

Working with countries to provide Technical Assistance for the development and implementation of the RMNCAH Investment Cases in support of the Global Strategy: Options for Coordinated Approaches

1. Introduction

The new Global Strategy on WCAH and the launch of the Global Financing Facility, present opportunities for increased and enhanced investments in women's and children's and adolescents health. Their implementation will require quality technical support. In this context and given the wide range of actors supporting efforts to improve women's, children's and adolescents health, effective coordination of quality TA at global, regional and country level to support operationalization of the Global Strategy, and the development, implementation and monitoring of RMNCAH investment cases and plans is essential.

During the workshop "*From 'shopping lists' to Investment Plans*"¹ held in June 2015, countries indicated that their capacities to locally provide and manage TA have improved, nevertheless important gaps remain. The first entry point for countries to seek immediate support for these gaps are the existing country TA coordination platforms such as H4+ or local health partners coordination. Countries indicated that despite their best intentions, the multiplication of global initiatives, plans and tools have created at the country level an amalgam of TA needs which are difficult to access and navigate and that often result in inefficiencies and confusing directions. Time and again, the TA provided is ad-hoc and short term, with little consideration for sustainability and capacity building. Therefore, in addition to strengthening local TA availability, use and coordination at the country level, there is a clear need for coordination, harmonization and provision of quality TA from the global and regional levels in support to countries, in an organized, sustainable and continuous manner which builds the local capacity. This coordination must respond to demands from countries and assure simplified access to and provision of TA. This should include greater clarity on TA providers (who provides what, when, how) and streamlining of tools and approaches used in the process of planning and implementation. Finally, TA coordination and provision should aim at using the existing capacities at the country level and further building it, rather than substituting for it.

The above findings are supported by the lessons learnt in providing and receiving TA, summarised in a recent iHP+ technical brief "*How to ... Improve Technical Assistance*"² which informs ways on how to get better value from technical assistance. The brief highlights the joint responsibility between those seeking and providing TA, starting with **agreeing on mechanisms for coordination and approval**, including any central policy and guidelines. It calls for TA requestors and providers to **be transparent about TA requests and plans**, recognising there may be competition between providers at times. They need to **consider the best approaches and providers for each TA requirement**: this may include innovative and technology-based approaches. This has to be done by **avoiding duplication** of efforts

¹ WHO (2015) "From 'shopping lists' to Investment Plans - Supporting countries to develop and finance sound Investment Plans for Women's, Children's and Adolescents' health"

² iHP+ (June 2015) How to improve Technical Assistance brief

(http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/Technical_Assistance/IHP_How_To_TechAssist_7th_proof.pdf)

and reinventing the wheel, by establishing an institution or system for ensuring reports and analysis are accessible to all. All above, it must be done by **building up the recipient's capacity to contract TA**.

This Options' paper builds on the iHP+ summary of lessons learnt on TA and findings of the above mentioned workshop.

2. Objectives of the paper

In the context of this paper, TA support refers to assistance provided to ministries and other national institutions to facilitate the development, implementation and monitoring of RMNCAH investment cases and plans. This includes support from local partners, South-South collaboration, H4+ and other agencies with technical expertise, NGOs, academics, consultants or relevant global and regional actors. While some TA would support national efforts alone, other TA would foster wider cross-country efforts to foster improved learning, opportunities, efficiencies and effectiveness. This paper follows the iHP+ position that local coordination and provision of TA are the priority avenues in working with countries in identifying and delivering TA. To this end, local TA and modalities for developing and implementing it are well described in the iHP+ documents (see Box 1). This paper will focus on the alignment, harmonization and coordination of global TA in support to country's efforts to develop and implement the RMNCH investment cases while building the local capacities. It summarizes key areas of TA support, outlines modalities and suggests options for mechanisms of coordination of TA at the global level.

Box 1: Local provision and coordination of TA

In the context of the Global Strategy and the GFF the organization and provision of local TA will be very closely related to the country coordination platform and quality assurance processes that countries will choose. National coordination of TA is expected to be carried out through country platform(s) and related mechanisms to ensure that critical areas are covered, avoid duplication and support cohesion and synergies among partners' TA approaches (for an overall description of the country platform, see the GFF Country Platform paper). It is critical that local institutions, academia, technical NGOs, think-tanks and national individual experts are considered in both the provision and coordination of TA, including in any special task team that can be composed to address a particular issue related to investment case development, implementation and monitoring. To draw on such resources, the country platform should consider developing (if not already existing) and maintaining a roster of national institutions and experts. These rosters/groups need to be maintained and updated. It is also important that they have opportunities to provide feedback on the effectiveness of tools and coordination of TA. The iHP+ document provides further insights on the development and maintenance of local TA.

