

Joint Annual Health Sector Reviews: A review of experience

Background

Joint Annual Health Sector Reviews (JARs) have existed since the early 1990s and are designed for ministries of health and their health sector partners to jointly review implementation of the national health plan, or assess sector performance during a given period. JAR aims match current trends for increased accountability for results, including mutual accountability between partners, improved policy dialogue and transparency. When a JAR is well planned and executed, it can provide a real opportunity for Development Partners and other stakeholders to align their strategies, plans and activities with the national sector priorities and plans. However, there is also a risk of the process becoming formulaic and 'one size fits all', and thereby less effective.

JARs Review

This study was commissioned by IHP+ in 2012, to review experience and lessons in nine countries¹ that regularly hold a JAR. It aimed to reach an understanding about what makes JAR processes more or less effective. The methodology included desk review of country documents, and telephone interviews with selected key actors in each country. The countries varied in geographic location, income bracket, and structure of the health sector (centralized or decentralized).

Findings

- There is no 'one size fits all'. This is a strength. A regular assessment of sector performance is a standard procedure in many countries. Processes evolve over time, depending on the local context, culture, degree of donor dependency, and the government's level of control and influence.
- The JAR is part of the annual Monitoring and Evaluation (M&E) cycle in a country, reviewing implementation of the previous year's Programme of Work (PoW), and contributing to the next year's PoW. Usually only sector or central PoWs are reviewed, and not at district or provincial level.
- The JAR is organized and financed jointly by the Ministry of Health (MoH) and other Development Partners (DPs), who also participate in field visits, technical working groups, and the review itself.
- JAR modalities and components vary between countries, and can include:
 - an annual health sector report, to be critically assessed and validated during the JAR
 - an independent review, presented at the JAR
 - self-assessment and performance hearings at all levels, that feed into the JAR
 - centrally organized working groups or conferences
 - district visits
 - provincial performance reports.
- Having a broad spectrum of participants does not necessarily mean the JAR is inclusive. Even if civil society organizations, parliamentarians and the private sector are invited, they may

¹ Country JARs reviewed : Bangladesh, *Cambodia, *Democratic Republic of Congo, Ghana, Kyrgyzstan, *Mozambique, Papua New Guinea, *Uganda, *Vietnam
* = IHP+ country

not be able to participate in a meaningful way. Furthermore, often the decentralized level of service providers (district, provincial), are not invited or involved.

- Participation of other ministries involved in the health sector varies, although the Ministry of Finance generally does attend the JAR.
- A wide variety of data sources and modalities are used as input data for the JAR to review and validate. Most common data sources used are Health Management Information Systems (HMIS), surveys and specific studies. All countries reviewed have a sector Performance Assessment Framework (PAF) in place, but there is a wide variety of indicators. Focus on equity, access, affordability, gender and human rights varies. Only one country reviewed (Mozambique) has aid effectiveness criteria integrated in the PAF.
- Every JAR concludes with recommendations and action points. However, the feasibility and number of recommendations can be a challenge, especially if they are to be implemented in a short timeframe.

Advantages of the JAR	JAR Challenges
✓ JAR contributes to improved policy dialogue	▪ Accountability of DPs towards government/MoH is weak or token in most countries
✓ JAR helps partners to better align with government priorities and plans	▪ Accountability for implementation of recommendations is often lacking
✓ JAR promotes accountability: MoH towards its partners, DPs, Civil Society, Parliament	▪ Data collection and review mechanisms need to be strengthened for effective monitoring
✓ JAR usually contributes to improved implementation of the strategic plan (but agreed changes are not always followed through effectively)	▪ Due to poor linking of central strategic planning to decentralized operational planning, JAR decisions that are relevant for decentralized actors are frequently not integrated in sub-national plans
✓ JAR often contributes to improved internal resource allocation/reallocation.	▪ There is a frequent lack of meaningful participation by civil society and other non-state actors ▪ How can a JAR integrate relevant aid effectiveness criteria and the monitoring of Compacts?

What makes a JAR more or less successful?

- Elements of a successful JAR include strong government leadership; local ownership; meaningful participation of all stakeholders; constructive policy dialogue; harmonization and consensus among DPs.
- Not all JARs provide sufficient space for policy dialogue, or are inclusive.
- Reliable data, evidence-based information, and well-designed performance assessment frameworks are essential for effective monitoring and decision-making. This is a weakness in several countries reviewed.
- However, JARs are generally considered to have added value, and hold potential for improving plans, accountability, policy dialogue, and mobilizing additional resources.
- Strengthening mutual accountability remains a challenge.
- ‘Local appropriation’ and tailoring the JAR to the specific country context is essential. Trying to develop a ‘one size fits all’ model is a mistake.

Reference

[Hera \(2013\), Joint Annual Health Sector Reviews: A review of experience](#)