

# Joint assessment of national health strategies and plans: a review of recent experience<sup>1</sup>

## 1. What is Joint assessment of national health strategies and plans (JANS) and how has it been applied?

### 1.1 What is JANS?

This paper is a background paper for the discussion on the Joint Assessment of National health Strategies and plans (JANS) at the International Health Partnership and related initiatives (IHP+) Country meeting in December 2010. It summarises experience to date with applying the JANS in five countries during 2010.

The IHP+ aims to mobilise international support around a single national health strategy, harmonise donor funding and improve the way that international and national partners work together to develop and implement national health plans.

The JANS approach is a central element of the IHP+ approach. The JANS involves a shared assessment of national health strategies/plans, with the intention that:

- a) the joint assessment will help to improve the quality of the national health plan or strategy, through providing a comprehensive review of the health strategy and its relevance and feasibility in the country context.
- b) The JANS will improve confidence in the national health strategy which will encourage funding agencies to align with and fund the national strategy. As a result, transaction costs will be reduced for country governments of dealing with multiple partners' assessments, projects and funding streams.

The JANS assesses the quality, relevance and feasibility of the draft national health plan and related documents – it is not a review of the health sector. It is intended to inform decisions about funding by different partners – it is not a pass/fail grading that determines whether or not the plan will be funded.

The IHP+ has agreed principles for the JANS, based on work of an IHP+ inter-agency group and country consultations that took place in 2009. The principles are:

- it should be country demand driven and country led
- it should build on existing country processes and experience
- it should have a strong independent element in the assessment team
- it should be inclusive, involving civil society and other stakeholders.

The inter-agency working group also developed tools for the JANS – a Joint Assessment Tool that sets out the attributes and characteristics one would expect in a sound and feasible health strategy or plan, and Joint Assessment Guidelines for applying the tool. These can be accessed at JANS tools link.

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<sup>1</sup> This paper has been prepared for the IHP+ Country Health Sector Teams Meeting by Veronica Walford, with inputs from a range of MOH and development agency staff. The objective has been to document some recent experience of conducting joint assessments of national strategies and plans and draw some preliminary lessons learned. It is hoped that it will help the participants have a fruitful discussion on this topic. It is a working document, which may be revised following the meeting.

The process and timing of the JANS is decided by the Ministry of Health with other partners at country level, usually following discussion with the IHP+ core team. This paper summarises experience in five countries that have carried out a joint assessment of their draft national health strategy or strategic plan: Nepal, Uganda, Ethiopia, Vietnam and Ghana (in order of the timing of their assessments). These cases share the features that:

- the assessments looked at the draft national health strategic plan and associated documents;
- the planning and set up of the JANS were supported by the IHP+ core team;
- there was a formal exercise to gather lessons and experience in each case.

## 1.2 Description of the JANS in the five cases

Annex 1 summarises the purpose of the JANS and the process followed in the five countries during 2010. Common features of the purpose and process included:

- all were hoping for and expecting dual benefits – improvements to the quality of their health plan as well as convincing funding partners to provide sustained support to their health plan.
- All used the JANS tool as the basis for assessment and looked at a range of documents including the draft plan and supporting documents.
- All the joint assessments reviewed drafts of the national health plan, and the Governments concerned have used or plan to use the JANS findings in revising the draft plan, alongside other inputs to plan development.

Each country used the JANS in a way that fitted with their timetable and process for plan development. The assessments varied in:

- the number of stages of assessment;
- How various stakeholders were included; and
- How they handled the need for independent assessment.

Table 1 considers how the principles defined for the JANS were addressed in the cases reviewed, and shows they were met to varying degrees and in varying ways.

**Table 1 How the principles defined by IHP+ were addressed in the JANS cases**

Principle	How applied in the five cases
Country demand driven and country led	In all cases, the Ministry of Health (MOH), in consultation with in-country partners, took the decisions on whether to have a JANS, its format and timing. In all cases except Nepal, a local coordinating group was established under existing partnership structures in each country that was chaired by the MOH and included resident partners and CSOs. This group made the selection decisions for the JANS team and decided on the process.
Build on existing country processes and experience	In Nepal, the JANS was timed to take place during an appraisal mission and contribute to the appraisal process.  In Ethiopia, the JANS tool was used as the format and process for consulting in country partners on the draft plan, and for collecting their feedback. This formalised and deepened the consultation that would have happened.  In Uganda, Ghana and Vietnam, the joint assessment was a separate step in the plan development process, but timed to fit within the country plan development, consultation and approval processes.

