Joint Annual Health Sector Reviews:

Why and how to organize them

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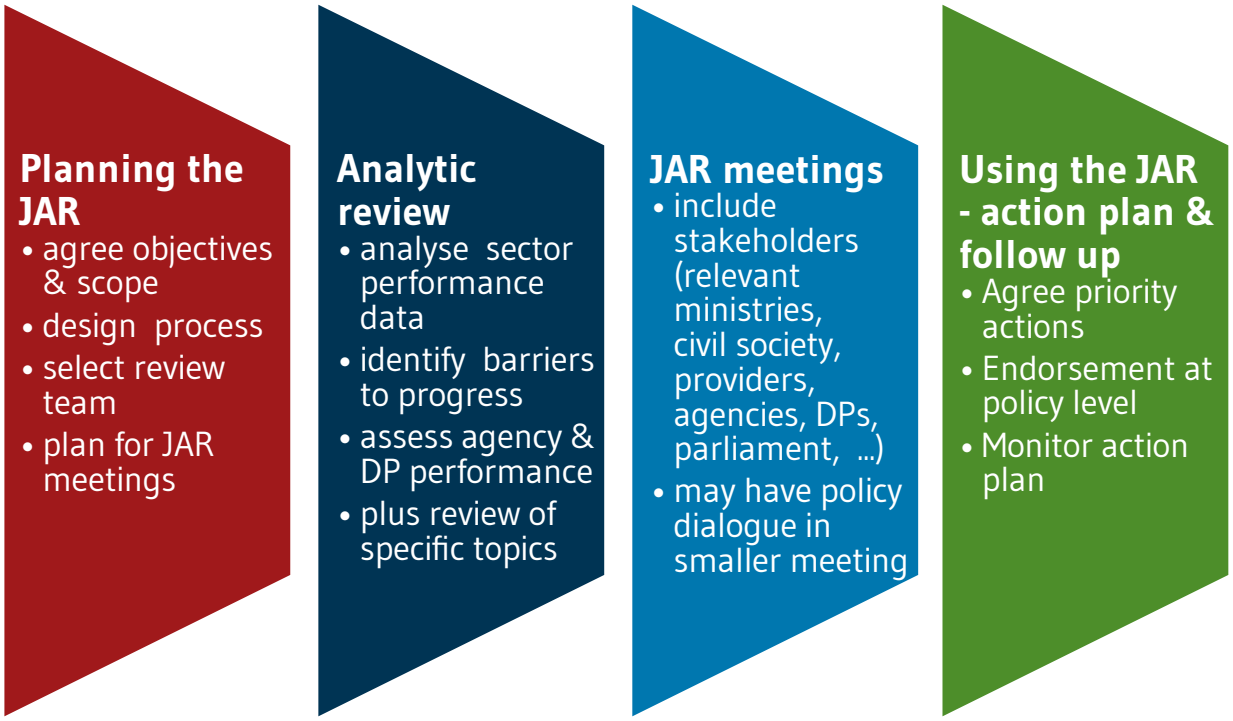
Acronyms

APR	Annual Performance Report
CSO	Civil society organization
DP	International development partner
IHP+	International Health Partnership and related initiatives
JAR	Joint Annual Review of the health sector
MOF	Ministry of Finance
MOH	Ministry of Health
MTR	Mid Term Review
M&E	Monitoring and evaluation
TOR	Terms of Reference

Key Points

- This paper is intended to provide options for countries that are considering starting up or revising their approach to Joint Annual Reviews (JAR) of the health sector.
- JARs are a useful mechanism to review progress in the sector and identify issues that need to be addressed to improve performance. The JAR provides a common basis for understanding sector issues and priorities. JAR findings and recommendations can be followed up through action plans and/or in policy dialogue.
- JARs are usually used in the context of a medium term health strategic plan and monitor progress against the annual plan. Beyond this core monitoring role, they often select specific topics which require analysis to identify how to improve performance.
- JARs are designed to suit the country context and evolve over time. Typically, JARs take place once or twice a year with review meetings that last from 2 to 3 days. Some include an independent review of sector progress; others identify a review team from various partners involved in implementation. The JAR builds on routine reporting and/or sub-national (e.g. provincial or district) performance review processes.
- About half way through the plan period, the JAR can be replaced by a mid-term review, which can also provide a basis for developing the next national health strategic plan.
- Participation by appropriate stakeholders is an important feature, to include Government ministries relevant to health, key implementing agencies in the health sector, private providers, international development partners (DPs), academics and civil society. The challenge is to be inclusive while ensuring the size and scope of review allows for substantive discussion of obstacles to progress.
- The design of JARs will depend in part on their objectives, which tend to include accountability for results and identifying how to improve performance. They can incorporate accountability of non-Government partners, including holding DPs to account against their commitments to effective development cooperation.
- JARs should help with streamlining performance review and reducing transaction costs of multiple separate reviews and reports. In practice this remains a challenge; reducing demand for separate DP health programme reviews, project reports and verification exercises needs to be addressed by funders and implementing agencies.
- Findings from programme reviews and other studies and research should feed into the JAR.
- There needs to be clear responsibility for agreeing how to follow up JAR findings and monitoring the agreed action plan, for example in the health sector coordinating body. A mechanism is required to ensure JAR findings are fed back into sub-national plans.

Figure 1: Summary of the Joint Annual Review (JAR) process (to review progress against last year's plan)



"Over the past few years, the Joint Annual Health Review (JAHR) has become an increasingly important contribution to the process of formulating and developing health policies, through (i) identifying priorities in the health sector based on analysis, assessment of achievements, progress and difficulties and limitations in the performance of the health system; (ii) monitoring and evaluating implementation of health policies and annual plans of the health sector; (iii) recommending additional tasks, policy refinements and other short-term and long-term measures."

Vietnam JAHR report 2011

Introduction

Many low and lower-middle income countries have established a process of Joint Annual Reviews (JAR) (or exercises with a similar title) in the health sector. These reviews broadly aim to review progress against health sector plans and to develop consensus on how well the sector is progressing and actions that will improve performance. Typically JARs were introduced as part of sector-wide approaches or as part of efforts to increase alignment with a sector plan and draw partners together behind one shared monitoring framework. Although JARs were often introduced at the request of international development partners (DPs), in some countries they have become widely accepted as a major component of the health sector monitoring and review process. The International Health Partnership and related initiatives (IHP+) seeks to encourage and facilitate effective development cooperation in the health sector. Specifically it aims to encourage DPs to align their support with national health plans and use country systems including for monitoring and reporting; and to encourage better coordination and greater mutual accountability between partners. JARs can be used as a tool that contributes to these aims. Accordingly IHP+ commissioned a review of experience with JARs which was published in 2013.[1] It is referred to in this document as the JAR Experience Review.

