

# How to conduct a Joint Assessment of a National Health Strategy (JANS), based on country experience

A working document on options for  
conducting a JANS on a health  
sector or sub-sector strategy

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## Acronyms

- CSOs** Civil Society Organisations
- IHP+** International health Partnership and related initiatives
- JANS** Joint Assessment of National health Strategy
- MOH** Ministry of Health
- M&E** Monitoring and evaluation
- MTEF** Medium term expenditure framework
- NGOs** Non-government organisations

The first version<sup>1</sup> of this paper was prepared by Veronica Walford with inputs from Finn Schleimann and advice from members of the JANS Amendment Working Group. This Working Group was convened by the International Health Partnership and included staff from the European Commission; MOHs of Ghana and Ethiopia; GAVI; Global Fund; UNAIDS; UNICEF; WHO; World Bank and a Nigerian NGO. The second version was prepared following an independent review of stakeholders' needs (Taylor & Lush, Joint Assessment of National Strategies: A Review of Stakeholders' Needs, April 2013).

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<sup>1</sup> Version 1 was published in December 2011.

# 1. Introduction

## What is the purpose of the JANS?

The Joint Assessment of National health Strategies (JANS) has been developed to assist countries and their development partners to ensure and feel confident that there is an effective national health strategy in place, which partners can support. The aim is to enable achievement of health goals through:

- ensuring the health strategy is sound, relevant and achievable, and
- encouraging alignment of partners behind a single national strategy, including attracting funding for the strategy.

The JANS can be used in two main ways:

- during development of the national strategy, to help ensure the process for developing the strategy and its contents are appropriate to the country needs and the resulting strategy will have wide ownership and commitment.
- when the strategy is near completion, to review the strategy as a basis for decisions on how to support and fund the strategy.

JANS can be used for both purposes - during development to ensure quality of the strategy and to assess the near-final strategy. A joint assessment involving different partners is intended to develop a shared understanding of the strategy, including its strengths and weaknesses. Joint assessment is also intended to reduce transaction costs that would otherwise have been incurred if there were multiple separate assessments of the strategy

A health strategy is a national document that needs to be an integral part of the national system for policy making, planning, budgeting and governance. The political processes in country are the core mechanisms for consultation and approval of a strategy. The JANS is intended to complement and fit around the national processes, and not replace them. The JANS approach is not intended to influence all health strategies to follow a particular format or process.

## Purpose of this paper

The purpose of this paper is to assist countries and partners who are considering using the JANS to decide when and how to carry out a joint assessment, drawing on experience drawn mainly from five countries which had an assessment of their health sector strategy. The paper should be read in conjunction with the JANS tool and guidelines, and related documents, which are available on the IHP website.

The paper is a working document, which will be updated as further lessons emerge from use of the JANS for sector and disease programme strategies. Comments and additional experience are welcome, please send them to: [info@internationalhealthpartnership.net](mailto:info@internationalhealthpartnership.net)



## What is the JANS?

The JANS involves a structured assessment of the draft national strategy document and the supporting information, which meets four principles (see below). A JANS tool and guidelines have been developed for use in the assessment. The JANS tool encapsulates an international consensus on what attributes can be expected in a 'good' national strategy and its supporting documents.

The assessment involves identifying strengths and weaknesses of the national health strategy, and suggesting issues to be addressed in order to improve the strategy and support its implementation. This will lead to decisions on how to follow up weaknesses and where further work is needed. The JANS does not give a pass/fail mark or a grade to the strategy.

Joint assessment using the JANS approach can be applied to a health sector strategy or a sub-sector strategy such as a malaria strategic plan or human resources strategy. Assessing a national strategy does not just mean reviewing the strategy document itself, but also includes the various documents and procedures which underpin the strategy as well. This includes for example, technical policy documents; sub-sector plans such as for disease programmes or provinces; strategies for strengthening human resources or health financing; budget frameworks; financial and procurement regulations; and monitoring and evaluation (M&E) plans.