Principle	How applied in the five cases
<p>With a strong independent element in the assessment team</p>	<p>'Independent' was defined as people who have not been involved in plan development.</p> <p>All cases involved independent inputs to the JANS on this definition. The independent element included international agency staff based outside the country (Nepal, Uganda, Ethiopia, Ghana), international consultants (Nepal, Uganda, Ghana, Vietnam), and local consultants (Ghana, Vietnam).</p> <p>In Ethiopia it was noted that the first use of the JANS was the first opportunity for partners to engage in development of the plan and they were thus independent at that stage. When there was the second round of review on the next draft, since the local partners had been engaged in the earlier stage, they were less independent (on this definition). This was addressed by inviting externally based partners for a workshop, and holding a workshop for CSOs, which brought in additional independent inputs.</p> <p>In Vietnam, the JANS team were all independent of the plan's development and of development agencies. Two team members came from international and four from national policy and research institutions.</p>
<p>Inclusive, involving civil society and other stakeholders in the health sector (such as government ministries, faith based organisations, professional associations and private providers).</p>	<p>Different approaches were used to stakeholder engagement:</p> <ul style="list-style-type: none"> <li>- in Nepal, it was envisaged that there would be separate reviews by development partners, civil society and Government and then their findings would be shared. Only the development partner review took place in the end, with the findings shared. .</li> <li>- In Uganda, civil society was represented on the group that planned the JANS. The JANS team met representatives of civil society, professional associations, faith based and for profit providers. One member of the external JANS team came from a health CSO with extensive experience of stakeholder engagement processes.</li> <li>- In Ethiopia, civil society was involved in planning the JANS and CSOs were consulted on the plan. A special forum was arranged for civil society to encourage greater participation in the JANS and over 30 CSOs attended.</li> <li>- In Vietnam, an NGO was part of the core group preparing the JANS. The JANS team interviewed a range of stakeholders including MOH, other ministries and provincial health departments. The JANS team recommended that MOH strengthens buy in to the plan by sharing the latest draft plan with provinces and MOH programmes and consulting private sector and professional organisations .</li> <li>- In Ghana, there was a 'support group' to the JANS team that included government staff (central and regional, and from different agencies) and civil society representatives (providers and advocacy organisations) with whom discussions were held. This strengthened the analysis as well as consensus on the findings of the JANS. The JANS team also interviewed a wide range of stakeholders.</li> </ul>

## 2. Was it worthwhile? What difference has it made?

The lesson learning exercises have asked various stakeholders what value the JANS has brought and what difference it has made. Whilst it is early to assess impact, there are some indications:

Government officials and development partners valued the fresh and independent view on the draft plan from the JANS team. The technical content of JANS assessments was seen as valid and useful.

NGOs and international agencies stressed that their support and projects have to be in line with the national plan. Having a strong and credible plan is thus important for them in determining and justifying their support. It is too early to tell whether the JANS has achieved the objective of improving the national plans (as apart from Nepal, there are not yet final versions of the plan available to see whether the plans were strengthened following the JANS findings). However there is a strong expectation from stakeholders in all cases that the JANS has helped or is expected to help improve the quality of the health plan.

In Ethiopia, the civil society umbrella organisations stated, during the JANS workshop, that they would work to support the implementation of the national health plan.

NGO and development agency partners reported that the JANS process provided a useful opportunity to discuss the draft national plan with the government and each other, and contribute to it. In Vietnam and Ethiopia, for example, the JANS helped to enable more stakeholder engagement in developing the new plan than in development of the previous five year plans. The partners saw this as a major improvement to the planning process.

In some cases the JANS has contributed to broadening ownership and engagement across government and other national constituencies, by enabling or encouraging more consultation on the draft plan. It can also increase their confidence in the plan to see that the JANS team is assessing the draft plan in depth, and identifying major issues that require further work by the MOH and partners.

It is too early to see what decisions will be made on financial support from international sources, but there are some encouraging signs:

- International partners said that JANS is increasing their confidence in the national health plan and providing it is followed by strengthening of the plan, this encourages them to provide support more aligned to the plan.
- The World Bank and the EU are committed to using the JANS as basis for their funding decisions. In the case of the World Bank, the JANS will be the basis for its appraisal process. GAVI too is prepared to use the JANS for decisions on health systems funding.
- In Nepal, a Joint Financing Agreement (JFA) has been signed<sup>2</sup> following the JANS, with six leading donors agreeing to support the health sector plan and to use one reporting mechanism and a shared audit (some pool funds, others do not). This will reduce the burden of producing agency-specific reports.
- The Global Fund is proposing to pilot use of the JANS as a basis for funding applications and decisions in 4 countries, under the Health Systems Funding Platform.
- Discussions have started on this in Ethiopia, with a view to using the Health Systems Funding Platform to support the health plan in ways that reduce the transaction costs for the country, by sharing financial management and reporting processes across Global Fund, GAVI, World Bank, and possibly other partners.

