



# A guide to WHO's role in sector-wide approaches to health development



**World Health  
Organization**

Department of Country Focus  
Department of Health Policy, Development and Services

## List of abbreviations

ADG	Assistant Director General
CCA	Common Country Assessment
CCS	Country Cooperation Strategy
CSU	Country Support Unit
DAC	OECD Development Co-operation Directorate
DANIDA	Danish International Development Agency
DFID	Department for International Development
DHS	Demographic and Health Surveys
ECOSOC	Economic and Social Council
EPI	Expanded Programme on Immunization
EU	European Union
GER	WHO Department of Governing Bodies & External Relations
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GHPs	Global Health Partnerships
GMG	General Management Cluster
GPE	Evidence for Health Policy
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HDS	Department of Health Policy, Development and Services
IAPSO	Inter-Agency Procurement Services Office
JAS	Joint Assistance Strategy
LEG	WHO Legal Department
LO	Liaison Officer
MDGs	Millennium Development Goals
MISC	Multi-System & Internet Security Cookbook
MoH	Ministry of Health
MoU	Memoranda of Understanding
MTEF	Medium-term Expenditure Framework
NHDP	National Health Development Plan
NGOs	Non-Governmental Organizations
OECD	Organization for Economic Co-operation and Development
PAF	Performance Assessment Framework
PRP	WHO Department of Planning, Resource Coordination and Performance Monitoring
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Papers
PSC	Programme Support Cost
RBM	Results Based Management System
SDE	Sustainable Development and Healthy Environments Cluster
UNI	Office of Coordination with the United Nations & other Inter-Governmental Agencies
SWAps	Sector-wide approaches
TB	Tuberculosis
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WB	World Bank
WCO	WHO Country Office
WHA	World Health Assembly
WHO	World Health Organization
WR	WHO Representative

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# Table of contents

Purpose of this document	2
<b>Background</b>	
• SWAps in the time of harmonization and alignment	3
• Definitions and key components	4
• Prevalence of SWAps	5
<b>Issues arising from the internal WHO consultation</b>	
• Engaging in health sector policy dialogue	7
• Subsectoral approaches	7
• SWAps and health sector reform	7
• Working across sectors	8
• Working with partners	8
• Improving the effectiveness of development assistance	10
• Involvement of civil society and nongovernmental organizations	11
<b>Summary of WHO's role in the SWAp process</b>	
• Being clear on WHO's role at country level	12
• Four roles for WHO	12
• WHO's role in the different phases	13
<b>Implications for WHO</b>	
• Ability of WHO country teams to engage	14
• Working within the UN Country Team	14
• WHO rules and procedures	14
<b>Conclusions and recommendations</b>	
• WHO must engage	16
• WHO will improve its capabilities for engaging in SWAps	16
• WHO will work in a SWAp as a member of the UN Country Team	17
Annex 1 Illustration of WHO involvement in the different phases of a SWAp	19
Annex 2 Frequently asked questions about SWAps	22
Annex 3 Summary guidance on programme support costs	23
Annex 4 Key resources: web sites and contacts	24

## **Purpose of this document**

The aim of this paper is to promote a common understanding of the role of WHO Country Offices in sector-wide approaches (SWAps) in health development, and to emphasize the importance of WHO's engagement. SWAps are frequently used to improve international development assistance for Member States to speed up the attainment of the Millennium Development Goals (MDGs) and national development objectives. WHO as an organization has not so far developed any internal policy or guidance about how country teams should engage with SWAps. It is clear from the discussions and questions raised at the Third Global Meeting of WHO Representatives and Liaison Officers in November 2003, and other forums, that such guidance is required.

# Background

## SWApS in the time of harmonization and alignment

The development of a WHO position on SWApS is timely for the following reasons.

- SWApS are an important element of the international effort to harmonize and align development assistance around national policies and strategies (the so-called Rome Agenda<sup>1</sup>, see Box 1) aimed at the achievement of the MDGs. This has recently been formalized in the Paris Declaration,<sup>2</sup> which is linked to an internationally agreed action plan and targets. The Organisation for Economic Co-operation and Development/Development Co-operation Directorate (OECD/DAC) has been working on good practice papers for donors.<sup>3</sup> Several other UN agencies are reviewing their policies with regard to SWApS (the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) in particular). In addition, a working group of the United Nations Development Group (UNDG), of which WHO is co-chair, recently developed a common position among UN agencies prior to the meeting of the High Level Forum on Harmonization which took place in March 2005.<sup>4</sup>
- SWApS came into being during the mid-1990s as a result of a general discontent among partners with the ineffectiveness of project-based development assistance, and concern among governments about the tendency of such projects to cause fragmentation of efforts and a heavy managerial burden. Since an early stage WHO has made a significant contribution at a conceptual level to the basic ideas underpinning SWApS.<sup>5</sup> For several years WHO provided the secretariat to the Inter-Agency Group on Sector-wide approaches and Development Cooperation, a small informal group of experienced senior technical people from international development agencies. In 1999, the group commissioned a study to review experience with SWApS to date.<sup>6</sup> At country level, several WHO country teams have been engaged in the development and implementation of sector programmes in different parts of the world. A SWAp is not indicated in every situation, and cannot be guaranteed to lead to successful outcomes; however, it is now generally accepted that the greater the financial dependency of Member States on external aid, the stronger the case for developing a SWAp.
- The 58th Session of the World Health Assembly (WHA) discussed the United Nations reform process and WHO's role in the harmonization of operational development activities at country level; it passed a resolution calling for greater alignment and harmonization with partners to improve health outcomes, and for regular reports on progress<sup>7</sup>.

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1. More information on the Rome agenda, subsequent follow-up meetings on aid effectiveness and the work of the DAC, UNDG etc. is available at: <http://www.aidharmonization.org/>

