

Joint Assessment of National Strategies:

A Review of
Stakeholders' Needs

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Executive Summary

The International Health Partnership (IHP+) is an initiative that aims to improve the effectiveness of aid to the health sector. In 2009, IHP+ signatories developed the Joint Assessment of National Strategies (JANS) tool as a framework for assessing the quality of a national health strategy, in order to encourage development partners to better align their resources behind a national health strategy. The JANS tool has been used with two main objectives: first, to strengthen the national health strategy and improve its quality; and second to increase the confidence of financiers in the strategy. A sub-ordinate objective is to reduce the transaction costs of development partner assessments of the national health strategy prior to funding. Reviews have found that, to date, the JANS tool has been useful to country governments in achieving the first objective but less so for the second.

The IHP+ core team commissioned this review of stakeholder needs in order to improve the impact of the JANS. This report draws on evidence from literature, a development partner questionnaire, development partner documents on funding procedures, and interviews with key informants from countries, development partners and civil society. We consulted 5 countries, 12 development partners and 2 civil society organisations to understand their needs from a JANS assessment.

Have country, development partner and CSO needs been met?

Countries reported that they do not have a need for the JANS to contribute to domestic funding processes for the health sector. Their primary needs were quality assurance, to mobilise resources by building confidence amongst development partners in their national strategies, and to reduce transaction costs. Some countries clearly stated that without the potential for development partner funding there was little incentive to undertake a JANS.

Development partners broadly praised the content of the JANS tool and found that it covered most of their needs. Most development partners did not have criteria that are specific for an assessment of a national health strategy, and few had documented criteria or guidance. A handful (World Bank, DFID, EC, GAVI and Global Fund) had generic documented criteria for making funding decisions that are applied when assessing national health strategies. Development partners also noted that a technical assessment of a national health strategy is only one element in a funding decision. Most also mentioned a need for assessment of financial and procurement systems as well as institutional capacity for implementation. They also pointed to a wider set of factors which impact on funding decisions, including political issues (respect for democracy and human rights), corruption and risk of funds being used for purposes other than for the intended health outcomes.

Civil Society expressed a concern that JANS assessment teams need to have strong civil society expertise to be able to adequately assess the involvement and engagement of civil society to the process of developing a national health strategy.

Unmet needs

The report identifies ten key needs from the JANS to increase its use in funding decisions. These needs came from countries, development partners and civil society.

1. Countries need development partners to time their decision making to support a national health strategy
2. Countries need more clarity on which development partners intend to use the JANS for a funding decision, and how they intend to use it
3. Some countries need more development partners engaged in JANS process
4. Development partners need the timing of the JANS to relate to their funding decisions
5. Development partners need financial management assessments (FMA) in addition to a JANS (although they do not expect JANS to fulfil this need).
6. Some development partners need to understand how countries responded to JANS findings
7. Civil society organisations need to be better engaged in JANS process in some countries.
8. Development partners need greater depth of assessment of institutional capacity and feasibility of implementing the strategy than exists or is intended in the JANS tool.
9. Some specialised development partners report insufficient coverage of the results and implementation strategy in their particular area of focus
10. Some development partners need more consistent quality and rigour of assessment

It should be noted that JANS is only one part of a funding decision. There is no intention for JANS to address all development partner needs for financial management assessment or institutional capacity and implementation assessment. JANS role is focused on whether these assessments have been conducted during strategy development, not to actually conduct these assessments.

Options for responding to these needs

The report presents a menu of options, organised according to their feasibility and potential impact on two objectives: (i) reducing transaction costs to country, and (ii) improving harmonisation of funding development partner funding decisions. Options that are relatively easy and require less change to implement are:

- Country government to document implementation of JANS recommendations.
- Timing of JANS to be planned along-side strategy development
- Countries to engage as many development partners as possible at the start of the national health strategy process.
- Development partner HQs to clarify expectations of participation in the JANS and how it will be used.



- Development partners to clarify additional FMA or other assessments required and whether they can harmonise with other agencies.
- IHP+ strengthen JANS tool guidance on institutional capacity to implement.
- Development partners to provide information on intentions to fund a national health strategy at start of process.
- Guidance developed to quality assure JANS assessments – perhaps as a simple checklist for JANS team leaders to ensure that all JANS meet a comparable standard of robust analysis and recommendations.
- Guidance on CSO expertise and issues in JANS to be strengthened.