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<sup>2</sup> JFA signatories: Government of Nepal, AusAID, Dfid, WB/IDA, GAVI, USAID, UNICEF, UNFPA, WHO

It would be useful to hear from countries whether the JANS, and any resulting increase in confidence in and buy-in to the national plan, are helping to generate more resources for the health plan from domestic sources and more alignment to the plan by non-government stakeholders.

### **3. What made the JANS effective?**

The following have emerged as positive factors in the JANS process so far:

- Having a small, multi-partner team to plan for and oversee the JANS process. Typically this has been a subset of an existing joint committee of government, development partner and civil society representatives.
- Country led decisions on the timing and approach, with the flexibility to shift the timing to fit with when the drafts of the plan are ready for review.
- Using the JANS tool as a developmental process at an early stage of plan development, as well as for review of a near final version of the plan.
- The JANS tool has been welcomed as useful and relevant. There are some suggestions for editing the tool but broadly there is a consensus that it covers the right areas and is helpful.
- Having an international element to the JANS, with strong expertise, helps to build the credibility of the assessment and bring in fresh perspectives.
- Local consultants in the JANS team – from research, public health or private institutions, for example - add knowledge and understanding of local realities, which is particularly useful for assessing the feasibility of the plan.
- It is important to have realistic expectations of what can be included in a strategic plan document. It is not expected that all attributes in the JANS tool will be built into the national health plan document. The JANS therefore needs to assess the relevant additional documents alongside the strategic plan. The scope of the strategic plan will partly depend on the context, e.g. how the system is decentralised and what is required by national planning guidance.
- The JANS tool includes attributes on adequacy of financial management, audit and procurement systems. Whilst these issues are often not explained in detail in health sector plans, most stakeholders agreed that they are relevant issues for assessment. The JANS can draw on existing assessments of these systems and identify whether there are adequate plans in the health sector to address systems issues and whether further assessment of capacity or systems is needed.

### **4. What are common findings and issues in the JANS?**

Common findings and issues include:

- Most of the plans have a substantial situation analysis including identification of problems in the health system and barriers to improving health, but limited analysis and strategies on equity (beyond some geographic differences). In Ghana, the equity focus was assessed as strong.
- The plans typically include strategies to address the barriers and some set out the interventions planned. Further details of interventions and strategies are often set out in strategies and plans on specific topics (e.g. plans for malaria, maternal health, human resources; strengthening procurement) but there is often little reference to these in the strategic plan. It could be useful to refer to the relevant supporting documents.

- The plan is often not specific about what would be prioritised if funding is not available to fund all the strategies. It has been suggested that plans can address this by including low, medium and high funding scenarios and showing what would be funded under each scenario.
- There has been much effort to develop a good selection of indicators, but less work on the plans for strengthening information quality and on how the findings from monitoring and evaluation will be used. Planning how to improve these areas can form part of the plan activities, if there is not time to do so before the strategic plan is finalised. Measurement of equity and quality of services are both a challenge.
- Getting good estimates of domestic and international funding is a problem. Yet good funding data is essential for a realistic plan.
- Costings are often left to a late stage in the process, but are needed for deciding strategies and priorities.
- In a decentralised system, the national strategic plan is more of a guiding document with more detail in the plans of provinces, districts or autonomous agencies. These lower level plans may not be available for assessment.
- There tends to be little on how capacity building and technical assistance requirements will be specified and managed. This can be developed later as part of operationalising the strategic plan.
- The process of plan development has typically been consultative with efforts to engage different levels of government and civil society. It has proved challenging to engage the private sector and the range of civil society organisations.

## 5. Questions arising in taking forward the JANS

The early JANS have raised a number of issues that may be worth some discussion in the IHP+ meeting:

1. Typically one purpose of the JANS is to improve the quality of the plan (and related documents).

**What are the important features of the joint assessment to ensure this objective is met?** For example, what are the implications for the timing of the joint assessment, composition of the joint team and assessment process?

2. The second objective of the joint assessment is typically is to increase confidence of prospective funders (international and domestic) in the quality and feasibility of the plan, and hence persuade them to provide more funds and/or to ensure their funding is aligned to the national plan. **What are the characteristics of the joint assessment that will persuade them to make such decisions?** For example, what features of the joint assessment process will give them confidence that the assessment was independent, of high quality and inclusive?

3. **How can the JANS process help to reduce transaction costs for countries?** For example, can the JANS help to reduce the requirements for separate appraisals (e.g. financial management appraisals; environmental appraisals)? What sort of report after the assessment would be useful to achieve this end?

