Joint Assessment of National Health Strategies and Plans

Combined Joint Assessment Tool and Guidelines

Version 3, August 2013

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

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Part 1: The Joint Assessment Tool

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[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 program 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 budgetary framework for the strategy**
- **Implementation and management arrangements**
- **Monitoring, evaluation and review mechanisms**

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 multi-sectoral 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.

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.

[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 at the end of this document.
[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.

The Joint Assessment Tool

JOINT ASSESSMENT ATTRIBUTES AND CRITERIA

Attributes	No.	Characteristics of the 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.

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 program 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.
	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.

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.	4.10	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.

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Part 2: The JANS Guidelines

GLOSSARY OF DEFINITIONS, ACRONYMS AND ABBREVIATIONS

Disease burden Measure of ill health, taking into account information on premature mortality, morbidity and disability rates

Disease trends Measure of how mortality, morbidity and disability rates for different diseases change over time.

Health determinants Many factors combine together to affect the health of individuals and communities: Income and social status, education, physical environment (nutrition, safe water and clean air, healthy workplaces, safe houses, communities and roads), employment and working conditions, social support networks , culture, genetics, personal behaviour and coping skills (balanced eating, keeping active, smoking, drinking, sexual behaviour), health services and gender. (http://www.who.int/hia/evidence/doh/en/)

Health outcomes Changes in health status (mortality and morbidity) which result from the provision of health (or other) services. (OECD 1992)

HSS Health system strengthening

Multi-Stakeholder: A wide range of stakeholders have an interest in health sectors, disease specific programmes or multi-sectoral AIDS programmes. These stakeholders include: Government (Ministry of Health, other interested ministries such as finance, local government, education, audit office and elected bodies); Funding Partners; Private Sector actors; Civil Society; Faith Based Organizations; Professional Associations; Academic Institutions amongst others.

MOH: Ministry of Health

MTEF: Medium Term Expenditure Framework

NACA: National AIDS Coordinating Agency

Plan: A document, or set of documents, that provides details of how objectives are to be achieved, time frame for work, who is responsible and how much it will cost. This may be in the form of a multi-year plan, supported by annual operational plans.

PFM: Public Financial Management

Strategy: A document, or set of documents, that lays out the context, vision, priorities, objectives and key interventions of the health sector, multi-sectoral or disease programme, as well as guidance to inform more detailed planning documents. A strategy is the big picture and should provide the road map for how goals and objectives are to be achieved.

INTRODUCTION TO THE GUIDELINES

These guidelines have been prepared to assist individuals and groups who are using the 'Joint Assessment Tool' for national health strategies and plans, either for self-assessment or joint assessment purposes.

DEFINITION OF NATIONAL STRATEGY

Different countries use these terms plan and strategy slightly differently and will have documents that have aspects of both strategies and plans incorporated. For this reason the Joint Assessment Tool and Guidelines use the term 'National Strategy' to include both higher level strategy documents and more operational level planning documents.

The term 'national strategy or plan' is intended to include the strategy for the health sector as a whole or for a sub-sector or programme, such as a national malaria strategy or a national AIDS strategic plan.

It is important to note that the term 'national strategy or plan' refers to the strategy as a whole and not just the strategy or plan document. Typically a national strategy document is based on and elaborated in a series of other documents and processes, including for example, the medium term expenditure framework (MTEF), procurement guidelines, human resources for health plan, TB strategy, roadmap for maternal health, provincial development strategies or monitoring and evaluation (M&E) plan. So those conducting a Joint Assessment of the strategy or plan need to obtain and review these supporting documents and procedures. Attributes and Characteristics in the Joint Assessment Tool may be reflected in the national strategy document OR in one of its accompanying documents. These guidelines set out relevant types of supporting documents in the tables under the heading 'Where to look'

DESCRIPTION OF THE JOINT ASSESSMENT TOOL

The **purpose of the Joint Assessment Tool** is to support the development of national strategies (and their accompanying documents) and the assessment of these, by setting out an agreed set of 'Attributes', and a detailed description of those Attributes summarised in 'Attribute Characteristics', that will be used as the basis for Joint Assessments. Attributes refer to the ***essential* elements** that would ideally be present for a strategy to be considered technically sound and to enable a funding decision on the basis of a national strategy (and relevant complementary documents). The Attribute Characteristics explain in more detail what the attribute is intended to include.

In many cases, health sector or programme strategies will still be some distance from achieving this ideal picture. Where this is the case, the national strategies and supporting documentation can indicate what plans are in place for making progress towards the Attribute or Characteristic, and reviewers can take this into account.

The Joint Assessment Tool sets out the attributes of robust national strategies in five broad categories, covering both national strategy processes and content. These categories are:

1. **Situation Analysis and Programming:** *Clarity and relevance of priorities and strategies selected, based on a sound situation analysis*

2. **Process**: *Soundness and inclusiveness of development and endorsement processes for the national strategy*
3. **Costs and budgetary framework for the Strategy:** *Soundness and feasibility of the financial framework*
4. **Implementation and Management** *Soundness of arrangements and systems for implementing and managing the programmes contained in the national strategy*
5. **Monitoring, Evaluation and Review** *Soundness of review and evaluation mechanisms and how their results are used*

CONTENT OF THE GUIDELINES

The guidelines are divided into 5 chapters corresponding to each of the 5 categories in the Joint Assessment Tool, as above. Each chapter describes the Attributes that are recommended for a national strategy (or its accompanying documents) to include, with a short explanation of why it is important and relevant. This is followed by that Attribute's Characteristics. For each Characteristic, there is a description with a table which sets out what to look for in assessing the national strategy, where to look for it and warning signs that may indicate weaknesses in how the characteristic is addressed in the strategy. These warning signs feed into the assessment of the strategy.

OUTPUT OF THE JOINT ASSESSMENT

The Joint assessment is not a pass/fail assessment or a grading exercise. Rather the assessment gives descriptive and qualitative feedback and recommendations, based on the guidance provided in these guidelines and elsewhere[6]. Reviewers are asked to provide an assessment profile that comments on:

a. The strengths and weaknesses of the national strategy, in relation to each Attribute, including acknowledgement of any plans in place to move towards achievement of each Characteristic where weaknesses exist.

b. The implication of identified weaknesses in terms of posing a risk to the successful implementation of the national strategy.

c. General suggestions for how country stakeholders can further improve or enhance the quality of their national strategies

It is suggested that the findings of the assessment can be summarised in a table format, with one table for each category of the assessment. At the end of the Assessment, and through using the Joint Assessment Tool and the accompanying Guidelines, there should be 5 tables assessing the national strategy. Most of the JANS reviews so far have also found it helpful to produce an executive summary that highlights the most important and strategic issues identified in the assessment.

The format for presenting JANS findings for each category is as follows:

[6] See for example: The International Health Partnership website: http://www.internationalhealthpartnership.net/en/home
The WHO Health Systems Strengthening series: http://www.who.int/management/mhswork/en/index.html
The HIV/AIDS Strategic Self Assessment Tool:
http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTHIVAIDS/0,,contentMDK:20974844~menuPK:4268789~pagePK:210058~piPK:210062~theSitePK:376471,00.html
UNAIDS Guide to Strategic Planning: http://data.unaids.org/publications/IRC-pub05/jc441-stratplan-intro_en.pdf

Category	Findings of Joint Assessment
1. Situation Analysis and Programming (etc.)	**Strengths**
	Weaknesses
	Implications for Successful Implementation
	Suggested Actions

The Joint Assessment is intended to provide assurance to stakeholders, including those considering funding the strategy, on the strategy's quality, strengths and areas requiring further work. The Joint Assessment is not typically going to be sufficient to meet the needs of potential funders on fiduciary and accountability issues. Individual funding partners have specific requirements regarding financial management (FM) and Procurement assessments, and may require other types of assessments such as risk assessments, institutional capacity assessments, environmental audits or social and poverty impact assessments. The Joint assessment process will not replace all of these requirements. However, planning for the joint assessment provides an opportunity to consider how to conduct these other assessments efficiently such as sharing assessments rather than each agency doing their own. There are also global level efforts to develop agreements for joint assessments of FM and procurement systems, single reporting, and single audits.

GENERAL NOTES TO REVIEWERS

As far as possible the tool and guidelines have been designed to be as generic as possible, meaning that they are focused on making sure that all of the elements of a sound strategy are covered, without being prescriptive of what those different elements should contain. This is in recognition of the fact that the health problems facing countries vary, and their health sector and health – related programmes will have developed and evolved in different ways in response to the country's circumstances.

However, countries have also signed up to a number of international agreements and targets that should inform the shape and scope of national strategies. These include global agreements on targets such as the Millennium Development Goals and Universal Access for HIV&AIDS services, and key World Health Assembly Resolutions[7]. Reviewers should take these agreements into account in reaching a consensus on the strengths and weaknesses of the national strategy undergoing Joint Assessment.

[7] WHA Resolutions on primary health care and health system strengthening, and on universal coverage

1. SITUATION ANALYSIS AND PROGRAMMING

This category of attributes assesses the **clarity and relevance of priorities and strategies selected, and that they are 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).***

The situation analysis should include quantitative/epidemiological data as well as information on qualitative/felt-needs. It should enable a participatory analysis of the health situation, main risks and determinants, and trends. The information should include the distribution of the burden of disease by causes of ill health; and how disease impacts on different groups within a country (by gender, age, socio-economic status, geographical location, ethnicity, etc.). There also needs to be some consideration given to why certain 'hard-to reach' groups may not be benefiting from programmes and services. This information is the basis for planning a pertinent, appropriate, and comprehensive health sector response, including major disease programmes.

It is also important to learn the lessons from implementing previous strategies and to build an evidence-base of what works in the context of a particular country. The Attribute Characteristics described here reflect the key issues that need to be examined in order to determine whether sufficient analysis has been done prior to designing, developing or revising national strategies.

Attribute Characteristic 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.

A comprehensive analysis means that all potential sources of information have been used in order to understand the health profile of the country, both of the whole population and of key sub-populations (e.g. women, children, elderly, rural vs. urban dwellers, the poor, different geographical areas or ethnic groups, refugees and internally displaced populations etc.).

A 'participatory analysis' means that the analysis has also been carried out with meaningful inputs from the community, including health and other service users, democratically elected governance structures (e.g. parliament, district councils); government and non-government service providers and other civil society organizations working on health or health-related activities. It should ideally include evidence of health needs, as well as the communities' perception of needs.

Sector or programme strategies that build on an analysis of social[8], gender or environmental impact will provide a baseline and help in impact assessment of the proposed national strategy.

For the socio-economic context, the analysis would need to consider the level and distribution of income and poverty, extent of formal labour force, etc. It should also consider the level of government expenditure and revenues as a proportion of GDP (which gives an indication of what the government is able to spend on health). The organizational context should include the structure of government,

[8] 'Social' here refers to the different ways that society groups people. So a social analysis could include impact on children, women, men, the elderly, ethnic group or economic class.

including the nature of decentralisation and how this influences resource allocation and capacity for service delivery.

What to look for	Where to look	Warning Signs
• A description of the country's health determinants and disease burden based on the most recent data available, disaggregated, at a minimum, by gender and age; • An analysis of the variation of health indicators and disease burden by age, gender, socio-economic group, ethnic group and geographic location (e.g. rural vs. urban or by province). • A ranking of the most important health problems in the country related both to disease burden and programme coverage. • An analysis of disease trends, in particular for those diseases that represent the highest disease burden, including identification of which groups and areas are most affected. . • Evidence that the situation and response analysis has been carried out using inputs from a range of country stakeholders, including civil society groups and service users, as determined by interviews, group discussions or evidence of their contribution to the analyses • Environmental, social and gender impact assessments. • Fiscal context and fiscal space analysis.	• Situation analysis sections of strategy documents • Background studies commissioned in preparation of national strategies • Epidemiological reports including specific studies e.g. Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) • Routine data reports e.g. HMIS • Community health diagnosis done at peripheral level • Programme evaluations and reviews • Country stakeholder reports, impact assessments and reviews of sector or programme • User surveys • Interviews with key stakeholders, especially civil society • Notes and attendance lists from workshops and consultation exercises • Public expenditure reviews, IMF country consultations, Medium Term Expenditure Frameworks, PRSPs • Census data	• Information on key health indicators or disease burden data is unavailable or over five years old • There is very limited disaggregated information, with no information on disease burden for specific sub-populations (e.g. women, under-fives, internally displaced people or key affected populations for specific diseases), lack of analysis by geographical area, or socio-economic group. • There is little reporting of health indicators in periodic reports and it is difficult to ascertain where information on disease burden and health indicators is derived from • Limited or no evidence of regular analysis of data to support health sector or disease programme decision-making • Limited or no reference to overall fiscal situation in the country and short, medium and long term prospects for public expenditure levels.

<u>Attribute Characteristic 1.2</u>

The analysis uses disaggregated data to describe progress towards achieving health sector policy objectives in line with primary health care[9]:

- **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.**

Health and health-related strategies need to ensure that they reflect national and international commitments made by the country. These include commitments made to improve progress towards

[9] Resolution WHA 2009 62.12 on primary health care, and Resolution WHA 2011 64.9 on sustainable health financing structures and universal coverage

universal coverage of services tailored to people's needs. Universal coverage means that all people have access to the services they need without risk of financial ruin due to the need to pay for these services. While the definition of "need" depends on specific country context, the general aim is to move towards preventive and curative health coverage for all residents of a country. In order to make progress towards universal coverage within the constraints of available resources, most countries develop financing mechanisms to pay for a basic health package (or agreed service levels) that include health promotion, prevention and medical treatment interventions, and aim to make the basic health package accessible to the whole population.

Access to health services should be analysed, to identify equity issues in access – including the geographic, economic, gender and cultural factors that affect access. Reviewers need to consider whether governments and their stakeholders have analysed the health system-related[10] barriers to universal coverage with services of reasonable quality, in order to develop appropriate strategies to overcome the constraints identified.

Understanding the leadership and policy environment is also important when analysing the national strategy context. An analysis of the situation needs to consider how well government policies are translated into practice and who is accountable for leading on that translation.

What to look for	Where to look	Warning Signs
• Policies stating the importance of assuring service coverage for all communities • A critical assessment of the health sector or disease programme response and adherence to policy direction to date, e.g. an evaluation or periodic review • An analysis of how cultural and political factors impact on health or multi-sectoral programmes and outcomes • An analysis of the access and coverage of services, including assessment of the geographical, economic, gender and other dimensions of access to health services and barriers to improving access • Analysis of organizational context, leadership and accountability mechanisms, administrative and political. • Analysis of how the health financing system[11] influences universal coverage objectives. • An analysis of the regulatory environment and how it enables or hinders improvements in health systems and programme delivery	• PRSP or national development strategy analysis • Specific group strategies, e.g. gender strategy, rural services strategy, peri-urban strategy etc. • Service performance data • Problem analysis sections of strategy documents • Background studies commissioned in preparation of national strategies • Household surveys e.g. DHS, MICS that show how many people are using services, by gender, region and socio-economic group, as well as the level and distribution of the financial burden of paying for care on individuals and households. • Census data • Programme evaluations and reviews, including from development partners.	• No definition of a basic package/minimum service standards and/or objective for equitable and universal coverage. • No discussion of how different groups have access to or use services e.g. how the political environment, or different cultural values within a country may influence access to, and use of, health services. • No review of equity in access and barriers to access was conducted before or during the strategic planning process. • No analysis of efficiency or identification of the main sources of inefficiency in the health system

[10] Health systems aspects are generally accepted to be composed of six elements: human resources, information systems, infrastructure, medicines and equipment, financing and governance. See: http://www.who.int/healthsystems/en/index.html

[11] Incorporating sources of funds, how they are pooled, the incentives created through payment mechanisms, and population entitlements and obligations under the benefit package.

