THE ROLE OF SWAPS AND THE PRIVATE SECTOR IN THE RESPONSE TO HIV/AIDS

DFID EXPERIENCE IN SELECTED COUNTRIES

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1 EXECUTIVE SUMMARY

The purpose of this report is to provide an overview of issues relating to DFID support for Sector Wide Approaches (SWAps) within the context of the response to HIV/AIDS, and the place of the private sector and other development partners in that response. (See Annex 1 for definitions of SWAps and the private sector.) The report is based on a review of DFID documents, review of literature on SWAps and on HIV/AIDS, interviews with key informants both in the UK and in selected countries - Bangladesh, India, Ghana and Uganda - and responses to an e-mail conference held in August 2001. The discussion, conclusions and recommendations may provide a useful framework to assist DFID country teams, national governments, and other development partners in their own situation.

The overall objective of the study is to synthesise DFID experience in strengthening the national response to HIV/AIDS, with a focus on the issues raised by public and private sector collaboration in the context of SWAps. The geographic focus of the study is essentially on countries visited, with some additional information derived from other countries where SWAp processes are underway or being developed - notably Tanzania, Kenya and Malawi.

The DFID HIV/AIDS Strategy commits DFID to taking forward a broad-based response to the epidemic within a framework of partnership, helping governments to maximise the contributions of all sectors including the private sector and working with civil society and non-government organizations (NGOs) to maximise their strengths. DFID is also committed to work towards supporting governments by means of SWAps, providing there is an appropriate environment of policy framework and systems development.

Early SWAp thinking and documentation gives little space for the private sector being largely focused on improving the government management of the health sector. However the processes of SWAp implementation, especially joint government/ development partner reviews, have highlighted the contributions of the private sector and the extent to which non government services are meeting the needs of poor people.

The role of governments in managing the response to HIV/AIDS is to encourage, facilitate and manage the collaboration between government and non-government actors. However stakeholders describe the current engagement between government and the private sector as one of mutual wariness, difficulty and strain. A paradigm of control rather than a paradigm of partnership generally persists.

Generic issues regarding the relationship between the private sector and government exist to a greater or lesser extent in all countries reviewed. These include government reluctance to involve the private sector in overall policy dialogue, lack of policy and strategic frameworks for government and non-government collaboration, and a lack of institutional capacity for engagement on the part of both government and the private

sector, including lack of contracting capacity and little recognition of the role of civil society.

DFID is using various models to provide flexible and responsive support for SWAp processes and for better working partnerships between government and non-government sectors. These include ensuring technical capacity and inter-disciplinary skills in DFID country offices, flexible funding of technical assistance with moves towards pooled funding in some settings, sector-wide project assistance, a process approach to projectised assistance, and some funding of the private sector through SWAp channels.

Emerging *technical issues* in the context of SWAps and HIV/AIDS include reproductive health commodity security, anti-retroviral therapy (ART), decentralisation, and promotion of a multi-sectoral response. Multi-disciplinary work within DFID is urgently required to develop the capacity of governments and the for-profit sector to collaborate in the clinical response to HIV/AIDS by means of ART. Emerging *process issues* include the need for a greater focus by development partners (including DFID) on process facilitation of government and private sector collaboration to overcome the wariness and constraint which persists. There is also a need for a more coherent response by development partners to continued parallel funding of private sector projects and greater consideration of mechanisms to support civil society in its role of advocate, watchdog and promoter of government accountability to the poor.

Review mechanisms within existing SWAps processes highlight the contribution of the private sector, the appropriate relations with NGOs and other private sector actors and the recognition of the plurality of the response to the health needs of poor people, and to HIV/AIDS. This is leading governments to a greater engagement with NGO service providers and a gradual growth in recognition of the 'voice' function of civil society. Funding for the private sector will take a number of forms depending on the extent to which respective governments have identified the appropriate role and responsibilities of the private sector in their respective countries.

Projects have a strategic and continuing role in contributing to sector-wide programmes. Projects provide the capacity for governments to innovate, try new approaches and promote empirical learning. This is particularly required in a dynamic sub-sector such as the response to HIV/AIDS. There is no conflict between projects and SWAp programmes in situations of mature engagement between governments and development partners.

The issues identified in this paper as requiring further work and attention are essentially inter-disciplinary. A multi-sector HIV/AIDS group within DFID may be considered as the best forum to move them forward, enabling the participation of a wide range of DFID Advisory Groups around issues such as the involvement of the for-profit and business sector in the provision of ART. Country level support for collaboration between NGOs and government, crucial in the context of national HIV/AIDS programmes, has much to learn from sectors such as rural livelihoods and from Governance and Social Development departments in DFID. A forum is required to enable UK development NGO stakeholders to engage with DFID, including its Civil Society Department, on process

issues in a move towards greater partnership. The Compact of Agreement developed between UK NGOs and Government for collaborative work within the UK provides a useful frame of reference.

SWAps provide a potentially enabling environment for private sector responses to HIV/AIDS. Development partner support for national HIV/AIDS response also has the potential to strengthen implementation of SWAps. However, much more work must be done to transform relationships between governments and the private sector from the `wary and distant' to trusting and collaborative. DFID support for SWAps and for the response to HIV/AIDS must maintain the capacity to provide flexible support for co-ordination, collaboration and effective responses amongst all relevant development partners.

Recommendations for DFID

1. Inter-disciplinary reviews at country level of the needs for process facilitation of government and non-government engagement and collaboration

2. Consideration at country level of the appropriate mechanisms for supporting civil society advocacy and watchdog activities

3. Consensus building among development partners at country level to develop a more coherent and co-ordinated framework for complementary funding of the private sector

4. Multi-disciplinary work at DFID Headquarters, regional/sub-regional or country level on the development of capacity on the part of government and the for-profit sector to work together in the clinical response to HIV-AIDS, especially in the treatment of STIs and provision of ART

5. Multi-disciplinary working within DFID-HQ, including the Civil Society Department, to enhance the support of UK NGOs working with southern partners in the response to HIV/AIDS in order to ensure coherence with the DFID HIV/AIDS strategy and regional and national priorities

6. Establishment of a forum to enhance the institutional collaboration of DFID and UK NGOs working on behalf of DFID and national governments overseas

2 BACKGROUND

DFID's HIV/AIDS Strategy commits DFID to continuing "to work to help governments maximise the contributions of all sectors, including the private sector, towards AIDS control'.[1] In addition, in partnership with multi-lateral and bi-lateral donors, 'DFID will work with civil society and NGOs to maximise their strengths'[2] This framework for public/private sector collaboration in the response to HIV/AIDS was also affirmed at the United Nations General Assembly Special Session on HIV/AIDS in June 2001 where there was a commitment to 'foster stronger collaboration and the development of innovative partnerships between the public and private sector' and to mobilise resources to support this process[3].

The proposed strategic framework of engagement for governments in the response to HIV/AIDS is thus one of public-private sector partnership. However in the context of SWAps how much opportunity for private sector involvement is provided by sectoral policies, strategies and SWAp programmes of work? Early documentation of SWAp processes is undoubtedly public sector focused. There is little sensitivity to the private sector and little recognition of the importance of private financing and private sector service delivery contributions.

The first SWAps had as their main focus improving the effectiveness of governments' role within the health sector. They were driven by a desire to support governments in a move towards more coherence in terms of sector strategy, resource allocation (reflecting all sources of funding), and common management and monitoring arrangements. 'SWAps developed as a response to a dysfunctional public expenditure management system and an objective has been to bring government and donors within a single policy and expenditure programme, preferably located within the government budget'[4].

However, recognition of the plurality of the health sector has been growing since the first generation of SWAps. Service delivery surveys and client perception studies carried out in, for example, Ghana and Bangladesh highlight the important contributions of the private sector in health service provision. And this first generation of SWAps has not – as yet – achieved improved pro-poor health outcomes to the extent envisaged in original designs.

The extent to which poor people use private providers for treatment for illness such as malaria,TB and sexually transmitted infections (STIs) is well documented.[5] Service delivery studies show that private sector providers are more popular than the public sector and are generally preferred by poor people. In Bangladesh studies illustrate that

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[1] DFID 2001 HIV-AIDS Strategy
[2] ibid
[3] UNGASS 2001 United Nations General Assembly 26th Special Session Declaration Of Commitment on HIV-AIDS
[4] Foster, M and Mackintosh-Walker, S (2001) 'Sector-Wide Programmes and Poverty Reduction' London, Overseas Development Institute
[5] Smith, E; Brugha, R and Zwi, A (2001) 'Working with Private Sector Providers for Better Health Care' London, Options Ltd and LSHTM

only 10% of households are using Government health services for treatment compared to 43% who had used private or NGO facilities. Sixty-three percent of health spending is out of pocket in Bangladesh.[6] Private and NGO facilities are still the first choice in Uganda, with out of pocket spending correspondingly high - around 70% of total health expenditure[7] (although this does include faith institutions subsidised by the Government health budget[8]).

This report will illustrate that DFID experience in selected countries suggests that as a development assistance model SWAps do constitute a facilitating environment for engagement with the private sector in the context of the response to HIV/AIDS. However the limits and constraints to the process of public-private sector engagement that exist in SWAp settings will also be described as well as potential ways to overcome the constraints.

[6] Bangladesh National Health Accounts 1996/7 GOB 1998
[7] Foster, M and Mackintosh-Walker, S op cit
[8] DFID Uganda Personal communication

3 WHO ARE THE PARTNERS IN THE RESPONSE TO HIV/AIDS?

The involvement of the private sector has been of particular importance in the response to HIV/AIDS. In part this has been because national governments have been slow to respond to the epidemic. In practice, NGOs and community-based organizations have led national responses to HIV/AIDS, including catalysing and supporting communities to play a full part. They have taken the lead in awareness raising of HIV/AIDS across sectors, the provision of care and support, and have the potential to facilitate an integrated, multi-sectoral response to HIV/AIDS.[9] The private sector is playing a major role in the provision of condoms for HIV prevention and family planning. In Ghana the private sector has 86% of the condom market with 61% of this accounted for by the Ghana Social Marketing Foundation and 25% by the Planned Parenthood Association of Ghana. Pharmacies, chemical stores and traditional healers in Ghana are the 'first point of contact for STI treatment.'[10] Globally the majority of STIs are treated in the private sector.

NGOs dominate the provision of target interventions aimed at groups particularly vulnerable to HIV/AIDS - sex workers, migrants, men who have sex with men etc. Such programmes are difficult if not impossible for governments to implement. This is due to restrictive legal frameworks such as the illegality of sex work, denial in the case of men having sex with men, not wanting to be associated with contentious issues in the case of youth or prisoners, or lack of contact and awareness as in the case of marginal migrant workers. Uganda and Bangladesh are examples of countries where NGOs have played a key pioneering role. In Uganda NGOs have led the way with regard to voluntary counselling and testing for HIV/AIDS and the care and support of people living with AIDS. The Ugandan NGO TASO has an international influence in the provision of care and support. In Bangladesh CARE has carried out innovative work with hard to reach vulnerable groups and together with the Marie Stopes Clinic Society (MSCS) has pioneered community level STI treatment. The development of innovative approaches, field-testing and refinement requires flexibility, imagination and a sensitive understanding of local contexts and issues. These traits tend to be more characteristic of non-government rather than government organizations.

People living with HIV/AIDS have been active in influencing their own treatment and their access to health-care services. NGOs and networks of people living with AIDS have led the development of a rights-based response to the epidemic. Civil society organisations have demonstrated the strength of opening up channels of communication to beneficiaries that in turn has resulted in dialogue with governments. This enables a `speaking truth to government' which is uniquely valuable. NGOs involved in consumer protection have also played an important advocacy role in the area of access to pharmaceuticals and pharmaceutical safety.

