



The Tropical Health and Education Trust (THET)

Technical Assistance

Recent debate, important issues, and the role of THET

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Introduction

The purpose of this report was to investigate the recent discussion about technical assistance (TA), discover which issues are more prominent in TA debate, and place the Tropical Health and Education Trust (THET) within the context of the findings. The main studies used in the research of this report came from ECDPM, ADB, DANIDA, DFID, HLSP, UNDP, JICA, ActionAid International, and the World Bank. A presentation by Stewart Tyson, Head of the Health Professional Group at DFID, at the THET International Health Links Conference and a conversation with Dr. Tyson were helpful in evaluating the relevance of TA debate to THET.

The global development community has long realised that financial assistance alone is not enough to address the challenges that developing countries face, and organisations have undertaken various efforts in an attempt to build capacity within developing countries. One such effort is technical assistance (TA). The basic definition of TA is non-financial aid that is meant to develop capacity at both a human and an institutional level. Studies commonly reference the Development Assistance Committee's (DAC) definition of TA as the transfer, adaptation, mobilisation, and utilisation of services, skills, knowledge, and technology.¹ TA may also be called technical cooperation (TC). In fact, the development community now uses the name TC more commonly than TA. Some distinguish between the two by claiming that TC refers to a collaborative effort, while TA refers to a more conventional provider-recipient relationship, but in reality both terms refer to the same types of projects. This report will use the term technical assistance (TA), though this does not imply a preference for the conventional provider-recipient model. The terms 'capacity building' and 'capacity development' will be used interchangeably.

TA most often involves the placement of personnel (TA providers) in recipient institutions such as government agencies. These placements may be long or short term, but providers are expected to work alongside local counterparts who will take over their positions at the end of a TA project. Donors often provide the salaries of TA personnel. THET does not fit into this conventional TA model, so the relevance of various TA issues to THET will be analysed before applying these issues to THET's work.

¹ Hauck, V., Baser, H., de Berg, M., and Zinke, J. (2006) Changing Minds and Attitudes: Towards Improved Belgian Technical Assistance. BTC/ ECDPM.

Abbreviations

ADB	Asian Development Bank
CSP	Country Strategic Programme
DAC	Development Assistance Committee
DANIDA	Danish International Development Agency
DFID	Department for International Development (UK)
ECDPM	European Centre for Development Policy Management
HLSP	Health Sector Consultancy Firm
JICA	Japan International Cooperation Agency
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
PIU	Project Implementation Unit
NGO	Non-governmental Organisation
ROACH	Results-Oriented Approach to Capacity and Change
UNDP	United Nations Development Programme
TA	Technical Assistance
THET	Tropical Health and Education Trust

Executive Summary

The first section of this report gives a brief history of TA to place the current discussion about TA within a historical context and explain how some of the recent debate about TA arose. This history covers the transition of TA from a two-party, contractor-provider model to the three-party, donor-provider-recipient model which aid organisations use. It also addresses major developments in recent TA history, including the increase in criticism of TA in the 1980s and the effect of the Millennium Development Goals (MDGs) and Paris Declaration on Aid Effectiveness in facilitating discussion about the purpose and use of TA.

Following the brief history are 11 sections that cover prominent issues in current TA discussion. Each section describes the debate about a particular TA issue and applies that debate to the work of THET. The main points from each of these 11 sections are summarised below as part of the Executive Summary.

Country Ownership

It is important that recipient countries feel ownership of TA projects in order for those projects to be effective and sustainable. Country ownership encourages demand-driven TA, which responds to the needs of countries, rather than supply-driven TA, which imposes donors' priorities on recipient countries. There is a general disapproval of project implementation units (PIUs) because they remove recipients from decision-making processes. When recipient institutions feel ownership over TA projects, they will be more engaged and will make a greater effort to contribute to the success of TA. The formation of Memoranda of Understanding (MoUs) can be useful in ensuring that all parties are dedicated to the same goals and strategy.

How THET fits in

THET's Link model follows the principles of country ownership by resisting supply-driven projects and aid fashions. THET teams managing programmes might take caution when working with southern institutions to avoid resembling PIUs and to ensure that southern institutions have control over the direction of programmes rather than feeling like passive recipients of aid. UK Link partners should be sure that southern partners play an equal role in the drafting of MoUs so that southern partners feel ownership of the agreed strategy.

Country Context

TA providers who understand the context of the country in which they work have a greater chance of implementing appropriate, useful projects. There are several topics that TA providers should understand, including the political climate of the country, governmental structure, availability of resources, local culture, and the specific challenges that countries face in the TA provider's area of expertise. This allows providers to understand the climate in which recipient institutions operate, which in turn allows them to implement appropriate projects that will function well in a given society. General 'international experience' is not sufficient for understanding the context of individual countries because experience in one country does not necessarily transfer to

another. Rather, providers should be familiar with the specific country in which they work. The importance of understanding context is one reason why south-south TA has become a popular idea; TA providers from developing countries have first-hand experience working on capacity development from within an existing system, so they may better understand the challenges recipient institutions face. They may also be more familiar with the culture if they are from the same geographical region.

How THET fits in

UK Link partners benefit from briefings about the countries with which they work. To this end, THET's staff already provide briefing and details of country plans for a number of countries. The most effective briefings do not just include a superficial knowledge of basic facts, but rather should include specific knowledge relevant to health, such as policy, infrastructure, government involvement in and support for healthcare, and cultural factors that may affect the health of a population. This allows UK partners to understand the limits constraining southern partners and consider ways to address health problems within the existing situations of countries. The increasing popularity of south-south TA may also be an area for THET to investigate with potential south-south Links.

Capacity Building

Although capacity building is one of the primary purposes of TA, many members of the development community have questioned whether TA supports or impedes capacity building. One problem is the general format of conventional TA; it assumes that providers can transplant expertise from a developed country to a developing country with little consideration for context. Even when the general format might be successful, the manner in which individual TA projects operate may not be. Critics complain that providers have a tendency to stay in their positions too long, preventing local personnel from taking over. Additionally, recipient institutions need a certain base capacity in order to incorporate TA into broader development plans.

It is important to distinguish between TA and capacity development. TA is only one part of capacity development, but it has received blame for the failure of wider capacity development efforts in the past. It is also important to consider the question 'capacity for what' when forming goals rather than seeking generic capacity development. There is a balance between TA's dual functions of resource transfer and capacity development, and too much focus on one or the other might make a project less effective.

How THET fits in

While UK Link partners should not assume that they can directly transfer expertise to southern partners, medical knowledge may be more easily transferred than other forms of expertise (most TA studies discuss TA used by government agencies). Links do not face the problem of long term providers' refusing to leave jobs that local personnel could fill, but it would be useful for southern partners to develop the capacity for training. Projects that emphasise teaching skills as well as medical skills could help develop local training capacity. Finally, Links should mind the balance between resource transfer and capacity development.

Scale and Ambition

Recent studies simultaneously encourage TA projects to fit their work into broader capacity development plans and discourage them from taking on goals that could be better addressed by other capacity development efforts. The MDGs suggest what the ultimate goals of development efforts should be, but it is unlikely that any individual capacity development project, including TA, will be able to achieve these goals unilaterally. Unless TA projects are placed within the context of greater development efforts, they will not be able to contribute to those efforts. TA providers often cannot make effective changes without addressing political and organisational barriers that fall outside of the technical realm. Coordinated efforts towards major changes have a greater chance of making an impact than isolated efforts do, but too often, individual projects take on bigger goals without actually collaborating with other organisations. Over-ambition in this case does not yield greater results because it forces TA projects to abandon attainable goals in favour of goals that they have little chance of achieving. A good balance of ambition is when projects place their work into the context of broader development efforts but remember that their work is only one part of those efforts.

How THET fits in

The main application to THET is the emphasis on TA being only one part of development efforts. Although Links and programmes can make an important impact on the healthcare of a developing country, they are not the only projects to do so. If Links focus on doing the unique work that they can do, it will be more useful to developing countries than if Links attempt work that other projects/actors could undertake more effectively. This does not mean that Links should necessarily limit their ambitions; rather, it means that they should do as much as they can within the framework of their design. They should also cooperate with organisations doing complementary work in an effort to coordinate different facets of development work.

Accountability

The three-party model of TA has the potential to cause confusion about accountability. TA providers feel accountable to the donors who pay their salaries and to the recipient institutions that they serve. Pressure to deliver goals to donors may lead providers to ignore the priorities and needs of recipient institutions. Most studies agree that a situation in which providers feel accountable to recipient institutions would be preferable, but donors' financial power often gives them more clout with providers. Both donors and recipient institutions feel accountable to other parties as well; donors must prove the usefulness of their funding in order to maintain support, and recipient institutions may face the censure of constituents or more powerful agencies. M&E can further complicate accountability issues. Both donors and recipient institutions may want to perform M&E, but they might not reach the same conclusions. Studies generally recommend that donors hire independent evaluators in order to remove bias from recommendations. Recipient institutions often do not have the ability to perform extensive M&E, so they may rely upon donor M&E, leaving providers more accountable to donors than recipient institutions.

Some suggest that a bottom-up system of accountability (such as the accountability politicians feel to constituents) may be more effective than a

hierarchical system. One danger that recipient institutions face is that local employees may be held accountable for the work of foreign TA providers. Although this encourages local personnel to dedicate themselves to the success of TA projects, it may also create resentment towards TA in the event of negative feedback.

How THET fits in

A benefit of the THET model of Links is that UK partners may not feel the same pressure to deliver results to THET that TA providers feel towards donors. This allows Links to focus on the needs and priorities of southern partners and creates an environment in which UK and southern partners are mutually accountable to each other. Because UK partners have guidance from THET on the design of M&E and southern institutions do not often perform their own M&E, UK partners should be careful to consider whether the results of their M&E are relevant to southern partners. The latter should be included in the design and ownership of M&E of Links to the maximum possible extent. UK partners should also remember the potential consequences of failed Links for southern partners (such as disillusion with the concept of Links or loss of a community's trust in its healthcare institution) when committing themselves to Links.

Harmonisation and Alignment

Harmonisation and alignment refers to the practice of ensuring that the goals of TA are in line with country priorities and part of a wider, coordinated effort to build capacity and effect change. This allows individual TA projects to contribute towards greater goals and prevents TA providers from pursuing ineffective strategies by keeping them in dialogue with host governments and other providers. Developing countries may understand their own needs better than developed countries do, and harmonisation ensures that governments are able to communicate those needs to TA providers. Alignment encourages TA providers to collaborate and prevents them from overlapping their work needlessly. Countries, in addition to TA providers, may want to keep track of what TA is operating under their jurisdiction so that they know what kinds of development activities are occurring and understand the impact of those activities on their citizens. TA providers may find that they do not have the expertise to address those areas which are priorities, in which case they might consider finding someone who is more suitable for the job. Recipient institutions want to be involved in the hiring of TA providers so that they can find personnel whose technical and interpersonal skills fit their needs.