The idea of a joint assessment is not new – many countries have organised joint review missions or multi-partner appraisals of sector or sub-sector plans in the past, especially in contexts where there is a sector wide approach. What the JANS approach adds is an agreed tool and an inclusive approach to the assessment, providing a common standard for countries and international agencies to use. It does not guarantee funding from funding partners who participate in the JANS process.

### **Terms used:**

**National strategy:** the national approach to health which identifies health problems facing the population and the sector, the priorities that need to be addressed, and how these will be tackled, including how planned interventions will be funded. These have different titles depending on the country, such as the health sector strategic plan, or national health plan. The strategy document or set of documents is multi-year and gives broad strategies rather than detailed annual operational plans. Similarly there are sub-sector or cross-sectoral national programme strategies such as the national malaria strategy or the multi-sectoral AIDS strategy.

**Joint:** The assessment is joint in the sense that the assessment is led by the government but commissioned and used by a mix of stakeholders in the sector - including the national authorities, funding agencies, technical partners and civil society organisations. The partners may jointly select the team to conduct the assessment, or the assessment may be carried out by a joint team involving different partners.

The JANS has been developed by an inter-agency effort under the leadership of the International Health Partnership and related initiatives (IHP+). The tool and guidelines were developed with input from countries, civil society and development agency representatives, and were updated following early country experience. A summary review of experience for the first five countries conducting a JANS on their health sector strategy (Ethiopia, Ghana, Nepal, Uganda and Vietnam) as well as the JANS reports and reviews of the lessons from individual countries are available [here](#).

## 2. Initial considerations in planning the JANS

### 2.1 The JANS principles

There is no standard approach for when and how to use the JANS as the intention is for the JANS to be adapted to country circumstances. Instead there are principles and countries and their partners are expected to adapt these to develop a process that fits with country needs and processes. The four principles recommended are that the JANS process should:

- Be country-demand driven and country led
- Build on existing in-country processes and experience
- Have a strong independent element in the assessment team
- Be inclusive, involving civil society and other stakeholders in the health sector.

Annex 1 describes how the principles were applied in five cases where JANS was used for a national health sector strategy.

#### Terms used in the JANS Principles

**Independent** defined as: the person has not been involved in development of the strategy and/or is not associated with the government or other major stakeholders responsible for developing the strategy. This enables the reviewer to give a fresh and unbiased view on how well the strategy and its supporting documents meet the JANS attributes and are convincing that the strategy is realistic in the country context. Partners have found it useful to have an assessment team that provides an impartial view on strengths and weaknesses of the strategy, acting on behalf of all stakeholders.

**Inclusive** defined as: involving different stakeholders in the sector, who have an interest in improving health status and equity, and ensuring effective and efficient delivery of good quality health care. Besides government officials, this is likely to include: non-government representatives including NGOs, private sector and professional groups that provide health services; representatives of the community, including civil society organisations; and development partners. A range of stakeholders should be involved in deciding how to conduct the JANS and in reviewing its findings.



## 2.2 Initial steps in considering how to use a JANS

The initial steps in planning the JANS involve:

- understanding the JANS process and how it might be used; (some countries have requested a scoping mission from headquarters level to help partners at country level to understand the concept of JANS and how it can be used);
- deciding the objectives of the JANS (see section 3 below).
- clarifying how potential funding agencies intend to use the JANS and any requirements they may have (for the process or for other types of assessments);
- identifying partners and stakeholders who need to be engaged and represented;
- agreeing how the JANS process will be planned and managed.

Typically this is discussed and agreed in a sector coordination group or sub-sector partner forum. The choice of objectives will help to determine how the JANS is used and how to meet the JANS principles. The objectives will also determine appropriate timing of the JANS within the strategy development timetable.

## 2.3 Who should plan and manage the JANS?

Countries that have conducted a JANS on their health sector strategy so far have found it helpful to set up a small multi-partner group to do the practical work of planning for the JANS. This has typically been established by, and reports back to the health sector coordination committee. This 'JANS core group' has usually had some 5 or 6 members including Ministry of Health (MOH), development partners and civil society members. Some also included a representative of a leading non-government provider e.g. faith based health service organisation.

