Sector-Wide Approaches for health: an introduction to SWAps and their implementation in the Pacific region

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THREE PAPERS ON SECTOR-WIDE APPROACHES IN THE PACIFIC REGION

This is the first of three working papers prepared by Joel Negin on issues related to Sector-Wide Approaches (SWAps) for health in the Pacific region, with examples drawn from Samoa and the Solomon Islands.

The three papers are:


The papers are closely related but address the issue of SWAps in the Pacific region from three different angles. The papers represent initial ideas and a preliminary assessment of the situation in the Pacific region and aim to encourage further discussion in the current debate on aid effectiveness.

The increase in recent years in official development assistance (ODA) for health and the growth in the number of public and private actors within the sector internationally have given rise to a renewed concern about the effectiveness of aid delivery. The role of the SWAp as an effective mechanism in the delivery of ODA has been the subject of considerable discussion.

As donors increase the volume of funds available for health development, set goals and identify targets for desired outcomes, the issue of how best to involve different actors at national and global levels is a challenge. During the last two decades a succession of different approaches has been evident internationally. Reviewing these experiences and drawing out the lessons learned has occupied researchers, both as participants in the process and as observers.

Little has been documented, however, about SWAp processes as they have been applied in the Pacific region. Many of the Pacific Island Countries (PICs) are remote, have small populations with a low average age, are aid-dependent and are facing increasing health problems. It is important, therefore, to understand more fully how the myriad of issues surrounding aid effectiveness are unfolding in the region.

These three papers contribute to that understanding. The first reviews some of the international literature on SWAps for health and their introduction in the Pacific region and raises preliminary ideas on the main issues that contribute to their effectiveness. The second paper reviews the SWAp processes used in two countries, Samoa and the Solomon Islands. The third offers some preliminary thoughts about the SWAp process based on the lessons learned from the two previous papers.
INTRODUCTION

The Sector-Wide Approach (SWAp) emerged as a means for improving the effectiveness of aid delivery in health and other sectors more than 20 years ago. Fundamental to the SWAp is the recognised need for increased coordination of donor funding and development programs and their harmonisation with partner country national health objectives, which should be led and owned by developing countries. SWAps have increasingly been implemented across the Pacific, yet there has been limited analysis of SWAp development in the region.

The purpose of this paper is to provide a historical overview of the emergence of SWAps globally and in the Pacific. The paper aims to clarify the definition of SWAps and to outline experiences of how SWAps in the health sector have been implemented globally. Lastly, the paper examines how Pacific island countries and donors began to endorse SWAps as a new and improved way for working in the health sector in the Pacific.

Based on this introduction to SWAps and definition of key concepts, a second paper has been developed exploring the establishment and development of health SWAps in Samoa and the Solomon Islands (see Negin 2010a). It examines how SWAps emerged and the policy processes that formulated the SWAp emergence, and provides case studies of early experiences in establishing the approach in the region.

A third paper (see Negin 2010b) pulls together the lessons that emerge from the Samoa and Solomon Islands SWAp case studies. It explores both specific issues regarding SWAp success in the region and wider lessons regarding how health policy has been developed in the Pacific. Issues of relationships between actors, the influence of development jargon and imposition of ideas are explored. The paper further examines the SWAps in Samoa and the Solomon Islands against the Pacific Aid Effectiveness Principles.

This paper was developed through a review of academic literature and bilateral and multilateral agency reports. Searches were conducted through PubMed and Google Scholar as well as through the grey literature. To supplement the literature review, telephone and face-to-face interviews were conducted with representatives of government agencies, multilateral organisations, donor agencies, academic institutions and experienced health consultants to the region. The interviews used a semi-structured questionnaire and lasted approximately one hour; they emphasised the origin of SWAps and how they emerged in the Pacific region. Ethics approval was received through the University of Sydney.

