

Notes from the Joint THET/Development Studies Association seminar on Technical Assistance and Links

House of Lords, Wednesday 18th March 2009

1. This was a lively and varied gathering drawn from the House of Lords (3), MPs' research assistants, Department of Health, the UK Collaborative on Development Sciences, consultants such as HLSP and Coffey, Liverpool School of Tropical Medicine, Malawi Christian Health Association, DSA, THET etc. Baroness Northover was sponsor, Myles Wickstead in the Chair.
2. The seminar was based on the report to THET by Yale intern Brede Eschliman on *Technical Assistance – Recent debate, important issues and the role of THET*, which had been circulated to those present and is available via the THET website (www.thet.org.uk). This is a selection of key points made.
3. The Chairman recalled that TA originated alongside Programme Aid and Project Aid as a way in which UK people were deployed, often on short term assignments, to fill spaces in the local system left by the colonial administration in a developing country while local people were nurtured and trained to rise up through the ranks and take over themselves. A lot of this did indeed happen, but it all went backwards in the 1980s, when TA tried to replace local systems that ought to have been in place and were used as a mechanism for audit and accountability. There had been great progress in recent years, with a system of principles as set out in Brede's report, working with the grain of developing countries' plans and the need to build local capacity.
4. Introducing the paper, Karen Peachey (THET) defined the nature of Health Links as long term, institutional partnerships, responding to developing country partnerships in order to build capacity in different dimensions over time, building on personal trust and friendship between health workers sharing their skills and commitment, and mainly majoring on training. THET had observed that Links were not mentioned in TA discourse, so had commissioned this report to create a useful synthesis of current issues in TA for the benefit of Links participants, and to enable the development community interested in TA to focus on the relevance of Links and other forms of partnership as an interesting dimension. Good practice recommended to Links and emerging from mutual learning among Links (e.g. in THET's Links Manual) was in many respects similar to the currently favoured practice of TA more widely. In other respects there were differences: Links might for instance be more at risk of lack of awareness of the wider context of the developing country in which they were working, while they were less prone to specific dangers of TA such as salary distortions or TA workers taking over from locals or outstaying their welcome.
5. Brede Eschliman, author of the report, summarised some of the key principles common to Links and good TA and recommended greater attention, in the light of (and as part of) current TA thinking, to the potential of partnerships between institutions in health and other disciplines. This was endorsed by the Chairman, who drew attention to the three "pillars" of partnerships: Further and Higher Education, Science and Technology and Health. UKCDS had as one of its functions the promotion of partnerships in science and technology; the Africa Unit at the Association of Commonwealth Universities (funded by DIUS) had as its primary function the promotion of HE/FE partnerships with Africa; and THET had a key role to play in brokering partnerships on the health front. There was scope for learning across these boundaries.
6. In subsequent discussion, these were some of the points made:
 - There was ambiguity about how and whether Links fitted in to the current aid architecture. DFID could see the case for supporting them where there was a fragile state infrastructure, but where the Government was stronger it was disputed as to whether the developing country Government should pay for any Link activity as part of deploying its budget/SWAP support or whether the UK Government should support UK Links as a resource on which developing countries could draw and as mutually beneficial partnerships that were

therefore not the same as other forms of TA and should not compete for Ministry funds with bed-nets, new hospitals etc.

- Links were highly relevant to building and sustaining a strong constituency in the UK supporting generous international development. The Conservatives were showing a very marked interest in more support for such partnerships.
- Nobody wanted to go back to a free-for-all with no coordination and high transaction costs for developing countries, but there were questions about the effectiveness of budget support on poverty and it was vital to draw on all appropriate skills in addressing huge development needs and not sideline them because of an overly rigid interpretation of aid architecture. It was vital that Links were properly aligned with country plans and that agencies like THET had a good understanding with Ministries that could prevent excessive demands on them. This needed careful dialogue – it was difficult to be aligned and not contribute to such demands.
- Links were not a core part of DFID strategy, still less at the heart of UK health sector priorities, so there was a tendency for them to struggle for policy attention. Yet the intention of the post Crisp report policy initiatives (including a new Funding Scheme of £1.25 million pa for three years) was a possible increase of funding in future rather than decrease.
- There was scope for better collaboration between Links and specialist providers such as the Swinfen Charitable Trust.
- Links should not be conceived as just visits (with or without longer term placements). The continuing communication, mentoring and distance learning in between visits could make a major difference. Distance learning should not be about gap filling alone, or offloading products designed for the UK, but should be integrated in faculty development.
- Links shared some of the problems identified in the report when TA was seen as a “free good” by the developing country, which therefore might not engage very seriously in how the “gift” might be best shaped and steered. Links were both a transfer of resources and mutually beneficial partnership. To overcome the “free good” culture and get the developing country partner to engage in identifying their own priorities and lead the Link could be hard and difficult work.
- There was an important role for NGOs in working alongside Links, complementing the professional skills of Links participants with their wider knowledge of development issues and helping them to scale up. State-building was not just a matter for central Governments, and Links were helping to build the infrastructure of state services.
- The key overall context for this discussion was the importance of sustaining the unique political consensus in the UK in favour of maintaining the upward trajectory of international development as a priority, even in bad economic times (and of persuading other donors to do likewise). The recession would set development gains back badly – so it was all the more important to mobilise to help strengthen health services accessible to the poor and nurture the constituency of awareness and support for international development. Thus, it was timely to raise the profile of Links as a form of TA.
- DSA and THET would both consider how some of the themes of the discussion could be fed into the DFID White Paper consultation process.

Useful websites:

The Africa Unit - www.ukafricapartnerships.org

UKCDS - www.ukcde.org.uk

Development Studies Association – www.devstud.org.uk



PARTNERSHIPS FOR GLOBAL HEALTH

THET – www.thet.org.uk



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