

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.

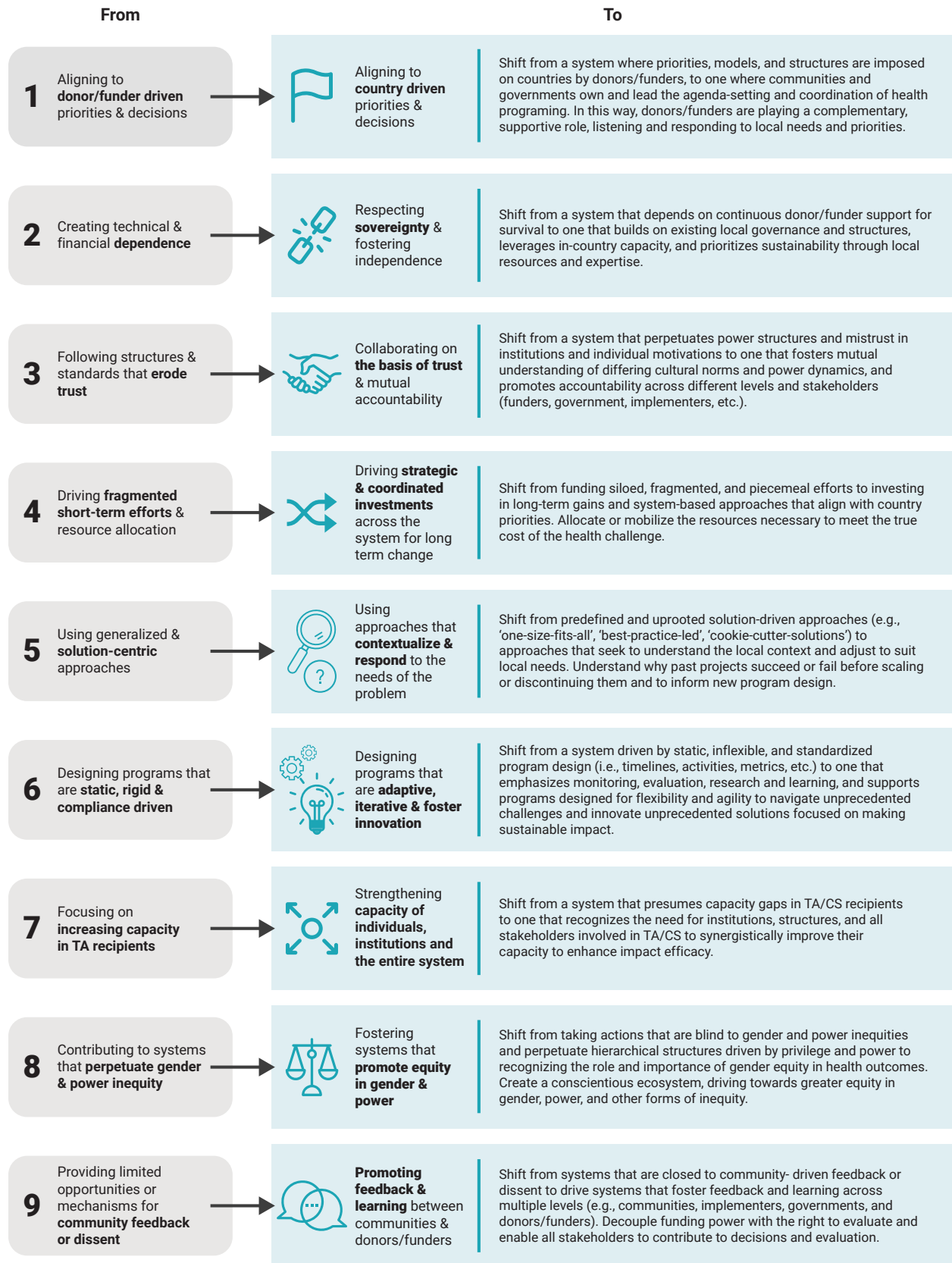
What are the critical shifts?

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). The critical shifts are the desired outcomes of investments in CS and provide an aligned vision for improved TA and CS investments. They also redefine relationships among national governments, funders, local and international implementing organizations, and communities for collaborating to build institutional and individual capacity and strengthen health systems to deliver better health outcomes for mothers, children, and their families.

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.



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



¹Ethiopia, 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](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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