TSU Landscape Final Report

UNIVERSITY OF WASHINGTON GLOBAL HEALTH START PROGRAM
REPORT TO THE BILL AND MELINDA GATES FOUNDATION

JUNE 7, 2013

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EXECUTIVE SUMMARY AND KEY TAKEAWAYS

Our investigation noted two major types of Technical Support Units (TSU): the embedded TSU which sits directly within the government, and the partnered TSU which sits outside the government and is run by an NGO. Through our investigation of TSU typologies, we found several overarching themes. First, TSU design follows function, and therefore TSU's design should be based on the problems to be addressed by the TSU. For example, TSUs that are embedded in the government are best situated to build the capacity of government and to remove government roadblocks, and TSUs which are partnered with the government are best situated to move rapidly to make impact on indicators. Across the typologies there is an inherent tradeoff between speed of implementation and capacity building. Those TSUs that make fast impact on problems often rely on outside technical assistance (TA) and therefore are not building the capacity of local staff. Those TSUs that concentrate on capacity building may make slower progress on impact indicators. Finally, because TSUs are a relatively new mechanism for the implementation of development projects, there are still many questions about the long term sustainability of the TSU and the exit strategy for donors.

PURPOSE

The purpose of this document is to summarize experiences identified in the literature across the continuum of embedded and partnered technical support unit (TSU) typologies to investigate the utility of TSUs as an aid delivery mechanism. For the purposes of this report, the START team focuses on experiences from the Department for International Development (DFID), UNAIDS and the Government of Indonesia which exemplify the two main TSU typologies. Although a TSU typology that sits outside the government structure and is independent from it theoretically exists, the START team has not found a solid example thus far. This report analyzes the two main TSU typologies through a descriptive case study approach of detailed experiences from DFID, UNAIDS and the Government of Indonesia. The key indicators of accountability, time to implementation, government buy-in and sustainability are highlighted across these case studies. This document concludes with a global analysis of the risks, challenges and opportunities of TSUs for donors to consider as well as a proposed research questions to inform future TSU applications and improve efficacy.

WHY ARE TSUs A POWERFUL TOOL FOR AID DELIVERY?

Technical support units (TSUs) are a powerful tool with demonstrated impact on priority issues in countries across income categories. The opportunities for improving outcomes through a TSU mechanism in a middle-income setting are exemplified by the dramatic results in Botswana delivered by the TSU known as the African Comprehensive HIV/AIDS Partnership (ACHAP). Established in 2000, ACHAP is a country-led, public-private development partnership between the Government of Botswana

(GOB), the Bill & Melinda Gates Foundation (BMGF), and MSD/Merck Company Foundation committed to enhancing Botswana's national response to HIV/AIDS (1).

ACHAP: An example of TSU success

ACHAP was launched in 2000 as Botswana's health infrastructure struggled to cope with rapidly rising HIV prevalence. Life expectancy fell from 65 years in 1990-1995 to less than 40 years in 2000-2005, a figure that is 28 years lower than it would have been without HIV/AIDS (2). This situation was exacerbated by a scarcity of skilled human resources with expertise to guide and coordinate technical aspects of delivering the desperately needed HIV clinical care (2). In 2001, a feasibility study commissioned by ACHAP and conducted by McKinsey (3) culminated in a strategy document that detailed how the Ministry of Health (MOH) could build the requisite capacity and scale-up for ART delivery. Based on the study, the Government of Botswana (GOB) decided to provide antiretroviral therapy (ART) to its citizens free of cost. Additionally, GOB demonstrated its commitment to the partnership by activating a fast track system to build capacity to launch and maintain the ART program as well as forming a dedicated ART team to implement with a phased approach (3).

In January 2002, GOB launched Africa's first universal access ART program. A deliberate decision was made to implement the ART program within the existing health delivery system instead of creating a parallel structure in order to build capacity within the health system to sustain the initiative. Since its inception, ACHAP supported the ART program by providing financial and technical assistance to GOB for the design, launch, roll-out and decentralization of this successful national program (4). ACHAP's support of the program has been very critical and extensive especially at the beginning when there was urgent need to rapidly scale-up ART delivery.