Attribute Characteristic 1.3

Analysis of past and current health sector responses and health financing arrangements identifies priority problems and areas for improvement.

Health sector and disease programme strategies and plans need to demonstrate that limited resources are going to support strategies and interventions where they are most needed.

The situation analysis needs to include results of programme monitoring, evaluation and reviews that map planned versus actual achievement in annual work plans and overall health plans. There should also be information on gaps in service provision, especially for priority health problems. This analysis can then help inform the development of the most appropriate programme strategies and interventions.

Financing arrangements involve the sources of funds, how they are pooled on behalf of the population (or specific groups within it), the mechanisms used to transfer resources to services and provider institutions, the entitlements and obligations of the population, and the governance of the overall system. The financing arrangements are a critical component of the health system which influence health system objectives such as equity in access and use of care, financial protection, efficiency, transparency, and quality of care. Financing influences these objectives by affecting how much funding is available, how fragmented the arrangements for pooling are (e.g. extent to which risks are shared across communities and income groups), how the mechanisms for allocating resources to interventions affect the mix of services used and how payment mechanisms affect provider behavior.

The analysis of the current financing situation will thus need to assess how funds are raised, pooled and allocated, and where there is scope for improvement in order to improve access, efficiency, quality, and financial protection. "To achieve universal health coverage, countries need financing systems that enable people to use all types of health services – promotion, prevention, treatment and rehabilitation – without incurring financial hardship"[12].

The way in which health providers are paid can encourage them to provide unnecessary services (e.g. if they are paid per treatment or per operation performed). This issue of whether providers have the right incentives to deliver efficient and appropriate health care may also be considered in the situation analysis. This will be relevant for both private and public sector providers.

What to look for	Where to look	Warning Signs
• A justification of different strategies and interventions that refers to the results of the situation analysis • Multi-stakeholder involvement in prioritization process • An analysis of gaps in availability and/or access to services and variation in outcomes across all population groups • An examination of barriers to improving public and private sector health services and how these could be addressed. • An analysis of how the health financing system affects equity, efficiency, and	• Strategy and interventions sections of strategic documents • Problem analysis sections of strategy documents • Background studies commissioned in preparation of national strategies • Programme evaluations and reviews • Country stakeholder reports and reviews of sector or programme • Health Financing Strategy document (if available)	• Poor prioritisation of key challenges, strategy documents are written more as a 'wish list'. • Strategies or interventions appear to be generic and not related to the epidemiological profile of the country. • Little or no reference made to gaps and challenges

[12] World Health Report 2010. Health Systems Financing: The path to universal coverage: http://www.who.int/whr/2010/10_chap01_en.pdf World Health Organization 2010.

What to look for	Where to look	Warning Signs
related objectives, including: the dependence of the system on out of pocket payments; entitlements under prepaid financing mechanisms and the extent and consequences of fragmentation in pooling arrangements; the incentives associated with existing provider payment mechanisms; the breadth and depth of the benefit package, and the governance arrangements for health financing institutions such as insurance funds or distinct purchasing agencies. • Assessment of how financing arrangements affect access to services, for example whether fees are deterring uptake of high priority services by rural women, or whether the methods used to pay providers induce under- or over-provision of certain services. • Findings from innovations such as measures to increase institutional deliveries, and whether these have been successful.	• Health financing studies such as:, o National health accounts o Analyses of household surveys of health expenditures, including estimates of the extent to which people fall into poverty due to health care costs. o Household expenditure surveys that show how much people spend on health care and where they go for services, by socio-economic group o Efficiency studies o Evaluations of health financing pilot schemes. o Benefit incidence studies • Public Expenditure Reviews	• No consideration of how to remove financial barriers to access and reduce risk of impoverishment due to ill health. • No assessment of efficiency of current financing system • Financing analyses entirely focused on curative medical care, with no reference to prevention, promotion, or the services provided through disease programs such as HIV, TB, etc. • Financing analyses ignore the private sector.

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.***

Once a good situation analysis, and analysis of barriers and gaps, has been done, it is important that this analysis is translated into appropriate objectives, strategies and activities that prioritise and address the main needs and challenges identified. Too often there is a mismatch between what issues are identified through the situation analysis and what objectives, indicators, strategies and interventions are being designed for the national strategy.

Setting clear goals and objectives is vital to allow countries and their partners to then assess progress towards meeting those goals and objectives. Objectives should be both ambitious and achievable, but there is often too little emphasis on the results countries hope to achieve. Most countries have signed up to the Millennium Development Goals (MDGs) and already have included MDG targets as their own. Other global initiatives (e.g. Stop TB, Roll Back Malaria, AIDS universal access, etc.) also inform, and have influenced, national targets where they are appropriate to the national context.

Attribute Characteristic 1.4

Objectives are clearly defined, measurable, realistic and time-bound.

Both governments and their development partners are interested in seeing progress towards achieving improved health outcomes. The indicators chosen should be Specific, Measurable, Appropriate, Resourced and Time-bound (SMART). Various tools have been developed to help countries to produce results-based objectives and results-based frameworks, which allow them to describe more accurately what they hope to achieve in the medium to long-term through their national strategies and

programmes. For further information about results based frameworks, see: World Bank: Designing a Results Framework for Achieving Results: A How-To Guide, 2012
http://siteresources.worldbank.org/EXTEVACAPDEV/Resources/designing_results_framework.pdf

The decision on the specific targets to be achieved should be based on the resources available to achieve these results. If the level of funding is uncertain (as it usually is) then this may need to be reflected in having different targets for different funding scenarios.

Often countries have too long a list of indicators (often imposed by development partners). Some development partners have set standard indicators which they expect to see in strategic plans or grant proposals, or ask for a framework of detailed performance measures for each aspect of a programme. Programme managers also need a range of indicators and analyses. Whilst some of the disease or program specific objectives and indicators can be included in the high level set of indicators of sector progress, others can be incorporated into disease programme or other sub-sector plans, so that a shorter list can be included in the sector strategy as a whole[13]. The number of indicators and the time spent by the health professionals collecting them should be limited, pertinent and "action-led". See the guidelines on characteristic 5.2 for more on assessment of indicators.

What to look for	Where to look	Warning Signs
• Clear statement of strategy objectives • Sector and programme specific objectives with measures of results in that appropriately differentiate output, outcome and impact related results. • Sector and programme objectives and indicators that meet SMART criteria. • Targets are realistic given the resources likely to be available and the timeframe for implementation. • Sector objectives have the same objectives and consistent targets as those for individual programmes.	• Sector and programme strategy document logical frameworks (logframes) or results-based frameworks • Monitoring and evaluation frameworks	• Objectives are unclear and not well reflected by the targets and indicators • Indicators are not measurable and/or are incomplete, with some targets missing. • There are no clear targets or the targets are set without reference to the likely funding available. • There is confusion in documents about what are output versus outcome or impact indicators. • There is focus on activity rather than output and outcome indicators.

Attribute Characteristic 1.5

Goals, objectives and interventions address health priorities, access, equity, efficiency, 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.

There needs to be a clear indication in the goal, objectives and interventions that, based on the situation analysis, efforts are being made to improve universal coverage, equitable access, quality, efficiency and health and social outcomes. As mentioned above, countries have signed up to a number of international

[13] For example, typically a health sector plan includes one of two indicators for immunisation coverage and one each on use of malaria nets and access to treatment by children. Further and more disaggregated indicators tend to feature in immunisation and malaria programme plans.

targets and commitments, such as MDGs or universal access (for HIV services). These can help to inform the development of priorities and objectives. The indicators that are then used and targets that are set will provide a useful barometer for assessing whether countries are dedicated to making progress towards improving the health of vulnerable groups identified in the situation analysis.

At the same time increasing access to services needs to be tempered by ensuring that the quality of interventions and services are not compromised. Countries will need to show how, through their proposed strategies, they can strike the best balance of quantity and quality within the resource envelope that they have.

The objectives and strategies for health system financing are important components of the national strategy; countries may already have developed a strategy for improving their financing mechanisms or this may need further development. Health financing includes three important functions: raising/collecting funds for health; pooling of funds to enable risks to be shared among the population; and methods for allocation and payment for health services that encourage efficient and appropriate services. The World Health Report 2010 on health financing for universal coverage provides useful guidance and evidence.

In many countries out-of-pocket (OOP) expenditure still represents a substantial source of financing for the health sector and can present a barrier to use of services, especially by poorer families. When these expenses are very high, they are referred to as "catastrophic", and when they actually push families into poverty (or more deeply into poverty), it is considered to be impoverishment from seeking care (in such cases, the health system itself is a cause of poverty).

It is important for countries to ensure that their health-financing systems avoid or minimise these risks. There are various options open to them for helping individuals and families to avoid this that involve increased reliance on financial risk pooling for health care. While the evidence is strong that compulsory mechanisms (e.g. "social health insurance" funded through payroll tax or government funding of health services[14]) of pooling are essential for reaching universal coverage (no country in the world that relies predominantly on voluntary methods of contribution has a universal system), the ability of low and middle income countries to enforce sufficient revenue collection through such mechanisms is often highly constrained. In such contexts, fiscal constraints tend to force a greater reliance on out-of-pocket payments, and to reduce their harmful impact, alternatives such as community health funds or other forms of voluntary prepayment can be explored in efforts to reduce financial barriers and to reduce the impact of serious illness on family finances.

For more on financing strategies see the World Health Report 2010 at http://www.who.int/whr/2010/en/index.html and further documents at http://www.who.int/topics/health_economics/en/

What to look for	Where to look	Warning Signs
• Goals and objectives, and their relevant	• Sector or programme	• Sector or programme strategies give

[14] Labels such as "social health insurance" and "tax-funded health care" can be misleading. Internationally, the differences in financing arrangements within each of these categories is about as much as between the categories. While the choice of a term to use in any given country depends critically on political acceptability, it is important to recognize that the source of funds (e.g. mandatory employer-employee "payroll" contributions or general tax revenues that flow into government budgets) need not determine how the funds are pooled, how providers are paid, nor how entitlement to benefits is specified.

What to look for	Where to look	Warning Signs
indicators, make reference to moving towards universal coverage, with financial protection and equitable access for all population groups. • Goals and objectives, and their relevant indicators, make reference to addressing the main sources of inefficiency in the health system, thereby enabling greater progress towards universal coverage from a given level of funding. • Goals and objectives refer to striking the balance between improving access (through increasing the quantity of services) and improving quality of services. • Goals, objectives and interventions specifically address the particular needs of vulnerable groups and those with low access • Financial pooling strategies ensure inclusion of the poor and those who are not part of the formal workforce	strategy documents • Monitoring and evaluation frameworks • Reviews of service quality • Specific strategies developed to address main challenges (e.g. a human resources strategy, or supply chain management strategy) • Health financing policy and/or strategy • Descriptions of pooling arrangements such as insurance schemes and other social protection mechanisms • Plans and criteria for reducing the need to pay out-of-pocket for health care	an undifferentiated wish list of indicators and interventions, with no reference to fiscal constraints • Little or no reference is made of how particular vulnerable groups will be supported or health inequalities will be addressed. • Strategies for improving quality are not mentioned and service reviews indicate severe problems with quality of services and interventions. • No reference to efficiency problems and how these will be addressed. • No reference to how the interventions chosen will be paid for or this is insufficiently thought out. • There are no strategies to protect individuals or families from catastrophic health payments.

Attribute 3: ***Planned interventions are feasible, locally appropriate, equitable and based on evidence and good practice, including consideration of effectiveness, efficiency and sustainability.***

One of the main criticisms of strategy documents is that they are too general and outline a long list of "standard" interventions that may or may not be appropriate to the local situation. There may be little reference to the costs and feasibility of implementing certain planned interventions with no consideration of the impacts certain bottlenecks may have on implementation. Often there is also little consideration of how the interventions will affect equity: whether they are the appropriate choices to improve the health of the most vulnerable and how to ensure those in greatest need will have access to them.

This attribute not only re-emphasises the need for prioritisation within the national strategy, but also states the importance of understanding the evidence-base behind particular interventions and consider their impact in terms of equity and their sustainability. Learning from good practice within the country to help improve the effectiveness of strategies and activities is key. In other words, the best possible interventions are planned for tackling the priority needs identified within a sector or programme.

Attribute Characteristic 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.

Strategies should be based first and foremost on the results of the situation analysis, reviews and evaluation done in country, as these provide an important and credible source of evidence of what needs

to be done and how rapidly changes can be introduced and scaled up. The choices can be further informed by the results of international research.

In thinking about efficiency, it is useful to consider both allocative efficiency (are we doing the right things?) and technical efficiency (are we doing them right?).

What to look for	Where to look	Warning Signs
• Strategic approaches are justified on the basis of locally generated evidence • Strategic choices on prevention and treatment standards and protocols are in line with the most efficient interventions according to relevant international guidance • Sector and programme strategies provide an analysis of the effectiveness of different proposed interventions and their expected impact, based on an analysis of current programme effectiveness. • There is a discussion of national contextual factors that explain why choices deviate from accepted evidence where this occurs • There is a discussion of current good practice and review of nationally generated evidence of intervention effectiveness • The efficiency, feasibility and affordability of different approaches have been considered in selecting the strategies and interventions • An analysis of the existing health system that identifies the main sources of inefficiency that could potentially be addressed through policy reform	• Sector or programme strategy document intervention plans • Pre-planning studies that review the evidence base • Programme reviews • Monitoring and evaluation framework • Technical reviews by appropriate technical agencies. • Studies of the costs and value for money of different approaches to scaling up services • Efficiency studies e.g. of drug procurement prices • Service or coverage data to see the pace of scale up in previous programmes • Introduction or scale up plans for specific interventions or strategies	• There is little or no reference to any forms of evidence used to inform the selection of certain interventions • No reference is made to the issue of efficiency of planned interventions • Interventions described carry on historic activities with no consideration of new international evidence or in-country generated evidence • Technical agency reviews flag up significant problems with proposed approaches and these concerns are not addressed in strategy documents. • No identification of the main sources of inefficiency in the existing system or absence of a strategy to address these. • Requirements for implementing a new strategy are under-estimated.

Attribute Characteristic 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.

Sustainability has a number of different dimensions, including financial sustainability. In the long term, governments and development partners are interested in assuring the financial sustainability of services that deliver health improvements, with a view to having domestic resources funding the whole of a national strategy. In the short to medium term, fully funding desired results from domestic resources may not be achievable, but a plan for doing so gradually may be put into place. Central to such a plan would be the identification of opportunities for more efficient service delivery, so that scaling up services becomes more affordable, and higher levels of coverage are thus easier to sustain.

As well as financial sustainability, countries can put the building blocks in place for assuring 'programmatic' sustainability that also enables more equitable coverage of services and programmes.

These building blocks include strengthening the core elements of health system, and wider public sector systems, such as having sufficient human resource capacity and capability, comprehensive information systems, strong institutions, good financial management and reliable procurement management and logistics systems. Where systems factors have been identified as a barrier to achieving comprehensive coverage, then national strategies need to indicate how these will be addressed in order to improve the sustainability of programmes, services and interventions more generally.

What to look for	Where to look	Warning Signs
• Strategy documents provide an analysis of obstacles to sustaining the proposed level of interventions • The national strategy includes actions to address the obstacles to sustainability of planned interventions • Specific mention is made of system strengthening strategies and how they will contribute to equity, efficiency and sustainability • There is reference made to national policies for alleviating public sector bottlenecks (e.g. human resources, procurement or financial management)	• National development plans or PRSP • National policy documents • Sector or programme intervention plans • Specific system strategy documents, such as human resource strategy, financial sustainability plan • Medium term expenditure framework and longer term financial frameworks • Studies on the costs of scaling up access and ways to reduce unit costs of service delivery or procurement • Public Expenditure Reviews	• No reference is made to the issue of sustainability or system strengthening • Programme plans rely on multiple service delivery and supporting systems (e.g. for logistics) rather than integrating services and functions in ways that share the costs and human resources across different services.