Further strategic options requiring agreement and greater change by IHP+ signatories include:

- Development partners and countries continue to develop the One JANS pilot with specific focus on articulation of results of interest to Global Fund, GAVI and any RMNCH funds
- Harmonise timing of financial management assessments and stop additional assessments.
- Development partners commit to aligning funding and funding decisions with the national strategy timetable – and to coordinate technical assistance to respond to JANS recommendations

Process moving forward

Most respondents felt that the JANS was a useful mechanism to coordinate their work. They were particularly confident that the JANS helped to improve the quality of health strategies and the confidence of different funders in them. But countries also articulated that the JANS needed to be used more concretely in development partners' funding decisions. Meeting these on-going unmet needs would require further reductions in transaction costs and harmonisation of funding decisions. There was also a strong sense of opportunity, with renewed interest in the IHP+ among agency heads, significant changes at the Global Fund and GAVI in the way they will operationalise their funding for health systems strengthening, and emerging new RMNCH funds.

Our final recommendations to IHP+ signatories are therefore:

1. IHP+ signatories demonstrate renewed energy for the IHP+ by committing to implement all options within an agreed timetable.
2. IHP+ signatories to agree a short summary to clarify the difference and links between JANS, financial management and procurement assessments and assessments of institutional capacity to implement. Also to explore whether there is the possibility of increased harmonisation of these assessments and what mechanisms might assist, within the context of the JANS.
3. IHP+ signatories to initiate a process to implement these recommendations through:
 - agreeing a timeline and mechanism for implementing the recommendations;
 - committing at WHA or similar event to align funding and funding decisions to national health strategy cycles.

Introduction

The International Health Partnership (IHP+) is an initiative that aims to improve the effectiveness of aid to the health sector. One of its core objectives is to mobilise development partners and their resources to support a single, country-led national health strategy in a coordinated way. In 2009, IHP+ signatories developed the Joint Assessment of National Strategies (JANS) tool as a means of achieving this objective. The JANS tool provides a common, comprehensive framework for assessing the quality of a national health strategy. The tool includes 16 attributes of a robust national health strategy, grouped into five categories: (i) situation analysis and programming, (ii) process (of strategy development), (iii) costs and budgetary framework for the strategy, (iv) implementation and management, and (v) monitoring evaluation and review [1]. JANS assessments are usually conducted by an independent team comprising international and national experts. They provide a report on the strengths, weaknesses and recommendations for the national health strategy. During 2010-12, 12 JANS assessments have been formally conducted in Ethiopia, Ghana, Togo, Nepal, Mali, Vietnam, Uganda, Malawi, Kyrgyzstan, Rwanda, Kenya and Sudan. JANS has been used informally elsewhere.

Several reviews of these early experiences have been undertaken, showing that the JANS tool was used with two main objectives, often in combination: first, to strengthen the national health strategy and improve its quality; and, second, to increase the confidence of financiers in the strategy and reduce the transaction costs of development partner assessments of the national health strategy prior to funding. It is widely accepted that the JANS tool has been useful to country governments in achieving the first objective of improving national health strategies [2]. However, reviews found less evidence of JANS reducing the transaction costs of assessing and funding national health strategies.

In February 2012, a multi-stakeholder consultation meeting was held at Hammamet and recommended that the JANS should be used more by countries and development partners to harmonise assessment procedures and funding decisions. Since that meeting, three key strategic opportunities have emerged that form a further background to the JANS. First, there has been a renewed enthusiasm amongst top officials for the IHP+ and its efforts to improve aid effectiveness in the health sector. Second, both the Global Fund and GAVI are in the midst of reviewing their funding procedures, including for health systems strengthening. And, third, new funding mechanisms are emerging for reproductive, maternal, neonatal and child health (RMNCH). The IHP+ core team has responded by commissioning this review of stakeholder needs in relation to the JANS.