## Annex 1: Summary description of JANS purpose and process

Country	Purpose of JANS	Approach and process
Nepal	The purpose of the JANS was twofold: primarily developmental to feed into the development of the second National Health Sector Plan (NHSP2), and also as an input to the fiduciary appraisal for funding agencies in the process of deciding on their funding for the plan.	<p>The JANS was conducted on the draft second NHSP alongside the appraisal by World Bank and three bilateral partners of their pooled support to the sector plan.</p> <p>Development partners from a wide range of agencies, resident and visiting, assessed the draft NHSP using the JANS tool, through a series of working group meetings. Their combined findings were presented to a meeting of stakeholders including Government and civil society.</p> <p>The findings were used by the MOH in the next draft the NHSP2.</p>
Uganda	The purpose of the JANS was to create an opportunity for strategic discussion on the draft plan and thus strengthen the plan. This was expected to increase confidence in the third Health Sector Strategic Plan (HSSP III) and hence bring more partner support on budget and in line with the plan, and reduce the burden of separate proposals and appraisal processes.	<p>There was a first review of the draft HSSP III using JANS tools by the group of partners involved in planning the JANS. The draft plan was then revised.</p> <p>The partners selected an external JANS team of 8 people including staff from four agencies and one from a CSO. They collected information from documents, interviews with stakeholders and a brief field visit and produced a draft JANS report.</p> <p>The MOH is using the draft JANS report in preparing the next draft of the HSSP. The external JANS team will review the next draft of HSSP before finalising the JANS report. The next draft will include costing and financing aspects which will be assessed.</p>
Ethiopia	The Government was developing the fourth health sector development plan (HSDP IV). The JANS was used with the expectations that it would result in a mix of quality improvement, added confidence and greater investment in the strategy. The Federal MOH explicitly requested changes in behaviour of development partners towards more harmonised and aligned support to the sector.	<p>The JANS was used as a structure for seeking input to the plan. Partners were invited to comment on two drafts of the plan through three working groups, using the JANS tool. A workshop was organised for civil society to increase their participation. A two day workshop was organised for partners based outside the country as well as government, resident partners and CSO representatives, to review and add to the assessment generated in the local consultations, again using the JANS tool.</p> <p>The FMOH has revised the plan in the light of these inputs and other consultations. The FMOH is also writing a report on how the JANS was used and how its recommendations have been taken into account. Partners have been asked to report how they plan to align their support towards the objectives of 'one plan, one budget, one report'.</p>
Vietnam	Two objectives were defined for	The MOH working with a core group of partners

Country	Purpose of JANS	Approach and process
	<p>the JANS. Firstly to improve the planning process and the quality of five year health plan 2011-2015, annual health sector plans, as well as provincial health plans;</p> <p>Secondly to build greater stakeholder confidence in the planning process and strategic and operational plans at central and provincial level.</p> <p>There was an expectation that this would help to attract additional resources to the health sector.</p>	<p>selected a JANS team of independent consultants. Four were from within Vietnam and three external. The team leader was one of the international consultants, from Thailand.</p> <p>The JANS team assessed the plan through document review and interviews with stakeholders. They gave comments on the 3rd and 4th versions of the National Health Plan. They also presented their assessment of draft 4 to a one day workshop arranged for partners, central ministries, some provinces, NGOs and partners not resident in Vietnam.</p> <p>The MOH will finalise the plan and then the JANS team will review the final version and produce a final JANS report on it. They will also advise on how the JANS tool can be adapted for assessing Provincial health plans.</p>
Ghana	<p>The overall objective of the JANS was to contribute to the development of the Ghana health Sector Medium Term Development Plan (SMTDP) for 2010–2013, using the JANS tool and guidelines, by providing an independent assessment of its strengths and weaknesses, and to recommend improvements where necessary.</p> <p>It is envisaged that individual agencies will be able to use the findings of the joint assessment to inform their decisions and, ideally, in some cases to use these instead of carrying out separate missions.</p>	<p>MoH used the JANS tool for an internal assessment of the plan, earlier in the development process.</p> <p>A small core group from MOH, its agencies and partners developed terms of reference for the external JANS and the team members were selected by this core group. The external JANS team consisted of 8 members: 2 agency staff, 1 TRP member; 1 civil society representative; 2 international and 2 national consultants. The team leader was one of the international consultants. A support team of 8 members drawn from MoH, its agencies (including regional level) and faith based providers as well as civil society networks were consulted and involved in discussions.</p> <p>The JANS team collected information from documents and discussions with a wide variety of stakeholders within and outside the health sector. A discussion of findings, using the JANS tool, was held amongst the external team members, and then jointly with the support group. The results will be presented to the health summit end November where decisions will be taken on the process for follow-up. A JANS report is currently being drafted.</p>