Joint Assessment of National Health Strategies and Plans (JANS):

Joint Assessment Tool, Frequently Asked Questions, Quality Assurance Checklist, 2014

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For more detailed guidelines on how to conduct a JANS, please see on this link:
http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/JANS/JANS_updated_guidelines_August_2013.pdf

Introduction to the joint assessment of national health strategies and plans

Joint assessment is a shared approach to assessing the strengths and weaknesses of a national strategy[1], which is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. Joint assessment is not a new idea, but there are several reasons for renewed interest in the approach. There is strong consensus that sustainable development requires harmonized support to national processes. In health, the increased number of international actors in recent years has led to a resurgence of efforts to coordinate resource use and get more partners to support a single national health strategy. The presumed benefits of joint assessment include enhanced quality of national strategies and greater partner confidence in those strategies, thereby securing more predictable and better aligned funding. The inclusion of multiple partners in a joint assessment is also expected to reduce transaction costs associated with separate assessment processes.

An IHP+ inter-agency working group[2] developed this joint assessment tool, and its associated guidelines. These were reviewed by seven countries and tested by international agencies[3]. and endorsed by IHP+ partners at a steering group (SuRG) meeting in 2009 as ready for testing. In 2010, the tool was applied in several countries as part of the national health planning process[4]. The tool has also been used for the assessment of programme strategies, and for other reviews of national plans[5]. Based on the lessons learned from these early applications of the tool, this version was developed under the oversight of a multi-agency group.

How to use this tool, and its companion guidelines

The joint assessment tool is deliberately generic – it sets out the essential 'ingredients' of any sound national strategy but, given the diversity of country circumstances, it does not prescribe what those elements should contain. It can be used to assess an overall national health strategy or specific sub-sectoral and multi-sectoral strategies. It examines the strengths and weaknesses of five sets of attributes considered the foundation of any 'good' and comprehensive national strategy:

- Situation analysis and programming: clarity and relevance of strategies, based on sound situation analysis
- The process through which national plans and strategies have been developed
- Costs and financing of the strategy
- Implementation and management arrangements
- Results, monitoring, review mechanisms

1 The term 'national strategy' is used here to include the various types of health plans and differing terminology used in countries, including health sector strategic plans, national health plans etc

2 A full list of agencies and institutions involved can be found on p6

3 Multi-stakeholder consultations held in: Burundi, Ethiopia, Ghana, Mali, Tajikistan, Viet Nam and Zambia

4 Countries that used the JANS tool in 2010 include Bangladesh, Ethiopia, Ghana, Nepal, Uganda, Vietnam and Zambia

5 The Global Fund used the tool in its first learning wave of national strategy applications for HIVAIDS, TB and malaria. GAVI commissioned 26 country desk reviews of national strategies and related documents, using the JANS tool

It is not assumed that all the attributes will be detailed in the strategy or plan document itself – some aspects may be covered in other policy, strategy and operational documents. Assessment of a national health strategy includes a review of the strategy itself, and its alignment with national development frameworks; related multisectoral and sub-sectoral / disease specific strategies; monitoring and evaluation plan and budgetary processes. This means an assessment requires review of a portfolio of documents, not one single document. A companion set of Joint Assessment Guidelines, plus a 'Frequently Asked Questions' sheet are available at www.internationalhealthpartnership.net

The way a joint assessment is carried out will be unique to each country, but based on some key principles: it will be country demand driven; be country led and build on existing processes; include an independent element, and engage civil society and other relevant stakeholders. The output is not a yes/no recommendation for funding. It will give an assessment of the strengths and weaknesses of the national strategy, and gives recommendations. Findings can be discussed by national stakeholders and partners and may be used to revise the strategy.

