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**Proceedings of the SDC Health
SWAp Capitalisation Workshop**
*2nd-4th July, 2007, Schloss Hünigen,
Switzerland*

This document serves to record the proceedings of this two day workshop and is mostly intended for participants but also for the general interested public

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SCIH Swiss Centre for
International Health
A department of the Swiss Tropical Institute

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Disclaimer

This workshop was initiated by the Social Development Division, organised by Franziska Freiburghaus and Edita Vokral and moderated by Claudia Kessler. The proceedings were taken and written up by Helen Prytherch. The views and ideas expressed herein are those of the workshop organisers and participants and do not necessarily imply or reflect the opinion of the Agency.

Abbreviations and Acronyms

APHTA	Association of Private Health Facilities in Tanzania
CCM	Country Coordinating Mechanism (for GFATM)
Coof	Cooperation offices
CS	Civil Society
CSSC	Christian Social Services Commission
DFID	Department for International Development
DHS	Demographic Health Surveys
DP	Development Partner
FBO	Faith Based Organisation
GBS	General Budget Support
GFATM	Global Fund to Fight AIDS, TB and Malaria
GHI	Global Health Initiatives
GTZ	Gesellschaft für technische Zusammenarbeit
H&A	Harmonisation and Alignment
HMIS	Health Management Information System
HSR	Health Sector Reform
KYSS	Kyrgyz Swiss-Swedish Health Project
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
NGO	Non-governmental Organisation
PAF	Performance Assessment Framework
PEPFAR	President's Emergency Plan for AIDS Relief
PFM	Public Financial Management
POW	Programme of Work
PRSP	Poverty Reduction Strategy Paper
SDC	Swiss Agency for Development and Cooperation
SECO	State Secretariat for Economic Affairs
SWAp	Sector Wide Approach
TA	Technical Assistance
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organisation

1. Introduction and Rationale

Introduction Between 2-4th July 2007 35 participants met at Schloss Hünigen. They included resource persons from WHO Geneva and Tajikistan, seco, the Swiss Tropical Institute, Solidarmed and the Swiss Red Cross. From SDC headquarters all departments were represented as well as the Cooperation offices of Mozambique, Tanzania, Rwanda, the Kyrgyz Republic and Tajikistan – countries where SDC is active in health SWAps. The participants jointly discussed the country specific lessons learnt, future challenges and important elements for a common SDC perspective.

Goal of the workshop The goal of the workshop was to capitalise SDC's experience with regards to health SWAps. The approach taken was one of "Learning from the Past to Manage Change for the Future". It presented an opportunity for institutional and personal knowledge, skills and experiences to be transformed into a shared SDC understanding.

The exchange should guide reflections on how to achieve and manage the changes required to realize SDC's future approach to SWAps. The workshop provided SDC representatives working in different settings/countries with an opportunity for mutual learning and sharing regarding the implementation, sustainability and challenges of SWAps. The workshop further aimed to provide inputs for the design of new, and the improvement of existing, health SWAps in the context of a dynamic aid environment.

The workshop saw the elaboration of **achievements** and **lessons learnt** (what worked, what didn't), **potentials** (what is promising and has to be further explored) and a **perspective** of how SDC plans to address the issue of SWAps in the future. In addition, the participants considered possible ways of **future collaboration** in this field within SDC and identified needs for resources and support. The results will contribute to and inspire the work of the SDC-seco working group on Harmonisation and Alignment.

This document serves to record the proceedings of the two day workshop and is mainly intended for participants, but also for the general interested public.

Objectives

- **Review of SDC experience** with health SWAps
- Elaboration of a **shared picture of SDC’s past and current experiences and achievements** in health SWAps
- **Indepth reflection around technical aspects**– ownership & working with partners, risk assessment & financial management, monitoring the outputs/outcomes/impacts of health SWAps.
- Development of a **perspective on future role** of SDC re. health SWAps
- Commencement of **intensified exchange process between headquarter and field**

Please refer to:

Annex 1: The SDC Health SWAp Workshop Programme, 2-4th July, 2007

Annex 2: Opening speech, E. Vokral, Deputy Head of Dept. Bilateral Development Cooperation

Annex 3: Concept of the SDC SWAp Workshop

Annex 4: List of workshop participants

2. Review of SDC Experience

Long standing experiences

Case studies were delivered by staff working in countries with health SWAps. The presentations outlined a brief history, the overall stage of development, the role of SDC, any readily identifiable factors for success, lessons learnt and ongoing needs and challenges.

