BMZ Federal Ministry for Economic Cooperation and Development

Future-Makers. Building the future. Let's join forces.

Published by giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

In cooperation with KFW

Sector-wide approaches (SWAps) in health

Cluster 1 – Health Policy

Impact → Improved survival (Child, maternal, adult mortality due to infectious and non-communicable diseases); Reduction in morbidity; Improved health equity; Social and financial risk protection (reduced impoverishment due to health expenditures)

Outcome → Increased services utilization and intervention coverage for essential health services; Reduced inequity; Health system strengthening

A Background

SWAps emerged in the mid-1990s in the context of debates around *aid effectiveness* and growing dissatisfaction with the fragmented nature of project approaches and describe an approach to development cooperation, which has gained the support of the World Bank, the WHO and bilateral donors (Hill, 2002). SWAps have been related to increased *government leadership*, improved *donor coordination*, more efficient and effective *financial*, *planning* and *implementation management* and improved *sector stewardship* as well as to more *coherent sector policy* (Hutton & Tanner, 2004; Shepard & Cabral, 2008), which donors have addressed on the basis of *capacity building measures*, *policy advisory services*, by promoting *dialogue and advocacy* and supporting the development of comprehensive *health information systems*. While these planning and financial management mechanisms are assumed to facilitate the achievement of national health program objectives and improve sector performance, evidence remains mostly limited to the general performance of these mechanisms (SWAp process)(Boesen & Dietvorst, 2007) and has barely addressed *factors affecting the ability of SWAps to contribute to better sector outcomes* and even less their *impact on sector performance* (Vaillancourt, 2009; Hutton & Tanner, 2004; Hill, 2002). Robust evidence on the effectiveness and long term impacts of SWAps is thus lacking both as a result of the inherent complexity of SWAps and methodological difficulties in including SWAps in rigorous evaluations and case-control studies. This Evidence Sheet *synthesizes* available evidence on the *general performance of planning and financial management mechanisms in SWAps (SWAp process)* and the *impact of SWAps on sector performance (health system functioning and population health outcomes)*, specifically asking whether there is sufficient evidence to support common contributions of German Development Cooperation (GDC) to SWAps as *means (1) to improve the SWAp process and 2) to improve health sector performance.*

Key findings

a) Evidence on the impact of health SWAps on population health and health system functioning (sector performance) remains scarce but points at modest achievements. In some countries some improvements in service quality after introduction of a SWAp are visible. SWAps may contribute to strengthening the role of Ministries of Health.

b) National ownership was identified as a pivotal feature of effective SWAps.

c) Evidence on the general performance of planning and financial management in SWAps is at best mixed.

B Definitions

SWAp "An approach that involves all significant funding for the sector supporting a single sector policy and expenditure program under government leadership, adopting common approaches across the sector and progressing towards relying on government procedures to disburse and account for all funds" (Cassells, 1997). Alternative definitions were developed in different countries.

C Approaches

C1 Building **individual human and institutional capacity** to enhance the general performance of planning and financial management mechanisms in SWAps by facilitating **government leadership**

The skills and leadership capacities of *individual staff members* of donor agencies and partner country government institutions were shown to be crucial to the success or failure of SWAps

(Boack et al., 2011). In this regard, several donor agencies have set up *training programs* for their staff (Riddell, 2003), but no review article or comprehensive evaluation on the r*ole of capacity building measures in facilitating government leadership* could be identified. A review article by Viljanmaa (2001), however, suggests that **rather than technical capacities, *policy, analytical and negotiation skills* with a focus on stakeholder and policy analysis as well as public financial and sectoral management should be developed.** In this regard it has been noted that *M+E capacity building* has largely been neglected in the context of SWAps (Vaillancourt, 2009). *Institutional capacity building methods* were shown to depend on the *degree of risk-adversity of the donor agency*, with highly risk-averse agencies relying on the placement of their own experts for capacity building purposes and less risk-averse agencies putting emphasis on the capacity gains of the experience of working in SWAps without major donor involvement (Riddell, 2003).

Review articles or comprehensive evaluations on the role of institutional capacity building in improving the SWAp process could not be identified, but it has been noted that **established SWAps had significant *positive impacts on planning capacity, governance and broader institutional development* in partner countries** (Boack et al., 2011; Shepard & Cabral, 2008), which has, however, not rigorously been evaluated. According to a World Bank review of health SWAps, **capacity constraints within governments were generally underestimated and not adequately planned for** (Vaillancourt, 2009). With regard to donor agency capacities, it was argued that particularly high turnover rates and short term appointments common in donor agencies can undermine SWAp effectiveness (McNee, 2012).