The key enabling factors of ACHAP's success included GOB recognition of the acute need for ART, its advocacy for increased access to ART, and a strong commitment by GOB to partner with ACHAP throughout the ART scale-up. Although ACHAP sits outside of GOB as an independent organization, it is deeply embedded within GOB through its seconded staff. ACHAP also maintains that its primary programs are owned by GOB itself.

Although ACHAP has been incredibly successful, there are several factors unique to Botswana that synergized ACHAP's efforts. Firstly, Botswana has an empowered government that may be in part due to its middle-income status. GOB has a track record of turning away funds from donors if their interests are not aligned with GOB. This ensures government buy-in of donor-funded projects such as ACHAP. Secondly, GOB nationalized its prolific diamond mines in 1972 through its public-private-partnership (PPP) with DeBeers known as Debswana, in which GOB and DeBeers each hold a 50% share (4). GOB has responsibly invested Debswana profits into the country's infrastructure over the last forty years contributing to governance practices which consistently rank Botswana highly on the Ibrahim Index of African Governance (IIAG) (5). Therefore, there was potential for GOB to sustain ACHAP's initial financial investments in the national, universal access ART program through GOB's Debswana PPP. As of 2011, GOB covers the largest portion of ART procurement costs, followed by ACHAP and the President's Emergency Plan for AIDS Relief (PEPFAR), demonstrating the sustainability of the endeavor. However,

despite the establishment of one of Africa's most successful ART programs with 95% coverage among eligible citizens, much work remains in the area of primary prevention. Since 2006, ACHAP has refocused Phase II efforts to include male circumcision and integrated tuberculosis (TB) & HIV/AIDS care. The legacy of ACHAP's Phase I efforts extend beyond ART delivery and include a strengthened M&E system within the GOB structure as well as support for the quadrennial Botswana AIDS Impact Survey (BAIS) that does contribute to the impact evaluation of the national response.

The ACHAP case highlights the potential impact a TSU can deliver to a partnered government program. A specific need for highly skilled technical assistance, strong government commitment to partnership and a potential to transition to sustainable government funding were instrumental to ACHAP's success. Today, Botswana's life expectancy is up to 53 years, on the path back to the pre-AIDS era (6). This can be attributed to ACHAP's success in driving ART scale-up by delivering guidance and coordination of technical aspects involved in establishing a national ART program. However, Botswana's unique position as an empowered middle-income country was a significant contributor to the sustainability of the ART program and must be considered when analyzing other contexts for TSU implementation.

GOVERNMENT-EMBEDDED TSUs

Multiple examples exist of formalized government-led fully integrated TSUs. The first and most well-known example was Tony Blair's Prime Minster's Delivery Unit (PMDU) established in the UK in 2001 to drive 20 key policy priorities across health, education, policing and transport (7). Citing the success of the PMDU in the UK, TSUs were established in both Malaysia and Indonesia in 2009. Government embedded TSUs were also established in other countries with various foci and scopes. For this section of the report, we will focus primarily on the TSU established in Indonesia, the President's Delivery Unit for Development Monitoring and Oversight (UKP4) and India's National AIDS Control Programme III (NACP III).

President's Delivery Unit for Development Monitoring and Oversight (UKP4)

UKP4 is an example of a government-driven TSU in a lower middle-income country (LMIC). UKP4 was established in Indonesia by President Susilo Bambang Yudhoyono shortly after re-election into his second term in office as a method to deliver on campaign promises around infrastructure development, education strengthening and increases in business investment. To head the newly established TSU Yudhoyono chose Kuntoro Mangkusubroto who had established strong credibility during his leadership of recovery efforts after the Indonesian tsunami in 2004 and earthquake in 2005. The TSU's directive was to work with ministries to set priorities, keep the President informed of ministries' progress towards meeting those priorities, and intervene with any bottlenecks found.

Sustainability

Whereas the sustainability of semi-integrated donor driven TSUs may be limited by the long-term involvement and funding of the donor organization, the sustainability of government-led TSUs appears

to be determined by its political acceptance, success, and ability to be normalized within the surrounding government structure.

TSU's process and service delivery improvement mandate typically involve establishing a measurement and evaluation (M&E) system as both a driver of reform and validation of results. In many cases, however, the additional scrutiny placed on ministries through this M&E process can cause tension among political entities (8). After UKP4 was established in Indonesia, there was significant backlash against the scorecards issued as the system fueled rivalries within the cabinet. This ultimately led to the decision to make the TSU reporting confidential to the President, significantly decreasing the visibility of progress and the accountability of ministries to the public.