...”it used to be as if MoH was on one side of a football team and the DPs on the other....with the SWAp we have become one team”...¹

From **Tanzania**, a short film “SWAp in Voices” was shown and highly praised for bringing the views and opinions of SDC partners – Ministry of Health and Social Welfare, Christian Social Services Commission, Association of Private Health Facilities in Tanzania (APHTA) - into the workshop and into the exchange from the very outset. The “voices” of other key development partners – World Bank, GTZ, DFID, UNFPA - were also featured. The film is a production of the Swiss Cooperation Office Dar-es-Salaam.

Please refer to:

Annex 5: Country Presentation Tanzania, Jacqueline Mahon, Jacques Mader

¹ Mr.M. Mapunda, WHO office, formerly of the Ministry of Health and Social Welfare, Dar-es-Salaam, Tanzania, cited from his comments in the film “SWAP in Voices”

Emerging SWAp experience

From **Mozambique** the main building blocks of the SWAp were explained and the inclusiveness of membership for purposes of coordination praised. The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is also a member of the SWAp – an experience which, to date, is unique to this country. The central need of a prioritised sector strategy as a cornerstone of a SWAp and to facilitate the shift from the monitoring of processes to results was very much underlined. It was explained that when the plan isn't followed it can largely be traced back to weak managerial capacity. Furthermore, the complexity of working in a partnership where well over 50% of the sectors funding comes from external sources was alluded to.

Please refer to:

Annex 6: The case of Mozambique, Giorgia Dhima and Fatima Aly

From **Rwanda** the wider reform context and the current environment, which is seen to be conducive for establishing a SWAp, were described. Commitment for a comprehensive approach is found from the Government – significantly amongst *both* the Ministry of Health *and* the Ministry of Finance - and key agencies supporting the sector – World Bank, GTZ, DFID, SDC. However, it's not always evident whether all stakeholders have the same understanding on a SWAp and this further challenges its implementation. In addition, the pace of development of the SWAp – in what is, after all a partnership process, is also a contested point.

Please refer to:

Annex 7: Rwanda Health SWAp & the role of the Swiss Cooperation in the SWAp development process, Odile Rittner & Jacqueline Mahon

From the **Kyrgyz Republic** it was explained that even before planning for the SWAp commenced in 2005, many underlying principles of cooperation could already be identified – strong Government ownership, a very comprehensive sector strategy and a concerted effort towards coordination amongst donor agencies. Since the establishment of the SWAp, which was accompanied by the introduction of budget support for the health sector, greater synergies with other reform processes and greater clout in the budget process have proved to be major benefits.

Please refer to:

Annex 8: Health SWAp, Kyrgyz Republic, Catherine Cudré-Mauroux & Elvira Muratalieva

....as if a SWAp is a smart new car being given to the MoH – yet there is no time to see if it's a suitable car – is it a right or a left hand drive, for instance?

From **Tajikistan** the ongoing preparations for the SWAp in the health care sector were presented. For some development agencies 2009 has been identified as the year when the SWAp will be formally established. Favourable factors for achieving this goal were highlighted to include that the republic is geographically quite contained and the Ministry of Health is small and streamlined.

Political will for the SWAp is high, though several areas of weakness have been identified including leadership capacity, extremely limited sector monitoring and a fragile fiduciary system. Addressing all of these areas is ongoing, but they are clearly processes that require a long term commitment. Furthermore, there are concerns about the lack of public accountability and the resulting lack of expectations and trust on the part of Tajik citizens.

