

## Concept Paper for the Peace Corps Global Health Service Partnership

"How many of you who are going to be doctors, are willing to spend your days in Ghana? . . . On your willingness to do that not merely to serve one year or two years . . . but on your willingness to contribute part of your life to this country, I think will depend the answer whether a free society can compete. I think it can! And I think Americans are willing to contribute. But the effort must be far greater than we have ever made in the past."

**Senator John F. Kennedy during the 1960 Presidential Campaign on the first mention of what became the Peace Corps Speaking before 5,000 students at The University of Michigan, 2 a.m., October 14, 1960**

"As we transition from an emergency response to a more sustainable approach, we are supporting partner countries in leading the response to their epidemics....shortages of trained doctors are a key constraint, and we are proud to support partner nations in expanding the number and quality of clinicians available and facilitate strong faculties of medicine so they can meet their people's needs over the long term."

**Ambassador Eric Goosby, U.S. Global AIDS Coordinator, March 15, 2010**

### 1. Purpose and Rationale: A Global Health Service Partnership

Health care systems of many resource poor countries are ill-equipped to respond to ongoing and pressing health challenges posed by the HIV epidemic, tuberculosis, malaria, and other communicable diseases. 95% of the people living with HIV infection live in resource poor countries, especially in Sub-Saharan Africa. In these countries, health systems are understaffed and over-burdened. Staff retention is poor due to migration and exacerbated by HIV/AIDS morbidity and mortality, and the lack of qualified and supported health professionals poses a significant barrier to the implementation of effective health care delivery.

The Peace Corps Global Health Service Partnership (GHSP) will strengthen priority health care systems by creating capacity building partnerships overseas. Teaching and training offers the greatest potential for quick and long-term benefit through its multiplier effect that will expand the pool of well-trained clinicians providing quality care. The Peace Corps, with its rich 50 year history of providing direct skills-transfer, is well positioned to recruit, place and support qualified health care professionals (physicians, nurses, pharmacists, laboratory technicians) to work closely with in-country health educators to train and provide direct medical care to help strengthen health education capacity and self-sufficiency in partner countries. As an implementing partner of the President's Emergency Plan for AIDS Relief (PEPFAR), Peace Corps stands ready to contribute to the goal of training 140,000 health care professionals in PEPFAR target countries.

### 2. The Peace Corps' Mission

The Peace Corps was established in 1961 by President John F. Kennedy to promote world peace and friendship through the service of American Volunteers abroad. Fifty years later, more than 200,000 Americans have served with the Peace Corps in 139 host countries guided by three consistent and unchanged goals:

- To help the people of interested countries in meeting their need for trained men and women.
- To help promote a better understanding of Americans on the part of the peoples served
- To help promote a better understanding of other peoples on the part of all Americans.

Although the mission of the Peace Corps has remained unchanged for fifty years, the agency continues to promote innovation through public and private partnerships to best respond to the most pressing global development challenges. Peace Corps is well positioned to add distinct value and coordinate successful scale up of a Global Health Service Partnership (GHSP) by placing critical needed human resources at priority training and service sites. This new program is consistent with both the agency's strategic vision and the key principles outlined in the Global Health Initiative (GHI) and Phase II of PEPFAR, with a particular focus on:

- Strengthening and leveraging key multilateral organizations, global health partnerships and private sector engagement
- Encouraging country ownership and investing in country-led plans, and
- Building sustainability through health systems strengthening

### **3. Peace Corps and Global Health**

Today, 8,600 Volunteers are working with local communities in 76 host countries. Peace Corps is supporting hard-to-reach communities across the world with capable and committed Volunteers who live and work in those communities on a full-time basis. The Peace Corps GHSP will bring significant value to current GHI/PEPFAR Phase II programming by placing Volunteers at sites where there are significant gaps in health worker training, health information systems and service delivery capacity.

Volunteers receive technical training in health, local language, and cross-cultural skills needed for successful service. They bring innovation and resourcefulness, and can help communities leverage appropriate and local resources and technology to address health needs in remote areas. In 2010, there were approximately 2,000 health Volunteers who implemented activities that reached over 1 million individuals and approximately 43,000 service providers working at community and health facility levels. Furthermore, a majority of Peace Corps' 8,600 Volunteers focus on key GHI priorities, including HIV/AIDS, malaria, tuberculosis, maternal and child health, nutrition, family planning and reproductive health.

The Peace Corps Office of AIDS Relief (OAR) has coordinated the agency's participation in the President's Emergency Plan for AIDS Relief (PEPFAR) and served as the primary point of contact for the Office of the Global AIDS Coordinator (OGAC) since 2004. OAR has provided technical support to 35 posts receiving PEPFAR funds and an additional 18 posts receiving HIV-related funding through other mechanisms. PEPFAR funding to Peace Corps in FY 2011 through the HOP and Country- and Regional Operational Plans (COPs /ROPs) is \$21 million, bringing the eight-year total of PEPFAR funding for the Peace Corps to approximately \$120 million.

