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Global health initiatives and health systems strengthening: the challenge of providing technical support

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There is growing political and financial commitment to strengthening health systems, both to achieve the goals of targeted disease programmes and to contribute towards wider achievement of the health Millennium Development Goals. But financial support needs to go hand in hand with strengthening country capacity at national and local levels. This paper discusses some of the approaches to technical support taken so far, and looks at problems and possible solutions. By doing so, it hopes to stimulate discussion around a topic which is receiving increasing attention by agencies and partner countries.

The global market for technical support is complex: multiple agencies use different approaches for providing support, and a number of issues, including institutional roles, affect the supply and demand for high quality technical assistance. There are lessons to be learned from disease-specific technical support arrangements, such as the UN Technical Support Division of Labour for AIDS.

Provision of technical support for health systems strengthening needs to be scaled up considerably, but in ways that best fit country realities on the ground. Technical support approaches need to take into account the complexity of a country's national health system and the context within which it operates, such as the structural and institutional factors that underpin commitment and incentives for change.

1. Background

There is growing consensus among international donors and country partners that capacity development[1] is far more than knowledge transfer or providing the "right answers". Approaches to capacity development need to be based on a good understanding of the enabling environment within which change takes place. This means that countries need to own and drive capacity development approaches that "best fit" their contexts – a principle strongly articulated in the Paris Declaration for Aid Effectiveness. But developing sustainable country capacity poses significant challenges.

This paper draws on several pieces of work recently conducted by HLSP concerning global health initiatives' funding for health systems strengthening activities[2], and related technical support issues[3]. It hopes to stimulate discussion around a topic which is receiving increasing attention by agencies and partner countries. It discusses some of the approaches taken so far, looks at problems and possible solutions. The paper argues that efforts to improve health systems will not succeed – even if supported by substantial funding – unless more attention is paid to developing sustainable country capacity.

2. Growing resources for health system strengthening are not accompanied by resources and commitment to providing technical support

Health system strengthening (HSS) has recently leapt to the top of the health development agenda. Several HSS initiatives were launched in 2007 with the aim of accelerating the achievement of the health related Millennium Development Goals (MDGs). The International Health Partnership (IHP) and the Health 8 (H8) group of health agencies aim to do this through better coordination of external support and provision of aid in ways that strengthen health systems. The Global Fund to Fight AIDS, TB and Malaria and the GAVI Alliance are signatories of the IHP and H8, and are supporting health system activities in the knowledge that programme goals are less likely to be achieved without strengthening the systems that deliver disease-related or immunisation services.

Resources for health system strengthening are also increasing. According to the Global Fund, over a third of Global Fund resources to date (Rounds 2-7) have been spent on health systems strengthening through human resources, infrastructure and monitoring and evaluation[4], and this is likely to increase through support to National Strategy Implementation from 2009. The GAVI Alliance has recently announced an increase of its financial commitment to HSS by $300 million, bringing the total HSS budget to $800m in 2008.

However, increasing resources do not appear to be accompanied by substantial funds or commitments for scaling up technical support arrangements for health system strengthening. At the moment, technical support from global initiatives takes the form of small scale funds for "catalytic" purposes[5] and for proposal development[6], but significant levels of resources for *implementation* of HSS grants are still scarce. One reason for this is that funds and secretariat staff available to develop mechanisms to provide technical support are scarce.

Currently the Global Fund does not finance technical support outside grant applications, yet the country driven approach (where Country Coordinating Mechanisms are responsible for identifying and budgeting technical support needs throughout the life of the grant) is not yielding significant volumes of specifically

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[1] For the purpose of this paper, "capacity development" is defined as the process whereby people, organisations and society as a whole realise, strengthen, create, adapt and maintain capacity to achieve what they set out to do over time.

[2] HLSP's work focused on the Global Fund to Fight AIDS, TB and Malaria, the GAVI Alliance, the Stop TB Partnership, the Health Metrics Network, Roll Back Malaria and the Global Health Workforce Alliance, and included interviews with key informants.

[3] Technical support refers to activities that contribute to a systematic, timely and demand driven response to building capacity at country level. It helps strengthen individuals in their specific area of expertise and makes organisations more efficient; it includes both short term technical assistance and longer term capacity development initiatives.

[4] The Global Fund (2008) Report of the Executive Director 17th Board Meeting Geneva 28-29 April 2008.

