Expert Group Meeting on Transfer and Adaptation of innovative practices in LDCs

Session 2
Challenges and Opportunities in transferring innovative practices to public sectors in LDCs

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Background

• Lessons from South Africa’s support for post-conflict reconstruction:
  – DRC
    • Supported DRC with a public service census requiring a number of innovations to conduct the census
  – Burundi, Rwanda and South Sudan
    • Public Service Capacity Building
    • Health care in Rwanda

• Lessons from South Africa’s position as a recipient of support
Background to DRC Census

• **Challenge:** no records of public servants, payroll or salary structure

• **Aim:** Establish an accurate and secure database of all public servants through the development of home-grown solution instead of off-the-shelf solution

• **Project:** Conduct a census of all public servants
  – Capturing all relevant information and biometric information of all public servants
  – Establish legitimacy of each worker and verifying conditions of service and manner in which an appointment was made
  – Issue identity cards to each public servant linked to a biometric profile
  – Provide updated information to Ministry of Budget to update payroll

• **Outcome:**
  – Updated public service payroll and identification of ghost workers
  – Salary structure and regular payments
  – Identification of people for retirement
Challenges
General challenges

• **No local technical expertise** - thus reliance on imported expertise

• **Language** and cultural barriers
  – Not being able to communicate with local communities

• Severely limited **resources and infrastructure** - distract from core business and restrict what can be done - require additional innovations (offices, equipment, transport, electricity)
  – **Maintenance** and safety of equipment - environmental conditions
General challenges

- **Leadership** commitment and political will
  - Constant turn-over in leadership (agreements reached, MoUs signed, then there are changes and process restarted)
  - Culture of patronage and dependency

- **Internal instability** disrupting progress (emergency evacuations, loss of equipment) – threat of uprising or coup

- **Existing interests** (Former colonial powers) protecting their interests and turfs
  - Embedded in the system, thus becoming part of the problem to the point of negatively influencing local decision-makers / raising suspicion
General challenges

- Limited **understanding of the context** and constraints
  - Differences in **ethical grounding**: what is perceived as **corruption** by one country may be viewed as a livelihood in another
    - reality taught us to get off our high horses and drop judgemental attitudes
    - sorting out systems first can lead to decreasing corruption

- Wrong **identification of stakeholders** (e.g. Nana Benz, from Togo to Liberia)

- Unintended consequences not identified and mitigated
General challenges

- A focus on transfer capacity instead of adoptive and adaptive capacity
  - Focus on bringing technical expertise and off-the-shelf solutions, not developing capacity from the onset
  - Leads to wrongly allocated ownership of the processes and products, including IP
Opportunities
1. Local Needs Driving Innovations

- Innovation must be in response to a real local need not need as perceived by external party
  - Immersed in the local context
  - Proper Research and stakeholder engagement to confirm needs (root causes)
2. Dedicated country specific coordinating institutions & structures

• To collaborate with external partners and take the lead (as supported by the African Charter for Values and Principles)

– Create **enabling environment** to sustain and mainstream innovations, including developing funding models, internalise programmes
3. Supporting home grown solutions with lessons learnt elsewhere

Lessons rather than complete solutions

E.g.: Butaro Hospital in Rwanda (Rwanda Government, SA Private Sector, Partners in Health)

Challenge: Need for a health facility in context of high Infectious disease burden (normal hospital design conducive environment for cross-infection)

Lessons leant from the 2006 outbreak of multi-drug resistant TB in SA
Supporting home grown solutions with lessons learnt elsewhere

The innovation: Physical design prevent cross-infection, particularly, with multi-drug-resistant TB

- $4 million facility, local builders & skills development
- No internal hallways, only outside verandas and pathways: Patients cannot gather in enclosed spaces;
- Louvered windows set on high walls: allow air to rise away from patients, naturally ejected by huge, slow-moving fans on the ceiling (air is replaced 12 times an hour, making expensive scrubbing equipment obsolete)

• All beds face windows, rather than other sick patients: valley views improve patients' mood, dignity, leading to faster recovery.

“We've achieved something great here; a model that can and should be replicated.”
4. Local, Regional and Continental Networks as learning and knowledge sharing platforms

- AU - Ministers Conference for Public Service (CAMPS)
  - AAPSIA - efforts to reach each country in Africa to participate and share on innovation

- SADC-UNPAN Network
  - Sharing innovative practices through an Annual workshop

- Participating in regional and international reward programmes facilitates replication and adaptation of innovation

- Capturing and disseminating case studies on innovative practices
5. Enabling environment

• Political will & genuineness

• Political stability – continued involvement to entrench systems

• Leadership stability

• Strong partnerships with officials at coalface (including civil society & private sector)
• Innovation transfer thrives where resources are scarce and constraints many.

• Despite the many challenges, there are endless opportunities in LDCs to innovate.

It always seems impossible until its done. **Nelson Mandela**