If the JANS tool is used for self assessment during plan development, to strengthen planning, then it may not be seen as necessary to have a multi-partner group to steer the JANS process, and the assessment could be organised by the national team responsible for strategy development. Depending on whether and how the MOH's partners are involved in this, it may or may not amount to a 'Joint' assessment.

### **Tasks for the JANS planning and management group**

- Clarifying the objectives of the JANS and ensuring stakeholder understanding of its purpose and roles. (see section 3 below)
- Deciding the timing of the JANS. (see section 4)
- Design of the process - to meet the JANS principles - who will carry out the assessment, and how (see section 5)
- Ensuring engagement of key domestic stakeholders including civil society.
- Selection of the assessors and identifying necessary funding.
- Arranging the assessment process and meetings.
- Arranging the process to follow up JANS findings (see sections 4 and 6 below)



### 3. Objectives of the JANS

The intention of the JANS is to enable and assure strong national health strategies, and to give greater confidence to funding partners (including national funders such as the ministry of finance) to increase and align funding for the national strategy. This is in line with the principle of alignment to increase aid effectiveness, where partners support one strategy with a single monitoring and evaluation plan, harmonise their approaches and move towards increasing use of national financial and reporting systems.

The JANS was developed with the expectation that it could serve two primary objectives, or a combination of these:

- **Enhancing the quality and relevance of the strategy - using the JANS as a developmental tool** during strategy development to help guide the process and content of the strategy, see what else is needed, and review drafts as they emerge. It provides a quality assurance process for the strategy.
- **Contributing to funding decisions and ensuring that funding is closely aligned to the national strategy:** using the JANS to assess a final or near final strategy, to help potential funders decide how much confidence they have in the strategy and thus how to support it.

In addition, a joint assessment can have an objective of **reduction in transaction costs** through improving the efficiency of strategy development, review and funding decision making processes. If the JANS replaces multiple assessments and review processes by different agencies, this should reduce the transaction costs at country level.

Countries studied that used the JANS for assessing health sector strategies have all had multiple objectives - to improve the quality and ownership of their strategy and to convince funding agencies to support the strategy without too many further assessments.

Early evidence suggests that use of the JANS as a developmental tool for sector strategies has been broadly successful, resulting in stronger or more complete national health sector strategies. There is less evidence of its impact on funding decisions and transaction costs.



The JANS will only contribute to funding decisions and reduce the number of separate assessment processes if the funding agencies involved are willing to use the JANS in this way. So far, there are some agreements by funding agencies to use the JANS:

- Some bilaterals have used the JANS to support their internal decision-making; they have reported that being able to show a comprehensive joint assessment has been carried out and that there have been improvements to the strategy resulting from the JANS can help in getting approval for funding.
- The JANS has been accepted by the World Bank as a core element of their funding decision making. This should reduce the need for separate appraisals and negotiations (although there is limited evidence so far of this happening).
- GAVI's guidance on applying for Health System Strengthening (HSS) funding indicates that countries which have conducted a JANS can include a summary of relevant findings from the JANS and how they have responded to these, in support of their HSS application.

The review of stakeholders' needs from JANS (Taylor & Lush, 2013) concluded that at the start of preparing for the JANS, all potential funders should be engaged with and asked to clarify how their agency uses the JANS process in general, and specifically how they expect to use it in this case and what are their intentions for funding the strategy under review. This will help to set realistic expectations for the JANS and ensure the timing and scope will meet the needs of partners.

At the same time as clarifying their plans for financing, potential funders can be asked to clarify the processes and requirements they have in order to approve funding. For example, some partners require an environmental assessment; others need appraisal of gender, social and poverty issues; and most need a financial management and procurement assessment. The JANS will not replace all these focussed assessments, but the planning process could be used to encourage shared reviews or using each other's assessments. This could contribute to reducing the transaction costs in securing funding.

An example of this shared assessment approach is the joint financial management assessments and shared approaches to responding to the findings of such assessments, which are being developed between World Bank, GAVI and Global Fund (see [http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Results\\_\\_Evidence/JANS\\_Lessons/IHP\\_JANS\\_Review\\_of\\_Stakeholder\\_Needs\\_2013.pdf](http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Results__Evidence/JANS_Lessons/IHP_JANS_Review_of_Stakeholder_Needs_2013.pdf)).