[5] For example, the Global Health Workforce Alliance, a partnership dedicated to identifying and providing solutions to one area of the health system, the health workforce, provides catalytic funds to eight "pathfinder" countries, and these can be used for TS. For example, in Angola the funds are being used for a Policy Officer based in the Ministry of Health to help undertake an HR assessment and develop a HR plan.

[6] The GAVI Alliance provides $50,000 to country partners to procure TS for the development of HSS proposals.

allocated resources.[7] An analysis of Round 7 approvals shows that $69m was devoted to technical support over five years, nearly half of which is allocated to Africa ($33.9m). Within this figure, there is considerable budget variation between countries. For example, of the $33.9m approved for technical support to the Africa region, Uganda's share of the budget is only $450,000 while Rwanda's is $19.3m.[8]

Table 1: Technical support budgets over a five year proposal cycle, by component and WHO region (US$), Global Fund Round 7

WHO region	HIV/AIDS	Malaria	Tuberculosis	Total
AFRO	26,564,082	3,819,048	3,573,929	33,957,059
AMRO	2,149,375	232,000	1,607,522	3,988,897
EMRO	866,000	3,047,691	3,872,570	7,786,261
EURO	3,244,584	0	258,627	3,503,211
SEARO	1,936,723	1,471,607	239,787	3,648,117
WPRO	8,389,913	3,444,987	4,293,436	16,128,336
Total	43,150,677	12,015,333	13,845,871	69,011,881

3. Emerging approaches

Global health initiatives contributing to health systems strengthening are developing a range of different technical support approaches. Many of these are still in their infancy. Examples of approaches include:

- Strengthening regional and country based UN agency provision of technical support (the GAVI Alliance);
- Building the capacity of regional institutions to deliver and mentor country based technical support (Global Health Workforce Alliance);
- Secretariat-led technical support provision, but moving towards the development of a broader network of regional suppliers managed by an independent organisation (Health Metrics Network);
- Secretariat web-based tools and databases (Stop TB) and coordinating technical support through partners (Roll Back Malaria, Stop TB).

Table 2 provides an overview of specific technical support approaches adopted by the Global Fund and the GAVI Alliance for health systems strengthening.

Obtaining details on global health initiatives and development partner approaches to health systems strengthening is problematic due to lack of documentation on the subject. This makes it difficult to get a sense of the nature and provision of partner support that specifically addresses health systems strengthening. For example, development partners such as USAID and GTZ provide technical support to help resolve bottlenecks during Global Fund grant implementation, but there is little public information on the extent to which these mechanisms are addressing and providing support for health systems strengthening. The GTZ BackUp Initiative indicated that 11% of technical support initiatives financed through bilateral agreements in 2007-2008 are for "health systems strengthening -related activities" but no further details were available.[9] The lack of documentation also makes it difficult to know how technical support needs are identified by implementing organisations, the extent of country ownership in decision making, and the extent of overall alignment with country plans.

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[7] The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors: Final Report, June 2005.
[8] The Global Fund "TS in Approved Round 7 Proposals: Analysis by WHO region and component" PowerPoint presentation, undated.
[9] Personal communication. See also GTZ BackUp Initiative Newsletter No 2, December 07.

Table 2: Global Fund and GAVI Alliance approaches to technical support (TS) for health systems strengthening