*Please refer to:
Annex 9: Emerging SWAp in Tajikistan, Mouazamma Djamolova*

Summary of SDC Role and Country Specific Lessons Learnt:

Country	SDC Role	Some key "Lessons Learnt"
Tanzania	<ul style="list-style-type: none"> •Founding member of SWAp, leading role, chair of Development Partner group 2003-06, •Specialised competence in health financing and monitoring •Unique interlinkage between health sector developments and macroeconomic level where SDC also has the advantage of being active 	<ul style="list-style-type: none"> •Be pragmatic and patient •Bring technical capacity to be credible •Be clear in communicating •Be consistent in position taking •Build trust by being transparent •Bring concrete experience (mix of modalities) •Need for all Development Partners to "buy" into the approach •Be flexible - evolving process •Trust greatly facilitates the division of labour process •Transaction costs high - not only in the beginning •Crucial to align macro and sector level developments
Mozambique	<ul style="list-style-type: none"> •Long term partner, involved in precursors of SWAp, eg. first common health fund, •Co-founding member, well respected though financial contribution not particularly high, •Specialised competence in financial management and SWAp architecture 	<ul style="list-style-type: none"> •Importance of pragmatism, and respect for Government capacities •Government and partners all consider SWAp arrangements and processes to be excellent for building consensus •SWAp has secured substantial resources and continues to mobilise ever increasing levels of financing •Priority setting through a comprehensive sector strategy crucial to give direction
Rwanda	<ul style="list-style-type: none"> •SDC engaged at health policy level, small partner (limited financial resources) •Under guidance of regional health advisor a researcher is exploring how SDC can contribute to the SWAp ie. addressing SDC's comparative advantage (technical, financial) and the type/mixture of modalities to use 	<ul style="list-style-type: none"> •Important to achieve common understanding of a SWAp in terms of being a way of working, a process or a financing modality •Pace of implementation should be set in partnership between Government and Development Partners •Complexity of bringing all external assistance "on budget" •Lack of consensus on the role of non-state actors in the SWAp further slows down progress and should be clarified early on
Kyrgyz Republic	<ul style="list-style-type: none"> •SDC a "pioneer" and pro-active in favour of SWAp development •Involvement in direct budget support through SWAp and in parallel through KYSS Health Project, •Seco support in area of public financial management 	<ul style="list-style-type: none"> •Much of the sector continues to be funded through parallel financing modalities, but the move towards use of Government systems by the joint financiers is enhancing transparency. •Since SWAp established quality and comprehensiveness of Ministry of Health planning has been enhanced •SWAp gives the sector greater clout in budgetary negotiations •Close collaboration between different ministries created synergies between reform processes •Pooling of funds for the SWAp motivates Ministry of Finance to ensure timely and full budget execution
Tajikistan	<ul style="list-style-type: none"> •SDC is a long standing partner, in 2007 requested to lead discussion on SWAp in health by donor council, •Assessment mission conducted re. SWAp development 	<ul style="list-style-type: none"> •A case where "intent" and willingness are seen to be strong and a case is being made for moving ahead with SWAp establishment even if there are weaknesses in some areas such as comprehensive monitoring •As partners Government and Development Partners are jointly assessing the risks of taking this forward whilst building capacity, transparency and national systems at the same time

Overarching lessons learnt

Perusal of the country case study presentations reveal that many of the commentaries and lessons learnt relate to the specific context. Nonetheless, based upon the work done in groups and the subsequent discussion the following identifies the salient/critical issues and the key lessons learnt which are of general relevance:

At the country level:

- Various factors play an important role for a Coof when it comes to taking a pragmatic decision on which modalities are best suited for the country in question (projects, programmes, sector budget or general budget support). To date SDC HQ has resisted establishing a strict set of criteria to guide such decisions. This is positively viewed by Coofs.
- Involvement in SWAp as well as support via a **mix of modalities** including programme/ project level can ensure that concrete experiences from the ground are brought into the national policy debate. This is not a given, Coofs need to work towards this really happening so that interlinkages between micro/meso and macro level area are fully exploited.
- **Switzerland is a respected partner** – often taking the lead in sector coordination on behalf of development partners despite limited financial support to the health sector generally, compared to other partners. This stems, in part, from the fact that SDC is a pioneer of health sector support and health SWAps. Particular attention is always paid to building up trust with partner countries and other donors.
- Through support for establishment of SWAp *as a process* and involvement in SWAp, either with budget support and/or parallel financing, SDC contributes to the **implementation of national sector strategies, designed and owned by Government**. This is an important part of the Swiss commitment to improved aid effectiveness.
- The **collaboration within a SWAp and its substructures is intensive and time-consuming for Coofs**. Switzerland can make a difference by hiring additional specialised staff to fully engage in the process, help shape the SWAp and sharpen our profile.
- Global Health Initiatives which often have a vertical, disease-specific focus and the international pressure to reach the Millennium Development Goals increasingly shape the aid environment and effect SWAp arrangements. The example of Mozambique, where the Global Fund has been one of the common fund donors since 2005, shows that **even powerful Global Health Initiatives can be integrated into programmatic approaches, provided authorities and partners work together**.

