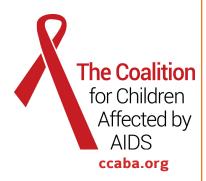
HIV-SENSITIVE CARE FORCE PLANNING:

ACTION ITEMS TO ENSURE
SUPPORT & RESOURCES
FOR CAREGIVERS OF
CHILDREN AFFECTED BY HIV

MAY 2016





While it is clear that a strong, supported workforce in health-care facilities is essential to providing effective services to people living with HIV, the needs of family, home-based and community caregivers are often overlooked.

In early 2016, The Coalition for Children Affected by AIDS, in collaboration with UNAIDS, the United Nations Children's Fund, the Partnership for Maternal, Newborn and Child Health, and the Regional Inter-Agency Task Team on Children and AIDS — East and Southern Africa, convened stakeholders to identify the necessary interventions, research, advocacy and investment required to meet the unique needs of those responsible for the unpaid care of children affected by HIV.

This group of stakeholders — including donors, program leaders and researchers —used methodology often utilized in workforce planning at national and regional levels. The outcome of this discussion was a set of action items intended to better support community caregivers responsible for children affected by HIV.

KEY ACTIONS

As we work to reach the objectives laid out in the Sustainable Development Goals and the 90-90-90 targets, it is crucial that children become a higher priority in the international AIDS and HIV response. Only by ensuring that caregivers of this vulnerable population have the resources and support they need can we succeed in achieving these ambitious goals.

- 1. Start early and utilize a life course development approach to the meet the needs of children as they grow. Child development is cumulative, making it essential for the gains of early interventions to be supported by programming across the lifespan. Support for caregivers is critical in the early years but must also be sustained as children grow. And, as they grow, programming for caregivers must build on a parallel track to the meet the developmental needs of primary school aged children and adolescents.
- 2. Use a broader definition of "caregiver" to include both the formal (external) and informal (caregivers within the home) careforce. There are many different in-home caregivers, of varying ages, and many family/ household configurations that must be considered. Because care can be leveraged from unexpected places, we must first and foremost strengthen from within, not only helping the child but also the people that care and support the child.
- 3. Strengthen linkages between the formal and informal careforce. Strengthening these linkages creates an opportunity to build family care capacity and helps to decrease costs through the transfer of knowledge and skills.
- 4. Advocate for broad, family friendly social policies, regulations and resources. These include those related to sick and family leave, free early childhood, primary and secondary education, minimum wages, and services for children and adults with disabilities, among others. Specific, vulnerability-sensitive approaches should also be considered.
- 5. Capitalize on low cost, scalable interventions to support practical skills needed by family caregivers. These interventions can be integrated as part of existing health, education and social protection systems.
- **6. Bring innovative models to scale.** This can be done incrementally, without copyrights and through creative funding models.
- 7. Apply the lessons learned from the HIV and AIDS response to support caregivers in other high risk and emergency situations. Children across the planet face myriad risks parental disease, climate change, conflict, and migration among them. We have learned effective approaches through the global response to HIV and AIDS that can be useful in addressing these issues.
- 8. Harness philanthropy to pilot solutions to address key gaps and areas of unmet need. Philanthropy can provide funding to pilot new approaches for targeted interventions such as early childhood development to help children reach their full potential.

Additional information on HIV-sensitive care force planning and the Coalition can be found at

ccaba.org