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SWAps – Ownership & Working with Partners

"A long-term investment in relationships"

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"Sector-Wide Approaches are a long-term investment in relationships that are built on trust"

1. Ownership and working with partners in a SWAp

Background

One of the most important and critical element's with the development of any Sector-Wide Approach (SWAp) is the changing relationship between the recipient countries and their stakeholders (Donors, Non State Actors). To this effect, it involves countries and their Ministries of Health taking a clear lead in setting and driving the agenda in terms of their strategic development process/vision; establishing priorities; developing comprehensive strategies; strategically allocating resources; putting in place processes to facilitate implementation and developing uniformed monitoring and evaluating systems.

It also involves changing behaviour on the side of supporting partners – donors move away from micro managing processes to supporting comprehensive approaches and agreeing to work sector-wide; donors gradually shifting from a geographic focus (concentrating on a number of districts/ regions or provinces) to supporting country-driven initiatives[1].

Donors and Non-State Actors (if applicable) agree to align their resources (financial, technical) behind the national policies and strategies of the recipient country/Ministry of Health; they agree to move towards using government systems and to strengthen them where they are weak.

SWAps are built on trust and transparent relationships entailing strong coordination and information sharing by government and between partners. Partners can provide advice and guidance to Ministries of Health but they recognise that the final decisions rests with the recipient countries and they have to ultimately respect such decisions.

[1] SWAps can accommodate area-based approaches but they need to be innovative or bring a futher value-added to the process. However, it is critical that they are time-bound and issues of sustainability are addressed.

Individuals both on the side of recipient countries and partners can play a crucial role in moving forward the SWAp agenda – to this effect retaining the institutional memory, particularly within donor agencies, is extremely critical for the success of the partnership. Finally, depending on the extent of decentralisation in a country (deconcentration; delegation; devolution), SWAps can support the reformulation of the role and responsibilities of the central level vis-à-vis the local level – with the central level taking on a more "stewardship role" and the local level authorities (e.g. districts) undertaking the actual implementation[2].

2. Capacity to take the lead

SWAps entail recipient countries/ministries of health having the necessary capacity to take the lead and where this is absent or weak, donors agreeing to support countries to build or strengthen the capacity. In the short to medium term this may involve targeted technical assistance (national, international consultants) and capacity building (skills transfer, training) which addresses specific areas of the health system, e.g., planning; budgeting; financial management; logistics; procurement; and management information systems, including monitoring and evaluation. Ultimately, it involves partners stepping back and allowing the recipient country space to drive their development agenda and not just figuratively! Indeed there may be many challenges involved given the severe human resource capacity constraints[3], particularly in a number of recipient countries and partners need to avoid the temptation to push or overwhelm them with lots of ideas or potential short-term

[2] SWAps have been blamed for centralising processes and giving more power to sector Ministries such as Health rather than at the local level. Thus, it is critical to get the balance right between the national and local level and ensure that the necessary resources (technical, financial) are available at the local level.

[3] A number of recipient countries are challenged in the area of human resources given the lack of qualified personnel; high staff turnover/retention; low remunerations.

quick wins that may rather in the long-term undermine the leadership of Ministries of Health/Regions/Provinces or districts – certainly it is a fine line to balance between the pressure to demonstrate quick results and the need to build capacity in recipient countries. On the other side, there has to be a strong-commitment by the recipient country to address such human resource capacity challenges in a coordinated and comprehensive way.

3. *Capacity to Coordinate*

Effective coordination mechanisms need to be established between the recipient country and its partners. This may involve, for example strengthening the dialogue structures at the national level and involving partners, particularly Civil Society Organisations in the planning processes at the local level. At the same time, in-line with aid harmonisation efforts, it may entail partners organising themselves based around a division of labour, that is, lead, active and delegating partner. It may also involve partners addressing their comparative advantage (value-added) and taking the lead in certain specific technical areas on behalf of other partners in support of the recipient countries. In such situations, partners need to ensure that they have resourced the necessary skills and technical competence to response to such a role. It is important to reiterate that achieving efficient coordination can involve devoting a great deal of time by all stakeholders (recipient countries, donors, non-state actors) to ensure that it works and this should not be underestimated. To conclude on this section, a new challenge in the area of strengthening coordination is the unclear role of the large Global Health Partners, for example, such as the GFATM and GAVI, who do not have any present in recipient countries but bring large amounts of resources to the table and may bypass coordination structures (knowingly or unknowingly) to move forward their agen-

das.

4. Aligning Support

Strengthening ownership entails partners moving away from using separate mechanisms to identify priorities, programming resources, accounting for own activities and monitoring and evaluating. They agree to buy into a country's comprehensive policies and strategies as a whole, rather than addressing geographic areas or programming support to specific areas of interest rather than areas of priority. Partners align support, including modalities around government mechanisms (financial management systems; management information systems) and strengthen it where weak. In this respect the approach is expected to lead to greater ownership as external financing is demand driven (country priorities) rather than supply driven (based on partner priorities and preferences) and where recipient country mechanisms are increasingly utilised. However, with such commitments comes clear responsibilities and indeed implications for the recipient countries to ensure that all partners involved in the process have the necessary oversight (including quality reporting) on progress in the sector.

5. Role of non-state actors

The role and engagement of non-state actors such as Non-Governmental Organisations (NGOs) and the Private Sector (private-for-profit and non-profit) in the SWAp are critical to ensure that recipient countries become much more accountable to their domestic stakeholders/constituencies rather than donors. Non State Actors can be involved both at the policy level and service delivery. However, there has been mixed success with their en-

gagement in SWAps with much more emphasis on donors and recipient country relationships rather less towards other critical partners. At the same time, experience has shown that it also depends on the actual context and how established and engaged Non State Actors are in the Health Sector and the country more generally.

6. Issues for Switzerland in the partnership process

In line with the harmonisation agenda, is SDC willing to take the Lead on behalf of other partners in a recipient country while at the same time is it ready to provide the necessary resources (financial and technical) to allow this to take place?

In line with the harmonisation agenda is Switzerland ready to become a delegating partner, that is, give the responsibility to another donor to represent them in a specific sector?

How will SDC address the issue of comparative advantage and technical division of labour? Is it ready to specialise in a specific technical area such as Health Care Financing; Human Resources for Health; Communicable Diseases; Decentralisation etc?

How can SDC ensure that Non State Actors become more involved in the SWAp process?