Attribute Characteristic 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.

No multi-year plan can foresee all possible future events that might have an impact on population health. However countries can put in place emergency planning mechanisms and measures that can predict, detect and respond to potential disasters or situations that may compromise human health. Some countries have created 'health protection' units, while others have specific strategies to address the most probable cause of new or remerging disease outbreaks, such as cholera, meningitis, measles or pandemic flu, or food security strategies in the event of a prolonged drought or flooding Emergency preparedness should be integrated into every level of a country's administrative system, including a description of how the health sector will respond in the event of a rise in disease incidence.

See: WHO, 2007, Risk Reduction and Emergency Preparedness, http://www.who.int/hac/techguidance/preparedness/emergency_preparedness_eng.pdf for more information on emergency preparedness and planning.

What to look for	Where to look	Warning Signs
• Analysis of potential health related emergencies • Detail of strategy or strategies for predicting, detecting or responding to potential emergencies	• Multi-sectoral emergency response plan or strategy • Health sector emergency preparedness and response plan • Interviews with designated emergency planners or unit directors with responsibility for	• No analysis has been done of potential health-related emergencies • No strategies exist for early detection and response to disease outbreaks or natural (or human-made) disasters that would impact on human health • Health sector plan is not consistent with

	emergency response	multi-sectoral national emergency response plan.

Attribute 4: ***An assessment of risks and proposed mitigation strategies are present and credible.***

'Risk assessment' is a process of identifying possible obstacles or constraints that could occur during programme implementation that might have a negative impact on achieving expected outcomes. Once the main bottlenecks and risks have been analysed it is possible to identify ways of overcoming the bottlenecks and reducing the risks, which is known as 'risk mitigation'.

Attribute Characteristic 1.9

Risk analyses include potential obstacles to successful implementation. Mitigation strategies identify how these risks are being addressed.

The national strategy should include a description of potential risks that might undermine its successful implementation as well as possible mitigating actions. In many countries, possible obstacles to successful implementation of strategies include the limited pool of skilled workers, unreliable funding streams, poor infrastructure and weak systems to support implementation. Also lack of political commitment and specific stakeholders' interests may pose threats.

The risk assessment should acknowledge problems and risks are acknowledged openly and honestly, and that national strategies include descriptions on how countries intend to begin to address these.

What to look for	Where to look	Warning Signs
• Strategy documents provide an analysis of obstacles to implementing planned interventions • Strategy documents outline potential risks and the likelihood they will occur • For each main obstacle or risk identified there is an indication of its likely impact on achieving targets and objectives • Plans include mitigation strategies and interventions that will help to unblock identified obstacles.	• Sector or programme strategy document • Specific system strategy documents, such as human resources strategy, financial sustainability plan • Risk assessments done by development partners	• There is little acknowledgement of any barriers to implementation in any documents • Risks or implementation obstacles are identified but there are no plans in place to address these.

2. GUIDELINES FOR THE PROCESS SECTION

This category of attributes assesses the **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.*

For the purposes of the Joint Assessment tools and guidelines, multi-stakeholder refers to all levels of government bodies (including relevant non-health ministries such as Finance, Local Government or Education); democratically elected bodies; associations of local government; development partners; civil society organizations; disease affected groups (e.g. people living with HIV); private sector organizations including for profit and not for profit health providers; trade unions; professional organizations or associations; and academic institutions.

Full and meaningful participation of all these stakeholders in the processes of developing, implementing and reviewing national strategies and programmes is a basic feature of good governance. An important aspect of participation is ensuring that the voices of groups that represent users of health or care services, or individuals who represent those particularly affected by a specific health policy, are heard and their concerns addressed. Token representation of these groups, without their having any power to affect the discourse, or consultation at a stage when all decisions have already been taken, does not fulfil the requirement of having meaningful participation.

Enabling the participation of specific vulnerable groups, especially where strategies are addressing socially or politically sensitive issues, is an essential element of the planning process. By using the experience and evidence brought by these groups, countries can build the case for addressing the needs of vulnerable populations.

The degree to which mechanisms already exist for involving different stakeholder groups will depend on the country context. In order to understand the processes in place it may be helpful to have an analysis of the stakeholders and the mechanisms that enable them to participate in planning, review and decision-making processes.

Attribute Characteristic 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.

There are a variety of means to involve different groups and organizations in the planning, implementation and review of national strategies and programmes. These mechanisms often take the form of committees, partnership fora, routine review meetings or technical working groups, amongst others. It is particularly important that the process has ensured sufficient political buy in to ensure the implementation of the strategy, not least in terms of the resource allocations implied by it.

Such mechanisms should have broad membership, with particular attention given to ensuring the participation of women and representatives of vulnerable groups. It is also important that decentralised

levels of government have a role in planning exercises, both multi-year strategic planning and operational planning each year. Within the private sector it is important that both the for profit and not-for-profit health stakeholders are included in the process. These include faith-based organizations (FBOs) that provide health services, civil society organizations (CSOs) that monitor health issues, non-governmental organizations (NGOs) that deliver services, professional associations of doctors etc.

It is not only important that such mechanisms exist but that those represented within the mechanism have been actively engaged in planning, reviewing and revising national strategies, and that this participation is ongoing during annual cycles of review and revision. As mentioned above, one of the challenges is to differentiate between 'token' participation and meaningful engagement in which the views of different stakeholders are given equal weight in the process of strategy development, implementation and review. The latter can only be assessed by speaking to groups in country and by being familiar with the country context and the quality of multi-partner engagement.

What to look for	Where to look	Warning Signs
• Involvement of key democratic structures, including parliament and local councils. • Description of a representative multi-stakeholder forum or coordination group, including its roles and responsibilities. • Which organizations and groups are represented in the multi-stakeholder forum, paying particular attention to representation for women, advocates for disease affected groups, service user advocates, private sector and decentralised levels? • Description of transparent. participatory planning and decision-making mechanisms and who has been involved in developing national strategies and operational plans • Debates have taken place about certain strategies or interventions with description of why a particular direction was chosen, recorded in minutes from meetings, records of votes, etc. • Agreement that all major groups have participated in planning and endorsement of strategy. • Transparent and democratic selection of representative of different stakeholders (e.g., NGOs, private sector, civil society etc.) participating in strategy development	• Strategy background documents • Description of institutional framework and governance mechanisms • Proceedings from democratically elected bodies • Terms of reference for a multi-stakeholder forum, • Lists of representatives and organizations they represent in routine meetings and technical working groups • Reports on participatory planning policy and strategy • Minutes or reports of planning meetings and attendance lists • Interviews with key stakeholders • Observation of planning or review meetings	• Technocratic process without sufficient involvement of the political level. • No formal mechanisms in place to ensure the participation of all stakeholders. • Lack of clarity about who is represented in different multi-stakeholder fora • Lack of clarity about the role and function of the multi-stakeholder or partnership forum. • Lack of regular and meaningful participation or evidence of just 'one-off' participation of civil society groups. • No participation by some of the main stakeholders • Indication during interviews or observation during review meetings that there was little opportunity for meaningful engagement or that consultations were tokenistic

Attribute 6: ***There are indications of a high level of political commitment to the national strategy.***

Even in very resource-poor environments, there is evidence that when the political leadership commits itself to reducing poor health (e.g. by boosting immunization rates, financing safe motherhood programmes or expanding universal treatment programmes) then programme targets are achieved.

All stakeholders need to be assured that national governments are investing in basic services as part of their overall national development strategies, and that where the current financial input is low, efforts are being made to increase the national contribution.

Attribute Characteristic 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.

Political commitment needs to be translated into policies and practices that create an "enabling environment" for the successful implementation of the national strategy. In health sector or multi-sectoral AIDS programmes, this could include measures to address corruption; to address stigma and discrimination of patients or vulnerable groups; to uphold human rights and rights of patients; and to facilitate equitable access to services by all people, in particular the poor and those living in remote areas. One measure of this could be legislation in place that addresses corruption and that protects vulnerable and marginalised groups in countries.

A national strategy also has the greatest chance of successful implementation if the government and its partners have acknowledged the impact other sectors have on health or on HIV&AIDS. Strategy documentation should show evidence of cross-ministerial discussions on how each sector can contribute to solving the country's most pressing health problems (e.g. through education, social services, urban development, water and sanitation, etc.).

What to look for	Where to look	Warning Signs
• National policies that promote equity of access to services across all population groups; • National legislation in place with laws and sanctions regarding corrupt and/or discriminatory practices; • Reviews of programmes and services that look specifically at availability, acceptability, equity and quality of services • Policy papers, such as national development policies, on the contribution of different sectors to the health and well-being of the population, including vulnerable and marginalised groups.	• National and sector policy documents • National legislation • Sector or programme evaluations or reviews • Interviews with representatives of vulnerable or marginalised groups	• Policies make little reference to equity of access to services • No anti-discrimination legislation in place

Attribute characteristic 2.3

The strategy notes challenges to implementing the needed regulatory and legislative framework and has approaches to overcome enforcement problems.

It is not enough to have policies and laws in place to promote health improvement, universal coverage and to protect marginalised and vulnerable groups. They also need to be properly implemented and enforced to ensure the maximum benefit is derived from their existence. The existence of systems to monitor adherence to policies, laws and regulations can help to draw attention to problems. The strategy documentation should note such systems, highlight known problems, and describe strategies to address them.

What to look for	Where to look	Warning Signs
• Reviews of adherence to and enforcement of national anti-corruption, anti-discrimination or human rights legislation; • A description of where practice deviates from legislation and measures to bring practice more in line with national policies and laws.	• National legislation and policies • Sector or programme evaluations or reviews • Interviews with representatives of vulnerable or marginalised groups	• There is no evidence that existing legislation is adhered to or enforced

Attribute Characteristic 2.4

Political commitment is shown by provision for maintaining or preferably increasing government's financing of the national strategy.

Increasingly, governments are recognising that they need to increase their share of financing for social sectors more generally, and health in particular, as part of their overall economic development policy. One significant example of this is the 2001 Abuja Declaration, where African governments committed themselves to allocating "at least 15% of the national budget for health sector including health system development".

Other commitments include governments' engagement to ensure universal access to HIV&AIDS prevention, treatment and care through the 2006 UNGASS "Political Declaration on HIV and AIDS". Many countries make commitments to scaling up financing for the health sector, or multi-sectoral AIDS programmes, through memoranda of understanding (MoU) they sign as part of pooled funding or budget support arrangements.

This can be assessed by looking at the national public[15] expenditure for health and whether the amount or share of total public spending has been increased in recent years, by looking at the actual health recurrent expenditure as a proportion of total recurrent expenditure.

What to look for	Where to look	Warning Signs
• Government budget and expenditure reports indicate that year on year financial resources going to the health sector or programmes are maintained or increased where appropriate (in real per capita terms and/or as a percent of total public spending). • National development strategy plans for increasing level of national resources going the health sector, where appropriate • Pro-poor financial commitments are prioritised in national and sector policy documents • Priority programmes are protected when there are funding short-falls	• National development strategies or PRSPs • Long term or medium term expenditure framework • National health accounts • Ministry of Finance budget and expenditure trend data • Budget strategy papers and budget release arrangements. • Public Expenditure Reviews • Health insurance agency financial statements	• There is no evidence of national commitment to increasing the financing of the health sector or the mechanisms intended to improve equity in access to health services from the national budget, despite a strategy to do so • Trend data shows stagnation or real declines in public funding to social sectors overall, and to the health sector in particular.

[15] "Public expenditure" includes both funds from (central and regional/local) government budgets as well as expenditures using other "compulsory sources" of funds such as mandatory/social health insurance agencies.

Attribute Characteristic 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.

Political commitment is also demonstrated by a process whereby national strategies are reviewed, debated and agreed at the highest levels of government, including democratically elected bodies. Many countries have mechanisms in place whereby Ministers of Health present a national strategy and budget, or annual work plans and budgets, to the head of state, national assembly and/or other high level body for approval. There may also be a Parliamentary Health Committee which reviews and has input to the national health strategies. These mechanisms vary according to the process in each country.

What to look for	Where to look	Warning Signs
• Existence of a formal process for presenting, debating and endorsing sector or multi-sectoral strategies in a high-level decision-making body. • Discussions of national strategies within any parliamentary sub-committees (e.g. Parliamentary health committee or social service committee) • Plans for Parliament and/or Cabinet/ Council of Minsters discussion and endorsement of national strategies	• Government websites or documents that describe sector approval processes • Minutes of relevant Parliamentary or Cabinet meetings • Interviews with Minister, senior civil servants and/or planning commissioners about government approval processes	• There are no formal approval or endorsement processes in place either within Parliament or amongst Ministers • There is no evidence of parliamentary discussion or oversight of sector strategies

Attribute 7: ***The national strategy is consistent with relevant higher- and/or lower-level strategies, financing frameworks and plans.***

National development policies and strategies should reflect the key priorities of the health sector or disease-specific strategy under assessment. Similarly the health sector strategy should make reference to its contribution to overall national development objectives. It is important that countries ensure that sector strategies are well-aligned with their macro-level development strategies to maximise their effectiveness and be realistic given the economic conditions facing the country. Similarly, strategies below sector level, whether for diseases, parts of the health system or parts of the country, should reflect sectoral or multi-sectoral priorities, so that the objectives and targets in programme strategies are consistent with higher-level strategies

Attribute Characteristic 2.6

The national health strategy, disease-specific programmes and other sub-strategies are consistent with each other and with overarching national development objectives.

In low-income countries, there might be a Poverty Reduction Strategy (or equivalent) that lays out the main objectives and targets that the government plans to achieve over a multi-year period. There may also be documents that describe what targets and strategies the country is using to meet the Millennium Development Goals (MDGs). Other countries use other central planning tools through which they communicate their aspirations for continued growth and social development. Where these centrally-agreed, high-level strategies exist, it is important that they inform, and are informed by, sector-level strategies, to ensure consistency and coherence in development activities.

At the same time disease-specific or health sub-programme objectives and plans need to be informed by and reflected in higher-level sectoral or multi-sectoral strategies.

What to look for	Where to look	Warning Signs
• Strategy to be assessed has goal and objectives aligned with national development objectives • Alignment between sector and lower-level strategies and sub-sector plans including plans for specific diseases and for health systems components such as human resources	• PRSP and national development strategies • National health strategy • Sub-sector strategies • Public sector reform and decentralisation strategies	• National development objectives for the health sector or for HIV&AIDS are significantly different to strategy objectives and targets • There is little consistency between sub-sector or programme objectives and national strategy objectives.

Attribute Characteristic 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.

Just as central level ministries or programmes need to be aware of the needs, targets and strategies at decentralised levels, so decentralised levels need to have guidance on the national health strategy and programme priorities and objectives they are contributing to, and the financial constraints in which they are working.

What to look for	Where to look	Warning Signs
• Sub-national level planning documents (e.g. district health plan, provincial health plan etc.) have objectives and targets that are aligned with and reflected in the national level strategy. • Sub-national planning & budgeting processes ensure adherence to key national priorities • Description of processes that show how sub-national planning informs the development of national level strategies and plans and vice versa • Description of responsibilities and accountabilities for resource allocation decisions at different levels of the system.	• Health sector strategy or multi-sectoral HIV strategy • Planning guidelines and process for provincial or district planning • Sub-national plans • Decentralisation policy and strategy	• Sub-national objectives and targets are significantly different from national strategy objectives and targets, e.g. using a different indicator set at sub-national level from that at national level. • There appears to be little relationship between planning processes at sub-national level and those at national level.

3. COSTS AND BUDGETARY FRAMEWORK FOR THE STRATEGY

This category of attributes aims to demonstrate the **soundness and feasibility of the budgetary framework** for the national strategy.