How THET fits in

THET's efforts to find other linking organisations and understand what other health development work is occurring in partner countries follows recommendations for greater harmonisation. Greater efforts to collaborate with other health development projects would be a next step for Links hoping to better harmonise their efforts. In order to follow recommendations for alignment, Links could better familiarise themselves with the national health priorities of partner countries. However, given that the scope and immediate effects of most Links reside within a particular health institution and community, it may be more useful to trust those health institutions to define their own priorities rather than seeking to impose national priorities on a local scale. One caution for Links is that the needs of partner institutions may involve tropical medicine, which could fall outside the expertise of UK partners.

Flexibility

An acknowledgement that the needs of recipient institutions were likely to change over time accompanied the realisation that TA would best serve recipient institutions by responding to their needs. This led to a demand for greater flexibility of TA projects. Strict adherence to initial plans despite changing circumstances may be a sign that providers place greater importance on delivering promised results to donors than assisting recipient institutions in whatever way is needed. Concrete principles of best practice may impede flexibility, which is another reason why TA studies support a more flexible system for applying lessons learned to different countries and institutions.

How THET fits in

Debate about flexibility applies to the approach that partners take when forming and continuing Links. It may be difficult to gain initial Trust support for Links with relatively fluid aims, but being honest with Trusts about the need for flexibility in responding to changing needs from the start may make it easier for partners to make needed changes to Links strategy later without losing Trust support. Long term Links especially may want to incorporate flexibility into their strategy so that they can address new challenges as they arise. Both southern and UK Link partners may want to agree on a system for deciding when it is appropriate to change the operations of Links to suit changing situations.

Transparency

Transparency refers to several different aspects of TA, including budget, providers' salaries, and open discussion about the goals and operations of a project. Disclosing the budgets of different TA projects would allow donors and providers to compare prices and would prevent budgets from being unnecessarily small or large. Donors would know if providers were asking for unreasonable amounts, and providers would be able to prove to donors why a certain amount is needed. This would prevent the waste of resources and make TA more of a competitive market. One potential downside is that local personnel may feel resentful towards TA providers after discovering their salaries (which are generally fairly large). This is particularly problematic because providers usually have access to better resources and work spaces than local personnel do.

Most studies agree that open dialogue is essential to the formation of initial goals and strategy. It is also important in the management of ongoing TA. All stakeholders should be forthright in sharing their expectations of a project and the manner in which they hope to execute a project so that they understand where agreements or disagreements may occur. Also, donors should be honest about fiduciary concerns when deciding whether or not to move towards full budget support so that all parties understand the limits and conditions of the project funding.

How THET fits in

The debate about budget and salary disclosure is not entirely relevant to THET, since THET does not pay the salaries of long term personnel (excepting two staff seconded to other organizations in Somaliland). Most of the people who work in Links do so on a voluntary basis. The only financial aspect of THET's

work that might relate to transparency would be seedcorn grants and compensation for travel or other expenses. Transparency with regards to these funds would reassure Links partners that they were receiving a fair deal, but it might also create tension if some Links or programmes received greater funding than others, even if there are legitimate reasons behind the differences. Honest discussion between UK and southern partners when they initiate Links is advisable, but it seems as though THET already encourages such discussion.

Pooling

Pooling is one of the more prominent issues in recent TA discussion. Different categories of pooling define different ways that donors fund TA projects. With full pooling, recipient institutions have the most control over the use of a budget. After receiving funds from donors, institutions contract TA providers directly and manage the direction of the TA project once it is in operation. With mixed pooling, donors provide funds and contract providers, but recipient institutions have control over the project once it is in place. With loose pooling, donors provide funds, contract providers, and work with recipient institutions to manage ongoing projects. Loose pooling systems grant recipient institutions the least amount of control but are the most common approach.

Most studies advocate a move towards full pooling, but the response has been slow within the TA community. The advantages of full pooling are that it allows recipient institutions to choose providers who have skills compatible with the priorities of the institution. Countries feel a greater sense of ownership with full pooling, which engages them in projects and allows them to place TA within a national development strategy. Full pooling also removes the accountability that providers may feel towards donors, which allows them to focus on local priorities rather than delivering results to foreign bodies. Finally, making TA part of a developing countries' budget (with full pooling) combats the perception that TA is a 'free good' that developing countries should accept whether or not they find it useful. However, full pooling may not be the best option for every country, especially countries with volatile political environments, so donors should consider the context of individual countries when making pooling decisions.

How THET fits in

Although the financial aspects of pooling are not very relevant to THET's work, the reasons behind different pooling categories are relevant to the manner in which UK and southern partners interact. For example, the idea of giving recipient institutions the ability to choose their own providers may apply to southern institutions that would prefer to choose from various Link possibilities to find which is most appropriate and compatible. The idea that recipient institutions should manage TA without interference from donors applies to the amount of control that southern partners have over the management of Links. Full pooling arguments would advocate for southern partner control over Link management, while arguments against full pooling suggest that southern partners may not have the capacity to take full control. The danger of recipient institutions considering TA to be a free good applies to southern partners who may initiate a Link on the premise that any assistance is better than none rather than considering how exactly they can use Links to their benefit. However, it is also dangerous to submit to the full pooling idea that Links should be part of general budget support, because governments may

choose to spend this money on more obvious solutions like mosquito nets rather than on Links, which provide more long-term solutions.

M&E

Most of the discussion about M&E focuses on two topics: how the M&E process should occur and what M&E should measure. The first important aspect of the M&E process is the necessity of gathering baseline data. This may limit the amount of flexibility TA providers incorporate into their strategy, since they will be inclined to address those issues about which they gathered data. However, baseline data gathered after a project has been in operation will likely be less accurate. Studies caution providers against establishing parallel data systems when they could use existing ones. It is a waste of time and resources and ignores the capacity of institutions to collect their own data. The question of who should commission M&E can be difficult. Recipient institutions often do not have the capacity to perform M&E or hire independent evaluators, but they cannot necessarily trust the relevance of donor-commissioned M&E to their goals and priorities. Studies agree that donors themselves should not perform M&E, as this would increase the tendency for providers to feel accountable to donors, but donors may contract independent evaluators to limit their own involvement and avoid bias.

There is debate about what exactly M&E should attempt to measure. An article in the UNDP Journal described a shift in emphasis from 'doing things right' to 'doing the right things'.² The new focus of M&E is evaluating whether the goals of a TA project are worthwhile rather than monitoring the progress a project is making towards stated goals (though that component of M&E is still important). Some arguments support a results-oriented approach that focuses on the achievement of fairly short term, concrete goals. M&E of a results-oriented approach would thus measure whether a project has had a tangible impact. Critics of the results-oriented approach remark that some goals of TA projects, such as capacity development, may be worthy but less tangible. Placing too much emphasis on concrete results may discourage providers from working towards less tangible, but nonetheless important, goals. The debate about what to measure with M&E is equivalent to the debate about what TA should accomplish.

How THET fits in

UK partners should be careful to gather baseline data when initiating Links and continue to remember the importance of baseline data as they decide upon new projects with southern partners. When collecting data, they should use existing systems whenever possible. The question of who performs M&E relates to THET because THET gives guidance to Links on the M&E process. Ideally, M&E of Link activities should be jointly planned and carried out. Lastly, UK partners might want to keep in mind the difficulty of measuring some of the less tangible effects of their work and be wary of strict adherence to results-based approaches to M&E.

² Hauge, Arild. "Accountability: to What End?". *UNDP Development Policy Journal* Vol 2 (2002). 74.

The New Paradigm

Following the Paris Declaration, the development community considered ideas for what the new model of development aid should be. Two descriptions of new paradigms, one referring to TA specifically and one referring to capacity development as a whole, outline principles which reflect much of the agreement about the new direction of TA.

The first 'new paradigm', introduced by Stephen Browne in a UNDP report,³ describes six principles of change from the old system of TA to a new one. The first principle is the move from knowledge transfer to knowledge acquisition, meaning recipient institutions must acquire knowledge rather than passively accepting knowledge transplanted from developed countries. The second is the change from organisational strengthening of institution building to transformation/ change management processes, meaning TA should work within existing frameworks to develop capacity rather than applying a hierarchical model for capacity development. The switch from a narrow view of the institutional environment to a broad view refers to the need to consider the institutional context of organisations rather than viewing them as isolated entities. The change from viewing the policy environment as neutral to viewing it as integral to, and compatible with, the change process means that providers should learn about the policy that exists and understand how it fits with the work they hope to accomplish. The change from weak and subjective country commitment to developmentally strategic country commitment is a call for greater country ownership and alignment of TA with national priorities. Finally, the switch from organisationally specific results to a focus on the impact on beneficiaries refers to a desire to measure the concrete effects of TA on the people institutions serve and not just on the institutions themselves.

The World Bank introduced a new paradigm for capacity development which also included six principles. The first is enhancing government effectiveness while raising social inclusion, meaning an increase in recipient institution participation and ownership of TA. The other principles include the importance of understanding the existing policy framework, combating brain drain by utilising local talent, building the capacity to build capacity, preventing donors from gaining too much control over a project, and balancing good practice with country context. Both paradigms mention many of the issues included in this report, demonstrating the general consensus in the development community about which issues are important in the shaping of new TA.

How THET fits in

The relevance to THET of the individual issues mentioned by the new paradigms is analysed in other sections, but it is useful to remember that these issues are not isolated from each other. Rather, they are part of a broad general shift towards a new TA model. This is important as THET considers possible applications of each principle, since many of the principles are intertwined in a general shift in thinking. The THET Link model generally seems to be in line with this shift in thinking. The most important principles of the new paradigm are respecting partner institutions, acknowledging complexity and context, and responding to needs rather than inventing them. THET already places importance on all of these principles.

³ Browne, Stephen (ed.) Developing Capacity through Technical Cooperation: Country Experiences. Virginia: Earthscan Publications, 2002.