## 4. Timing of the JANS

Once the objectives of the JANS are decided, the next step is to decide on the timing of the assessment. Where an objective is to improve the quality of the strategy, countries have found it useful to review the emerging strategy early in the development process, and review it again at a later stage. In fact the MOH staff involved in the JANS (in countries studied for the lesson learning process) have said they recommend starting as early as possible in the process to look at the JANS tool, to inform thinking on both the strategy development process (as part of the JANS tool is on the process) and the contents of the strategy document. This was the approach in Zambia, where the partners used the JANS tool to review their previous national health plan and this helped them decide how to develop their next plan. Similarly, in Rwanda, the JANS was used during the mid-term review of the second health sector strategic plan, to inform development of the next strategy.

However, it is important to realise that the JANS tool is **not** intended as a blueprint for a strategy document and it should not be used as a contents list. The national strategy should follow the national systems and priorities rather than an internationally defined format.

If the objective is for funding partners to use the JANS as part of their decision making process, then the assessment should take place when the strategy is in a late draft stage. Experience is that the draft strategy needs to include both an initial costing of the strategy and an assessment of likely funding available for the assessment to be completed. Without these, it is impossible to assess whether the resources will be allocated to meet the priorities set out in the strategy.

Some countries have used the JANS at several stages in the strategy development process, with one or more developmental assessments to strengthen the strategy and then an independent assessment intended to convince funding agencies to back the strategy. Others have combined the two in a single assessment process.

Even where the objective of the JANS is primarily an assessment for funding purposes, in practice, the JANS by its nature will identify strengths and weaknesses of the strategy, and suggest where there are gaps or areas for improvement. It is usually followed by a review of these recommendations and further work to improve the strategy or other steps to address gaps. It is therefore recommended a) to assess a draft strategy rather than a finalised document and b) to allow time for this follow up stage in the timetable.

Some partners are keen to know what has happened to the strategy as a result of the JANS. One option is for the Government to report on their response to the JANS; another option is to plan for a two phased JANS with the main mission being followed by a final assessment (possibly as a desk exercise) after the revision of the strategy (see also Chapter 6 below on follow up).



### **The JANS timing and process in Ghana**

In 2009 Ministry of Health of Ghana (MOH) and its partners started preparing a 4-year Health Sector Medium Term Development Plan 2010-2013 based on guidelines issued by the National Development Planning Commission. The objective of the JANS was to assess the draft strategy and recommend improvements where necessary. It was envisaged that agencies will be able to use the findings of the assessment to inform their funding decisions and, ideally reduce the need for separate missions.

The timing of the joint assessment was delayed until the costing of the plan had been completed. In November 2010 an external JANS team worked in Ghana to review the draft plan. Over nine days, the 8 person team met key stakeholders and institutions relevant to the assessment, including top-level officials of the MOH and its agencies and other ministries involved in the health sector. It interviewed representatives of the national planning commission, private sector in health and civil society.

The JANS team liaised closely with national counterparts in a 'support group' set up for the JANS, which provided logistical support and critical feedback to the JANS team.

Two weeks after the presentation of the JANS report, the MOH held a three-day retreat with representatives of partners and key stakeholders to examine the recommendations and to prepare the next version of the Health Sector Medium Term Development Plan.

## **5. Approaches to the JANS process**

### **5.1 Who does the assessment?**

As noted above, there is not a standard approach or format for who should conduct a joint assessment. The decisions on who and how to conduct the joint assessment are made at country level based on their objectives and context. It requires a balancing act between different objectives and principles – between local ownership and external validity; between knowledge of the context and independence; between achieving political buy in and technical rigour; and between being inclusive of all parties and having a manageable JANS team size and process.

