What is collaboration across sectors and levels?
Inter-sectoral collaboration is the joint and concerted action taken by health and other government sectors, as well as private, voluntary and non-profit groups, to improve the health of populations. It can take different forms such as cooperative initiatives, alliances, coalitions or partnerships.

Effective collaboration requires:
- A clearly stated purpose, based on shared values and interests.
- Finding common ground for joint planning and collective action to improve health.
- Focuses on mutual win-win solutions where each party benefits.

There is an idiomatic expression that states, “Strength in numbers”. This idiom is being taken to heart in Namibia as it convened a Stakeholder Consultation meeting on 29 March 2012 with the aim of improving collaboration and coordination among health sector partners. The meeting brought together nearly 40 participants from Government, UN Agencies, United States Government Agencies (USAID and CDC), embassies, academic institutions and NGOs. The aim of the consultative meeting was to garner stakeholder input regarding how to improve health sector coordination in the spirit of the high-level agreements signed by over 100 countries including Namibia such as the Rome Declaration on Harmonization (2003), the Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008).
COORDINATION STRUCTURES WITHIN THE HEALTH SECTOR

The consultative meeting was held in light of the changing context in which health partners are operating namely: the deepening financial crisis; diminishing resources among traditional health donors; the World Bank ranking Namibia to an upper middle-income country; the MoHSS restructuring underway; and the need to consider a more strategic scope for health development actors towards sustaining health efforts.

MoHSS Director of Policy, Planning and Human Resource Development Ms Bertha Katjivena presents an overview of the current partnerships.

MoHSS Director of Policy, Planning and Human Resource Development, Ms Bertha Katjivera in her opening presentation noted, “There are no formal mechanisms for the MoHSS to coordinate health actions of partners. The current approach is built on a number of structures that bring stakeholders with common interests together. These include the quarterly review meetings of the MoHSS and UN Agencies, MoHSS, US Government Agencies (PEPFAR, CDC and USAID) Review meetings, the Inter-Agency Coordination Committee that brings Immunization stakeholders together, Namibia Coordinating Committee on AIDS, Tuberculosis and Malaria (NaCCATuM), the Country Coordinating Mechanism for Global Fund, the National Alliance for Improved Nutrition (NAFIN), the Maternal and Child Health Coordination Committee, and various technical working groups and task forces, mainly in the area of HIV/AIDS and maternal and child health.”

Simultaneously, the Government has had to contend with meeting the reporting, monitoring and evaluation requirements.

Quick Facts: Global Agreements for Improving Aid Effectiveness and Strengthening Partnerships

Growing needs for mechanisms to improve aid effectiveness have led to several high level discussions at the international level. These include four notable events: the High Level Fora on Aid Effectiveness in Rome, Paris, Accra and Busan in 2003, 2005, 2008 and 2011 respectively.

The Rome Declaration, 2003

Listed the following priority actions:
• that development assistance be delivered based on the priorities and timing of the countries receiving it,
• that donor efforts concentrate on delegating cooperation and increasing the flexibility of staff on country programmes and projects;
• emphasized monitoring and evaluation (M&E) to help strengthen country ownership and leadership in determining their development path.

Paris Declaration, 2005

Identifies five key principles for aid:
1. Ownership: Developing countries set their own strategies for poverty reduction, improve their institutions and tackle corruption.
2. Alignment: Donor countries align behind these objectives and use local systems.
3. Harmonisation: Donor countries coordinate, simplify procedures and share information to avoid duplication.
4. Results: Developing countries and donors shift focus to development results and results get measured.
5. Mutual accountability: Donors and partners are accountable for development results.

Accra Agenda for Action (AAA), 2008

The AAA takes stock of progress and sets the agenda for accelerated advancement towards the Paris targets through capacity development.

Busan, 2011 calls for
• a broader and deeper partnership at all levels of development, including private sector and NGOs,
• a set of aid effectiveness principles based on evidence;
• a revitalised global effort towards reaching the MDGs and addressing the need for global public goods;
• the recognition that the world's poorest and most fragile states need security, capacity and special consideration;
• the recognition that achieving results must be based on policies, laws and institutional arrangements that encourages participation in the development process;
• mutually accountable in producing and measuring results - must develop the capacity to collect, evaluate and report data.
requirements of various donors and different agencies and organizations, posing challenges and taxing its limited capacity. To this end, the MoHSS requested support from WHO to undertake a comprehensive review of coordination mechanisms of the partners’ operating in the health sector and make proposals for improved coordination.

WHO Representative, Dr Magda Robalo noted, “It is commendable that the MoHSS is taking strides to establish formal coordination mechanisms to ensure that through concerted actions all resources, including financial are optimally put to use and mobilised sustainably, effectively coordinated, equitably distributed and efficiently utilised in accordance with the MoHSS’s policies and guidelines.”

This is expected to contribute to better programmatic coherence, hence better results and health outcomes. Participants welcomed the consultative meeting, noting it was long overdue and expressed support to the process. Participants urged the convenors of the meeting to make health sector coordination a priority especially in light of the upcoming National Development Plan 4 (NDP4), which is currently under development.

**Health sector coordination in Namibia**

During the consultative meeting, discussions centred on finding common ground regarding current coordination mechanisms and its impact thereof on health outcomes.

