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Manuscript Draft

Manuscript Number:

Title: Comment on the recently accepted manuscript: "Do Sector-Wide Approaches for health aid delivery lead to 'donor-flight'? A comparison of 46 low-income countries" by Rohan Sweeney, Duncan Mortimer, and David W. Johnston, doi: 10.1016/j.socscimed.2013.12.026, in press, available online 8th January 2014

Article Type: Commentary

Keywords: Health SWAp

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To the Editor of *Social Science and Medicine*

January 24, 2014

***Comment on the recently accepted manuscript: “Do Sector-Wide Approaches for health aid delivery lead to ‘donor-flight’? A comparison of 46 low-income countries” by Rohan Sweeney, Duncan Mortimer, and David W. Johnston, doi: 10.1016/j.socscimed.2013.12.026, in press, available online 8<sup>th</sup> January 2014***

Dear Editor,

We are a group of academics, researchers and practitioners with long experience in the implementation and analysis of sector-wide approaches (SWAps) in the health sector, especially in Africa. We would like to share with you and the readers of your journal our worries about the article mentioned above. Indeed, We would rather like to question the core of the article, as it is to us based on wrong assumptions, a maladapted design, questionable data, and it leads to dangerous conclusions. Our reasons are further detailed in the paper attached. For all the reasons explained, we kindly ask if you could publish this comment in response to your last issue. Thanks and best regards.