At HQ level:

- Commitment to SWAps **takes not only time but also extremely highly qualified human resources** bringing technical, negotiation and management competence to the table. The required profile of international and national staff in Coofs is changing.
- **Process optimisation** can be enhanced for greater synergies. For example, information regarding experiences with the GFATM at country level can be systematically feedback to Department M and F so that influence at the organisational level (board meetings) can be tailored to respond accordingly.
- **Complementarity of support/instruments** between SDC and seco programmes in a given country is reinforced, mainly for eg. with seco support for public finance management.

Impact of SWAps:

- Results and impacts vary with the **status of the sector's development in a given country** – in particular this influences the quality, access and availability of health services.
- If only limited results and impacts are achieved these do not necessarily reflect a problem with the **performance** of the SWAp (as an approach) but **of the sector as a whole**.
- **Capacity development** at Government level particularly with regard to the management of change processes and sectors is often required for impacts to become measurable.
- Major risks identified in SWAp support are mainly related to fiduciary issues. In order to mitigate these risks and enhance impact important **technical assistance has to be provided in the area of financial management**.
- **Commitment for sustaining the momentum** between international targets (MDGs) and national political processes – poverty reduction strategies - has a strong influence on the impact of sectoral reform processes.
- **Transaction costs** have not shown themselves to be reduced in the medium-term which calls for a **clear division of labour** between development partners in line with the strategic direction and thematic priorities of their agencies.
- SWAps have great potential to improve health sectors in a sustainable manner – through enhancing collaboration between Ministries of Health and Finance, through improved coordination and coherence which ensures the ready identification of “good practices” and through the **joint identification and strengthening of Government capacity**.

3. Concepts and Definitions

Key elements of SWAps

Several multilateral and bilateral agencies have elaborated their own definitions of the Sector Wide Approach. A brief review undertaken by the workshop organisers found many common elements and similarities between them. The **World Bank 2007 “Key Elements of SWAps - Intent and Directions, not ‘Prerequisites’”** was referred to as well as the **European Commission Guidelines for Support to Sector Programmes** to form the basis of a discussion amongst the participants regarding SDC’s understanding of SWAps. The later definition, elaborated in 2003 by the European Commission refers to SWAps in general and not to health SWAps in particular:

- a clear **policy and strategy**
- a **sector medium term expenditure programme**, based on a comprehensive action plan
- a **performance monitoring system**
- a **formalised process of donor coordination**
- an agreed process for moving towards **harmonised systems for reporting, budgeting, financial management and procurement**
- a systematic **mechanism of consultation** with clients and beneficiaries of government services and with non-government providers of those services

Participants considered that its relevance still largely holds for the **country level process**. They added the following:

- SWAp has to be embedded in the overall framework and anchored in the vision of the country.
- Country ownership and a **Government wide commitment to take the lead** as well as **Development partner will and commitment** to invest in the process long term i.e. Partnership
- The harmonized systems should be more clearly referred to as **national systems** which provide the foundations and can be further strengthened through the development of a SWAp.
- Sufficient thrust in the **public financial system**, or at least clear commitments of Government partners to undertake reforms to strengthen public finances.
- Mechanism of consultation to be extended to read **mechanism of consultation and feedback**

Please refer to Annex 10: Key Components and Preconditions

It was further commented that the vision for the country would be expected to reflect key transversal themes for Government, Development Partner and beneficiaries (civil society) alike such as accountability, pro-poor focus and gender mainstreaming.

Attention was also drawn to the need to convey the **gradual nature of establishing and working within a SWAp** and the time that the process requires. The title of the World Bank definition “Intent and Directions, not ‘Prerequisites’” was underlined as being particularly crucial. **The key elements are not prerequisites and do not all need to be in place before a SWAp can be commenced.** What is more important is that the commitment is there by all stakeholders to move in that direction and to address the issues over the life of the SWAp.

In order to move forward and to develop a perspective on the future role of SDC regarding SWAps it will be crucial to open the discussion on key elements of a SWAp at the SDC headquarter level.