Because government initiated TSUs are demand driven, their longevity is in part determined by their ability to achieve results within their key focus areas. For UKP4, improvement has been achieved in some areas; however failure to disclose progress measured using the tracking and scoring systems implemented has significantly reduced the ability to objectively evaluate UKP4's achievements.

Finally, the TSU must become an integrated part of the government to achieve long-term sustainability. While neither UKP4 nor PEMANDU have existed long enough to reach this transition, PMDU in the UK was transferred to exist long-term as the Performance and Reform Unit under the Treasury (9). This transition gives the unit a long-term channel of authority and improved sustainability beyond political cycles.

Time to Implementation

Government initiated TSUs can be scaled up relatively quickly as they typically improve delivery by working through existing channels. UKP4 spent the first 100 days helping ministries complete unmet goals from the previous year before moving on to goal setting and evaluation of the newly established priorities (8). However, the rapid delivery is still reliant on existing delivery channels, limiting the ability of government initiated TSUs to quickly achieve impact.

Government Buy-in

Since government-led TSUs are typically originated by president or prime minister, buy-in at the center of government is easier to achieve. However, in democratic governments, political factions can make widespread buy-in harder to obtain. Individual politicians are often more focused on the priorities of their political party than a single set of strategic goals. For UKP4, this was evident in the tensions that arose from the grading system implemented which ultimately limited the effectiveness of the TSU.

Accountability

The embedded typology engages two modalities for driving accountability. The first modality is exemplified by UKP4 that had, by mandate of the President, clear accountability to the cabinet of the Indonesian government. Because UKP4 was ultimately tracking 129 distinct priorities, a system was developed to enlist public support of the progress monitoring effort. The second modality the Indonesian government launched in November 2011 is the Public Participation and Information System, allowing citizens throughout the country to send text messages and post comments related to any of the

key development priorities. While this provided an improved channel to voice concerns over issues such as neglected infrastructure projects or extortion against police, the system was quickly overwhelmed by complaints not related to the TSUs key priorities. While the tool proved to be useful for monitoring delivery challenges throughout the country, lack of buy-in from all ministries limited the capacity of the TSU to adequately respond to complaints.

National AIDS Control Programme III (NACP III)

India's National AIDS Control Programme III (NACP III) is an example of a TSU serving as a clearing house for coordinating multiple donors and multiple agendas into one consistent policy while building government capacity. NACP III is supported by a multitude of international donors including PEPFAR, DFID, and UNAIDS. The program is guided by a policy of the "Three Ones": one agreed upon action framework, one National AIDS Coordinating Authority and one national monitoring and evaluation system (10). The goals of earlier iterations of NACP I and NACP II were to halt the spread of HIV and build government capacity to respond to the HIV epidemic. NACP III's goal is to build upon the gains of NACP I and NACP II. In eight states supported by DFID, state-level TSUs were implemented to coordinate the monitoring and evaluation of the state-level programs. NACP III's goal is to replicate the DFID TSU model in each state. These TSUs guide the State AIDS Control Society (SACS) to implement the HIV/AIDS program (11).

Supply vs. Demand

NACP-III is an Indian government led project of the National AIDS Control Organization (NACO) which is responsible for addressing the HIV/AIDS epidemic in India. The NACP III has a five year budget of $2.5 billion of which PEPFAR supplies $150 million, and of which $30 million is directed towards capacity building at the state and national level as per NACP III priorities (12). In addition, World Bank has supplied $250 million, the GFATM, the government of India (GOI) and other bilateral partners are funding NACP III (13). Each of these funders has agreed to the outlined goals of the NACP III and aligned themselves with NACP III's priorities.

Government Buy-In

NACP III is fully integrated into the government and can be seen as the operational plan of the National AIDS Control Organization (NACO) which sits in the Indian Ministry of Health and Family Welfare. Each of the state run TSUs are incorporated directly into the SACS making the NACP III an example of the government integrated TSU model. The government directly sets the agenda for the NACP III and has complete buy-in for all of the activities undertaken by the state level TSUs. NACP III instead works to align donor priorities with the greater government priorities to ensure that there is no duplication of efforts.