2. The full text of the Paris Declaration is available at [www.aidharmonisation.org](http://www.aidharmonisation.org)

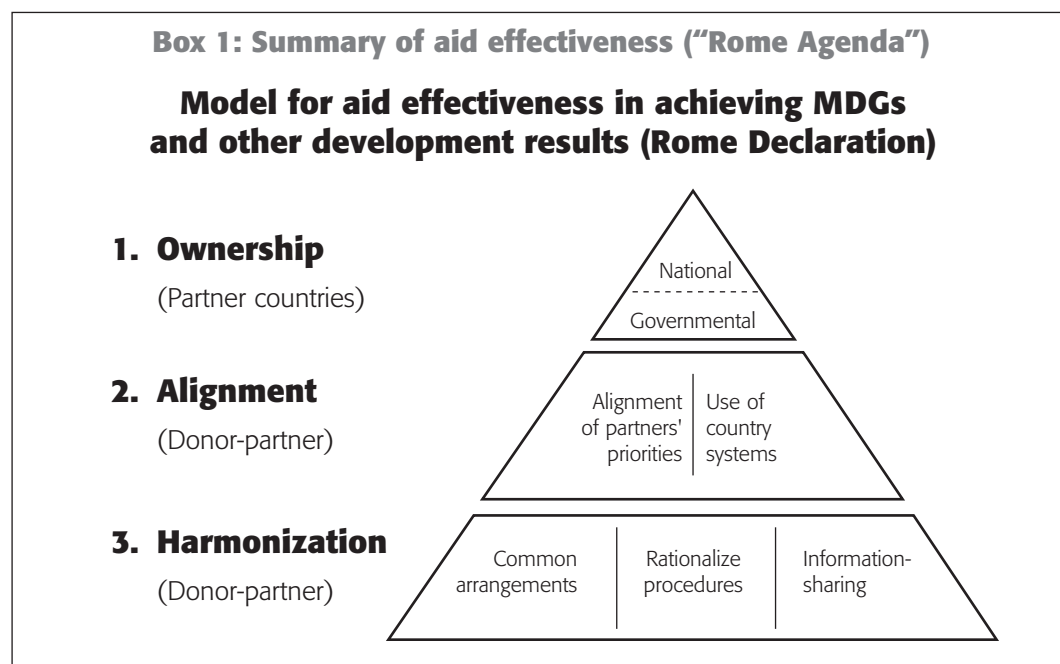
3. For previous guidance see: <http://www.oecd.org/dataoecd/0/48/20896122.pdf>

4. The role of the UN system in a changing aid environment: sector support and sector programmes. The paper can be downloaded from the UNDG web site: [http://www.undg.org/documents/5574-UNDG\\_position\\_on\\_sector\\_support.pdf](http://www.undg.org/documents/5574-UNDG_position_on_sector_support.pdf)

5. This included the production supported by the Danish International Development Agency (DANIDA), Department for International Development (DFID), European Union (EU) and WHO of "Cassels A. A Guide to sector wide approaches for health development. Geneva, World Health Organization, 1997."

6. Foster M. et al. Sector-wide approaches for health development. A review of experience. Geneva, World Health Organization, 2000 (WHO/GPE/00.1).

7. WHA 58.25 United Nations reform process and WHO's role in harmonization of operational development activities at country level.



## Definitions and key components

The SWAp characterizes a method for government and donors to work together. In reality, few SWAps include all sectoral activities and expenditures, and none include all development partners. Often they start with a restricted scope, such as primary-level services or development expenditures only, and expand over time. Although there is no definitive definition of a SWAp, a commonly accepted one is that:

*all significant funding for the sector supports a single sector policy and expenditure programme, under government leadership, adopting common approaches across the sector, and progressing towards relying on government procedures to disburse and account for all funds.<sup>8</sup>*

However, the above definition implies that a health SWAp is merely about the pooling of funds when in reality it is also linked to dialogue on health sector priorities and on mechanisms for technical support, capacity building, and monitoring and evaluation. It is an “approach”, not a programme, and governments should see a SWAp as a way to align national and international support to the strengthening of their health system. Definitions such as that quoted above have their uses, but it is more important for relevant stakeholders to agree on an operational definition of the SWAp, which can be changed or updated with every programme cycle, taking into account local context and relevant levels of the health system; it should also clarify the boundaries of what is being supported and the funding arrangements. A useful way of understanding SWAps is to identify a generic set of common components.<sup>9</sup> These can be summarized as follows:

- a clear **sector policy and strategy**;
- a formalized **government-led process** for donor coordination at the sector level, common governance and management arrangements for the partners engaged in the SWAp;
- a sectoral **medium-term expenditure programme** and annual budget that clarifies the expected level of available internal and external resources and how these resources will be used in pursuit of sector policy;

8. Foster M. et al. Sector-wide approaches for health development. A review of experience. Geneva, World Health Organization, 2000 (WHO/GPE/00.1).

9. See Guidelines for European Commission support to sector programmes. European Commission, 2003.

- a **performance-monitoring system** that measures progress towards the achievement of policy objectives and results;
- an effective **funding mechanism** that provides flexible and predictable funds for supporting sector policies;
- an agreed process for moving towards **harmonized systems** for reporting, budgeting, financial management and procurement;
- a broad **consultation mechanism** that involves all stakeholders and is linked to a comprehensive communications strategy.

Some terms that are closely related to the dialogue on SWAps are defined below:

- *Budget support*: support to national budget through the ministry of finance and using government systems. This can be general budget support, where funds are not earmarked, or sector budget support, where funds are earmarked for a specific sector.
- *Pooled ("basket") funding*: an arrangement whereby donors pool funding for specific purposes such as medicine and support to provinces or districts. The management set-up is ad hoc and is normally done jointly with the ministry of health, although in some cases the management responsibility lies with one donor.
- *Project support*: support for a specific project or programme with an ad hoc management arrangement, either through a parallel system or using the government system.

### Prevalence of SWAps

In 2004, an analysis of the current status of health SWAps in countries with poverty reduction strategy papers (PRSP) was carried out for the High Level Forum on Health MDGs. This analysis showed that there are very few well-developed SWAps, and that only nine countries had a "mature" or "intermediate" SWAp. However, many other countries are interested, and 28 had SWAps in the early stages.<sup>10</sup> The categories used in this analysis are shown in Table 1 (next page).

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10. An analysis of the current status of health sector wide approaches in PRSP countries: Paper for the High Level Forum. Institute for Health Sector Development, 2005.

**Table 1: Summary of SWAp country categories and characteristics**

Source: Institute for Health Sector Development, 2005

<b>Category</b>	<b>Characteristics</b>	<b>Challenges</b>
SWAp not under consideration	<ul style="list-style-type: none"> <li>Limited government reform and leadership in sector</li> <li>Weak civil society</li> <li>Limited "donor presence"</li> <li>Health sector requires vertical interventions/resourcing to improve service delivery in the short term, e.g. Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM)</li> </ul>	<ul style="list-style-type: none"> <li>Government ownership</li> <li>Government capacity</li> <li>Political instability</li> </ul>
Preliminary (informal) SWAp discussions	<ul style="list-style-type: none"> <li>Significant donor/international agency presence but with limited coordination</li> <li>Donors and technicians recognize need for improved sector coordination, often characterized by donor "push" and external technical assistance and design of SWAp components</li> <li>Can be initial through to advanced discussions between government and donors (often one to two donors take a lead)</li> <li>Stagnation and loss of momentum may occur between discussion, design and implementation which can take a number of years</li> </ul>	<ul style="list-style-type: none"> <li>Government capacity</li> <li>Political instability</li> <li>Willingness of government, donors and international agencies to adopt principles and take SWAp forward</li> </ul>
Early SWAp	<ul style="list-style-type: none"> <li>Formal recognition by government and partners</li> <li>Increased momentum</li> <li>Government "pull" emerging but still strong donor "push"</li> <li>SWAp components addressed on paper but not in practice e.g. Sector Policy developed but poor planning, resourcing and coordination</li> <li>No pooled funding arrangements in place</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in resources going to successful vertical programmes</li> <li>Government capacity</li> <li>Political instability</li> </ul>
Intermediate SWAp	<ul style="list-style-type: none"> <li>One cycle/one review</li> <li>Further systems development and harmonization required</li> <li>Donor coordination, monitoring and evaluation mechanisms in place but require refining</li> <li>Some pooled funding</li> </ul>	<ul style="list-style-type: none"> <li>Parallel funding mechanisms (e.g. GFATM)</li> <li>Government capacity particularly financial management mechanisms</li> <li>Political instability</li> </ul>
Mature SWAp	<ul style="list-style-type: none"> <li>All traditional SWAp components in place</li> <li>Two or more planning cycles undertaken</li> <li>Government-led process</li> <li>Pooled funding mechanisms in place for all or part of sector</li> </ul>	<ul style="list-style-type: none"> <li>Parallel funding mechanisms (e.g. GFATM)</li> <li>Move to general budget support</li> <li>Government capacity</li> <li>Political instability</li> </ul>