THE SECTOR-WIDE APPROACH—AN EVOLVING PROCESS

Aid coordination became an increasingly important issue in the late 1980s as both the volume and diversity of donor agencies in the health sector increased—escalating ‘complexity, confusion, and the potential for conflict’ (Buse and Walt 1996: 175). By the 1990s, the ‘piecemeal pursuit of separately financed projects’ was falling out of favour with the international development community (Cassels 1997: ix) and a ‘determined recognition exist[ed] among both donors and recipient governments that multiple external resources to the health sector need[ed] to be coordinated for effective health system development’ (Buse and Walt 1997: 461).

There were numerous problems with the traditional, project-based approach: its ‘fragmented nature’ distorted the allocation of resources (Cassels and Janovsky 1997: 1073); governments and donors alike expressed frustration with its ineffectiveness (Sundewall and Sahlin-Andersson 2006); broad-based sectoral policies and priorities were scarce (Cassels 1997); local ownership and commitment were often insufficient, leading to poor implementation (Harrold 1995; Walt et al 1999); government capacity was being weakened by the creation of donor finance project units (Harrold 1995); projects were too often unsustainable (Jeppson 2002); and ‘the multiplicity of projects overburden[ed] the recipient ministry’s capability to effectively manage them and ultimately [led] to institutional destruction’ (Buse and Walt 1996: 175).

Ultimately, the traditional approach was leaving both donors and partner governments with growing concerns about inefficient use of resources, including through the setting up of parallel systems, the requirement for separate project design, monitoring and reporting arrangements and the multiple demands this placed on

1 The term ‘partner government’ is preferred to ‘recipient’ in accordance with current thinking on aid effectiveness. The term ‘recipient’ is, however, maintained in quotations because it reflects the common terminology used during the initial development of SWAps.
governments. In some circumstances, donors reported feeling that they were ‘being played off each other’ and partner governments felt that ‘donors sometimes made contradictory demands’ (Buse and Walt 1996: 176). This is not to say that there had been no success but rather that the development benefits from projects were not broad-based and therefore had limited impact and minimal long-term results.

As evidence mounted that the project-based approach was not achieving the sought-after higher level goals (World Bank 1992), it became clear that alignment, harmonisation, coherence and integration of aid were critical. In 1995, the World Bank published The broad sector approach to investment lending, calling for ‘all projects to be viewed within their full sector framework’ (Harrold 1995: 3), thus beginning the ‘shift from project to sector aid’ (Buse and Walt 1997: 451). This document would be refined in 1997 at a meeting of bilateral and multilateral donor agencies sponsored partly by the World Bank. The results of this meeting and subsequent consultations were published in Cassel’s A guide to sector-wide approaches for health development (1997).

SWAps became an increasingly popular tool of donor agencies as part of their assistance to developing countries. By the mid-1990s, Garner, Flores et al (2000) asserted that the World Bank now regards them as integral to its strategy in Africa. Countries that have designed and implemented SWAps (or SWAp-like arrangements) at various times include Rwanda, Mozambique, Cambodia, Zambia, Tanzania, Ghana, Uganda, Bangladesh and Pakistan.

Buse and Walt (1997:453) define health sector donor coordination as:

any activity or set of activities, formal or non-formal, at any level, undertaken by recipients in conjunction with donors, individually or collectively, which ensures that external inputs to the health sector enable the health system to function more effectively, and in accordance with local priorities, over time.

SWAps were one of the first manifestations of a larger global effort to achieve better coordination and alignment with national government plans and priorities in health. The momentum for the development and implementation of SWAps picked up speed in the first years of the new millennium with the 2003 Rome Declaration on Harmonisation (Rome High Level Forum 2003) and in the 2005 Paris Declaration on Aid Effectiveness. These declarations represented a global commitment to enhance the effectiveness of aid by increasing the alignment of aid with partner countries’ priorities, systems and procedures (OECD 2008). The goal was to create a partnership in which developing countries would own and lead their development. This was further affirmed in the creation of the International Health Partnership in September 2007, which has been described as a process that will result in ‘SWAps with teeth’ that will be supported by more donors (Conway, Harmer et al 2008), and the broader Accra Agenda for Action of September 2008, which outlined a global commitment to make aid more effective through the harmonisation of aid delivery (OECD 2008).