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[9] UNAIDS 1999 Best Practice Collection 'UNAIDs and Non Governmental Organizations'
[10] Ghana Health Service (2000) Ghana HIV-AIDS Response Analysis

4 ISSUES IN GOVERNMENT AND NON-GOVERNMENT COLLABORATION

Within the context of SWAps, addressing the needs of the sexual and reproductive health sub-sector and the response to HIV/AIDS already involves considerable contribution by the private sector. Governments, as the ‘stewards’ of the sector as a whole and of the HIV/AIDS response, must encourage, facilitate and effectively manage the collaboration between non-government and government actors. However stakeholders uniformly characterise the present engagement between government and non-government as one of difficulty and strain.[11]

The position of the private sector and its relationship with government is quite strongly country specific. In each country, this relationship has been shaped by the pace and type of development including, in some cases, historical periods of severe economic difficulty, internal conflict or liberation struggle which have influenced the scale of NGO contributions. Or in the case of India more than 40 years of poverty-reduction policies in which a strongly centralised and controlling Government has increasingly involved NGOs as implementers.

Despite these national and local differences there are generic issues that exist to a greater or lesser extent in all the countries reviewed and visited. These are described below in model terms. Section 5 following highlights how these problems are being addressed by DFID and other development partners.

Stakeholder views of government and non-government working relationships in the health sector

- ‘mutual wariness’
- ‘government jealous of private sector achievements’
- government ‘resistant’ to recognising the role of NGOs
- civil society ‘cynical about how government operates’
- government ‘cynical about NGO legitimacy’
- government views NGOs as ‘a form of private accumulation’
- government ‘feels NGOs are pampered and privileged’
- ‘the relationship is suspicious, paternalistic and purely contractual’
- NGOs ‘adversarial’ and ‘government-bashers’
- ‘loss of autonomy’ feared by the private sector
- ‘loss of authority’ feared by government
- ‘everybody is at a loss’ as to how to work better together

[11] Personal communications from stakeholders in government, private sector and DFID

Limited and tokenized dialogue

Sectoral policy documents tend to make limited reference to the involvement and participation of NGOs, civil society and the for-profit sector. Consultation with these groups has tended to be strongest at the development stage of the sectoral programmes or SWAp, and tended to lapse or 'fade away'[12] once the programme gets underway. Consultation subsequently tends to become 'tokenized', rushed through and with discussion on substantive matters discouraged. This has been described as a pattern of 'government invites and NGOs attend'[13]. Uganda is however distinguished by the extent to which it has involved NGOs and civil society in its poverty alleviation programmes and in the development and monitoring of the SWAp (although observers within the country still see a number of shortcomings with the process[14]). Generally involvement of NGOs and civil society in policy dialogue and SWAp reviews is limited.

This lack of dialogue may be seen by private sector stakeholders as an indication of a lack of recognition on the part of the government of the contributions which the private sector can make to the policy dialogue overall. However, there may also be issues around the capacity and the eagerness of the private sector to engage in policy dialogue. NGOs that are making major contributions to service delivery may be relatively ineffectual in feeding experience into the policy process and lack national level policy perspectives and skills. They may not see this as their role, lack the resources to engage at national level[15] or not have been allowed a place at the table in the past.[16] Service delivery organizations such as national reproductive health NGOs tend to have limited capacity to engage strategically at the national level and limited experience in national level advocacy. In addition the participation in public sector dialogue may have major opportunity costs for NGOs whose core business is the provision of services and which have limited personnel resources[17].

Limited policy focus on the private sector

National health policies tend to focus primarily on the public sector and pay little attention to the private sector. Governments tend to focus on their own core responsibilities and services within the national system of primary, secondary and tertiary care and have relatively limited recognition of the need to include other sectors within the policy, strategy and resource allocation framework. Moreover governments may have little capacity for the policy analysis required to address the development of public/private

[12] Personal communication, DFID Bangladesh
[13] Personal communication, Civil society India
[14] DFID Uganda Personal communication
[15] Brown, A; Foster, M and Naschold, F (2001) 'The Status of Sector-Wide Approaches' Overseas Development Institute, Working Paper 142, Centre for Aid and Public Expenditure
[16] Personal communication Marie Stopes International
[17] Personal communication, Options Ltd

sector partnerships and embed them appropriately within the health system. [18] References to private sector partnerships that do exist in policy or strategy documents may be pious and aspirational rather than providing clear and realistic guidelines for engagement.

Effective policy on working with the private sector would recognize the contributions of NGOs, the private sector and civil society, and address the negative attitudes within government 'to opening the sector boundaries to NGOs, civil society and the private sector.'[19] Effective policy would enable a move from opportunistic collaboration to providing a strategic framework for both service contribution and advocacy and to laying out the advantages of partnership in terms of synergy, collaborative efforts, improved efficiency and better access to quality services. Strains and tensions would not disappear overnight, but an articulated policy does provide legitimacy and reference for efforts to promote and enhance government and private sector working relations.

Limited institutional capacity

Institutional capacity has to be created in government to interface with the private sector. Without this there is no focal point in government from which engagement with the private sector can be taken forward. And it needs to be appropriately resourced. A one person unit is unlikely to be able to undertake a demanding programme of discussion and negotiation. Discontinuity in key government postings also undermines the capacity of public and private sectors to form a good working relationship and erodes the effectiveness of capacity building - or the growth of institutional learning - around the issues.[20] The failure to include the formal process of contracting faith institutions in Ghana within the SWAp is attributed in part to the discontinuity in political leadership of the Ministry of Health[21]. Funds continue to flow to the faith institutions but not through a contracting process. In Bangladesh 'sudden spurts of mistrust' have characterized relations with the private sector when key government posts change.[22]

The essential culture of government in relation to the private sector may be unhelpful when it is framed within a 'paradigm of control'[23] which focuses on licensing, registration and regulation. This needs to move to a paradigm of partnership which will require strategic engagement, the identification of an appropriate role for the private sector and facilitating implementation in a constructive and enabling fashion[24]. Frameworks for public/private sector partnership should include identification of shared objectives, jointly

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[18] DFID Health Systems Resource Centre 2000 ' Making the Most of the Private Sector' Report to DFID on the Workshop organized by the DFID Health Systems Resource Center and the Health Economics Financing Programme, LSHTM
[19] DFID Bangladesh 2001 'Better Health for the Urban Poor' Project Memorandum
[20] Discontinuity in government appointments was mentioned several time in discussions with stakeholders in Bangladesh
[21] MOH Ghana Personal communication
[22] ICDDR, Bangladesh, Personal communication
[23] DFID Ghana Personal communication
[24] Population Services International and Options Ltd, London Personal communications

defined expectations, explicit standards, agreed principles of partnership and transparent procedures for resolution of any disputes.

The private sector also needs to address the issue of capacity for institutional interaction with government. Many small and medium NGOs are not soundly organized and have weak financial management systems. The institutional infrastructure of NGO and civil society organizations is generally weak. There are limited mechanisms for 'self-auditing' or self-regulation that would weed out those NGOs without appropriate capacity or whose purpose is essentially private accumulation or profit. [25] Standard setting, information sharing and attempts to avoid duplication are also rare.

Building alliances and forming umbrella organizations of NGOs in health delivery can provide for 'one voice with government' and a mechanism for building capacity to engage more substantively in policy dialogue and review. However very often the private sector is deeply fragmented with competing networks and umbrella groups and lacks a 'common voice'. NGO coalitions for specific programmes and policies across a sector tend to be absent and those coalitions that do exist tend to focus on serving their own sub-sectoral areas or to interface with a common donor rather than with government. There is also a question as to what extent NGOs recognize the need to move towards organizational structures that enable a coherent and co-ordinated dialogue with government [26] and to what extent government recognizes the importance of this dialogue.

Rapid changes in framework of development assistance

For both public and private sectors the changes in the development assistance environment which the first SWAps represented have been quite sudden, dramatic and on such a scale that some issues, such as partnership with the private sector, have been put to one side and 'nobody sat down to take a bite at it' [27]. There has been little time for the relevant organizations and institutions to adjust to new ways of working with each other, for government to recognize the contributions of NGOs[28] and, in the case of NGOs, to adjust to a recognition that direct funding by development partners may cease and be replaced by support through government. This will in turn require the development of new working relationships with government and a break with any tendencies to parallel functioning that may have existed.

Moreover it takes time for NGOs in service delivery to get to grips with SWAp processes in terms of sectoral policies, strategic frameworks and resource envelopes for the sector as a whole.[29] [30]Regular meetings in countries where SWAps are in place enable

[25] CARE Bangladesh, personal communication
[26] UNAIDS Bangladesh, personal communication
[27] MOH Ghana personal communication
[28] DFID Bangladesh personal communication
[29] Marie Stopes International personal communication
[30] The Roll Back Malaria programme is considering writing a manual 'All you need to know about SWAps' for malaria programme workers in both public sector and private sectors for countries where it is working, with technical assistance form LSHTM. Malaria Consortium Personal communication

development partners and governments to get up to speed on the complex issues but there is no such opportunity for the private sector. Private sector actors may wish to move into new roles and relationships with government but have limited capacity to do so and few channels open to them for learning.[31]

Limited contracting capacity

In general governments have little experience or capacity to enter into contracts with the private sector, whether sole source or competitively bid. Social sector contracts are complex to write and with outputs that may be difficult to specify particularly in the context of concerns for access by poor people and ensuring quality of care. Governments have little capacity to evaluate bids other than by price and little capacity to monitor - let alone enforce - contracts. There are also fears in the private sector about the capacity of governments to fulfill their part of the contract particularly in respect of timely payments. Moreover such experience as there is illustrates that the contracting framework tends to dominate the relationship between the partners and the focus tends to be on inputs and activities rather than on contribution, outcome and impact.

Little balance between flexibility and accountability

All four countries visited have externally supported national programmes of response to HIV/AIDS that provide for a major part of the funds to go to NGOs via a contracting process. The Indian experience illustrates a pattern that is probably more characteristic of South Asia than of Africa. The relationship between funding/contracting government and implementing NGOs is seen as profoundly asymmetric. Power and resources are concentrated in government and NGOs are dependent on government. NGOs complain that the procedures for contracting are too rigid, represent a blueprint 'one size fits all' approach and undermine their capacity to respond flexibly to the emerging needs of communities.

Government in turn tends to view NGOs with suspicion and requests for flexibility as tendencies towards private accumulation. NGOs endorse the need for government to provide the strategic framework and an enabling environment and accept an associated focus on outcomes. However NGOs resent what they see as micro-management and a quantitative focus on inputs. There is little in the way of effective forums or mechanisms for interaction that would permit joint stakeholder review of process and for provision of feedback. So NGO implementers are effectively excluded from participation in reflection on the implementation process and from feeding in observations to the planning cycle. Neither is there any provision for grievance redress [32]. The procedures being put in place

[31] Marie Stopes International personal communication
[32] Personal communication, NGO sector India

in Africa are likely to be less rigid but still illustrate the problems with asymmetry[33] and have little space for consideration of process.

It was observed that NGOs contracted by government are often resistant to recognizing the legitimate 'rules of the game' in terms of the way governments function, failing to recognize for example the frameworks of financial management procedures within which governments are held accountable. NGOs tend to desire a revolution overnight in terms of a move away from a rules-based to a more flexible and participatory process, rather than acknowledging any incremental change which is gradually occurring as a result of government and NGO collaboration.[34]

Little recognition of the role of civil society

In most settings, governments are wary of those it regards as having a dissenting voice and so defining a working relationship with civil society remains difficult. In all the countries visited interviewees said that governments recognized that NGOs have a comparative advantage in providing service to marginalized and hard to reach groups in ways that they could not. Governments are quite comfortable with the role of NGOs as providers of service which 'plug the gaps'. But governments are much less comfortable with NGOs and civil society groups in their roles as advocates and watchdogs, and may be reluctant to accept the legitimacy of the function of 'voice' and see it in oppositional political terms.

