

## **Abstract**

This literature review examines the effects of global HIV/AIDS funding initiatives on human resources for health in sub-Saharan Africa. Specifically it looks into policies and activities of the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank's Multi-Country HIV/AIDS Program for Africa between 2003 and 2012. Adapting the World Health Organization (2006) "Working Lifespan Strategies" framework, this review draws on data from 34 country-level and cross-country studies in order to describes donor effects on 1) production of health workers; 2) availability, productivity and competence of the existing workforce; and 3) retention of health workers. In particular the review examines donor inputs on: health workforce planning, pre-service training, recruitment, workload and task-shifting, compensation, systems support, in-service training, migration and occupational health and safety.

Overall the findings of this literature review suggest that GFATM, PEPFAR and MAP have for the most part made only short-term investments into human resource development. By and large the AIDS donors preferred training existing health workers through HIV-specific in-service training programs, to increasing the number of new medical graduates through pre-service education; preferred hiring community health workers, to professional health staff; and were more likely to provide remuneration in form of salary top-ups, than to support system wide wage increases. However the review also revealed that AIDS donors have had a number of important, if isolated, achievements in improving health worker production, enhancing workforce performance and managing attrition of health workers. Furthermore over the past decade donor policy and programming has been quickly evolving. The GHIs have in many cases been proficient at learning and applying lessons and all three have, to a greater or lesser extent, recently made moves towards more sustained support of health systems and long-term human resource development.

On the subject of health worker production, by and large the literature revealed that GHI policies and programs failed to produce new health workers. This was primarily due to the donors' chronic underinvestment in pre-service education. When it came to enhancing workforce performance AIDS donors focused on their own programs, although positive spill-over effects of staff training and infrastructure improvements had in some instances benefited other health services as well. Nearly all studies agreed that AIDS donors relied on in-service training and recruitment of vast numbers of non-professional medical cadres to increase workforce productivity, competence, and availability. Furthermore donor funded programs were reported as having had significantly increased workloads for health staff, without ensuring appropriate scale or methods of compensation. Finally AIDS donors had a mixed affect on the attrition of human resources from the public health sector. On the one hand it seemed that donor funded NGO programs, offering better pay and incentives, were pulling human resources away from the public sector as well as from non-HIV health services. On the other hand by making HIV prevention, care and treatment readily available to health workers, donors reduced the number of doctors, nurses and other health staff lost to HIV/AIDS.