	Key TS partners	Main approaches to TS provision and coordination	Lessons learned TS for HSS
Global Fund to Fight AIDS, TB and Malaria	The Global Fund relies on multilateral and bilateral agency support for the provision of technical expertise to Country Coordinating Mechanisms (CCMs) and potential Principal Recipients. Key multilateral and bilateral partners include: WHO (particularly for technical expertise and support in health systems strengthening), UNAIDS, UNDP, World Bank, UNICEF, PEPFAR, GTZ, NORAD, SIDA, CIDA, DFID. The Global Fund also has strong links with the GAVI Alliance from lesson learning events, participates in the global level GAVI Alliance HSS forum and has participation in joint country reviews with the Health Metrics Network.	Memoranda of Understanding (MOUs) and Letters of Agreement in place with multilateral agencies and other global health initiatives (Stop TB and Roll Back Malaria Partnership), and formal and less formal arrangements of country support with bilateral agencies. Examples include: **GF/UNAIDS MOU**: Country level support for all stages of grant cycle including a specific focus on technical support such as helping countries identify and coordinate resources for technical support and working with countries to ensure TS plans and resources are built into GF proposals and contracts[10]. The Global Fund draws on AIDS-related technical support mechanisms to help solve implementation problems, such as use of the Global Implementation Support Team (GIST), and AIDS Strategy and Action Plan (ASAP); and contracting UNAIDS' Technical Support Facilities (TSFs) for 6 months to help strengthen governance of CCMs, identify and resolve bottlenecks, and document CCM best practices. **3-year contract with PEPFAR**: Provision of US$35m in technical support to Global Fund grantees and CCMs; intended to help solve problems in organisational development, financial management, procurement/supply management. **Partnership with the GTZ Back-Up Initiative**: Provision of technical support services to multilateral and bilateral agencies in areas such as Global Fund application processes, capacity development, knowledge management, harmonisation and alignment.	Health systems strengthening (HSS) proposals have generally had low success rates, ascribed to unclear guidance to applicants and too broad definitions of HSS. Some proposals lacked justification for proposed HSS activities on the basis of country-specific specific constraints, or ineffective linkages between HSS and disease components. Many HSS strategic actions focused on minor interventions or downstream obstacles to service delivery rather than more fundamental constraints to the system. Board recommendations appear to be strengthening the Global Fund's architecture to deal with HSS. E.g. the December 2007 Board meeting decision to include government HSS representation on CCMs. There also appears to be a willingness to intensify GF-provided technical support to countries to increase their understanding of HSS through regional meetings. These would provide support to explain what HSS is and is not, and would involve HSS and institutional development experts in the meetings. Guidelines to Round 7 included for the first time a summary of technical support provided during the proposal preparation phase and also a section in the body of the proposal referring to technical support requirements over the life of the grant. The former addition is to help track the Global Fund partners' involvement in technical support and its duration.

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[10] UNAIDS (2008) UNAIDS/PCB(22) Memorandum of Understanding: UNAIDS and the Global Fund to Fight AIDS TB and Malaria

	Key TS partners	Main approaches to TS provision and coordination	Lessons learned TS for HSS
GAVI Alliance	Partners range from research and public health institutes, donor and implementing governments, philanthropic organisations, private foundations and civil society organisations. Key multilateral partners include: WHO (regional and country offices and Department of Immunisation, Vaccines and Biologicals), UNICEF, the World Bank.	$50,000 available for HSS proposal development process. These technical support funds are for country partners to use for contracting expertise to help with proposal development processes, application processes, facilitation meetings etc. GAVI-led TS provision through regional HSS awareness-raising workshops. These appear to have had a positive influence on the quality of recent HSS proposals (see Lessons learned). Recognition of the importance of shifting from technical support for HSS proposal development to implementation and monitoring phases. GAVI is developing a web based "market approach" model for TS provision that will provide country partners a greater choice and quality of TS with rapid feedback mechanisms etc. To be launched by end of 2008 and will include TS for HSS. WHO appears to play a key TS role in supporting countries develop HSS proposals, with 43 out of 48 country applications coming through WHO country offices (GAVI Health Systems Strengthening Update, 14 November 2007). The GAVI Alliance is strengthening WHO's health systems capacity through funding a substantial number of regional and country HSS expert posts. Mechanisms to coordinate HSS work include: 1) A Health Systems Core Task Team with 10 partners, co-chaired by WHO/WB/UNICEF. The team is charged with stewardship for all HSS activities including HSS work plan, policy and guidelines. The team does not provide TS provision to HSS at country level but has a role in mobilising agency and government support to implementing GAVI funded HSS activities. There is currently no HSS division of labour agreed between the agencies represented on the Task Team. 2) An HSS forum for GAVI partners, bilaterals, RBM, Health Metrics, Global Fund, and UNAIDS, with purpose of coordinating, generating and sharing HSS ideas and lessons learned.	In December 2005, GAVI made available new funding for HSS in parallel with immunisation services support. The November 2007 Board meeting approved a record number of HSS proposals (13, up from 7 in June 2007). Better quality were proposals attributed to: 1. Intensified technical support by core partners in proposal development processes. This is due in part to GAVI Alliance's financial contribution which is paid to key partners to add staff or scale up capacity to respond to HS constraints, implement and monitor HSS activities at country, regional and global levels. 2. Task team revision of proposal guidelines based on lessons learned from earlier rounds and country feedback. Guidelines shifted focus from overambitious "wish lists" to a more targeted approach, with focused outcomes. Technical support at country and regional levels has focused on GAVI HSS awareness-raising workshops which have brought together MOH immunisation staff, MOH planners and key GAVI partners. Some countries reported that the GAVI HSS development process empowered the MOH to take the lead in planning and that it helped demonstrate that EPI is not just about vaccines.