Attribute 8: ***The national strategy has an expenditure framework that includes a comprehensive budget/costing of the programme areas covered by the national strategy.***

It is important for governments and their partners to have a good overview of what it costs for a health sector, multi-sectoral AIDS programme or disease- specific programme to deliver the planned outcomes. Development partners can also use a well-costed country budget to advocate for a higher level of resources from their own headquarters, as they are better able to justify the amounts being requested.

National strategy documents would normally be supported by a multi-year (three to five year) budget that estimates the total cost of the strategy. These are operationalised through annual budgets.

In certain contexts it may be impossible to provide a meaningful multi-year budget to accompany the national strategy (e.g. in post-conflict situations or in highly aid-dependent countries). In such cases countries and partners could look at a number of different budget scenarios.

Attribute Characteristic 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.

An expenditure framework is a framework- often multi-year, as with a Medium Term Expenditure Framework (MTEF) - that allocates financial resources to each budget category as defined by the national strategy. Each country will have a different set of instructions for constructing their national budgets. These different categories are then usually sub-divided to provide greater detail. Good practice for central government financial management is to have a single budget and expenditure framework that then guides the development of other national strategy financial frameworks. Where such guidance does not exist individual ministries or programmes may have developed their own budget frameworks. In heavily aid-dependent countries, different budget scenarios may need to be presented to reflect how money would be spent for low, medium and high-level resource inputs.

What to look for	Where to look	Warning Signs
• A multi-year budget (3-5 years) or medium term expenditure framework (MTEF) that covers all the main sectoral/programme areas • The multi-year budget or framework includes costs for all relevant components, such as human resources, infrastructure, medicines and equipment, logistics, demand side measures and social protection mechanisms. • The multi-year budget or framework provides details of budgets for decentralised structures where appropriate • Cost estimates include expenditure on services beyond the	• Costing of the national strategy, plan or budget projection • Budgeting policies and guidelines • MTEF or other national budget documents	• Budget guidelines do not exist • Budgets for different parts of sub-sector are prepared to different templates complicating the development of an integrated budget • Substantial cost items missed from the

What to look for	Where to look	Warning Signs
public sector, especially where there will be public or external funding to support these services. • The budget is based on sectoral and/or programmatic guidelines • The budget uses national budgeting and reporting templates and guidelines to enable integration with national accounts. • Reasonable match between sector budgets and specific lines within central multi-year financial plans referring to health sector or multi-sectoral AIDS budgets • Where there is a high degree of unpredictability, different budget scenarios are provided to show costs of achieving different levels of coverage		expenditure framework so the costing is partial • There appears to be little relationship between budgeting exercises at central level with those that take place in sector or sub-national levels.

Attribute Characteristic 3.2

Cost estimates are clearly explained, justified as realistic, and based on economically sound methods.

Countries need to have done a reasonably good economic analysis in order to have a realistic understanding of the rate at which they can afford to scale up activities in order to meet access and coverage targets and introduce new services. This analysis would include the estimated costs of increasing coverage, based on current and projected costs of, for example, basic health packages, service level standards or testing and treatment regimes. Cost estimates would then need to be reviewed against both the country's macro-economic environment and sector or sub-sector financing trends.

The cost estimates need to be based on realistic figures for costs in the national context – e.g. for salaries and logistics costs. Past cost trends may provide a guide to what it costs to deliver the essential package of services through the existing health system, although the costing should also consider the possibility of changing unit costs – for example, if drug prices can be expected to fall with better procurement processes, or if there will be economies of scale from providing services in a more integrated way. Additional activities to reach vulnerable groups or remote populations may require higher unit costs.

What to look for	Where to look	Warning Signs
• Discussion of economic analysis and any cost models for priority programmes in the strategy • Cost estimates are based on recent experience in country for delivering reasonable quality services and products and consider likely changes to unit costs	• Situation analysis • Development partner economic or financial appraisals • Economic studies or cost modelling studies • PER	• The strategy proposes significant scaling up of activities but there is little or no mention of cost implications • Individual disease programmes are costed but no costing of shared system costs including hospitals and MOH costs

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.***

Governments need to develop a realistic projection of expected revenues for health services over the medium term, including public expenditure allocations from domestic sources and commitments from development partners. Then by estimating the total cost of a particular strategy and matching this to projected revenues governments can estimate how much they may need to request from external resources. This also facilitates the Ministry of Finance to establish the resource envelope available and to set the individual ceilings for the sector or multi-sectoral AIDS strategy.

A comprehensive financial framework should also try to capture non-public sector resources that contribute to funding the national strategy – such as out-of-pocket expenditure, voluntary health insurance contributions, off-budget development partner contributions etc.

However it is not easy to get reliable funding projections especially from some of the development partners. This makes it very difficult to match the national strategy targets and costs to the likely level of funding available. Furthermore many countries have found that the ambitions of the strategy will cost much more than the level of funding they have had in the past.

National strategies need to deal with this uncertainty and likely gap in funding. One approach is to present different scenarios for funding. Another approach is to leave the priority setting to the annual budget process, when the volume of resources will be known, with clear explanation in the strategy of how the decision making process will address strategic priorities.

Attribute Characteristic 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.

It is important for ministries or programmes to predict the amount of income they are likely to bring in for funding strategies as well as estimating how much their strategies are likely to cost. They need to be able to see how much funding they can expect from different sources. However, getting multi-year funding commitments or even indicative projections can be challenging as funding partners are sometimes unable or unwilling to provide this information to sector ministries or the Ministry of Finance. So countries will often need to make estimates of funding likely to be available.

What to look for	Where to look	Warning Signs
• Estimates of revenue from different sources, including government budgets for health and local government as well as insurance mechanisms and lending • Projections of funding anticipated from development partners including loans, grants; and private donations (both firm pledges and potential support). • Processes for trying to gather data on possible revenue from different funding sources • Where revenue is generated at sub-national level (e.g. through user fees) that this is reflected in overall revenue projections	• Financial plans • Central or sector revenue forecast documents • Central and/or sector MTEF, public expenditure reviews. • Sub-national revenue reports and trends in revenue generation • Development partner funding projections • Interviews with sector finance staff, MOF staff and development partners about dialogue on financing • National Health Accounts	• Revenue projections have not been done • Sub-national revenue is poorly integrated into overall analysis of sector or programme financing.

Attribute Characteristic 3.4

Funding projections are realistic in the light of economic conditions, medium term expenditure plans, and fiscal space constraints.

Good practice examples from countries indicate that where governments have a sound macro-economic framework[16] in place to underpin sector budgets and have tried to develop robust revenue projections based on internal and external financing, then all development partners are able to engage in a well-informed debate about what is needed, what can be made available (short, medium and long-term), funding priority-setting and feasibility of implementation.

Fiscal space for health can be defined as the capacity of governments to make resources available for funding the health sector (or disease programme) budget. In some countries Central Government may wish to favour macro-economic policy over sector or programme requirements. In such cases, Ministries of Finance may wish to impose fiscal controls across different sectors and set rigid budget ceilings as part of their control measures. For the health sector, or the multi-sector AIDS response, this can create problems if the Ministry/NACA and development partners are working towards a significant scaling up of activities. While it is important to respect the need for macro-economic discipline it is also important to see how a government and its development partners negotiate a solution to any macro-economic constraints imposed.

For a more detailed discussion see: High Level Forum on the MDGs: Fiscal Space and Sustainability from the Perspective of the Health Sector, 2005. http://www.hlfhealthmdgs.org/Documents/FiscalSpacePerspective.pdf
World Bank (Tandon and Cashin): Assessing Public Expenditure on Health from a Fiscal Space Perspective February 2010, http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/AssesingPublicExpenditureFiscalSpace.pdf

What to look for	Where to look	Warning Signs
• Government funding projections are consistent with macro-economic policies and overall national economic forecasts and budget frameworks • Where fiscal space constraints mean significant limitations to funding programme scaling up, government and development partners agree on alternative approaches to funding that are not disruptive of government efforts at fiscal discipline	• Macro-economic policy documents and reports • Interviews with sector and MOF officials • Interviews with development partners	• Expected public funding for health is not consistent with macro budget framework • Governments and partners cannot reach agreement on how to manage funding requirements within current fiscal policies. • Past trends not in conformity with strategy intentions.

Attribute Characteristic 3.5

[16] A macroeconomic framework is prepared in the strategic planning phase to provide a forecast of the overall resource envelope for the upcoming budget. A medium-term macroeconomic framework typically includes projections of the balance of payments, the real sector (or production sector), the fiscal accounts and the monetary sector. It is a tool to check the consistency of assumptions or projections concerning economic growth, the fiscal surplus or deficit, the balance of payments, the exchange rate, inflation, credit growth and its share between the private sector and the public sector, policies on external borrowing, etc.

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).

As revenue is often difficult to predict, it may be more practical for countries to develop different revenue scenarios, for example, one scenario that is conservative, perhaps based on getting the same funding as the previous year; a scenario that is more optimistic, based on a modest increase in contributions from government and development partners; and one that is the ideal scenario which allows the country to expand coverage to achieve the MDGs and other health goals.

The lower financing scenarios will need to be balanced with lower targets in the strategy. This could mean for example, lower coverage with some interventions; fewer new facilities built in under-served areas; reducing the essential package e.g. deferring introduction of new vaccines; or cheaper approaches to service delivery. The combination of scenario-building in both budgeting and revenue projection should act as a stimulus for discussion between different partners as to what programme areas must be protected if there should be revenue shortfalls.

What to look for	Where to look	Warning Signs
• Calculations of revenue projections, including low/high or low/medium/high funding scenarios • The strategy identifies what can be funded under each scenario, for example how the target level of coverage or the elements of the essential package will change if there is less funding available. • Critical interventions and systems that address the highest priority issues (including improving equity) are given priority when resources are tight. • If there are not scenarios spelt out, there is a well defined process for agreeing spending priorities once the level of funding is known, and mechanisms to ensure strategic priorities are considered in this process.	• Financial plans that underlie the national strategy • Funding and cost models or calculations • Budget process documents	• Revenue scenarios have not been done and there is no process defined for ensuring the top priorities get priority in funding allocation. • The targets for service delivery and coverage are not adjusted in the light of funding availability.

4. IMPLEMENTATION AND MANAGEMENT

This category of attributes aims to demonstrate the **soundness of arrangements and systems for implementing and managing the programmes contained in the national strategy**, by checking that capacity for implementation has been reviewed and plans are in place to address weaknesses identified.

Attribute 10: ***Operational plans are regularly developed through a participatory process and detail how national strategy objectives will be achieved.***

Strategies or strategic plans are usually high-level documents that set out the strategic objectives of a sector or programme, signpost what the priorities need to be and includes targets and an overall budget. They are not meant to provide detailed information on how objectives are meant to be achieved, other than giving a broad description of programmatic areas and support structures. It is through annual or bi-annual operational plans that the real 'meat' of the programme can be described. Good operational plans will usually contain a detailed description of activities to be undertaken, the costs of these activities, the level at which they will occur and who will implement the activities. These activities are often grouped to show which strategic objectives they relate to so that it is clear to managers, and to

funders, how support to specific activities can bring about the achievement of overall objectives and programme aims.

Operational plans need to be developed using similar participatory processes to those used for developing national strategies. The participation of multiple stakeholders in strategic and operational planning is covered in Attribute Characteristic 2.1.

A good operational plan should also include an analysis of previous performance indicating what areas need to be strengthened and how they will be strengthened.

Operational plans may also include templates for terms of reference or service-level agreements for different implementers, especially where a substantial element of programme implementation occurs outside the public sector, but is financed from public funds. In the same vein, operational plans should also include contributions made by non-state actors to the implementation of national strategies.

Attribute Characteristic 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.

Operational plans are needed to translate higher level objectives and strategies into actions. In addition to setting out what actions should be taken in order to achieve particular objectives, the plans should also describe the roles and responsibilities for implementing these actions. There needs to be a clear description of which public sector actors are taking responsibility for which areas of work, and the roles and responsibilities of non-state actors, such as NGO or private sector service providers.

Where strategic and operational plans are developed with all main stakeholders providing inputs, and where agreement is reached about what responsibilities they will have, then these stakeholders will have more engagement with the work that they are to be accountable for. Having responsibilities clearly described will also mean that periodic reviews of implementation progress can look at how well each actor is undertaking their particular role, and provides a means for building in mutual accountability for achievement of plans.

Where there is a new policy or approach defined in the national strategy, there may need to be further work to plan how it will be introduced and who will be responsible for different activities in the implementation stage. The national strategy should identify who will take forward this design and planning stage.

The operational plans for the new strategy will typically not be ready at the time of the JANS. The assessment team will be able to assess past operational plans and identify whether there are clear responsibilities identified for each aspect of the national strategy.

What to look for	Where to look	Warning Signs
• Existence of periodic operational plans • Clear description for key objectives of the key activities to be undertaken, who is accountable for activities and who is responsible for their implementation, including for the non-governmental implementers (NGO and private providers) • Clear responsibility for taking forward new policies and approaches. • Budget frameworks and targets to be	• Past Operational plans • Descriptions of institutional framework and organogram detailing lines of reporting and accountability • Logical framework and annual work plan for individual programmes	• Operational plans are at too high level and do not provide sufficient detail for implementing programmes or for monitoring programme progress; • Operational plans do not acknowledge the roles and responsibilities of multiple partners in implementation in countries where other ministries and non-state actors have important implementing responsibilities. • Operational plans only include activities and interventions by government implementing agencies.

met are provided for each level of the system		• Operational plans do not analyse previous implementation challenges nor outline strategy for addressing them.

Attribute Characteristic 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.

In a similar way to how Attribute Characteristic 2.7, describes how sub- sector *strategies* need to reflect the national level health strategy, their respective *operational plans* need to do the same in order to ensure that the national strategy is implemented through the various implementing organizations. This means that the operational plans for geographical regions or disease-areas or for a particular organization need to reflect the priorities and targets in the national level operational plan. This could be reflected in the activities proposed, the roles and responsibilities assigned and the indicators for monitoring progress. It is important to note that some countries have bottom-up rather than top-down setting of annual targets for decentralised entities, reflecting what can realistically be achieved rather than nationally set targets.

Whilst the operational plans may not be available to assess, the joint assessment can identify whether there are well-designed mechanisms in place to ensure that the operational plans are linked.

What to look for	Where to look	Warning Signs
• Clear links between the priorities outlined in the national strategy, and the sub-sector operational plans in existence • A clear and coherent mechanism to assess that these linkages exist and to correct any misalignment between the two.	• National strategy and its operational plan • Relevant sub-sector operational plans • Planning and budgeting guidelines given to districts, agencies or programmes. • Relevant committee minutes	• Sub-sector operational plans bear little or no relation to the national strategy • Lack of clarity in the mechanism to ensure linkages between the national strategy and the sub-sector operational plans

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.***

A national strategy needs to be complemented by other types of planning documents that describe how resources are to be deployed in order to carry out the activities described e.g. plans for staffing, procurement and supply management (PSM), logistics, and budget allocation. This attribute refers to how resources will be allocated to support the delivery of a national strategy.

Human resources are often a challenge for countries. Having skilled clinical, health promotion and support staff, as well as managers, is essential for delivering services, but all too often the health services have problems filling posts with qualified personnel. As with other attributes, the assessment should focus on whether shortcomings in human resources capacity or distribution have been analysed and whether there are strategies in place to try and ease the biggest bottlenecks.

In most countries, it is important to consider the rural areas and poorer regions in the allocation of all kinds of resources, especially human resources. Ensuring that peripheral and remote facilities are staffed, funded and have essential drugs and supplies needs to be a key consideration when deploying resources.

Attribute Characteristic 4.3

The organization of service delivery is defined and the strategy identifies the roles and responsibilities of service providers and resources they require.