3. Key areas and entry points for strengthening TA capacities of countries

In the context of the implementation of the Global Strategy and development of RMNCAH investment cases, it is anticipated that countries will request TA support in a number of areas ranging from RMNCAH technical matters, to CRVS, Health Systems strengthening, multisectoral action, etc. It has to be noted that capacity building of the local TA providers remains a key component of TA provision in all areas.

3.1. Main entry points to TA needs:

a) Development of the investment case and plans

Technical support to assess the situation (progress made and gaps), existing plans and strategies (e.g. national health plans, RMNCAH specific, etc), formulate priorities, targets, content (activities/interventions), map existing resources, link solutions to other broader health sector strategies (e.g. financing strategy, health workforce, CRVS, etc.), and carry out costing of the investment case to present options and potential returns on investments.

b) Resourcing and financing strategy

TA for developing health financing strategies and to estimate financing needs/gaps by mapping current and projected resources for the health sector from domestic and external sources. Furthermore, to develop tailored arguments for increased and/or sustained investment (e.g. economic arguments for ministries of finance), ensure that RMNCAH investment cases and plans are integrated in and consistent with national financing strategies and budgets for the overall health sector, and that resource allocation is negotiated based on prioritization outlined in the investment cases and plans.

c) Implementation

TA and direct implementation support for translating global, regional and country learning to country action through updated best practice materials such as new evidence, toolkits, training materials, and treatment guidelines, and continuous access to networks of global, regional and local experts who can support nationally defined priorities.

d) Monitoring and evaluation

Ensuring countries have access to the necessary data, tools and support to enhance the monitoring and evaluation of RMNCAH investment cases and plans. This includes monitoring of implementation through annual sector reviews, IHP+ monitoring mechanisms, surveys, logistics management information system, routine reporting through e.g. RMNCAH Scorecards, links to Countdown, evaluation exercises etc.

e) Advocacy and resource mobilization, managerial capacity

A large focus of the GFF is on domestic resource mobilization. This will require continuous engagement between the Ministry of Health, Ministry of Finance, Parliament and Local Government and other stakeholders. Similarly there is a need to advocate that the right interventions with the highest impact are selected. This will require turning information into messages to be able to show the returns of the required investment.

3.2 Cross-country priorities:

TA supporting cross-cutting technical and operational challenges that benefit from coordinated global action to address key gaps and alleviate persistent implementation bottlenecks. That will include among others identification of best practices, documented and disseminated as well as development and access to global, regional and local networks of experts. Such TA may be considered a global public good, since several countries can access and profit from this support. Among others, areas of cross-country priorities include:

- Civil Registration and Vital Statistics (CRVS): supported through the planned CRVS Center of Excellence housed at the International Development Research Centre in Canada
- Results Based Financing

- Improved availability and access to essential commodities: support to global market shaping, regulatory efficiency, quality assurance, supply chain, etc.³
- Harmonization of monitoring and evaluation, e.g. follow up of the Commission on Information and Accountability for Women’s and Children’s Health, the expected annual IAP report, etc.
- Normative standards and updated guidelines
- ICT/e-Health harmonization and support

3.3. Development, maintenance and dissemination of toolkit in support of TA:

Delivering quality TA requires guidance and tools. The June 2015 Workshop in Geneva identified as a priority the development of a streamlined and up to date evidence based toolkit/resource kit to assist countries in their RMNCAH planning and implementation cycle, and give guidance to countries and partners on their use.⁴ The toolkit can be a resource for all key areas as reflected in Figure 1. The toolkit needs to be backed up by technical support for people who use the tools in countries for RMNCAH investment cases and plans. Users should also be provided with opportunities to provide feedback to tool developers and managers in order to continuously improve the relevance, user-friendliness and effectiveness of the tools.

4. Examples of modalities of TA support

Different modalities are used to provide TA to support investment cases and plans in a way that it responds to the country context and type of TA request.⁵ Some of them are the following:

- a) Long-term in-country presence – funded externally or through investment cases and plans, embedded within country teams (e.g. H4+ teams, partners, NGOs, academic institutions, etc.), which facilitates full-time, ongoing support to the government, particularly important during the implementation phase (e.g. international TA located in the MOH and works as part of the MOH team).
- b) Targeted, short-term in-country support for RMNCAH plan development, implementation and monitoring (specific topic for a specific period of time): needs-based, demand-driven, complement in-country presence with specific expertise available at global, regional and national level.
- c) Capacity building, e.g. workshops, training, south-south learning (“peer-review”): simultaneously generates lessons and builds capacity (see the Roll Back Malaria Partnership’s experience in assisting countries to develop proposals to the Global Fund).

