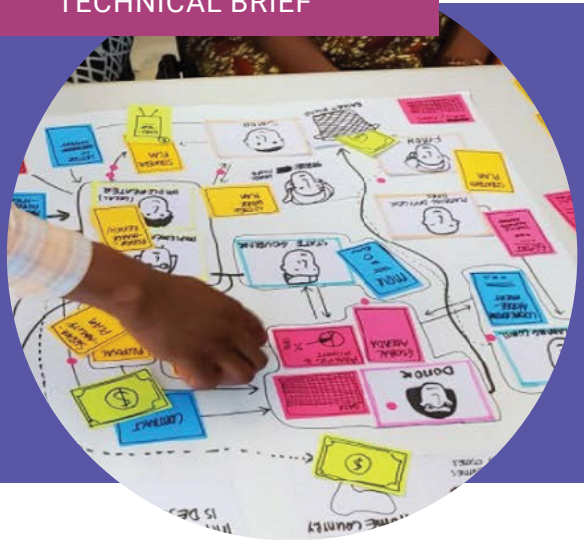
TECHNICAL BRIEF



Reimagining Technical Assistance: Critical shifts to enable strengthened capacity & better health outcomes

Why reimagining technical assistance?

Current models of technical assistance (TA) and capacity strengthening (CS) have failed to produce lasting health outcomes at scale.

» Aid spending on RMNCH reached $15.6 billion in 2017 – yet, despite increasing aid, the annual death toll for mothers and children remains unacceptably high and many more suffer illness and disability. [1, 2]

» TA has been criticized as being externally imposed, poorly coordinated, disempowering to local partners, short-sighted, and not holistic or systematic in solving public health challenges. [3]

» While strengthened capacity is often an implicit or explicit objective of TA, there is growing recognition that TA does not inherently contribute to CS and may actually undermine existing capacities or forge dependencies on external support. [4]

This brief outlines a set of critical shifts for a reimagined approach to TA that enable strengthened capacity of country institutions to lead their health agenda and deliver better health outcomes.

What are the critical shifts?

Co-created and validated by stakeholders— including country-based actors, government, local and international implementing partners and representatives of communities of interest— the critical shifts are a bridge between the identified challenges of current TA approaches and the vision for the future (see figure on page 3). Together the critical shifts envision shifting how we:

» set the agenda, fund, and partner (shifts 1-3),

» plan for, design, and implement programs (shifts 4-7), and

» address inequity and manage power asymmetries (shifts 8 & 9).

They also redefine relationships among national governments, funders, local and international implementing organizations, and communities for collaborating to build institutional and individual

Different lexicons are used in global health.

A literature review determined the definitions used in this brief. Capacity is defined as the ability of people, organizations and society as a whole to manage their affairs successfully. [5] TA is non-financial support, usually knowledge-based, provided by local or international experts to support implementation, policymaking and/or strengthen capacities. [4] Although TA and CS (and their related terms) are often used interchangeably and inconsistently in the global health and development literature, CS has an inherent objective to build or strengthen capacity to deliver services and achieve better health outcomes and TA may be one approach to achieve that.

The critical shifts are a bridge between the identified challenges of current TA approaches and a vision for re-imagined technical assistance and capacity strengthening.

From	To	
1 Aligning to **donor/funder driven** priorities & decisions	Aligning to **country driven** priorities & decisions	Shift from a system where priorities, models, and structures are imposed on countries by donors/funders, to one where communities and governments own and lead the agenda-setting and coordination of health programing. In this way, donors/funders are playing a complementary, supportive role, listening and responding to local needs and priorities.
2 Creating technical & financial **dependence**	Respecting **sovereignty** & fostering independence	Shift from a system that depends on continuous donor/funder support for survival to one that builds on existing local governance and structures, leverages in-country capacity, and prioritizes sustainability through local resources and expertise.
3 Following structures & standards that **erode trust**	Collaborating on **the basis of trust** & mutual accountability	Shift from a system that perpetuates power structures and mistrust in institutions and individual motivations to one that fosters mutual understanding of differing cultural norms and power dynamics, and promotes accountability across different levels and stakeholders (funders, government, implementers, etc.).
4 Driving **fragmented short-term efforts** & resource allocation	Driving **strategic & coordinated investments** across the system for long term change	Shift from funding siloed, fragmented, and piecemeal efforts to investing in long-term gains and system-based approaches that align with country priorities. Allocate or mobilize the resources necessary to meet the true cost of the health challenge.
5 Using generalized & **solution-centric** approaches	Using approaches that **contextualize & respond** to the needs of the problem	Shift from predefined and uprooted solution-driven approaches (e.g., 'one-size-fits-all', 'best-practice-led', 'cookie-cutter-solutions') to approaches that seek to understand the local context and adjust to suit local needs. Understand why past projects succeed or fail before scaling or discontinuing them and to inform new program design.
6 Designing programs that are **static, rigid & compliance driven**	Designing programs that are **adaptive, iterative & foster innovation**	Shift from a system driven by static, inflexible, and standardized program design (i.e., timelines, activities, metrics, etc.) to one that emphasizes monitoring, evaluation, research and learning, and supports programs designed for flexibility and agility to navigate unprecedented challenges and innovate unprecedented solutions focused on making sustainable impact.
7 Focusing on **increasing capacity in TA recipients**	Strengthening **capacity of individuals, institutions and the entire system**	Shift from a system that presumes capacity gaps in TA/CS recipients to one that recognizes the need for institutions, structures, and all stakeholders involved in TA/CS to synergistically improve their capacity to enhance impact efficacy.
8 Contributing to systems that **perpetuate gender & power inequity**	Fostering systems that **promote equity in gender & power**	Shift from taking actions that are blind to gender and power inequities and perpetuate hierarchical structures driven by privilege and power to recognizing the role and importance of gender equity in health outcomes. Create a conscientious ecosystem, driving towards greater equity in gender, power, and other forms of inequity.
9 Providing limited opportunities or mechanisms for **community feedback or dissent**	**Promoting feedback & learning** between communities & donors/funders	Shift from systems that are closed to community- driven feedback or dissent to drive systems that foster feedback and learning across multiple levels (e.g., communities, implementers, governments, and donors/funders). Decouple funding power with the right to evaluate and enable all stakeholders to contribute to decisions and evaluation.