The national strategy (or its supporting documents) should provide an overview or mapping of all levels and all types of providers involved in delivering the health services and interventions necessary for achieving the strategy's objectives. A comprehensive overview would include public and private sector providers, as well as service delivery in other sectors. The overview needs to include a description of how the different actors relate to each other, lines of accountability and lines of supervision. A well-organized delivery system will have clear lines of referral, linked to increasing levels of sophistication in service delivery capacity at each higher level of the system. There should also be supporting information on the minimum resources required to deliver services at each level.

What to look for	Where to look	Warning Signs
• A description of the organization of service delivery that includes roles of all types of service providers; • A description of referral levels and responsibilities, including what minimum services should be available at each referral level.	• Service delivery framework and detailed definition of the essential package or service level standards at each level • Referral plan or management plan	• There is no overview provided of the service delivery system • Referral levels and minimum services available at each level are poorly defined

Attribute Characteristic 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.

Systems need to be in place to ensure that there are sufficient resources to deliver the priority interventions at central and local levels. These systems could be operationalized through, for example, allocation criteria and/or minimum service level standards. Allocation criteria should include an indication of how recurrent and capital expenditures, human resources and commodities such as drugs, equipment and transport means will be distributed across service levels and geographical areas. There also needs to be transparent criteria in place for government allocation to non-state actors. Allocation of recurrent funding – whether across services, regions, inputs, the mix of public and private providers, etc. – is a part of health financing arrangements, though this is not always recognized explicitly. Capital investments should be based on needs assessment which includes both public and private capacity.

It is important to take into consideration that countries can choose different ways of allocating budgets, e.g. linked to specific inputs/activities/objectives vs. global frame budgets, the latter resulting in more budgetary flexibility for managers. Also in some decentralised systems, decisions on allocation of funding between sectors are taken at the lower level.

It is important to understand how the strategy and allocation mechanisms will affect the financial and human resources and commodities available to providers of services. Do only public sector providers receive funding? If so does this create gaps in coverage for areas where no public sector provider exists? Are there contracts for the provision of services through non-state (e.g. NGO or private) providers? Do these contracts include payment for preventive services (e.g. vaccination, prenatal care, etc.) as well as treatment? What payment mechanisms are specified in such contracts, if any?

Equity in distribution is also important. Do poorer districts and regions receive a fair share of resources taking into account their population size, health needs and operating costs? Does the budget allocation from central level take into consideration local fiscal capacity? Does the allocation mechanism help to tackle problems of insufficient skills in rural facilities?

Finally, is the allocation strategy effective in terms of ensuring that allocation to different types of services is appropriately balanced? Or are there types of services or levels of services that receive a disproportionate amount of financing compared to the needs identified in the situation analysis?

What to look for	Where to look	Warning Signs
• Clear principles for allocating financial and human resources and commodities to different programmes and levels in the health system. • Analysis of whether sub-national fund allocations are based on equity, e.g. poorest regions receive a greater amount of central funding per capita • Analysis of distribution of resources (financial, HR, drugs, capital investments etc.) across levels (e.g. district, regional, central), types of care (e.g. curative, preventive) and geographical areas. • Clear budget allocation mechanisms to other public sector and non-state actors where strategy is to finance these partners • Human resources strategies for improving distribution of health workers	• Financial management plans and annual financial plans • Financial evaluation or public expenditure review reports • National health financing policy • Budget disbursement reports • National Health Accounts • Staffing standards and HR plans • Budget allocation formula in decentralised systems	• Past disbursement trends show chronic unequal allocation across different geographic regions or to different implementing partners. • Budget allocations are concentrated on central level, high cost items and do not reflect strategy priorities • The strategy indicates arrangements to fund other organizations to implement certain interventions but there are no clear budgetary mechanisms to support this.

Attribute Characteristic 4.5

Current logistics, information and management system constraints are described, and credible actions are proposed to resolve constraints.

Another important challenge for many countries is ensuring that drugs, material and equipment flow smoothly from the central level out to service providers and to service users. The smooth operation of logistic and management systems ensures that stock-outs of critical drugs or materials seldom, if ever, occur, so that the quality of services and interventions can be maintained.

Health sector programmes have highly complex logistics requirements, which include understanding the dynamics of supply and demand for a multiplicity of items, so that managers can plan for transport requirements and warehouse space. Good information systems help to support the management of logistics and there are many different types of information software available now to help countries to strengthen their logistics.

Find resources on logistics management at:

For documents and reports on general health sector logistics management: http://deliver.jsi.com/dhome/resources;

For information on ARV and other HIV commodities logistics management information: http://www.who.int/hiv/amds/lmis/en/index.html ;

What to look for	Where to look	Warning Signs
• An analysis of current logistic management systems that examines strengths and weaknesses, including any institutional appraisals done by government and/or other development partner agencies • Strategies and interventions are described to strengthen logistics and logistics management systems that are appropriate and achievable. • Use of single software systems for managing logistics related information • Criteria provided for distribution of transport, equipment and (if not part of recurrent budget) drugs and medical supplies, that are in line with strategic priorities, e.g. priority on district and sub-district service delivery. • Criteria, plans and budgets provided for replacing equipment and transport - including estimating replacement/ maintenance cost. • Maintenance and recurrent costs for logistics included in the budget of the strategy	• Management and/or Logistics strengthening strategy or logistics section of strategy document • PSM assessments for programmes or reviews of national and provincial stores • PSM plans for specific disease programmes • Studies into logistics management strengths and weaknesses and risks • Logistics information systems	• Little or no effort has been made to analyse logistic management system weaknesses • No process for regularly reviewing logistics and/or management performance • Weak information system, or multiple information systems, used to inform logistics management • Maintenance and recurrent costs of transport and equipment not included in the budget

Attribute 12: ***The adequacy of existing institutional capacity to implement the strategy has been assessed and there are plans to develop the capacity required.***

The situation analysis will have highlighted strengths and weaknesses in human resource capacity and capability and in the supporting systems and institutions needed to make the health system work. The strategy should include measures to address the main areas of concern. This may include measures to increase the capacity of the existing human resources by expanding their skills and roles, as well as measures to improve capacity of institutions through strengthening management systems, improving supervision and using technical assistance. These capacity strengthening plans needs to be costed and funding committed to implementing the plan. Otherwise the strategy is only a wish list or statement of aspiration without the resources and capability to support its implementation.

Attribute Characteristic 4.6

Human resource (management and capacity) needs are identified, including staffing levels, skills mix, distribution, training, supervision, pay and incentives.

Having adequate human resource capacity, in terms of numbers, training and experience, is critical for ensuring the equitable spread of good quality service and intervention delivery. Many governments do not collect routine information on public sector staff numbers and skill mix, and even fewer keep track of what training health workers have undertaken to update or upgrade their skills. There is now renewed effort within Health Management Information Systems to support more useful routine data collection on staff in the public sector so that workforce planning becomes more feasible.

A further challenge is monitoring staffing levels and skill mix in the non-state sector, especially with private sector providers, and analysing whether or not there is an adequate level of staffing across public and non-state sectors in any particular area. While the role of non-governmental (and especially faith based) organizations is well-recognised in most countries now, there is often not a sufficient flow of information between the two sectors. This makes it difficult to judge numbers needed to train and to enter the workforce in relation to numbers leaving. Private providers are too often not counted at all, even though they may be covering a large percentage of the population living in their areas. The more these dynamics are understood, the better governments and their partners can engage in addressing workforce planning and development needs.

Consideration needs to be given to what motivates staff to stay in their jobs and to continue to provide quality services. While pay is one feature of this, many studies have found that health workers are also motivated by improved health facility conditions, supportive supervision, well-defined career structures and salary structures, better living accommodation and access to schools, the management culture of the organization (authoritarian vs. empowering) and recognition of a job well done. The strategy may include a mix of these non-financial incentives suited to the context.

What to look for	Where to look	Warning Signs
• Efforts to do workforce planning for key personnel at all levels in order to understand current and future workforce demand and supply needs • Analysis of human resource capacity and constraints throughout the health delivery system, including for policy analysis, planning, financial and logistics management and health service delivery • Analysis of factors contributing to recruitment and retention of staff, such as training, career progression, supervision systems, strategies to encourage staff to work in hard-to-reach areas, etc. • Existence and use of a human resource monitoring system using routine data collection on HR supply	• Human Resource (HR) Strategy or plan or HR section of strategy • HR capacity and capability studies that have informed the development of a human resources strategy • HR monitoring data	• Little or no effort has been made to analyse HR needs and possible bottlenecks • Focus on training and no attention to other factors that increase motivation and improve institutional capability. • No detailed costings of human resource improvements or no budget for addressing human resource constraints.

Attribute Characteristic 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.

This characteristic is looking at whether the capacity of core systems has been assessed and plans developed to address the critical weaknesses that could disrupt smooth implementation of the strategy. It is intended to look at both the skills of staff to carry out their roles and the capacity of the systems to

enable the functions to be completed (e.g. having the information, resources and structures to allow efficient implementation).

During the strategy development process, there may have been systematic assessments of the institutions and systems that are critical for implementation, which provide the basis for plans to increase capacity and performance. These may have different titles such as 'management and organizational capacity assessment' or 'institutional analysis'. They typically consider issues of roles and responsibilities, numbers of staff and their skills, structures, tools, organisational culture and incentives/barriers to achieving improved quality and scale up access to services. For a USAID brief on institutional assessment, see http://www.classtoolkit.org/sites/default/files/documents/Recent_Practices_in_Monitoring__Evaluation.pdf

Planning and budgeting is a core role for the units responsible for delivering activities and implementing the strategy. There are skills and capacity needed at various levels for this – depending on the management arrangements in the sector there may need to be separate plans and budgets for district health departments, district hospitals, disease programmes and central institutions and services.

Supervision often covers both how management systems are working, as well as clinical supervision as part of a quality assurance mechanism. In countries that have decentralised some or all aspects of management much of the burden of supervision rests at sub-national level, with occasional supervisory support from central levels. Some disease specific programmes may have more centralised supervisory structures, which may complement decentralised supervision, or, occasionally, conflict with other supervisory structures. For this reason it is critical that roles and responsibilities for supervision are clearly defined and that people who are designated supervisors are well trained in how to supervise their areas of responsibility. It is also important that supervision is supportive and not punitive.

What to look for	Where to look	Warning Signs
• Institutional strengthening plans which address identified weaknesses in the quality of institutional performance and in the capacity and incentives to deliver the strategic plan. • Strategies and budgets to strengthen support systems including for district management, management information, and maintenance of medical equipment and buildings. • Systems for planning and budgeting at each level of the health system. • A description of supervisory procedures, roles and responsibilities at all levels, with details of what each level is supervising and reporting on • An analysis of strengths and weaknesses of supervision and oversight functions and plans for how to strengthen supervision • Feedback loop for the results of supervision visits	• Institutional assessments and capacity building plans for institutions that are key to implementation (government and non-government institutions). • Capacity assessment of district health management systems and plans to strengthen them. • Past reviews of planning and budgeting by districts and institutions • Supervisor's handbook or guidelines • Studies that have reviewed supervision.	• No in depth assessments of strengths and weaknesses of management systems including capacity of central level and district management in planning, budgeting, supervision and information systems • There are no clear guidelines for what is being supervised or reported or who is responsible for supervision • No consideration of how to address barriers to effective supervision and/or no resources allocated to strengthen supervision. • Supervision is authoritarian

What to look for	Where to look	Warning Signs
to be reported both to individuals and to higher levels. • Procedures, capacity and budget for preventive maintenance of buildings and equipment.	• Interviews with staff working at each level of the supervisory system and supervision reports.	and punitive; not supportive. • Some key weaknesses in capacity or incentives have not been addressed.

Attribute Characteristic 4.8

Strategy describes approaches to meet technical assistance requirements for its implementation.

Technical assistance (TA), both short and long term, can help fill gaps where local resources are not available, while strengthening national capacities. In order to ensure that TA provides what is needed, it is as important to define clearly what the needs are, what type of assistance is required, and how any TA provided will help build local capacity to carry on the same activities in the long-term. TA can come from local non-public sector institutions as well as from sources external to the country.

What to look for	Where to look	Warning Signs
• An analysis of capacity building and technical assistance (TA) needs with TA requirements for next planning period specified. • Technical assistance plan includes linkages with capacity building to develop required local capacities and addresses weaknesses or gaps identified in capacity to deliver the strategy.	• Technical assistance plans • Capacity building and Capability plans	• No analysis has been made of national capacity in order to define technical assistance (TA) needs • TA planning is not based on analysis of gaps • TA plans are not clearly linked to capacity building

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[17].***

Financial management and procurement arrangements includes a package of arrangements that an organization has in place in order to manage well the organization's financial resources and to discharge its accountability and fiduciary responsibilities vis-a-vis the public and financiers. Within the governing legal and institutional framework and international standards and Guidelines, the package includes:

- planning and budgeting,
- budgetary and financial internal controls regulating the use of budget
- processes for contracting and financial transactions and decisions,
- funds and resources flow arrangements
- accounting and financial reporting standards and requirements,

[17] The JANS does not go beyond a capability assessment for financial management and procurement and does not undertake a fiduciary assessment. A detailed FM and procurement assessment (FMA) would be carried out separately to form the basis of funding decisions by many DPs. These FMAs will be hopefully carried out jointly to reduce the burden.

- internal and external scrutiny and risk management.

Ministries and Agencies have dedicated directorates for managing sector finances, and most publicly managed health programmes would have their accounts managed by that financial directorate. Where a National AIDS Coordinating Authority (NACA) exists then it will also have a finance department to manage the NACA's finances. Alternative measures and arrangements may be in place in countries where the systems and environments are still weak and underperforming. In addition to the above, depending on the country circumstances, sub-national levels may have their own financial management requirements and reporting obligations.

There are different dimensions to consider under each Attribute Characteristic for Financial Management and Procurement. These dimensions and salient features of a good procurement and financial management system from the JANS perspective include:

- Approved, up to date, and documented financial regulations are in effect, are clear and available to and well understood by officials;
- There are rules for financial transactions and procurement to be carried out efficiently, on time, and transparently so to ensure best value for money for public and availability of reliable historical data for future estimations and planning;
- Proper accounting records and audit trails are maintained throughout the year and Financial Reports are directly produced from the FM system; are relevant, accurate and user friendly; and regular reporting cycles are adhered to with reports provided to relevant authorities and partners; and
- There is evidence of effective control over income, payroll and other expenditures; procurement; capital assets; and efficient management and complete reporting, and there are mechanisms to identify weaknesses and to take corrective measures.

Ministries and NACAs also need to demonstrate that they are being held to account for how they manage finances, in the same way that they should demonstrate that they hold all their budget holders to account.

Some aspects of financial management arrangements need to link closely with plans to reform health financing (especially on contracting providers and funding flows). For a description of how some key areas of health financing policy relate to financial management systems see:

Chakraborty et al. 2010 "Aligning public expenditure and financial management with health financing reforms." Chapter 10 in Kutzin et al., eds. Implementing Health Financing Reform
http://globalhealth.stanford.edu/news/documents/WHO_health_financing_publication.pdf

Also see "Increasing the efficiency of government spending" in "Health Financing Revisited":
http://siteresources.worldbank.org/INTHSD/Resources/topics/Health-Financing/HFRChap6.pdf

http://www.who.int/management/Finances7InYearManagement.pdf is a guide to how to manage financial resources more generally. It is written for district level but provides useful guidance for all financial managers.

Attribute Characteristic 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.

Where international standards and good practices are present or there are plans to reach this level of development in financial management and procurement, this will enhance the degree of trust and confidence.

Countries will have their own national standards to meet national reporting requirements to central level authorities and audit requirements imposed by the Country's Supreme Audit Institution (SAI), such as the Auditor General, Cour des Comptes, or National Audit Office. In decentralised environments, financial management systems need to be sufficiently flexible to provide useful reports at both decentralised and central levels of government. It is important to check that financial management procedures and systems as described in national strategy documentation are able to meet national reporting obligations and that human resources and expertise are adequate to apply those. It is also critical to compare the chart of Accounts against the strategy and budget classification to verify that comparative budget and actual reports can be produced.