However, the iHP+ brief on Technical Assistance and the more recent country case studies on TA provision⁶ clearly show the importance of local TA and provides options for delivering TA, including more innovative approaches than the conventional provision of short or long-term technical experts:

- Develop local institutions that can provide TA and capacity building, and build individuals’ TA experience through linking them with international advisers/ institutions;

³ Following the 10 recommendation of the Commission on Life-saving Commodities.

⁴ WHO is taking the lead to bring together an expert/reference group to work on the development and maintenance of such a toolkit starting in the last quarter of 2015.

⁵ The GFF business plan refers to the following TA modalities: “...providing technical guidelines and standards, sharing good practice, identifying and overcoming bottlenecks in the course of implementation, and supporting monitoring and evaluation.”

⁶ Demand and supply of technical assistance and lessons for the health sector. Issues and challenges from rapid country reviews. 30 October 2014. Helen Tilley, Bryn Welham and Hazel Granger, Overseas Development Institute, UK.

- Organise or participate in a collaborative network between countries to address a particular topic (that could meet by videoconference);
- Use technology to deliver high quality support, at the time it is needed, such as mentoring or coaching by telephone, video-conference or email, with experts from a local institution or another country;
- Set up a regional expert group with regular updating and exchange of experience;
- Establish or use quality assured TA mechanisms such as a technical support facility.

5. Options for a TA coordination mechanism

This section explores options for a global TA coordination mechanism to support development and implementation of the RMNCAH Investment Cases in support of the Global Strategy; their strengths and possible challenges.

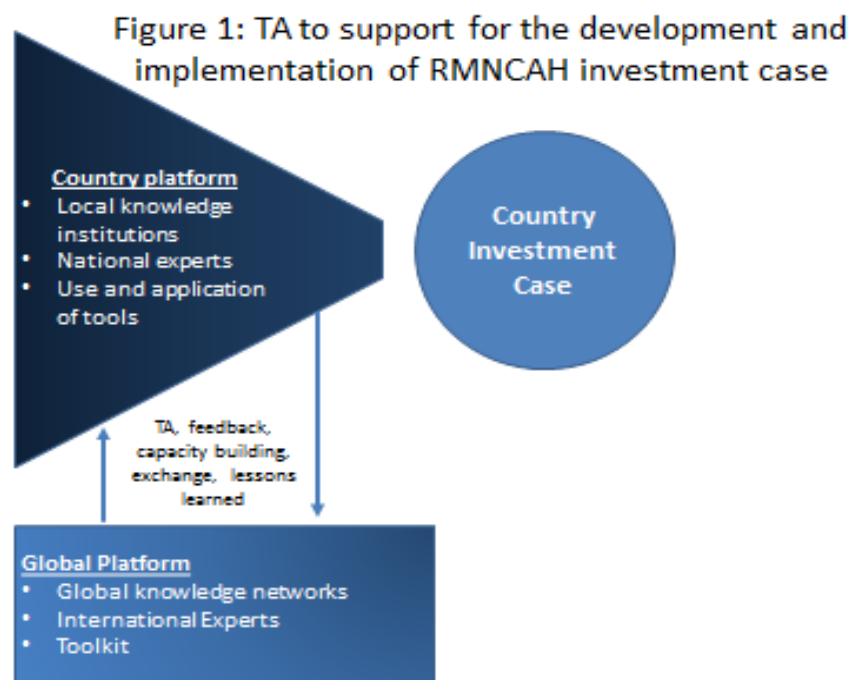
As indicated by countries and lessons learnt so far, a global coordination mechanism is needed to harmonize global TA and respond adequately to country needs. Such a mechanism must have the capacity to respond quickly to unplanned needs, to clearly communicate what technical assistance is available and how it can be accessed and to invest in development of country capacities. The mechanism needs to be informed by the country platforms and experiences. In addition to providing additional TA whenever approached by countries, the mechanism should aim to facilitate exchange and use of local TA expertise among countries. The mechanism must leverage existing regional and sub-regional mechanisms to identify and mobilize adequate TA. Also, the mechanism should ensure quality assurance of TA provision.

Whatever option is chosen, it is critical that the mechanism is inclusive of TA providers, well resourced, flexible, standardized, and able to coordinate the use of the best of both local and global TA. In collaboration with global and national partners, the coordination mechanism needs to have the depth and strength to manage the TA coordination process, appreciate its technical scope and content and have quick access to national counterparts. The mechanism needs to have the ability to manage complex operations which may include quality assurance of the TA provided, accountability and monitoring capacities. It needs to be well aligned to and supporting the Operational Framework of the Global Strategy and to be very well connected to the World Bank team that will manage the GFF TF process. This is essential in order to understand the process and practices related to development and implementation of the investment case and at the same time inform the development of these processes based on implementation (TA provision) experience.