There is currently little evidence that governments are willing to open up frameworks of SWAp review and reflection to take on board 'reality checks' from NGO field-based observations[35]. There is also little in the way of broader participation by other representatives of civil society such as the universities or the press. According to one observer there is simply too much at present for weak governments to engage with in terms of getting to grips with new contracting and regulatory relations with the private sector, and not enough time or capacity for them to also acknowledge the watchdog function of civil society and their legitimate role in policy dialogue.[36]

[33] For example in Ghana the Operational Manual of GARFUND provides for a 'hot line' for reporting irregular behaviour of contracted NGOs without a corresponding provision for the NGOs to feedback inappropriate or rent-seeking behaviour on the part of the level of government which is to pass on funds

[34] Personal communication, DFID India

[35] Independent observer, India Personal communication

[36] DFID Bangladesh Personal communication

5 INTERNATIONAL SUPPORT FOR IMPROVED COLLABORATION

Policy development and review

Response to the complex issues raised by public/private sector collaboration and to dynamic developments in the response to HIV/AIDS, such as the emergence of anti-retroviral therapy (ART), requires a strong policy analysis capacity within government. This is essential to monitor and propose adjustments, as needed within the framework of overall government priorities.

In **Bangladesh** the SHAPLA group of projects is DFID-provided technical assistance available to the government SWAp (the Health and Population Sector Programme). This is a major resource for strengthening the policy capacity of government. The Management Change Unit within SHAPLA is proposing to do work on the Bangladesh Government's relationships with the private sector.

In Ghana DFID's flexible technical support within the context of the SWAp has been used to support the strengthening of the government's policy development capacity. The support for government research in the areas of poverty, equity, gender and participation has helped to supply 'knowledge that was missing'[37] regarding the health-seeking behaviour of poor people and the contributions of the NGO and private sector. This has in turn informed policy formulation in the context of preparing the next five-year programme of work for SWAp funding.

Where SWAps are in place, DFID and development partners have been advocating with partner governments for a greater recognition and role for the private sector in the policy formulation and review process. Civil society and NGO involvement is key, especially in the joint monitoring of SWAp implementation, in order to make government a better listener and to open its ears to the voices of poor people who are intended beneficiaries of the programme. Gradual progress is being made although undoubtedly government resistance to the participation of the non-government sector in the policy process persists.

In **Bangladesh** a welcome recent development has been the establishment of a high-level Government and NGO Advisory Committee to oversee the development of mechanisms to involve NGOs in national and local level policy, planning and implementation[38]. The Better Health For The Urban Poor Project, parallel-funded through Marie Stopes International in partnership with Marie Stopes Clinic Society (MSCS), envisages a channel of learning from Marie Stopes to the Bangladeshi Government. This will be 'useful for national policy development and programme design' in the context of

[37] Foster, M; Brown, A and Conway,T (2000) op cit
[38] DFID Bangladesh Personal Communication

inclusion of services for the urban poor in the next SWAp-funded five year programme of work.[39]

In **Ghana**, DFID has supported a series of workshops for civil society organizations and the Ministry of Health to explore what engagement of civil society means and how they can best participate in policy dialogue. DFID has also supported a national consultation process involving civil society on health issues, using as the entry points the Ghanaian Government's Health Of The Nation Strategy and draft programme of work for the next five years of SWAp funding.

Partnerships with the private sector

DFID has been a strong voice within the SWAp Annual Performance Review process in **Bangladesh** to press for the government to develop its policy framework and implement guidelines for collaboration with NGOs. The experience of direct DFID support to NGOs through the Bangladesh Primary Health Care (BPHC) project has provided valuable learning to guide the development of policy on public/private sector partnerships. The Government of Bangladesh has now requested that the project collaborates on developing the documentation for its recently announced Government and NGO Collaboration Strategy. The government and development partners have agreed a deadline of February 2002 for establishing the framework for government and NGO collaboration in the sector[40].

In **Uganda,** the Italian Government is providing projectised technical assistance to the Ministry of Health in the creation of a Public Private Partnerships In Health Unit that is designed to inform the process of public subsidy to the private sector as part of the SWAp. A draft policy for partnership with facility-based not for profit health providers has been issued and is now subject to consultation and review. This draft policy recognizes the plurality of the health system as defined within the Ugandan National Health Policy, the Health Sector Strategic Plan and the SWAp.

This plurality carries with it the necessity for clear definitions of institutional arrangements and processes to support the development of partnerships between the public and private sectors. The Ugandan draft policy is a model in terms of the outline of the principles of partnership, the objectives, implementation modalities, structures for review and overseeing at all levels of the system and for mediation and arbitration of disputes. The draft policy also draws attention to the need to develop the capacity of both sets of partners to 'develop, negotiate, implement and control contracts'.[41]

USAID has funded technical assistance in **Tanzania** to consult with the private sector on the steps required to provide a framework for operationalising public/private sector

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[39] DFID Bangladesh (2001a) Better Health for the Urban Poor Project Memorandum

[40] DFID Bangladesh Personal Communication

[41] Ministry of Health, Uganda 2001 Draft Policy for Partnership with Facility-Based Non-Profit Health Providers

partnerships within the health sector reform process. The report of this consultation draws attention to the atmosphere of wariness that existed between the public and private sectors and the need to establish a climate of trust that could be promoted in part by provision of clear guidelines for forming partnerships and for collaborative planning[42].

In **Ghana**, the World Health Organisation had supported the Ministry of Health to hold a national forum on partnership that looked at the relationship between Government, NGOs and development partners in the context of the SWAp-supported five year programme of work. One recommendation has been for the Government of Ghana to formulate a comprehensive NGO policy with the involvement of all partners. DFID has supported the process of developing this policy.

Institutional frameworks

The governments of **Ghana** and **Uganda** have set up private sector partnership offices that provide an institutional home and focal point for developing policies and programmes for working with the private sector. DFID Ghana has supported a number of activities of this Ministry of Health Private Sector Unit in its engagement with NGOs and civil society organizations.

The creation of umbrella organizations provides a mechanism for private sector organizations to engage with government on the process of support for programme implementation. At the same time they also offer the opportunity of moving towards a dialogue on policy and programme outcomes. The Ministry of Health in **Ghana** encouraged the establishment of an umbrella coalition of NGOs in health. The initial thinking on the part of the Ministry was undoubtedly of control, seeing the establishment of the coalition as facilitating co-ordination, registration and regulation. However Ministry thinking has developed in terms of now seeing the coalition as providing a framework for partnership. Initially the Ministry provided office space and supported activities. The coalition has now matured and gained confidence and is ready to 'leave the nest'. The Ministry is content for DFID funds to support this[43]. A Network of NGOs In Reproductive Health is emerging from the DFID-supported Family and Reproductive Health Programme which has been implemented by Save The Children (UK) through capacity building NGOs which act as a technical resource and channel for support to community based organizations. GHANET is another network of NGOs in Ghana that focuses on HIV/AIDS prevention and control and is supported by a number of development partners.

DFID support for the Government's National AIDS Control Programme in **India** provides technical assistance through a contracted resource centre. This provides scope for addressing some of the institutional issues around the Indian Government and NGOs working together and has the potential for creation of a common platform ' for people to talk to each other'[44] in the Indian States where DFID support is concentrated. Facilitation

[42] Ministry of Health Tanzania, op cit
[43] DFID Ghana Personal communication
[44] Resource Centre spokesperson, India

of such a forum is a felt need on the part of the NGOs working within the National AIDS Control Programme.

Government capacity building

Reference was made in the previous section to the discontinuity in government postings in **Bangladesh** that undermines capacity building and the development of institutional memory. The long-term and concentrated technical assistance provided by DFID in the context of the SHAPLA project helps to 'cover the ''churn'' ' resulting from frequent postings out of the control of the Bangladesh Ministry of Health and Family Welfare[45] This DFID support is valuable not only in providing the essential technical inputs required in the early days of system transformation[46] but also in providing continuity until the new SWAp processes are fully institutionalized and have become part of the culture of understanding across government. DFID Bangladesh support, in complement to the World Bank, for the government's HIV/AIDS Strategic Implementation Plan will include developing government capacity to purchase NGO services.

In **Ghana**, the recently established AIDS Commission is in receipt of a substantial IDA credit to establish a response fund (GARFund) of which 70% will go to support an increased civil society and NGO response to AIDS. Complementary funding from DFID for a Ghana AIDS Prevention Programme will support capacity building for the AIDS Commission to take on the national co-ordination of the response, including co-ordination of the complex contracting and review processes, overseeing of district activities and the activities of other government departments, and using NGOs to support local level interventions. Capacity building is also required to support the creation of financial management and administrative systems within the AIDS Commission. Once these are in place and functioning, common management arrangements for development partners can be in place by the third year of DFID funding.

NGO capacity building

A major strand of the BPHC programme in **Bangladesh** is capacity building of participating NGOs. This includes both technical health issues and also organizational capacity. There are resources within the new DFID support for the Government's Strategic Implementation Plan for prevention and control of HIV/AIDS to provide support for larger NGOs that can in turn provide capacity building support for smaller NGOs at the operational level. DFID support to the Marie Stopes Better Health For The Urban Poor project will provide resources to strengthen the capacity of reproductive health NGOs both through training and through provision of technical assistance. This will feed into the government programme since it is envisaged that the Marie Stopes Society Clinic will be contracted by the government as a 'resource NGO' within the national programme.

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[45] DFID Resource Centre for Health Systems Development (2001) 'Development of Administrative and Financial Management Capacity for Sector-Wide Approaches (SWAps); the experience of the Bangladesh health sector'
[46] DFID Bangladesh Personal communication

In **Ghana** DFID support for the multi-sectoral broad-based response to HIV/AIDS through the Ghana AIDS Commission will provide complementary funding to enable international NGOs to support large local NGOs to develop the capacity of local groups to make effective applications to the GARFund to ensure appropriate use of the IDA credit. This work is building on the experience of the SCF-implemented Family and Reproductive Health Project. This project has achieved national coverage and provided valuable lesson learning about strengthening grass-roots capacity to respond to HIV/AIDS and about the contributions that international NGOs can make to the strengthening of national NGOs and the capacity of the latter to support activities at the peripheral level. DFID will also consider 'front-loading' the GARFund while the World Bank's requirements for sound financial systems are being established. DFID support will enable capacity building with local NGOs to start so that they can make timely and appropriate call on the GARFund when funds do start to flow.[47]

Developing capacity for contracting

The need to develop the capacity for efficient, transparent and accountable contracting systems is apparent in all settings where governments and the private sector are working together.

In **Bangladesh** the draft NGO-government collaboration strategy includes mechanisms for contracting and funding NGOs by government. UNAIDS is supporting a technical assistance position within the Ministry of Health and Family Welfare, located in the World Bank, to assist the government to develop a contracting system to enable operationalisation of the National AIDS Programme. As with other IDA-credit supported Multi-Country AIDS Projects, 70% of the funds are intended to go to NGOs via a government contracting process. The Marie Stopes Society Clinic is being supported through the Better Health For The Urban Poor Project to develop its own capacity to bid for public sector contracts and, importantly, to contribute to 'increased debate, consensus and collaboration with the government on the issues surrounding NGO contracting and partnerships'[48] DFID support for the development of capacity to contract within the HIV/AIDS sub-sector is seen as a 'way to kick start the process of contracting' across the health sector as a whole[49]. Up until now, the Government of Bangladesh's lack of contracting capacity has been a crucial gap in the context of the Essential Service Package and making community clinics operational.

In **Ghana** DFID support for procurement of contraceptives for social marketing within the government's AIDS Prevention Programme is intended to be interim and transitional and it is anticipated that subsequently the Ministry of Health will have the capacity to purchase commodities, hopefully by utilizing the services of a contracted procurement agent.