4. Technical support for health systems strengthening: a few key issues

Confusion around the concept of health systems strengthening

One reason why technical support for health systems strengthening is not well developed is because it is sometimes difficult to articulate what a health system is, what role it plays and how it can be strengthened. Analogies are used to facilitate understanding − a common one compares the health system to a computer requiring "hardware" (the infrastructure, people, pharmaceuticals etc) and "software" (financing, policies, management structures etc) to work. But people and organisations define health systems in different ways, and the perception remains that "doing" health systems is much more complex than "doing" technical strategies. As one informant explained:

"How do you organise health systems strengthening? Who does the six building blocks for HSS, as defined by WHO?[11] Do you need one global mechanism for each block? How do countries get advice on political HSS decisions? Doing technical support for HSS is much more complex than technical strategies such as DOTS" (Global Fund informant)

Furthermore, strengthening a health system takes time, the gains are less visible than those of vertical approaches and there are fewer champions to drive forward the technical support agenda in this area. One informant from a global health initiative explained why a working group on technical support coordination for health systems strengthening has failed to materialise:

"There is no prominent leadership or lobbying for this group. Politically it is less visible, less attractive and other issues are easier to communicate on"

Lack of clarity around the concept of health systems strengthening is also felt at the country level, noted by the Round 7 Global Fund Technical Review Panel. Their report comments on low understanding of the issues, which means that health systems strengthening activities tend to focus on overcoming immediate obstacles to the delivery of health services, rather than on addressing more systemic constraints to the organisation, planning and financing of the systems required to deliver those services.[12]

Global initiatives are responding by modifying proposal guidelines and clarifying the concept of health systems strengthening through WHO-led regional country partner meetings. This strategy has been successful in raising the quality of GAVI Alliance HSS proposals, shifting their focus from ambitious wish lists to more targeted health systems strengthening approaches with focused outcomes.[13] The World Bank and WHO are also working together to develop a normative framework for health systems strengthening which should help promote consensus.[14]

Partner capacity to deliver technical support for health systems strengthening

The effectiveness of global health initiatives' investment in health systems strengthening is dependent, to a large extent, on the capacity of their partners to be effective providers of support. UN agencies are mandated and often expected to provide technical support in the area of health systems strengthening, but do not always have adequate financial resources or in some cases, the technical capacity to do so. The capability of the UN to provide technical support in this area (beyond the proposal development stage) is still largely untested; quality and capacity are likely to vary considerably between countries. The most recent Global Fund/UNAIDS Memorandum of Understanding recognises the importance of health systems strengthening for achieving the goals of universal access to HIV prevention, treatment, care and support. It commits to jointly fostering better coordination of technical support between national health systems and HIV responses. But UNAIDS currently does not have the mandate or the capacity to provide technical support in health systems and it is not clear how it will engage with health systems at country level in the future.

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[11] WHO's definition of health systems strengthening is built around a framework of six building blocks: service delivery, health workforce, health information systems, medical products, health financing, and leadership and governance.

[12] The Global Fund (2007) Report of the Technical Review Panel and the Secretariat on Round 7 Proposals, 16th Board Meeting, 12-13 November 2007.

[13] GAVI HSS Updates May 2007, November 2007.

[14] Informal meeting of H8 global health leaders: meeting report (undated).

Strong agency interests in certain areas of technical support can make it more difficult to change the status quo. For example, informants have indicated that the hosting arrangements of some global initiatives within UN institutional structures have made it more difficult to launch technical support initiatives "independent" of the UN system. The agencies most closely involved in providing technical support for health systems are often represented on global HSS task forces, and using these fora to develop alternative approaches can be tricky. As one informant explained,

> *"Technical support for health systems strengthening is discussed but in a limited way. It is sensitive as certain agencies feel it is their prerogative"*

While the UN has a legitimate role to play in the provision of technical support, informants have suggested that some agencies need to raise their standards.

Expanding the choice of technical support providers is critical. An important step in the right direction is the emergence of more independent, market-based approaches where country partners can select and procure quality assured technical support that matches their needs. This approach is being led by the GAVI Alliance and will also develop the quality and supply of consultants, as all international consultants will be required to work with regional or local institutions.