This success and the potential for further contributions led agency leadership to expand and reorganize its headquarters health and HIV resources under an Office of Global Health and HIV (OGH/H) in September, 2011. This office will lead resource mobilization and early strategic planning for GHSP in close coordination with Peace Corps Response. OGH/H will also assure that the GHSP is well harmonized with other USG investments in HCD/HRH including MEPI and NEPI.

### **4. GHSP Implementation through Peace Corps Response**

In order to meet the need for highly skilled health providers, the GHSP will be administered through the Peace Corps Response (PCR) program. Since 1996, PCR has recruited and placed over 1,500 former Peace Corps Volunteers who are seasoned professionals on short-term, high impact assignments in more than 50 countries. Because Response Volunteers are expected to accomplish high-impact concrete deliverables in a condensed period of time—most assignments average six months to one year in duration—selected applicants already possess the necessary technical, language and cross-cultural skills needed to excel in their assignments.

Response Volunteers hold advanced degrees and come with significant professional experience in their fields. These Volunteers are in high demand by partner organizations, and the program has seen a near quadrupling in requests over the past two years. On January 30, 2012, Peace Corps Director Aaron Williams formally opened Peace Corps Response service to all Americans with the requisite high level of technical and language skills, making it the ideal vehicle for launching GHSP.

The Comprehensive Agency Assessment, submitted to Congress in the spring of 2010, recommended Peace Corps Response become an engine of innovation by piloting new programs to expand Peace Corps' presence and technical depth. Using PCR as a model from program implementation, the GHSP pilot program will allow us to develop relationships with host country governments, American medical institutions, and partner organizations in order to build a health care training, HSS, and direct medical care service program that provides the opportunity for highly-skilled American doctors, nurses, and medical professionals to serve in facilities, institutions and communities where the need for health systems strengthening is greatest.

## 5. Strategy for Detailed Planning and Peace Corps' GHSP Roll-out

### a. Scope of work and site identification for a GHSP Volunteer

Priority countries for GHSP placements will be identified through a consultative process considering a strong host government commitment to developing and strengthening their health care systems, a strong PEPFAR presence, and highly effective local implementing partners. A mapping exercise will be undertaken with US and international partners to reach rapid consensus on priority countries for roll out of the pilot.

Global Health Service Partnership Volunteers (GHSPVs) will receive (1) "immersion orientation" highlighting variations between developed and developing countries' health education and delivery infrastructures, (2) country-specific orientation (review of national health education systems, national health policies and guidelines), and (3) site-specific orientation in the country assignment. All GHSPVs will need to acquire familiarity with cultural and ethical issues specific to their countries of assignment, as well as the scope and particularities of their job. Like the 'traditional' Peace Corps Volunteer, the GHSPV will receive a modest monthly stipend and other support that enables them to live in the same manner as their host country counterparts.

GHSP partners will consult and seek guidance from USG in-country team members and local partners already engaged in health systems strengthening activities and direct health care capacity building activities to assist in developing GHSPV scopes of work and site development/placement. GHSPVs will partner at country medical schools, nursing schools, and public health institutions. Peace Corps posts will work with their in-country partners including the USG PEPFAR/health team, national and district level ministries of health and education, as well as academic institutions to identify and fill priority human resource needs. GHSPVs' work will initially be concentrated on teaching and training and supporting local health professional initiatives in urban and peri-urban areas. GHSPVs will provide direct medical services (clinical and technical) as needed in furthering education and training. Site development and supervision will emphasize to counterparts and Volunteers that a GHSPV should not be expected or permitted to work and propose solutions outside their area of expertise and/or training.

### b. Key challenges moving forward; proposed solutions

#### i. Loan forgiveness

Educational debt is a documented barrier to potential health personnel participation in overseas volunteer programs and is especially the case for medical doctors who often graduate with six figure student and private loans. Loan forgiveness would be a powerful incentive that would attract talented health care professionals to serve in PEPFAR target countries.

GHSP proposes a privately funded and administered program allowing up to \$40,000 loan repayment to individuals for one year of service. Interested individuals have incorporated the Global Health Service Corps and have received 501 (c) (3) charitable, not-for-profit designation by the Internal Revenue Service. A single donor has already committed \$150,000 in start-up support to ensure the Foundation's ability to rapidly fundraise for and administer the supplementary support necessary to promote recruitment and retention of highly qualified and diverse applicants.

#### ii. Sabbatical for mid-career professionals

In the interest of having a diverse and qualified pool with which to draw potential GHSPVs, the GHSP has also considered the "mortgage problem." Like medical graduates with educational debt, most mid-career health professionals have financial obligations that preclude them from long-term volunteer service overseas. It is our hope that partnering academic institutions would designate a number of sabbatical positions to assist as incentives in the recruitment of mid-career health professionals.