Joint Assessment Tool

Joint Assessment Attributes and Criteria

Attributes	No.	Characteristics of Attributes
1. SITUATION ANALYSIS AND PROGRAMMING Clarity and relevance of priorities and strategies selected, based on a sound situation analysis		
Attribute 1: National strategy is based on a sound situation and response analysis of the context (including political, social, cultural, gender, epidemiological, legal, governance, and institutional issues).	1.1	The situation analysis is based on a comprehensive and participatory analysis of health determinants and health outcome trends within the epidemiological, political, socio-economic and organizational context prevailing in the country.
	1.2	The analysis uses disaggregated data to describe progress towards achieving health sector policy objectives in line with primary health care • Universal coverage, to improve health equity • Service delivery, to make health systems people-centred • Public policies to promote and protect the health of communities • Leadership to improve competence and accountability of health authorities.
	1.3	Analysis of past and current health sector responses and health financing arrangements identifies priority problems and areas for improvement
Attribute 2: National strategy sets out clear priorities, goals, policies, objectives, interventions, and expected results, that contribute to improving health outcomes and equity, and to meeting national and global commitments.	1.4	Objectives are clearly defined, measurable, realistic and time-bound.
	1.5	Goals, objectives and interventions address health priorities, access, equity, efficiency, and quality and health outcomes across all population sub-groups, especially vulnerable groups. This includes plans for financing health services that identify how funds will be raised; address financial barriers to access; minimise risks of impoverishment due to health care; and create incentives from improved efficiency and quality in service delivery.
Attribute 3: Planned interventions are feasible, locally appropriate, equitable and based on evidence and good practice, including consideration of effectiveness, efficiency and sustainability.	1.6	Planned approaches and interventions are based upon analysis of effectiveness and efficiency, and are relevant to the priority needs identified. The approaches to and pace of scale up look feasible considering past experience on implementation capacity, and identify ways to increase efficiency.
	1.7	The plan identifies and addresses key systems issues that impact on equity, efficiency and sustainability, including financial, human resource, and technical sustainability constraints.
	1.8	Contingency plans for emergency health needs (natural disasters and emerging/re-emerging diseases), in line with the International Health Regulations, are included in plans at all levels.
Attribute 4: An assessment of risks and proposed mitigation strategies are present and credible.	1.9	Risk analyses include potential obstacles to successful implementation. Mitigation strategies identify how these risks are being addressed.
2. PROCESS Soundness and inclusiveness of development and endorsement processes for the national strategy		
Attribute 5: Multi-stakeholder involvement in development of the national strategy and operational plans and multi-stakeholder endorsement of the final national strategy.	2.1	A transparent mechanism exists which ensures the lead of the government and meaningful participation of all stakeholders, so they can provide input systematically into strategy development and annual operational planning. Stakeholders include national and local government institutions; public representatives; civil society; private health care providers; and development partners.
Attribute 6: There are indications of a high level of political commitment to the national strategy.	2.2	Relevant sectoral and multi-sectoral policies and legislation, under the spirit of "health in all policies", are in place to allow successful implementation.
	2.3	The strategy notes challenges to implementing the needed regulatory and legislative framework and has approaches to overcome enforcement problems.
	2.4	Political commitment is shown by provision for maintaining or, where relevant, increasing government's financing of the national strategy.
	2.5	High-level (e.g. national assembly) political discussion, and formal endorsement of the national health strategy and budget is planned, as appropriate to national context.