# Issues arising from the internal WHO consultation

**Engaging in health sector policy dialogue:** WHO's engagement in the health SWAp process is essential, so that the subsequent dialogue on health policy, systems development and sector reforms can benefit from WHO's guidance and evidence base. A SWAp may also provide opportunities for WHO to engage on key policy issues such as human resources for health and health financing. Where coherent and comprehensive national health policies are not yet in place, the development of a SWAp can help the government address this need (see Box 2).

## Box 2: SWAp and sector policy

*"SWAp must build on a clear sector policy and strategy. However, in many countries ... there is usually not one health sector policy and strategy but many separate national policies and strategies for e.g., EPI, Nutrition, Maternal Health, Non-Communicable Diseases, HIV, Injuries, and also gaps e.g., health financing, Child health, Mental health, Parasite control, Communicable Disease Surveillance, Human Resource Development. The different national health programmes policies and strategies are also often of mixed standard and format. In addition, there is often a reluctance by many of the "vertical" programmes such as EPI, Malaria, TB, HIV/AIDS, Reproductive Health which receive the lion share of the MoH and donors' funding to share resources or to engage in an overall health sector policy and strategy formulation or any kind of health sector approaches in the fear that they might lose resources and funding."*

WHO Representative, Viet Nam

**Subsectoral approaches:** In some countries, the situation is not suitable for a full SWAp but the same principles and process can be followed to support a large part of the health sector. An example is in large federal countries where SWApS are not easy to apply but large national programmes, or sub-national support, can be developed using a SWAp approach (see Box 3).

## Box 3: SWApS and decentralization

*"In India, the Reproductive and Child Health [RCH] phase II was developed using a sector wide program approach ... The funding mechanism is based on flexible and predictable funding in support of sector policies. While part A of the program is funded entirely for Government of India for basic maintenance of the program, part B will enable the states to design and implement the RCH program suiting their specific needs. This part B funding will finance approved state plans through a flexible pool of funds. This would contribute in enhancing the quality and scope of the RCH program by supporting innovations such as Public Private Partnerships, demand side financing, expansion of the program to the urban poor and other vulnerable groups."*

WHO Country Office, India

**SWApS and health sector reform:** Usually a SWAp takes place in a climate of major institutional change (e.g. decentralization, de-linking service provision from the ministry of health) and financing reforms (such as social insurance) in the health sector. This can add to the complexities. For example, handling SWApS in a decentralized environment can be difficult; in some cases conditionality is used (e.g. approval of district plans), and in other situations support can be split to cover basic maintenance of the public sector programme, with additional flexible funding to allow for local innovations (see Box 3). When major reform is taking place as part of the SWAp, WHO should:

- Consider whether it will provide technical support to the reform effort; if it does, it should ensure that adequate technical expertise is available over an extended period of time.

- Advise caution in linking further financing of the sector to the progression of the reform agenda (see Box 4).
- Advocate transparency in policy dialogue between government and international and national stakeholders, especially regarding issues about which there is no consensus (see Box 5).
- Use its engagement, as in any reform agenda, to emphasize that a significant proportion of the funds should be targeted to high-priority health interventions linked to achieving the MDGs, and should also be better targeted to those most in need.
- WHO should ensure that, in the medium-to-long-term, the development of a SWAp does not disrupt existing successful programmes, as was claimed to be the case with tuberculosis (TB) control in Zambia.

### **Box 4: SWAps and reform**

*"The structural reform of unification between Health and Family planning Directorates did not succeed in Bangladesh... I feel that based on Bangladesh experience, it will be much more productive to agree on principles of reform i.e. decentralization, public private partnership, quality, efficiency, equity and build partnership with government and other stakeholders. WHO should advocate for such principles. ... Result based budgeting and monitoring through process and output indicators should be used to manage the speedy implementation of SWAP rather than relying on structural reform as indicator of success."*

WHO Representative Bangladesh (retired)

### **Working across sectors:**

Cross-sectoral activities that are important for improving health, e.g. water and sanitation, should ideally be supported by a SWAp, although this is dependent on the views of the government and the ability of the ministry of health to coordinate with the relevant ministry. The large cross-sectoral programmes for HIV/AIDs, are often not being included in health SWAps; however the move in many countries to adopt the "Three Ones" principle (One action framework, One coordinating authority, One monitoring and evaluation system) follows the same principles as those that guide the development of SWAps.

### **Working with partners:**

- *The UN Country Team.* In many countries, the mechanism for bringing together partners in a SWAp has allowed UN partners to improve their collaboration on health, although the formal mechanisms for collaboration, namely the United Nations Development Assistance Framework (UNDAF) and Common Country Assessment (CCA), continue to be under review and open to experimentation. UNICEF and UNFPA have both agreed on working with SWAps in their Executive Boards.
- *Clarifying partner role and relationships.* An early requirement in a SWAp is often for the agencies involved to agree a "code of conduct" to establish new ways of working together with government. Similarly, as the SWAp develops, a formal "memorandum of understanding" may be required to clarify roles. In some countries, this is being taken a stage further, and terms of reference of individual agencies in a sector are being agreed with government. All sector stakeholders, including key national institutions and private for-profit and not-for-profit agencies should be represented, and their roles made clear (see Box 6).
- *Poverty reduction strategies.* There is often a link between the stage of development of a PRSP and that of a SWAp – reflecting the level of donor engagement with government. SWAps, or at least the principles behind them, are being pursued in the majority of countries with PRSPs. Increasingly the health chapter of the PRSP reflects what has been agreed in the SWAp.
- *International donors and global health initiatives.* Given that WHO serves government, and needs to support the cause of the ministry of health, WHO should encourage donor states, global health initiatives and multilateral funding agencies to adapt their financing strategies to