4. Indepth Thematic Discussion

Three technical areas were selected for in depth debate:

- **Ownership and Working with Partners**
- **Fiduciary Risk Assessment and Financial Management**
- **Monitoring Output/Outcomes**

Key points from the presentations back to the plenary are hereby provided. The resulting discussions have been incorporated into **three issue papers** which will shortly be posted on the website: www.sdc-health.ch

Please refer to:

Annex 11: Ownership & Working with Partners, Jacqueline Mahon, SDC

Annex 12: Fiduciary Risk Assessment & Financial Management, Jean-Luc Bernasconi, seco & Fabrizio Tediosi, STI

Annex 13: Monitoring Output/Outcomes, Nicolaus Lorenz, STI

Ownership & Working with Partners

Discussions all stemmed from the central reflection that SWAps involve a change in relationships between all the stakeholders active in the sector of a particular country. This brings with it a challenge in terms of capacity for us all. For state actors the emphasis is shifted to their taking the lead in an enduring and frank exchange on policy issues and priority setting. Non government organisations, faith-based actors and private sector players are all called upon to organise themselves and make their voices heard. Development partners too are called on to be more transparent about

their agendas and limitations, to be more pragmatic, to be conciliatory and that a strong partnership is required to achieve joint goals – even if they are more modest than those that could be generated through smaller scale pilot projects. SDC sees a specific role for itself in working in bringing Governments and non state actors together at various levels to facilitate the building of trust and exchange and a shift in accountability towards the beneficiaries – the country’s citizens.

**Fudiciary
Risk As-
essment &
Financial
Management**

The fundamental importance of supporting countries to further strengthen financial management and accountability in support of SWAps was explained. The importance pertains not only to accountability within the country, but also to donor agencies and the responsibility they have to their home parliaments. The need for increased transparency in resource mobilisation and allocation by all stakeholders was underlined. The difficulty of ascertaining how much risk can be accepted before engaging in a SWAp was debated and it became clear that it is less about setting criteria that have to be met before things can move forward, but more about commitment and working towards agreed improvements/reforms together. In particular it was highlighted that “high risk” often derives from “low capacity” rather than a deliberate intent to siphon off resources and that in many cases channelling SWAp resources into mitigating risks is an investment well made. For the cases where risks become reality, the need for gradual, pre-defined and well communicated levels to a response was emphasised.

**Monitoring
Output/
Outcomes**

The debate focused upon common M&E weaknesses – poorly defined outputs and outcomes, low capacity and little incentive for data collection at local level and scepticism as to the reliability of data from routine Health Management Information Systems. In many partner countries DHS data are seen to be a more reliable source – though, inherently limited as they cannot be disaggregated to regional, district or local level. Much national data for high level indicators isn’t broken down by socioeconomic status, due to the tremendous complexity of doing so – and apparent trends can in fact mask serious discrepancies between those in the upper and lower quintiles. Reconciliation of monitoring needs for Poverty Reduction Strategies, General Budget Support, international targets such as the MDGs and the requirements of health sector stakeholders presents a further, overarching challenge.

SWAps in a changing aid environment

The fact that the Sector Wide approach arose from a general dissatisfaction with the impact of traditional aid instruments was reiterated. To an extent the SWAp can be seen as a “front-runner” at sector level for the more recent international developments towards Aid Harmonisation (Rome, 2003²) and Aid Effectiveness (Paris, 2005³)

With the establishment of the Millennium Development Goals in 2000, and the fact that Goals, 4, 5, and 6 require health systems to perform better and for health outcomes to improve, the pressure for positive results has intensified. Agencies too are under pressure to demonstrate their “added value” at a time when the attribution of sector wide interventions back to individual organisations has become more difficult – and the visibility of individual stakeholders inherently reduced.

The aid architecture in health is now increasingly influenced by Global Health Initiatives (GHIs), of which many have a specific focus upon AIDS, Tuberculosis and Malaria. Together with the changing role of the UN technical agencies, the emergence of General Budget Support (GBS) as the modality of choice for many countries and the overall harmonisation efforts combine to challenge country coordination.

In many countries, SWAps have demonstrated their robust nature and ability to respond to the changing context. There are many instances where SWAps have exhibited flexibility and adapted to the new environment. This is particularly true when Government ownership is strong and solid partnerships built on trust are in place. Nonetheless, the building of capacities, getting the right balance of people, the division of labour between agencies, achieving coherence between sector specific and macro level processes and the mixture of modalities need to be repeatedly considered and addressed.