KEY COMPONENTS OF THE SECTOR-WIDE APPROACH

There has been a great deal of contestation over the definition of the SWAp. The term is used increasingly in a broad manner, with the emphasis on governments and development partners working in a whole-of-sector manner to support one agreed health plan and related monitoring and evaluation framework, in order to maximise the use of all resources. However, for some, a SWAp is predominantly about financial management and pooled funding arrangements. According to Walt, Pavignani et al (1999: 273), a SWAp ‘provides a broad framework within which all resources in the health sector are coordinated in a coherent and well-managed way, in partnership, with recipients in the lead’. While there is general agreement with this view, the importance and centrality of various components of a SWAp are widely contested in the literature and in the field—particularly the pooling of all funds into a common account. Additionally, the way the approach has been understood has changed over time in line with newer thinking on aid effectiveness (OECD 2008). There are, however, a number of generally agreed components of a SWAp.

Some of the key components of SWAps, which were identified through a review of documents and key informant interviews, are suggested in Box 1. This is offered as a framework for the analysis of SWAp experiences and an understanding of the main conceptual elements of the Sector-Wide Approach. The significance of each of these elements is discussed in the following sections.
Box 1. Some Key Components of the Sector-Wide Approach

- Agreed health sector plan
- Ownership by partner government
- Partnership between all or most donors and governments
- Increased funding availability and longer term commitments
- Efforts to streamline funding arrangements
- Institutional capacity and good governance
- Stability of donor and partner government personnel

Source: The author, based on literature review and key informant interviews.

Agreed Health Sector Plan

SWAps are designed to prioritise national health plans over the various proposals of individual donors (OECD 2006). Such national plans are expected to address the whole sector and be designed through a consultative process. Hutton and Tanner (2004) note that, under a SWAp, recipient governments and donors only fund activities in the national health sector plan. Therefore, the agreed national plan must be evidence-based and developed through collaborative mechanisms involving a wide range of stakeholders in order to be complete, authoritative and effective.

Ownership by Partner Government

Many commentators highlight country ownership and leadership as critical for SWAp success. While there is general agreement on this, it has been noted that even in situations without country ownership, there is a strong case for development partners working together in a more coherent and integrated way in the health sector in order to maximise the external resources available. That said, country ownership is the ideal, and SWAps often put governments in the lead position by insisting on local ownership and management of the entire process (Harrold 1995). In fact, SWAps envisage a different and expanded role for MoHs (Walt, Pavignani et al 1999), and they explicitly mandate the ministry of health with the leadership (Hutton and Tanner 2004). Foster and Fozzard (2000) note that ownership is strongest where Government feels itself to be in command of the process while donors attempting to lead too strongly frequently get nowhere and so there needs to be at least a core of influential officials who share relevant donor perspectives, while understanding the political and administrative steps needed to secure effective commitment.

Robust government engagement, while sometimes more difficult than passive agreement, provides evidence of a serious intention to implement what has been agreed (Foster and Fozzard 2000).

Such high levels of government ownership are needed to change the relationship between the government and donor agencies because SWAps involve a fundamental ‘shift in power as recipients direct and manage donor inputs rather than the reverse’ (Cassels and Janovsky 1997: 1074). For donors, this means relinquishing the role of direct project planning, implementation and supervision. Importantly, SWAps require that ‘donors provide recipient authorities with the space and time to think, experiment, fail and try again, and that recipients are able and willing to assume this risky challenge’ (Walt et al 1999: 280). Another significant challenge for SWAps has been the difficulty of ‘using national systems for procurement, accounting, and auditing’ due to weak existing government systems in many countries (Peters and Chao 1998: 183).

Partnerships between Donors and Governments and among Donors

The purpose of SWAps is not merely to harmonise donor procedures in the name of efficiency, but also to develop mechanisms for collaboration and dialogue (OECD 2006). This has been recognised by many decision makers in the Pacific (see Negin 2010a, 2010b).