### **Box 5: SWApS and effective dialogue**

*In Tanzania, the Joint Assistance Strategy (JAS) states that "Dialogue will adhere to the following principles for effective dialogue:*

- *Dialogue takes place under Government leadership at the respective level, i.e. national, sector or local government.*
- *Dialogue involves all relevant stakeholders, in particular civil society and political actors from the Parliament, in order to facilitate national ownership and political sustainability.*
- *All involved stakeholders have a clear and shared vision of the objectives and functions of the different dialogue fora.*
- *Each stakeholder has a clear understanding of their roles and responsibilities in the national development agenda and in dialogue, accepts and internalises them.*
- *Stakeholders recognize dialogue as a perpetual learning process.*
- *Dialogue is open and frank and based on mutual trust and respect in order to allow for a fruitful exchange of views and for formulating a consensus.*
- *Stakeholders share information with the greatest number of people in a transparent, complete and accessible manner.*
- *Issues discussed in dialogue are subject to thorough scrutiny in order to enhance accountability and the quality of final agreements.*
- *Dialogue is disconnected from the provision of funding.*
- *Development Partner agencies ensure continuity of dialogue through appropriate internal hand-over procedures.*
- *Different fora for dialogue are clearly demarcated in order to avoid duplication.*
- *Dialogue is cost-effective and does not incur unnecessary transaction costs.*
- *Consultative processes are rationalized in order to allow stakeholders to prepare better for each forum both in terms of time and content.*
- *Dialogue is predictable through appropriate planning, organization and advance communication with stakeholders in order to make it fruitful and allow for increased stakeholder participation.*
- *Dialogue comes up with context-specific and appropriate agreements with a realistic level of ambition, which are put into action.*

*The Government of Tanzania and Development Partners will establish an objective mechanism for monitoring adherence to these principles in the context of monitoring JAS, whereby results are considered by all stakeholders in order to ensure mutual accountability."*

### **Box 6: Defining roles and responsibilities**

*In Tanzania the Government proposes that "Within and across sectors and thematic areas, Development Partners harmonize where possible their requirements, activities and processes (including consolidated funding decisions, joint analytic work, meetings and missions, reviews, etc.) and align them to Government strategies, systems and processes, whereby the Government of Tanzania assumes leadership over Development Partner coordination and co-operation. Furthermore, they make available their joint or delegated work to other Development Partners and non-state actors. Terms of reference including a code of conduct for delegated co-operation and harmonization arrangements will specify the roles and responsibilities of each Development Partner".* Joint Assistance Strategy, Tanzania, Draft, May 2005.

best implement national policies and programmes, and to strengthen national systems and national institutions. WHO has a key role to play in convening meetings on difficult agendas, and working with government in developing a consensus on health policies and strategies. Where donors choose to work outside the SWAp, this brokering role of WHO is even more important; there are now examples of international donors and civil society organizations engaging in a SWAp to align activities without having to contribute funds (see Box 7).

### **Box 7: The role of WHO in a SWAp**

*"WHO has contributed to the development of the national health policy, and the National Health Development Plan (NHDP) related to the PRSP... The MTEF is being finalised as well as the National Health Account... PRS indicators comprise specific health indicators including MDG related indicators... Joint field visits and reporting mechanisms are in place to monitor progress of the NHDP... There are harmonized [reporting] systems amongst major donors.. All the partners meet every three months and have a genuine constructive dialogue among themselves and with the MoH...WHO is the secretary of this consultation mechanism and meetings are organized by rotation...."*

WHO Representative, Burkina Faso

- *Contracting of UN agencies.* Some bilateral donors are considering providing all technical support funds through the SWAp process so as to allow government to "contract" this in; these are early developments but WHO should follow carefully and ensure that the technical support it provides is of a sufficient quality to match that which can be provided by the private sector and other agencies.

### **Improving the effectiveness of development assistance**

There is now a wide consensus that SWAps, and the principles outlined in the Paris Declaration, represent the way forward in improving the impact of international assistance to health sectors in developing countries, assuming legitimate and effective government is in place. However this assertion is based on some assumptions that require critical review if the expected gains are to be achieved:

- **Effective funding to the sector:** This is usually a key objective of a SWAp and the strengthening of national financial and programme management systems is often the key to the use of these systems by donors. WHO should locate technical expertise for this, on request, through its various internal and external networks.
- **Performance and information systems:** It may not be possible to demonstrate any impact of the donor investments in the health system, let alone on the health of the population, without reliable health information systems; WHO can advocate for the necessary reforms and build capacity,<sup>11</sup> where required, and should share experiences of monitoring the impact of SWAps in different settings.
- **Improving efficiency:** SWAps aim to support national policy and strategies including the scaling up of health interventions. Setting up a SWAp can sometimes lead to lengthy discussions on coordination and funding mechanisms, with less attention to international support to specific health programmes. WHO should aim to keep the focus of attention on sustainable health systems and on improving access and coverage of public health interventions.
- **Increasing national control:** International donors can sometimes become very influential with regards to national policies, with a consequent decrease in influence of national institutions. WHO should help ensure that transparent mechanisms for health policy dialogue are available, based on good practice gained in other countries (see Box 5).
- **Costs and benefits of engagement:** Bringing partners together and negotiating the content of a SWAp requires considerable time and effort, and the gains in terms of improved outcomes

11. See Health Metrics Network: <http://www.who.int/healthmetrics/en/>

may take many years to become apparent. WHO should make clear to government that medium-to-long-term perspectives are required.

### **Involvement of civil society and nongovernmental organizations**

- Developing a more formalized collaboration between the ministry of health and civil society can be difficult, especially if NGOs act as advocates as well as service providers. WHO can advocate for civil society to become part of the SWAp arrangement both as contracted service providers and in relevant management/governance meetings, with a well-defined role, and decisions made in a transparent way. WHO will have to understand how these issues are perceived locally; this advocacy function can be very delicate if it entails relinquishing public money to the not-for-profit (and occasionally for-profit) private sector.

# Summary of WHO's role in the SWAp process

**Being clear on WHO's role at country level:** As with all its work at country level, WHO's work in the SWAp process should be guided by its core functions. However, these are often not well understood by donor governments, and WHO's involvement in a SWAp should be accompanied by thorough briefing of the embassies involved on WHO's role, at the country, regional and headquarters levels (see Box 8). WHO should be seen as a "champion" of the ministry of health and of its health policies where they are in line with agreed international norms and guidance. Where this is not the case, WHO will still support the government in reviewing evidence and creating environments for dialogue on health sector policy options. WHO will focus the attention of partners on the need to build the necessary national capacities for the successful implementation of health policies and strategies. If government and its key partners are considering the development of a SWAp in health, WHO should be proactive and promote good practice.