Attributes	No.	Characteristics of Attributes
Attribute 7: The national strategy is consistent with relevant higher- and/ or lower-level strategies, financing frameworks and plans.	2.6	The national health strategy, disease specific programmes and other sub-strategies are consistent with each other and with overarching national development objectives.
	2.7	In federal and decentralized health systems, there is an effective mechanism to ensure sub-national plans address main national-level goals and targets.
3. COSTS AND BUDGETARY FRAMEWORK FOR THE STRATEGY Soundness and feasibility		
Attribute 8: The national strategy has an expenditure framework that includes a comprehensive budget /costing of the programme areas covered by the national strategy.	3.1	The strategy is accompanied by a sound expenditure framework with a costed plan that links to the budget. It includes recurrent and investment financing requirements to implement the strategy, including costs of human resources, medicines, decentralized management, infrastructure and social protection mechanisms. When appropriate, the framework includes costs for activities and stakeholders beyond the public health sector.
	3.2	Cost estimates are clearly explained, justified as realistic, and based on economically sound methods.
Attribute 9: The strategy has a realistic budgetary framework and funding projections. If the strategy is not fully financed, there are mechanisms to ensure prioritisation in line with overall objectives of the strategy,	3.3	Funding projections include all sources of finance, specify financial pledges from key domestic and international funding sources (including lending), and consider uncertainties and risks.
	3.4	Funding projections are realistic in the light of economic conditions, medium term expenditure plans, and fiscal space constraints.
	3.5	If the level of funding is unclear or there is a gap, then the priorities for spending are spelt out with the consequences for results (either by showing the plans and targets under high, low, and most likely funding scenarios, or by explaining the process for determining spending priorities).
4. IMPLEMENTATION AND MANAGEMENT Soundness of arrangements and systems for implementing and managing the programmes contained in the national strategy		
Attribute 10: Operational plans are regularly developed through a participatory process and detail how national strategy objectives will be achieved.	4.1	Roles and responsibilities of implementing partners are described. If there are new policies or approaches planned, responsibility for moving them forward to implementation is defined.
	4.2	There are mechanisms for ensuring that sub-sector operational plans – such as district plans, disease programme plans and plans for agencies and autonomous institutions – are related and linked to the strategic priorities in the national health strategy.
Attribute 11: National strategy describes how resources will be deployed to achieve outcomes and improve equity, including how resources will be allocated to sub-national level and non-state actors.	4.3	The organization of service delivery is defined and the strategy identifies the roles and responsibilities of service providers and resources they require.
	4.4	Plans have transparent criteria for allocation of resources (human resources, commodities, funding) across programmes and to sub-national levels and non-state actors (where appropriate), that will help to increase equity and efficiency.
	4.5	Current logistics information and management system constraints are described, and credible actions are proposed to resolve constraints.
Attribute 12: The adequacy of existing institutional capacity to implement the strategy has been assessed and there are plans to develop the capacity required.	4.6	Human resource (management and capacity) needs are identified, including staffing levels, skills mix, distribution, training, supervision, pay and incentives.
	4.7	Key systems are in place, and properly resourced, or there are plans for the improvements needed. This includes systems and capacity for planning and budgeting; technical and managerial supervision; and maintenance.
	4.8	Strategy describes approaches to meet technical assistance requirements for its implementation.

Attributes	No.	Characteristics of Attributes
Attribute 13: Financial management and procurement arrangements are appropriate, compliant, and accountable. Action plans to improve public financial management (PFM) and procurement address weaknesses identified in the strategy and in other diagnostic work.	4.9	Financial management system meets national and international standards, and produces reports appropriate for decision-making, oversight and analysis. Strengths and weaknesses in financial management systems, capacity, and practices in the sector are identified, drawing on other studies. Action plans to strengthen PFM address fiduciary risks, are feasible within a reasonable timeframe and are fully costed.
	4.10	Procurement systems meet national and international standards. Areas requiring strengthening have been identified, drawing on other studies, and there is a realistic plan to address these.
	4.11	Reasonable assurance is provided by independent internal and external audits and by parliamentary oversight. Audits include assessment of value for money. Mechanisms for following up audit findings are in place and functional.
	4.12	It is clear how funds and other resources will reach the intended beneficiaries, including modalities for channelling and reporting on external funds. There are systematic mechanisms to ensure timely disbursements, efficient flow of funds and to resolve bottlenecks. In decentralized health systems, this includes effective sub?national fund flow processes and financial oversight.
Attribute 14: Governance, accountability, management and coordination mechanisms for implementation are specified.	4.13	Internal and multi-stakeholder external governance arrangements exist that specify management, oversight, coordination, and reporting mechanisms for national strategy implementation.
	4.14	Description of national policies relating to governance, accountability, oversight, enforcement and reporting mechanisms within the Ministry and relevant departments. Plans demonstrate how past issues on accountability and governance will be addressed, to fully comply with national regulations and international good practice.
5. MONITORING, EVALUATION AND REVIEW Soundness of review and evaluation mechanisms and how their results are used		
Attribute 15: The plan for monitoring and evaluation (M&E) is sound, reflects the strategy and includes core indicators; sources of information; methods and responsibilities for data collection, management, analysis and quality assurance.	5.1	There is a comprehensive framework that guides the M&E work, which reflects the goals and objectives of the national strategy.
	5.2	There is a balanced and core set of indicators and targets to measure progress, equity and performance.
	5.3	The M&E plan specifies data sources and collection methods, identifies and addresses data gaps and defines information flows.
	5.4	Data analysis and synthesis is specified and data quality issues are anticipated and addressed.
	5.5	Data dissemination and communication is effective and regular, including analytical reports for performance reviews and data sharing.
	5.6	Roles and responsibilities in M&E are clearly defined, with a mechanism for coordination and plans for strengthening capacity.
Attribute 16: There is a plan for joint periodic performance reviews and processes to feed back the findings into decision making and action.	5.7	There is a multi-partner review mechanism that inputs systematically into assessing sector or programme performance against annual and long term goals
	5.8	Regular assessments of progress and performance are used as a basis for policy dialogue and performance review.
	5.9	There are processes for identifying corrective measures and translating these into action, including mechanisms to provide feedback to sub-national levels and to adjust financial allocations.