Sustainability

The state-level TSUs, which are part of the broader NACP III, are designed specifically to ensure the sustainability of the AIDS control program. TSUs are tasked with building capacity at the local level to improve management, monitoring and evaluation, and provide general supportive supervision for the care and treatment program across the country (NACO program plan 2006). The TSU model is being used to leverage the investments being made to reverse the HIV epidemic. From a donor prospective, emphasis has been placed on using donor funds to build the local capacity through a technical assistance model to ensure the sustainability of the AIDS Control Program after donor funds are removed. It is unclear how long the state-level TSUs will continue to exist as separate entities from the SACS. Theoretically, once the capacity of the SACSs is built, there will no longer be a need for the state level TSUs.

Accountability

Organizational structure makes the work of the state level TSUs under NACP III accountable directly to the NACO and NACO is directly answerable to the Prime Minister. Indicators for improving capacity have been built into the NACP III planning and therefore will be used to track the progress of the state-level TSUs. While it was not possible to identify ways in which the state level TSUs worked to hold the government accountable, the NACP III program is held accountable to its international donors. Specifically, the World Bank agreement for funding NACP III notes that NACO must abide by its Government Accountability Action Plan (GAAP) (World Bank Report). The GAAP was built in consultation with the World Bank and DFID to ensure financial and management accountability for the NACP III program and to mitigate risks for investing in NACP III (World Bank Report). Specifically within the GAAP is a provision to promote oversight by the civil society. Through the GAAP, the NACP III creates government accountability both to the international donor community and to the greater civil society of India.

PARTNERED TSUs

A partnered TSU is not a permanent government office or department, but rather directly supports essential government functions across a continuum of existing government systems. In some instances, a donor may work with a partnered model to drive sector-wide outcomes through a TSU. This often manifests as financial aid directly to the sector in tandem with technical assistance directly to the TSU as one aid package. The DFID funded Bihar Technical Assistance and Support Team (BTAST) within the Sector Wide Approach to Strengthening Health Program (SWASTH) serves as a case study of a partnered TSU that is semi-integrated into the central government structure through partnership with the local government.

Bihar Technical Assistance and Support Team

Bihar continues to be the poorest state in India, despite impressive economic growth in recent years. DFID programmatic documents highlight that over the years, the health and nutritional status of the state has shown a mixed trend (14). Bihar's Infant Mortality Rate (48 per 1,000 live births in 2012, down from 61 in 2004) now stands nearly equal to India's national average. However, Bihar's Under Five

Mortality Rate, while declining, (64 per 1,000 live births in 2012) still remains higher than the national average and requires a cross sector approach for continued improvement.

Supply vs. demand

As of 2008, DFID is providing £145 million (£120 million Financial Aid and £25 million Technical Cooperation) over six years (2008-2014), to the Departments of Health (DoH), Social Welfare (SWD) and Public Health Engineering (PHED). These funds will help the Government of Bihar improve health, nutrition and water and sanitation outcomes through the Sector Wide Approach to Strengthening Health Program (SWASTH - meaning 'good health' in Hindi) (14).

The delivery model of aid to SWASTH includes contracting with the Bihar Technical Assistance and Support Team (BTAST) to provide technical assistance to achieve the health, nutrition and water and sanitation outcomes. BTAST is a consortium project contracted by DFID, led by CARE including contractual agreements with Infrastructure Professional Enterprise (IPE), an international development sector services consultant, and Options UK, a public health research, analysis and insights firm, to provide additional expertise. The main purpose of BTAST is to ensure that the DoH, SWD and PHED are equipped to deliver on reforms in their respective areas by helping the government identify and plug gaps, adapt to the changing context and advise on innovative approaches.

Key cost drivers of the project come from two separate mechanisms as defined in the DFID budget allocation: Financial Aid (FA) and Technical Aid (TA). The FA is extended to Government of Bihar (GoB) and is a part of the overall state sector budget. Cost drivers under FA are salaries, purchase of medicines and equipment, civil construction, infrastructure upgrades, trainings, monitoring, supervision, and mobility costs. TA funds are used to support implementation of studies, evaluations, quality improvements, monitoring, capacity building, cross-learning visits, and piloting innovations and community interventions. Cost drivers under TA are the remuneration and travel/logistics costs of expert professionals and institutions developing capacity of government departments, strengthening human resources and improving financial management and management of information systems. It is inferred by the description of BTAST employees and their work that the TSU is funded through SWASTH's TA allocation.