The JAR Experience Review found that partners interviewed were all in favour of continuing with JARs, which are seen as a useful mechanism that can add value to sector dialogue and help partners to align with government priorities and plans. The review also found that there is fatigue with some JAR processes, related to how they are organized (e.g. the size of review teams and the resulting reports). It concluded that there is scope for improving efficiency of the process and making more of the potential they offer. These findings led to IHP+ commissioning this paper to contribute to making JARs more effective and efficient. This paper is based on the JAR Experience Review, other papers, and inputs to the draft from partners based in countries and in agency headquarters.

1 *IHP+, Joint Annual Health Sector Reviews: A review of experience.* February 2013. The review was conducted by HERA for IHP+ and looked at experience in 9 countries: Bangladesh, Cambodia, DRC, Ghana, Kyrgyzstan, Mozambique, PNG, Uganda and Vietnam. internationalhealthpartnership.net JAR_review_of_experience_2013

Purpose and content of this options paper

The purpose of this paper is to help stakeholders in countries that are considering establishing JARs for the first time to decide how best to do so, based on the specifics of the local context. It also aims to provide ideas for countries that are considering revising their joint review process, because of changes in their context or in response to a feeling that the process needs to change (for example if it has become too cumbersome and needs streamlining). The paper is organized around 7 main questions:

1. What is meant by a JAR?
2. How does a JAR differ from a mid-term review, a final review and situation analysis?
3. What are the options for JAR objectives?
4. What are the options for the JAR process?
5. Getting started: what are the main steps in planning for a JAR?
6. How are findings of the JAR used/followed up?
7. What are the trade-offs and challenges to address in planning JARs?

1. What is meant by a JAR?

A Joint Annual Review of the health sector (JAR) is a process that can be part of monitoring and planning the implementation of the health sector strategic plan. The JAR helps to identify whether the plan is on track and the strategies are adequate to achieve the intended results of the health strategic plan, or whether further actions are needed. The JAR is commonly used to monitor progress on the previous year's plan, and may look in depth at specific aspects of the health sector, constraints to performance or new issues that have arisen. While the structure and timing of JARs varies to suit the country context, it usually includes an analysis of performance over the last year and a multi-stakeholder meeting that typically lasts from 2 to 3 days (although there is a range from 1 to 5 days). In some countries, a second JAR meeting is held to influence and consult on the annual plan and budget for the coming year. JARs are usually used for the health sector as a whole rather than specific programmes or sub-sector strategies, although there may be programme reviews (e.g. of the malaria programme), studies commissioned for the JAR (e.g. on health financing or district performance) as well as other research findings that feed into the JAR. Agreement to hold a JAR for the health sector is often included in the country compact or memorandum of understanding signed by Government, DPs and other stakeholders. JARs are a component of the system for monitoring and reviewing progress, which complements and should not replace routine monitoring throughout the year.

The term "Joint" in JAR is used to indicate a range of stakeholders interested in health sector performance. This includes the government; DPs (both those represented in country and others such as global health initiatives level without local offices); the private sector (not for profit and for profit); civil society; political representatives; university schools of public health and professional associations. Within Government, relevant agencies are likely to include provincial or district health authorities; autonomous institutions such as national medical stores; and ministries beyond health such as Finance, Planning, Local Government, and possibly health related sectors such as Education or Women's Affairs.

The approach of having joint periodic progress and performance reviews is promoted as part of the guidance for strengthening monitoring, evaluation and review of national health strategies published by WHO and IHP+.[2] This guidance recommends development of monitoring and evaluation (M&E) plans, institutional capacity and data collection and analysis to monitor the national health strategy. The guidance also highlights the need for mechanisms for review and feeding back into action. The box below gives the specific recommendations in this area:

Attributes and characteristics recommended for country mechanisms for review and action

"There is a system of joint periodic progress and performance reviews

- A regular and transparent system of reviews with broad involvement of key stakeholders is in place
- There are systematic linkages between health sector reviews, disease and programme specific reviews and global reporting.

There are processes by which related corrective measures can be taken and translated into action

- Results from reviews are incorporated into decision making, including resource allocation and financial disbursement.
- Multi-stakeholder mechanisms are specified to provide routine feedback to subnational stakeholders."

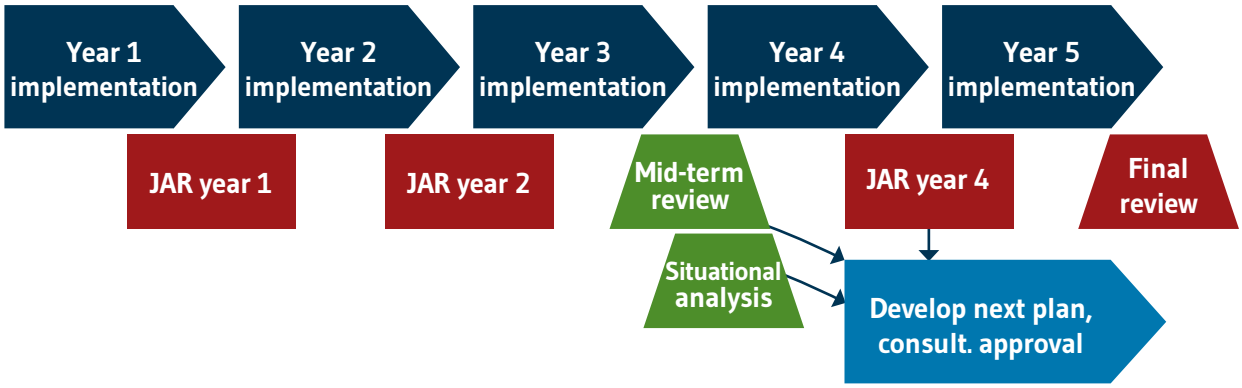
2 WHO/IHP+, Monitoring, Evaluation and Review of National Health Strategies: A Country Led Platform for Information and Accountability, 2011 http://www.who.int/healthinfo/country_monitoring_evaluation/1085_IER_131011_web.pdf?ua=1

2. How does a JAR differ from a mid-term review, final review and situation analysis?

In general a JAR focuses on performance in the last year, and is a monitoring exercise to identify progress and performance in the year or in some cases looks at next year's budget and plans. Mid-term reviews (MTR) and final reviews tend to look at trends in performance over a longer period. The MTR is usually a more in-depth, evaluative assessment that includes identifying whether the strategies or targets need to be amended. It may also give some early indications on impact. In countries which are using a 5 year plan period, the MTR can replace the JAR for year 3 (taking place early in year 4). The final review looks at performance over the whole plan period and can replace the JAR at the end of year 5. The final review can be a less comprehensive exercise than the MTR in situations where it happens too late to influence development of the next plan.