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[47] DFID Ghana (2001) Ghana AIDS Partnership Programme (GAPP) Project Memorandum

[48] DFID Bangladesh (2001a) op cit

[49] DFID Bangladesh Personal communication

Civil society advocacy and the watchdog role

In **Bangladesh** two DFID supported projects will strengthen advocacy capacity. The CARE AIDS Programme includes a senior management post for an advocacy role that is designed to contribute to an effective national HIV/AIDS strategy and programme. The Better Health For The Urban Poor Project will include advocacy 'for the rights of the urban poor and vulnerable populations to quality affordable services' [50] and enable MSCS to be an effective advocate in the new policy environment. Strengthening Marie Stopes's role in advocacy will be carried out in a strategic manner by encouraging it to link with existing and new coalitions and by developing the organizations's advocacy skills by means of appropriate training and technical assistance. DFID support will enable the hiring of a senior level staff person with advocacy skills and experience.

DFID-Ghana is supporting national consultations on health policy and the preparations for the next round of SWAp funding, with active input from civil society groups. This is significantly broadening the consultation process, opening up a channel for 'voice to government', and raising the profile and legitimacy of civil society organizations' advocacy work. DFID support for civil society led Participatory Learning and Action training at regional levels in **Ghana** has also exposed senior health officials to the views of beneficiaries at community level - often for the first time.

Process facilitation

Developing more enabling relationships between governments and the private sector requires process facilitation. This is essential to assist both parties to move from their present - often negative - perception of each other, and towards greater recognition, acceptance and trust of each other's roles and responsibilities.

DFID in **Malawi** has strongly encouraged Marie Stopes International (MSI) to work with its national partner BLM to re-position itself in relation to government, and has supported BLM in becoming more active in the arenas of advocacy and policy. DFID has in turn urged the government to be more inclusive in terms of participation by BLM as a leading national reproductive health NGO in policy development and dialogue. BLM is currently involved in several national decision making bodies on sexual and reproductive health.[51] As part of the process of strategic re-positioning, DFID funds (and also MSI headquarter's funds[52]) have supported BLM in undertaking a visioning exercise following intensive dialogue with government to ascertain national and sub-sectoral priorities. This resulted in a vision statement for BLM as 'an enduring and effective contributor' to the national sexual and reproductive health strategy.

Supporting responses to HIV/AIDS in **Bangladesh**, DFID has provided technical assistance to support government and NGO collaboration and co-ordination. In the context of re-positioning NGOs in relation to government, MSCS will be supported to

[50] DFID Bangladesh 2001 op cit
[51] DFID Malawi Personal communication
[52] Marie Stopes International London Personal communication

review its strategic plan and consider developing short-term technical plans as a more pragmatic and useful framework in a rapidly changing policy environment. DFID support will enable Marie Stopes to restructure itself internally to provide 'space and resources'[53] to enable the Country Director to take on a more strategic role in relation to government, the private sector, NGOs, civil society and other development partners. Continued direct DFID support for CARE in the context of work with vulnerable groups includes a programme to work at district level to support the formation of District AIDS Committees.

In **Ghana**, a major private sector actor, the Ghana Social Marketing Foundation (GSMF), is being supported by Ghana within the framework of the response to HIV/AIDS. In addition to provision of commodities and support for promotional activities, DFID resources will fund an additional staff post to enable a more sustained engagement with government in the policy and programme development review process, both at Ministry of Health and Ghana AIDS Commission level and at district level. The provision of these resources recognizes that there are major opportunity costs to a 'seat at the table'.[54]. DFID is also supporting activities to facilitate a more constructive civil society and government engagement, including a major options appraisal of the issues[55] and a series of stakeholder meetings to discuss the findings. This process should 'commence a process to develop a mechanism to increase and support civil society ' participation in health'[56]

In **India** DFID funds have enabled Population Services International to undertake a series of activities to strategically re-position itself in Orissa and to engage directly with government in the context of the National Health Policy in new ways.

DFID Uganda is encouraging international NGOs with which it has a funding relationship to move closer to the Ugandan Government and away from working in parallel. DFID also funds three national NGOs in **Uganda** which are trail-blazers in the response to HIV-AIDS and has been encouraging these organizations to recognize the need to find new ways of working with the government, given that funding in the future is likely to come through the SWAp. In the context of expanding their existing programmes, DFID is urging these NGOs to recognize the need for advocacy skill, participation in policy and programme discussions and for capacity building of both public and private sector organizations.

[53] Marie Stopes Clinic Society Personal communication
[54] Ghana Social Marketing Foundation personal communication
[55] DFID/MOH Ghana (2000) 'Promoting the participation and financing of civil society: An options appraisal study of the Ghana health sector'
[56] DFID/MOH Ghana (2001) 'Promoting the participation and financing of civil society in health'

6 MODALITIES FOR DFID ASSISTANCE

Ensuring in country technical capacity

In-country DFID technical presence within multi-disciplinary teams is enabling a range of responses to help governments with the challenges created by the dramatic changes in the institutional environmental that SWAps generate and which must most be addressed in the context of any multi-sectoral response to HIV/AIDS.

The strength of DFID technical presence in country is key to enable flexible support for SWAp programmes and response to HIV/IDS and includes:

- extensive knowledge of the country context and sector
- the building of relationships of trust with government and other development partners
- the ability to engage technically with implementers in the NGO sector and with advocates within civil society

These are all essential to steer a path through the largely unchartered waters of support for public/private sector collaboration within the SWAp process.

Development partners have commented on the advantage which DFID possesses not just in its long-term health technical presence but also in its inter-disciplinary teams which enable the full complexity of the institutional, social development and economic issues to be addressed in a way that other agencies simply do not have the capacity to do.

Flexible funding of technical assistance: Ghana and Bangladesh

DFID has a well-deserved reputation in partner countries for flexibility and responsiveness. Where the lead donor procedures for loan disbursement are cumbersome and constraining it is essential that other development partners, such as DFID, maintain a flexibility of response to deal with emerging needs.[57]This has been useful within the context of technical assistance within SWAps and the general reluctance of governments to use World Bank loan funds for international technical assistance. Similarly there is a reluctance to use loan funds for international NGOs[58] yet their inputs are seen as particularly strategic in the context of strengthening institutional capacity of national NGOs and their ability to work with government.[59]

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[57] UNAIDS Bangladesh Personal communication
[58] DFID Ghana (2001) Ghana AIDS Partnership Programme (GAPP) op cit
[59] CARE Bangladesh Personal communication

DFID Ghana has made skilful use of technical assistance funds administered directly in support of the SWAp programme of work. These funds have deliberately not been programmed too tightly and have been used to respond flexibly to needs as articulated by the Ministry of Health to take forward sectoral work, and supporting work taken forward by the Ministry itself which has significantly increased a sense of ownership. DFID has provided direct support for cutting-edge process facilitation in the area of government and non-government collaboration and the role and contributions of civil society. In addition, DFID proactive engagement with the Ministry has enabled flexible technical assistance to be used to support studies on poverty, equity and gender which have made a significant contribution to shaping the development of the government's thinking on its role and capacity to reach poor people.

This work has helped to create a substantive recognition, rather than the rhetorical recognition in SWAp-1, regarding the need for partnership with NGOs to provide for equitable service delivery that is specifically pro-poor. The preparations for SWAp-2 are giving a central place to broad partnership with the private sector. DFID technical assistance funds have also contributed to groundbreaking PRA training carried out by a leading civil society organization for the health sector at regional levels.

Flexible technical assistance programming has enabled a strategic positioning of DFID support to the private sector in Ghana. Other partners, notably USAID and Dannida, are engaged with the for-profit sector. DFID support has helped the Government to address the involvement of civil society in the context of a wider multi-sectoral response to the health needs of poor people. Proactive and strategic use of the funds has contributed to influencing agendas and facilitated risk-taking by the Ministry of Health. This illustrates 'sector wide working…actions intended to strengthen the overall coherence of institutions, budgets, stakeholder relationships, policy'.[1]

At the time the SWAp was established, the Ministry of Health and development partners in Uganda set up a jointly administered Partnership Fund to fund activities, including technical assistance, to support the health system change and management strengthening process. DFID has been part of the Partnership Fund since the inception but initially had other sources of funds that could be used flexibly and responsively in support of the SWAp. However it has recently begun to provide financial support.

1 *Julia Cleves, quoted in DFID (1998) 'Social Development Issues in Sector Wide Approaches' Norton, A and Bird, B. SDD Working Paper No.1*

In Bangladesh the process for procurement of technical assistance within the SWAp has been difficult and a new mechanism is envisaged for the second round of SWAp funding from 2003.[60] DFID has used directly funded technical assistance to strategically support the Government. This has included the provision of local consultants to help develop the mechanisms for NGO contracting and the compilation of a GIS computerised database of NGOs implementing AIDS prevention activities to complement government data

[60] DFID Bangladesh Personal Communication

prepared. Strategic continuation of project-specific assistance to major NGOs is an additional means of enabling technical assistance support for the national HIV/AIDS programme.

Sector-wide project assistance

Strategic contribution can be made by discrete projects within a given sector 'which while they may only apply to small field of action act to reinforce the coherence of institutions, budgets and policy in the sector as a whole and thereby improve broader development outcomes beyond the scope of the project concerned'[61]

In **Bangladesh** support for the SWAp includes a number of such projects: Better Health For The Urban Poor, the SHAPLA portfolio of projects, CARE Rasta and Shakti projects, and the Bangladesh Primary Health Care umbrella support for NGOs in service delivery. These projects all support the private sector in the context of sexual and reproductive health. The decision to continue funding the projects was taken on the basis of their 'literacy'. This was in relation to their contribution to the overall coherence of national policy, institutional development of the HPSP and to the development of the strategy for HIV/AIDS. For example, the CARE projects have provided experiential learning on HIV/AIDS not otherwise available to government. In addition the projects are making important contribution to the enhancement of the capacity of key national partners. Projects that were initially discrete, with boundaried learning, now have explicit statements within logical frameworks in terms of influencing and impacting national policies and programmes within the HPSP.[62]
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In **Ghana**, the multisectoral AIDS Prevention Programme will support capacity building of the government at all levels including the district, civil society and the private sector through strategic complementary funding and through the provision of appropriate technical support. International NGOs will be used to support the development of national NGOs to take on these responsibilities in the longer term[63].

Support in **Uganda** for innovative response to HIV/AIDS (direct funding of three NGOs in care and support, voluntary counselling and testing and youth focused activity) is also intended to inform national programming in these areas and provide a transition period during which the NGOs can develop effective working relationships in anticipation of future funding through the Government. DFID Uganda is also considering 'umbrella' support for AIDS prevention and control. This would enable a flexible funding response in the context of internal DFID personnel policies for those with 'progressive illness'; continuing support for NGO innovation; capacity building for the Uganda AIDS Commission and funds to support activities across sectors and Ministries.[64]

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[61] Cleves, op cit
[62] DFID Bangladesh Personal communication
[63] DFID Ghana, GAPP op cit
[64] DFID Uganda Personal communication

Within the HAPAC project in **Kenya** 'the responsive and flexible implementation of 'unbudgeted' interventions has had considerable impact (community based work, high level political advocacy work etc.) and has been highly appreciated by the Ministry of Health'. [65]

A process approach to project assistance

In **Kenya and Malawi** DFID is providing projectised assistance to governments for HIV/AID prevention and control using a process approach. It is envisaged that the initial parallel-funded projectised support will enable government capacity to develop over time that will enable DFID to move to a sectoral investment by means of common management and funding arrangements together with other donors.