IHP+ Inter-Agency Working Groups are time-limited, and made up of technical experts from among IHP+ signatories. Agencies and countries represented on the original JANS Inter-Agency Working Group and the subsequent JANS Amendment Group (which agreed this version in 2011) include: AusAID; African Council for Sustainable Health Development; Ministry of HIV & AIDS, Burundi; Ministry of Health, Ethiopia; European Commission; GAVI Alliance; Integrated Social Development Centre, Ghana; Ministry of Health, Ghana; Global Fund to Fight AIDS, TB and Malaria; Health Global Access Project; Ministry of Health, Mali; Ministry of Foreign Affairs, The Netherlands; Roll Back Malaria; Ministry of Foreign Affairs, Spain; Treatment Action Group; Ministry of Health, Uganda; UNAIDS; UNFPA; UNICEF; Department for International Development, United Kingdom; World Bank; World Health Organization.

Frequently Asked Questions (Updated 2014)

Joint assessment of National Health Strategies and Plans

1. What is meant by 'joint assessment of national strategies and plans'?

Joint assessment is a shared assessment of the strengths and weaknesses of a national health strategy or strategic plan. It can also be used for sub-sector strategies for example a national malaria strategy. The assessment is 'joint' in that a single assessment process involves multiple stakeholders including government, civil society and development partners/donors. It is country-led and aligned with existing in-country processes. The findings can be used as the basis for strengthening the strategy, and for decisions on technical and financial support.

2. Why is there interest in joint assessment now?

Joint assessment of national strategies is seen as a way to help make high level commitments – such as the Paris Declaration on Aid Effectiveness, and the IHP+ principles – a reality. Some countries already have joint assessment processes, for example when reviewing a national health strategy as the basis for a sector programme, or joint reviews of national TB plans. However, some major funding agencies have not been able to engage in joint exercises. In some countries there is little participation from civil society or other nongovernment stakeholders. Recognising these issues and the burden on countries of multiple donor proposals, projects and reviews, there is increased interest in joint processes in order to increase ownership and reduce transaction costs at country level.

3. What are the uses and potential benefits for country governments?

A joint assessment can be used in several ways.

- To enhance the quality of national health strategies and plans, and their congruence with national development frameworks
- To encourage more partners to support national strategies rather than their own programmes.
- To streamline the process of getting funding approved – by donors, and also by Ministries of Finance.
- To make efficient use of the resources (funds, staff) available
- To increase the use of shared reporting processes.

This should reduce transaction costs and fragmentation, and encourage moves towards longer term and more predictable funding commitments and better coordinated technical support.

4. What are the uses and potential benefits for other partners?

- A process of review that is more transparent, systematic and inclusive, which is expected to result in stronger national health strategies.
- It will give a wide range of partners an opportunity to bring their experience to the process and influence the assessment.
- Greater confidence in the strategy and systems for implementation should enable reductions in agency specific processes for proposal development, appraisal and programme implementation.
- When weaknesses are jointly identified in the assessment, the partners can better jointly agree the approach to address these, which should help ensure an effective and coordinated response.

5. When should a joint assessment happen?

Joint assessment may happen at different stages in the cycle of national strategy/strategic plan development and implementation, depending on its prime purpose. Countries have used the JANS both for improving a draft strategy as well as to generate confidence and support for it. It could also take place at a mid-term assessment of progress with plan implementation – to inform any 'course corrections' that may be needed. The joint assessment tool can also be

used early in preparing a new strategy, to think through what additional analysis is needed and who to involve in developing a strong, credible strategy.