A situation analysis is usually conducted as the basis for developing the next strategic plan (and can be done for other purposes). Depending on the timing of the MTR, it may be appropriate to combine the situation analysis with the MTR (as in the 2014 Zambia MTR). If this is not practical, there may need to be additional analysis to inform the next plan. A possible timeline is shown in Figure 2.

Figure 2: Potential timeline for JAR, Mid Term Reviews, final reviews and situation analysis in countries with a 5 year health plan cycle



Source: based on WHO/IHP 2011

Some countries – like most OECD countries - do not use 5-year plans, but have a more iterative process. They often have overall strategies that are then implemented through 3 year rolling plans, updated each year, and reflected in medium term expenditure frameworks (MTEFs). In such cases, there is less need for MTRs and final reviews, but they will conduct periodic reviews of the strategy.

Typical attributes of the different types of review and analysis are presented in the table on the next page. It shows some overlap between the types of review; an MTR is usually a more extensive and summative assessment than a regular JAR, although covering similar issues, while final reviews can be similar to a JAR but covering the full 5 year period. In the rest of this document, the term JAR is used to include MTRs and final reviews, recognising that MTRs are likely to be a more extensive exercise.

	JAR	MTR	Final Review	Situation analysis
Purpose	Monitor annual progress against plan; some also have forward looking review of next workplan & budget.	Evaluate progress in first 2-3 years of strategy; identify changes in strategy or targets needed. Inform next plan.	Review progress over whole plan period; learn lessons for future implementation.	Understanding trends & context to provide sound basis for setting strategic directions & priorities in the next plan.
Focus	Progress & constraints in implementing annual workplan, results achieved, remedial actions to improve performance. How well next workplan & budget addresses strategy & priorities.	Focus on trends in performance (since baseline or before). Diagnoses causes of under-performance & recommends remedial actions.	Focus on whole plan period & whether targets have been met & impact achieved.	Focus on trends in health & strengths & weaknesses in the health system, within broader context in the country.
Scope	Identifies barriers to implementation of planned activities & expected results; recommends immediate steps to address or remedy these. Builds on programme reviews & studies. Follows up agreed actions from previous JARs. Looks across health sector.	Thorough analysis of sector progress & performance, including activities, finance, policies, system performance, outcomes &, if possible, impact. Can propose revision of plan targets & strategies.	Builds on previous annual reviews & adds last year results to show trends in sector performance & impact. Lesson learning on issues & capacity to implement reforms.	Reviews economic, demographic & policy context. Analyses trends in diseases, lifestyles & system performance, disaggregated to assess equity. Ideally includes consultation on population's & provider's expectations.
Timing	Past year review: soon after year end, once health information system & financial data is available. Forward looking review: when workplan & budget are ready.	After several years of effective implementation (may be instead of the JAR).	After last year of the plan (in place of a JAR).	Before development of new strategic plan. System review aspects can be included in TOR for the MTR.
Expected output	Government &/or independent annual performance report. Signed aide memoire or other agreement on actions to follow up JAR findings.	MTR report. Agreement on follow up as for JAR.	Final assessment or evaluation of outcomes, impact & lessons from the strategic plan.	Analytical reports & materials for consultation.
Participation	Government, DP, civil society & other stakeholders. Often has an independent review.	As for JAR. Usually includes an independent review element.	As for JAR.	Government led, with participation by civil society & other stakeholders.

In practice, many countries experience slippage in their plan cycle, often because of delays in completion and approval of the strategic plan; delays or shortfalls in release of government budgets; delays in getting external funding approved and released; and time taken to start up new activities. There needs to be some flexibility in the timing and roles of reviews to allow for this reality and be efficient in the number and scale of reviews.

Countries have different names for these reviews and may not follow this standard pattern in practice given the need to fit in with the national planning and review requirements.[3] For example, in Vietnam JARs are broad in scope and there is not a more intensive review at mid-term; while the fifth year JAR is used as the analytical basis to prepare the next five year plan.

3. What are the objectives of JARs?

The broad purpose of JARs is to ensure that all stakeholders develop a shared understanding of progress in the sector and identify the highest priority issues that need to be addressed to improve performance. This should ensure that sector policy dialogue is based on a common frame of reference.

Within this broad purpose, countries and partners can define specific objectives of the JAR. Usually countries have multiple objectives in practice, a combination of strengthening accountability, identifying how to improve performance and reducing transaction costs. The objectives can change over time as the approach to performance review and partnership working evolves. Possible specific objectives include:

- **Accountability of government for delivery against plans**, allocation and release of budgets for health and fiduciary performance[4] in the last year. This can include
  - » Accountability to DPs who have provided funding. For basket and sector or general budget support funders, the JAR may be the principal opportunity for dialogue on performance, budgets and plans[5]. In cases where there is results based funding, the JAR findings may affect the amount of funding provided[6].
  - » Accountability within Government, by Ministry of Health (MOH) to broader government and Ministry of Finance (MOF); by MOF for delivery of the budget; and between central and local governments.
  - » Accountability to domestic audiences, including through civil society to the community.
- **Accountability of DPs for their commitments to effective development cooperation** including reporting on indicators and behaviours set out in the compact or memorandum of understanding with MOH; and demonstrating how any project support is aligned with the national strategy.

3 Names include Joint Annual Health Review (Vietnam); Annual Review Meeting (Ethiopia); Annual Programme Review (Bangladesh); Joint Annual Performance Review (Cambodia); or simply Annual Review (Revue Annuelle, DR Congo).

4 Review of fiduciary performance may include: budget execution rate, clearance of audit issues, procurement execution rate, and number of complaints related to procurement.

5 Compared to DPs that fund projects, who have various mechanisms to discuss priorities, review budgets and performance.

6 For example, in the Solomon Islands, the Joint Annual Performance Review in 2014 included an Independent Performance Review that was required to assess the health ministry's performance against the criteria for performance related payments. This approach also applied in Bangladesh at one stage.

- **Accountability of DPs and other implementing partners** including Non-Government Organizations (NGO), (semi)autonomous agencies and the private sector to national stakeholders for delivering against their commitments and work-plans in terms of funds, advice, supplies or services.
- **To develop consensus on barriers to progress** in specific areas and achieving results in the short term, and identify critical follow up actions to ensure the current plan is implemented.
- **Analysis of progress and trends** as the basis to revise current strategic plan targets and as a situation analysis for the next strategic health plan (often the role of an MTR – see Ethiopia example in annex 1).
- **Reduce transaction costs and duplication of efforts** by having a shared and streamlined review process rather than partners having their own separate reviews.
- **To review the priorities, work-plan and budget for the following year** and/or get DPs to make pledges of funding that can be used in developing the next work-plan and budget[7].
- **To have a neutral and independent review of performance** and analysis of barriers to progress in the sector, for example where there is interest in having an international perspective on certain issues or limited analytical capacity in Government.

