The International Training and Education Center for Health (I-TECH) partners with host country governments, universities, professional associations, non-governmental organizations, private sector groups, and funding agencies to strengthen local capacity and build sustainable health systems. I-TECH follows a partnership model that guides the provision of technical services and technical assistance (TA) toward local ownership and sustainability, creating projects and programs that can be readily transitioned into national systems.

The I-TECH Partnership Approach

Based at the University of Washington (UW), I-TECH draws upon a strong global network of public health professionals. I-TECH’s approach is customized in each country to respond to local needs and priorities. In addition, each I-TECH country office team aligns the model with the unique Partnership Framework Implementation Plans of the partner host government. The approach includes 5 pillars:

1. **Identify needs** in consultation with host country governments
2. **Structure partnerships** that integrate projects into existing systems
3. **Secure technical resources** from affiliated universities, partners, and the I-TECH network
4. **Provide technical assistance** and services tailored to actual needs and resources
5. **Monitor performance**
6. **Transition project** into national systems

Clinical Assessment and Systems Strengthening (ClASS)

I-TECH developed the **Clinical Assessment and Systems Strengthening (ClASS)** framework in 2008 to promote long-term sustainability and country governance of high quality HIV/AIDS programming. Since then, ClASS has built the capacity of 99 organizations, including governmental and civil society organizations, to manage programs in 17 PEPFAR countries in sub-Saharan Africa, the Caribbean, and Eastern Europe. From its initial development, the ClASS framework involved input from a variety of global health partners including HRSA, the Centers for Disease Control and Prevention (CDC), Ministries of Health, and civil society organizations. The ClASS framework is based on an iterative process and designed to foster country-owned, sustainable, and high quality HIV and other health care and treatment programs that promote equity and accountability.

**What Makes Transition Viable?** I-TECH has been a PEPFAR implementing partner since 2003 and has **transitioned more than 300 programs and products** to local ownership to date. “Lessons Learned from Sustained Global Health Investments,” presented by I-TECH Executive Director Ann Downer at IAS 2018, explored the degree to which six of I-TECH’s investments had been sustained by local partners, as well as the key elements of successful transition. The study concluded that long-term viability should include, in addition to the known elements of successful transition (e.g., stakeholder buy-in and participation), planning for TA and/or short-term emergency funding.
I-TECH Case Studies

The I-TECH Zimbabwe Care and Treatment program actively engages with subaward partners to build organizational capacity and robustness. Technical assistance provided to partners includes:
- evaluation of staffing needs (financial, administrative and programmatic) and organizational structures;
- advising on the development and strengthening of policies and procedures related to finance and banking, travel, HR, and safety;
- design and development of software systems to manage HR;
- design and development of software systems to manage budget and spending;
- improvement of processes and software tools for invoice and projection development;
- improvement of practices around planning and management of both program activities and budgets; and
- development of collaborative practices of budgeting, costing exercises, resource mapping, and expenditure reporting.

The primary goal of all administrative TA and support is ensuring compliant, flexible, and strong systems for receiving and following the rules and regulations of U.S. funding as subawardees. The secondary goal is to build the human, process, and systems capacity of each consortium member for long-term sustainability and future direct funding.

Botswana’s National Monitoring and Evaluation (M&E) Cadre was introduced as a result of partnership among the CDC, I-TECH, the Botswana MOH, and the Ministry of Local Government. The cadre was recruited from new Botswana University graduates with a background in demographics or statistics. I-TECH provided graduates with M&E training, mentoring, and distance-based consultation using the I-TECH training framework. The M&E Cadre responsibilities included strengthening data collection, guaranteeing steady and timely reporting and feedback, encouraging a culture of data use and evidence-based planning, and building M&E capability within the health system. The project was fully transitioned to the MOH in 2012, and CDC Botswana noted in a press release that it was “a true example of how a USG funded project can be successfully transitioned.”

The team at CHARESS will continue to oversee clinical mentoring activities at 20 sites and provide technical assistance to the Ministry of Public Health and Population and other implementing partners.

In spring 2018, I-TECH made UW history when two of its country offices transitioned into independent organizations. I-TECH’s office in India is now the independently run I-TECH India PL, and its former office in Haiti now operates as CHARESS (Centre Haïtien pour le Renforcement du Système de Santé). Both organizations are sub-contractors on I-TECH awards.

I-TECH has worked closely with UW Global Operations Support over the past decade to inform the internal procedures and structures necessary for international office registrations. This work has promoted operational effectiveness by enabling a safe, compliant, and legal environment for conducting international work.

I-TECH’s close work with Global Operations Support has also prepared I-TECH India and CHARESS for success, helping to create the administrative and policy structures necessary for them to more easily fledge.

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