There needs to be a mechanism whereby the senior most budget holder at each level can review expenditure against budgets on a regular basis so that any problems become apparent through routine monitoring, and not wait for audits that take place many months later.

There needs to be sufficient staff capacity and core competencies to ensure efficient disbursement to all levels; and, where appropriate, to different implementing partners. It is important that there are systems in place, and appropriate staffing, to ensure that funds are disbursed regularly, usually according to an annual disbursement plan. This allows budget holders to spend funds against their own budget plans. Timely disbursement is a critical element for successful implementation of any strategy and plan. Too often activities are delayed or pushed into subsequent financial years because of delays in disbursement. If this happens often then it becomes very challenging, if not impossible, to meet overall programme objectives and targets.

In accordance with the aid effectiveness agenda, many development partners have harmonised how they assess the strength of national financial management through the Public Financial Management (PFM) Performance Measurement Framework (PMF) from the Public Expenditure and Financial Accountability (PEFA) programme. Countries that have committed to using the PFM performance measurement framework will have performance assessment reports available that give a useful overview of the state of financial management at central and sometimes at sector and sub-national levels. For more information go to: http://www.pefa.org/en/content/pefa-framework

Countries that do not yet use the PFM-PMF will usually have undergone other forms of financial system assessments, both for central government financial management capacity and for specific sectors or multi-sectoral programmes. Where such appraisals have been done, by the World Bank (e.g. Public Expenditure Review - PER, Country Financial Accountability Assessment - CFAA, Country Procurement Assessment Report – CPAR) or by bilateral donors, these provide useful analysis of PFM strengths and weaknesses.

Financial management assessment

What to look for	Where to look	Warning Signs

What to look for	Where to look	Warning Signs
• Financial procedures and requirements described for the National strategy fit with national standards for financial management, reporting, and accountability. • Public Financial Management assessment or equivalent has been done and the recommendations are implemented or action plans are being implemented • Financial management regulations are up to date, approved and easy to access and understand • Existence of a (multi-stakeholder) Financial Management Committee that regularly reviews the sector's budget, income and expenditure • Existence of adequate segregation of duties and skills to provide oversight and mechanisms for reporting and correction • Description of budget holders and levels of financial accountability at all levels • Internal audit office staffed by qualified internal auditors, and resourced	• Constitution, decrees, Audit and Finance Laws, Financial regulations issued by Ministry of Finance (MoF), SAI, Anti-Corruption Commission (or equivalent) • SAI directives and or guidelines, audit reports and proceedings of Parliamentary Public Accounts Committee (PAC) or equivalent • PFM Performance assessment report or equivalent, PER, Country Performance and Institutional Assessment (CPIA) where available • Minutes of routine financial management committee meetings • Organization chart and job descriptions of finance department, list of vacant positions. • A sample of monthly/quarterly returns, budget out turn, reconciliation, and variance analysis, vote books.	• Sector strategy or programme financial management regulations do not refer to or bear relationship to national financial regulations • PFM performance assessment report indicates serious shortcomings in the health sector and no apparent corrective actions have taken place • Financial management regulations are unavailable, out of date or still in 'draft' form • PAC does not meet or has little capacity/clout; and Financial management committee do not exist or meets very irregularly • Finance Department is small, unclear responsibilities, no written job descriptions. • Accounts are not maintained regularly, reports not produced on time according to the national requirements. • Audits delayed and/or not followed up

Assessment of disbursement systems and capacity

What to look for	Where to look	Warning Signs
• Annual disbursement plans that detail the flow of funds from MOF and donors to the sector or programme, and from central level to the periphery. • Staff numbers and responsibilities for disbursing and reporting on funds area described at all levels • Clear lines of budget holding authority and reporting at each level of the system • Trends in disbursement flows to different levels and different implementing partners in the system over the last two years	• Financial management plans and annual financial plans • Financial management staffing arrangements at all levels • Financial evaluation or review reports • Ministry and NACA disbursement reports • Sub-national and implementing partner reports of income receipts • Accounts statements	• There are no annual disbursement plans provided, or essential elements are missing (e.g. MOF disbursement or donor disbursement). • There are no clear lines of responsibility indicated for disbursing and reporting on funds. • Disbursement trends show chronic late disbursement throughout the system (MOF to MOH; MOH to sub-national; MOH to implementing partners)

Attribute Characteristic 4.10: Procurement systems meet national and international standards. Areas requiring strengthening have been identified, drawing on other studies, and there is a costed realistic plan to address these.

Procurement and supply management systems and strategies consider the continuum of activities, from assessing demand for e.g. drugs and supplies (e.g. through quantification exercises); procuring items in a timely manner according to well defined, transparent and regulated policies; receiving drugs and supplies; providing sufficient warehousing capacity for storage; and managing the supply chain for distributing drugs and supplies throughout the health care or other relevant system. A good indicator of whether these policies, systems and strategies work well is that there are only minor stock outs of drugs or supplies at any service delivery point in the system, and there is very little wastage (e.g. where medicines have gone beyond their expiration date).

It takes a great deal of effort to set up and manage a procurement and supply chain system. In some countries, multiple development partners' requirements can bring added burden to an already overstretched procurement manager, particularly when different partners insist on procuring and/or distributing medicines and supplies bought with their funds. In order to reduce duplication and overburdening, it is very important for governments to have in place credible policies and demonstrate good capacity to manage and maintain systems and strategies throughout the procurement and supply chain.

Procurement policy and systems should be assessed to ensure they comply with international guidelines and can demonstrate evidence of adequate, accountable, and transparent procurement and supply management systems with capacity to reach target populations. Procurement policies and practice are often the hot topics of discussion within government departments and between governments and partners. Procurement, especially of high value items, can be seen as potentially high risk and so procurement procedures are particularly heavily scrutinised by funding partners.

Fortunately, as with financial management, there are robust, international guidelines in place that are used by most countries to guide the development and implementation of procurement policy. Central government may have set up specific procurement directorates to provide oversight of all public procurement in an effort to bring all state funded procurement up to international requirements. The national strategy should make reference to how procurement in the sector or programme complies with national procurement policies and procedures.

In some cases public procurement law and policies may post-date the development of sector specific or NACA specific procurement policies and procedures. In such situations there needs to be a sensitive assessment of whether the sector or NACA are moving towards aligning with national policies and agreement where, for various implementation reasons, there might be deviation. For example, the NACA or MOH may allow higher ceilings for 'sign off' on procurement contracts than is stated in national law, but because the NACA or MOH has dedicated, qualified and well-proven procurement staff the central authority agrees to let the organization maintain its current ceilings.

Diagnostic reviews such as the Country Procurement Assessment Reports are normally carried out by the World Bank and are available for each country.

For a general toolbox on Procurement and Supply Management: http://www.psmtoolbox.org/en/

For a guide to writing the Procurement and Supply Management Plans provided by GFATM: http://www.theglobalfund.org/en/procurement/guide/

What to look for	Where to look	Warning Signs
• The presence of annual procurement plans that detail not only what needs to be procured but also any system strengthening measures to be put in place • A description of drugs and medical supply procurement and supply chain management that meets best practice standards • An analysis of strengths and weaknesses of current procurement and supply chain systems, with discussion of actions to be taken to strengthen current systems, e.g. any government assessments or donor appraisals of current procurement systems • Specific procurement oversight functions are well described, with roles and responsibilities described at all levels • Central government oversight function is in place with staff assigned to monitor procurement • Good monitoring of procurement procedures, capacity and audit results through a procurement committee that meets regularly and which includes external representation • Procurement audit procedures are well described and adhered to • Quality of procurement audit and actions taken to improve PSM policies where analyses have indicated particular weaknesses	• National public procurement law and policy documents as well as the infrastructure and architecture • Procurement policy and guidelines applicable to the sector, NACA, and district • PSM plans for specific diseases • Terms of reference for procurement departments and contracted procurement agencies • Terms of reference for procurement audit • Studies that have analysed or appraised the sector, NACA or medicines procurement function • Country Procurement Assessment Reports • Interviews with central medical stores staff or equivalent. • Procurement audits • MIS system and its mission-critical functions. • Capital investment plan	• Procurement guidelines do not reflect international best practice guidelines; • There is a poor description or poor definition of roles and responsibilities of key positions in the procurement process • Procurement audit function is not described • Weak linkages between central level procurement oversight and sector or NACA procurement departments, in countries where central departments are well established • Weak past performance due to poor procurement and supply chain management (e.g. procurement audits, Global Fund grant progress reports) • Multiple procurement and supply chains are in operation. • No analysis of PSM policies has taken place.

<u>Attribute Characteristic 4.11:</u> 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.

The definition of a 'fiduciary process' is a process related to something that is being held in trust for someone else. Reasonable assurance can be provided by independent internal and external audits and by parliamentary oversight. The role of the Joint Assessment (JANS) exercise is to verify that:

a) there is an effective process for discharge of Accountability obligations, as evidenced by routine internal and external audits of financing, procurement and resources management at all administrative levels;

b) that the auditors are qualified and independent;

c) audits include assessment of value for money; and

d) mechanisms for following up audit findings are in place and functional.

Audit is a critical function of good accountability framework, and the credibility of audit systems can help organizations to persuade investors that their financial management bears low risk. Most large

organizations, such as government ministries and NACAs will have internal auditors as part of their financial teams, as well as procedures in place for external auditing. The internal audit function helps an organization to self-assess through regular monitoring of the financial practice. External auditing provides an independent and neutral quality assurance of financial management systems. Both internal and external auditing has an important role to play in an organization.

Good practice models of fiduciary processes include a rigorous and value adding system of internal audit so that problems can be identified relatively early on, accompanied by rigorous external audit, which should validate internal audit findings and the quality of financial management systems more generally. Generally there should be both regular financial and procurement audits.

Audits should also look at value for money – often defined as looking at economy, efficiency and effectiveness of expenditure. The International Organization of SAIs (INTOSAI) Lima Declaration of Guidelines on Auditing Precepts - (October 1977) includes the following section on Financial Audit and Performance Audit:

- *'The traditional task of Audit Institutions is to audit the legality and regularity of financial management and accounting.*
- *In addition to this type of audit, the importance and significance of which is undisputed, there is another type of audit, which is orientated towards performance, effectiveness, economy, and efficiency of public administration. This audit includes not only specific aspects of management, but comprehensive management activities including organization and administrative systems.*

A parliamentary or other Public Accounts Committee (PAC) should credibly investigate alleged irregularities and apply appropriate sanctions. For audit to be truly effective, and particularly in the case of the public sector, audit reports should also be scrutinised by a sectoral audit committee and by the PAC or a finance committee of democratically elected institutions, who need to have oversight of how public funds are being used, on behalf of their constituents.

Audit reports highlight possible financial irregularities and make recommendations to managers for how to strengthen any apparent weaknesses in financial management systems. There should be evidence that managers have acted on these, by both ensuring that those responsible for any irregularities have been held to account and steps have been taken to implement audit recommendations more generally.

There are two important features of audit. One is that there are appropriate procedures and systems in place that follow international best practice. The other is that those working at senior management level respond to audit reports and take appropriate corrective action where poor financial practice is identified. Under the JANS exercise, it is therefore important to assess the robustness of mechanisms in place to ensure appropriate audit procedures and responses to audits.

A concern raised in a number of countries is that national oversight does exist, but that scrutiny of audit reports occurs three or four years after a specific audit takes place. In these cases it is difficult for elected representatives to hold particular ministries or programmes to account for any problems indicated some years in the past.

See also: http://www1.worldbank.org/harmonization/romehlf/Background/Audit%20Policies%20and%20Practices.pdf

Independence, authority, skills and competencies of auditors should meet national and international standards. Both internal and external auditors need to have the right mix of skills and authority to do their jobs well. The question of authority can be especially challenging for internal auditors who have to work within the organizations that they routinely audit. Writing critical reports about the work of

colleagues is never easy, so that those who have the internal audit function must work at a suitable level where what they say has credibility and where they have good access to all sources of information they might need. While external auditors may not face the same day to day challenges as internal auditors they also need to be credible and to be independent of any interest in the outcome of their audits.

To understand the international standards for auditor competences see: http://www.iasplus.com/ifac/0504educationies8.pdf
For guidelines on auditing see INTOSAI Guidelines: http://www.intosai.org/issai-executive-summaries/4-auditing-guidelines/general-auditing-guidelines.html and IIA guidelines: http://www.iia.org.uk/resources/global-guidance/international-standards/

What to look for	Where to look	Warning Signs
• There are audit procedures that are written down, up to date and that conform to relevant international audit standards (INTOSAI guidelines or IAS issued by IFAC); • Separate audit procedures exist for internal audit which substantially conform with the IIA guidelines and recommendations • Routine risk-based financial, procurement and performance audits are made at all levels of the management and delivery system • Full, external audits occur at least once a year • There are clear lines of communication between the Ministry or NACA and the SAI • There is an audit committee or there is a credible plan to establish one. • Scope of audit makes reference to examining the cost-effectiveness and efficiency of producing programme results • Capacity and competency of auditors in charge of value for money assessments.	• PFM Performance Report or similar diagnostic work, where available • AI website, Audit procedures or guidelines manual • Terms of Reference for internal and external auditors • Record of audit reports • Communications between organization and the Auditor General's office • Report on actions taken on audit findings • Audit TORs, procedures or guidelines manual includes value for money assessment • Value for money analytic reports	• Audit procedures do not conform to national auditing requirements (as laid out by the SAI) and/or to international auditing standards' • Terms of reference for auditors are out of date and/or not aligned with audit guidelines • Audit reports are missing or appear to be produced irregularly. • External audits are often delayed. • No internal discussions take place and no remedial actions are taken on audit findings. • Parliament does not debate the SAI report. • Audits make no reference to cost-effectiveness, efficiency or value for money as part of their regular reporting. • Auditors have not done value for money audits before.

Oversight and follow up of audits

What to look for	Where to look	Warning Signs
• Evidence that Audit reports are scrutinised by a sector audit committee, and a national body, such as PAC and commented on and debated publicly at the parliament • Timeliness of national level scrutiny of audit reports	• Financial advisory committee meeting minutes • Comments on audit reports from audit commission and/or parliament or other elected body • Senior management team meeting minutes	• There is no national scrutiny of audit reports • Scrutiny and feedback is provided more than 12 months after the production of the audit report.

• Evidence that the Senior management team regularly reviews internal auditors' reports and discusses necessary actions; • Evidence that when audit reports highlight significant problems in adherence to proper fiduciary procedures, prompt and appropriate action is taken and recorded; • Subsequent audits indicate improvement on performance on the basis of corrective action taken by management	• Interviews with senior management, audit staff and financial directorate staff on audit report outcomes and actions taken • Audit reports for the past five years. • Management letter in response to audit • Public documents such as gazettes.	• Internal and external audit reports flag specific problems with fiduciary management but no apparent action has been taken; • Audit reports indicate no change or worsening performance.

Audit procedures and skills of audit staff

What to look for	Where to look	Warning Signs
• There are audit procedures that specify the scope of work for internal and external auditors, which includes Terms of Reference for audit teams and detailed person specifications • People working as auditors and financial managers have the skills and competencies detailed in the person specification • Consistency between the above and IIA guidelines for internal audit and INTOSAI or IAS guidelines and standards for external audit.	• Audit procedures or guidelines manual • Terms of Reference for internal and external auditors	• Audit procedures are poorly developed and do not give sufficient detail of the scope and scale of what should be audited. • Person specification of auditors is missing or poorly defined • People working in auditing positions do not have the qualifications, skills and competences laid out in the person specification

<u>Attribute Characteristic 4.12:</u> 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.