The choice of objectives will affect the design of the review. For example:

- If it is intended to strengthen mutual accountability to and from DPs, then DP's performance (e.g. on the commitments in the compact) will need to be assessed and discussed as well as performance of the Government and non-Government implementers.
- If the focus is on enhanced accountability of sub-national levels for increasing coverage in line with the plan, and incentivising them to do better through comparisons with their peers, then the JAR will need to look at results disaggregated by sub-national levels and give them the opportunity to explain their performance.
- If the objective is to review and agree next year's workplan and budget, then the JAR needs to take place at the time of year when the draft of the new workplan and budget are ready.

4. What are the options for the JAR process?

JARs are different in different countries and they evolve over time to suit the needs of the country and its partners. The JAR Experience Review argued that this is appropriate and a strength of JARs; a standardised approach is not desirable.

That said, broadly the main elements to JARs which look at past performance are (Figure 1):

- **Planning** for the JAR (see section 5 below).
- **An analytical review of performance**, that looks at progress on the agreed indicators, achievements against the workplan and barriers to progress on specific topics.
- **A meeting or a series of meetings** (e.g. at regional and national levels), to review and discuss performance and issues raised in the analytical review, involving a range of stakeholders.

7 For example, in Niger, the JAR is combined with a comprehensive financial planning exercise, which reviews the MOH's draft budgeted annual plan, and DPs are required to confirm their funding allocation (for past and next years).

- **Using the JAR** to influence implementation at national and sub-national levels - with mechanisms for dialogue to agree on the actions required and for monitoring whether the agreed actions are being implemented.

For the analytical review stage, the main approaches are:

- Commissioning **an independent review** to analyse progress and make recommendations.
- Assigning an **internal (i.e. not independent) review team** to conduct the analytical review, with members from MOH, key NGOs involved in the sector and academics in public health.
- **The MOH prepares an annual health sector report** or a series of performance reports[8], which are critically assessed and validated by a participative JAR process involving various partners including DP staff and CSOs, often including a series of field visits by partners.

In practice a combination of these approaches can be used, as discussed further below.

The **scope of JARs** varies although all include progress against annual work-plans. Some also select themes for review in a particular year and have found that this helps to make the reviews interesting and more useful than a standard exercise each year. For example, Vietnam focussed in depth on health financing one year, human resources the next year, medical service quality in 2012 and universal health coverage in the 2013 JAR.

The JAR can become an integral part of monitoring and performance management of the sector[9], even if it started out as a response to agreements on aid effectiveness with DPs. In some cases the JAR process has developed to incorporate reviews of performance of **the decentralised levels of the health system**, providing a mechanism to hold regional levels to account and for them to challenge the national view of the sector. For example, there can be annual review meetings in each province or region that assess progress of individual districts, as in Ghana (see box below). The national level JAR meeting can include comparative data on performance by sub-national unit (for example, district league tables and hospital performance measures in Uganda) and regional or district staff can attend the national JAR meeting. The JAR can also cover (semi) autonomous health sector agencies (as in Ghana, see box).

8 For example, in Nepal the Joint Financing Arrangement specifies that, at least 2 weeks before the JAR meeting, reports will be provided on progress on a) indicators in the results framework; b) the Governance and Accountability Plan; c) financial management performance; d) procurement; e) technical assistance and studies; f) partnership and harmonisation; g) lessons learned and obstacles in implementation; and h) recommendations for the next workplan. While this was challenging initially, it has become more routine.

9 This is not the case in Nepal, where the JAR is separate from the government's annual health sector review process, which includes district reviews and reports, regional health review meetings and a national review meeting. The 2013 MTR suggested these processes were too distinct and missed opportunities for learning.

The Annual Health Sector Review process in Ghana

- Part of the annual M&E process led by MOH to look at performance on last year's plan.
- Self-assessment and half-yearly and annual performance reviews at district level (with participation of sub-districts and private-not-for-profit providers), regional level and national level of the health service.
- Performance review organized by MOH for all agencies, including the Ghana Health Service, National Health Insurance Fund, Blood Transfusion Services, Ambulance Services and Christian Health Association of Ghana.
- Performance hearings for DPs provide a mechanism for donor accountability; in the past this included a structured questionnaire on DP performance on aid effectiveness commitments.
- A sector review is conducted; this was done by a fully independent, partly international team until 2010/11, when it was decided that independent reviews were not required every year-.
- A 'Holistic assessment' tool is used to review performance on key indicators across the sector; identify regional performance including the best performers and those requiring attention; review performance against planned activities and by agencies; and follow up agreed actions from the previous JAR (see 2012 report at moh-ghana.org 2012 Holistic Assessment Report)
- The 'Health Summit' meeting reviews findings of the assessment, with wide participation (280 participants on the first day in 2011, including 30 from the media). The Summit lasts 2 days, followed by a 1 day 'business meeting' between MOH, its agencies and DPs to agree on follow up.
- An aide memoire is developed and signed by senior representatives of Government and DPs by the end of the week (see 2014 AM moh-ghana.org AideMemoire 2014).

JARs aim to include a wide range of stakeholders – often including non-state providers (for profit and not for profit), civil society organisations (CSO), members of parliament, academics and the media, as well as DPs, and Government staff from national and sub-national levels. This can add up to a large number of stakeholders, especially in large countries. Some countries manage this by having a **Health Assembly or Summit** where a very wide range of stakeholders is invited, including from decentralised levels (for example, Ghana, Mozambique and Uganda). These are not necessarily held every year. These countries usually also have a smaller review and policy dialogue meeting with core partners following the Summit (as in Ghana and Tanzania).

The Joint Review process in Kyrgyzstan

- Two Health Summit meetings are held per year, each 5 days long. The spring meeting reviews progress on the previous year's plan and compliance with agreed budget allocations, while the autumn meeting discusses the next year's plan and budget.
- For some years, a national health policy consultancy was contracted to provide analysis of agreed monitoring indicators in preparation for the reviews.
- Budget commitments are discussed in the JAR, involving the Ministry of Finance.
- Development partners and Government attend the review meetings; since 2012, civil society has also been invited to the summits.
- Meetings involve intensive discussions on technical issues as well as budget, fiduciary and management matters.