A complementary programme of assistance through the Ghana AIDS Prevention Programme (GAPP) in **Ghana** will support the development of government capacity and systems by means of support for staff, and administrative and organizational development of the Ghana AIDS Commission. Once these are in place DFID proposes to move towards a sectoral investment and contribute to a common basket for the management of donor funding. The AIDS Prevention Programme will also support a partnership between the GSMF and an international procurement agent to ensure provision of commodities in response to growing demand resulting from the successful USAID support of GSMF. It is envisaged that Government of Ghana should be able to take over the contracting arrangements for procurement of condoms for social marketing in the longer term as its capacity for large-scale procurement is developing rapidly.

This approach also enables a rapid response or 'fuelling the engine' in the context of World Bank procedures that will take time to bed down within government. [66] In cooperation with the government, DFID will operate a 'second window' of funds that will support local NGO capacity building in terms of identification of projects and preparation of proposals and for mechanisms to enable immediate funding of successful proposals. The Ghana AIDS Commission will eventually take over the process of contracting and funding NGOs.

DFID support for prevention of HIV/AIDS in **Kenya** uses a successful project (HAPAC) to further support the shaping of a coherent response to the epidemic in Kenya around improved co-ordination by the Government within the framework of its HIV/AIDS Strategic Plan with an especial focus on advocacy, behaviour change and care and support activities. By the third year DFID hopes that all HAPAC project activities can be 'folded into the implementation of the HIV/AIDS Strategic Plan and that Government of Kenya systems will have strengthened sufficiently to enable DFID to provide direct budget support for the HIV/AIDS effort'[67]. A review at the end of the second year will assess whether a move to budget support is justified.

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[65] DFID Kenya (2000) OPR Kenya HIV-AIDS Prevention and Care Programme(HAPAC)
[66] GHANET, Ghana Personal communication
[67] DFID Kenya 2000 Kenya HIV-AIDS Prevention and Care Programme Project Memorandum

In **Malawi** DFID is funding a large scale sexual and reproductive health project within the framework of the national sexual and reproductive health strategy. The project, which includes an output on collaboration with the private sector, envisages strengthening the response to sexual and reproductive health needs within the context of the overall strengthening of the health sector. The project will be used as the framework within which to move with other development partners towards a SWAp.

Support for the private sector through the SWAp in Bangladesh

DFID Bangladesh joint support with the World Bank for implementation of the Strategic Implementation Plan to combat HIV/AIDS will be taken forward through the SWAp in Bangladesh, but with earmarking of the DFID funds. DFID Bangladesh will support technical assistance to strengthen the capacity of the Ministry of Health and Family Welfare to manage the national programme and the NGO contracting process. DFID funds will support the Ministry to contract NGOs as 'resource agencies' to assist with the capacity building of other NGOs to scale up activities among high-risk groups[68]. This is an interesting example of how DFID earmarked support within a SWAp will strengthen the overall health sector, in this case contracting of NGOs for training and service delivery as well as funding a strategic response to HIV/AIDS.

[68] DFID Bangladesh (2001b) Strategic Investment in HIV-AIDS Prevention and Control Project Memorandum

7 EMERGING ISSUES AND FUTURE NEEDS: TECHNICAL

COMMODITY SECURITY

Reproductive health commodity security (and other vertical programmes such as the Expanded Programme on Immunisation) have been identified as something on which development partners need to 'keep an eye' [69]in the context of SWAp implementation. They carry important health benefits for poor people, commodity security underpins the International Development Target of universal access to reproductive health services, and availability of condoms is key to the prevention of HIV/AIDS. In the early days of SWAps there were fears that moves towards integration of previously vertical programmes would weaken implementation, outputs and service coverage. This has not happened although as yet there have not been marked improvements either. Clear articulation of reproductive health priorities within sectoral policy and strategic frameworks should facilitate the resource allocation which supports contraceptive procurement. There are however a number of issues to be addressed.

Government capacity

In several countries previous contraceptive provision was outside Ministry of Health jurisdiction, off budget and fully funded by donor resources with no country budgetary commitment at all. This has contributed to a situation whereby the responsible unit/division within the Ministry of Health has been relatively sidelined in the health sector reform process and the development of the SWAp. Bangladesh is the exception with a desire to restructure the provision of reproductive health services being a driver for the SWAp process overall.

> With respect to the provision of commodities DFID country programmes are generally pragmatic and responding to needs and demands as they present within the framework of support for the SWAp. In Uganda, DFID has told the Government that it does not expect to continue to provide direct support for purchase of contraceptives since resources for this are available within the SWAp envelope. However DFID also recognises that the Ministry of Health's reproductive health division is weak with a highly projectised background, out of the mainstream of the reform process and with relatively limited influence. It will take time for government capacity to develop and recognition of the imperatives of commodity supply may be initially contested within the Ministry of Health. Thus DFID will informally keep a watching brief.
>
> In Ghana DFID is working closely with USAID to assure supply of condoms through social marketing by picking up funding while USAID continues the overseeing role. It is envisaged that the Ghanaian Ministry of Health will become responsible for contracting the condom procurement agent as capacity develops.

[69] Foster, M et al (2000) op cit

In most SWAp settings it will take some time to bring contraceptive procurement firmly into sector arrangements. Much will depend upon the overall development of government procurement capacity and the support which this receives in terms of technical assistance. Moreover accurate forecasting of requirement necessitates regular and comprehensive reporting of utilisation from the operational level. Health Management Information Systems are still weak in most settings but are being addressed in the context of system strengthening within SWAp processes.

Uganda, Ghana and Bangladesh are benefiting from the USAID-DELIVER project which, building on previous vertical USAID assistance to commodity provision and logistic management, is intended specifically to address national capacity and increase the availability of commodities in an integrated fashion along with essential drugs and supplies within the context of health reforms including decentralisation.

Social marketing

A major contribution to contraceptive provision is being made by social marketing organizations in countries where SWAps are in place. Direct donor support of social marketing to date has tended to result in a gap being created between these organizations and government. This in turn has tended to contribute to a lack of ownership of social marketing programmes on the part of government with associated strains and tensions because of their high profile performance. Some governments are able to claim these successes as their own (for example the Government of India which does provide the commodities) while others have a more ambivalent relationship with social marketing organisations.

DFID Ghana has recognized that the relationship between government and GSMF will require strengthening over time. Meanwhile the continuing provision of condoms through social marketing is vital in the context of the narrow window of opportunity for dealing with the AIDS epidemic and the extent to which social marketing can reach vulnerable groups in a way that public sector distribution cannot. Consequently transitional directly funded arrangements are proposed for procurement in anticipation of the Government eventually taking over this responsibility. And very importantly resources have been provided for GSMF to engage in the on-going process of dialogue with Government on the health sector overall and participation in policy and programme review.

However, the collaboration of GSMF and government in the context of the Roll Back Malaria programme, where GSMF has been marketing ITMN, and through the Ministry of Communications for HIV/AIDS prevention and control, has improved the working relations with government. The organization also anticipates it will be easier to work with the multi-sectoral Ghana AIDS Commission, attached to the Office of the President, rather than with the Ministry of Health. The Commission is headed by an administrator and they are regarded as being more open to work with the private sector than medical professionals[70]. Interestingly the same point was also made in India with respect to the

[70] GSMF Personal communication

National AIDS Control Programme and State AIDS Societies, also headed by senior administrators rather than medical professionals.[71].

In Bangladesh DFID is supporting the social marketing of oral contraceptives for a limited period of time and has indicated to the Social Marketing Organisation that they need to develop a working relationship with the Government in the context of the HPSP. However DFID has not been able to provide resources to assist with re-positioning and, given that the Social Marketing Organisation no longer has external technical assistance links with Population Services International they are likely to find this difficult to do.

The Government of India has recently developed a social marketing strategy that does envisage greater government co-ordination of external support for social marketing to ensure equitable coverage of social marketing benefits. This is appropriate in the context of governments' taking greater control of resources for the sector. DFID decisions about funding mechanisms for social marketing of contraceptives are best taken pragmatically and in specific context, in relation to government capacity, the 'window of opportunity' for HIV/AIDS control and the IDT-related reproductive health imperatives.

Social marketing organizations themselves view moves towards SWAp funding with considerable concern. They fear that governments are reluctant to pass substantial donor resources on to non-government entities and the possibilities of rent seeking if they are funded through government. They argue that governments lack the administrative capability to manage complex contracts, and the innate desire of governments to maintain control is likely to lead to interference and possible restriction of promotional activities that might be controversial (which given the target audiences will often be the case). They agree with others who argue that while all activities should be within the framework of national sectoral policy and resource allocation, not all funds to support the sector need to flow through the government budget. They endorse government ownership as crucial - and lacking - in some social marketing programmes but assert it should be seen in terms of strategic rather than operational ownership. There are a number of countries where commodities are being provided by government budgets or through pooled funding mechanisms. However social marketing organizations argue that for the time being management and promotion should be funded bi-laterally as the mechanism that can best guarantee provision of intended benefits.[72]

[71] Family Health International Personal communication
[72] Population Services International Personal communication

ANTI-RETROVIRAL THERAPY

The increasing availability of Antiretroviral Therapy (ART), including its use in prevention of maternal to child transmission is posing a considerable challenge to national health systems and to SWAps.

The issues around ART illustrate the need for governments to have the policy capacity to deal with emerging health needs, problems and demands for new areas of service provision including ART. Governments need to be able ‘to do the sums’ in terms of costing ART as an intervention and setting it against other interventions in terms of burden of disease and other priorities.

The Government of Ghana has included the provision of ART within its Strategic Framework of response to HIV/AIDS and it is likely that the Government will accept the responsibility for providing this. Donor partners including DFID are waiting for the Government to make proposals including models for service delivery and costings. The Ghanaian AIDS Commission has invited the World Health Organisation to advise the Government on this issue.

There also appears to be relatively limited recognition that provision of ART is not just about price accessibility of the drugs. Provision of ART is an intervention at the highest level of the care hierarchy, the tertiary care level of teaching hospitals and national research institutes. There are requirements for lifetime specialist administration and for laboratory monitoring to the address risks of potentially toxic side effects for individuals and the danger of drug resistance developing[73].

The main responsibility of Governments will be to set the policy and establish a regulatory framework, given that most use of ART will probably be used in the private for- profit sector. At present work with the for-profit sector is the least developed part of public/private sector partnerships. In settings where the prevalence of AIDS is high, work is required urgently to strengthen regulation. The Government of Uganda has programmed support for Professional Councils responsible for regulation and licensing of ART in the second year of SWAp funding. The Government of Ghana will make regulation a priority for the next five-year programme.

Fears have been expressed that funds intended for poverty alleviation, for example generated through the HIPIC debt alleviation process, could be diverted for the purchase of ART for use by elites. In Uganda, the link between policy and budget, the integrity of the budget process in the context of the Medium Term Expenditure Framework, the use of NGOs to monitor disbursement of Poverty Action Funds, and an emphasis on transparency are seen as affording protection against diversion of funds intended primarily for prevention of HIV/AIDS. In countries where systems are less robust programme audits would have to fulfil this function.

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[73] Gilks, C (2000) ART and Developing Countries Briefing for DFID London, John Snow International

Private sector involvement

Apart from ART utilised in tertiary facilities and academic institutions, most ART will be utilised in the private for profit sector and in the corporate sector, led by multi-nationals. The business community, especially in Africa, is already making major commitments to prevention and treatment of HIV/AIDS among staff and families. Governments need to engage with these efforts in the interests of policy coherence, equity and to ensure appropriate treatment adhering to established clinical protocols. The social commitment on the part of the business sector and the involvement of for-profit practitioners is running ahead of governments' capacity to provide regulation and oversight. From a governance and stewardship perspective this discrepancy is unhelpful and it also has potentially serious public health implications.

Regulation by government is essential. However the capacity of the public sector is weak and the private sector has little capacity for self-regulation. There is a need for innovative collaboration between public and private for profit sector in the countries most affected, on a scale that will be quite new in terms of sustained collaboration[74].