Partner coordination in Namibia is governed by the Partnership Policy of 2005 and coordinated by the National Planning Commission (NPC), housed in the Office of the President, while the implementation in the health sector is facilitated by the MoHSS (given its stewardship role in the health sector) through the Directorate for Policy, Planning and Human Resource Development (PPHRD) and Directorate of Special Programmes (DSP) focusing on HIV/AIDS, Tuberculosis and Malaria.

Donor funds are mainly channelled through NGOs and Government. For instance, to date, 16 development partners have pledged their support to the MoHSS and are formalised under 36 agreements/Memoranda of Understanding (MoU).

Funds are also directly channelled to NGOs. This creates an important coordination challenge for Government, in determining where health resources are best allocated through evidence-based research and planning. Additionally, there is a growing trend amongst development partners to phase out support to Namibia as the country has graduated from a lower to an upper middle income country, according to the World Bank country classification.

MoHSS, Deputy Director of Policy and Planning Mr Thomas Mbeeli commenting on the National Health Accounts (NHA) in an earlier interview with WHO Namibia Newsflash, emphasized that the country’s health spending is considerable. Better health outcomes could be achieved with these resources through improved coordination.

WHO Consultant Frank Terwindt noted, “Sector fragmentation and the lack of a coherent, inclusive, and harmonized policy dialogue mechanism have led to wastage of resources in many countries and poor health outcomes. Under the current approach, it is clear that the working systems of the various development partners are fragmented with an inevitable duplication of programmes, resources both financial and human. Through a more harmonized approach, Namibia can realise greater health outcomes.”

Echoing the above, USAID, Health System Strengthening Adviser, Ms Susna De noted, “This meeting is a positive step and is extremely relevant to bring together the various pieces of work being undertaken. The USG agencies (CDC and USAID) are committed to supporting this process. There are already processes which we are supporting such as the establishment of an integrated Health Information System (HIS) and Research Directorate to improve evidenced based decision-making, the essential district health package as well as strengthening human resources for health (HRH). There is a need for greater harmonisation and alignment, so that jointly used systems lead to, increased effectiveness, efficiency, as well as transparency and mutual accountability.”

Adding further, Ms De urged participants to consider other interventions already underway to ensure greater alignment.

**ENHANCING STAKEHOLDER COORDINATION, EFFECTIVENESS AND IMPACT**

Partners noted that new, innovative and better coordination mechanisms are needed to attain better health outcomes and achieve the health related MDGs 2015 which are fast approaching. To this end, the meeting orientated partners on various options available to improve health sector coordination, and the various international agreements such as the Rome, Paris and Accra agreements.

**What is the Sector-Wide Approach (SWAp)**

The Sector-Wide Approach (SWAp) is an approach to international development that "brings together governments, donors and other stakeholders within any sector. It is a process of moving away from fragmented sector development with individual projects and programmes, towards a new, more holistic and integrated approach, with the aim to improve overall health system performance. The approach involves movement over time under government leadership towards: broadening policy dialogue; developing a single sector policy (that addresses private and public sector issues) with one budget; common monitoring arrangements; and more coordinated procedures for funding and procurement." (World Health Organization, World Health Report 2000).

The SWAp approach has already been rolled-out in various countries such as, Kenya, Mozambique, Zambia, and Uganda with differing levels of success and challenges. Thus, emphasizing the need for countries to adopt the principles of SWAp to the country context. In Namibia, the agricultural sector has adopted this approach, bringing multi-sectoral partners together for improved planning.

Explaining the requirements of the SWAp, WHO consultant, Mr Terwindt stressed, “Adopting this approach would call for a comprehensive review. It is not enough to review the structures and mechanisms for stakeholder coordination but requires a careful review of how the Ministry undertakes strategic planning and ensures a common vision for all partners concerned. Also, it often involves the development or adaptation of management tools such performance appraisal systems, monitoring and evaluation and combined with strengthening of implementation capacity. Moreover, evidence
shows that understanding the political and social cultural context are important factors to be considered for reforms to take root at all levels right down to community levels for improved health service delivery and access.”

During the consultative meeting, participants noted that there is a definite need for a comprehensive stakeholder coordination model. The type and structure of the coordination mechanism will need to be carefully considered, defined and agreed upon by the MoHSS and partners to suit the Namibia’s health sector needs.

**Chartering the Way forward for Inclusive Policy Dialogue**

In the spirit of inclusive policy dialogue, participants agreed to have a follow-up consultative meeting with multi-sectoral partners and groups (donor community, civil society, private sector, academic institutions among others) to jointly agree on how to organize Stakeholders Coordination.

Partners called upon the MoHSS with support from WHO to host a follow-up meeting. Issues that participants agreed to discuss further include:

- A comprehensive map of health actors mandates and priorities,
- Examples of SWAp Modalities used in middle-income countries;
- Development of a Joint Roadmap for implementing Health Sector Coordination;
- Clear identification of areas requiring technical and financial support;
- Resource mobilization strategy to enable implementation of the Road Map;
- Include Roadmap activities in Joint strategic plans and annual plans, with indication of milestones;
- Development of Monitoring and Evaluation (M&E) processes through Joint Annual Sector Reviews.

**Health Sector Coordination Country Experiences:**

**Useful Reading Resources:**

- Case study of a ‘successful’ sector-wide approach: the Uganda health sector SWAp
  To view visit: [http://www.sti.ch/fileadmin/user_upload/Pdfs/swap/swap351.pdf](http://www.sti.ch/fileadmin/user_upload/Pdfs/swap/swap351.pdf)

- Current issues in sector-wide approaches for health development. Mozambique Study

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