5. Getting started: main steps in planning for a JAR

The process will need to be tailored to context and use existing structures where possible. Steps are likely to include:

Step 1: Decide on objectives of the joint review

In consultation with stakeholders (e.g. in the main health sector partnership forum) the MOH should identify specific objectives for the JAR (see options above), based on the current context. The choice will depend on what other mechanisms are in place (e.g. for reviewing district performance) and the way JAR results will be used. Once the objectives of the JAR are agreed, then there needs to be a discussion on the scope and themes for the JAR each year. In most countries there are annual terms of reference (TOR) for the JAR, developed by the MOH Planning or M&E Unit in consultation with partners. Sometimes the partnership forum or JAR steering committee develops the TOR.

Step 2: Decide on the process, frequency and timing

It may be useful to set up a small steering group to plan the JAR in detail. Technical working groups may be given responsibility for specific thematic aspects of the JAR (as in Uganda and Bangladesh).

The frequency, duration and timing of the JAR will need to reflect the objectives, including whether the JAR is a review of past performance or forward looking (review of next year's plan and budgets) and on the availability of data and reports. The timing should fit into the annual planning cycle. If the JAR is to address both past performance and the next year's plan, then there may need to be meetings twice a year (as in Kyrgyzstan); if the focus is on accountability and identifying barriers to progress then once per year (or less frequently) may be sufficient.

The timing needs to allow time for collection and analysis of performance and financial data. The JAR Experience Review found that the process, including preparation of the annual performance report and the independent review report (if this is carried out), takes on average 10-12 weeks, even though the JAR meeting itself only lasts from 1 to 5 days.

Step 3: Decide whether to use an independent team; identify and select the team

One decision is whether to commission an **independent** review team rather than a team that includes staff of implementing agencies including the MOH. There may be a case for an independent review, for example where there are concerns about Government's capacity to produce a strong analytical review, difference of views on the state of progress or lack of trust in certain areas. See section 7b below for discussion on the advantages and risks.

The decision can be tailored to current needs, for example to have independent review every 2 years and lighter JARs the alternate years; to commission an independent review focusing on a sub-sector issue; or to have a mixed team of some implementers and some people independent of implementation with the aim to build analytic capacity as well as to review performance.

Another decision is whether to include some **international** team members in the team. Independent review teams often include international experts in the early years; as analytical capacity and experience of reviews is built up, it should become feasible to conduct an analytical review without international technical support. Having a national team member working alongside each international is one approach for helping to build analytical skills; for this to be effective, it requires the nationals to be available and released from other duties for the period of the review.

Preparation for an independent (or internal) review team includes developing the team's TOR and agreeing the selection process[10]. It is important to avoid setting TORs that are too extensive and to give clear guidance on the length of the report and need to identify high priority recommendations. Without this reports can end up very lengthy, with too many recommendations.

The size and skill mix of the team will depend on current issues and whether there are specific themes under review. The JAR Experience Review found a range in team size from 4 to 17 people. Skills typically include public health, health systems, financing and topical issues, such as maternal and child health or gender. It may also have specialists in systems issues such as financial management, human resources and procurement.

DPs are usually willing to fund consultants or provide staff for such reviews. In some countries partners suggest consultants for the different skills needed, and a joint decision is made on which consultants to contract/invite. The contracting and reporting arrangements will need to be agreed, including whether to contract a team from one organisation (with a tender process) or to draw in individual consultants, staff from agencies and e.g. universities. DPs can contract individuals or there may be a shared mechanism (such as a pooled fund for technical assitance).

Step 4: Detailed planning for the JAR process

The process needs to start with collection of data on activities, outcomes and expenditures for the analytic review and production of reports, as the annual sector performance report or independent review need to be ready before the JAR meeting. It may be appropriate to commission surveys, for example of patient satisfaction or facility assessments, in time for the JAR. Data quality assessments, operational research studies or analysis on specific topics and programme reviews can all be timed to inform the JAR. It may be useful to get technical support for analysing results and preparing the annual performance report (APR), if needed.

Field visits may be planned, for the independent review team and/or a mix of partners. These will need preparation including clear specification of the purpose and scope of the visits.

10 The selection process could be: asking partners to suggest suitable consultants/reviewers, selecting the team leader, and then, if possible, involving the team leader in selecting other team members and planning the review mission. This approach is suggested by Chabot, based on his experience of annual and mid-term reviews in *Mid Term Reviews of four sector programmes: experiences and lessons learned from Bangladesh, Ethiopia, Rwanda and Zambia.* (2009, unpublished).

The JAR meeting itself requires considerable planning. Key issues include the timing (when will the analytical reports or new work plans and budgets be ready?); who should chair the event (the minister of health?); and how to organize the event to allow for substantive discussions and not just a series of presentations. Approaches can include: making sure the agenda focuses on strategic level rather than individual projects; not having too many topics in the agenda so there is time for stakeholders to discuss findings and ways forward; and using small group work, panel discussions and market place sessions in parallel as well as plenary discussions. The option of a separate, more exclusive meeting for certain partners to agree on actions following the JAR is discussed further below. Arrangements for rapporteuring and for publicising the meeting and its findings will also need to be considered.

Step 5: Ensure engagement of a wide range of stakeholders

There is need to ensure engagement of a range of partners including from decentralised levels, autonomous bodies and agencies, elected bodies (e.g. parliament), civil society, media, private and NGO providers, and professional groups. One approach is to hold regional/provincial level reviews, which involve district authorities, NGO partners, private sector providers, CSOs and DPs active in that region. This enables more stakeholders to be involved in the review.

Step 6: Decide on outputs and follow up mechanisms

The output from a JAR will depend to some extent on the objectives. Typically there is a report presented at the JAR meeting setting out findings of the analytical review and progress on the sector indicators, which may be the Ministry of Health's Annual Performance Report (APR) and/or the report from an independent review. This report is usually published.

At the end of the JAR there is often a summary of the key issues identified at the JAR meeting and proposed actions for follow up, with an action plan. In some cases this is in the form of an aide memoire signed by senior representatives of the partners, as a way to ensure their commitment to the JAR meeting recommendations. See for example, the Aide Memoire for the third JAR for Nepal's Health Sector Program 2010-2015 at http://www.nhssp.org.np/jar/Aide_Memoire_JAR2014_signed.pdf

It is also important to identify the mechanism for following up the JAR. The JAR Experience Review recommended that responsibility should be assigned to an existing, high level sector body for following up implementation of agreed actions (the actions will be allocated to the MOH and its agencies, DPs and others to implement). For example, in Uganda the multi-partner Health Policy Advisory Committee (HPAC) is formally responsible for following up implementation of JAR recommendations. Leaving it until the next JAR to follow up the proposed actions is insufficient.

