

Improve Technical Assistance

This IHP+ brief considers how to get better value from technical assistance, based on IHP+ studies and consultations.

Technical Assistance (TA) makes up a significant share of development cooperation provided to low- and middle-income countries. TA includes technical expertise from individuals or institutions from inside or outside the country, as well as staff of technical agencies. It may be 'south-south cooperation' (SSC) from people and institutions in other low- or middle-income countries. It can be short term, long term, intermittent or a combination of these.

The International Health Partnership plus (IHP+) promotes effective development cooperation, which is aligned with national health priorities and strategies, delivered in efficient, well-coordinated ways and designed to strengthen national systems. Effective

development cooperation principles are just as relevant to TA and SSC as to financial support. Ensuring that TA is well coordinated and expanding SSC are two of the seven behaviours that IHP+ recommends to development partners to improve cooperation¹.

IHP+ studies in 2014 show that there remain challenges in making sure TA is well coordinated and effective². It requires joint working between Governments and partners to ensure ownership, avoid duplication and coordinate support. The process could start with a self-critical look at how well existing coordination arrangements work.

Here are some suggestions for different partners in IHP+.

“We should ask is it the ‘right’ TA, the TA the country needs?

Then we may look to:

- ◊ national capacities first, then regional capacities
- ◊ coaching, mentoring, peer to peer support
- ◊ TA modes like intermittent missions, adhoc 'standby' advice
- ◊ south-south or triangular support.”

Cornelius Oepen,
European Commission

For Governments and other partners seeking TA:

Identify what TA is intended to achieve and design it accordingly. Steps can include:

■ Identify and articulate TA needs across the health sector:

The Government could:

- ◊ Look at the national health strategy to identify barriers to implementation which could be addressed by TA
- ◊ Consider the needs for increased capacity in the public sector, not-for-profit and for-profit private health sectors and civil society
- ◊ Clarify the role of TA in each case; is it building capacity for existing staff, developing a new system, ongoing access to advice, gap filling or a combination of these?

■ Identify how capacity building will be achieved and monitored:

- ◊ Whose capacity will be built? Are there counterparts in post? How will skilled staff be retained? If the TA is filling a gap, what is the exit strategy?
- ◊ How does TA fit within the national human resource development plan?
- ◊ What systems and arrangements are needed to sustain capacity? For example, how will a new technical unit fit into the organisation structure? How will IT systems support the functions?
- ◊ How will progress of capacity building be monitored?

Delivering TA

Here are some options for delivering TA, including more innovative approaches than the conventional provision of short or long-term technical experts. A mix of approaches may be useful.

- Develop local institutions that can provide TA and capacity building (e.g. within universities), and build individuals' TA experience through linking them with international advisers/institutions;
- Organise or participate in a collaborative network between countries to address a particular topic (that could meet by video-conference);
- Use technology to deliver high quality support, at the time it is needed, such as mentoring or coaching by telephone, video-conference or email, with experts from a local institution or another country;
- Set up a regional expert group with regular updating and exchange of experience;
- Establish or use quality assured TA mechanisms such as a technical support facility.

For development partners that finance or provide TA:

- **Clarify what is available.** Be transparent about what is on offer and how to access TA, including whether support is available for SSC (referred to as triangular cooperation when a Northern donor is involved).
- **Involve the receiving institutions in specifying the role and expectations of the TA,** including defining terms of reference, working arrangements, and process for performance review. Clarify what capacity building is expected, including indicators of performance in this respect.
- **Involve the receiving institution in selection of TA providers,** including shortlisting and interviewing individuals or institutions that deliver TA.
- **Identify how to maximise ownership of the TA** so that the support is likely to have lasting impact. This includes agreeing who manages the day-to-day work of the TA, reporting requirements and how to review the quality and performance of the TA. Ideally the principal accountability should be to the recipient institution.

Joint responsibility between those seeking and providing TA:

- **Agree on mechanisms for coordination and approval,** including any central policy and guidelines. This could also be included in the Country Compact.
- **Be transparent about TA requests and plans,** recognising there may be competition between providers at times.
- **Consider the best approaches and providers for each TA requirement:** this may include innovative and technology-based approaches (see box for some options).
- **Avoid duplication of efforts** and reinventing the wheel, by establishing an institution or system for ensuring reports and analysis are accessible to all.
- **Consider building up the recipient's capacity to contract TA.**

1 In 2012 IHP+ partners identified seven critical areas where development partners need to change their behaviour, see <http://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/>

2 IHP+ papers on technical assistance can be found here
<http://www.internationalhealthpartnership.net/en/key-issues/technical-assistance/>

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