6. What will be assessed?

- A joint assessment will examine the strengths and weaknesses of five groups of generic attributes that are considered to be the foundation of a 'good' national strategy:
- The situation analysis, and coherence of strategies and plan with this analysis ('programming'); for example, whether priority health needs; equity and access issues, health sector responses and financing arrangements are adequately addressed;
- The process through which the plan or strategy has been developed;
- Adequacy of financing projections and budgetary framework;
- Implementation and management arrangements, including for financial management, audit and procurement;
- Plans for monitoring and evaluation, and processes for using the findings.

The joint assessment will not only look at the overall national sector strategy but also at related sub-sector strategies and plans e.g. HIV/AIDS strategy or human resource plans .

For details of the joint assessment tool and guidelines developed by the IHP+ interagency working group and amended based on country experience in 2011, go to www.internationalhealthpartnership.net. The JANS guidelines were updated in 2013 following a review of Stakeholders needs.

7. How will a joint assessment be carried out? Who should take part?

The process and timing for joint assessment will be decided at country level so that it is tailored to country needs, processes and timetables. It is expected that governments will use existing sector coordination channels to agree the purpose, timing, team and process of joint assessment. In some countries, these channels may need to be strengthened to ensure inclusiveness especially of civil society.

The assessment is expected to include reviews of documents such as evaluations, mid-term reviews of previous strategies, reports on performance, budgets, expenditure frameworks, actual expenditure records and audits, existing assessments of procurement and financial management systems; notes from multi-stakeholder meetings and forums; interviews with key informants, and possibly field visits.

To broaden ownership of the assessment, and also give potential funders' confidence in the review of the strategy, the following are proposed for the Joint Assessment process:

- A mix of skills is needed: public health; health service management; economics; financial management; monitoring and evaluation; and understanding of meaningful multi-stakeholder involvement.
- People with knowledge of the local health system and country context
- The process should be inclusive, with a mix of partners from public and non-state sectors and from development agencies in the team itself or in the group overseeing the assessment.
- It should include some independent team members (i.e. who have not been involved in developing the strategy). These could come for example from local or international academic institutions, development agencies; another country's Ministry of Health, civil society, or a private firm.

This does not imply having a large team, which may create inefficiencies. There is no fixed team size, but experience suggests that a 'core' team of up to 8 members works well. The assessment will draw on input from a much larger group of stakeholders.

Based on the initial country experience a paper outlining different options for the JANS (How to conduct a JANS based on Country experience, 2013) has been developed. It can be found at www.internationalhealthpartnership.net.

8. How long might a joint assessment take?

Again, there is no single answer, as the timetable will be decided at country level. It is useful to distinguish between:

- The time needed for initial preparation (the planning of how to do it; agreeing the specific terms of reference for the review; selecting the team; the compilation of documents).
- Preparation by the team including reviewing documents and initiating consultation processes. For team members based outside the country, this can take place before they travel.
- The more concentrated period when team members come together, complete and agree on their assessment. This is likely to be from 1–2 weeks.

9. What will be produced, and what happens next?

A joint assessment will produce an assessment profile that identifies a health strategy's strengths and weaknesses in relation to each group of attributes. It will not give a pass/fail or single scoring as its overall assessment. The team may also recommend actions to address specific issues.

Country follow-up is likely to include a meeting of a larger group of stakeholders to discuss the findings, normally using established mechanisms and fora; whether to amend the strategy or to address weaknesses identified during implementation. This may result in an aide-memoire of agreements and next steps, as happens in many countries with annual sector reviews. Funding agencies will be able to use the assessment in their decisions: several agencies have already done so, and it is hoped that the use of JANS will become increasingly institutionalized in agencies and in countries.

10. Which countries can use the joint assessment tools and what support is available?

Any interested country, not just IHP+ signatory countries, can undertake joint assessment of their national strategy. Country stakeholders decide what inputs are needed, and for the most part use in-country expertise and resources. An increasing number of Ministries of Health, other national institutions and international organizations have experience in organizing JANS processes[6]. Other support and advice is available from individual agencies with direct JANS experience (see website) and the IHP+ Core Team can also be contacted.

11. How are lessons learned documented and shared?

IHP+ has documented experience in individual countries and has a consolidated analysis of early experience. This has informed amendment of the JANS Tool and Guidelines in 2011, and a paper on how to carry out a joint assessment. For more information, go to: www.internationalhealthpartnership.net.