## Box 8: Generic functions of the WHO Country Office<sup>a</sup>

1. *Advocacy and support for the development of national health and development policies*
2. *Technical advice and support for strengthening public health programmes and related institutions*
3. *Effective and efficient management of WHO country offices, in line with standards defined by regional offices*
4. *Support to government in facilitating and coordinating international partnerships for the development and implementation of national policies*
5. *Work with international partners to mobilize resources in support of national health and development policies, including WHO operations*
6. *Representing the Director-General and Regional Director in the interaction with Government and international agencies at country level, and supporting involvement of Member States in governing bodies*

a. From: *Third Meeting of the WHO Country Support Unit Network: June 2005.*

Note: WHO corporate functions are under review as part of the development of the General Programme of Work and Medium Term Strategic Plan.

**Four roles for WHO:** The UN guide on working with SWAps focuses on four aspects which can be used to guide WHO's involvement:

- **Conceptual:** This includes all aspects of the policy dialogue with government and other partners, including advocacy and evidence-based policy options, drawing on normative work and best practice, which helps to define the purpose, boundaries and scope of the SWAp. This role is particularly important at the initial planning stages, but given the dynamic nature of sector programmes, policy dialogue needs to be a continuous process. WHO's engagement should be through the technical and intellectual resources of the three levels of WHO, through the country office, and engage the UN Country Team to help address cross-sectoral issues such as HIV/AIDs and the environment.
- **Convening:** Government should always take the lead in the sectoral development process. Nevertheless, there is often an important role for WHO – particularly early on in the process – in convening and managing crucial meetings and processes. WHO can play a pivotal role in supporting national leadership and also in helping national partners to ensure that sector-

based programmes are aimed at improving access to health programmes for the poorest people and for marginalized families.

- **Capacity building:** This is the key role for WHO, together with others in the UN Country Team, where its comparative advantage can be put to best use. Requests for technical assistance are usually country-specific and may arise in the context of SWAPs at different levels, including from local government and civil society actors. WHO must respond to requests that arise during its negotiations with government. It should also respond to the needs of partners and global health partnerships, keeping a careful track of demand so as to make a stronger case for mobilizing adequate financial resources.
- **Contributing:** Financial contribution is not considered to be the factor that defines UN Country Team engagement in a SWAP. WHO should clarify what resources it has, and what commitments it can make, and have these represented in the Medium Term Expenditure Framework. There may be some circumstances where a financial contribution through some common channel will be appropriate; WHO should therefore differentiate between:
  - funds best kept outside pooling arrangements: covering all WHO funds for technical assistance, innovation and experimentation and catalytic/seed money;
  - funds to be considered for pooling arrangements: for large and medium-to-long-term commitments to national programmes and health development activities, under "pass-through" arrangements (see below) and where direct donor support is not considered appropriate.

**WHO's role in the different phases:** Another way to see WHO's role is to consider the different phases of setting up and implementing work through a SWAP, and considering how WHO could be involved. Although this process rarely takes place in an orderly manner, the key steps are summarized in Annex 1.

## Implications for WHO

**Ability of WHO country teams to engage:** If a health SWAp exists or is being developed in a Member State, WHO must engage and develop its ability to do this more readily than it has done in the past. This will involve:

- **Building capacity of WHO country teams:** All staff should be familiar with relevant WHO and UNDG guidance, and with local definitions and objectives of the SWAp in health, where it exists. Senior staff in WHO Country Offices should have the necessary skills to convene and facilitate meetings between partners, if required to do so by government, and to be able to successfully broker negotiations.
- **Aligning WHO support to sectoral policies:** Where a SWAp process has started, WCOs should use this as an additional opportunity to review, with government partners, how WHO could best use its resources to support the development of sectoral policies and build capacities in systems and programmes. This will, in some cases, mean moving away from traditional areas of support, such as providing funds for scholarships.
- **Sharing of experience across countries and regions:** As WHO gains experience in this new type of engagement it will develop mechanisms for sharing these experiences with countries and regions. This could happen through soliciting feedback from government, sharing tools, such as codes of conduct and memoranda of understanding, documenting "best practice", and facilitating exchange visits by government and partners.
- **Mobilizing the three levels of WHO to support a SWAp:** WHO country offices will require support from across WHO when sectoral policies are being defined or reviewed. This support should be provided according to the needs defined in country, and is likely to involve joint missions with other agencies, according to timetables set by the government. WHO will need a network of experts able to take part in political dialogue as well as discussions on programme and systems. Country teams will need to keep the WHO Regions and headquarters updated on progress being made with the SWAp, and provide early warning of any matters requiring their attention.

**Working within the UN Country Team:** WHO is already working closely with its UN partners, although problems of overlap or poor coordination still occur. The development of a SWAp, and the new ways of working being developed within the UNDG, should be seen as an opportunity for WHO to harmonize its work with that of other UN agencies and development partners, towards commonly agreed national priorities as articulated in the PRSP. WHO's work is already aligned with government priorities, through the country cooperation strategy (CCS) and biennial workplan; however these instruments may need to be adapted to allow the UN to articulate a unified approach to supporting the government in health-related areas.

**WHO rules and procedures:** Many of WHO's rules and procedures will need to be reviewed if WHO is to play its part in helping Member States to benefit from the changes taking place in development assistance.

- **Signing codes of conduct and memoranda of understanding:** In many SWAps, partners have made written agreements to work together in new ways. These are important as a demonstration of willingness to work in a more collaborative spirit. WHO Representatives can sign such statements, to the extent that this is within their sphere of authority. Any signed document must be in line with WHO's policies, regulations, rules and administrative practices. They are subject to the usual clearance procedures through the Regional Director of Finance and Administration or External Relations Officer, who may pass them to the Finance and Legal Departments at headquarters as necessary.
- **Planning, monitoring and reporting:** WHO country offices might have to plan and report on activities using three broad mechanisms:

- the joint plans and indicators agreed in the SWAp and aligned within government systems;
- joint programmes agreed with UN partners for development and emergency work; and
- internal WHO Results Based Management (RBM) system.

The WHO RBM system constitutes the basic framework to be complied with, and WHO country teams should look for innovative ways to ensure that engagement in the commonly agreed systems around a SWAp does not contradict WHO's RBM system of internal accountability; WHO will need to learn from such experiences.