C2 Promoting **dialogue and advocacy** to enhance the general performance of planning and financial management mechanisms in SWAps by establishing more equitable ***partnerships*** and improve ***donor coordination***

While there are neither comprehensive evaluations nor review articles on the role of promoting dialogue and advocacy to establish more equitable partnerships and improve donor coordination, the review of health SWAps by Vaillancourt (2009) suggests that SWAps have been successful in *improving sector coordination* and that steps have been taken towards improving *donor harmonization and alignment*, which is confirmed by the case studies analyzed by Shepard & Cabral (2008). **The SWAp *promise of donor coordination and harmonization* has, however, not completely been fulfilled owing to the fact that highly risk-adverse donors have preserved their respective planning and financial management mechanisms and many donors continue to be driven by the need to ensure the profile of their agency** (McNee, 2012), substantially undermining anticipated efficiency gains in SWAps, particularly with regard to transaction costs (Boack et al., 2011; McNee, 2012). Multilateral and bilateral projects supporting disease specific efforts outside the SWAp have increased since the introduction of the SWAp in Zambia (Chansa et al., 2008).

Although it is not explicitly reflected upon the role of dialogue and advocacy in establishing equitable partnerships, available evidence suggests that **SWAps have improved *partnerships between partner governments and donors***, as indicated by *more coherent sector policies as well as more regular communication* (Dickinson, 2011), **but were less successful in establishing *partnerships with civil society organizations*** (Boack et al., 2011; Foster et al., 2000). Similarly, it has been noted that health SWAps have primarily been concerned with the public sector and thereby failed to encompass the full range of actors and activities shaping the sector (Baldwin & Brown, 2001; McNee, 2012).

C3 Efficiency of **policy advisory services** to enhance the general performance of planning and financial management mechanisms by improving ***sector stewardship,*** national ***ownership*** and ***(financial) management***

No review articles or comprehensive evaluation on the *role* of *policy advisory services in improving sector stewardship and national ownership* could be identified, but available evidence from six countries that embarked on health SWAps suggests that **SWAps were only modestly successful in achieving improved *sector stewardship*** (Vaillancourt, 2009).

National ownership was identified as a pivotal feature of effective SWAps (Boack et al., 2011; Hutton & Tanner, 2004) and Foster et al. (2000) suggested that a *clear national vision based* on a *limited number of key priorities* as well as a *feeling of command over the SWAp process* by influential government officials in partner countries were helpful in establishing or improving national ownership. In this regard, it was shown that **the role of the Ministries of Health (MoH) grew stronger upon the introduction of a SWAp** and in the context of the institutional framework associated with SWAps in Uganda (Jeppsson, 2002). At the same time, evidence suggests that certain *donor practices* including the allocation of resources in areas that are not considered national priorities as well as expenditure and results imperatives by donors can *undermine ownership* (Boack et al., 2011; McNee, 2012).

While no review article or comprehensive evaluation on the role of policy advisory services in enhancing the *effectiveness and efficiency of (financial) management mechanisms* could be identified, a case study from Zambia suggests *that SWAps have not attained the envisaged (administrative, technical and allocative) efficiency improvements* due to *incomplete harmonization of donor procedures and reporting systems* resulting in high transaction costs (Chansa et al., 2008). This is consistent with results from other studies indicating that **SWAps failed to render efficiency gains and even elevated transaction costs for ministries as well as donor agencies** (Shepard & Cabral, 2008; McNee, 2012; Boack et al., 2011; Foster et al., 2000). In some cases, a trade-off

between transaction costs of countries and those of donors have been observed with mixed evidence in the long term (Boack et al. 2011).

C4 Promoting **knowledge production**, enhancing the general performance of planning and financial management mechanisms and supporting **national health information systems**

One of the notions underpinning SWAps is that a robust and timely performance information system feeds information on performance back into service delivery and policy development processes to continually calibrate and improve performance (McNee, 2012). While no review article or comprehensive evaluation on the role of M+E advisory services and the promotion of knowledge production, transfer and sharing in enhancing the general performance of planning and financial management mechanisms in SWAps could be identified, available evidence suggests that **SWAps are often implemented without a comprehensive M+E system** to allow for performance measurement over time (OECD, 2011). Nevertheless, a review of SWAp countries by Dickinson (2011) found that considerable *process was made in developing agreed indicators for sector performance*. In some SWAps, joint evaluations of multiple donors have been successfully performed based on a jointly agreed results framework thus contributing to reducing multiple reporting.