[Explore the interactive version of the critical shifts framework]

capacity and strengthen health systems to deliver better health outcomes for mothers, children, and their families.

Where did the critical shifts come from?

A JSI-led and Bill & Melinda Gates Foundation (BMGF)- funded, two-phase project inspired the need to reimagine models for delivering TA. During phase 1 (2018–2020), JSI and Sonder Design, a human-centered design (HCD) firm, in partnership with the ministries of health in the DRC and Nigeria facilitated TA actors to co-create the critical shifts.

In phase 2 (2020-2021) the Inter-agency Working group (IAWG) for CS, comprising BMGF, USAID, and the World Bank, with facilitation from JSI and Global Changelabs, further refined and validated the critical shifts. In this phase, the critical shifts were updated to elevate the focus on CS and add key shifts related to power and gender, through a co-creation process with the IAWG and representatives across 13 countries.[1]

Why are the critical shifts important and what results do they enable?

The critical shifts represent the desired outcomes of investments in CS. The COVID-19 pandemic has accelerated the need to evolve CS and TA — as primary mechanisms for global health aid — to support country institutions to lead their health agenda and build strong, resilient health systems. The critical shifts serve as aspirations to move the locus of power and decision-making from donors/funders to countries.

Rather than focus on the merits and demerits of individual projects, the critical shifts apply a systems approach to priority setting, funding, implementing, evaluating, and learning, and put people at the center of the health and development agenda. The critical shifts also allow the multiple actors in the system to collaborate towards a common vision, to enable optimal functioning of the system, and to achieve the intended health outcomes. The critical shifts should support co-creation towards a shared understanding of the problems, the challenges, and opportunities for change in global health programs and projects.

How can the critical shifts be used?

Global health partners, including funders/donors, implementers, host governments, civil society organizations, and private sector partners can customize and use the critical shifts in their work. For example, the Critical Shifts can be used as a framework to:

1. Align global health partners around common goals, objectives, and approaches
2. Provide guidance and set expectations for forming partnerships across stakeholders
3. Define mutual accountability expectations and assess progress towards the critical shifts
4. Inform development strategies, project designs, implementation strategies and monitoring, evaluation and learning

Join this conversation and send suggestions or questions to reimaginingtawg@jsi.com

https://www.childhealthtaskforce.org/hubs/re-imagining-ta

[1] Ethiopia, Ghana, India, Kenya, Malawi, Mexico, Mozambique, Nepal, Nigeria, Uganda, United States, Zimbabwe, Zambia

[1] Dingle, A., Schäferhoff, M., Borghi, J., Lewis Sabin, M., Arregoces, L., Martinez-Alvarez, M., & Pitt, C. (2020). Estimates of aid for reproductive, maternal, newborn, and child health: findings from application of the Muskoka2 method, 2002-17. The Lancet. Global health, 8(3), e374–e386. https://doi.org/10.1016/S2214-109X(20)30005-X

[2] Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). New York: Every Woman Every Child; 2015. https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf.

[3] West GR, Clapp SP, Averill EMD, et al.: 'Defining and assessing evidence for the effectiveness of technical assistance in furthering global health'. Glob Public Health. 2012; 7(9): 915–930.).

[4] Cox, M., & Norrington-Davies, G. (2019). Technical Assistance: New Thinking on an Old Problem. Agulhas Applied Knowledge. https://agulhas.co.uk/app/uploads/2019/02/OSF-Landscaping-Study-on-TA-final-version-2.pdf.

[5] Organisation for Economic Co-operation and Development. (2006). THE CHALLENGE OF CAPACITY DEVELOPMENT: WORKING TOWARDS GOOD PRACTICE. DAC Network on Governance.

[6] Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2019: Tracking Health Spending in a Time of Crisis. Seattle, WA: IHME, 2020.

Photos: Emelia Klimuik/RTA project

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