There are three broad options for conducting the JANS; although within these options there can be variations and several countries have used different methods at different stages. The options can be characterised by who takes part in assessing the draft strategy. The main options for who conducts the assessment are:

- Engage a range of partners in country in assessing the emerging strategy - this can be used to enhance engagement and structure feedback from partners, as well as to identify areas that need further work.
- Commission a fully independent team to review the strategy - this has been used both to identify areas for improvement in the strategy and to inform funding decisions. This has typically been arranged as a 'JANS mission', which spends from 8-10 days in country reviewing the material. Typically these teams include some members from outside the country.
- A combination of independent assessors and partners (including government staff) who are very familiar with the strategy and the context. .

Experience suggests the following pros and cons of these options

Who does the JANS	Pros	Cons
<b>In country partner reviews</b>	<p>Know the country context well.</p> <p>Opportunity for non-government partners to provide inputs to the strategy in a structured and comprehensive way.</p> <p>Can build on existing working arrangements such as technical working groups.</p> <p>Can engage new stakeholders to bring in an independent element e.g. academics.</p> <p>Creates common ownership of the Strategy.</p>	<p>In some contexts it may be difficult for stakeholders to be critical of government documents.</p> <p>Opens up to lobbying from particular interest groups and pressure to take on board every partner's issues.</p> <p>Possibly a challenge to ensure the full range of skills.</p> <p>Will need to demonstrate how there is some independence built into the team.</p>
<b>Fully independent team</b>	<p>Clearly independent, which should enhance credibility of JANS findings to funding partners who use the JANS in making funding decisions.</p> <p>May give the assessment higher profile and make it easier to engage top level staff and ministers and facilitate dialogue between levels and across partners.</p> <p>Provides fresh and neutral perspectives on the strengths and weaknesses of the strategy.</p>	<p>If independent team members are not familiar with the country (e.g. international experts), their lack of knowledge of context could make assessing feasibility more difficult. However this can be addressed by including team members who know the country context well.</p> <p>If there are assessors from outside the country this can be costly. However, the costs may be lower overall if the JANS replaces multiple separate assessments by different partners.</p>
<b>Combination of fully independent experts and less independent assessors or facilitators</b>	<p>Provides a clear independent element to the team.</p> <p>Provides detailed knowledge and understanding of the strategy.</p> <p>Including people involved in strategy development could help to ensure JANS recommendations are relevant, understood and adopted.</p>	<p>The team can get quite large, with associated transaction costs, if there are both independent assessors and facilitators.</p>

In addition the JANS tool can be used for in-house review by those working on the strategy - this approach is typically used during strategy development to identify areas that need further work. This cannot be considered a full Joint Assessment, as it is unlikely to include the range of stakeholders and lacks independent reviewers, but it is useful as a tool for improving the strategy and the findings can be fed immediately into improving the strategy. It has been found useful as preparation before a formal joint assessment.



### **Lessons on skills and composition of the JANS team**

- It is important to have a good mix of technical skills in the JANS team. The following skills have been found useful: public health; health service management and planning; institutional analysis; health financing; financial management and procurement systems; governance; multi-stakeholder involvement and M&E.
- Get the right size JANS team - where a JANS team is being appointed (rather than widespread participation in the assessment), 6 to 8 people seems to be sufficient.
- Get a good balance between the different stakeholders in the JANS so one stakeholder group or agency does not dominate.
- Look for effective and representative civil society engagement in the JANS.

### **How to ensure the assessment is joint**

Countries have addressed the objective of having a **joint** assessment in different ways:

- Selecting an independent assessment team that includes technical experts who are staff of various agencies and civil society organisations, for example the Uganda JANS team included staff from Global Fund, USAID, World Bank, WHO, and an international NGO, as well as two consultants.
- In Vietnam the core group responsible for planning the JANS was joint - it included Government, development partner and NGO representatives. This multi-partner group jointly commissioned a team of independent, national and international experts to carry out the JANS, and report back to a forum of Government officials and development partners. The assessment team were mostly from academic institutions, in Vietnam and the region.
- Separate assessments can be carried out by different stakeholder groups, with the findings fed back to the core team and those developing the strategy - for example, Ethiopia held workshops for civil society organisations to give them an opportunity to participate in the JANS.
- Some countries have a set of joint (multi-partner) technical working groups or task forces that address specific issues, e.g. financing; child health; human resources; health information and monitoring systems. These groups typically have a role in developing the strategy and commenting on the draft. These existing working groups can be asked to use the JANS tool on the emerging strategy and plans as part of their contribution to strategy development.