Brief history of TA

The concept behind TA existed long before the development community adopted TA as an instrument of aid. If institutions or governments of one country required the services of experts from another country, the two parties would contract directly with each other (and the recipient institution would pay the experts). Multiple TA studies mention Peter the Great hiring French engineers to build St. Petersburg as an example of TA before NGOs began to use it.⁴ Under this original model, TA involved only two parties: the recipient institution, which contracted and paid for TA, and the provider. The transition to TA as aid was also a transition to a three-party model involving TA recipients, providers, and donors, who paid the salaries of the providers.⁵ Development agencies hoped that TA would help to close a 'skills gap' between developed and developing countries.⁶

The aid community began to criticise TA harshly in the mid-1980s, arguing that it was costly and ineffective. Well-paid TA providers attempted to remain in their posts as long as possible, impeding capacity building and wasting donor money.⁷ Providers and donors decided upon agendas without input from recipient institutions, and recipient institutions accepted TA as a free service without questioning whether or not it would actually help them. The TA community began to seek reform in the 1990s in response to this criticism.

The Millennium Development Goals (MDGs) provided aims for all development NGOs and suggested the ultimate purpose of efforts such as TA. This contributed to a debate about what exactly TA should accomplish and whether or not TA could contribute to such sweeping change. TA studies began to focus on the appropriate scale of TA and the placement of individual TA projects within a greater development context.

The Paris Declaration on Aid Effectiveness in 2005 commented on the changes that could be made to improve international aid. This affected how people thought about all forms of aid, including TA. Many of the issues that the Paris Declaration addressed were issues that had been at the centre of TA debate for more than a decade, showing that the key challenges to effective TA were shared by other forms of aid as well. TA studies have since applied the recommendations of the Paris Declaration to TA, providing a common framework for discussion. Many of the issues addressed in this report (most notably harmonisation and alignment, country ownership, and accountability) gained prominence in TA debate following the Paris Declaration. For the moment, the Declaration continues to drive much of the discussion about TA, and TA is generally tending towards following its recommendations.

⁴ Morgan, P. "Technical Assistance: Correcting the Precedents". UNDP Development Policy Journal Vol 2 (2002). 1.

⁵ Hauck, V., Baser, H., de Berg, M., and Zinke, J.

⁶ Browne, Stephen (ed.) Developing Capacity through Technical Cooperation: Country Experiences. Virginia: Earthscan Publications, 2002.

⁷ Land, T. "Joint Evaluation Study of Provision of Technical Assistance Personnel: What can we learn from promising experiences?" ECDPM Discussion Paper No. 78 (2007) 55.

Country Ownership

One of the strongest criticisms against TA in the past was the tendency for northern TA providers and donors to drive the entire TA process without consideration of the priorities or opinions of southern counterparts. Not only is this tendency disrespectful and distrustful of southern institutions and governments, but it is also ineffective in that it ignores the input of those who understand a country's situation firsthand. The general opinion in the post-Paris Declaration TA community is that increased country ownership will lead to more sustainable and effective TA.

In situations where the TA providers or donors feel more ownership of TA than the recipient institutions do, there is a danger that it will become a supply-driven rather than a demand-driven process. Instead of responding to the needs of developing countries, supply-driven TA follows the whims of the providers and donors. It is particularly vulnerable to 'aid fashions', so a particular disease or area of development may become the focus even in countries where a different focus would be more appropriate and useful. Donors want to be able to prove that their money is making a difference, and developed countries' perceptions of what 'making a difference' is may change according to what forms of aid or aid targets are more popular at that time. For example, if the most prominent aid organisations from a developed country at a particular time are those that deliver safe water or respond to natural disasters such as tsunamis, it may be difficult for donors to receive acknowledgment for supporting the strengthening of health systems management in a developing country. If these donors control the direction of TA, they may insist on providing TA for those sectors of a developing country dealing with water supply or emergency services, even if that country has more urgent needs. However, a developing country that desperately needs stronger health systems management and has the power to determine the direction of the TA it receives will be able to demand that TA addresses health systems management rather than addressing what other countries may think it needs. Greater country ownership leads to more demand-driven aid.

The desire for greater country ownership is partnered with a general disapproval of project implementation units (PIUs). The main problem with PIUs is their tendency to approach TA with a previously-decided implementation plan and define the success of TA to be equivalent to the success of that plan. This approach leaves little room for flexibility and no room for contributions or input from southern partners.⁸ The purpose of PIUs is to ensure that TA projects meet certain goals, but since PIUs are contracted by northern organisations and not by recipient institutions, those goals are not necessarily shared by north and south. Even if the goals are shared, recipient institutions do not likely feel ownership or control over the projects. Isolating host institutions from the process and strategy of project implementation leaves them disengaged with the TA projects that were meant to assist them.

⁸ Department for International Development, Policy Division. "How to Provide Technical Cooperation Personnel". 2006. 11.

The general opinion of TA studies is that Memoranda of Understanding (MoUs) can play a critical role in ensuring that southern institutions feel a sense of ownership over TA projects and that all the stakeholders involved agree on both the purpose of TA and the means by which TA providers and recipient institutions will work together to achieve that purpose. The preparation of the MoU is as important as the information that the MoU contains. Both TA providers and recipients should be involved in the drafting of the MoU to ensure that it includes the priorities of both and allows recipient institutions to play a substantive role.

How THET fits in

The THET model for Links is one that follows many of the principles of country ownership, although the more appropriate term for THET may be 'southern partner ownership'. THET encourages UK partners to respond to the needs of southern partners rather than enforcing their own plans. Links also resist aid fashions because they value southern partners' perceptions about what they need in addition to valuing international opinion about what direction health development should take (the MDGs, for example). THET programmes similarly respond to developing countries' needs, but TA studies would recommend taking caution with excessive UK involvement in strategic planning lest programme teams resemble PIUs. This would mainly involve ensuring that southern institutions and officials feel ownership of programmes and have control over their direction. Finally, Links should be sure that the process of drafting MoUs is one that is a true collaboration between UK and southern partners rather than a UK partner-driven process. Greater southern involvement in MoUs may lead to a greater feeling of ownership.

Country context

In a move away from the belief that TA providers can apply strict rules of best practice, studies have widely acknowledged the importance of understanding the country context of individual projects. Country context may refer to multiple features of a nation, including government and institutional structure, level of political stability, local culture, financial situation, and the challenges which particular countries face. Adapting previous experience with TA to different countries and considering country context when designing and implementing TA leads to more effective projects.

One of the more important aspects of country context is the political and organisational climate of countries and of the specific institution receiving TA.⁹ The level of political stability in a country affects the stability of institutions within that country. Institutions may rely on funding from the government, and this funding will be less reliable in countries with unstable governments. Likewise, political instability can harm the economy in general, creating a difficult living situation for most citizens of a country. This may contribute to a brain drain and limit the amount of time and resources that institutions can spend building infrastructure and addressing long term challenges. Political stability may also affect the relative safety of a country, which has implications

⁹ "Reforming Technical Cooperation for Capacity Development: Ready for Change?" Report of First UNDP Round-Table Meeting, Geneva (2001). 7.

for how local personnel live and work. Even in countries with relative political stability, the political climate is important to the operations of TA. The way in which government officials run a country will affect how much support (financial or otherwise) governments offer institutions, the extent to which governments restrict or control the operations of institutions, and the living conditions of local personnel and their communities. The organisational context of a country dictates the hierarchy within which institutions must operate and may limit the scope and scale of an institution's work. It is important for TA providers to consider all of these factors so that they know what avenues of change are available to them and understand the reasons behind the problems and challenges that institutions face.

Understanding local culture is important because TA providers work with local personnel and should know what interpersonal style is appropriate and professional in a given country. If TA providers are unfamiliar with the social context of a country, they may not be able to interact respectfully with local personnel, which will limit the effectiveness of TA projects and cause local personnel to develop negative impressions of TA in general. It is also important to understand why certain TA ventures will work or not within the social context of communities. Cultural knowledge is helpful in understanding what social customs or behavioural norms may have contributed to a country's problems (for instance, TA providers working in health would want to know about an increasing prevalence of smoking while trying to address rising cancer rates).

TA providers will likely face limited resources in their host institutions, and they need to know exactly what resources are available in order to know how to best utilise them. The disparity in resources available to different countries is one of the main reasons that universal best practice does not work well. The budget of an institution affects whether it can employ the number of people needed to perform every function. It also affects whether those people whom institutions do employ have the ability to do their jobs effectively. Even though TA providers bring valuable knowledge and experience, local personnel may still need certain resources, such as equipment or budgetary support, to be able to operate.

However, TA providers must also realise when material resources will not be useful for institutions. One of the major criticisms of health-related aid in the later 20th century was that hospitals or other institutions in developed countries would donate medical equipment and supplies that were completely useless to recipient institutions.¹⁰ Such equipment may have been unsuitable for the physical structure of hospitals in developing countries or may have had functions irrelevant to the health needs of communities. Recipient institutions then needed to find ways to dispose of the donations, which was a burden on their strained resources and a waste of medical equipment. Furthermore, these donations created an image of developing countries (especially those in sub-Saharan Africa) as a dumping-ground for the ill-advised, if well-intentioned, aid of developed countries.

One problematic assumption that TA providers may make is that general international knowledge and experience is sufficient for working in a specific

¹⁰ Asian Development Bank Operations Evaluation Department. "Performance of Technical Assistance". Special Evaluation Study (2007). 10.

country.¹¹ While it is useful for TA providers to understand the international context of TA issues and to have experience with TA in other countries, that does not diminish the importance of providers' understanding the context of the specific country in which they are working. In fact, it may be especially important for providers who have TA experience in other countries to ensure that they thoroughly understand the context of the country in which they currently work. This will prevent them from assuming that they can transplant previous TA projects into different institutions in different countries.

The use of southern TA providers has become a popular idea amongst those who study TA, and one reason is that southern providers may better understand the development challenges that institutions face. Southern providers are more accustomed to working in environments with limited resources, and their experience in working towards development in their own countries may mean that they have insightful advice to offer institutions attempting similar development processes. It could also add to the capacity of countries sending TA providers; the capacity to share development experience with others may be useful within the providing country as well as within recipient countries. Increased communication between southern countries can contribute to the building of a network of southern institutions working towards similar goals, which encourages collaborative efforts and places the TA work of a single country within the context of the development of an entire region.

How THET fits in

The main application of the discussion about country context to THET's work is ensuring that UK partners are sufficiently knowledgeable about the context of both the institutions with which they link and the countries in which those institutions operate. Although UK partners will not live and work for extended periods of time in developing countries, they still need to understand the environment where their work will take effect. UK partners will learn much about country and institutional context from southern partners, but they should also make their own effort to learn outside of their interactions with southern partners. One difference between general TA and Links is that institutions may continue to maintain Links after the individuals who were most involved stop participating. It is important that UK partners pass on whatever contextual information they have learned so that individuals who become newly involved with a Link will understand the country context and be able to consider it when making decisions and interacting with southern partners.