The Fogarty International Center of the National Institutes of Health has also committed to offering extension assignments for Fogarty Fellows wishing to serve as GHSPVs, further expanding the pool of potential mid-career participants in GHSP.

### **iii. International license requirements and liability issues**

The Peace Corps Act provides for Volunteers to deliver direct medical care and treatment. Peace Corps Volunteers do not currently deliver direct medical care in the communities in which they serve. Peace Corps will need to work with host country governments to ensure in-country partnering medical facilities, schools, and health teaching institutions accept reciprocal licensure to practice and deliver direct medical treatment and care in country. Provision of malpractice insurance or indemnity will be required.

## **6. Key External Partners in Peace Corps' GHSP**

### **a. Partner/Host Governments**

Peace Corps has country agreements with each of the host country governments in which we currently operate. The agency, in cooperation with American and local medical institutions, will work with host governments and their partners to build commitment for a medical education and care Volunteer program focusing on key issues including site identification and development, accepting of reciprocal licensure by host country government and partners, and legal guidelines. The GHSP will work with the wider USG health team in country and partner countries and local ministries of health and education as well as local academic institutions on site identification and development based on local needs and capacity.

### **b. American Academic and Medical Institutions / Associations**

American academic, medical institutions and professional health associations will be vital partners in recruiting and initial screening of qualified and trained health personnel. An example of such a partnership is the Association of Nurses in AIDS Care (ANAC), which has provided peer-to-peer training and capacity building at clinical facilities and educational institutions in PEPFAR countries.

### **c. PEPFAR and GHI**

Peace Corps' Office of Global Health and HIV will work closely with PEPFAR and GHI implementing agencies and partners in Washington and the field to provide policy guidance, strategic leadership, and general direction and coordination of the GHSP. These include members of PEPFAR's U.S. Government team: Department of State (DOS), the U.S. Agency for International Development (USAID), Department of Defense (DOD), and the Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), The Health Resources and Services Administration (HRSA), and the Fogarty International Center of the National Institutes of Health (NIH).

### **d. Medical Professionals and GHSP Eligibility**

The GHSP will be a highly-selective program open to qualified health professionals to deliver medical/nursing training and care according to their scope of work and in compliance with Peace Corps and locally approved regulations regarding qualifications and licensure. The program may be open to physicians, nurses, pharmacists, health technologists, or other public health professionals depending on local needs.

Like other PCR applicants, GHSP applicants must be American citizens and possess the technical skills required for the position, the language skills required for the position, and demonstrate cross-cultural skills and /or international experience.

### **e. Public-Private Sector Partnerships**

While program funding may come from government partners including PEPFAR, GHI, CDC, and PMI, Peace Corps is also well positioned to partner with the private sector to help fund the GHSP and to negotiate and monetize/report on in-kind support from receiving institutions including the value of housing and other basic support for effective service.

## **7. Role of Peace Corps Headquarters Offices in Providing Volunteer support**

### **a. Peace Corps Response**

PCR presents an ideal program model for the GHSP to deliver short-term high-impact assignments for highly-skilled candidates. After Peace Corps posts (in cooperation with host country partners) identify site placements for qualified medical professionals, the PCR recruiter will work – primarily through designated

liaisons at the Global Health Service Corps – with colleagues from American medical institutions and associations to advertise positions to relevant academic institutions and field incoming applications. While the medical institution/association will assist with assessing an applicant’s medical qualifications for a particular job and may otherwise contribute to initial screening, the PCR recruiter will be essential in discussing the principles of Peace Corps service with applicant and determining placement suitability.

**b. Peace Corps Office of Global Health and HIV**

The Office of Global Health and HIV will provide ongoing guidance and support to country posts on health programming and training as well as PEPFAR funded initiatives and activities and will represent the project in key stakeholder contexts.

**c. Peace Corps Posts**

Peace Corps posts in the field will provide direct Volunteer support to GHSPVs in the field as is provided to all PCRVs. Support includes: medical care, safety and security, housing, and administrative support. A designated GHSPV Coordinator will be at post to provide additional guidance and assistance throughout a GHSPV’s service. Additionally, the GHSPV Coordinator will work closely with other USG counterparts as well as programming staff at post and host country partners on site development, placement, and training of GHSPV.

**d. Other Volunteer Support Offices**

Peace Corps GHSPVs will receive the same high-quality direct Volunteer support provided to all PCR Volunteers in areas such as: pre-service orientation, medical insurance and care during service, safety and security, housing, and financial benefits such as monthly living allowances and a post-service readjustment allowance. In addition, and as noted above, in order to attract the highest quality applicants and open this innovative service opportunity to medical professionals facing heavy student loan burdens, GHSP Volunteers will be eligible for a privately funded and administered loan repayment forgiveness program based on successful completion of their assignment.

**8. Budget**

A detailed budget for the first years of the GHSP pilot with sequential scale-up and scale-out has been developed and approved by OGAC with arrival of the first tranche of funding in March, 2012.