6. How are findings of the JAR used/followed up?

A key purpose of JARs is to provide a basis for effective policy dialogue. The JAR Experience Review found that respondents from all countries felt that JARs have contributed to policy dialogue. They do this partly by providing a common understanding of progress and critical constraints facing the sector. They can also provide opportunities for policy dialogue during the JAR or subsequently. The process needs to be conducive for productive policy dialogue, for example, allowing enough time for dialogue, in a setting where discussions can go into some depth; and allowing time to consult on findings of the JAR.

The policy dialogue typically identifies actions for follow up. One lesson is to avoid having too many recommendations from the JAR and too extensive an action plan, which is not achievable and leads to disappointment. Another lesson is that recommendations from the JAR meeting should be SMART – Specific, Measurable, Achievable, Relevant and Time-bound.

The table below suggests how the process and follow up of the JAR can be related to its objectives. The process for policy dialogue is discussed further in section 7.

Objective	Process	Follow up
Accountability for last year's performance to domestic stakeholders and DPs.	• Present health system performance against targets; public and private sectors; at national and sub-national levels. • Use national APR with verification, or independent team. • Involve wide range of stakeholders.	• Continue policy dialogue based on JAR findings. • Publicise achievements and comparative results e.g. across sub-national levels. • DPs may use findings to decide on health sector allocations.
To identify blockages in implementing work plans and how to address them	• Analyse causes of uneven or low performance and propose solutions. • Input from decentralised levels to identify issues and explain constraints.	• Aide memoire and agreed action plan on follow up. • Disseminate changes in strategy or targets to regions and agencies.
Accountability of international DPs to country stakeholders	• Include aid effectiveness indicators in APR and JAR (e.g. data on donor commitments and actual spending, compact indicators). • Ask DPs to explain their performance.	• DP group to apply peer pressure.
Reduce transaction costs from multiple separate reviews	• Push DPs to join JAR and rely on shared performance report. • Where programme reviews are needed, feed their findings into JARs, or have as thematic focus of JAR. • Build evaluations and verification into one streamlined M&E plan.	• Monitor how well process meets DP needs and apply pressure to use shared processes and instruments (e.g. single facility survey and one joint data verification or quality assessment exercise).

7. What are the trade-offs and challenges to address in planning a JAR?

This section looks at the pros and cons of different options and how to address some of the issues that have arisen in JARs. Issues addressed are:

a. Scope of the JAR: whether to focus on specific topics.

b. The JAR process: whether to have an independent review prior to the JAR meeting.

c. The JAR process: ensuring data will be available to report on progress and performance.

d. Participation in the JAR: balancing inclusiveness with the potential for real dialogue; how to enable meaningful engagement with civil society and political representatives in the JAR.

e. Mutual accountability: holding DPs to account for resources, supplies or services they have promised and for meeting effective development cooperation commitments.

f. Managing demand for other reviews and project reporting in addition to the sector JAR.

g. Using the JAR: ensuring JAR findings are used in sector policy dialogue.

h. Using the JAR to influence implementers at decentralised levels: getting JAR findings and recommendations fed back into sub-national level plans.

7a. Whether to have thematic focus in JARs

JARs usually review progress on the core sector indicators and main areas of the health strategy in their basic role of monitoring performance against the annual plan. Many countries have found it useful to go beyond this basic monitoring to identify topics that are important for implementation of the strategy and include these as thematic topics for each JAR (as in Vietnam, described above). The advantage of having thematic topics is that it makes the JARs more interesting and allows a focus on areas requiring attention. Without this kind of focus, there is a risk that JARs can become rather repetitive, and there is inadequate time to look at key issues in enough depth.

A useful approach is to have a combined approach, where progress is assessed on all the core indicators and across the sector, plus looking in detail at selected topics. Countries may want to start relatively simply, by looking at performance on the core sector indicators, and move onto more elaborate reviews as experience develops.

This raises the question of how many topics to review. Typically countries select one or two topics for review each year. Bangladesh has tended to include more topics each year than other countries. For example, the Annual Programme Review in 2012 included reviews of eight thematic areas, with an independent review team (of one national and one international reviewer) who each produced a thematic report. This becomes a major and costly exercise and can make it difficult to absorb the

findings and recommendations. A mechanism used in Bangladesh to help disseminate the findings and build consensus on the recommendations was to ask technical working groups in each thematic area to review the thematic review findings. This approach of engaging technical groups was also applied in Vietnam (see annex 1).

7b. Whether to have an independent review before the joint review meeting

The table below highlights some of the pros and cons between an independent review team and an internal team that is not independent of implementing the strategy (typically involving staff from MOH and service delivery NGOs):

Independent Team	Internal Team
Advantages	
• Provides an independent view on progress, with 'fresh eyes', especially useful if there is controversy about results. • Can give confidence that specific issues have been assessed with the right expertise, and could reduce need for separate missions. • Provides additional capacity and skills, especially where there is limited capacity to produce an analytical report on performance. • Potentially more able to bring up sensitive issues. • Can include a range of stakeholders from national institutions, such as universities and civil society. • Can be designed to build capacity of national consultants, academics and MOH staff to conduct this type of analysis.	• Team has in depth understanding of national and sector context and factors affecting performance. • Team is likely to be involved in implementing recommendations, will have greater ownership and understanding. • Team understands political economy of the institutions involved in delivering the strategy and can assess where change is possible. • Can include a range of stakeholders from national institutions, such as universities and civil society. • Possible to build capacity within the team if appropriate skills are brought in and capacity building is planned.
Risks	
• Costs of a good quality team and time required to identify and contract them (particularly international consultants). • Findings depend on the team chosen and their understanding of the context (particularly for international reviewers who are unfamiliar with the context).	• It can be challenging to be very objective especially in cases of poor performance.

Some of the drawbacks can be mitigated, e.g. by choosing the team with capacity building in mind and with some continuity over time; and by judicious use of international experts paired with national staff or consultants in either type of team. It may also be useful to start with independent reviews and plan to move over time to a non-independent review as analytical capacity, availability of data, experience and trust develops.

7c. Whether data will be available to report on progress and performance

In some cases there is no data available to assess progress on various indicators or aspects of the strategy, when it comes to the JAR. Typical gaps include baselines missing, only partial data (e.g. some sub-national levels, organizations, institutions, facilities and partners not responding), financial statements not ready, or surveys have not been analysed in time. This is common at the start of the plan period and tends to improve as data systems are improved in response to the gaps, (although some indicators will not be collected annually). The risk is that parallel systems will be introduced to supplement and verify data from routine sources. These issues need to be addressed in developing the M&E plan and when planning the JAR.

7d. Balancing inclusiveness with the potential for real dialogue

A key element of the JAR is that it is joint – involving both domestic and international partners in the review and enabling them to contribute to the debate. The challenge this brings is who to involve and how to ensure they can participate meaningfully, rather than just listening to a set of presentations. In particular it can often be challenging to identifying who should be invited to represent the private sector and civil society where these are large, diverse and lack existing coordination mechanisms such as umbrella organisations.