The popularity of south-south TA is relevant to Links work because it is possible to establish Links between southern institutions. THET is a UK-based organisation and, as such, can more easily work with UK institutions. However, possible efforts to facilitate south-south Links would be in line with current discussion about TA.

Capacity Building

Although one of the main purposes of TA is developing the capacity of recipient countries, many have questioned whether the general format of TA

¹¹ Asian Development Bank Operations Evaluation Department (2007). 10.

and the manner in which specific TA projects have operated actually build capacity. When the aid community first began to use TA, it was in the form of long term placements of TA providers in host institutions, normally government agencies. Many in the development community doubted whether this format had the potential to build capacity, and even those who had faith in the format recognised that many individual TA projects were poorly executed and had little capacity-building effect.

Under the original TA-as-aid model, TA personnel were meant to work with counterparts in developing countries. They would organise management strategies for their host institutions, suggest efficient ways of operating, and perform the job functions of their counterparts, who were meant to learn and eventually take over. One problem with this model was that it assumed that northern TA providers could transplant lessons learned from their own experience into recipient institutions. Many TA projects involved government institutions, but the governments of developing countries faced different problems than the governments of developed countries did. Government structure and the relevance of government agencies to citizens' lives also varied from country to country. When TA providers attempted to shape developing countries' institutions to mimic those of developed countries, they failed to do so and failed to build capacity within recipient governments.

Another issue with the model of long term placements was the tendency for TA personnel to fill job vacancies rather than perform TA or capacity-building work. This was useful in providing needed workers, but simply working in a host institution did not necessarily develop the capacity of that institution. Furthermore, TA providers often received relatively large salaries. The resultant situation was one in which donors paid the salaries of recipient institutions' employees (providers) rather than funding capacity-building projects. TA providers became overpaid employees, which created resentment amongst local employees and wasted the resources of donors. It was in the best interest of TA providers to stay in their positions and continue to receive salaries as long as possible, and this may have impeded progress rather than contributing to it. Host institutions did not have to pay the salaries of TA providers, so they could save money by employing them rather than employing capable, local personnel, especially when TA providers filled job vacancies rather than working with counterparts. The effect was the opposite of capacity development; rather than gaining work experience, local personnel faced greater difficulty when searching for jobs. Preventing local participation in capacity-building efforts prevented the building of any capacity.

Another problem was that host institutions needed a certain level of capacity before they could benefit from TA. They needed to be able to gauge where TA would be most useful and be able to incorporate TA into their own strategies for development rather than expecting TA personnel to guide every component of capacity development. Because they accepted TA as a 'free good', host institutions may not have considered how they could best utilise it.¹² TA providers then entered environments in which their purpose and their contribution to broader development efforts were undefined. They did not have control over capacity development efforts outside of their particular area of work, so they could not ensure that their efforts actually made an impact on

¹² Ajayi, S.I. and Jerome, A. "Opportunity Costs and Effective Markets". UNDP Development Policy Journal Vol 2 (2002). 25.

the institutions. Without the needed base capacity, it was difficult for TA providers to build further capacity.

It is important to note that TA and capacity development are not equivalent terms. Several studies have addressed the fact that TA is only one part of capacity development and has functions that are not directly related to capacity development. Because TA performs duties besides the development of capacity, a tension exists between TA's role in resource transfer and its role in capacity development.¹³ TA performs resource transfer when providers connect recipient institutions with the resources they need. These resources may include knowledge in a particular field, personal experience, connections to other people or organisations which may be useful, or access to resources such as journals or technology. This is critical in institutions which have the motivation but not the resources to expand or improve their operations. TA plays a role in capacity development when providers work with local partners to improve their own ability to provide services and organise sustainable management and policy for institutions. Although these functions are not necessarily separate, it can be difficult for TA providers to balance the time they spend providing resources and the time they spend planning strategies for capacity development. They face difficulty because some people hold them responsible for concrete, short term results, which require greater focus on resource use, while other people hold them responsible for longer term capacity development.

When undertaking any effort towards capacity development, including TA, it is important to define exactly what capacity is being developed.¹⁴ A goal of general capacity-building provides less guidance when planning activities and is more difficult to evaluate. Specific capacities, however, are more attainable and easier to evaluate. Examples include the capacity to produce consistent policy or the capacity to manage personnel effectively. There is a lack of standards against which to monitor the success of general capacity building, so evaluators may turn instead to accepted signposts such as the MDGs. Since most individual capacity building projects do not have an appreciable effect on MDG indicators, it is unreasonable to expect them to do so. Having more specific and realistic capacity-building goals controls expectations and allows for successful projects.

How THET fits in

Because THET is different from the conventional TA model, some of the discussion about TA contributing to capacity development is not very applicable. Links relate to healthcare and not to government, so northern and southern partners can share relevant knowledge more easily. In fact, one study suggested that technical assistance is most useful when it operates in areas that are actually *technical*, including medicine and science.¹⁵ Even when

¹³ Hauck, V., Baser, H., de Berg, M., and Zinke, J. (2006) Changing Minds and Attitudes: Towards Improved Belgian Technical Assistance. BTC/ ECDPM. 42.

¹⁴ Organisation for Economic Co-operation and Development. "The Challenge of Capacity Development: Working Towards Good Practice." (2005) DAC Guidelines and Reference Series Reference Document. 19.

¹⁵ Morgan, P. "Technical Assistance: Correcting the Precedents". UNDP Development Policy Journal Vol 2 (2002). 5.

Links deal with issues of management, they do not have to attempt to restructure government agencies.

It is doubtful that Links partners would fill job vacancies rather than performing collaborative roles, except perhaps when northern partners are the only people running training programmes. Teaching healthcare workers to teach others is particularly valuable in this respect, because it allows local partners to take on roles in training programmes.

The issue of institutions having suitable capacity to begin with may have relevance to THET. It is important that UK partners fully understand the capacity of the institutions with which they link. They may also want to know the capacity of the surrounding community so that they can place their work within the context of broader development work.

Balancing resource transfer and capacity development is relevant because Links often perform both functions. One caution from TA discussion is that resource transfer is not paramount to capacity development. If all the focus of a Link is on resource transfer, that Link may be successful in improving the resources available to southern partners but may not achieve much in terms of developing capacity. On the other hand, Links that focus entirely on capacity may have less success with the expansion of resources. The question of 'capacity for what' may be an important one for THET, particularly in how THET describes its work. Links and programmes do not just build the capacity of health institutions; they build specific capacities within health institutions and communities. The specific capacities are the ones that matter, particularly because many aid organisations claim to build capacity in general.

Scale and Ambition

The introduction of the MDGs suggested final outcomes towards which TA providers and development workers in general should work. This was useful in providing knowledge of shared goals in the development community, but it also contributed to the potential for over-ambitious TA projects. There is tension in TA debate between the desire to understand the development context in which TA operates and the compulsion to take on responsibility for the entirety of development goals. This tension is exemplified by the existence of studies that call for TA to attempt major capacity building work and those that call for TA to focus on specific, smaller-scale goals to avoid overreaching.

The UNDP held a roundtable entitled "Roundtable for Reforming Technical Cooperation: Ready for Change?" in 2001. Attendees analysed whether donors, recipients, and development industries were actually ready for TA reform. The report from this roundtable mentions that "development is as much political as it is technical... greater efforts have been made to link capacity development and TC to broader development objectives, notably the reduction and elimination of poverty."¹⁶ Such statements pressure TA providers to think of goals such as the elimination of poverty when considering

¹⁶ "Reforming Technical Cooperation for Capacity Development: Ready for Change?" Report of First UNDP Round-Table Meeting, Geneva (2001). 7.

what difference they hope to make with their efforts. This allows TA providers to understand what the development community eventually hopes to achieve, and they may find ways to shape their work so that it best supports those ultimate goals. It also promotes a sense of camaraderie amongst the development community and encourages organisations to work together rather than working in isolation. The subsequent coordinated effort will likely be more effective than individual efforts, and such coordinated efforts are likely to be the only kind that can actually address major problems such as poverty.

Similarly, Stephen Browne's 2002 UNDP report "Developing Capacity through Technical Cooperation" argued that advancements such as sound policy and efficient institutions should not be considered ends but rather means to bigger goals, such as the MDGs.¹⁷ This downplays the significance of so-called lesser goals and demands a focus on the effect that TA has on large populations. It is unsurprising that UNDP would emphasise the MDGs, but their argument applies to all major goals, not just those approved by the UN. They recommend that TA find ways to contribute to broader development goals in order to have an appreciable impact.

One potential problem with broadcasting major goals, however, is that organisations may forget the cooperation and patience needed to achieve them and instead attempt to address significant problems through isolated efforts. A 2006 report on capacity development argued that failures of the development community as a whole have been misattributed to TA specifically, giving TA a reputation for inefficacy which it did not earn.¹⁸ The report cited the MDGs as a specific example, explaining the danger and folly in expecting TA to accomplish them. It is important to appreciate what TA can accomplish rather than expecting it to accomplish goals for which other development work is better-suited. If TA is expected to achieve major goals, TA providers will face depressed morale and reduced support for the work that they can do. This endangers the continuance of TA, which prevents TA from accomplishing the goals of which it is capable.

Discussion in the past decade suggests that TA providers should both consider the major goals of development and understand the limits of what they can achieve. TA providers can understand the operations and goals of the development community at large without attempting to take on all of those goals themselves. They can decide to concentrate on what they do best without feeling as though they have failed or isolating themselves from other development efforts. They will operate best when they can simultaneously comprehend broader development work and appreciate their own limited contribution to that work.

How THET fits in

Links play a role in broader TA efforts, which in turn play a role in broader capacity building efforts. Acknowledging that THET is only part of a bigger effort does not diminish the importance of the work it does. This is

¹⁷ Browne, Stephen (ed.) Developing Capacity through Technical Cooperation: Country Experiences. Virginia: Earthscan Publications, 2002. 12.

¹⁸ Oxford Policy Management. "Developing Capacity? An evaluation of DFID-funded technical co-operation for economic management in sub-Saharan Africa." Synthesis Report EV667, 2006. 13.

probably what Stewart Tyson of DFID meant when he called Links a “modest complement” to capacity development at the 2008 International Health Links Conference.¹⁹ If Links know that they will not singlehandedly conquer the healthcare problems of a country or the MDGs, they can be prouder of what they can achieve. At the same time, Links may be more effective if they understand the ultimate goals of development in a particular country and appreciate the contribution of their work to the MDGs or similar goals.