To maximise the benefits of a SWAp, ideally all or most donors should be involved in the process. An important component of this partnership is the development of formalised processes to ensure coordination and policy dialogue. Partnerships and harmonisation do not occur by themselves but need to be facilitated through joint missions, sector reviews, periodic meetings with scope for real discussion and other mechanisms for enhanced dialogue.
Another critical component is transparency and honesty. SWAps require a certain degree of risk-taking, openness to new ways of thinking and acting (on the part of both donors and governments) and appropriate forums for honest dialogue. This component, while sounding simple, has been an obstacle in some cases. Walt, Pavignani et al (1999) note that, in many situations, donors appear keen to preserve their autonomy, their visibility and their agendas rather than working in harmony for the sake of the country.

**Increased Funding Availability and Longer Term Commitments**

Another important component of SWAps is the increased donor and government funding that has often accompanied their implementation, as well as the longer term commitment of that funding compared to the duration of previous project-based models (Peters and Chao 1998). A critical element of the increased funding is that it generally does not come specifically earmarked for certain projects but rather is provided to support government priorities as identified in the sector plan.

**Efforts to Streamline Funding Arrangements**

In the original development of SWAps, some commentators emphasised pooled funding as the most important component. These actors saw SWAps as a method of aid delivery in which multiple donor agencies pool funds—instead of each managing their own agency-specific projects—to develop an entire sector over the long term. This perspective was typified by Cassels and Janovsky (1997), who state that the aim of pooled funding is that all donor funds should be channelled, with government resources, into a consolidated fund, preferably through the national treasury system, and without earmarking. An important component of pooled funding, in line with the Paris Declaration, is the use of national government systems for financial management, procurement and the channelling of funds. This objective emphasises the goal of strengthening a country’s own systems and building the capacity of national staff to use them and refine them over time.

However, for many, the rapidly emerging emphasis is more on streamlining funding and, where possible, moving to pooled funding approaches. This recognises that developing integrated approaches to development assistance under a national health plan is more important that a development partner’s ability to put funds into a shared pool. Development partners unable to contribute to pooled funds can still support a streamlined approach to budget allocations by providing clear and timely information on what funding or other resources (e.g. technical assistance for specific items) are available to support national plan priorities and how this assistance can be accessed.

**Institutional Capacity and Good Governance**

Sufficient government institutional capacity is regarded as important for developing an effective SWAp. Pavignani and Durao (1999: 249) asserted that ‘ambitious programmes should be postponed until capacity building and public sector reform make the MoH more capable of managing them’. Strong governance systems are also critical to SWAp success: ‘enhanced transparency and accountability were among the objectives for the development of common procedures and basket funds … They are seen as key prerequisites for a SWAp’ (Lake and Musumali 1999: 260). There is also, however, a strong argument for encouraging SWAp and whole-sector approaches in fragile and post-conflict states that do not have strong institutional capacity, in order to develop harmonised approaches to strengthening governance mechanisms (Vergeer, Canavan et al 2009).

**Stability of Donor and Partner Government Personnel**

There is an acknowledged need for stability of personnel throughout the SWAp development and implementation. Given the complexity of SWAps, a rapid turnover of politicians, civil servants and donor representatives severely undermines the strong relationships needed for a SWAp to be successful. Pavignani and Durao (1999: 251) write that ‘coordination is a slow process, involving many partners and built on mutual confidence. The stability of key players is, therefore, crucial to success’. Lake and Musumali (1999: 261) concur, noting that ‘perhaps one of the most critical factors in strengthening the management of external resources has been the continuity provided by relative stability among key actors’.

This list of components is offered as a guide for further analysis of SWAp experiences. In practice, understanding of the SWAp process can vary widely among practitioners. In the Solomon Islands, for example,
practitioners have displayed a wide range of differences in their understanding of the key elements and main features of the SWAp process (see Negin 2010a, 2010b). Some practitioners regard SWAps as a defined development tool, while others see them more as a general process of engagement.