- **Pooling of funds and financial management:** WHO's engagement in a SWAp will involve dialogue on policy, technical assistance, convening, capacity building, and seed funds for catalytic work or local, regional or global innovations as agreed with government in WHO workplans. For all these activities, WHO's internal financial management systems are used. In the situation where WHO has entered into a specific agreement with a donor to act as a "pass-through", or channel, for funds, then these may be included in a "pooling" arrangement. WHO will need to review its financial and budgeting procedures to enable such pass-through to be efficient.
- **International procurement:**<sup>12</sup> WHO encourages the use and improvement of existing national public procurement mechanisms. In some situations WHO's financial resources for specific health-related items could be pooled for procurement to be performed by other UN agencies (e.g. Inter-Agency Procurement Services Office (IAPSO) and UNICEF), where WHO has committed itself to such in its biennial workplan. If any agencies outside the UN system, including government, are entrusted with the responsibility of procurement using WHO funds, then WHO rules and regulations must be complied with. In the case of vaccines and medicines, WHO and those using WHO funds, must procure these from WHO pre-qualified suppliers to ensure appropriate quality and good manufacturing practices. If WHO is asked by a partner consortium to act as an executing agency for procuring goods or services, then WHO will apply its own rules, and this should be made clear during the negotiation process, and should be cleared through the Regional Office.
- **Audit:** When programmes are being undertaken jointly with the UN, WHO follows the "single audit" principle, meaning any funds passed to another UN agency will be covered by the internal or external auditor chosen by the receiving agency, and donors must accept this. If WHO were to engage in pooled funding under a SWAp, where proper governance and accountability systems have been agreed with partners, WHO could accept an auditor for these pooled funds, chosen by government or partners, providing they follow internationally agreed standards of auditing. This would be agreed on a case-by-case basis.

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12. More detailed guidance can be found in the Guidance paper on Global Fund to fight AIDS, Tuberculosis and Malaria related activities in WHO. Geneva, World Health Organization, 2005.

# Conclusions and recommendations

## WHO must engage

1. Where present, health SWAps can be critically important for the scaling up of essential public health interventions. **Recommendation:** *Where a health SWAp is being considered or implemented with a Member State, WHO must engage and be proactive in promoting the principles agreed in the Paris Declaration, namely government ownership, harmonization of donor practices, alignment with national development priorities, focus on results and mutual accountability.*
2. The SWAp characterizes a method of collaboration between government and development partner, and will vary in content and nature from country to country. **Recommendation:** *WHO should encourage the early development of a locally owned definition for the SWAp which clarifies the overall objectives and the boundaries to what is covered, and which can be reviewed with each cycle of the SWAp.*
3. Developing and implementing a SWAp will require the attention of all levels of WHO. It should also be noted that the follow-up to the Paris Declaration and the movement on UN Reform is creating a fast-changing environment for WHO country operations. **Recommendation:** *WHO country teams should keep Regional Offices and headquarters informed of developments in health SWAps, including early alerts on issues requiring their attention, so that support can be provided in a timely manner and WHO's engagement can be documented (perhaps in line with the Action Plan agreed after the Paris Declaration). This should inform internal policy and be used to disseminate the experiences of WHO and its Member States in supporting sectoral approaches and PRSPs for addressing the health needs of the poor and marginalized.*
4. Engagement in a SWAp provides WHO, as well as other partners, with an opportunity to clarify their capabilities and roles. **Recommendation:** *When engaged in a SWAp, WHO must ensure that all partners are aware of one another's roles and responsibilities, and should ensure that embassies and agency offices are fully briefed about WHO's role and core functions.*
5. WHO's roles in a health SWAp can be summarized as "conceptual", "convening" and "building national capacities", as agreed with government and partners. WHO's role in "contributing" is mainly non-financial. **Recommendation:** *WHO should contribute through a SWAp by providing flexible technical assistance, catalytic/seed money, and support to innovation and experimentation as agreed in approved WHO workplans. WHO cannot consider financial contribution to a "pooled" basket of funds, except where it provides "pass-through" funding in accordance with its own donor agreements. This should only be considered for large and medium-to-long-term commitments for national programmes and health development activities, and where direct donor support is not considered appropriate.*

## WHO will improve its capabilities for engaging in SWAps

6. Where a Member State receives considerable funding from a variety of international sources, the WHO country team should be familiar with the latest literature and guidance on harmonization and alignment of development assistance. **Recommendation:** *The WHO Country Support Network should ensure that all its country offices have the latest information on aid effectiveness, and are briefed immediately on WHO's position on high-level (e.g. UNDG and Economic and Social Council (ECOSOC)) decisions regarding UN country operations.*

7. Following the Paris Declaration, and related UNDG action plans, considerable change is occurring in the way development assistance is managed between development partners, the UN and Member State governments. Experiences gained with governments should be shared and used to better define WHO's role. **Recommendation:** *WHO Headquarters should support regions in developing a programme for the 2006–2007 biennium that offers WHO country offices and governments opportunities to exchange information and "good practice" and to clarify WHO's expected role.*
8. Working in a SWAp often requires WHO to sign codes of conduct and memoranda of understanding. WHO Representatives can sign such statements, to the extent that this is within their sphere of authority, with clearance from the Regional Office or, if necessary, headquarters. **Recommendation:** *The WHO Country Support Network should build regional capacity to allow speedier clearance by sharing across regions previously developed codes of conduct and memoranda of understanding (including issues arising in their preparation), by preparing standard text for inclusion in memoranda of understanding, and by facilitating early regional clearance and, if necessary, clearance by headquarters.*
9. Although WHO can engage with a SWAp following current internal rules and procedures, its effectiveness could potentially be enhanced if further clarification of WHO internal guidance on planning, monitoring, reporting, procurement and audit were provided. **Recommendation:** *While recognizing that WHO's results-based management system is the foundation of the operations, WHO's general management will perform a cross-regional review of its managerial process in countries that are moving fast to implement the Paris Declaration, with a view to adjusting its guidance, as appropriate, prior to the introduction of the Medium Term Strategic Plan (2008–2014).*

### WHO will work in a SWAp as a member of the UN Country Team

10. Many members of a UN Country Team might be able to contribute to a health SWAp, and complement WHO's contribution. **Recommendation:** *Where a health SWAp exists or is being developed, WHO should facilitate the involvement of the UN Country Team, under the guidance of the UN Resident Coordinator, and clarify individual agency responsibilities in "terms of reference" or the SWAp memoranda of understanding.*
11. The 2005 World Health Assembly passed a resolution requesting action by WHO to ensure:
  - that it implements country-level activities in accordance with the priorities of Member States, as agreed with governing bodies, to coordinate the activities of WHO with those of UN partners and, where relevant, with other actors;
  - adherence to the international harmonization and alignment agenda, as reflected in the Paris Declaration, and active participation in the implementation of the UNDAF;
  - that it takes into account the UN triennial comprehensive policy review on operational activities, to rationalize procedures and reduce transaction costs and to report back to the Executive Board on progress.**Recommendation:** *WHO will give priority to preparing a strategy for implementing the WHA 58/25 resolution, and report back to governing bodies on progress.*
12. Many donors are moving to direct budget support and thereby engaging governments in policy dialogue on macro-policy issues such as macro-economic policy, and cross-sectoral matters such as governance, human rights, civil sector reform and related matters. **Recommendation:** *WHO should encourage the UN Funds and Programmes to continue their engagement in dialogue with development partners regarding Direct Budget Support, so that the UN can take part in the related policy dialogue regarding national development priorities and cross-sectoral issues.*