6 Countries that have undertaken a joint assessment using this tool include: Ethiopia, Ghana, Kenya, Kyrgyz Republic, Malawi, Mozambique, Nepal, Rwanda, Sudan, Togo, Uganda and Vietnam.

Quality Assurance Checklist

Quality assurance checklist for a health sector or sub-sector JANS

The purpose of this checklist is to provide those involved in organising a Joint Assessment of a National health Strategy (JANS) and JANS team leaders with a mechanism for quality assuring the JANS process and output. The checklist is based on experience in countries and feedback from partners, with the aim to highlight issues that need to be addressed at each stage, while avoiding repeating points covered in the JANS tool. It should be considered alongside the JANS tool, guidelines, frequently asked questions (FAQs) and paper on options for how to conduct a JANS, at: http://www.internationalhealthpartnership.net/en/tools/jans-tool-and-guidelines/

The checklist is designed for self-assessment. It is recommended that:

- The group organising the JANS completes Parts 1 and 3 while planning for the JANS
- The team leader of the JANS completes Part 2 during the JANS mission.
- The checklist is finalised at the end of the mission and saved alongside the JANS report.

	Quality criterion	Yes	No	Not applic-able	Comments on how well the criterion is met
Part 1: Pre - JANS planning and set up stage					
1	Has a multi-partner, "joint" group been involved in arranging the JANS, including Government, non-government and external partners?				
2	Have the purposes of the JANS been clarified and agreed?				
3	Is the national strategy sufficiently developed to be ready for assessment, given the purposes defined? Are there drafts of the budget, financing projections and monitoring framework? Has implementation capacity been considered?				
4	Have external development partners been asked how they expect to use the JANS findings; whether there are particular issues that they need to see well covered in the JANS; and their likely support to the strategy?				
5	Have external development partners' requirements for other types of assessments been identified (e.g. environmental, procurement or financial management assessments)? Is there scope to harmonise or share these, to minimise the burden on national partners and avoid duplication?				
6	Does the JANS team (or process) include the following skills: public health; health systems; finance; management information systems/M&E; and civil society engagement?				
7	Does the planned JANS process meet the principles agreed for joint assessments: a) country led; b) building on existing country processes; c) inclusive of relevant stakeholders; d) with an independent element?				
8	Are different stakeholders aware of the purpose and timing of the JANS?				
9	Does the workplan for the JANS include a visit to province or district levels?				

	Quality criterion	Yes	No	Not applic-able	Comments on how well the criterion is met
Part 2: During the JANS mission or process					
10	Has the JANS process interviewed or involved a range of stakeholders including political level; ministries that are important for implementation such as Local Government and Finance; representatives of different types of providers, including non-state; the decentralised level; and various parts of civil society?				
11	Has the JANS looked at the strategic plans for major disease programmes to check their technical quality and their consistency with the sector strategy's situation analysis, strategies, targets, budget and monitoring framework?				
12	Is there a clear focus on results and are the indicators and targets consistent across different levels, including sub-national levels? Do they include non-state actors' activities?				
13	Has the JANS addressed the specific concerns of development partners who are planning to make funding decisions based on the JANS?				
14	Has the JANS addressed all attributes in the JANS tool? Was there adequate data and material available to assess the attributes, including attribute 12 on institutional capacity?				
15	Has the JANS report clearly identified priority areas to strengthen the national strategy?				
16	Does the JANS report have a clear executive summary which sets out recommendations on priorities and also highlights strengths of the strategy?				
Part 3: Follow up to the JANS					
17	Is there a plan for follow up after the JANS – to review the recommendations, decide which to deal with by modifying the strategy, which to address during implementation, and which are not accepted?				
18	Is it clear who is responsible for amending the strategy and what will happen after that in terms of review and approval of the strategy?				
19	Is it agreed how the response to the JANS will be recorded and shared? For example, will the JANS team be asked to update their assessment in an annex to the JANS report or will authors of the national strategy record how they took account of JANS recommendations?				
IHP+, Version 1, September 2013					

For further information and additional documents on Joint Assessment, go to:
http://www.internationalhealthpartnership.net/en/home

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