Accountability

The aid model of TA as a three-party agreement contributes to a sense of confusion regarding accountability. Donors pay the salaries of TA providers, but providers work under the jurisdiction of recipient institutions, making providers accountable to both donors and recipient institutions. Efforts to increase country ownership have accompanied support for increased accountability to recipient institutions, but the existence of TA projects still relies on donors. Also, local counterparts may be held accountable for the activities of TA under their jurisdiction, which contributes to the desire of recipient institutions to monitor and control TA themselves.

The issue of accountability is important because it influences what factors TA providers consider when making decisions about the functioning and direction of their projects. If they feel pressure to deliver specific results to donors, they may not deliver the results that would most benefit recipient institutions. They may also ignore the real needs of recipient institutions in favour of addressing the needs which donors believe recipient institutions to have. If TA providers feel accountable to recipient institutions, on the other hand, they will consider challenges from their point of view and attempt to effect changes that recipient institutions view as valuable. Most TA studies have agreed that the latter scenario is preferable, especially since donors ultimately want to help recipient countries but may not know the best way to do so.²⁰

Accountability issues also have implications for M&E. Those who evaluate general TA (rather than specific TA projects) usually suggest that donors hire independent personnel to evaluate projects rather than attempting evaluation themselves. This limits the amount of pressure that TA providers feel to form close relationships with donors, which in turn prevents them from becoming instruments of donor will. Hiring independent evaluators also removes bias from M&E because independent evaluators will be more likely to consider the viewpoint of all the stakeholders rather than just considering the viewpoint of the donors. This allows evaluators to run balanced M&E, which makes them a trustworthy source of advice. For example, they may be able to explain to donors why certain projects are effective and useful even if they do not fit the usual profile of projects that those donors support.

¹⁹ Tyson, Stewart. The role of International Health Links in Global Health. International Health Links Conference Alexander Fleming Building, Imperial College, South Kensington Campus, London. 6 June 2008.

²⁰ Browne, Stephen (ed.) Developing Capacity through Technical Cooperation: Country Experiences. Virginia: Earthscan Publications, 2002. 8.

Recipient institutions will no doubt want to undergo their own M&E process, which may conflict somewhat with the M&E of the donors. Recipient institutions will probably not have the ability to hire independent evaluators, but they may also not have the ability or time to perform M&E themselves. This presents a problem, because TA providers may not feel as accountable to entities which have no formal method of monitoring and evaluating their work. If recipient institutions do perform M&E, however, there might be tension between the results of this M&E and the results of the donors' M&E. TA providers will then have to decide which recommendations to follow, forcing them to choose between the people who fund the project and the people whom the project is meant to benefit.

One article on TA suggested that bottom-up accountability may be more useful and efficient than hierarchical accountability.²¹ This is particularly relevant to situations in which TA personnel take placements within government agencies, because constituents can respond to the effects of TA by voting or otherwise voicing their opinions. This ensures that TA providers do not only feel accountable to host institutions but also feel accountable to the people whom those host institutions serve and the people who feel the effects of TA in their lives. Feedback from the people whom TA affects is more direct than feedback from evaluators or donors trying to assess the impact of TA, though it is not as comprehensive as a full report or M&E study might be.

TA providers are not the only stakeholders who feel accountable to others during the course of TA projects. Providers work alongside and under the jurisdiction of recipient institutions' employees, and those employees are accountable to others in their institution and to the people whom their institution serves. It may be difficult to distinguish between the work of local employees and the work of TA personnel. Recipient institutions and their employees thus face risk by accepting TA projects; they might be held accountable for any TA failure. Local employees may resent the extent to which their perceived success depends upon the activities of TA personnel, especially if they work in government positions and must gain the support of voters in order to continue holding their jobs.

How THET fits in

THET's role in Links may be analogous to a donor's role in a TA project in terms of accountability issues. UK Link partners do not depend on THET for their salaries, so they will not feel as strongly accountable to THET as TA providers might feel towards donors. However, in some cases, THET might provide financial support and other resources necessary for a particular Link to continue, and this may lead northern partners to want to prove the worth of a Link to THET. Also, UK partners may not feel particularly accountable to southern partners, since the relationship is not between an employee and an employer. The collaborative environment of Link encourages a feeling of mutual accountability between UK and southern partners. It does not create an environment in which southern partners feel exclusive ownership of TA and control over TA activities, which is the environment that many TA studies support.

²¹ Hauge, Arild. "Accountability: to What End?". UNDP Development Policy Journal Vol 2 (2002). 81.

The implications of accountability for M&E have relevance for THET as well. Although THET does not perform its own M&E process for every Link, it has undertaken efforts in the past to evaluate Links in general, and it has had to defend Links to prove their worth. THET does not have a strict system of Link regulation, which fits in with TA discussion because it allows UK partners to respond to the needs of southern partners (as TA providers might respond to the needs of recipient institutions rather than catering to the wishes of donors). Most M&E seems to be done by UK Links partners with guidance from THET, not by southern partners. UK partners should take care when considering whether the results of such M&E are relevant to southern partners, to THET, or just to the UK partners themselves. It might also be beneficial for southern partners to perform their own M&E if they are capable of doing so. Input from patients, healthcare professionals, and others whose lives Links affect is useful in encouraging bottom-up rather than hierarchical accountability. UK partners should also be careful when committing themselves to Links, since substandard efforts on their part might reflect poorly on southern partners, leading to a loss of morale amongst employees of the health institution and distrust amongst community members.

Harmonisation and Alignment

Harmonisation and alignment refers to the practice of ensuring that the goals of TA are in line with country priorities and part of a wider, coordinated effort to build capacity and effect change. The drive towards harmonisation and alignment is a reflection of the realisation that a large number of uncoordinated aid projects, no matter how well-intentioned, may be ineffective or even deleterious.²² It also recognises that developing countries understand their own needs and want aid efforts to address those needs rather than set their own agendas. The Paris Declaration acknowledgement of the merit of harmonisation and alignment to aid effectiveness was instrumental in calling attention to the issue, and the pursuit of harmonisation and alignment is now agreed to be one of the more important facets of TA reform. Providers can contribute to harmonisation by coordinating their work with other TA projects in their geographical region and with those working in the same field. They can contribute to alignment by fitting their work into national priorities and development strategy. Governments can pressure TA providers to harmonise and align by keeping track of the projects operating in their countries and refusing aid offers that are not in line with their priorities.

Because most capacity-building efforts are too small to implement sweeping change unilaterally, it is important that multiple players coordinate their efforts into a coherent and carefully-planned strategy. For TA providers, this means that they should refrain from tackling every aspect of development and instead focus on where their work fits into the overall capacity development scheme. One way that TA providers can harmonise their efforts is by being aware of what other TA is occurring in the same geographical region. Once they know who else is working in the region, they can ensure that they are not serving parallel functions and can work together to achieve greater goals which neither could achieve alone. They should also be aware of

²²Paris Declaration on Aid Effectiveness. High Level Forum. Paris. 28 February - 2 March, 2005. 4.

other TA projects working on similar issues so that they can learn from their experience and contribute to efforts outside of their particular geographical area.

It is equally important that the governments or institutions receiving TA keep track of which TA projects operate under their jurisdiction. This allows them to monitor the activities of each individual TA project and consider which are the most useful or effective. Since the ideal situation would be one in which recipient institutions feel ownership of TA, they may be able to apply the lessons of effective TA projects to faltering projects or even decide which TA is not worth continuing. The problem with expecting host institutions to keep track of TA is that it assumes that they have the time and capacity to do so; this may not be realistic in environments where institutions which are already overwhelmed must meet with scores of aid organisations trying to help them.

In addition to coordinating their efforts with other TA providers or capacity development organisations, TA providers should ensure that their work fits in with national development strategy and country strategic programs (CSPs). The general consensus is that countries understand their own needs and should have control over what development efforts take place. In this vein, TA should address the problems that government officials or heads of institutions view as priorities rather than addressing those problems that the TA providers themselves view as important. This can become important when TA providers have particular specialities (for example, HIV/AIDS) which may not relate to the most urgent needs of a country. This is part of the reasoning behind allowing governments or host institutions to select their own TA rather than giving that right to donors; those receiving TA understand their own situation better than donors likely would. Even when it is not feasible for TA recipients to choose their own TA providers and define exactly how a particular TA project will fit into their national strategy, it is important that TA providers consider how their work fits into national strategy and national priorities.

Even if northern TA providers understand the priorities of the institutions in which they work, they may not have the knowledge or expertise to address these priorities. Unless they have extensive knowledge of the particular country and experience with the problems faced by that country, they may not be able to offer useful insight. For alignment with country priorities to be successful, TA providers must have both knowledge of what those priorities are and the skills to address those priorities. This is one reason why finding the appropriate TA provider for a specific country or institution is not always straightforward; they must understand the wider development strategy of a country, comprehend how their work will contribute to this strategy, and have the skills and expertise needed to do that work.

The Paris Declaration acknowledged that harmonisation and alignment may be more difficult when the situation of a country is changing rapidly, leaving little time for careful, detailed planning of country strategy.²³ This is particularly true in regions with volatile political climates or natural disasters. Such situations may provoke sudden influxes of international aid, and governments or institutions attempting to address emergencies often do not

²³ Paris Declaration on Aid Effectiveness. High Level Forum. Paris. 28 February- 2 March, 2005. 7.

have the time or resources to coordinate aid and monitor every aid effort to ensure that it is actually helping.

How THET fits in

The discussion of harmonisation suggests the importance of knowing which other TA operates in the same region. THET's efforts to become aware of other linking organisations are in line with this opinion of the TA community. Collaboration with these linking organisations would be another step in the direction of harmonisation. Collaboration with development organisations more widely would also be consistent with harmonisation and alignment trends. This would not necessarily involve joint projects, but rather would entail maintaining communication about the direction of development in a particular region and determining how different entities (linking organisations, TA providers, etc.) could contribute to common goals.

THET's emphasis on southern partners driving the activities of Links fits in well with the idea that TA should reflect national priorities. The issues addressed by Links may not necessarily be national priorities, but they will likely be regional priorities, since southern healthcare institutions relay their needs to the UK partners. Given that the scope of an individual Link encompasses the institutions involved, the people who work in them, and the patients they serve, it probably makes more sense for Links to address the needs of the particular institutions involved rather than force attention to national priorities (although national priorities and the priorities of particular institutions may very well be aligned). Still, current discussion about harmonisation and alignment would encourage an awareness of national needs, the broader development efforts to address those needs, and how Links fit into the equation.