Please refer to:

Annex 14: SWAps in a Changing Aid Environment, Jacqueline Mahon, Regional Health Advisor

² Rome High Level Forum (2003) produced the “Rome Declaration on Harmonisation” <http://www.aidharmonization.org/secondary-pages/editable?key=106>

³ Paris High Level Forum (2005) produced the „Paris Declaration on Aid Effectiveness“ <http://www.aidharmonization.org/ah-overview/secondary-pages/Paris2005>

5. Vision

Participants sought to reflect beyond the three challenges identified above. In groups they considered further current and future challenges from a variety of perspectives including those of SDC headquarters, SDC offices in Sub-Saharan Africa, SDC offices in Central Asia and SDC Non Governmental Partners.

Perspective of SDC Headquarters

- SDC headquarters explained that **enhancing aid effectiveness** is a key current challenge that is in the process of being addressed through **greater harmonisation and alignment** between SECO and SDC, with the ultimate goal being a merger of technical and financial assistance.
- A more precise **positioning of SDC regarding the key elements of SWAps** for the various regional contexts is aspired to. The “added Swiss value” is a further issue that needs to be carefully considered – particularly when it comes to making the commitment to become an active SWAp partner.
- Given the experience that the **transaction costs** of working within a SWAp environment do not lessen over time as anticipated, issues around **human resources** and the search profiles used for staff recruitment need attention. In particular, the career development of **National Professional Officers**, identified as crucial for institutional memory in evolving processes such as SWAps needs to be addressed.
- **Channels of information and coordination between Bern and the Coofs need further strengthening.** Ways of institutionalizing the sharing and compilation of experiences from the Coofs regarding SWAps need further development – this workshop can be seen as part of the effort being made to address this. **Once achieved, this will ensure coherence of Swiss positioning vis-à-vis Global Health Initiatives and multilateral agencies.**
- A renewed and rigorous effort is needed to ensure full use is made of **synergies and networking opportunities** with like-minded international agencies and civil society groups.
- It is a challenge of ever growing complexity to **effectively advocate** for the importance of Swiss Development Cooperation in general and of Swiss participation in health sectors and health SWAps in particular **to the Swiss Parliament.** During the workshop the wealth of experience of participants was taken advantage of to compile ideas which Ms. E. Vokral, Deputy Head of Dept. Bilateral Development Cooperation will take forward.

Please refer to Annex 15: “How to explain importance of (health) SWAps to the Swiss Parliament”

Perspective of SDC offices in Sub-Saharan Africa

- A major current challenge facing many countries in Sub-Saharan Africa is the **changing aid environment** due to the ever increasing number of Global Health Initiatives (GHI). From this region Coofs call for consistent and adequate lobbying by headquarter representatives on GHI boards to see a redirecting of more funds into health system strengthening.
- In some resource-poor contexts where GHI are present, Governments are not increasing the allocations of domestic budgets for health. This brings with it a growing **concern with regards to sustainability and predictability of sector financing**.
- Greater efforts need to be made towards **health sector strengthening** for better performance. It is seen that greater use of private providers can be made through SWAp arrangements. Monitoring and evaluation of health sector performance still comprise areas where there is room for further improvement.
- Switzerland increasingly serves to ensure that **synergies between sectoral and macroeconomic level** are taken full advantage of. This is a time consuming and difficult area to become engaged in.
- **Building and retaining capacity within the system**– particularly in the form of human resources – remains an overarching challenge.
- SDC offices in Sub-Saharan Africa see a need for the Swiss Development Cooperation to **engage in alliances with other like-minded agencies** to influence consensus within SWAps, e.g. for resources to be targeted to priority areas, for setting of achievable sector targets etc.
- Ongoing challenges are seen in the processes of supporting Public Financial Management (PFM) reform and **the reduction of fiduciary risk at country level**. There is room for discussion as to whether this could become a particular focus for the Swiss Development Cooperation (in this region) in the future.