The public sector needs to set the policy framework, establish guidelines, draw up clinical protocols, provide training and incentives for good practice, undertake accreditation and carry out monitoring[75]. This will place major demands on governments. In Uganda the capacity to work within a regulatory and contractual framework with non-profit service providers is still being developed, and work with the for profit industry is proving difficult.[76] However social marketing organizations and clinic service organizations such as MSI already provide a valuable bridge to the private sector and business community although this potential is not as yet being utilised in any of the countries reviewed.

There are real technical difficulties in establishing regulatory mechanisms. Substantial problems of trust, of suspicion on the part of the private sector as to the purposes of Government will have to be overcome. The large-scale corporate sector sees government as 'irrelevant' and may be unwilling to participate within policy and regulatory frameworks if these are seen to be delaying or restricting processes[1]. Development partners, such as DFID, have a role in facilitating engagement between government and the corporate sector to overcome this kind of distance.

1 Options UK Ltd Personal communication

Accreditation and franchising are only effective if the accrediting body or franchiser knows how to do it properly and has a model of how service should be provided.[77] In

[74] Gilks (2000) op cit
[75] DFID, India Personal communication
[76] MOH Uganda Personal communication
[77] Options UK Ltd Personal communication

general the potential for the accreditation approach has not yet been demonstrated and requires a high level of capacity in the accrediting body (which may be contracted) and among providers as well as considerable resources. Public/private partnerships for the provision of ART is an area of further work which needs urgent attention. However it is a complex issue and there is relatively little capacity available to provide technical assistance[78].

SWAps provide a strengthening of the policy framework and, increasingly, a strategic emphasis on multi-sectoral partnerships and experience in implementing them. This provides an enabling context for this kind of work with the private sector to go forward. The need for substantial technical assistance is such that parallel flexible funding or projectised assistance is likely to be most appropriate for a large programme of work, given the heightened urgency in the context of provision of ART through market mechanisms, outstripping the present capacity of government to regulate. Inter-sectoral and inter-disciplinary approaches are also required. There are governance and social development issues relating to the involvement of civil society in advocacy and watchdog function in context of consumer protection law and raising awareness of consumer rights. Private sector advisors will also have a role and indeed the Private Sector Advisory Group within DFID is looking at working with the private sector for HIV/AIDS control in Central and Southern Africa.

DECENTRALISATION

Decentralisation in the sense of devolving decisions and responsibility for resources and programmes is often viewed as a tension within SWAps where there has been considerable investment in developing central capacity and the development of national programmes. Where the process of devolution is furthest advanced, as is the case in Uganda, conditional grants ring-fence the essential health package and support costs. This is a response to a catastrophic decline in primary health spending at district level when decentralisation was first introduced.

In Uganda, the IDA-credit funded Multi-Country AIDS Programme is district focused. NGOs and community-based organizations apply to their local District AIDS Committee for funding. There may be some problems if ‘cash-strapped’ districts are reluctant to release funds for NGO activities, and there have already been difficulties in some districts in passing on funds to facility-based NGOs. Small local NGOs may also experience difficulty in accessing funds. However the point has been made that they will ’raise their voice’ if there are problems and in so doing are likely also to impact positively on other aspects of health functioning at district level.[79] Local stakeholders do see a source of tension in the degree to which district officials in Uganda see their

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[78] Smith, E; Brugha, B and Zwi, A (2001) ‘Working with Private Sector Providers for Better Health Care’ Options, London
[79] MOH Uganda Personal communication

responsibilities in terms of health and HIV/AIDS and recognize the need for appropriate partnership with NGOs.[80]

Most NGOs are positive about decentralisation. TASO, the highly respected NGO working in care and support of people living with HIV/AIDS directly funded by DFID, has branches in a number of districts in Uganda. They have always had a good relationship with district health teams and are now consciously building a relationship with political actors at district levels. TASO feels that the advantages of decentralisation (essentially lessened bureaucracy) outweigh the disadvantages. Most importantly they consider it is easier to work closer to the people. In Uganda Marie Stopes International is also functioning at the operational level of districts and has invested in building up strong relationships at this local level which they feel will be of benefit in the context of decentralisation. HASAB, a network of AIDS prevention NGOs in Bangladesh sees greater involvement of district authorities as offering a real prospect of intensifying AIDS-awareness and prevention activities at peripheral levels.

Orientation, awareness-raising and developing the technical capacity of district administrations and elected personnel, and the political advocacy skills of district health teams, is required to strengthen and sustain support for the decentralised response to HIV/AIDS. The electoral cycle means that this has to be an on-going process that will require substantial resources. DFID Ghana will support civil society and NGOs to assist districts to respond to HIV/AIDS within the Ghana AIDS Prevention Programme. In Bangladesh, DFID funds are supporting CARE to work with District AIDS committees. DFID Uganda is considering support for the Uganda AIDS Commission to strengthen technical capacity, co-ordination and monitoring of district level activities.

In terms of the watchdog and advocacy role of civil society, decentralisation is seen as presenting distinctive opportunities for policy engagement. Most contestation of policy takes place at the implementation level. NGO collaboration with government in service delivery enables a feeding-up of field empirical realities from the implementation level with significant opportunities for influence in the direction of meeting the needs of poor people. 'Democratic governance is not just about multi-party elections but also about efficient, honest and equitable administration in the public sector. If NGOs can act as 'catalysts' for improved public sector management through engagement at the level of implementation then they are playing an important political role.[81]'. The interface between people and government is closest at the district level and NGOs have a real

[80] DFID Uganda Personal communication
[81] Clayton, A (1998)' NGOs and Decentralised Government in Africa' Oxford, INTRAC Occasional Papers Series No. 18

opportunity to reflect the interests of poor people and to facilitate a more participatory decision-making involving the poor.

MULTISECTORAL RESPONSES

The response to HIV/AIDS must be multi-sectoral. SWAp frameworks are currently sector-specific and government ministry focused. DFID and other development partners have spent a decade in moving the engagement with Ministries of Health from a narrow focus on discrete projects to support across the entire sector, within the framework of articulated policy, strategies, programme of work and resource envelopes. Addressing HIV/AIDS requires a focus beyond government to the private sector. SWAps processes add value multi-sectorally by facilitating a recognition of the role of the private sector and supporting the development of frameworks to engage with the private sector.

However, addressing HIV/AIDS effectively requires a further response which is outside the health sector entirely and which recognizes the contribution of other development sectors such as education, women's affairs, rural livelihoods, employment etc. New institutional structures enabling a fully multi-sectoral HIV/AIDS response are being put in place in many countries. The move of the wider national response out of Ministries of Health and into high profile national AIDS commissions is generally welcomed. This provides increased political profile with links to the President's Office and, importantly, is a framework that facilitates the involvement of other government departments.

Multi-sectorality is enhanced by the involvement of the private sector, not just in terms of public sector- private sector partnerships but also in the context of working across development sectors. Many NGOs at grass roots level work within a framework of integrated development. Moreover a multi-sectoral way of working is most readily co-ordinated at the district level where there is a single line of administration within government. The strength of NGO engagement at district level provides considerable support for taking forward a multi-sectoral response.

DFID support for these new institutional structures is within the framework of co-ordinated support that is characteristic of SWAps and, in the case of Ghana, anticipates a move to pooled funding with other donors when systems are in place. The experience of donor support for Ministry of Health capacity building within SWAps will facilitate a rapid response to identifying and supporting the system development needs of the new AIDS organizations.

Bangladesh is an exception in as much as the enhanced HIV/AIDS programme is located within the Ministry of Health. There are clear advantages of integrating the HIV-AIDS support within the Ministry of Health SWAp in terms of synergy. There are also

disadvantages in terms of a lower political profile for HIV/AIDS and questions about the capacity on the part of Ministry to work across sectors.

8 EMERGING ISSUES AND FUTURE NEEDS: PROCESS

PROCESS FACILITATION

Private sector actors consistently raise concerns about the process of strengthening engagement with government in the context of SWAps. On the part of service delivery NGOs there is a general recognition of the changed policy and operating environment and the need to work with government rather than the donor as primary interlocutor. However they often feel marginalised, and excluded from opportunities to acquire the knowledge and skills to work in the new policy setting. Smaller national NGOs working in sexual and reproductive health may simply not be informed about changed policy parameters[82].

The point has been made from a vertical programme perspective that private sector actors will adapt to change but only when they understand the rationale for change and the nature of the change[83]. In many places this has been slow to happen and wariness about government's perceived style persists. Government is seen as slow and bureaucratic, controlling and pervaded by perverse practice such as rent seeking. Relations with civil society are still quite cool and little work has been done as yet with the for-profit sector. There is little space for the more controversial beneficiary organizations – those working with sex workers, drug users etc.

A great deal of work remains in all four countries visited to strengthen the contracting capacity of government and NGOs. And yet from the NGO perspective a major issue of concern is to move beyond a contractual model to a partnership model based on recognition of contribution within a plural health setting. Within the India programme extensive contracting of NGOs for HIV/AIDS prevention is going on but it is not felt by private sector actors to be within a framework of partnership. There is no forum or mechanism to review process or to enable feedback on implementation. This is resulting in disappointed expectations on the part of the NGOs, further contributing to alienation between the sectors.

The current parallel-funding by donors of the private sector response to sexual and reproductive health needs is ad hoc and fragmented in most places. There is a need to facilitate coherence and a co-ordinated response from development partners to ensure greater impact and equity, in addition to facilitating engagement between the private sector and government.

[82] Population Concern UK Personal communication
[83] Malaria Consortium LSHTM Personal Communication Roll Back Malaria is proposing to develop a manual for its partners 'What you need to know about SWAps'

In all these areas there are needs for process facilitation. Who should undertake this? Generally governments are not sighted on the issues and are only slowly accommodating to the need to work in new ways with non-government actors. 'Donors need to encourage wider participation throughout the SWAp development and implementation process and explore strategies for helping governments, NGOs and community based organizations build capacity for more effective consultation'[84] Development partners have played an important role in assisting governments to recognize the plurality of the sector, using the framework of the SWAp review process as a forum for discussing empirical findings which have highlighted the equity issues and the contributions of the private sector. The preparations for the second round of SWAp funding in both Bangladesh and Ghana illustrate the extent to which collaboration and partnership are moving centre stage in government thinking. There is still a considerable agenda however in assisting governments and the private sector to adopt new working relationships within a new culture of engagement.

Process facilitation is an area where there needs to be coherent action on the part of the wider development partner community. Helping to overcome the 'mutual wariness' of government and non-government stakeholders requires more attention, greater focus and additional resources on the part of development partners.

Development partners such as DFID have a role as an external 'honest broker' in this situation[85] and should consider what strategies they can employ to fulfil this role, including the use of international NGOs. The DFID Country Programmes visited illustrate a variety of flexible and skilful uses of technical resources to support process facilitation. However, the response has been largely opportunistic and ad hoc and DFID Country Programmes may consider whether an inter-disciplinary initiative is needed to look at the issues overall.

CONSENSUS BUILDING AMONG DEVELOPMENT PARTNERS

The need for consensus–building among development partners on issues relating to government, NGO and civil society support has been highlighted in Ghana but applies generally[86]. Development partners that are signed up to the sectoral SWAp tend to lose the mentality of joined-up support when it comes to the private sector. Parallel funding of NGOs and other non-government actors is occurring in an uncoordinated and fragmented fashion. This not only results in duplication and overlap but also sends out confusing messages both to the NGO/civil society community and to government.

The recognition of the contributions of the private sector within the framework of national health policy and priorities is well underway. Consequently, as SWAp processes mature,

[84] Foster, M; Brown, A and Conway, T (2000) op cit
[85] John Snow International Personal Communication
[86] Gaere, L (2000) Civil Society and SWAps; Issues from the Ghana Health Sector. Presentation at DFID African Health Advisors meeting

there is sufficient space for all parties to engage in debate and consensus building about appropriate mechanisms for funding the private sector both within and outside the government budget. At present the arrangements for direct funding by donors outside the budget lack coherence. Complementary funding of the private sector by development partners also needs to come within the framework of co-ordinated thinking and joint support. There are interesting examples of this on a small scale supported by DFID. In Uganda DFID has encouraged TASO to negotiate common funding and joint management of the support it receives from its several donor partners and a similar process is underway in Malawi with respect to BLM. At the national level, both in Ghana and in Bangladesh, there is thinking about 'a second pool' of SWAp funding for government that could provide support for the private sector.