The warnings that TA providers should have the correct skills to address the needs of southern partners may be relevant to THET. UK partners may not have sufficient experience with tropical diseases, even though the treatment of tropical diseases might be a priority for southern hospitals and other health institutions. The expertise that UK partners can share might be useful but not necessarily a priority, which could take away from the time and resources that southern partners spend addressing urgent tropical health issues. Unless UK partners have extensive knowledge of tropical medicine, their contribution to southern partners' most urgent needs may be minimal. However, given that health institutions often request Links for needs other than tropical diseases, this should not be a very serious problem.

The Paris Declaration concern that aid is difficult to coordinate following natural or manmade disasters is not particularly applicable to THET, given that links tend to exist in more stable countries and last for the long term rather than in response to sudden crises.

Flexibility

The call for greater flexibility in TA projects recognises the evolving nature of developing countries' needs and the necessity of responding to needs rather than adhering to strict and uncompromising plans. Although

stakeholders should have ultimate goals and be committed to achieving those goals despite changing circumstances, they should also be prepared to change their aims and strategy when appropriate.

The maintenance of flexibility helps to ensure that TA remains demand-driven rather than supply-driven. If TA providers genuinely respond to the needs of recipient institutions, they will likely have to change their operations as old challenges diminish and new ones appear. Adjustment to plans may even be a positive sign, since it indicates that providers are willing to abandon ineffective strategies. Conversely, strict adherence to initial plans may be a sign that TA providers are either clinging to their own perceptions of what must be accomplished or clinging to the perceptions of donors. Although both providers and donors may have useful input into what can be done to improve the operations of an institution, they must also mind the opinions of the recipients whose lives and livelihoods will be most influenced by TA.

Even in situations when providers genuinely respond to recipient institutions, they must be careful to maintain flexibility. The objectives and strategies upon which providers and recipients agree at the beginning of a TA project may need to change as both parties realise unforeseen limitations or new potentials for improvement. Such change is not a sign of indecision or inefficiency but is rather a sign that providers and recipients are monitoring the effects of TA carefully and attempting to make TA projects as useful as possible. The need for flexibility is another argument for avoiding the use of best practice; providers should be engaged in their current projects rather than considering them to be merely one in a series of identical projects. This will ensure their commitment to the goals of a particular project rather than to the broader goals of TA in general.

How THET fits in

The importance of flexibility applies to the manner in which UK Link partners operate. It may be difficult to convince Trusts to commit to projects with relatively fluid purposes, but flexible projects may be more useful to southern partners. This is especially true for long term Links, because the challenges that institutions face, the organisation and management of institutions, and the political and economic environment of the institutions' countries will probably change with time, necessitating new initiatives. It may be useful for both UK and southern partners to agree initially upon a system for reviewing ongoing Links and revising MoUs as needed. UK partners might also want to avoid promising to deliver certain goals to their Trusts (such as commitments to improving certain well-known health indicators) and instead aim to provide a useful service for southern partners by addressing whatever needs exist at a particular time.

Transparency

Many studies have called for greater transparency of TA, but each refers to a different aspect of TA which requires transparency. Some advocate for the disclosure of TA budgets or the salaries of TA providers, whereas others advocate for a more open and honest atmosphere in which to discuss goals of TA or concerns that donors may have about fiduciary risks. In general, TA

evaluators call for greater transparency in the hope that it will lead to more discussion and cooperation between TA providers, donors, and recipients.

By increasing transparency with regards to salary and budget disclosure, different TA projects may pressure each other to use their resources wisely. Both donors and TA recipients would know what typical TA budgets were, so they would have more clout when attempting to convince TA providers to keep TA budgets to a minimum. Conversely, if donors were unwilling to provide enough money to implement an effective project, the TA providers would be able to refer to the budgets existing projects to explain why a certain budget is necessary. Revealing exactly where TA budgets are spent may deflect some of the criticism that TA is overpriced. It might also encourage those TA providers who do request excessive budgets to reform due to the pressure of competition with more reasonable providers.²⁴

A related issue is the disclosure of TA personnel salaries, which constitute part of the TA budget. The development community was dismayed to learn that many TA providers earned salaries that seemed excessive given the services they provided and the fact that they were working in developing countries.²⁵ Making these salaries better-known may force TA providers to accept lower salaries, thereby allowing donors to fund more TA projects and convincing more donors to become involved with TA in the first place. However, revealing TA salaries to local personnel could be dangerous. It can cause resentment amongst the counterparts with whom providers work, especially since TA personnel will likely never accept salaries as low as those of their counterparts. This resentment is compounded by the fact that TA personnel often work in better office spaces and have access to better resources than their counterparts.²⁶ Rather than fostering an environment of collaboration and mutuality, this emphasises the existing divide and makes it more difficult for counterparts to take over once TA providers leave.

Some have called for an increase in transparency with regard to the process of funding in addition to the amount of funding. They argue that donors should be forthright in explaining to recipients and providers why they want to fund TA in a certain manner. For instance, when donors do not want to give full budget support because they are uneasy about the risk involved, they should explain to the recipient institutions why they are uneasy and why they would prefer to fund particular TA projects or personnel.²⁷ This could deflect the criticism that donors face for refusing to move towards general budget support, and it may also be useful in showing recipient institutions changes they could make to gain the trust of donors in the future.

²⁴ Baser, Heather and Morgan, Peter. "Harmonising the Provision of Technical Assistance: Finding the Right Balance and Avoiding the New Religion." ECDPM Discussion Paper No. 36. 2002. 8-9.

²⁵ Hauck, V., Baser, H., de Berg, M., and Zinke, J. (2006) Changing Minds and Attitudes: Towards Improved Belgian Technical Assistance. BTC/ ECDPM. 29.

²⁶ Baser, Heather. "Provision of Technical Assistance Personnel in the Solomon Islands: What can we learn from the RAMSI experience?" ECDPM Discussion Paper No. 76. 2007. 6.

²⁷ Watson, David, Thong, Nguyen Minh, and Zinke, Julia. "Provision of Technical Assistance Personnel in Vietnam: Cooking pho, peeling potatoes and abandoning blueprints." ECDPM Discussion Paper No. 77. 2007. 46.

A less contentious transparency argument is that all stakeholders should be honest with each other about the goals of TA, the ways they hope to go about achieving those goals, and the role that each stakeholder will play in the process. Establishing a shared strategy from the start of a TA project ensures that everyone can work together towards the same end rather than working separately towards different ends. Not only will this make the actual operations of a project more efficient, it will also increase the likelihood that a project will be successful. If the goals of a particular TA project are long term and less quantifiable, such as capacity development, donors will know that this is the case from the start and may be less frustrated when attempting to assess the impact of their funds.²⁸

How THET fits in

Because THET does not play the conventional role of donor and does not pay the salaries for long term foreign personnel, excepting salaries for two staff seconded to other institutions in Somaliland and salary support for long-term TA in Mbarara, Uganda, it does not necessarily fit into the discussion about salary and budget transparency. Honesty about the goals and vision of each stakeholder is relevant, though it seems to be in effect already. With regards to Links, it means that both southern and UK partners should agree on how they want to undertake certain projects in addition to agreeing upon what the aims of those projects should be. When the aims of a project are less tangible, it is especially important that all the stakeholders understand this and keep it in mind during M&E. Transparency with regards to other linking institutions would open up opportunities for the sharing of experience and possibilities for collaboration.

Pooling

TA studies frequently address the issue of pooling. Pooling refers to the manner in which donors fund TA, and the debate about it is closely related to the debate about tied vs. untied aid. It is also a debate about the extent of country ownership and the relationship between the recipient institution, the TA provider, and the donor funding the TA.

Pooling is generally divided into three categories: full, mixed, and loose.²⁹ With full pooling, recipient countries have the most control over the use of TA. After receiving money from donors, governments or institutions contract TA personnel directly. They also manage the operations of the TA personnel once they are in-country and are generally responsible for the direction of the project. Under this system, TA personnel are accountable to the host government or institution rather than the donor. With mixed pooling, donors both fund and contract TA personnel, removing the ability of recipient institutions to choose which people or organisations they want to work with. However, after the contracting, the host institutions are responsible for managing the project. The entity to which TA personnel are accountable is less

²⁸ "Reforming Technical Cooperation for Capacity Development: Ready for Change?" Report of First UNDP Round-Table Meeting, Geneva (2001). 13.

²⁹ Hauck, Volker and Baser, Heather. "TA Pooling: Tools and Lessons Learned: A brief review of recent experiences" DFID Health Resource Centre, 2005. 2.

obvious in this situation. They are immediately accountable to the recipient institutions which control the direction of their work, but the continued existence of the project relies upon funding from donors. If the presence of TA providers depends on the decisions of donors, the providers will be conscious of donor opinion while working. Loose pooling gives the least control to recipient institutions. Under loose pooling, donors generally contract providers either independently or in collaboration with other donors. Recipient institutions and donors share the responsibility of directing TA personnel once they are in the country. Accountability is particularly ill-defined, since multiple entities have control over the TA project.

Although most TA studies acknowledge that each category has benefits and drawbacks, most also recommend a move towards full pooling.³⁰ They argue that full pooling gives developing countries, which are familiar with their own challenges and needs, the ability to choose where TA will be useful and fit TA into national development strategies. Giving recipient institutions the ability to contract TA providers engages them in the TA process from the start. This will increase the likelihood that they will remain invested in the project and that they will try to make the project successful rather than just accepting it as it operates. Recipient institutions, like employers, may also prefer to choose providers with suitable interpersonal skills, not just technical knowledge.³¹ Donors may not know which personality types will work well with particular institutions.

Giving recipient institutions responsibility over the direction of TA keeps them engaged in projects. This makes it more likely that they will view TA as part of their own development strategy and use it as such, which in turn makes it more likely that TA will actually play a substantive role in broader development strategy. Additionally, host institutions will be more sensitive than donors to the changes that TA makes in their environment, so they may have valuable insight into the best use of particular TA projects. Full pooling can also ease some of the confusion surrounding accountability. Because donors are involved with neither the contracting nor the direction of TA projects, providers will be less familiar with the donors, making them less likely to consider donor reactions when conducting TA activities. Although donors generally want to avoid this scenario, it does allow providers to immerse themselves more fully in the context of the host country and respond to local needs rather than enforcing foreign objectives. Finally, full pooling allows multiple donors to fund a single TA effort more easily, since they only need to provide funds rather than agreeing upon which TA providers to contract and which TA strategies to undertake.