Among the interviewees, some lamented the focus SWAps put on donor behaviour rather than on health sector performance. Instead of seeing SWAps as supporting service delivery and achieving health outcomes, many put the emphasis on procedures and systems. Foresti, Booth et al (2006) have warned that an overly technocratic focus on financial and budgetary processes may lead to the exclusion of key actors with important roles in service delivery. Similarly, Boesen and Dietvorst (2007) note that the focus on SWAps risks confusing the means with the ends.

Some commentators argue that, where effective SWAps are in place, they can lead to: ‘increased health sector coordination, stronger national leadership and ownership, strengthened countrywide management and delivery systems’ (Hutton and Tanner 2004: 893); money being ‘spent on priorities set by the country, not external agencies’ (Garner et al 2000: 129-130); aid being ‘more efficiently managed through the country’s existing structures, with only one set of monitoring and accounting mechanisms’ (Garner et al 2000: 129-130); ‘reduced duplication, lower transaction costs, increased equity and sustainability, and improved aid effectiveness and health sector efficiency’ (Hutton and Tanner 2004: 893).

**SWAP EXPERIENCES IN DIFFERENT COUNTRIES**

While many donors are embracing SWAps as a preferred way of providing development assistance, there is not strong evidence in the literature that the approach is well implemented or effective. A PubMed search for Sector-Wide Approaches revealed fewer than 30 articles, of which very few could be considered reviews or evaluations. Overall, there neither exists a great deal of evidence for the efficacy of SWAps nor has there been adequate analysis of the establishment and development of SWAps in peer review journals or other documentation.

Jeppsson (2002: 2060) argues that ‘there is a need to scrutinize the substantive content and consequences of the process in light of ultimate development goals’. Sundewall and Sahlin-Andersson (2006:286) assert: ‘... at least in the short run, the introduction [of SWAps] has not meant fundamental shifts in the approach to development among partners or recipient governments’ and ‘much of the administrative structures ... and the mix of development programs are still very much formed in line with a project focused approach’.

Some commentators have noted that, while SWAps ‘seem to reflect a more mature relationship between governments and development agencies’ (Garner, Flores et al 2000: 130), the ‘evidence is generally mixed from health sectors that have embarked on a SWAp’ (Hutton and Tanner 2004: 893). This is partly because ‘each country’s context is unique, its history determines its legacy, which in turn influences systems of government and people’s attitudes and behaviour, including that of donors, to resource management’ (Walt, Pavignani et al 1999: 274).

In Bangladesh, for example, donors supporting the health SWAp still maintained much of the leadership. Buse (1999: 219) explains that donors there were reluctant to relinquish control over the management and coordination of aid while perceiving ‘weak government capacity, inadequate accountability and compromised integrity’. Buse also notes that aid coordination has a markedly political dimension’ that renders donors hesitant to devolve the ‘power, influence and leverage which aid coordination confers.

On the contrary, Zambia—which embraced reforms wholeheartedly, and enjoyed positive relations with donors in the 1990s (Walt, Pavignani et al 1999)—has had an encouraging experience with SWAp development and implementation. Zambia rebuilt and reoriented its health services amid ever increasing collaboration in the 1990s. Yet despite Zambia’s success, Chansa et al (2008: 245) explain that the Zambian SWAp was ‘challenged by an increasing amount of funds that [were] available only for disease-specific efforts, especially HIV/AIDS’. Chansa et al (2008: 247) lament:

much of the funding through disease-specific initiatives is not channelled through the common SWAp basket. In some cases, these initiatives also use separate reporting and accounting systems. Because of
this, the discussion about project approaches and vertical programmes and their assumed inefficiencies has resurfaced [and the] use of separate systems has led to increased transaction costs and duplication of activities.