FUNDING CIVIL SOCIETY

In the long term it is likely that most private sector service delivery will be funded directly by government through contractual arrangements, although this may take some considerable time to achieve and interim direct support from development partners may need to continue, possibly through pooled funding arrangements. The position of civil society organizations, whose role is that of advocates for vulnerable groups and watchdogs monitoring the performance of government to enhance accountability, is rather different. Governments see a tension in funding their own critics[87]. Civil society organizations rightly feel a concern that their independence would be jeopardised and their activities constrained if they depended on government for funding. Most developing country governments are neither secure nor mature enough as democracies to accept challenges to their policies and practices from organizations they fund themselves.[88] [89].

In the long term civil society organizations will need to mobilise internal support from within the country in the context of charitable giving from communities, organizations and individuals. At this time India is probably the only country reviewed where this is a viable option. A number of privately funded civil society organizations already exist in India and the Indian tradition of charitable giving does provide potential resources.

The development community will need to provide continuing support for civil society organizations. DFID Ghana has supported a useful review and follow-up activities to assess the options for financing of civil society. [90] Some sort of separate pool of funds is emerging as the preferred option of civil society although the Ministry of Health is reluctant and discussions continue. DFID Tanzania has an interesting model of providing support for civil society across development sectors, implemented through SCF.

[87] Ghana Options Appraisal op cit
[88] DFID Bangladesh Personal Communication
[89] The picture is not very different in UK although structures do exist to preserve NGO/CSO independence. See Malcolm Dean (2001) 'The iron hand that feeds them' *Guardian* August 15th
[90] DFID-MOH Ghana (2000) 'Promoting the participation and financing of civil society: An options appraisal'

CHANGING RELATIONSHIPS WITH MAJOR NGO PARTNERS

A number of UK stakeholders have expressed concern about the changed arrangements for funding Northern NGOs in partnership with Southern NGOs through the DFID Challenge Fund. The removal of the 100% funding for reproductive health activities is seen as a real loss for DFID of learning through innovative projects that would now go to the US Foundations for support. The arrangements for application for large scale block funding requires such substantial resources that these are beyond the reach of all but the largest players. The opportunity to apply for 'medium scale' funding would reduce the marginalisation that the smaller NGOs currently experience. The decline in the availability of funds for service delivery is seen as unhelpful since it is field experience at the operational level that enhances the credibility of NGOs as advocates. Their 'speaking truth to power' is largely based on this platform of direct experience.

There is general sense of frustration on the part of UK-based private sector stakeholders with the lack of an institutional framework for engagement with DFID in the context of the new policy focus for moves to sectoral support at country levels. The concerns voiced in the UK mirror those at country level in relation to NGOs and national governments. UK stakeholders feel treated as contractors, and treated sometimes in a rather roughshod way, rather than as partners with a voice and a viewpoint. They feel there is little opportunity to contribute to policy development as it affects the contribution of the UK private sector, or for participatory review of policy implementation. There is no mechanism for review of the process of funding through the Civil Society Department and no forum for engaging with DFID Health and Population Department as it provides strategic direction for private sector involvement in country programmes. The establishment of BOND is seen as a useful beginning but it was not set up to consider institutional process. Moreover it is funded by DFID which some feel prohibits its capacity for critical comment.

There is a well-worked out framework for the institutional collaboration within the UK of NGOs and UK government. This takes the form of a Compact of Agreement, which among other things is intended to guarantee the independent views of those funded by Government and a free voice in campaigning[91]. It would be useful for DFID to review this model for its relevance to establishing mechanisms to facilitate more collaborative working with UK NGOs working on behalf of the UK Government overseas.

[91] Lord Dahrendorf (2001) 'Challenges to the voluntary sector' Arnold Goodman Lecture. London, .Charities Aid Foundation

9 CONCLUSIONS AND RECOMMENDATIONS

Enforcing or re-defining the role of the state?

Critics of SWAps argue that they represent a return to a 'state-centric' and a 'dirigiste ' view of government. The development of SWAp programmes of work for the entire sector is very top-down and disconnected from a government's capacity to implement. Critics also argue that the approach is supply-driven and ignores consumer behaviour whereby users are already voting with their feet and are making extensive use of the private sector rather than the public sector.

Rather than supporting a resurgence of statism, the process of SWAp implementation is contributing to a re-definition of the role of the state. In the beginning SWAps focused almost exclusively on a public sector financing and supply model with little reference to other sources of finance or service provision. However the process of joint government-donor review within SWAps is highlighting the role of non-government actors in service delivery and often identifying the state as both minority financier and minority service provider. Governments are being required to consider what their role in health care delivery and the response to HIV/AIDS actually is and to recognize that they cannot do everything. Increasingly the government role is seen as providing a framework which enables intervention by other actors.

Pluralism and stewardship

SWAps are bringing to the fore the notion of the 'stewardship' of government over the sector, including 'the ability to build coalitions of support from different groups' [92]. Far from being 'state-centric' SWAps are becoming increasingly pluralist. The shift in emphasis between SWAp-1 in Ghana and SWAp-2, which will have a central emphasis on partnership and promoting private sector participation, illustrates this trend. Without the influence which joint support of government within a SWAp framework has given development partners, this perception by government of changed role would probably have developed more slowly. It has been the SWAp process of joint review which has enabled the analysis and debate of issues such as the contribution of the private sector, the appropriate relations with NGOs and other private sector actors and the recognition of the plurality of the response to the health needs of poor people, including HIV/AIDS. This is leading governments to a greater engagement with NGO service providers and a gradual growth in recognition of the 'voice' function of civil society.

Funding the private sector

The issue of how the private sector should be funded within the agreed government developed SWAp policy and regulatory framework continues to be debated. There is a strong case for the civil society 'voice' function to be funded outside government to

[92] WHO (2000) 'The World Health Report, Health Systems: Improving Performance' Geneva

preserve independence. With respect to NGO service providers, once government has identified their role and responsibilities then donors such as DFID can, together with other development partners, examine how best to provide jointly funded and managed support.

The new strategy for Government and NGO relations in Bangladesh provides the option for this support for NGO essential service delivery being through a separate pooling of donor funds. In settings where government has traditionally funded facility-based NGO service provision through grant mechanisms, as in much of Africa, then strengthening the capacity of government to contract the private sector, using pooled funds channelled through the government budget, is appropriate.

The funding of the private sector response to HIV/AIDS requires a pragmatic approach which recognizes the 'window of opportunity' to slow the spread of the epidemic, as in Ghana and Bangladesh, or the urgency of addressing a widespread epidemic, as in Malawi. Funding may be through parallel mechanisms but constitutes sector-wide working in as much as the activities funded are within government policy, strategic and programme frameworks.

HIV/AIDS projects or programmes?

This review has documented the extent to which projects have a strategic and continuing role in contributing to sector-wide work. Projectised technical assistance is potentially transformational, enabling continuity in capacity building and skills transfer and sustained engagement in the processes of sectoral change and wide-ranging institutional development. It should take the form of 'sector-wide working… actions intended to strengthen the overall coherence of institutions, budgets, stakeholder relationships, policy'.[93] Projects preserve for governments the capacity to innovate, to try out new approaches and promote empirical learning. This is particularly required in a dynamic sub-sector such as the response to HIV/AIDS. New interventions, such as prevention of mother to child transmission, require careful testing initially so that scaling up can be informed from field experience. Testing out the provision of ART through the private sector will require a projectised approach that would be difficult for government to undertake. Support for the advocacy and watchdog roles of civil society will continue to require parallel projectised funding.

There is no conflict between projects and SWAp programmes in situations of mature engagement between governments and development partners. Projects will be located within the framework of strategic technical priorities agreed with government and other development partners. Arrangements are transparent and government is central to the governance mechanisms. The learning is not confined and project outputs include activities for dissemination and sectoral learning which are intended to contribute to the development outcomes captured in the national policy and strategic framework.

[93] Cleves (1998) op cit

More joined-up working within DFID

There is a clear need for more joined-up working within DFID. The issues identified in this paper as requiring further work are essentially inter-disciplinary. A multisectoral HIV/AIDS group within DFID may be considered as the best forum to engage with them, enabling the participation of a wide range of advisory groups around issues such as the involvement of the for-profit and business sector in ART provision. Similarly the institutional issues around strengthening the collaboration between NGOs and government, crucial in the context of national HIV/AIDS programmes, will have much to learn from sectors such as rural livelihoods[94] and from Governance and Social Development departments. A multisectoral HIV/AIDS group is also the appropriate forum to involve the DFID Civil Society Department. The Civil Society Department's arrangements for funding UK NGOs working with Southern partners need to be reviewed to ensure that they provide maximum support for the response to HIV/AIDS in coherence with the DFID HIV/AIDS Strategy and with regional and country priorities.

There is a need for a forum to enable interaction between the UK NGO community and DFID around the process of engagement**.** There is currently little coherence between the support DFID is providing in country programmes for the development of partnerships between national governments and the private sector and the paradigm of control which tends to persist in the funding of UK health and development NGOs. A forum is required to enable DFID itself to move toward a paradigm of partnership in its relationship with UK NGOs working in health and development.

Reinforcing links between SWAps and support for HIV/AIDS

- SWAps do provide a potentially enabling environment for private sector response to HIV/AIDS
- Development partner support for national HIV/AIDS responses has the potential to strengthen implementation of SWAps

The SWAp emphasis on policy, strategic development, resourced programmes of work and system development, supported by co-ordinated donor assistance, is supporting the establishment of HIV/AIDS programmes. SWAps are essentially a framework for development assistance and a mechanism for co-ordinating development partner response to national strategic priorities. The experience of donor support for SWAp processes will strengthen the implementation of support for HIV/AIDS programmes. New institutional structures enabling a fully multi-sectoral HIV/AIDS response are being put in place in many countries. The extent to which they are funded through the budget varies but DFID support is within the framework of co-ordinated support characteristic of

[94] Arya, V (1999) op cit

SWAps. The experience of donor support for Ministry of Health capacity building within SWAps enables a rapid response to identifying and supporting the system development needs of the new organizations.

SWAps processes are centrally concerned with government developing the capacity to 'do its sums' in relation to establishing and financing national health priorities. This provides valuable support when difficult decisions have to be made in the response to HIV/AIDS, for example in respect to provision of ART. The central involvement of the private sector, with 70% of Multi-Country AIDS Programme funds going to NGOs, raises the profile of non-government providers and lends further support to the recognition by government of the plurality of the health and development sector.

The engagement of NGOs widely in the context of the HIV/AIDS response will facilitate a more robust participation of this group in the health sector overall, using skills and experience gained at district and other levels. The large-scale experience of governments contracting NGOs and channelling substantial resources through them in HIV/AIDS programmes will make it more difficult for Ministries of Health to drag their feet doing likewise. The NGO focus on the vulnerable within HIV/AIDS programmes will contribute to strengthening the equity dialogue and sharpening the poverty focus within SWAps. The 'common sense' of co-ordinated donor support and joint management arrangements is benefiting strategically placed HIV/AIDS NGOs. Learning from work with the for-profit sector, for example in the context of ART provision, will eventually feed in to strengthening of governments' stewardship of the sector overall.