Government buy-in

Health, sanitation and nutrition are key contributors to Bihar's lack of improvement in child health performance indicators and improvement are statewide and national priorities providing high-level government buy-in for the DFID supported project. It is estimated that about 5 million children in the state are currently suffering from chronic malnutrition making it difficult to achieve child health goals. Additionally, a very small proportion (4.2%) of the population has access to piped water supply. According to DFID, the funding provided by the national government of India to the Bihar departments of DoH, SWD and PHED to address the needs in health, sanitation and nutrition is insufficient to meet demand and does not incentivize innovation. Both DFID and the governments of Bihar and India agree on the need for additional technical support through BTAST.

Sustainability

According to IPE documentation, BTAST's "underlying key objective is to build skills and capacity of these organizations so that they are able to sustain efforts beyond the life of SWASTH" (15). Therefore,

despite lack of explicit documentation on BTAST's exit plan, there does appear to be strategic thinking on the sustainability of SWASTH activities catalyzed by BTAST. DFID has also stated that each output delivered by BTAST should "clearly state how the capacity of the government or implementation partner is built to sustain the (said) initiative" further demonstrating a commitment to sustainable successes (15). Although sustainability and exit strategy are not clearly denoted in the documents identified, the emphasis on government capacity building and leveraging resources across agencies and development partners indicates a long-term vision for sustained success.

Time to implementation

This TSU is addressing both direct and underlying causes of mortality and morbidity involving significant capacity building. In order to make the greatest strides in achieving Bihar's health goals high impact solutions were paired with infrastructure changes to maintain health. The maternal mortality indicator provides an example of high impact in the short-term. The direct cause identified is poor obstetric care, the program has rolled out an Essential Health Services Package (EHSP) and through quality improvements in the provision of emergency obstetric care providing immediate impact and decreasing the MMR from 312 to 261 per 100,000 live births. In areas where SWASTH is working to strengthen monitoring (e.g. access to safe water) they are taking the time to finalize and implement a reform roadmap to identify and deliver specific water priorities; testing of water sources in arsenic and fluoride affected areas; improving data on functionality of hand pumps using IT-based approaches; and strengthening the capacity of PHED's new central monitoring and governance cell. This capacity building example illustrates the tradeoff between time to outcomes and emphasis on capacity building.

TSU Accountability

DFID's funding summary of the SWASTH project provides a number of different accountability mechanisms. First, SWASTH's technical (BTAST) and financial performance is reviewed on a six-month and annual basis providing information on indicator progress and milestone achievements. Second, the project holds a Joint Annual Review with the governments of Bihar, India and DFID to review the project framework and milestones for subsequent tranches of funding. Lastly, this TSU employs an independent monitor to provide additional assessments.

DFID India also ensures alignment and accountability across partner organizations. To ensure value for DFID's investment BTAST leverages resources across other technical assistance teams in Bihar, such as, UTAST (TA agency providing support to DFID funded urban program – SPUR) and GTAST (TA agency providing support to Bihar Governance and Administrative Reform Program (BGARP)). The latter is working in close collaboration with the General Administration Department for governance reforms. It is unclear from the available literature if these reforms affects outcomes driven by BTAST.

Accountability of government (TSU driven)

The Joint Annual Review provides for the accountability of government (both Bihar and India) to the funder; additional DFID funding is conditional on progress towards goals. The focus of this meeting is to review, with representatives from each government, the program logical framework, the milestones matrix and agree on milestones for the next phase of funding.

DFID measures five outputs for SWASTH in each six-month and annual report.

- Increased scale and functionality of nutrition, health and water and sanitation services
- Establishment of community level processes for demand creation and service monitoring
- Strengthening of systems for improved efficiency and effectiveness
- Enhancement of capacity to work with non-government actors
- Improved quality and use of monitoring and evaluation systems

Each report provides the output and output indicators with letter grades and milestone measurements to indicate progress. Milestone measurements are provided by government data sources.

Key information from BTAST

The case study of the BTAST contracted by DFID provides insights into the donor-driven semi-integrated TSU model. Specifically, BTAST's work with and through government departments illustrates some strategic benefits of this model including strong government buy-in, sector approach with technical support and project sustainability leading to improved health outcomes for the state of Bihar.