For the authors,  
Elisabeth Paul





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28 Dear Editor,  
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30 We are a group of academics, researchers and practitioners with long experience in the  
31 implementation and analysis of sector-wide approaches (SWAp) in the health sector,  
32 especially in Africa. We would like to share with you and the readers of your journal our  
33 worries about the article mentioned above.  
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37 The authors use a dataset they compiled out of 46 low-income countries over the period 1990-  
38 2009, and estimate the impact of health SWAp implementation on levels of development  
39 assistance for health (DAH). Their results suggest that “SWAp implementation was  
40 associated with a significant 29.4% reduction in health aid levels compared with non-  
41 implementing countries” (p.14), and raise the following questions: “[...] why might DAH  
42 recipient countries stay committed? Why might other low-income countries continue to push  
43 for aid coordination mechanisms like SWAp?” The article clearly invites low-income  
44 countries considering a SWAp “to weigh the benefits of greater control of aid allocations  
45 against the possibility of reduced aid income”.  
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49 We do not question here the validity of econometric techniques used by the authors. We  
50 would rather like to question the core of the article, as it is to us based on wrong assumptions,  
51 a maladapted design, questionable data, and it leads to dangerous conclusions. Our reasons  
52 are further detailed below.  
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55 First, we argue that the paper is based on a wrong assumption: that SWAp may be treated as a  
56 binary variable (SWAp / no SWAp) – while actually a SWAp is an approach, a process with  
57 evolving elements. A research group dedicated to health SWAp to which most of us  
58 contributed realised a comprehensive review of the literature on SWAp and the major  
59 conclusion is that SWAp is not a rigid model, but a flexible and evolving approach with  
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1 varying components (Paul and Zinnen, 2007). Let us give an example. Even if countries sign  
2 a memorandum of understanding to set up a SWAp, it usually takes several years before most  
3 donors adapt their procedures and behaviours and a real SWAp functions. This was well  
4 shown among others by the health SWAp experiences we have documented for years in  
5 Benin, Mali and DRC (e.g. Paul and Dossouvi 2011; Paul 2011; mission reports available on:  
6 [www.grap-swap.be](http://www.grap-swap.be); [www.grap-pa.be](http://www.grap-pa.be)). The authors partially consider this by integrating  
7 dummy variables reflecting time effects. However, this is insufficient as they still consider a  
8 SWAp suddenly took place in a given year. Also, whenever a SWAp is in place, not all  
9 donors participate in it – this is especially the case for some donors that have been responsible  
10 for the huge increase in DAH in the past decade, namely The Global Fund To Fight AIDS,  
11 Tuberculosis and Malaria, GAVI and other global health initiatives. This is not accounted for  
12 in the paper which considers that if a SWAp exists, it includes all donors. Henceforth, we  
13 argue that the assumption on which the paper is based (SWAp is a binary variable) is wrong,  
14 so that the overall design of the study fails.  
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18 Second, the model specification misses important elements – leading to missing explanations  
19 for observed data as well. In particular, it considers DAH as a single value, while it would  
20 have been more logical to disentangle between project and programme aid (so as to identify  
21 who actually participates into the SWAp). More importantly, it does not take account of other  
22 flows of aid (except for education), especially general budget support. This is a critical  
23 misunderstanding because general budget support has been largely used in those poorest  
24 countries where the authors identified a “donor-flight” effect: it has often been chosen as a  
25 way to contribute marginally to the health sector financing in an efficient way where a SWAp  
26 exists. For instance, in Mali – which is according to the authors one of the early SWAp  
27 implementes from where the money would have flown away – important donors such as the  
28 World Bank and the European Commission actually flew from the health sector in the 2000s  
29 in order to turn to general budget support. This financial modality then accounted for some  
30 40% of all ODA provided to the country and actually benefitted a lot to the health and social  
31 sectors (whose budget increased in a larger proportion than the medium State budget), thus  
32 enabling to considerably increase the State budget dedicated to the health sector (Paul, 2011).  
33 Therefore, actual DAH – even if not labelled that way – actually increased and was provided  
34 in a more efficient way (as flowing directly into the health systems, avoiding important  
35 transaction costs).<sup>1</sup> We believe that this issue of general budget support is a major explanation  
36 for the observed donor flight effect in the poorest countries identified by the authors.  
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42 Thirdly, some of the data used in the article and provided in Appendix B are probably wrong.  
43 From our knowledge and experience in Africa, some of the countries classified as “with  
44 SWAp” actually had no functioning SWAp at the time considered by the study (e.g. Burkina  
45 Faso, Madagascar, Mauritania). On the contrary, other countries are unduly considered as  
46 “without SWAp”, while they actually have most ingredients of a SWAp (for instance, see a  
47 case study on the health SWAp in DRC on behalf of WHO and IHP+: Zinnen, 2011).  
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51 We have showed so far how doubtful the results of the study are. Consequently, the mere  
52 conclusion drawn by the authors is to us very dangerous because it somewhat questions why  
53 recipient countries, especially the poorest, should bother trying to better coordinate aid. If the  
54 rationale is pushed to the extreme, it encourages countries to get away from SWAps so as to  
55 capture more donor resources! This is nonsense. More funds do *not* necessarily lead to  
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59 <sup>1</sup> By the way, according to WHO, Official Development Assistance for Health in Mali has quadrupled  
60 between 2001 and 2011 (WHO, 2013).  
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1 positive results, and poorest countries must *not* accept any type of aid at any donors'  
2 conditions. It is widely acknowledged that unaligned and un-harmonised funding  
3 encompasses many inefficiencies (including fragmented systems and high transaction costs);  
4 and that SWAp principles are probably the best way to ensure aid effectiveness and positive  
5 impact on health systems over the medium term (OECD WP-Eff TT-HATS; Paul et al. 2012;  
6 IHP+ 2013). For all these reasons, we kindly ask if you could publish this comment in  
7 response to your last issue. Thanks and best regards.  
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9 For the authors,  
10 Elisabeth Paul

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## AUTHOR DECLARATION

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property.

We understand that the Corresponding Author is the sole contact for the Editorial process (including Editorial Manager and direct communications with the office). She is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs. We confirm that we have provided a current, correct email address which is accessible by the Corresponding Author and which has been configured to accept email from [E.Paul@ulg.ac.be](mailto:E.Paul@ulg.ac.be)

For the authors,  
Elisabeth Paul

A handwritten signature in blue ink, appearing to be 'E. Paul', is written over a light blue grid background.