However, much work still needs to be done to transform relationships between government and the private sector of NGO, civil society and for-profit actors. Development partners such as DFID need to find mechanisms to provide greater support for facilitation of this process. Work with the for-profit sector has hardly begun and poses particular challenges in terms of continuing mutual mistrust and shared lack of capacity to collaborate. In the context of the clinical response to HIV/AIDS, especially treatment of STIs and provision of ART, the development of effective working relationships between government and the for-profit and corporate sector is imperative.

SWAps are a powerful co-ordinating mechanism and represent greatly strengthened donor support for the health sector and for development problems such as HIV/AIDS. But the SWAp process and the multi-sectoral response to HIV/AIDS do highlight the complex institutional dynamics involved, notably the presence of the private sector as major actors. Effective DFID support for SWAps and for the response to HIV/AIDS must include the capacity to provide flexible support for co-ordination, collaboration and responsiveness across the institutional stage and with the full range of institutional players.

Within this context, DFID should consider the following future actions:

1 Inter-disciplinary reviews at country level of the needs for process facilitation of government and non-government engagement and collaboration

2 Consideration at country level of the appropriate mechanisms for supporting civil society advocacy and watchdog activities

3 Consensus building among development partners at country level to develop a more coherent and co-ordinated framework for complementary funding of the private sector

4 Multi-disciplinary work at DFID Headquarters, regional/sub-regional or country level on the development of capacity on the part of government and the for-profit sector to work together in the clinical response to HIV-AIDS, especially in the treatment of STIs and provision of ART

5 Multi-disciplinary working within DFID-HQ, including the Civil Society Department, to enhance the support of UK NGOs working with southern partners in the response to HIV/AIDS in order to ensure coherence with the DFID HIV/AIDS strategy and regional and national priorities

6 Establishment of a forum to enhance the institutional collaboration of DFID and UK NGOs working on behalf of DFID and national governments overseas

ANNEX 1

DEFINITIONS

SWAps

'The defining characteristics of a SWAp are that all significant public 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 public expenditure, however funded.'[95]:

Key characteristics of SWAps include

- Government leadership
- Single sector policy, programme of work and expenditure framework
- Common approaches to planning, management and monitoring arrangements across the sector on the part of all development partners
- Development partners progressing towards using government procedures for disbursement and accounting

Discussion of the above definition of SWAps at the meeting for which the report was prepared raised fundamental questions about the definition of a sector and the extent to which the SWAp approach should be modified to reflect that in many countries sectors such as health do not have centralised public expenditure. In some countries, non-government finance and non-government service providers are making a contribution that is often larger than that of government.[96]

In a briefing paper prepared for DFID Advisors in 1998, Wolford[97] identified the need to take a broad view of the sector, to address private and non-governmental organizations as well as public services. Foster and colleagues had anticipated that over time government and development partners would address the issues of sectoral scope and the vision would broaden: 'The process of developing and managing a SWAp entails the lead Ministry gaining a better understanding of its function within the sector and building consensus on this, it is natural that the scope of the programme will change over time. '[98]

SWAps are a dynamic process involving a new way of working on the part of government and other development partners. This needs continuous emphasis, to counteract any tendency to focus on financing modalities in a blueprint or inflexible

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[95] Foster, M and Mackintosh-Walker, S (2001) op cit
[96] ibid
[97] Walford, V (1998) 'Developing Sector Wide Approaches in the Health Sector: An Issues Paper for DFID Advisors and Field Managers' London, IHSD
[98] Foster, M; Brown, A and Conway,T (2000) op cit

fashion, and or paying less attention to the change in the culture and modes of engagement between development partners and government. However an emphasis on partnership with key central government partners does risk 'a technocratic focus on improving the efficiency of top-down delivery systems'[99]and less emphasis on gaining the perspectives of primary stakeholders or beneficiaries.

THE PRIVATE SECTOR

NGOs are often distinguished from 'the private sector' or for-profit organizations. However as a blanket term, the private sector includes private for profit health undertakings, not for profit NGOs and civil society organizations. NGOs may be divided into faith-institutions, International NGOS and national NGOs. International NGOs often work through national NGOs to support voluntary community-based organizations at the peripheral level. Private sector non-profit organizations also include social marketing organizations and civil society organizations. For-profit organizations include private practitioners, the commercial pharmaceutical sector, market research and consultancy organizations. However the existence of dual practice means that in many settings the distinction between public and private is blurred as public sector practitioners operate in both settings with, for example, a public sector practitioner seeing patients privately as well. The private sector should also include the traditional sector which is widely used especially in Africa.

The Government of Uganda makes a helpful distinction between facility-based non-profit providers (essentially the faith institutions) and non facility-based providers who are the international and national NGOs.[100] However the term 'private sector' is not always acceptable to faith institutions and NGOs who do not want to be grouped with for-profit providers.[101]

In this paper the term private sector is used to cover all activity not in the public sector, separately characterising NGO, civil society and for-profit practitioners as appropriate. Given that most engagement with government is on the part of service-delivery NGOs, most comments do in fact refer to this group, however separate sections also address issues around the contributions of civil society and of the for-profit sector.

Traditional medicine is not discussed in this report. The complex institutional and social development issues around the collaboration of traditional medicine with the public sector require separate treatment.

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[99] Norton, A and Bird, B 'Social Development Issues in Sector Wide Approaches' SDD Working Paper No.1

[100] Ministry of Health, Uganda (2001) ' Draft Policy for Partnership with Facility-based Private Not-For Profit Health Providers'

[101] Ministry of Health, Tanzania (2000) 'Public-Private Partnership Consultative Workshops' Tanzanian Public Health Association

ANNEX 2

TERMS OF REFERENCE

SYNTHESIS WORK ON INSTITUTIONAL ISSUES WITH REGARD TO DFID SUPPORT FOR SWAps, THE PRIVATE SECTOR AND THE RESPONSE TO HIV/AIDS

Anne Austen, JSI UK

1. Introduction

1.1The HIV/AIDS Strategy commits DFID to work to help national governments maximise the contributions of all sectors, including the private sector, towards AIDS control. The private sector (civil society, non-profit and for-profit service providers) is central in the response to HIV/AIDS; providing services (condom social marketing, target interventions, health promotion, behaviour change communication, STI treatment); supporting surveillance, innovation and operational research; providing advocacy and promoting accountability.

1.2 At the same time DFID is moving towards sectoral investment or SWAps in many of the countries where investments in private sector sexual health are in place or proposed. However, the literature on SWAps focuses primarily on the health sector overall and the public sector in particular. There is little content on the implications of SWAps for the private sector, or for sub-sectors which are developing rapidly, such as sexual and reproductive health, and throwing up major new challenges for providing care, services and commodities for poor people.

1.3The proposed study will document and synthesise institutional learning in relation to the effect of development assistance modalities such as SWAps on the DFID support is currently providing within Country Programmes for private sector sexual and reproductive health. Developments in this area, such as the emergence of ART in the market, are a challenge to thinking and practice in relation to SWAps and sectoral support. The synthesis work will be placed in the context of the DFID strategic commitment to support for governments to provide effective management of the response to HIV/AIDS, including the private sector. It will address the question of how private sector engagement in the response to HIV/AIDS is managed when DFID support is primarily through government budgets and also address the wider issue of how DFID can ensure that HIV/AIDS is adequately addressed in national health policies supported through SWAps and sectoral support. Are there circumstances in which DFID provides support outside SWAps to enable an effective HIV/AIDS response and through what modalities? The synthesis of current DFID experience, exploration of

lessons learned and of issues raised is intended to be of use to DFID Advisors, national governments and development partners.

2. Overall objective

To synthesise DFID experience in strengthening national response to HIV/AIDS, with a focus on the institutional issues raised by public-private collaboration in the context of moves towards sectoral funding/SWAps; documenting good practice, lessons learned, neglected areas and emerging issues. The purpose is to provide information that may act as a useful framework to assist DFID Country Teams in their own situations.

3. Specific objectives

For the countries selected, the synthesis work will:

3.1 Document DFID experience with support for private sector sexual and reproductive health activities where SWAps funding or sectoral support for the health sector is in place or being developed, with particular reference to policy frameworks, development partnerships, institutional mechanisms and government/donor/private sector financing arrangements.

3.2 Explore country perspectives on appropriate DFID response where HIV/AIDS is under-emphasised in national policy frameworks supported through SWAps or sectoral finding or the contributions of the private sector are under-recognized.

3.3 Review country experience with specific capacity building needs to enable government to maximise the private sector collaborative response to HIV/AIDS and DFID response to these needs in the context of SWAps/sectoral investment.

3.4 Summarise country experience with specific modalities and institutional arrangements for capacity building in support of government in its effort to maximise the response of the private sector to HIV/AIDS.

3.5 Obtain stakeholder views on institutional issues with regard to public/private interface in response to HIV/AIDS; including the views of DFID Advisors and Programme Managers, government, CSOs (both international and national) and development partners.

3.6 Examine implication for SWAps funding of particular issues affecting the national response to HIV/AIDS including: decentralisation, multi-sectoral involvement, the PRSP process, substantial non-traditional funding flows ('big new spenders') and private sector involvement in ART.

3.7 For all the above, highlight lesson learning, identify good practice and flag up emerging issues.

4 Ways of working

4.1 Selection of countries: This will depend on willingness of Country Advisors and Senior Advisors to give time to data-collection via e-mailing and e-mail conferencing. In order to obtain regional perspectives selected countries in South Asia and in Africa will be invited to participate. Initial thinking includes India and Bangladesh in South Asia and in Africa, Ghana (where an options paper has recently been commissioned on public/CSO working in the context of SWAps) and Kenya (where contributions to the virtual conference on the development of the DFID HIV/AIDS strategy indicated that work was already underway in these areas). Tanzania, Uganda and Mozambique are also likely to have relevant experience to share.

4.2 Data collection: This will primarily be by means of document search and e-mail conferencing with Advisors and key informants. Selected country visits are proposed to consolidate the exercise towards the end of the assignment.

4.3 Time frame for data collection: June- September 2001. Report writing: October 2001.

5 Outputs of the assignment

5.1 A document for circulation which contributes to the work of the SARH and Country Teams, by synthesising DFID experience in strengthening the national response to HIV/AIDS, with a focus on the institutional issues raised by governments maximising the private sector response to HIV/AIDS in a context where SWAps or sectoral assistance are also in place or being developed.

5.2 Recommendations for further work, as required.

ANNEX 3

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ANNEX 4 ACRONYMS

ART	Anti-Retroviral Therapy
BLM	Banja La Mtsogolo
BOND	British Overseas NGOs in Development
BPHC	Bangladesh Primary Health Care
CBO	Community Based Organisations
CSO	Civil Society Organisations
DAC	District AIDS Committee
EC	European Commission
GAC	Ghana AIDS Commission
GAPP	Ghana AIDS Prevention Programme
GARFund	Ghana AIDS Response Fund
GHI	Global Health Initiaitve
GOB	Government of Bangladesh
GOG	Government of Ghana
GOK	Government of Kenya
GOM	Government of Malawi
GOU	Government of Uganda
GSMF	Ghana Social Marketing Foundation
HAPAC	HIV-AIDS Prevention and Care Programme
HPSP	Health and Population Sector Programme
IDU	Intravenous Drug User
INGO	International Non Government Organisation
IPAA	International Partnership for AIDS in Africa
ITMN	Insecticide Treated Mosquito Nets
MAP	Multi-country AIDS Project
MOHFW	Ministry of Health and Family Welfare
MSCS	Marie Stopes Clinic Society
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
NGO	Non Government Organisation
NNGO	National Non Government Organisation
PLA	Participatory Learning and Action
PLHWA	People Living with HIV-AIDS
PRC	Project Review Committee
PRC	Project Review Committee
SC-UK	Save the Children UK
SDS	Service Delivery Studies
SMC	Social Marketing Contraceptives
SRH	Sexual and Reproductive Health
SWAp	Sector Wide Approach
TA	Technical Assistance
VCT	Voluntary Counselling and Testing