Budget holders and financial managers need to be able to keep track of what money is being spent and against what budget lines. Normally, the national budgetary control system provides this ability. An essential element of a financial management plan is an indication of how financial reports will be produced, what the financial reports will look like, and the frequency of reporting. The plan also needs to make clear who is responsible for financial reporting at each level, whether financial reports trigger further disbursement of funds.

Budget management and assurance that only budgeted amounts are committed and spent is only one aspect; the other is the flow of funds and payments, which is the responsibility of the national treasury. Even with the best systems in place there can be problems with flow of funds throughout the system. It is important to analyse what has caused delays in fund flows when they occur and to seek solutions to address these causes. For those bottlenecks that lie outside the control of the health system, strategies to reduce the negative consequences need to be developed to ensure that there is as little disruption as possible to the implementation of activities and services.

In the National Strategy and the context of JANS exercise, the following is necessary:

- Explanation of how external resources will be channelled, managed, and reported on
- Description of relevant domestic financing policies (in relation to different approaches to resource pooling)

Financial donors to sectors and programmes are understandably interested in how the funds are channelled through the government system when they directly fund the public sector. How funds flow is largely determined by central government financial policies and is regulated by the Ministry of Finance (or equivalent).

It is important that government can demonstrate a transparent channel for all funds, including its own, beyond central bank accounts. For national resources, the channels are described in the National Treasury and other directives. As regards the development partners' funds, these may be described in Ministry of Finance protocols and/or within the financial management procedures of the sector or programme strategy being reviewed. One of the main areas monitored by donors is how quickly funds are disbursed from Central Bank accounts to sector or programme accounts once a disbursement request has been made. In central payment systems other arrangements are applicable (e.g. Napoleonic System with "Comptable de Tresor").

The national strategy or its supporting documents needs to **describe internal financial arrangements and funding modalities, and how internal and external funds will be channelled, managed and reported on.** The national strategy documents should provide an overview of fund flows, starting with central Ministry of Finance accounts (where appropriate) through to sector and sub-sector or sub-national accounts. This should include an annual disbursement schedule, as described under attribute 9. Where funding for the sector or programme is provided through a number of different modalities, these need describing and be accompanied by an explanation of how these different modalities complement each other. For example, if a mix of national government revenue, out-of-pocket expenditure, sector budget support and project aid are going into the health sector, there should be a reasonable analysis of what specific areas are covered by the project aid, what gaps exist, and how national resources and sector budget support can help ensure an equitable spread of resources for the whole programme or sector.

What to look for	Where to look	Warning Signs
• Description of financial monitoring and reporting responsibilities; • Routine financial reports are available that give a clear fund flows, actual data on spending versus funds received, and estimates for next period by cost centres • Routine financial reports are completed in a timely fashion, are presented and discussed with relevant stakeholders • Variation above an agreed percentage is followed up with the appropriate budget holder • Analysis of potential or actual bottlenecks	• Financial management plan – section on planning and reporting • Budget and financial reporting guidelines • Routine and ad hoc financial reports provided by programme and sector finance staff; • Communications between sector financial officers and budget holders as well as with the National Treasury and MoF-Budget Directorate • Financial evaluation or review reports • Ministry and NACA	• Incomplete and untimely cash-flow projections and poor communications with the MoF – Budget Directorate and National/Provincial Treasury • Financial reports do not provide summary and detailed information against agreed budget and cost centres • Financial reports are incomplete with only some cost centres reporting. • Routine reporting is frequently delayed leading to delays in further disbursements • Disbursement trends show chronic late disbursement throughout the system (MOF to MOH; MOH to sub-

What to look for	Where to look	Warning Signs
• Mechanisms are in place to detect and address bottlenecks when they occur. • There is a detailed description of how and where funds enter central bank accounts, how disbursement requests are made and disbursement procedures from and to all levels; • There are specific sections in routine financial reporting that record fund flows and management; • There is a good description of alternative funding modalities in operation for a sector or multi-sectoral programme	disbursement reports and updated projections • Sub-national and implementing partner reports of income receipts • Strategy financial management plan • Sector or multi-sectoral programme financial management plans • Public Expenditure Tracking Survey (PETS) • Central Government (MOF) financial policy documents • Memorandum of Understanding, especially in the case of pooled funding arrangements.	national; MOH to implementing partners) • Main bottlenecks remain poorly analysed and understood with few or no measures in place to improve disbursement systems overall. • Financial management plans do not describe how funds are channelled, or are out of date with current practice • Disbursement reports are unavailable, or clearly indicate that disbursement between levels in the system is severely delayed. • Accumulated arrears at the national or sector level • Lack of reports from key institutions such as national health insurance fund.

Attribute 14*: Governance, accountability, management and coordination mechanisms for implementation are specified.*

Governance systems and structures are often made up of different layers of committees. Often there is a senior or executive management committee at the top of the governance system to whom all other committees report. In heavily aid dependent countries governance structures below the senior management committee often include representatives of donor partners and of implementing partners. Some NACAs have set up a separate partnership forum to facilitate wide participation in strategic and operational discussions. Global Fund country coordinating mechanisms (CCM) are another type of governance structure that countries may have in place to have oversight of AIDS, malaria and TB programme implementation. Governance systems will vary according to the context of each country, as well as who participates in the different layers of governance structures. What is key here is that a governance mechanism exists and is functioning well.

An important component is democratic oversight for example parliament, local council, hospital boards and facility committees. Also important is publicly accessible information on budgets, service level standards, user fees and general patient's rights.

Good FM and procurement systems are essential parts of good governance as are anti-corruption measures.

Coordination with non-state implementing partners is important, and easier where some public funding is used to finance implementing partner activities. Increasingly countries are entering into contractual arrangements with non-state implementers, through service level agreements or grant agreements that detail again the roles and responsibilities of each party.

For a general set of resources on governance and the health sector: http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health

For a WHO report on Governance in the health sector: http://gis.emro.who.int/HealthSystemObservatory/PDF/Publications/Reports%20of%20Workshops%20and%20Meetings/PHP043healthsystemgovernancefinal.pdf

Attribute Characteristic 4.13: Internal and multi-stakeholder external governance arrangements exist that specify management, oversight, coordination, and reporting mechanisms for national strategy implementation.

National strategies should describe the different types of governance structures and how they relate to each other. This should include the existing national governance processes for parliamentary and local government oversight.

What to look for	Where to look	Warning Signs
• A description of governance policy, accompanied by details of governance structures, their responsibilities and how they relate to each other • A description of governance arrangements that include multiple stakeholders. This may include private sector, civil society, development partners and NGO implementers. • Role of democratic institutions in oversight. • Clear description of which levels in the governance structure have an advisory role and which levels have authority to take which decisions. • Policy includes what sanctions are to be imposed if good governance procedures are not adhered to. • Stakeholder (including donors) roles and reporting requirements are clearly laid out in the operational plan • Details of mechanisms for resolving conflicts between stakeholders should disputes arise. • Mechanisms for Complaint handling for service delivery, procurement and contract management • Code of conduct for officials and obligation for Declaration of Assets by the top officials. • Accountability rules for NGOs	• National strategy includes a section on governance policy and structures • Memorandum of Understanding between government and different stakeholders • Interviews with key stakeholders with roles in governance structures • Minutes of governance committees • Regulations for handling of service delivery complaints • Regulations and mechanisms regarding complaint handling of bidders and contractors • Documentation regarding the National civil servants code of conduct and legal obligations for top officials to declare their assets and those of their immediate family • Regulations regarding the NGOs audit of accounts as public interest.	• Governance policy and structures are not described • Governance procedures exist but are not adhered to and no action to rectify the situation has taken place. • No written code of conduct or mechanism for monitoring • No regulation governing the declaration of assets by top officials. • Unclear obligations of NGOs in terms of accountability to the public, including social accountability such as voluntary publication of audited financial statements.

Attribute Characteristic 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 accountability and governance issues will be overcome to fully comply with the national regulations and international good practice.

This characteristic focuses on how effective the governance structures are. Where there have been gaps or weaknesses in governance, then the strategies to improve these should be spelt out in the strategy or its supporting documents.

What to look for	Where to look	Warning Signs
• An analysis of how well governance mechanisms are working, and suggested actions for reducing overlapping or conflicting structures and systems and for strengthening governance. • Policy includes what sanctions are to be imposed if good governance procedures are not adhered to. • The parliament and its committees provides oversight and legitimises the financial operations and results.	• Section in the national strategy on governance policy and structures • Interviews with key stakeholders with roles in governance structures • Minutes of governance committees • Reviews of governance and accountability structures • Findings of parliamentary committees (e.g. health committees, public accounts committee)	• Governance procedures exist but are not adhered to and no action to rectify the situation has taken place. • No real influence of democratically elected bodies. • Complaint handling mechanisms do not exist or do not function well. • NGOs do not follow rules on reporting

5. MONITORING, EVALUATION AND REVIEW

This category of attributes assesses the **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.*

Governments and their partners are focusing on strengthening results-based planning. The pressure has become more acute especially in countries that are not on track for meeting their long-term national health goals as well as nearer-term MDG targets. Ministers, senior managers and partners are all keen to see performance improve and plans become more effective. There is also increasing recognition by governments and partners that they can and should make better use of their monitoring systems for providing feedback to service providers and partners on how well they are performing and contributing to the achievement of a programme's or sector's objectives and delivering results.

The presence of a comprehensive monitoring and evaluation[18] system, which gives regular updates on progress, is vital for improving performance and hence delivering results. The M&E system should be aligned with national strategic objectives, as well as able to coordinate and align disparate M&E processes and mechanisms that have developed across various teams and programmes. All national strategies need an M&E plan that provides timely and accurate information to government and partners, and which can help inform performance reviews, policy discussions and periodic revisions to national strategies and operational plans.

Ensuring that input, process, output and outcome indicators are robust and reliable may be of greatest initial importance, with more advanced work to assess impact of various interventions progressively phased in, as the capacities of underlying M&E systems and personnel are enhanced.

Guidance developed jointly by WHO and other agencies is: "Monitoring, Evaluation and Review of National Health Strategies: a country-led platform for information and accountability." IHP+. 2011 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/M_E_Framework/M%26E.framework.2011.pdf

WHO, Monitoring the building blocks of health systems, a handbook of indicators and measurement strategies, October 2010, http://www.who.int/healthinfo/systems/monitoring/en/index.html

UNAIDS guidance on various aspects of monitoring and evaluation of HIV programmes http://www.unaids.org/en/dataanalysis/datacollectionandanalysisguidance/monitoringandevaluationguidelines/

Attribute Characteristic 5.1: There is a comprehensive framework that guides the M&E work, which reflects the goals and objectives of the national strategy.

The M&E component of the strategy (or M&E plan) should be part of the national strategy, and monitor and evaluate progress towards its goals and objectives. The monitoring, evaluation and review activities should cover the relevant disease areas and health systems strengthening activities as well as

[18] Monitoring is defined as "bringing together data from all the relevant data sources to analyse what is happening, where and to whom. Monitoring provides timely and accurate information to government and partners in order to inform progress and performance reviews and policy dialogues ". Evaluation is defined as "a systematic and practical process of examining implementation of the national strategic and operational plans and outcomes in both the short and long term to improve and inform further development of the plans". (WHO, May 2011)

performance of the system as a whole. The framework should include demonstrating results in terms of health outcomes (such as coverage with key interventions) and impact (such as reduction in child mortality rates).

National strategies need to be supported by a monitoring and evaluation plan or framework that lays out the indicators that are to be routinely monitored, how routine monitoring will take place, roles and responsibilities, reporting formats and systems and a timetable for evaluations.

What to look for	Where to look	Warning Signs
• A Monitoring and Evaluation (M&E) plan or component of the strategy that includes a logical framework or results-based framework that reflects the objectives and priorities described in the strategy and includes measures of results. • Comprehensiveness of the performance analysis. • How often an analysis of planned versus actual performance is reported on. • Routine monitoring is complemented by more in depth evaluations that will identify reasons for and barriers to progress in key areas of the strategy and what works best.	• M&E components of the strategy or separate M&E plan • National policies on sector monitoring • Disease-specific and programme specific M&E plans	• M&E plan does not reflect the goals and objectives in the national strategy • Multiple M&E plans exist, with little or no evidence of efforts made to align them to the national strategy • The M&E framework misses out important features of the national strategy

<u>Attribute Characteristic 5.2:</u> There is a balanced and core set of indicators and targets to measure progress, equity and performance.

There are many different indicators available at country level and in international indicator sets. The IHP+ guidance on M&E points out that many indicators are difficult and costly to collect, hard to interpret and do not meet basic quality criteria of relevance, reliability and validity. The national strategy needs to identify a core set that can objectively and effectively monitor progress towards the most important objectives of the strategy. These can be complemented by more indicators and more detailed breakdown of results for programme and sub-national management purposes.

Selection of the indicators should be informed by considerations of scientific soundness, relevance, usefulness for decision-making, responsiveness to change, and data availability. The challenge is to select a manageable number of indicators that gives an overview of progress in the most important elements of the national strategy, and an appropriate balance across the results chain and across major programme areas.

There is no optimal number of core indicators but the IHP+ guidelines suggest, based on country experiences, that for national, high-level strategic decision-making the total number should not exceed 25 indicators.

Each indicator should be described including the target that is aimed for. Additionally, national strategies can provide guidance for operational plans by describing milestones benchmarks that help with measuring progress towards overall achievement of objectives or targets. For example, where the strategic objective states that 75% of pregnant women and children under five will be sleeping under insecticide-treated bed-nets (ITNs) by the end of a five- year strategic plan, from a baseline of 10% coverage, milestones can provide a guide for how much to scale up each year. This might be 20% by the

end of Year 1, 35% by the end of Year 2, and so on to reach the target of 75% by the end of Year 5. Periodic review of progress against these milestones can highlight bottlenecks and difficulties, as well as indicate where milestones were not ambitious enough and need adjusting. This analysis should then inform the next cycle of annual operational planning.

What to look for	Where to look	Warning Signs
• M&E framework agreed with all partners that includes a set of core indicators which reflect the main elements of the strategy, and cover inputs, outputs, outcomes and impact. • The strategy sets out realistic targets, interim annual milestones or targets and uses benchmarks to assess progress towards achieving targets • The indicators are measurable, valid and reliable. They allow for disaggregation to look at equity e.g. by gender or economic status. • Where possible the core indicators draw on existing data and follow international definitions. • Baseline data is in place or will be collected for each indicator. • The core indicators are consistent with those at program and decentralised levels, and these levels can provide more detail and disaggregated indicators when required.	• M&E plan or section of the national strategy • Indicator list and definitions • Implementation or Operational plans	• The indicators are poorly defined or difficult or very costly to measure. • The indicators do not align with overall strategy objectives and targets or lack measures of results in terms of outcomes and impact. • There are no interim targets or milestones • Development partners continued insistence on collection of separate data for own indicators. • Too many indicators in any specific area makes the list unbalanced. • Lack of baseline data or plans to collect these

<u>Attribute Characteristic 5.3:</u> The M&E plan specifies data sources and collection methods, identifies and addresses data gaps and defines information flows.

For each indicator, the source of data needs to be clear as well as the process, responsibility and periodicity of data collection. Sources will vary for different indicators and are likely to include routine health and management information systems, population surveys, service quality assessments and evaluation of piloted interventions.

Whilst the health management information system (HMIS) is a key source of data, most countries have identified multiple problems in clinic and programme-based reporting systems. The application of tools to assess readiness of health facilities and district performance can fill important data gaps, and provide a mechanism for validating routine facility and district reports.