C5 Supporting **Health SWAps** to improve **population health** (improved survival; reduction in morbidity; improved nutrition; improved health equity; social and financial risk protection; greater health equity)

As SWAps are always established on the national level, assessing effects on population health suffers from adequate comparisons. Effects on health have generally been assessed through the achievement of goals and objectives/ indicator targets. According to a World Bank review of 6 health SWAps (Vaillancourt, 2009), *national health objectives were only modestly achieved under SWAps*. In this regard, the review notes that *Bangladesh* reported modest declines in IMR, MMR, U5MR but fell short of other national health objectives. This analysis, however, does not fully account for changes in funding from global health initiatives such as the Global Fund. While child nutrition indicators stagnated in Bangladesh, vitamin A and iron deficiency could dramatically be reduced. No change in IMR, MMR, U5MR and TFR was reported in Ghana between 1998 and 2006 during the first period of the SWAp. It is questionable if the health improvements in the last years in Ghana are attributable to the SWAp or rather to factors outside the health sector. In Malawi, modest declines in IMR and U5MR were observed, while MMR and levels of child malnutrition remained high. Vaillancourt 2009) further found notable declines in IMR and U5MR in Tanzania, modest declines in child malnutrition and no changes in maternal mortality. A review by Foster & Macintosh-Walker (2001) suggests that despite increases in health expenditure, U5MR has increased since 1995 in Uganda. Ethiopia, however, registered significant declines in U5MR and MMR between 1990 and 2008 which has been related to the introduction of the health SWAp (Dickinson, 2011). Findings from a review concerning the impact of SWAps on MDG 5 (maternal and reproductive health) indicate that the impact of "Paris- style aid" are more correlational than causal in nature. Best results were achieved relating to maternal health measures. Six of seven studies using Paris-style interventions find a reduced mortality ratio; in seven studies increases of up to 30 per cent in the proportions of attended birth are reported. Then again results focusing on family planning like the adolescent birth rate or uptake of ante-natal care couldn't show any positive interdependencies (Hayman et al., 2011). **While the mentioned review articles provide some evidence on the impact of SWAps on population health, no review article or comprehensive evaluation on the impact of SWAps on population health published in a peer-reviewed journal could be identified**, which confirms the commonly referred to *unacceptable dearth of (rigorous and independent) evidence on the health impact of SWAps* (Skolnik et al., 2008; Hutton & Tanner, 2004; Dickinson, 2011; Garner et al., 2000).

C6 Supporting **Health SWAps** to improve **health system functioning** (Increased services utilization and intervention coverage for essential health services; responsiveness of health systems)

Results from a review of health SWAps in Nepal, Bangladesh, Kyrgyz Republic, Ghana, Tanzania and Malawi (Vaillancourt, 2009), suggest that **health system strengthening and service delivery objectives were only modestly achieved under SWAps**. In this regard, the review points to modest improvements but low coverage of antenatal care and of the national nutrition program as well as very low use of public facilities for curative care of in Bangladesh since the introduction of SWAps. Regarding health system strengthening efforts, the review found that neither a planned *hospital reform* was implemented nor were anticipated partnerships between the MoH and NGOs established under the health SWAp in Bangladesh. Vaillancourt further shows that Ghana´s *vaccination coverage* increased but did not reach national targets and no improvements were reported in contraceptive use. Also in Ghana, planned hospital and institutional reforms were not implemented under the health SWAp, pointing at rather modest impacts of SWAps on health system strengthening efforts. Malawi´s health SWAp maintained high immunization rates but the review shows that Malawi continued to lack health infrastructure. Despite substantial investments of financial and technical support under the health SWAp, no substantial improvements in service delivery or health system strengthening could be achieved. In Tanzania, some improvements were reported in service quality and the policy and technical role of the MoH could be strengthened. Nevertheless, little progress was made in hospital reforms and the collaboration with NGOs.

According to the review, Nepal could strengthen its health information system and achieved an increase in staff in underserved areas. The review further suggests that financing made available under the health SWAp in the Kyrgyz Republic improved access and affordability of health services. While this World Bank review shows *mixed but rather moderate results*, a study on efficiency issues in the Zambian health SWAp published in a peer-reviewed journal, indicates that districts and hospitals were failing to overcome barriers to improved service delivery due to SWAp regulations related to expenditure ceilings (Chansa et al., 2008).

While it has been recognized that decentralization of health system structures and management can contribute to the improvement of accessibility and efficiency of health services, **SWAps were found to have a centralizing tendency** (Land & Hauck, 2004), **which is largely due to the inherent focus on policy, planning and financing at national level** (Shepard & Cabral, 2000).

D Methodology

Pubmed, the Cochrane Library, the Virtual Health Library (Biblioteca Virtual en Salud BVS) and Google Scholar were searched for English language review articles[1] or comprehensive evaluations (if available) published between the years 1998 and 2012, using the following headings and text words:

sector-wide [All Fields] AND approach [All Fields] AND ("health" [MeSH Terms] OR "health" [All Fields]) OR "health sector" AND (aid[All Fields] AND effectiveness [All Fields])

Additionally, reference lists were hand-searched and the Swiss TPH SWAp website was consulted.

E Programs supported by the German Development Cooperation

Direct SWAp involvement: Bangladesh, Cameroon, Kenya, Malawi, Nepal, Rwanda, Tanzania.