One of the main challenges facing SWAps is the difficulty of evaluating such a broad, multifaceted, long-term approach. Garner, Flores et al (2000) lamented that there was no established method for evaluating a SWAp and that efforts to do so were often carried out by involved parties rather than independent bodies. Hutton and Tanner (2004: 893) went further, stating that evaluation of a SWAp is impossible:

if development partners are to continue supporting SWAps there has to be a point where tangible benefits to population health can be demonstrated. Unfortunately, no such standard exists, nor is one possible. The starting conditions and the evolutionary path of SWAps have been so varied in different contexts that it is impossible to say what health impacts should be expected and when, particularly in view of fluctuation in health indicators.

This may explain, in part, why Zambia’s SWAp remained ‘largely unevaluated’ almost 15 years into its existence (Chansa, Sundewall et al 2008: 244).

DONOR HARMONISATION IN THE PACIFIC

Following the Rome Declaration on Harmonisation and the adoption of the Paris Declaration, a number of donors working in the Pacific region began to ask why, despite the apparent preference for it, project-based development assistance had not achieved the desired objectives. A joint 2001 Australia and New Zealand report on harmonising donor policies and practices in the Pacific region highlights some of the rationale for greater collaboration between donors: ‘harmonisation is an issue that needs to be considered in the Pacific context because the small island states of the Pacific have limited management and technical resources’ (AusAID and NZAID 2001: 5).

Interestingly, the very presence of donor agencies contributes to the perpetuation of limited managerial capacity because ‘one of the greatest impediments to partner governments playing a greater role in aid coordination [in the Pacific] is the onerous and often divergent administrative procedures and the numerous visiting missions that they must accommodate’ (AusAID and NZAID 2001: 4). Furthermore, ‘Pacific island countries have consistently noted that aid programs tend to be driven by donors but many [Pacific governments] have been slow to take the lead in relation to policies, priorities and procedures for coordinating and managing aid’ (AusAID and NZAID 2001: 15).

AusAID’s 2006 policy for development assistance in health heralded the adoption of SWAps as a core platform for aid delivery, asserting that Australia would seek to complement and, where feasible, directly engage with other donors, and, where practicable, provide support through a sector program or sector-wide approach. The document highlights the issues of alignment and harmonisation and emphasises outcomes and impacts over process (AusAID 2006a). Subsequently, AusAID established an Office for Development Effectiveness (AusAID 2009a).

Similarly, NZAID has moved towards the use of SWAps to improve the effectiveness of development aid and has committed to program-based approaches in line with its commitment to the Paris Declaration (New Zealand Ministry of Foreign Affairs and Trade 2009; World Bank 2008). The World Bank’s Pacific Regional Engagement Framework for 2006-09 ‘highlights the importance of improving the effectiveness of public expenditure in the social sectors through strategic partnerships with key development partners’ (World Bank 2008).

Martiniuk, Millar et al (2008: 288) write:

the presence of these multiple aid/donor groups highlights the need for strong collaboration. As the number of donors and externally funded programs in lower- and middle-income countries proliferates, this often leads to overlap, fragmentation, and gaps in services due to a variety of actors working in isolation, each with its own mandates.
Box 2. Pacific Aid Effectiveness Principles

| Principle 1: | Country leadership and ownership of development through an accountable and transparent national development planning and financial management system/mechanism which is adequately resourced from the national budget—including longer term operation and maintenance of donor-sponsored development. |
| Principle 2: | Multi-year commitments by development partners and countries aligned with nationally identified priorities as articulated in national sustainable development strategies, or the like, with agreement on performance indicators and monitoring and evaluation mechanisms. |
| Principle 3: | Greater Pacific region ownership of regional development, development partners’ Pacific regional strategies designed and formulated with the Pacific Plan and other regional policies as their cornerstone. |
| Principle 4: | Pacific region development partners and countries pursue a coordinated approach in the delivery of assistance. Encouraging harmonisation will be a priority for both. |
| Principle 5: | Strengthened institutional mechanisms and capacity in countries to enable increased use of local systems by development partners. |
| Principle 6: | (i) Provision of technical assistance, including in aid coordination/management, in a way that ensures that capacity is built with tangible benefits to the country to support national ownership. Provision of an appropriate level of counterpart resources through established procedures and mechanisms. (ii) Short term TA that addresses local skills gaps to conduct studies and is culturally sensitive. |
| Principle 7: | Use of an agreed monitoring and evaluation framework that will ensure joint assessments of the implementation of agreed commitments on aid effectiveness. |