### **How to ensure the assessment has an independent element**

The aim is to include people who have relevant technical skills and knowledge and preferably also an understanding of the country context, but who have not been involved to date with developing the strategy. Options include

- international and/or national consultants
- academics from national or regional institutions, as in the Vietnam JANS
- technical specialists from development agencies who have the required skills, (as in Uganda and Ethiopia JANS, where WHO, World Bank and other agencies provided technical specialists)

- staff from national or international NGOs (who have not been closely engaged in strategy development and are therefore independent).
- peer reviewers, such as health planners from neighbouring countries.

The team can include several of these options, for example, the joint assessment of the National AIDS Strategy in Senegal used a combination to create the JANS team, with three independent consultants, two academics, one from civil society and one from WHO. Of these, four were nationals, one from the region and two from Europe.

## 5.2 Design of the assessment

Experience with health sector assessments suggests the following can be useful:

### **Engagement at political level**

- Engagement at political level is important if the JANS is to lead to improvements in the strategy. Meetings of the JANS team at ministerial level have been useful to raise the profile of the strategy and encourage the MOH team developing the strategy to address critical gaps in the strategy (such as the need for costing or for prioritisation).

### **Engagement of central ministries**

- Engagement of central ministries (Ministry of Finance, Ministry of Planning, Ministry of Local Government etc) in the JANS is recommended as they are a core source of funding and support for the strategy, and could use the JANS to inform their view on the credibility of the strategy. However they may need convincing that the JANS adds value to existing strategy review, development planning and budget processes.

### **Familiarity with JANS Tool:**

- An initial workshop with national stakeholders can be useful to review and get familiar with the JANS tool and how it will be used. Experience (from South East Asia and Ethiopia) is that it takes time to get used to the tool and for partners to understand it.
- Repeating the assessment at two stages of strategy development can also be helpful to increase familiarity with the tool and to see how the strategy has evolved.

### **Methodology of JANS**

- The JANS should look at the whole range of planning and strategy documents and resources, as it is not expected that all attributes will be reflected in one strategy document. Review of relevant documents is a core method for the assessment, (see box below for suggestions).
- Interviews with key informants are important to provide an external team with detailed information on the context underlying the strategy and perceptions on the quality of processes and systems.
- Workshops or round table meetings with groups of stakeholders can be used to collect feedback and identify where there are common views and concerns.
- Targeted site visits can also be useful to verify understanding from review of documents.



### **Getting the timing of the JANS right**

- If the JANS is conducted by a partly external team through a short ‘mission’ to the country, it can be difficult to get the timing right – development of health sector plans is a complex endeavour and can take longer than initially expected. There have been cases where the JANS had to be postponed until the strategic plan was nearer completion, so that key components (such as the costing) were in place. It may be useful to build some time for unexpected delays into the timetable, or to involve the JANS Team Leader in an initial assessment of whether the plan is ready for assessment, before mobilising a team.

### **Focus on feasibility of implementation**

- In addition to the technical validity of the strategy, the JANS should assess whether there is evidence of its feasibility and likelihood of implementation. This would also involve reviewing institutional capacity assessments and related plans for capacity strengthening. It might also involve analysis of past rates of implementation and improvements in health indicators to see whether planned increases in coverage look realistic. It will also consider financial feasibility given likely funding scenarios.
- It will also be relevant to assess the relevance and feasibility of the strategy at decentralised levels, for example by review of district level capacity assessments and/or field visits to meet a sample of district managers and providers.
- Assessment of sector and program strategies
- The JANS approach can be applied to the health sector strategy and to individual program or sub-sector strategies. However it would be costly and time consuming to conduct separate JANS for several different programs. This has happened, for example, Ghana conducted a JANS on its overall health sector strategy late in 2010, and then, in mid-2011, organised a JANS on its HIV strategy, in response to Global Fund requirements at that time. This resulted in two separate JANS exercises with the associated transactions costs.
- During a multi-partner discussion of the issues involved in February 2012, it was suggested that the sector JANS should try to incorporate some assessment of supporting disease and other sub-sector strategies, with further thought required at global level on whether and how different partners can adapt and meet their requirements for program strategy assessment.
- This approach has been applied in the Sudan JANS in late 2012. Lessons from that experience are that: the JANS can include review of strategic plans of major health programs (e.g. HIV, TB, malaria and immunisation); and the need for adequate capacity in the assessment team to review the technical quality of disease program strategies and their consistency with the sector plan. One person looked at four major program plans in Sudan, but this task would typically require more inputs.
- If the partners agree to jointly assess more than one strategic plan, then it would be sensible to identify which attributes are adequately covered in the first JANS, and which need to be looked at in greater detail, for example because they involve specific target groups or different implementing agencies.