Perspective of SDC offices in Central Asia

Key challenges identified by Coofs in the Central Asian region include:

- At national level in the areas of policy analysis, public administration and financial management **capacity building is urgently required**. These needs are much wider than those of the health sector itself. There is a need to consider the role that Switzerland can play here.
- Through the **combined, consistent voice of Sector Ministries and Development Partners** health sectors with a SWAp arrangement have the possibility to lobby for a

greater proportion of the budget. Particularly in the early stages of SWAp development there is a strong need for partnerships to be forged even if the initial performance is limited.

- A **common vision for the future** needs putting in place - **private sector actors** need also to be brought into emerging SWAps from the outset.
- Specifically there is a need for a **pool of regional/international advisors** who can be used repeatedly in the evolving processes in a manner that ensures continuity.
- The sustainability and success of a SWAp approach depends very much on the people in place at Government level as well as amongst the donors. Currently, Governments in Central Asia experience very high staff turnover rates as well as internal and external migration – particularly amongst health staff – which jeopardize reforms.
- Any budget support under a SWAp must be understood as additional resources for the health sector and domestic mobilization and allocation should continue to take place in line with such increases.
- Efforts to strengthen the **role of civil society** for greater overall **accountability to the beneficiaries** of the social sectors will be required in parallel to sector support.

Perspective of SDC's NGO partners

- NGO partners called for a continuation of efforts to **strengthen the mechanisms for their experiences of implementation on the ground and knowledge of local reality to be fed back into the policy debate.** Progress in this area needs to be seen as a win-win situation and invested in by both SDC and civil society actors.
- Coordination of non-state health service providers into a **process of continuous experience sharing and feedback** between themselves and between themselves and Government - both at national and decentralized levels - is imperative. SDC is already recognized for its efforts to facilitate greater trust, dialogue, task sharing and coordination in this regard. This crucial role that should be intensified and become more visible.
- **Capacity building for civil society actors** in partner countries remains an area of tremendous need.
- A word of caution was given regarding the pilot experiences of NGOs – there comes a time when Government strategic plans need simply to be implemented for a period of time, rather than for there to be constant calls for revision due to the results of small scale pilots.
- **Change of attitudes and practices** of all development actors is needed to take better advantage of their complementarities and achieve more effective and relevant aid delivery.

6. Implications

So far, the discussions held by the participants have been based upon experiences made to date and on visions for the future. In Part 6 of this report the implications for the Swiss Development Cooperation are outlined. The implications go beyond the narrow confines of health sector SWAs.

“State of the Art”

Edita Vokral briefed participants on the main results of the Harmonisation and Alignment (H&A) working group (see SDC INTRAWEB for more information). She explained how the instruments of the Swiss Development Cooperation – SDC and seco – are taking steps to achieve closer cooperation. SDC programmes are making strong efforts towards alignment and harmonisation. NGOs too are being successfully integrated into this process of implementing the Paris Declaration. This overall Swiss commitment has not only been reiterated at the international level, but indicators for the Declaration were monitored in Annual Programmes in 2005 with a stock-taking document now elaborated.

She underlined how the importance of partner country leadership and of investing *in the process of H&A* on the part of all stakeholders become repeatedly apparent. She concluded that improving H&A makes strong demands of agency headquarters to guide coordination offices, forge greater interlinkage between bilateral and multilateral activities and to ensure effective exchange and knowledge management. This is the challenge to which she and the headquarters rise and for which the rich exchange in this workshop has provided a renewed vigour.

Please see Annex 16 “Implementation of the Paris Declaration in SDC-seco: follow-up and next steps”, Edita Vokral, Deputy Head of Department, Bilateral Development Cooperation

Intensified exchange process

Participants identified the following ways on that an intensified exchange process could be embarked upon:

- A more formalized and two way flow of information between HQ and Coofs
- A stronger positioning of SDC on specific technical issues – in part through a stronger exchange with like-minded agencies.
- Dissemination of SWAp stock taking paper and this workshop report
- Institutionalization of exchange between SDC and Swiss NGO partners

- Greater integration/complementarities with seco in Public Financial Management (PFM)
- Increased human resources, mainly consultancies/backstopping to support the regions to remain a vocal partner (otherwise move to silent partnership)
- Creation of a sub-group to prepare for the Accra meeting on implementation of the Paris Declaration
- Capitalization/ strengthening of regional exchange of experiences
- Reactivation of website/appointing of a focal person at headquarters for increased exchange of “SWAp news”

Conclusions of the capitalization workshop

The workshop demonstrated that the experiences of the cooperation offices are extensive and far-reaching. The workshop served to share these experiences with the headquarters. A particular need was seen for the **headquarters to engage with the issues and take action so that SDC can move forward as an agency**. This in turn will enable the headquarters to support cooperation offices, provide clearer guidance and manage institutional knowledge more effectively.

