

# Renewing the case for SWAps in Health

## SWAps; Health MDGs & Scaling Up

- a bilateral donor perspective





# Key Questions for Bilateral Donors

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- How can bilateral donors make the most of SWAps?
- Can Global Health Partnerships be effective in SWAps?
- Do we need a new more inclusive health sector development approach for the health sector? – Fragile States & Aid Orphans?



## How can bilateral donors make the most of SWAps?

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- **Scaling up support through existing Health SWAps (Donor darlings)**
- Support the development of **country-driven, fully costed, long-term national programs for health sector development**, compatible with overall development strategy (PRSPs/MDGs)
- **Harmonization and alignment between health and HIV/AIDS responses** in countries is a critical issue to address in scaling up for better health
- A more **systematic framework for addressing key health system development issues** (e.g. policies, priority setting, planning, financing, link with HIV/AIDS development agenda, HRH etc.) is needed



## How can bilateral donors make the most of SWApS?

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- Promote **accountability** of both recipient Governments, national stakeholders and development partners through transparent and **independent monitoring**
- Move an increasing proportion of the aid from earmarked funding to **non-earmarked funding** to secure a balanced funding of the health sector and the needed **capacity building to scale up** an essential set of health interventions
- Work towards **pooled funds** for technical assistance and joint monitoring and reviews
- Promote **lead development partners** concept (critical mass)



## Can Global Health Partnerships (GHPs) be effective in SWAps?

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- **GAVI Health Systems Strengthening (HSS)** is one of a number of new initiatives, which has the potential for proving that **targeted GHPs can go hand in hand with SWAps**
- GAVI and GFATM should not be driving forces of HSS – they **need to be part of broader global efforts on a more systematic approach to HSS**
- **GHPs** will have to move an increasing proportion of their aid from earmarked funding to **non-earmarked funding** to secure a balanced funding of the health sector
- The provision of **high cost interventions** e.g. ARVs, Pentavalent HIB vaccine & ACT must be provided as commodity support for low income countries – Need for **one Global Commodity Fund**
- Support the establishment of a **global forum/partnership for health systems development** in **scaling up** an essential set of health interventions (PRSPs/MDGs)



## Do we need a new more inclusive health sector development approach for the health sector? – Fragile States & Aid Orphans?

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- **The health MDGs** will not be reached if we continue business as usual with respect to Aid Orphans and Fragile states
- **Acknowledge that increased aid funding for health has already been committed** (0.7 target UK & Irish Aid/Increased Aid from CIDA)
- Scaling up support to Aid Orphans and Fragile states **may require innovative mechanisms and funding streams (Special role of multilaterals and GHPs)**
- Support investigation into **new bilateral and multilateral financing vehicles** that can deliver predictable funding
- **Develop an results-based operational framework for more effective harmonized bilateral support to health sector development**, in the context of scaling up to achieve better health outcomes – **SWAp+**