**Table 2: Immediate follow-up actions (as of October 2005)**

<b>Recommendation</b>	<b>Action, responsible unit and timeline</b>
<b>WHO must engage</b>	
<b>Recommendation 1</b>	The Country Support Unit (CSU) network will have circulated "Key Resources" and WHO's Policy on Harmonization and Alignment by December 2005 to all WHO Country Offices (WCOs).
<b>Recommendation 2</b>	WHO Representatives/Liaison Officers (WRs/LOs) will advocate through Ministries of Health, during early stages of partner negotiations on a SWAp.
<b>Recommendation 3</b>	With support from Headquarters, Regional Departments overseeing the Area of Work 'Policy making for health in development' will monitor WHO's role in PRSPs and sector programmes throughout 2006–2007 (as in Programme Budget 06/07)
<b>Recommendation 4</b>	WRs/LOs will brief the embassies and agencies concerned during the early stages of partner negotiations on a SWAp.
<b>Recommendation 5</b>	WRs/LOs will agree WHO's position with government and development partners during negotiations on a SWAp.
<b>WHO will improve its capabilities for engaging in SWApS</b>	
<b>Recommendation 6</b>	The CSU network will agree suitable mechanisms at its inter-regional meeting in October 2005, in consultation with GER/UNI and EIP/HDS.
<b>Recommendation 7</b>	The CSU network is preparing its plans for this, which will be finalized by November 2005.
<b>Recommendation 8</b>	The Department of Country Focus will work with LEG and CSUs, and finalize arrangements in early 2006.
<b>Recommendation 9</b>	ADG/GMG and PRP/GMG are already engaged in this dialogue. The timetable for any review of guidance is to be agreed with regional offices.
<b>WHO will work in a SWAp as a member of the UN Country Team</b>	
<b>Recommendation 10</b>	WRs/LOs will agree with government and development partners during negotiations on a SWAp.
<b>Recommendation 11</b>	Department of Country Focus and GER/UNI to prepare a framework for agreement with regional country support network by November 2005.
<b>Recommendation 12</b>	WRs/LOs will advocate for this, during internal UN Country Team meetings.

## Annex 1

# Illustration of WHO involvement in the different phases of a SWAp

SWAp element	What does it involve?	How can WHO relate?	Implications for WHO?
<b>1. Creating a critical mass</b>	If the environment is right for a SWAp, the idea has to be launched by setting up initial meetings between partners and ministry of health (MoH) – this can be a lengthy process.	<ul style="list-style-type: none"> <li>- WHO can both convene and provide the initial concept.</li> <li>- WHO can provide examples of codes of conduct and provide structure to the process.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO has to have the right advocacy and communication skills.</li> <li>- WHO should have access to example codes of conduct.</li> <li>- WHO will need to supply a coaching mechanism to the WHO Representative (WR) as required.</li> </ul>
<b>2. Agreeing governance mechanisms and responsibilities</b>	After the initial code of conduct it is crucial to agree an overall governance document (e.g. memoranda of understanding (MoU)), including definition of roles, with this being taken as far as possible by the MoH. Again, this can take some time.	<ul style="list-style-type: none"> <li>- WHO can play a facilitating role emphasizing the active role of the MoH.</li> <li>- WHO can establish closer working relationships with the MoH and assist in drafting the MoU.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO must have good facilitation and negotiation skills.</li> <li>- WHO could provide example MoU.</li> <li>- WHO should make clear what it expects its role will be in the implementation of a SWAp.</li> </ul>
<b>3. Defining sector policy and strategy</b>	This is the key element in the SWAp, and has to be agreed between partners; the development of the sector policy and strategy document(s) sometimes precedes the SWAp process per se.	<ul style="list-style-type: none"> <li>- WHO can provide technical assistance at the political, systems and programme levels.</li> <li>- WHO can also facilitate negotiations between partners and between partners and the MoH.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO will have to be able to mobilize in a timely fashion adequate technical expertise in policy, systems and a variety of programmes, over some considerable time.</li> </ul>
<b>4. Defining the Medium-Term Expenditure Framework (MTEF)</b>	The policy/strategic plan will have to propose an expenditure plan and a resource envelope which is realistic, and has been agreed between partners.	<ul style="list-style-type: none"> <li>- WHO or partners can provide technical assistance in costing the plan and defining the resource gaps.</li> <li>- WHO can also facilitate negotiations on contributions.</li> <li>- WHO should indicate what contributions it can make and have this indicated in the MTEF.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO will have to be able to mobilize expertise (through its own or partner networks) in health economics and budgetary analysis.</li> <li>- WHO should be able to provide indicative financial planning figures based on projections of the country budget for inclusion in the MTEF.</li> </ul>

<b>SWAp element</b>	<b>What does it involve?</b>	<b>How can WHO relate?</b>	<b>Implications for WHO?</b>
<b>5. Operational planning and budgeting</b>	This is the translation of the strategic plan and the MTEF into annual plan priorities and budget allocations .	<ul style="list-style-type: none"> <li>- WHO can provide technical assistance for operational planning and can also facilitate negotiations.</li> <li>- WHO-funded items can be "lifted" into the plan with a clear indication that specific items will be funded and implemented by WHO.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO can provide technical expertise in results-based management</li> <li>- WHO funds, even for technical assistance, innovations or catalytic funding, should appear in the plan.</li> </ul>
<b>6. Effective mechanism for funding the SWAp</b>	Funds will have to be made available in a timely manner and the aim should be to have as few fund-management arrangements as possible.	<ul style="list-style-type: none"> <li>- WHO will encourage donors, GHPs and UN funds to provide long-term predictable funding to health, in line with the OECD/DAC guidance on good donor practice.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO should encourage harmonization of financial procedures by development partners in health to make fund disbursement more efficient.</li> </ul>
<b>7. Financial management</b>	It is preferable to use existing national systems but the SWAp can provide an occasion for revising or radically updating such procedures (e.g. changing to a unified electronic accounting system).	<ul style="list-style-type: none"> <li>- WHO can provide technical input to the process of development of a financial management manual, together with other agencies e.g. World Bank, bilateral donors.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO should be able to locate technical expertise to build financial management capacity in the MoH, in programme management and in disbursing units (e.g. districts).</li> </ul>
<b>8. Auditing</b>	Financial auditing is a critical function, and is normally performed by a reputable independent audit firm, often an international one.	<ul style="list-style-type: none"> <li>- WHO can play a technical role by providing an input to the ToR for auditing and can assist the MoH to become "acquainted" with the auditing culture.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO must "understand" the issues involved in auditing and the different ways auditing can be performed.</li> </ul>
<b>9. Procurement</b>	Use of existing national systems is preferred, and the SWAp can be an occasion for revising procurement procedures, so that they meet international standards.	<ul style="list-style-type: none"> <li>- WHO can provide a technical input building procurement capacity with other agencies e.g. WB/UNICEF.</li> </ul>	<ul style="list-style-type: none"> <li>- WHO rules and procedures on procurement should be accessible to WCOs and, as necessary, to partners.</li> <li>- WHO may need to review procurement guidance to allow use of national procurement systems in some situations.</li> </ul>

