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exploratory study based on four case studies from Ethiopia, the Lao People's Democratic Republic, Liberia and Mozambique

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Acronyms

ART	Antiretroviral therapy
DAC	Development Co-operation Directorate of the OECD
DFID	Department for International Development, United Kingdom
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency virus
HRH	Human resources for health
IHP+	International Health Partnership and Related Initiatives
MDGs	Millennium Development Goals
NGO	Nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SWAp	Sector-wide approach
USAID	U.S. Agency for International Development
WHO	World Health Organization

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Executive summary

This paper *Efficiency and effectiveness of aid flows towards health workforce development: exploratory study based on four case studies from Ethiopia, the Lao People's Democratic Republic, Liberia and Mozambique* is organized into five main sections. After a brief introduction explaining the human resources for health (HRH) interest in aid effectiveness, the changing relationships between aid donors and recipients are reviewed and an outline given of the current aid effectiveness agenda. This is followed by a presentation of the findings from case studies in the four HRH crisis countries studied, which concludes that in those countries there is little evidence that HRH has benefited from the aid effectiveness agenda. A more nuanced conclusion is reached from an appraisal of the wider literature, which notes, in particular, advances in support for employment costs in selected countries. Nevertheless, a concluding section judges that the donor community has failed to respond to the poorest countries' needs for assistance in scaling up the health workforce, and suggests remedial measures to be taken by both parties.

Introduction

The Paris Declaration on Aid Effectiveness (2005) (1) provided a guide to more harmonized and aligned donor support and accountability, and a set of commitments made by its signatories. The World Health Organization (WHO) and, in particular, its Department of Human Resources for Health, was one of the agencies acutely interested in following up the commitments of the Paris Declaration. It was thought that one element of the evidence on health as a tracer sector could be an assessment of aid effectiveness in relation to human resources for health, with a view to assessing how donor behaviour affects countries' efforts to strengthen and scale up human resources, and whether the recent aid effectiveness agenda was responding appropriately to the specific needs of HRH.

The World Health Organization approached the topic along these lines by means of a series of country case studies (2).

The changing aid relationship

For four decades or more, the dominant mode of North-South aid delivery was the development project. By the 1990s, the project model was encountering a number of criticisms: lack of country ownership, which was often fatal to the sustainability of the project once it was handed over to national partners; the limited demonstration impact of isolated projects, which frequently appeared as an island of success in a sea of failure; dependence of the project design on unattainable levels of recurrent expenditure or technical capacity; the divergent policies of different donors confusing local actors, and overtaxing limited national implementation capacity; the profusion of project implementation units absorbing excessive resources; and the recruitment of local officials by donor agencies, which undermined government capacity. The solution offered was the Sector Investment Programme (SIP), a term which later gave way to the Sector-wide Approach (SWAp). The essential features of the SIP were that:

- the investment programme should be sector wide in scope, and should embrace all relevant capital and recurrent expenditure;
- there should be a coherent sector policy framework;
- local stakeholders (in practice, the government) should be in control of the project;
- all (major) donors should agree to participate;
- they should use common implementation arrangements; and
- there should be minimal long-term foreign technical assistance, but instead development of local management capacity.

A crucial step would be the transfer of responsibility for formulating the SIP from donors to the recipient government.

The vision of the aid relationship embodied in the Paris

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