What to look for	Where to look	Warning Signs
• M&E plan provides details on source of information and the method of data collection for each indicator • M&E plan or section has a list of standardized data collection tools (e.g. health facility register, HMIS formats, other surveys to be conducted) • HMIS data collection formats ensure that the data collected is logically linked to M&E indicators at all	• M&E Plan • M&E related studies used to inform the latest M&E Plan • HMIS reporting formats and reports • Sub-sector reporting (to	• M&E plan gives little or no detail on the source of information for each indicator, how data will be collected and responsibilities for data collection • HMIS data are not aligned with M&E plan indicators, making comprehensive routine

What to look for	Where to look	Warning Signs
levels, and on a routine basis; • For indicators that cannot be monitored on a routine basis (e.g. infant mortality rates, life expectancy, and service use by income quintile) epidemiological and household surveys provide information on a periodic basis. • Partners agree to use and contribute to one M&E plan and report to the National Programme/Ministry of Health (as relevant). • An analysis of what information gaps there might be, including problems with delays in reporting from certain units or areas of the country.	ensure coherence with rest of system) • Plans for population surveys and facility surveys such service readiness and quality assessments	performance monitoring impossible • Multiple data collection and reporting for same activities, with different results reported • Central level cannot access data disaggregated by household income, gender and other key determinants of health. • There is no analysis of information gaps.

<u>Attribute Characteristic 5.4:</u> Data analysis and synthesis is specified and data quality issues are anticipated and addressed.

M&E involves data analysis and synthesis, and summarizing the results into a consistent assessment of the health situation and trends, using the core indicators and targets to assess progress and performance. Units that are responsible for monitoring the implementation of strategies and plans bring together their routine data (collected through the HMIS), analyse this and provide a report that compares the projected progress against targets or indicators with what the actual results are. Where further epidemiological data is collected (such as through the sero-surveillance sentinel studies) or surveys are undertaken (e.g. demographic and health surveys, behavioural surveillance or surveys of health facility user satisfaction) the results should be used for the overall analysis of performance. This can be complemented by drawing on results of research, longitudinal studies and evaluations.

The IHP+ guidance suggests that a sound health progress and performance assessment should include analysis on (i) progress towards the strategy's goals; (ii) equity; (iii) efficiency, and (iv) qualitative analysis of contextual changes. This analysis assists with further dialogue within government and with government stakeholders about where plans have either been over or under ambitious, where bottlenecks may be occurring, where a re-prioritisation might need to occur and where extra resources might be required.

All data sources have their strengths and weaknesses that need to be taken into consideration when analyzing the data. The M&E component (or plan) should include regular and systematic data quality assurance processes that are transparent and in line with international standards. These standards include data quality assessment and adjustment (DQAA) and a functional national level M&E committee. For example, presence of a functional national level M&E committee, that meets regularly, supported by random data quality assurance spot checks at facility level, could indicate that quality assurance of the data analysis and reporting system was in place.

For information on health system information development and data management see: Health Metrics Network. Framework and standards for country health information systems. WHO. 2007.
http://www.who.int/healthmetrics/tools/en/

What to look for	Where to look	Warning Signs
• An M&E plan with a clearly thought	• M&E component of strategy or plan	• Plans are not clear on who will

out data analysis and synthesis plan that will generate useful, timely and reliable data. • The M&E plan describes how the validity and reliability of M&E indicators and systems will be assessed and quality assured. • Reports will cover progress against objectives and targets, equity and efficiency.	• M&E Committee papers and terms of reference • Data quality assessment and adjustment plans • External assessments of performance, and how these compare with internal monitoring reports.	analyse data and how often. • No plan for validation of data quality • No mechanism for stakeholders to review and discuss data quality

<u>Attribute Characteristic 5.5:</u> Data dissemination and communication is effective and regular, including analytical reports for performance reviews and data sharing.

Data need to be translated into information that is relevant for decision-making. This requires packaging, communication and dissemination of statistics and reports in a format and language accessible to the different audiences: managers, policy- and decision-makers and the wider public and civil society (for accountability purposes).

The M&E plan should define the analytical outputs that will be produced. Most countries plan for two outputs for national and global reporting: a health sector progress and performance report; and an annual health statistical report. Additionally, there can be health summary bulletins; health status report cards; policy briefs; data dashboards and colour coding. A key feature is that the analytical feed-back to sub-national level management and programmes is suitable for improving their ability to take decisions on service delivery.

What to look for	Where to look	Warning Signs
• Plan for production of performance reports and health data that will meet the needs of different audiences (global, national, sub-national) • Reports will be in time and useful for dialogue within government and with stakeholders about where plans have been over or under ambitious and where bottlenecks are occurring, to influence future plans, as well as for day-to-day management at all levels • Public access to data and reports (for accountability) • Use of graphs, colour coding and charts of performance against targets, to give a visual picture of progress and gaps	• M&E component of plan • Past annual reports and statistical publications • Past progress reviews • M&E feedback at all levels	• No regular publication of health data or programme results available to stakeholders and the public • Unclear what reporting will be delivered for progress monitoring and management • Management – particularly at district level – do not find feedback useful

<u>Attribute Characteristic 5.6:</u> Roles and responsibilities in M&E are clearly defined, with a mechanism for coordination and plans for strengthening capacity.

Good practice indicates that the roles and responsibilities for data collection, analysis and management need to be detailed at each level of the system. This includes the responsibilities of those who collect, aggregate and report on the first level of data (e.g. clinical or care data) to those who have responsibility for aggregating, synthesis, reviewing the quality, adjusting and reporting on data at the central level.

There needs to be sufficient capacity, including skills and resources, at each level to carry out these roles and responsibilities. This will require analysis of the weaknesses in the existing systems to identify the priorities for strengthening M&E and information systems and reporting capacity. The plans for strengthening capacity need to be costed and funded, either within the M&E plan or in an integrated capacity building plan.

Evidence from a number of countries suggests that it can be useful to develop M&E functions and capacity in institutions that are independent of programme implementation so as to maximize objectivity. This may also help to attract and retain staff with the necessary skill set (i.e. applied health policy analysis). However, it is important to ensure that the M&E "agenda" is set by and responsive to the needs of national health policy makers. While there is no universally "correct" institutional home for M&E, it is important to recognize and balance the needs for objectivity and independence in conducting evaluations and research with the need for proximity to national decision makers to ensure relevance of the research agenda and likelihood of ownership and use of the findings.

It is important that the M&E system is regularly assessed for how well it monitors progress and generates needed information. This review should check that indicators are measuring what they are meant to, that data analysis gives the information needed by decision makers and that plans for assuring data quality are being implemented.

What to look for	Where to look	Warning Signs
• M&E plan assigns responsibility for data management and a timetable for data collection, recording, aggregating, analysis, synthesis and reporting including feed-back to lower levels • M&E plan describes how the M&E system will be monitored, including the monitoring of data quality, with responsibilities assigned at each level • M&E plan describes roles and responsibilities for using the results of data analysis and feed-back • Analysis of M&E weaknesses, based on routine supervisory assessment of M&E practices and protocols, management reviews of M&E reports, and evaluative studies (if any) of the M&E system, M&E plan describes any constraints on capacity and incentives to report accurately • There is a plan for development of capacity to carry out M&E activities, with funds allocated, as well as an analysis of the institutional constraints and opportunities for retaining the staff with the necessary health policy analysis skills. • There are plans to review the M&E plan to assess how well it monitors progress and performance, the quality and sufficiency of the data being collected, and of data analysis processes.	• M&E Plan • M&E supervision programme and schedule • M&E supervision reports • M&E technical group/committee minutes • M&E system performance and function evaluations • Performance review reports	• M&E plan gives little or no detail responsibilities for data collection remain vague • No supervision system is in place to monitor the capacity of staff and quality of data. • No analysis or a very general analysis has been done of M&E weaknesses and no specific problem areas are mentioned. • No acknowledgement is made of M&E capacity strengths and weaknesses. • No plan to review the scope and quality of the monitoring indicators, data analysis and management processes, or usefulness of reports

Attribute 16: ***There is a plan for joint periodic performance reviews and processes to feed back the findings into decision making and action.***

One critical element of monitoring the progress of the national strategy is setting up opportunities for regular performance analysis. This often takes place on a quarterly, six monthly and/or annual basis. A comprehensive performance analysis covers each level of the system so that there is not only a national picture of performance, but also a picture of how performance might vary across decentralised units, health facilities and disease-specific programmes.

The experience from Sector Wide Approaches and multi-sectoral AIDS strategies (among others) has shown that periodic performance reviews are critical for updating all stakeholders on programme progress, discussing problems and challenges, and developing a consensus on corrective measures or actions needed. Performance reviews are part of the governance mechanisms that help ensure transparency and allow for debate between partners. The stakeholders that should be included in any joint review mechanism include key Ministry of Health staff and departments, representatives of decentralised MOH teams, other key Ministry stakeholders (e.g. Finance, Planning), development partners, non-state implementing partners (NGO, CSO and private), representatives of patients' groups and CSO advocacy organizations.

Performance review should generally cover performance against service or programme output and outcome indicators as well as performance of the different systems that support services and programmes.

A central requirement is regular reporting by M&E staff on performance against indicators and targets, with some analysis of trends over time. Performance reports can aid in exchanging lessons learnt and good practices between sub-national management teams, as well as to identify low performance areas likely to require additional support in order to achieve improved performance. Comparative analysis across different regions, programmes and teams can bring a broad range of information and experiences to inform planning. The findings should be fed back to the managers of the services concerned, as well as used for central level decision making.

It is important to review how decision makers currently use available data. Many countries find it useful to have monthly review meetings with M&E staff to review data and assess trends. A common mechanism is a multi-stakeholder M&E or financial management committee that meets quarterly to review progress, discuss problems and advise on ways to reduce bottlenecks identified. The response may affect the allocation of resources – as managers adjust the allocation of funding, management efforts, staff or commodities to address problems identified.

<u>Attribute Characteristic 5.7:</u> There is a multi-partner review mechanism that inputs systematically into assessing sector or programme performance against annual and long term goals

As described under Attribute 16, regular performance reviews are useful and helpful for all stakeholders involved in the review process. Having review meetings that include all those who fund the health sector, multi-sectoral AIDS programme or disease-specific programme, that include the main implementers of the strategies (including non-state implementers) and that include civil society organizations that advocate on behalf of service users fosters a greater degree of mutual accountability. These meetings can become even more powerful if preceded by structured review missions to where services and interventions are being implemented so that all stakeholders involved in the review meetings have also contributed to preliminary review findings. Two of the most important stakeholder groups that should be involved in a meaningful way are the users of the services and community

members. It is essential to solicit and include their feedback on quality into the performance review processes and mechanisms.

It is up to each government to work out, with its partners, how best to include its many stakeholders in reviewing health sector, programme or multi-sectoral programme performance and what the periodicity of reviews should be. Experience from many SWAp countries indicates that annual reviews are particularly helpful when they can be used to feed into the next annual operational plan. An annual review then becomes a moment to take stock of progress made to date, analyse what is working well and what is not, and whether a re-prioritisation, change of direction or re-allocation of funding is required.

What to look for	Where to look	Warning Signs
• National strategy describes how performance will be monitored over time, including which stakeholders should be involved in the performance review process. • Performance review process describes periodicity, links to any other assessments or evaluations and how results of the review process is fed back through the system • Sub-national performance review processes are also described where appropriate • A description of how the performance of financial, human resource, procurement, M&E, and other systems are to be monitored and reported on, within the routine health sector review cycle. • Comprehensiveness of the performance analysis, in terms of system level (central and decentralised; whole sector vs. specific programme) etc. • How often an analysis of planned versus actual performance is reported on	• National strategy section on performance monitoring and review • Terms of reference for independent evaluations or assessments and how these link with regular review processes • Performance review reports • Supportive supervision reports • Financial management plans • Procurement management plans or guidelines • Sector or multi-sectoral annual programme reports; • Surveys or external assessments of prior performance of monitoring systems and reports.	• There is no indication that regular performance reviews should take place • Strategy suggests that performance review is only an internal function and does not include all relevant stakeholders. • System performance is not covered as part of normal performance review process, i.e. vertical and programme-based assessments dominate. • System weaknesses have been identified, but no strategies developed to support system strengthening. • Reports of performance analysis are irregular and unsystematic; • Performance analysis only covers limited aspects of the sector or multi-sectoral programme (e.g. decentralised level performance not analysed, or certain key programme performance is not analysed)

<u>Attribute Characteristic 5.8:</u> Regular assessments of progress and performance are used as a basis for policy dialogue and performance review.

The M&E component (or plan) should describe processes by which monitoring results can influence decision-making. In the context of their national health strategies, most countries use annual operational plans to prioritize activities. The monitoring data, progress reports and performance reviews should form the basis for the decisions on the next year's plan. This implies that the monitoring reports and progress reviews should be produced and discussed before the development of the next annual operational plan.

Some countries have regular external or independent assessments of performance that report to annual or mid term performance reviews. The results of the independent assessment are then fed back to the review meeting to nourish the discussion. Development partners and other stakeholders are often

invited to take part in programme assessments to assess performance at service delivery and other levels, and discuss problems faced by front-line management and service delivery staff. The results of internal assessments, will also inform discussions during performance review meetings.

What to look for	Where to look	Warning Signs
• Description of mechanisms in place to feed programmatic and performance review results into decision-making processes at senior management level • Routine M&E meetings at all administrative and operational levels, for analysing and acting upon data • External assessments that are timed to influence operational plans	• Senior management meeting agendas and minutes • M&E committee agendas and minutes • Interviews with key decision makers and other stakeholders • Reporting and planning timetables	• No formal mechanisms are in place to link M&E information into decision making processes • Mechanisms are in place but it is clear from senior management team meetings that little or no discussion takes place related to implications of performance reviews, financial data or M&E data.

Attribute Characteristic 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.

Just as it is important to take stock and review performance at a national level, so it is important to provide feedback on performance to sub-national levels and implementers. Feedback loops, where information flows both towards the central level, and back to those providing the information in the first place, have been shown to give a number of benefits. First of all, performance feedback can help local managers, supervisors and implementers to consider what their own strengths and weaknesses are, and where they need to be making more of an effort. Secondly, for those collecting the information, seeing how that data is used, and how it can assist their own work and the work of their colleagues, helps to motivate them to improve the quality of the information they provide.

All too often data provided from health facilities goes through a number of different aggregations so that a national data set can be compiled, but there is no report back to the facility about how the data is being used, or that allows the facility (or district, or service provider) to compare their performance against others or a national average. The more feedback that can be provided throughout the sector or programme, the more possible it is for managers and their staff to take steps to improve management.

The national strategy should describe processes by which monitoring results can influence resource allocation and financial disbursement. This might involve ensuring that poor performers have adequate resources to overcome the bottlenecks that inhibit their delivery of services, or providing extra resources to partners and facilities which have shown they can expand service coverage effectively.

The IHP+ guidance suggests that an important element is the presence of formal mechanisms, such as multi stakeholder M&E or financial management committee that meets regularly to review progress, identify constraints and bottlenecks and advise on ways to reduce them.

What to look for	Where to look	Warning Signs
• Feedback mechanisms are described, with roles and responsibilities for monitoring performance and providing feedback assigned throughout the system.	• Supervision plans or guidelines • Training programme	• No feedback loop is described and reports indicate that

What to look for	Where to look	Warning Signs
• Supportive supervision or mentoring processes are developed to help strengthen capacity at national, sub-national and health facility levels. • Non-state providers are included in regular supervision visits and training events and are provided with regular feedback on performance. • Feedback loop includes democratic institutions (e.g. Parliament and local councils), the general public, and local management committees. • Description of mechanisms in place to feed programmatic and financial M&E information and performance review results into decision-making processes at senior management level • Mechanisms used by government and funding partners to make resource allocation decisions based on reports of performance. • Useful analysis and feedback provided to managers at all levels	curriculum in supportive supervision or mentoring • Supervision and training reports • M&E committee and financial management committee agendas and minutes • Feedback to lower levels (letters, reports etc.)	information flows only one way (from periphery to the centre) • There is no link between corrective measures proposed in previous performance reviews and allocation of financial and other necessary resources

Annex: USEFUL REFERENCES

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