### **Which documents should the JANS look at?**

The JANS should review other documents as well as the draft strategy. The documentation provided should give enough information to assess each of the attributes of the JANS tool. The JANS guidelines give suggestions on useful sources for each attribute in the assessment. The sorts of documents suggested include:

- Recent needs assessments or situation analysis.
- Health sector performance reports, joint annual review reports, mid-term reviews, consultant reports on progress and results, from the last health strategy.
- Results of piloting and evaluation of services
- Information on the process for developing the plan including records of consultation.
- National development plans, medium term expenditure framework (MTEF), budget frameworks.
- Information on major reforms underway likely to affect the health sector such as decentralisation or civil service reforms.
- Sub-sector strategies and plans for specific diseases/vertical programmes such as AIDS or child survival, or for system components such as human resources
- Sub-sector program reviews and survey findings on results.
- Health financing strategy, if available.
- National Health Accounts and health financing analysis or reviews.
- Public Expenditure Reviews and Public Expenditure Tracking Studies that cover health and local government.
- Budget information for the last 3 years (original budget, revisions, outturn).
- Audit reports for the last 3 years, any system assessments/audits of financial management, audit or procurement systems, and country fiduciary risk assessments.
- Organisation structure of the MOH and sector governance structures, including at decentralised levels.
- Previous operational plans and reviews of their implementation.
- Institutional capacity assessments at national and provincial/district levels, and plans for building capacity, including for technical assistance.
- Governance reviews and plans for strengthening civil society engagement.
- Outcome of costing exercises and financing projections.
- The sector M&E plan and plans for information systems development.
- Reports from previous Joint Assessments.



## 6. Outputs and the process for follow up

### 6.1 Report of the JANS

The JANS guidelines suggest a standard format for recording the findings of the JANS on each of the five main categories of the assessment. The categories are:

1. Situation Analysis and Programming;
2. Process;
3. Costs and budget framework for the Strategy;
4. Implementation and Management; and
5. Monitoring, Evaluation and Review.

The format is as follows:

Category
Strengths
Weaknesses
Implications for Successful Implementation
Suggested Actions

This format has been used in most health sector strategy assessments as a way to summarise the findings of the assessment. The reports have typically also had an introduction/executive summary which sets out the most important issues that need to be addressed in order to strengthen the plan, or that need further work during strategy implementation. This identification of priorities for improvement is useful as the full report tends to be long and detailed.

Where the JANS is developmental, and being used to identify aspects of the draft strategy that need improvement, then there may not be a formal report of the JANS, but rather notes on the suggestions for improvement and the actions needed for follow up, as a working document.

## 6.2 The follow up stage

All JANS so far have identified strengths and weaknesses of the strategies and suggested how to improve them. Since these suggestions can be quite major, country partners should plan for follow up work.

### **Changes to Strategy and/or plans**

Typically the JANS identifies needs for some revisions to the strategic plan itself (e.g. adding funding scenarios) or preparation of supporting materials (e.g. development of detailed M&E plan; identification of technical assistance requirements). Sometimes further engagement of stakeholders has been suggested. This may require further time and resources to carry out the additional work on the strategy. One challenge is to keep up the momentum to revise the national strategy following the JANS mission or other review process.