While this emerging donor commitment to greater aid effectiveness and the desire for a new model of aid delivery opened the door for SWAps, Pacific Islanders at the same time realised that greater harmonisation was required in order to achieve development goals. This was especially important given limited capacity to manage donors and projects in the smaller island states. Nine Pacific Island Countries, including Samoa and the Solomon Islands, endorsed the Paris Declaration.

Following this, the Pacific Islands Forum Secretariat developed a set of localised principles based on the Paris Declaration that reflected Pacific goals, challenges and ideals. The Pacific Aid Effectiveness Principles were endorsed at a regional meeting in Palau in July 2007. They are summarised in Box 2.

Since the endorsement of these principles, development partners in the region have started to work towards their achievement. For example, various UN agencies have been developing harmonised and collaborative cross-agency plans based on the Pacific Plan, Regional Strategies and National Development Strategies of the 14 Pacific Island Countries developed through extensive nationally led consultations with countries (UN 2007). Additionally, in 2008, the Secretariat of the Pacific Community (SPC) and WHO started to introduce the vision of “two organizations, one team and twenty-two beneficiary island countries and territories” to signify a commitment to greater harmonisation and collaboration (WHO and SPC 2009). While initially developed to support a single program focused on non-communicable disease, this model of collaboration—now being called ‘2-1-22’—is being thought of by some as a broader concept seeking innovative ways in which to maximize the combined impact and outcomes in health gains accruing to the common and collective membership of the two organizations (WHO and SPC 2009).

The Pacific Aid Effectiveness Principles are very much in line with the goals of SWAps, and efforts to achieve them will assist in implementing and managing SWAps. The emphasis on country ownership, donor alignment and harmonisation with government planning and budget cycles, use of local systems and multi-year commitments all match SWAp guidelines perfectly and, in this way, SWAps can be seen as an extension of the principles and an integral part of development effectiveness in the region.

CONCLUSION

Reflecting the increasing international focus on aid and broader development effectiveness over the past decade, and the related global and regional commitments, SWAps have become a significant policy option in the Pacific. Many donor organisations, including the World Bank, AusAID, NZAID and the European Union, have taken up the SWAp banner and are now involved in the establishment and early phases of SWAp
implementation in health and/or education. AusAID (2006b) endorsed SWAps as a principal health sector objective, stating that its goal was to move from the current project-based approach to a new sector-wide multi-donor approach in partnership with the World Bank. A recent AusAID document (AusAID 2009b) notes that the agency is working towards SWAps throughout at least Melanesia, with preparatory steps under way for a health SWAp in Vanuatu; it also states that AusAID recognises that government is the key to building sustainable health services and that it is both possible and necessary to work within Government policies and institutions.

The challenges facing SWAp arrangements in the Pacific region have been clearly acknowledged by donor partners. AusAID (2006b) noted that aligning with partner government systems in countries where the structures and capacity are still very weak is a significant challenge to the Australian aid program and that policy, strategic and administrative frameworks and procedures for implementing this SWAp are complex and their development represents a major achievement.

Despite these challenges, the push for greater harmonisation and aid effectiveness remains at the top of the policy agenda. As General Tuiloma Neroni Slade, the Secretary of the Secretariat of the Pacific Islands Forum, stated in April 2009 (Pacific Islands Forum Secretariat 2009), the Pacific Island Countries aimed, through aid effectiveness efforts, to lay the foundation for engagement with donors within a framework of Forum Leader-endorsed regional development priorities and argued that, if donors centred their assistance on the common national development needs of member countries, then a mechanism that improved development effectiveness would have been established.
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