

Has SWAP influenced aid flows and aid effectiveness?

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Sector Wide Approaches (SWAp) emerged during the 1990s as a mechanism for aid delivery. Amongst other aims, SWAps aim to give increased autonomy to recipient governments over DAH programmes, allowing greater domestic influence over how DAH is allocated. Ultimately, it is hoped the implementation of SWAp will lead to health gains, however the challenges of assessing this impact has meant evaluations tend to focus on interim and process outcomes such as levels of pooled funding, sector stewardship and service delivery funding flows. Whilst the insights these deliver are valuable, the reliance on case study methodologies has not allowed for contemporaneous controls to help isolate SWAp outcomes and impacts from other potential confounding factors.

This paper utilises a uniquely compiled dataset of comparable low-income swap implementing and non-implementing countries over 1990-2011. Using difference-in-differences and dynamic panel data regressions, we investigate whether SWAp implementation appears to have allowed greater recipient ownership of DAH, leading to changes in DAH allocations across key funding silos (including HIV, 'maternal and child health' and 'sector support'). Further, we evaluate the link between SWAp implementation and health impacts, specifically life expectancy and child and infant mortality.

Preliminary analysis provides little evidence that SWAp has impacted on health outcomes, though a weak positive association may exist for improved infant mortality rates. As intended under a SWAp, preliminary results suggest SWAp implementation has on average been followed by an increase in 'sector support' DAH compared to similar non-implementing countries over the same period. Further, the model predicts that SWAp implementation has been followed by a reduction in the proportion of HIV-specific DAH given (as compared to non-SWAp-implementing countries). This suggests that SWAp is having some of the intended effect on aid flows and fund-pooling and that there may have been some misalignment in the extent of priority afforded to HIV by donors and recipient governments prior to SWAp implementation.