One of the problems with TA funded by donors is that recipient institutions view it as a free good and, as a result, do not use it as effectively as they could. There is a growing acknowledgement amongst developing countries that they need to refuse aid that they know will not be effective. The

³⁰ Baser, Heather and Morgan, Peter. "Harmonising the Provision of Technical Assistance: Finding the Right Balance and Avoiding the New Religion." ECDPM Discussion Paper No. 36. 2002. 14.

³¹ Pratt, Brian. "Volunteerism and Capacity Development". UNDP Development Policy Journal Vol 2 (2002). 107.

same should be true of TA.³² Because recipient countries do not pay for TA, they may not see any harm in accepting it, even if they know that a particular TA project does not address their needs. In instances when they do not want to accept TA, they may do so anyway because they know it will bring other benefits, such as travel budgets, access to resources, or equipment donations. This system is inefficient; countries cannot have access to the resources they need without accepting aid instruments that waste resources and burden host institutions. It also causes recipient institutions to view TA as a means of gaining other benefits rather than as a tool that they can use, which makes it less likely that they will take the effort to use TA to their advantage.

The principles driving debate about pooling also drive debate about tied vs. untied aid. The general opinion has shifted in favour of untied aid, mostly due to the argument that countries should be able to decide for themselves how best to use aid without adhering to conditions that may limit efficacy. Most loose pooling and much mixed pooling comes in the form of tied aid, which adds to the criticism of these categories of pooling. Most often, the condition which recipient institutions must accept in order to receive tied TA is the use of international personnel. This precludes the hiring of locals, even those who may be more qualified than international personnel, for TA positions. It also prevents recipient institutions from being able to engage in the personnel selection process, isolating them from the start and ignoring whatever useful input they might have.

Studies have questioned the tendency to consider full pooling to be the best option for every country.³³ They rightly argue that the very same TA studies which advocate full pooling for every country also insist on the importance of considering country context rather than universally applying best practice. Full pooling may not be feasible or advisable in every country, and many donors will not accept its use. This is particularly true for countries with volatile political environments or limited capacity. Institutions may not have the time or resources to manage the contracting and directing of TA, and asking them to do so might burden them rather than help them. As with most components of TA, it is important to adapt pooling to particular countries in order to best serve them.

How THET fits in

THET does not follow the conventional donor-provider-recipient model for TA, so pooling may seem to be irrelevant. However, the arguments for and against the various pooling categories are relevant to THET's interactions with Links partners. The ability of recipient institutions to choose the people with whom they work is one such issue. Placing THET in the context of TA contracting, studies would recommend that southern Links partners be able to choose from a selection of northern partners. They may want to link with partners who have compatible interpersonal skills as well as knowledge and expertise. Likewise, the arguments against tied funding suggest that southern

³² Baser, Heather and Morgan, Peter. "Harmonising the Provision of Technical Assistance: Finding the Right Balance and Avoiding the New Religion." ECDPM Discussion Paper No. 36. 2002. 16.

³³ Hauck, V., Baser, H., de Berg, M., and Zinke, J. (2006) Changing Minds and Attitudes: Towards Improved Belgian Technical Assistance. BTC/ ECDPM. 23-24.

partners might benefit from having the option of working with partners from countries other than the UK and may want to work with southern partners.

The fact that UK partners may have easier access to THET's support than southern partners do reflects the donor-provider-recipient system of accountability to some extent, because northern partners may shape their M&E and judge the effectiveness of their Links based on advice from THET rather than the judgements of southern partners. The collaborative manner in which southern and UK Links partners work together to direct the activities of Links is also reminiscent of the cooperative arrangement of directing TA activity in loose pooling. The difference is that the collaboration is between recipient institutions and UK partners (which could be considered TA providers) rather than between recipient institutions and donors. This removes the confusion about accountability, but does not necessarily mean that southern partners have as much control as they would have under a situation more akin to full pooling.

The notion that recipient institutions may treat TA as a free good applies to THET as well. It is possible that some health institutions welcome Links or programmes because they know that it will allow them to access other resources, and this might limit their commitment. However, the time they invest in upholding their responsibilities may provide as much incentive for commitment as a financial investment would. Still, it is important that southern partners refuse ventures that they know will be ineffective, even if they bring useful side benefits. They should also be able to access those side benefits without committing to other aspects of projects.

M&E

There are two primary debates about the monitoring and evaluation of TA: how TA should be evaluated and what exactly should be measured when trying to determine the effectiveness of TA. After widespread criticism of TA as ineffective and overpriced towards the end of the twentieth century, TA stakeholders needed to justify their work to the aid community. Most of the discussion about TA at this time focused on whether or not it was a worthwhile system, and M&E was crucial to the formation of opinions regarding the value of TA. M&E remains important while aid organisations attempt to reform TA to follow the recommendations of the Paris Declaration. Consequently, the debate about M&E and the suggestions that arise after the monitoring and evaluation of individual TA projects shape the debate about every other facet of TA.

How to monitor and evaluate technical assistance:

TA studies widely agree upon the necessity of establishing baseline data before implementing projects. The need to obtain original data against which to measure final data is obvious, but the time at which evaluators gather the original data is an important, if often overlooked, consideration. Attempting to discern the original statistics after TA has already taken effect is not efficient, nor is it accurate. This means that those involved in TA must consider the need for M&E from the start; it cannot be an after-thought if it is to be done well. Also necessary is the establishment of terms of references for

M&E from the start. Many agree that the process of framing terms of reference should include all parties involved in the provision and contracting of a particular TA project. This ensures that everyone agrees on the function that M&E will have in addition to fostering a cooperative environment in which to gather baseline data.

One major problem with gathering baseline data from the start is that it can limit the flexibility of a TA project. Collecting data on certain health indicators or management policies implies that TA will change those systems and presupposes what shape the final systems should take. It limits what areas TA can address by confining the scope of TA to the areas about which baseline data was gathered. This impractically asks for partners to predict all future activities of a TA project from its start. It also gives control over the direction of TA to the people who gather the baseline data. If independent evaluators hold this responsibility, they take control from the actual participants in the TA project.

Studies agree upon the merit of using existing data sets rather than creating parallel data systems. The creation of unnecessary, new data systems increases both the financial and the transaction costs of M&E, making the process more onerous while wasting finite resources. It also disrespects the data-collection capabilities of governments or other institutions and isolates them from the M&E process. Participatory M&E can be an opportunity for southern partners to become engaged in projects while building the capacity to manage their own M&E.³⁴

What to evaluate and monitor:

The debate about what exact factors to monitor and evaluate hints at the broader debate about what TA should accomplish. A DANIDA publication entitled "A Results-Oriented Approach to Capacity Change" argued in 2005 that too often, aid organisations view the implementation of TA as the achievement of capacity development goals rather than a step in the process of capacity development.³⁵ The report advocates the ROACH (Results-Oriented Approach to Capacity and Change) system of M&E. ROACH involves evaluating the effectiveness of TA by measuring specific outcomes rather than assuming that TA itself is the ultimate measurable effect of capacity development efforts. The implication is that TA should attempt to accomplish concrete, easily measurable goals. This places pressure on TA providers, insisting that they produce tangible results in a relatively short period of time.

However, many recognise that TA may have less tangible, though equally important, effects on capacity development. The pressure to deliver short term effects may drive TA providers to 'get the job done', resulting in TA providers' performing the jobs of local counterparts rather than supporting local counterparts as they work to build their own capacity.³⁶ Not only is this unsustainable, it also may depress the morale of local counterparts. TA has

³⁴ Hauck, V., Baser, H., de Berg, M., and Zinke, J. (2006) Changing Minds and Attitudes: Towards Improved Belgian Technical Assistance. BTC/ ECDPM. 30.

³⁵ Boesen, Nils and Therkildsen, Ole. "A Results-Oriented Approach to Capacity Change." Ministry of Foreign Affairs, DANIDA, 2005. 4.

³⁶ "Real Aid 2: Making Technical Assistance Work." ActionAid International, 2006. 29-30.

received criticism for assuming that northern providers know what is best for developing countries, and the pressure to deliver immediate results may increase the tendency of TA providers to bypass the considerations of recipient institutions and countries. It might also limit the amount of time and resources TA providers spend on capacity-building initiatives which may have proven more useful in the long term for developing countries.

Several studies have remarked on the difficulty of measuring capacity building, since results such as improved management skills or more comprehensive policy are not as tangible or quantifiable as statistics on health indicators. There is a tension between what is known as transactional change (more immediate change with clear and measurable outputs) and transformational change (long term, sweeping change that includes organisational issues). Transformational change is not easy to monitor, so much of M&E only examines transactional change. As a result, TA which produces worthwhile transformational change may lose support for not demonstrating transactional change. TA providers, in their efforts to prove effective, may pursue transactional change while ignoring the potential for transformational change to develop capacity.

How THET fits in

UK partners should remember the importance of gathering baseline data when initiating Links, since they will need this data to be able to perform meaningful M&E once a Link is underway. They should be aware that the goals of a Link may change over time and that this will require them to continue to collect baseline data for whatever new issues they choose to address. They should mind how they collect baseline data, making use of existing data systems whenever possible. They should also include southern partners in the process, since southern partners may be more aware of existing data systems and, if not, may appreciate the opportunity to develop data-collecting systems that they can continue to use. When actually performing M&E, UK partners should consider whether the measurements they take and the findings that arise are relevant to southern partners' objectives, since southern partners may not be involved in the design of the M&E. UK partners should also be aware of the difficulty of evaluating some effects of Links, such as less tangible capacity development effects, and the possible negative effects of results-oriented approaches that ignore the less tangible achievements.

The 'New Paradigm'

Over the past decade, TA providers and evaluators have recognised the merit of moving away from the conventional aid model in which donors and providers entered developing countries with inflexible strategies and attitudes of superiority. Following the disappointments of ineffective and costly TA in the 1980s and the suggestions of the Paris Declaration in 2005, the TA community sought new aid models. These models suggested ideas such as fostering a feeling of global cooperation rather than one of north-to-south aid transfer and using more participatory methods of capacity development. In 2002, Stephen Browne wrote a report for the UNDP entitled "Developing

Capacity through Technical Cooperation: Country Experiences".³⁷ In this report, he introduced the six principles defining a 'new paradigm' for TA as a support mechanism for capacity development. In 2005, the World Bank Task Force on Capacity Development in Africa offered six principles underlying a 'new paradigm' of their own, although this new paradigm referred to capacity development as a whole rather than TA specifically.³⁸ Both sets of principles describe the role that TA plays in capacity development under a new aid model.