F Additional resources

The Swiss Tropical Public Health (TPH) SWAp website http://www.swisstph.ch/about-us/departments/swiss-centre-for-international-health/the-swap-website.html?0=

G References

Baldwin, Brown (2001). Sector wide approaches for health in a changing environment. Seminar Handbook. Inter-agency group on health sector wide approaches for health development. Nairobi.

Boack E, Ndaruhutse S (2011). The impact of sector-wide approaches: where from, where now and where to? CfBT Education Trust.

Boesen N, Dietvorst D(2007). SWAps in motion: sector-wide approaches – from an aid delivery to a sector development perspective. Joint Learning Programme on Sector Wide Approaches.

Cassells A (1997). A guide to sector-wide approaches for health development. WHO. Geneva.

Chansa C, Sundewall J, McIntyre D, Tomson G, Forsberg B (2008). Exploring SWAp´s contribution to the efficient allocation and use of resources in the health sector in Zambia. Health Policy and Planning, 23, 244-251.

Dickinson C (2011). Is aid effectiveness giving us better health results? HLSP Institute. London.

Foster M, Brown A, Norton A, Naschold F (2000). The status of sector-wide approaches. Center for Aid and Public Expenditure. Dublin.

Foster M, Macintosh – Walker S (2001). Sector-wide approaches and poverty reduction. ODI. London.

Garner P, Flores W, Tang S (2000). Sector-wide approaches in developing countries. The aid given must make the most impact. British Medical Journal, 321, 129-130.

Hayman R, Taylor E.M, Crawford,F, Jeffery P, Smith J, Harper I (2011). The impact of aid on maternal and reproductiv health: a systematic review to evaluate the effect of aid on the outcomes of Millennium Development Goal 5. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. http:// www.dfid.gov.uk/R4D/PDF/Outputs/SystematicReviews/Impact_of_aid_2011Hayman.pdf

Hill P (2002). The rhetoric of sector-wide approaches for health development. Social Science & Medicine, 54, 1725 – 1737.

Hutton, Tanner (2004). The sector-wide approach: a blessing for public health? Bulletin of the World Health Organization, 82(12), 893-894.

Jeppsson A (2002). SWAp dynamics in a decentralized context: experiences from Uganda. Social Science & Medicine, 55, 2053-2060.

Land T, Hauck V (2003). Building coherence between sector reforms and decentralizations: do SWAps provide the missing link? ECDPM Discussion Paper 49.

[1] Systematic reviews, systematically approached reviews and review articles

McNee A (2012). Rethinking health sector wide approaches through the lens of aid effectiveness. Development Policy Centre Discussion Paper 14. Australian National University. Canberra.

OECD (2011). Progress and challenges in aid effectiveness: what can we learn from the health sector. OECD.

Riddell A (2003). Synthesis report on recent developments and issues raised by development agencies concerning program based approaches. Forum on Alignment Challenges in PBAs Berlin.

Shepard A, Cabral L (2008). Aid approaches and strategies for reaching the poorest. ODI Working Paper 122.

Skolnik R, Jensen P, Johnson R (2010). Aid without impact. How the World Bank and development partners are failing to improve health through SWAps. ACTION. Washington.

Vaillancourt D (2009). Do health sector-wide approaches achieve results? Emerging evidence and lessons from six countries. IEG Working Paper 2009/4. World Bank. Washington.

Viljanmaa W (2001). Stock-taking for training and capacity building for SWAps. Ministry of Foreign Affairs of Finland. Helsinki.

H Abbreviations, terms

GDC = German Development Cooperation;
IMR = Infant mortality rate;
IS = Intervention Study;
LMIC = Low- and middle income countries;
MMR = Maternal Mortality Rate;
SWAps = Sector-wide approaches;
U5MR = Under 5 mortality rate;
WHO = World Health Organization.

Sector-wide approaches; aid effectiveness; health sector; aid modalities.

Published by
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH
Sitz der Gesellschaft Bonn und Eschborn
'Programme to Foster Innovation,
Learning and Evidence in HIV and Health Programmes
of German Development Cooperation (PROFILE)'
Dag-Hammarskjöld-Weg 1-5
65760 Eschborn, Germany
T +49 61 96 79-0
F +49 61 96 79-11 15
www.giz.de

Division
Education, Health and Social Protection

Authors
Elis Borde, Escola Nacional de Saúde Pública (ENSP/FIOCRUZ), Brazil

Responsible
Stefan Weinmann, Jasmin Dirinpur
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Dag-Hammarskjöld-Weg 1-5 65760 Eschborn, Germany

As at
January 2013

On behalf of
Federal Ministry for Economic Cooperation and Development (BMZ)

Layout
Martina Geisser, Stefan Lorenz, Kulturmarketing

GIZ is responsible for the content of this publication.