The main areas that SDC needs to address in the coming years in terms of supporting approaches such as SWAp include the following:

- Communicating the key elements of a SWAp, including how to deal with challenges and risks
- Increasing clarity regarding the **added value** of SWAp and Programme Based Approaches in general, including the question of **visibility**
- Ensuring synergies between different approaches and modalities
- Enhancing synergies with other international agencies and civil society groups
- Reviewing the **competence and capacity of personnel**
- Optimizing the coordination of a **coherent Swiss Position** within SDC for all processes and on the boards of international organizations

Additional remark

The above areas were all presented at the mid August 2007 meeting of the SC-seco Harmonization and Alignment Working Group. It was decided that moving these points forward shall be taken up in the terms of reference for the new, headquarter-based position of an “Issue Manager Harmonization and Alignment”.

Acknowledgement

The workshop organisers would like to thank all participants from cooperation offices, SDC headquarters and other agencies for their interest, engagement and valuable contributions. We are looking forward to a continued, fruitful collaboration!

7. Group photograph



8. Useful Resources

- **A guide to WHO's role in sector wide approaches to health development.** Department of Country Focus & Department of Health Policy, Development and Services, WHO, 2006.
- **Aid Effectiveness and Financing Modalities**, World Bank, September 2004
- **Alignment issues in the „Guidelines on EC support to Sector Programmes“**, Presentation of Agnes Lindemans-Maes, Europe Aid Cooperation Office, European Commission, Brussels.
- **Bayarsaikhan D., Muiser J. Financing health promotion.** WHO, Department "Health System Financing" Discussion paper Number 4, 2007
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- Dickenson, C, Martinez, J, Whitaker, D, Pearson, M (2007) **"The Global Fund operating in a SWAp through a common fund: issues and lessons learned from Mozambique"**, HLSP Institute Policy Brief, UK
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- Foster, M et al, Overseas Development Institute **"Sector-Wide Approaches for Health Development: A Review of Experience"**, for WHO (2001)
- Hutton, G & Tanner, M (2004) **The sector-wide approach: a blessing for public health?** Bulletin of the World Health Organization 82(12). Pages: 893-894
- **Health Metrics Network, Framework and Standards for the Development of Country Health Information Systems**, World Health Organization, 2006
- **Hintergrundmaterialien zu Programmorientierung und Gemeinschaftsfinanzierung**, 2. Entwurf, GTZ Arbeitskreis „Programmorientierte EZ“, Januar, 2007
- **OECD-DAC Report on Progress in Harmonisation and Alignment**, Chapter 13 Tanzania, 2005
- **OECD-DAC 2006 Survey on Monitoring the Paris Declaration**, Uganda Chapter, OECD, 2007
- **OPCS Learning Module on Sectorwide Approaches**, OPCS, 2007
- **Paris Declaration on Aid Effectiveness, Ownership, Harmonization, Alignment, Results and Mutual Accountability**, High Level Forum, Paris March 2005.

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- Riddell, A (2002) “**Synthesis Report on Development Agency Policies and Perspectives on Programme-Based Approaches**” (Prepared for the Forum on Accountability and Risk Management Under Program-Based Approaches, Organized by the Learning Network on Program-Based Approaches, Ottawa, Canada, June 19-21)
- Walford, V (2007) “**A review of Health Sector Wide Approaches in Africa**”. Report.
- See also:
 - The SWAP in the health sector webpage developed by STI for SDC, last updated in 2005 <http://www.sti.ch/en/health-systems-support/swap/swap-project/swapwebsite.html>
 - LENPA and CIDA extranet on PBAs <http://web.acdi-cida.gc.ca/extranet/ExtranetHome.nsf/vLUAboutDoc/SWAPSEn?OpenDocument>
 - Information on the Eldis Gateway: <http://www.eldis.ids.ac.uk/go/topics/resource-guides/health-systems/health-sector-financing/sector-wide-approaches-swaps>

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