Browne laid out the features of TA which should change in order to improve effectiveness. He referred to a change from the 'current system' to the 'new system', but given the passage of time, Browne's 'current system' will be referred to as the 'old system'. This does not imply that every current TA project has changed to the new system; rather, it reflects the fact that the development community has already taken steps towards the new system.

1. *"From knowledge transfer to knowledge acquisition"*

The old system of TA involved three primary components: formal training, scholarships, and reliance on expatriate experts. This system placed greater value on northern expertise and knowledge than on southern. It also assumed that the benefit of TA was in the transfer of knowledge from north to south, ignoring the role that southern partners might play.

The new system claims that knowledge cannot be transferred; rather, it must be acquired by developing countries in a participatory process supported by the TA provider. It encourages a system of networks, south-south exchange, interactive training, and reliance on national experts. The idea of networks is part of a movement to view TA as more of a cooperative global movement than as an instrument of aid given by one country to benefit another. South-south exchanges and reliance on national experts support capacity-building and recognise the value of southern institutions rather than patronising them. In general, the new perspective of knowledge acquisition is one of collaboration and respect.

2. *"Institution building: from organisational strengthening to transformational/change management processes"*

The old system was a hierarchical, carefully-controlled drive for reform. It included a public sector emphasis, imported best practices, top-down reform, and a 'reinvention of the wheel' with each new TA project. Under this system, TA providers applied a general capacity development strategy to each institution without consideration for the different needs of different institutions. TA providers decided what practices would be best for institutions rather than including them in decision-making. They also ignored the capacity that already existed and treated every institution as a blank slate with regard to capacity.

The new system places each institution in a national context, nurtures existing capacity, changes management processes from within, and pays special

³⁷ Browne, Stephen (ed.) Developing Capacity through Technical Cooperation: Country Experiences. Virginia: Earthscan Publications, 2002.

³⁸ "Building Effective States, Forging Engaged Societies". Report of the World Bank Task Force on Capacity Development in Africa, 2005.

attention to sustainability. This system abandons the idea that strict 'best practice' can be applied to every TA project, choosing instead to consider past successes in light of current national contexts. In the spirit of planning TA to fit into the context of particular countries, this approach also aims to build on the capacity that already exists in countries rather than starting afresh. This engages institutions in capacity developing efforts rather than isolating them and creates a more efficient and sustainable system.

3. *"Institutional environment and partnerships: from a narrow view to a broad view"*

Under the old system, each organisation was considered separately, and there was no consideration of general capacity development needs. TA providers did not think about how the institution at which they worked interacted with other organisations, nor did they consider how those interactions could help or hinder their efforts.

Under the new system, TA providers consider all relevant organisations at the national and the local levels, investigate the institutional environment in which organisations work, and acknowledge the importance of inter-organisational partnerships. Rather than assuming that the institutions at which they work exist in a vacuum, TA providers acknowledge the relationships organisations have with other organisations and consider how these relationships fit in with their projects.

4. *"Policy environment: from viewed as neutral to viewed as integral to, and compatible with, change process"*

In the old system, TA providers did not consider policy unless their specific area of expertise was policy reform. Without understanding the policies with which their counterparts complied, TA providers did not understand possible barriers to development and could not plan innovative ways to use policy to their advantage. They viewed policy and development as separate entities rather than studying the interplay between them.

In the new system, TA providers recognize that policy affects capacity development and cannot be separated from it. Additionally, they may propose policy alternatives and implement pilot programmes to demonstrate the impact of policy change on capacity development.

5. *"Country commitment and autonomy: From weak and subjective to objective, nationally owned and developmentally strategic"*

Under the old system, donors had control over the TA agenda. They also used project implementation units (PIUs) to ensure that the goals of the agenda were accomplished.

Under the new system, the national development framework of the recipient country, rather than the opinion of donors, drives the agenda. There is commitment at all levels, including the recipient institutions in addition to the TA providers and donors.

6. *“Results and Accountability: From organisationally specific to a focus on the impact on beneficiaries”*

Under the old system the dialogue between TA providers, donors, and recipient countries was forced into a conventional donor-recipient model. This model assumed the gratefulness of the beneficiaries of TA without allowing them to participate in the development of TA strategy. The focus of this model was on the outputs of TA, not necessarily on the usefulness of outcomes to recipient institutions or the effects of outputs on other aspects of development.

Under the new system, TA is evaluated based on how it affects the beneficiaries. The beneficiaries are involved in the planning of strategy, and their opinion as to whether or not TA has been successful is important. Rather than simply measuring outcomes, evaluators consider the meaning of the outcomes to the beneficiaries and to broader development efforts. The MDGs have become particularly important in highlighting which development efforts TA may influence.

The World Bank established a Task Force to study Capacity Development in Africa, and in 2005 this Task Force released a report entitled “Building Effective States, Forging Engaged Societies”. The report, as suggested by the title, recommended ways of ensuring that capacity development efforts used engaging, participatory processes rather than isolating ones. One section of the report outlined a new paradigm for capacity development. The principles outlined reflect the changes in discussion about TA and describe the changing environment of the development community in which TA operates.

1. *“Capacity development must emphasize the dual objectives of enhancing government effectiveness and raising social inclusion.”*

This acknowledges that local participation in capacity development is crucial to its success. Engaged, local leaders who commit themselves to the long process of capacity development will ultimately be more useful than foreign personnel attempting to produce concrete, short term results in an effort to appear effective. This idea is in accordance with the TA principle of country ownership, and suggests that a results-based approach may actually impede the building of long term capacity.

2. *“Governance matters for successful- and sustained- capacity development.”*

This, like Browne’s new paradigm, emphasises the importance of the policy environment to capacity development, particularly incentives and accountability. This idea appears in discussion specifically about TA as well; TA providers must understand the context in which they operate, and this includes policy.

3. *“A big part of capacity development is unleashing existing capacity and making better use of local and Diaspora talent.”*

This addresses the brain drain, which the Task Force suggests cannot be stopped. However, local incentives and engagement may slow it, and making use of Diaspora talent may counter its effects.

4. *"It is crucial to establish a firm foundation for the reproductive system of skills, knowledge, and human competence- by strengthening the capacity to build capacity."*

The TA community has recognised the merit of building capacity to build capacity as well. The Task Force emphasises the importance of knowledge and professional networks and supports the linking of individuals and institutions working on areas such as policy analysis.

5. *"Donor support for capacity development is not merely an issue of funding enhanced technical capabilities- it is also an issue of changing the way such support is provided without destroying capacity or detracting from institutional development."*

The issue of funding processes is a major facet of TA debate, which focuses mostly on the different possibilities for pooling. The general trend is toward untied aid and general budget support, though this is not possible by law for some donor countries, including the United States. In general, though, studies on TA suggest that governments have as much control over the flow and use of aid money as possible given their individual capacities and trustworthiness.

6. *"In developing strategies for capacity development, good practice needs to be balanced with the diversity of country contexts."*

This principle points to the importance of placing development work within the context of particular countries, which TA discussion emphasises as well. Although it is useful to apply lessons learnt from successful projects in the past, it is also necessary to recognise that capacity development efforts or TA will operate differently in different countries (or should operate differently if they are to be effective).

How THET fits in

Browne's principle of knowledge acquisition rather than knowledge transfer argues for the fostering of networks over one-to-one transfer of knowledge. This has obvious negative implications for one-to-one Links, but the reasons behind the principle do not actually contradict the idea of Links. The reason that Browne is wary of one-to-one knowledge transfer systems is because they imply a superiority of the entity that "transfers" the knowledge over the entity that "receives" the knowledge. Networks avoid this perception by creating an atmosphere of knowledge sharing rather than knowledge transfer. Links between institutions rather than individuals may create a similar atmosphere of knowledge transfer, but they should still be careful to avoid the implication that one institution is better than the other. The move away from one-to-one exchanges was an attempt to create an environment of collaboration and mutual respect rather than one that forced participants into a strict donor-recipient framework. Links emphasise the mutually beneficial nature of their work, maintain respect for everyone involved, and may expand beyond one-to-one partnerships when appropriate. This lack of a strictly-enforced framework may prevent them from adopting north-to-south knowledge transfer attitudes. There is something to be said for the establishment of south-south partnerships and networks, however.

The emphasis on placing TA within various contexts is very relevant. One such context is the broader capacity development work occurring within a country or region. Under the new paradigm, it is wise to consider exactly how individual efforts fit into capacity development as a whole. This ensures that

those individual efforts support capacity development without attempting to tackle all of capacity development on their own. Links may want to keep this in mind when deciding what the goals of their partnerships will be and what outcomes they hope to achieve. Understanding the broader capacity development efforts at work may lead Links partners to take a pragmatic approach to their partnerships and address what issues they have the ability to address rather than issues which other capacity building efforts may be better-suited to address. Another important context is the policy environment, since it constrains how TA can operate. If Links understood the health policy of partner institutions' countries or regions, they might better understand the conditions under which partner institutions operated and be able to work with them more effectively. The suggestion that policy reform and capacity development should occur together might be less applicable to THET, unless Links or programmes can play a role in policy reform. A third context includes the other institutions at work in communities. Healthcare institutions do not operate in a vacuum, and it is useful to understand how they interact with other components of society (such as education or human rights) in order to understand what effect changes to healthcare institutions will have on society.

Both Browne and the World Bank Task Force mentioned the importance of maximising the participation of developing countries in TA and capacity development. Such participation already exists with Links and programs. The somewhat controversial aspect of the call for greater country participation is the subsequent call for greater country ownership, which removes financial and strategic control from northern donors and partners. Many also argue that greater country ownership should include a shift towards general budget support, allowing governments to choose to contract TA at their will. It is difficult to place THET into this framework. THET is not exactly a TA provider in that it does not serve a consulting function or provide personnel for hire, and it does not require the governments of southern partners to provide financial compensation for its work. THET's role would therefore be to encourage southern ownership and participation without dealing with general budget support.

Another implication of the new paradigms for THET is that all of the individual issues discussed in TA debate are part of a broad shift in thinking. The relevance of particular issues to THET's work is not necessarily as important as the realisation that these issues are part of a more general change in thought and a new way of approaching TA.



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THET is committed to improving access to and the quality of health services in developing countries. We believe that the most effective way of doing this is to work in partnership with those delivering and running health care, helping to strengthen and extend existing services. To this end, THET works with and supports long-term Health Links between health institutions in developing countries and their counterparts in the UK.