In this regard, the mechanism must mobilize and rely on existing partners and TA networks. For this, it will be important to establish a **roster of experts and of technical groups, institutions and networks that are able to provide the TA** (what type of TA through which modality they are able to provide). These rosters/groups need to be maintained, updated and linked so they can learn from the experiences of each other. This can be considered as a global public good, and requires resources.

For the mechanism to function and be able to perform the above responsibilities, it is necessary that it is well resourced. There are different funding models of TA coordination, however the current experience indicates that special dedicated/earmarked funds at the level of 5%-20% of investment have to be set aside to support the TA needed for the development and implementation of national scale investment cases.

Figure 1 presents an illustration of the links and entry points between country and global coordination of TA.



The Table below outlines some of the options for global coordination mechanisms – and associated strengths and possible challenges.

Option	Strengths	Possible challenges
Option 1: TA coordination mechanism within the GFF Trust Fund Secretariat in the World Bank	<ul style="list-style-type: none"> • Well-placed to coordinate TA associated with GFF Trust Fund needs • Technical expertise related to results-based financing of RMNCH Resourced through the GFF TF (financed by funds from the TF) • Access to ministries of finance through the World Bank and linking to the broader TA providers that support IDA loan development (which in turn may give access to the 13 other global practices across the World Bank Group. E.g., governance, education, transport, social protection etc. 	<ul style="list-style-type: none"> • Natural focus on TA related to the GFF TF may limit focus on, and coordination of, TA related to the broader GFF • Specialization in specific areas may be lacking; • Could be complicated with
Option 2: TA coordination mechanism within the H4+ supported through a small secretariat	<ul style="list-style-type: none"> • In-country presence • Technical up to date expertise and local knowledge • TA with respects to the technical content of the work across RMNCAH continuum 	<ul style="list-style-type: none"> • Dedicated resources (financial and human resources) • Sufficiently drawing on technical expertise of other partners

Option	Strengths	Possible challenges
	<p>of care, health systems, gender, equity, etc</p> <ul style="list-style-type: none"> Established relationships with MOH and other key actors Convening power of H4+ Well placed to link up with recognized coordination platforms, such as inter-agency, coordination with other initiatives. E.g.: FP2020, ENAP; RMNCAH consortia such as supply chain, market shaping efforts, etc. Possible to tap into other areas of agencies e.g. WASH, Population and Dynamics, Gender, Human Rights Ability to establish and manage knowledge networks Existing H4+ secretariat structures 	
<p>Option 3: A dedicated team based in H4+ and complemented by partners, supported by a small secretariat, drawing on rosters of experts, technical groups, institutions and networks</p>	<ul style="list-style-type: none"> All the above, plus: Broader technical expertise drawing on both H4+ and other partners expertise by maximizing use of all partners' TA Well placed to link up with recognized coordination platforms beyond those led by UN agencies Existing H4+ related experiences (e.g. RMNCH SCT) that can be adapted to implementation of this task 	<ul style="list-style-type: none"> Ensure that the secretariat is resourced with dedicated resources (financial and human resources)
<p>Option 4: A 'Technical Committee' of the Investors Group that will bring together the key stakeholders at a more technical level to support investment case development, implementation and monitoring</p>	<ul style="list-style-type: none"> Convening power of Investors Group 	<ul style="list-style-type: none"> Potentially a large group with no clear structure
<p>Option 5: A working group approach (similar to current working group arrangement), which would be a looser network of stakeholders regularly touching base to address coordination issues, etc.</p>	<ul style="list-style-type: none"> More inclusive and participatory More flexible 	<ul style="list-style-type: none"> Potentially a large group with no clear structure Lack of follow-up through dedicated staff Enough technical expertise? Resourcing

6. Elements for Investors Group consideration and proposed next steps

The opportunities presented through the new Global Strategy and the Global Financing Facility reinforce the need for a more coordinated approach to TA for development, implementation and monitoring of RMNCAH investment cases and plans, to maximize the returns on investments. While many experiences exist, there is not a single modality or mechanism of providing TA.

This paper outlined a number of options for a facilitating mechanism that operates at the global level but is well grounded in the local context and ensures cross-fertilization among countries, experiences and TA providers. These options are not mutually exclusive.

Recognizing the limited time to finalize this document, we have not addressed the risks and financial implications of the proposed options. These need to be highlighted and would require more in-depth work.

Further details would need to be worked out on how to operationalize the arrangements of this option, for example where to place and how to resource a secretariat, how to ensure that there are strong links with TA provided through the GFF Trust Fund managed by the World Bank, and that the resources and expertise of other key partners are leveraged and reflected.

The Investors Group guidance is requested on the need for and possible mechanisms for better global TA coordination to support development and implementation of quality RMNCAH investment plans as outlined in the background paper. The Investors Group is also requested to consider asking the TWG to further explore operationalization models and funding implications.