Sometimes the issues raised can be addressed by defining activities to be done during plan implementation, (for example, develop a health financing strategy; collect disaggregated data for analysis by poverty and gender). These actions can be included in the strategy.

If the strategy has been completed and approved by the national decision making process, then typically it is not possible to revise the strategy document. In such cases countries have included steps to address the weaknesses identified in the subsequent operational plans.

### **Recording how the Joint Assessment findings have been taken into account**

The review of JANS stakeholders' needs found that development partners are keen to have clear feedback on the response to the JANS, so they know how major issues that were identified by the JANS have been addressed. There are differing views on the need for this response to have an independent assessment. Countries will need to identify whether their prospective funders have any requirements or requests in this regard.

One option is to reassess the final version of the strategy so that the JANS report is updated and can be used by prospective funders as an up to date assessment of the completed strategy. For example in Vietnam, the external JANS team updated their report once the final version of the health strategy was out. In Uganda, there was a second phase of the JANS where the team completed and updated their JANS report in view of the final strategy once costing and funding issues had been added; this was done from a distance through desk review by the JANS team.



An alternative option is for the government to record whether key weaknesses identified in the JANS have been addressed in the final strategy. The Federal Ministry of Health in Ethiopia used this approach and wrote a report that explained whether or not JANS suggestions had been taken into account, and the reasons. A similar approach of responding to JANS findings was followed in Kyrgyzstan and Sudan. This has value in explaining the reasons for decisions on whether to adopt recommendations of the JANS in the strategy, but does not give an independent view of whether issues have been fully addressed.

### **Supplementary assessments**

The JANS will provide part of the information needed for prospective funders to decide on their support, but they are likely to require other assessments. In particular, the financial management assessment, fiduciary risk assessment, and procurement reviews may still need to be done as the JANS does not replace these more detailed reviews. The JANS should help to define the scope of these assessments, identifying where they need to focus, and where there is already sufficient information for making decisions.

## 7. Summary

The approach to the JANS should reflect the country context and the objectives of the Joint Assessment. The table below summarises the suggested approaches to meet different objectives. Often the JANS will have multiple objectives, and the approach therefore needs to combine considerations in order to strike the desired balance.

Element of JANS	Objective		
	Developmental – to improve the strategy	Confidence building – to increase confidence of funders in quality of the strategy	Minimising Transaction Costs – to reduce the number of separate assessments
<b>Timing</b>	Review JANS tool early in strategy development Assess early draft of the strategy; perhaps repeat on later draft	Close to approval Or use a two phased approach with second (light) assessment of final strategy to confirm that gaps have been addressed	Close to approval Consider a two phased approach with second (light) assessment of final strategy to confirm that gaps have been addressed
<b>Planning</b>	Ministry of Health/strategy development team (focusing on the Ministry’s needs to finalise the strategy)	Include all stakeholders	Include all stakeholders Clarify funding partners’ specific requirements and how these can be met, e.g. shared procurement assessment
<b>Process</b>	Include stakeholders and government staff Iterative process may be useful Crucial to include key decision makers	Sufficient time in country to meet diverse stakeholders Where there is a second stage, it could be desk based.	Sufficient time in country to meet relevant stakeholders Where there is a second stage, it could be desk based.
<b>Who conducts the assessment</b>	Independent element is less important while a “fresh look” from partners who have not been closely involved may be useful.	Strong independent element to give confidence that assessment was rigorous	Strong independent element to give confidence that assessment was rigorous Skills to cover specific requirements
<b>Report</b>	Formal report may not be needed Focus on weaknesses Detailed recommendations that can guide revisions	Clear on strengths as well as weaknesses Executive summary to give key messages	Sufficient detail to serve funders’ need for in country assessment work
<b>Follow up</b>	Revision of strategy	Revision of strategy may be possible If strategy is revised after the JANS, a light 2nd phase review resulting in a final assessment is useful Or Government can record response to JANS recommendations	Revision of strategy may be possible If strategy is revised, a 2nd phase of JANS resulting in a final assessment is useful Or Government can record responses to JANS recommendations



## Annex 1: How the JANS principles were addressed in five health sector strategy assessments

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



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