Weak country demand

If resources for technical support to health systems strengthening become more available, it is important that approaches are developed coherently and draw on lessons learned from other fields, such as the provision of technical support developed for AIDS responses[15] over the last five to seven years. The coordination of technical support mechanisms linked to AIDS was addressed by the Independent Assessment of Global Task Team (GTT) Recommendations for HIV/AIDS in 2007.[16] Findings of this assessment help to explain why country demand for technical support remains low, despite provision being in place and budgets being available through grant applications. Reasons include:

- country partners have limited knowledge of what TS is available to them, and how to obtain it, particularly through the UN system;
- inconsistent or weak national capacity to identify TS needs;
- limited experience in monitoring and managing TS provision
- unwillingness to pay for TS that so far has been "free", and largely supplied and monitored by donor agencies;
- in some cases, unwillingness from country partners to acknowledge a need for TS beyond proposal development stage.

Country partners need to know more about what technical support provision is available to them, and how to access it. The UNAIDS-led Technical Support Division of Labour for AIDS responses offers a promising approach to increasing transparency and accountability of UN-provided technical support to country partners. This framework assigns a Lead Organisation and Main Partners in 17 identified areas of technical support. The Lead Organisation serves as a single entry point for national partners and is responsible for brokering and delivering high quality support to country partners. Broad implementation lessons can serve as an important example of how technical support can be organised in other areas of health where a multiplicity of stakeholders are involved.[17]

5. What more can be done?

Resources for renewed efforts to strengthen health systems run the risk of under-performing unless sustainable country capacity for strengthening health systems is developed. Lessons learned from years of failed capacity initiatives suggest that for capacity development to be effective a fundamental shift in the design and delivery of initiatives is required, with a much stronger focus and understanding of the environment within which they are expected to work. A recent OECD study of capacity development sums up this shift in thinking:

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[15] Examples of TS Mechanisms include the Global Joint Problem Solving and Implementation Support Team (GIST), the AIDS Strategy Action Programme (ASAP) and the Technical Support Facilities (TSFs).

[16] HLSP (2007) Independent Assessment of the Implementation of GTT Recommendations. Report for UNAIDS.

[17] More details can be found at: http://data.unaids.org/una-docs/JC1146-Division_of_Labour.pdf

"Capacity development involves much more than enhancing the knowledge and skills of individuals. It depends crucially on the quality of the organisations in which they work. In turn, the operations of particular organisations are influenced by the enabling environment – the structures of power and influence and institutions – in which they are embedded. Capacity is not only about skills and procedures; it is also about incentives and governance."[18]

It is therefore important that the design of technical support initiatives for health systems strengthening draws on lessons learned "outside", and these are applied "within", with a good understanding of local conditions and other contextual issues that are likely to facilitate or hinder proposed approaches to health systems strengthening. Table 3 (p. 9) illustrates the kinds of issues that need to be considered when developing capacity initiatives that move beyond "how to do it" towards a "best fit" with the realities of a country.

Within this context, development partners and country policy makers could help improve the coordination, demand, supply and provision of technical support through the approaches below.

- Undertaking political economy analyses of a country's health sector in order to better understand the country context, and structural and institutional factors underpinning supply and demand for capacity development and change processes.

- Ensuring that technical support is aligned with national priorities and part of national strategic planning processes to ensure country ownership.

- Considering a more in-depth mapping exercise that looks at country information on what technical support is requested by national partners, and what is supplied by global health initiatives. This will be particularly important as the implementation of health systems strengthening activities gets under way and technical support moves beyond proposal development phases into implementation and monitoring.

- Improving the transparency of available technical support provided through the UN system. Global health initiatives reliant on UN partners to provide support in health systems strengthening need to disseminate country level information about available funds for technical support, how countries can access these funds and who makes decisions on how to use them. To support this process, a UN Technical Support division of labour, along the lines of that produced for national AIDS responses by the GTT, could be developed to help country partners know which agency to approach for technical support in a specific area of health systems strengthening.

- Increasing resources for technical support in health systems strengthening at country levels, particularly during grant implementation phases. This implies scaling up the choice and availability of quality assured support and setting up transparent and rapid evaluation and feedback mechanisms for country partners.