What makes this model particularly attractive in this setting is the understanding across departments of the need to build capacity, which led to engagement of outside technical expertise through a TSU model. The government of Bihar conceived of the partnership between state government departments and it appears DFID conceived of the BTAST model as an accelerator for the cross sector model designed by GoB.

One benefit to this approach is high donor involvement without circumventing the government as seen in models where the TSU works independently of existing government structures. BTAST's position within the government provided access across sectors to leverage impact and encourage long-term capacity building. The approach to build capacity within versus outside of government allows increased buy-in from all staff and leaves a meaningful long term impact.

Of note, DFID is the only external donor providing financial assistance to DoH, SWD and PHED of Bihar, alleviating the need for multi-donor coordination. BTAST is engaged by DFID to implement planned activities under SWASTH. Other technical agencies like UNICEF, UNFPA, NIPI and BMGF are also providing technical support on maternal child health, family planning, nutrition, and on water and sanitation issues. These organizations work in close collaboration with BTAST and GoB (14). These development partners have regular meetings and have begun a process to identify a core package of partner-supported interventions to be scaled up in all supported districts in the state.

RISKS, CHALLENGES & OPPORTUNITIES

Across the spectrum of TSU designs and structures, several distinctions emerge. TSUs can be designed for quick and efficient impact on indicators such as the ACHAP's ability to provide ART access to the people of Botswana. They can also be designed to build local government capacity to remove bottlenecks and inefficiencies and allow for better prioritization, as exemplified by the NACP III TSU. In addition, TSUs like BTAST which can both build capacity and drive indicators. As seen in the case studies, these distinctions are not black and white but instead exist along a continuum. Impact oriented TSUs may require more international TA, be less sustainable and are likely NGO led or NGO initiated and

then partnered with the government. TSUs designed to build capacity are by design more sustainable and are more likely to be government led.

The success of a TSU depends on correctly designing the TSU to address the task at hand and the strength of the government with which the TSU will operate. In Botswana, ACHAP's focus on indicator and impact as drivers allowed for its success in the short term, and partnering with the government ensured its sustainability. ACHAP also benefited from Botswana's upper middle-income status and the government's commitment to providing universal access to ART. Many successful TSUs, such as PEMANDU, UKP4, and NACP III, are operating in high and middle-income countries. As developing country TSUs (such as the agriculture focused TSU in Tanzania) mature, the sustainability of these TSUs should be monitored. Low-income countries may face larger challenges in terms of continued financial support to the TSU as well as the government buy-in which was found to be critical for success.

The TSU structures do not intrinsically improve government accountability to the public. Instead, TSUs must be specifically designed to strengthen civil society as was seen through UKP4. While funding a TSU can be used to hold a government accountable to its donor, this government accountability is not unique to TSUs. Many development projects require governments to report progress on indicators such as seen through PEPFAR reporting or DFID annual reports without the involvement of a TSU.

The risks associated with funding a TSU are much the same as other development mechanisms; questions of sustainability are shared across aid delivery models. Donors may find themselves unable to transition projects due to a lack of government funding or political will despite demonstrated success. This may be especially limiting in developing country settings. Given that there are very few examples of TSUs which have successfully transitioned from donor funding, the sustainability of the TSU model may be more unclear than other historical models.

We identified many areas for future study including: what are the best strategies for funders exiting TSUs; how can TSUs improve government accountability; what are the best mechanisms for ensuring sustainability and leaving a lasting impact; how successful will the TSU model be in an developing country? As the TSU mechanism matures these questions can be answered through careful tracking of both the progress of the TSU and the indicators the TSU is working to improve.

RECOMMENDATIONS

Acknowledging that context-specific analysis is important in determining the strategic utility of TSUs, there are some global recommendations for donors to consider. TSUs present a unique approach to navigating a heterogeneous donor landscape. TSUs may be a solution to supporting a concerted effort among donors to address priority issues of aid-recipient governments. Despite the potential for harmonization of donor efforts and effective aid delivery, the TSU model is largely untested in the area of sustainable exit strategies. Although TSU-donors speak to capacity building within governments as a main tenant of the TSU model, this is also a focus of other aid agencies employing different modes of delivery. Whether or not TSUs instill sustainable capacity within governments will need to be evaluated

after the current TSUs' funding cycles end. Donors will need to find a balance between building long-standing government capacity and driving rapid impact with the TSU model of aid delivery. These decisions should largely be based on the strength of a government's power to maintain a high level partnership with the TSU and create systems to sustain the impact initially accomplished with the TSU assistance.