Some of the approaches that have been tried to balance inclusiveness and dialogue are commented on in the table below. These are not mutually exclusive options, and in fact are often combined. Countries can use different approaches over time, as their system evolves. Their choice of approaches will also depend in part on the country size and extent of decentralization or federalism.

Element	Comments, pros and cons
Encourage and make space for domestic stakeholders (including civil society and the private sector) to participate actively and meaningfully in reviews and develop their capacity to do so.	• Clarify roles for CSOs, private sector providers and parliamentarians in the JAR process. • For example: include them in the steering group for the JAR; specify their roles in the JAR terms of reference; involve them in the review team (or in the choice of review team where used); ensure participation in technical working groups; and build time in the agenda for their inputs during JAR meetings. • Guidance may be required on how to participate in the JAR, for civil society, members of parliament, private sector and other stakeholders (suggested in the JAR Experience Review).
Provide opportunities for CSO, NGO and provider representatives to consult their constituencies	• Includes making sure there is enough time for umbrella groups to link with their constituency members/organisations and that materials are in appropriate language, so they can discuss performance reports before the JAR meeting.
Very inclusive 'Health Summit' or 'National Health Assembly'	• Opportunity to invite and inform a wide range of stakeholders, as part of domestic accountability. • Can use parallel sessions to enable smaller group interactions. • Costly and time consuming to arrange (can be mitigated by holding the Summit alternate years, as in Uganda).

A more technical joint review meeting with DPs and selected other domestic sector players	• A smaller group with greater technical and sector knowledge allows more in depth discussion and exploration of sensitive and technical issues, as part of holding partners to account. • Can include negotiation on subsequent workplan and budget. • Less transparent than a more inclusive session.
Reviews of performance and consultation at sub-national levels as well as national level, involving local partners, using appropriate language	• Opportunity to hold sub-national providers to account and identify constraints facing these levels (e.g. regional and district hearings in Ghana). • Can generate competition between districts which can help stimulate performance (e.g. district and hospital league tables in Uganda). • Scope to link to other accountability processes such as reporting to decentralised or state governments. • Widens scope for participation by CSOs and non-Government providers, especially those active at regional and local levels.

7e. Holding DPs to account for resources, supplies or services they have promised and on their commitments to effective partnership behaviour

Mutual accountability includes both DPs and Government being accountable for their commitments. Here the focus is on accountability of DPs to stakeholders in country. The JAR Experience Review found that few JARs were used explicitly to hold DPs to account. Yet some country compacts explicitly say JARs will be used to monitor development cooperation behaviours. Nor were other players beyond the Government and its agencies, such as implementing agencies contracted by DPs, held accountable through the JAR process.

Approaches used for holding DPs to account include:

- Including aid effectiveness measures or indicators from the country compact in the core indicators of sector performance monitored in the JAR (as in Mozambique);
- Requiring DPs to participate in self-assessments and 'performance hearings' as in Ghana;
- Including a qualitative assessment of the ministry's and DPs' behaviour compared to the agreed code of conduct or compact in the independent review team's TOR (as in the Solomon Islands);
- Presenting data on DP funding commitments compared with their actual expenditure in annual health sector performance reports (e.g. by Ethiopia and Uganda);
- Encouraging DPs to participate in IHP+ monitoring exercises.

Government and CSOs can use the results from monitoring of effective cooperation, including IHP+ monitoring exercises organized globally, to discuss with DPs their performance on development cooperation. This can be built into the JAR or a separate review.

Mutual accountability remains a challenge: the political reality of the DP role and their upwards accountability to their own governments or Boards makes it hard for countries to hold DPs to account. Even in Ghana which has the most structured approach, the JAR Experience Review notes "*DPs confirm that this modality carries some moral power but that there are no 'sticks' to be applied when not respecting their commitments.*" It is one reason for the IHP+ and its efforts to bring pressure to bear at global level on these issues. Effective leadership of the government and the MOH are also very important in this area.

7f. Managing demand for other reviews and project reporting in addition to the sector JAR

One of the disappointing findings of the JAR Experience Review was that the JAR has not substantially reduced transaction costs in terms of DPs continuing to require parallel reviews and programme or project reports, and having bilateral negotiations with Government. Only two of the nine countries in the study reported some decline in the number of parallel reviews.

Thematic or programme reviews do have a place: they allow for more detailed analysis of progress and identify how to resolve performance issues and enhance impact. They may also be a requirement of funding partners. The key is to ensure systematic linkages between the health sector reviews and programme reviews. They should be planned as part of one M&E plan and aim to minimise duplication of efforts. The WHO/IHP+ guidance on M&E of national health strategies advises that programme specific reviews and sector reviews should use common data sources, with programme reviews conducted before the sector review, so that the findings can inform the JAR.

Conducting multiple reviews that cover similar topics or projects not only creates a burden in terms of transaction costs, it represents a real loss of learning to the health system. The following example (from Martinez, 2013[11]) is perhaps extreme: "*In Bangladesh there are at least four large innovative projects supporting maternal and child health interventions. These projects combine different operational strategies, are funded by different health donors and are reviewed annually. Thus they generate a considerable amount of valuable information on a yearly basis, yet evidence from these projects has never been jointly or systematically appraised by health partners in annual or sector reviews or through a separate policy dialogue process.*"

With the current focus on demonstrating results, results based funding and in some cases, pressure for attribution from DPs, there is continuing demand for project reporting, and for project-specific surveys and validation studies to quality assure reported figures. Resisting the pressure for fragmentation of reporting and QA needs leadership from governments to insist on using common data sources and coordinated efforts to improve and assure data quality. It also requires greater self-discipline from the DPs as well as firm peer pressure in country and global level partnership fora to reduce the demands for separate reviews. A global initiative to rationalise reporting requirements has led to agreement on a limited number of core indicators for global reporting of health results[12]. There was also agreement that partners should support strengthening of a single national information and accountability platform. If implemented, this could help to reduce the burden of multiple reporting and review mechanisms.

11 Martinez et al: Do health sector reviews deliver results? Lessons from two Asian countries. HLSP Institute, June 2013.

12 Global Reference List of Core Indicators for Results Monitoring in health and good behaviours statement http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/One_M_E_Platform/Outcome_statement_Indicators_and_Reporting.pdf

7g. Ensuring JAR findings are used in sector policy dialogue

There are pros and cons to building a session for policy dialogue into the JAR meeting agenda. Experience suggests it can be too rushed, for example half a day at the end of a large and participative JAR meeting, as in Bangladesh, was viewed by various participants as insufficient for good quality dialogue. In Kyrgyzstan the two 5 day review meetings each year includes and allows plenty of time for policy dialogue. In Tanzania in 2013 there was a two day, inclusive Technical Review meeting and then, two weeks later, a one day Policy Meeting with a restricted group of partners.