- Building on and deepening existing coordination efforts between major global initiatives supporting health systems strengthening, particularly at regional and country levels. This could include the joint funding of GAVI/Global Fund HSS expert posts; developing GAVI/Global Fund strategies to address specific areas of the health system such as human resources; possible merging of GAVI/Global Fund country coordination mechanisms for HSS; develop the GAVI-led market based mechanism for technical support with a view to expanding it the longer term to cover needs in health systems strengthening for other global initiatives.

- Exploring the feasibility of establishing an independent technical support fund to specifically address health systems strengthening. The fund could include bilateral and global health initiative pooled resources, and would be based and managed by an independent organisation at regional or country level, acting as a clearing house for sourcing and monitoring technical support provision. Key to making this approach a success is ensuring that the mechanism is known and used by country partners.

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[18] OECD 2006 "The Challenge of Capacity Development: Working Towards Good Practice"

6. Conclusions

There is growing political and financial commitment to strengthening health systems, but this needs to go hand in hand with strengthening country capacity both at the national and local levels. Technical support provision in health systems strengthening needs to be scaled up considerably, but in ways that best fit country realities. This means understanding a country's context, including the structural and institutional factors that underpin commitment and incentives for change, and developing approaches that support the Paris Declaration's principles and targets of country-led ownership and coordinated technical support.

Contact

The HLSP Institute welcomes comments and views on the issues discussed in this paper. Please e-mail clare.dickinson@hlsp.org with your feedback.

Table 3: Achieving a best fit between capacity development approaches and country realities[19]

	Understanding the international and country contexts *To help think about how change occurs, and the political and institutional factors underpinning the level of will for change processes*	**Identifying and supporting sources of country owned change** *To help think about how countries lead capacity initiatives and how donor/other agencies play a supporting role*	**Delivering support** *To help think about specific design and delivery questions*	**Learning from experience and sharing lessons** *To help think about how future initiatives can maximise learning from past experiences and lesson learning*
Enabling environment and institutional level	• What are the historical and contemporary factors underlying the observed "weaknesses of political will" behind capacity development and TS initiatives? • How are power structures and formal and informal institutions changing and with what effect on politicians' incentives?	• Does the interaction between donor/agency and country partners encourage a vicious circle re: the ownership of capacity development initiatives? e.g. donor/agency lead on support initiatives because of perceived lack of will by recipients and consultant is accountable to the donor not the country partner. • Are there ways in which donors/agencies can encourage effective demand and appropriate supply within the country for greater capacity development?	• Are donors and agencies doing all they can to promote changes in the institutional environment for capacity development? e.g. by supporting domestic stakeholder demands? • Is support being delivered in ways that enhance or undermine the possibilities of organisations' learning by doing?	• Is there monitoring of whether institutional rules are changing in important ways and how this has come about?
Organisational level	• How is organisation capacity shaped by the "political" aspects of organisations? • What has been the traditional use of TS within the organisation? How well has this been received? Have there been clear sources of support for capacity development?	• Is capacity development an explicit objective of a plan or policy benefiting from real country ownership? • Does TS provision align with country owned policies and priorities?	• Have the objectives of support been clearly defined in terms of the desired capacity development outcomes? • Have the inputs/providers been selected with a view to cost, quality and effectiveness or have these decisions been supply-driven?	• Is the achievement of the agreed outcomes of capacity initiatives being monitored and lessons fed back into the process?

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[19] Adapted from the capacity development framework developed by OECD in "The challenge of capacity development: working towards good practice", 2006.

	• Historically, how has TS been provided and how do country partners perceive this provision? Are there strong vested interests in maintaining existing patterns of TS provision? Where do these interests lie?	• How do country partners decide which technical support providers to use? What are the interests around use and choice of TS provider? • Is there effective ownership of initiatives within particular organisations? • Is capacity development a central mandate for the provider of TS and how has this affected their approach to TS? What are the interests around maintaining or changing choice of TS provision?	• How is quality ensured in selection of provider? How is performance monitored? Is there independent monitoring of the mode of delivery of the support?	
Individual level	• How is the availability of skilled and committed individuals shaped by global and local push and pull factors?	• How is technical assistance aimed at individuals being linked to organisational and institutional developments?	• Is the support linked to enhancing organisational effectiveness and putting new skills to use?	• Does the follow up of individual capacity work go beyond knowledge benefits? Is it tracking the effects on organisational capacity and performance?

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