Table 1: Summary of Problems TSUs are designed to address with examples

Problem	TSU Application	Example	Notes (Characterize response limitations / downsides)
Bureaucratic bottlenecks (government delivery deficiency / inefficiency)	Work as 3rd party to unclog bottlenecks in existing delivery channels using authority from closeness with center of government	UKP4 served as an intermediary when projects involving multiple ministries hit roadblocks. Ex. UKP4 could step in to expedite permitting process for infrastructure projects	TSU doesn't address underlying issues causing bureaucratic friction. Existing channels may become dependent on TSU as mechanism to drive progress.
Existing delivery mechanisms are not accountable to the public	Create systems allowing public participation as part of accountability methods	UKP4 created a system where citizens could text or submit on-line comments on national initiatives	Widespread buy-in across all sectors is required to make system responsive to public
Creating a delivery organization that has government buy-in/ownership	Execute delivery for gov't defined problem and develop long-term strategy for program hand-over	ACHAP's sustainability plan was designed from the outset and pulled from readily available government resources	TSU exists in a middle-income country with existing resources for health limits, therefore generalizability to lower resource settings
Improving aid delivery through donor coordination (decreasing parallel work, improving outcome prioritization)	Ensure that all donor funding supports the overarching goals of the government and that there is one overarching monitoring and evaluation system.	NACP-III coordinates the funding from multiple organizations and ensures that HIV programs are implemented to achieve the government's goals.	Donors have less control over the implementation of the project because the funds must be used in accordance with broader goals of the receiving government.
Critical need for fast, time-limited, high-impact response	Streamline service delivery via public-private partnership to provide vital supplies & TA for acute health system or other need	ACHAP created high level TA delivery unit to establish first universal access ART program, turning the tide on AIDS-related mortality in Botswana and achieving nationwide coverage in under 5 years	↑Impact=↓Capacity building. Although impact was achieved quickly and government handover was successful, it took years and other donor contributions to sustain nation's ART program
Insufficient accountability and need for high-level TA to improve funding impact using a standard bilateral relationship	Provide technical assistance across sectors to help the government identify gaps and plug them, adapt to the changing context and advise on innovative approaches	BTAST provides TA to the DoH, SWD and PHED to ensure departments are equipped to deliver on reforms in respective areas	High donor involvement, priorities/needs must be understood across sectors and the government to enable capacity building
Political need to demonstrate progress on indicators	Drive progress on broad, cross-cutting national-level initiatives	UKP4 was created to address 13 strategic priorities ranging from infrastructure to corruption	Political motivation can cause backlash among other government units. Sustainability of TSU beyond political cycles challenging

Table 2: Schematic for appropriate TSU typology by problem

Problem	Embedded TSU Fit	Partnered TSU Fit
Bureaucratic bottlenecks impair delivery	Centrally located TSU can address bottlenecks throughout government	Limited capacity to address cross-cutting bureaucratic bottlenecks
Existing delivery mechanisms are not accountable to the public	TSU can serve as aggregator of public input	TSU ties to govt and donor do not make them accountable to public
Political need to demonstrate progress on indicators	TSU can provide high visibility progress on major strategic initiatives	Focus on progress on indicators is to secure additional donor funding
Lack of donor coordination impairs aid delivery	TSU provides centralized prioritization, measurement and evaluation	Potential for multiple donor harmonization to achieve shared agenda
Creating a mechanism with widespread government by-in/ownership	Typically initiated by center of government, ownership by affected agencies can be limited	Essential to have or to create govt buy-in for capacity building
Critical need for fast, time-limited, high-impact response	TSUs can be quickly established but impact is limited by delivery channels	Pairs high-impact with capacity building to maintain progress
Increased accountability and high-level TA needed to improve funding impact	Limited external accountability	Accountability built in with national, local, donor governments and independent monitoring

Key: Best Fit | Potential Fit | Poor Fit

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