<b>SWAp element</b>	<b>What does it involve?</b>	<b>How can WHO relate?</b>	<b>Implications for WHO?</b>
<b>10. Governance and management arrangements</b>	The MoU will govern the implementation phase, and it may be preferable to have ToR for the governance and management structure which will handle plan and budget decisions, accountability and any other decisions as required for the SWAp development and implementation process.	- It is important for WHO to be able to "understand" what is going on at any time in a particular country.	- WHO may have to "update and enable" itself to assist the WR to "understand" complex situations which traditionally fall outside the mandate and sphere of WHO operations.  - It may be relevant to consider participation from the regional office and/or headquarters in the biannual or annual governance/management meetings as happens with other UN agencies.
<b>11. Monitoring, review and evaluation (accountability)</b>	A joint mechanism for monitoring, review and evaluation is part of the SWAp arrangement. There are usually various systems in place for generating information e.g. MICS, DHS, etc. The PRS has its Performance Assessment Framework (PAF).	- WHO can provide technical assistance in setting up the protocol for these activities by mobilizing its technical know-how.	- WHO should be able to provide technical assistance on monitoring and evaluation, most important at the outset of the process, by assisting the MoH to use its systems productively, and to consider more radical reform as necessary.
<b>12. Reporting and communication</b>	A communication strategy is important for keeping all stakeholders informed of developments. This should cover:  - financial reports which are effective for communication; and  - reports on progress, problems and issues requiring attention.	- WHO can advocate for a communication strategy and can provide technical resources for this.	- WHO must be able to build capacities for communication and consider whether it can provide technical assistance, or whether this should come from elsewhere.
<b>13. Learning, adjustments and further development</b>	A SWAp process is dynamic and its implementation must allow for adjustments, especially as the environment changes.	- WHO should monitor the entire process and suggest further development in a proactive manner.	- This will require WHO to have "antennas" and be ready to make suggestions for change, in collaboration with the MoH and partners involved.

## Annex 2

# Frequently asked questions about SWAp

**1. Question:** *Can or should WHO participate in the pooling of resources?*

**Response:** WHO is a technical agency whose core functions do not include being a donor to Member States. It should not, therefore, normally participate in the pooling of financial resources, but should contribute through provision of technical assistance, catalytic activities and promotion of innovations in line with priorities agreed in the SWAp. In exceptional circumstances, WHO could contribute to financial pooling of funds for large and medium-to-long-term commitments to national programmes and health development activities, if this has been agreed with WHO donors and is in the workplan and budget.

**2. Question:** *How can result-specific programmes such as the Expanded Programme on Immunization (EPI) be handled in SWAp?*

**Response:** The discussion on definition of the health sector policy and strategies, which often takes place before the formal SWAp has been developed, is the critical stage for WHO engagement advocating further development of essential public health programmes such as EPI, by engaging in discussions on “essential packages” and indicators for monitoring progress. If the SWAp involves health sector reforms, such as decentralization, WHO must support the ministry of health in ensuring that priority programmes are not unduly disrupted during the process of change.

**3. Question:** *How long does it take for the partners to accept management of their resources by national procedures?*

**Response:** It can take a considerable time, often years, to get donor funds pooled and flowing through national systems. A series of negotiations on priorities in the sector policy, financial management, and reporting on progress, etc. usually have to be finalized before donor funds are approved for investment in national systems. Some donors are not allowed to do this at all, and contribute by ensuring that their activities are in line with the SWAp.

**4. Question:** *Who should lead coordination of the partners?*

**Response:** The ‘mantra’ is that the government should coordinate affairs in a SWAp, and this is particularly important in the early stages. In many cases, however, bilateral and multilateral agencies have informal coordination or theme groups to enable them to better organize themselves for engagement with the government. WHO has a key role to play in ensuring that policy dialogue takes place in an open forum with government and civil society.

**5. Question:** *Are SWAp the answer to resource mismanagement?*

**Response:** The key to getting donors to invest through a SWAp arrangement is often to ensure that the financial management systems of government meet the standards required by donors. This frequently means that their capacities need to be developed before donor funds will flow.

**6. Question:** *Who should belong to a SWAp, big donors or all stakeholders?*

**Response:** A SWAp should involve all sectoral actors in the country, including the private sector, and WHO should be active in supporting their involvement.

## Annex 3

# Summary guidance on programme support costs

*Programme support costs (PSC)* vary according to the situation, and should follow the “*Operational Guide to PSC*” (Guided by Resolution WHA34.17). PSC rates are briefly summarized as follows:

- emergency procurement for Member States and NGOs: 0% PSC;
- non-emergency procurement for Member States and NGOs: 3% PSC;
- all other procurement (other than above): 6% PSC;
- activities other than procurement: 13% PSC (if overall budget comprises more than 80% for procurement of items, e.g. bulk purchases, the PSC rate would be 6% applied to the overall budget);
- funds received by WHO for emergency situations are charged 6% PSC only when the two following conditions are met:
  - a UN-CAP (UN consolidated Appeal), a Flash Appeal or a WHO Appeal and
  - Health Action in Crisis/headquarters having cleared and/or co-managed the appeal for funds;
- for “3 by 5 HIV” work, 6% PSC would be applied;
- “Procurement for Polio programme”, 7% PSC is applied.

## Annex 4

# Key resources: web sites and contacts

### Web sites

1. Institution for Health Sector Development:  
<http://www.ihsd.org/index.htm>
2. Swiss agency for development and cooperation:  
<http://www.sti.ch/scih/swap.htm>
3. Overseas Development Institute:  
[http://www.odi.org.uk/pppg/publications/working\\_papers/142.pdf](http://www.odi.org.uk/pppg/publications/working_papers/142.pdf)
4. Europe's Forum on International Cooperation (EUFORIC):  
[http://www.euforic.org/detail\\_page.phtml?lang=en&page=resourcedosswap](http://www.euforic.org/detail_page.phtml?lang=en&page=resourcedosswap)
5. ELDIS:  
<http://www.eldis.org/cf/search/disp/orgdisplay.cfm?org=6585&resource=f1>
6. Aid harmonization and Alignment website:  
<http://www.aidharmonization.org/>
7. OECD/DAC Task Team on Harmonization and Alignment:  
[www.oecd.org/dac/wpeff/harmonisation](http://www.oecd.org/dac/wpeff/harmonisation)

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