It is important to ensure sufficient high level commitment to the recommendations of the JAR, not only from MOH and its partners but also from MOF and national planning commission where there are budget implications. This necessitates participation at the right level. In addition some countries have found that having the Aide Memoire signed by the minister or Permanent Secretary and local heads of agencies contributes to ensuring the agreements have political backing.

The table below summarises possible approaches, which can be used in combination.

Approach	Comments, pros and cons
Add a session at the end of the JAR meeting for policy dialogue, involving all or selected JAR participants[13]	• Enables participation from different stakeholders who are attending the JAR. • Provides transparency on how JAR findings will be applied. • Risk that the policy dialogue session is too short, with too many people present to have effective dialogue; selection of participants and careful planning can avoid this. • Unless independent review findings and/or APR are circulated well in advance, insufficient time to digest and prepare considered responses and reach consensus.
Discuss JAR findings and agree a joint aide memoire for signature at senior level, at the end of the JAR	• The requirement for senior level signature of the aide memoire ensures their awareness and commitment to agreed follow up. • Pressure to come to agreement in a short timeframe may result in less productive discussion and hasty conclusions. • Some key stakeholders especially CSOs may not be included.
Arrange a separate session after the JAR to discuss findings and policy implications	• Allows more time for a considered and coordinated response on the issues raised in the JAR and how best to tackle them. • Gives opportunity for consultation with different constituencies and partners. • Visiting partners are likely to have left the country.
Address JAR findings in regular policy dialogue fora through the year e.g.in high level sector partnership meetings and in technical working groups	• Builds on existing structures and allows for ongoing policy dialogue rather than a one-off opportunity. • Risk that findings and discussions stay at middle and technical level and do not engage top level policy makers that would enable their buy-in to agreements reached • The same fora can take responsibility for monitoring follow up to actions agreed at the JAR. • Value depends on the quality of policy dialogue in these meetings.

13 In Ghana all DPs and other partners were allowed one representative each that could speak (additional staff could participate as observers) in order to have efficient dialogue.

7h. Getting JAR findings and actions into operational plans, especially sub-national plans.

In addition for providing a channel for accountability for the last year, JARs are intended to identify where there are barriers to progress or gaps that need to be addressed in order to meet targets and achieve impact. During or soon after the JAR meeting, it is important to identify a manageable set of actions, and specify them clearly including identifying who will do what and when. These should ideally be built into the annual workplan or operational plan of relevant departments, agencies and decentralised services.

This requires a clear process for feeding back the relevant actions to the organisations involved. In particular, there is need to communicate key actions to sub-national levels, so that they are understood and incorporated in their next workplan. This has been a challenge in practice, identified in the JAR Experience Review. The possibilities will depend on the country systems for planning and support at sub-national levels, for example:

- Getting the timing right so the JAR timing fits into the national planning process.
- Including JAR follow up actions in the district planning guidelines for the next operational plan and checking that relevant actions are built into plans when they are submitted.
- Adding the follow up measures to the agenda for supervision and quality assurance visits.
- Including a specific feedback session on the JAR findings at regular meetings of public sector and non-Government providers at national and sub-national levels.

Conclusion

JARs can add value by providing a mechanism for analysing and building technical and political consensus on how to tackle important issues facing the sector, and as a tool for accountability to domestic and external audiences. The approach needs to be tailored to national conditions and should evolve over time. Where there are many DPs, the JAR has the potential to provide a mechanism to increase consensus and reduce transaction costs; this requires DPs to use the JAR and minimise their requirements for separate reporting and reviews. In countries where the number of DPs is declining, domestic participation and accountability channels are developing and national capacity for sector analysis has increased, it may be appropriate for the JAR process to adapt and eventually be replaced by (or become part of) other national reporting processes.

Annex 1: Examples of review objectives and process

1. Ethiopia's Mid Term Review (MTR) objectives and process

Timed in third year of the 5 year Health Sector Development Program IV (HSDP IV), the MTR's **general objective** was stated as**:** To measure and document the extent to which the targets set for the HSDP IV are achieved or on track, assess constraints and/or challenges encountered and solutions provided, draw best lessons learned and experiences gained, and forward recommendations to improve future governance, management and implementation of activities to attain the HSDP goals.

Specific objectives were set out in the MTR terms of reference for consultants**:**

1. Assess the progress made in achieving all the targets set in HSDP IV with geographic and income breakdowns
2. Show the trend in the performance for key MNCH indicators from HSDP I to HSDP IV
3. Document the major challenges (policy, strategy, institutional input and other implementation constraints) that these priority areas are facing
4. Provide feasible and actionable recommendations to improve performance within the HSDP IV period
5. Provide recommendations for the new interventions that need attention and formulation of post HSDP IV period for issues that require long term implementation.
6. Document best practices areas to replicate across the nation.
7. Assess the governance and leadership structure of the Health Sector
8. Assess the progress of Health Care Financing Reform

The MTR included a four week work programme for the core team in country, following inception and planning phase. This included two weeks to visit all regions. The cycle from developing the TORs to producing the draft report took 6 months.

Source: Ethiopia MTR report, 2013

2. Vietnam Joint Annual Health Review 2013: objectives and process

The stated objective of the JAHR was "*a situation assessment and determination of priority issues of the health sector, in order to support annual planning of the Ministry of Health, and at the same time to serve as the basis for choosing focal issues for cooperation and dialogue between the Vietnamese health sector and international partners.*" Specific goals of the JAHR include:

1. *"an update on the health sector situation, including new policies, assessment of progress in implementation of tasks and achievement of health sector targets laid out in the health sector plans, and progress implementing MDGs and*
2. *in-depth analysis and evaluation of one aspect of the health system, or one important topic that is the focus of policy-maker attention."*

The team leader was from MOH Planning and Finance Department with a core team of 5 people and some 12 national consultants engaged to write individual chapters of the JAHR report. The JAHR took place under guidance of MOH and Health Partnership Group.

The methodology involved analysis of reports and data on each topic, followed by drafting of chapters of the review, consultation and quality assurance on the draft chapters. This included round table consultations with experts on each chapter, sending draft chapters to two to three independent reviewers for comments; structured discussions in technical workshops; sending drafts to DPs, other stakeholders and relevant ministries: and putting the draft review report on the website for comments.

Sources: Vietnam JAHR report 2013 and Dr Long (personal communication). www.jahr.org.vn

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