defined task team as an entry point for identifying funds. Countries will receive support in developing funding proposals, including preparation for the fourth round of grants of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

2. *International backing in identifying funds.* Beyond providing the above-mentioned proactive in-country support for tapping existing funds, WHO will work with partners to create a mechanism for matching countries with remaining significant resource gaps with international donors. An institution with existing strong relations to both service providers and the donor community can take on this function, possibly in combination with the creation of a global Capacity-Building Help Desk (see the objective on providing technical support for training).

Involvement of partners. WHO will work with partners to determine and support an appropriate mechanism for matching ad hoc funding requests with potential donors, possibly building on the successful collaboration with the International HIV Treatment Access Coalition. Potential ad hoc funders for capacity-building efforts are invited to alert WHO.

Service for countries. Countries that failed to raise the necessary resources for capacity-building efforts through their in-country mechanism can turn to WHO to identify potential international funders.

3. *Global advocacy for appropriate funding of capacity-building.* At the global level, WHO will work with donors to support the appropriate inclusion of capacity-building elements in future funding proposals and to revise how capacity-building components are reflected in existing funding mechanisms. WHO will support partners in elaborating guidance to countries on how to make best use of their respective programmes for financing capacity-building.

Involvement of partners. Donors are invited to draw on WHO support in refining the capacity-building components of their funding mechanism and to produce guidance notes on elaborating the capacity-building components of funding requests.

Service for countries. Clear guidance on options for including capacity-building components will facilitate fundraising for country capacity-building efforts.



Indicators and milestones

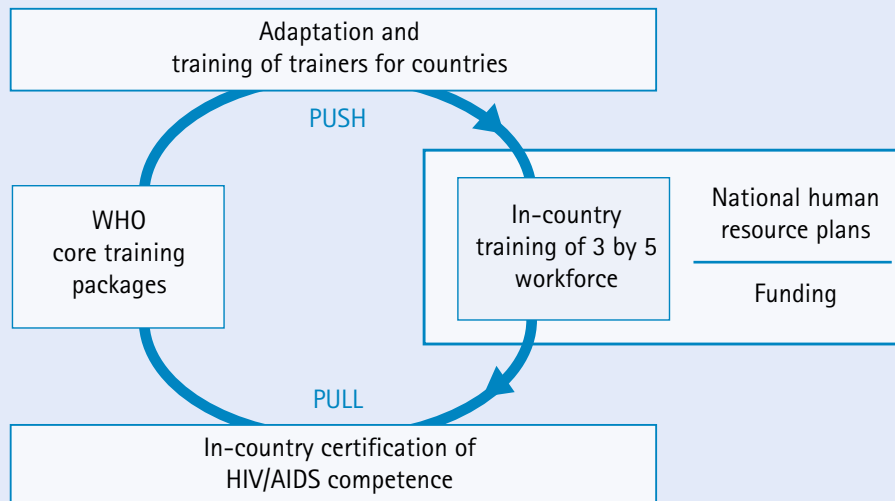
Indicator	Initial milestone	Mid-2004	End 2004
1. Proportion of countries committed to 3 by 5 that have financial plans for capacity-building	In the first country 6 weeks after arrival of the emergency team	40%	100%
2. Number of interventions on identifying funds at the international level	First request responded to in March 2004	10	20
3. Number of guidance notes on funding requests	First guidance note published in January 2004 (round 4 of grants for the Global Fund to Fight AIDS, Tuberculosis and Malaria)	3	5

Summary

The human capacity-building plan proposes a set of products and services supporting countries in their efforts to plan for, train and sustain the human capacity to achieve 3 by 5. Five critical elements have been identified.

1. *Normative guidance.* Simplified and appropriate training packages for key competencies for scaling up and maintaining antiretroviral therapy.
2. *Human resource planning.* National planning for both emergency training and a sustainable approach to human resource development.
3. *Capacity for training.* Regional and country adaptation of training packages and support for training providers and the training of trainers, supported by an international Capacity-Building Help Desk^{vi}.
4. *Certification and quality control.* Development of country mechanisms allowing training providers to issue certificates of HIV/AIDS competence.
5. *Funding for training implementation.* Appropriate funding for implementing training through the optimal use of national and international funding opportunities.

Comprehensive and meaningful support to countries can only be achieved by the joint efforts of many partners contributing their specific strengths. WHO is committed to work towards making critical support mechanisms available to countries on short notice and invites partners to collaborate on this plan.



Timeline	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
December 2003 – December 2004													
1. Publication of training courses		■									●		
2. Country capacity-building task teams		■											→
Country training and human resource plans			■								●		
3. Course adaptation and training of trainers			■										→
International Capacity-Building Help Desk			■										→
4. Certification of HIV/AIDS competence				■									→
5. Fundraising for HIV/AIDS training		■											→

ⁱ For a description of the overall 3 by 5 Initiative, please consult <http://www.who.int/3by5>

ⁱⁱ It is anticipated that, by the end of 2004, 50 countries will have established antiretroviral therapy targets in accordance with 3 by 5.

ⁱⁱⁱ For further information, please consult www.who.int/3by5.

^{iv} For further information, please consult www.itacoalition.org.

^v For further information, please consult www.hivforum.org.

^{vi} To access the Capacity-Building Help Desk, please consult www.who.int/3by5.

For more information, contact:
World Health Organization
Department of HIV/AIDS
20, avenue Appia CH-1211 Geneva 27 Switzerland
E-mail: hiv-aids@who.int
<http://www.who.int/3by5>

ISBN 92 4 159113 7



9 789241 591133