Objectives

This work was undertaken in September to December 2012 with the following objectives:

- To identify the needs of different stakeholders with regards to assessment of a new strategy;
- To analyse the extent to which these needs are met by current JANS practice, and the opportunities and constraints to achieving greater harmonisation of development partner procedures for assessing national strategies and alignment of these to country processes and needs;
- To set out preliminary suggestions on how to proceed based on this analysis.

The findings will feed into a meeting of senior officials from countries and development partners to discuss the opportunities and challenges for harmonising and aligning the use of JANS tool.

Methodology

This paper draws on evidence from existing literature and interviews with key informants. A literature review of existing assessments of the use of the JANS tool in a number of countries was conducted, along with a review of existing development partner guidelines on assessing national strategies (see Annex A). Interviews were conducted with key informants from 5 country governments, 12 development partners and 2 country civil society representatives (see Annex B for a list of institutions consulted). Interviews were used to elicit information on current processes and practices, needs from JANS, and experience of using the JANS to date. A questionnaire was used to collect information from development partners on their process for making funding decisions and their needs therein for assessing national health strategies. The list of people interviewed is at Annex B. The selection of development partners aimed to get a range of different business models – rather than to be rigidly representative. The selection includes two multilateral development agencies, two global health partnerships, two UN agencies and five bilateral donors. Government representatives from five countries and civil society representatives were interviewed during the 4th Country Health Sector Team meeting in Nairobi on 12 – 14th November 2012. The key limitations to this study are the relatively small number of development partners and countries consulted and the lack of a clear counterfactual for assessing what would have been different in a country with and without JANS.

Results

Country needs from a Joint Assessment of a National Strategy

Specific process for the preparation of a new strategy, if any either formal requirements or established praxis, including the process from assessment of a strategy to approval

Countries identified a number of key elements in the preparation of new health strategies: (i) a roadmap with working groups, (ii) situational analysis, (iii) expert technical groups, and (iv) consultation with parliaments, other ministries, civil societies and development partners. There are domestic reviews and technical expert contributions to national health strategies but not of the structured independent nature of the JANS. JANS is perceived as a useful tool because it fills a gap that existed to provide a structured independent assessment.

Clearly describe countries needs from JANS (including domestic stakeholders)

Countries expressed three key needs from JANS: (i) to improve the quality of the national health strategy, (ii) to mobilise resources for the national health strategy and (iii) to reduce transaction costs in accessing external development assistance for health. Not all countries expressed all three needs: for example, Ethiopia expected the JANS to help mobilise additional resources, whereas Uganda undertook the JANS to improve the quality of the national health strategy. Most primarily viewed the tool as a means to improve the quality of the national strategy, and hoped that a secondary benefit would be increased development partner confidence. Some explicitly stated that without the likelihood of development partner funding there was little incentive to undertake a JANS. Ministries of Health reported no specific needs for assessment of national strategy from other domestic ministries. However engaging them in the JANS process had increased buy-in for and confidence in the national health strategy.

Analyze extent to which JANS meets countries needs and how well the JANS fits or could better fit better with these country processes.

Others have documented how JANS meets the need for improving quality of national health strategies – and the JANS is indeed a tool primarily to improve quality [2]. Evidence that JANS has met countries' other needs is anecdotal. Some of those interviewed reported that conducting a JANS had not resulted in increased funding for national health strategies, for example, in Nepal and Uganda. In Ethiopia expectations were raised because the government perceived the JANS to be directly linked to funding through the emerging Health Systems Funding Platform, which then failed to materialise. Elsewhere, governments reported that JANS had been used in some funding decisions, for example in Vietnam by GAVI and EC and in Ethiopia by the Italian, AusAID and Dutch agencies.

Some countries reported that JANS findings had prompted development partners to shift to the government's preferred funding modality, for example AusAID and the Dutch supporting the MDG Fund in Ethiopia. However, other countries saw no explicit shift in aid modality (e.g. Nepal).



There were reports from Nepal and Vietnam that conducting a JANS reduced transaction costs in accessing development partner funding mainly due to fewer development partner missions to assess the national health strategy (e.g. in Nepal in 2010 compared to previously), less documentation for accessing health systems strengthening funding from GAVI (e.g. Vietnam) and a reduction in the time to a funding decision. However others reported continued high transaction costs of multiple additional assessments, in particular of financial management assessments. GAVI and KfW joined the pooled funding in Nepal after the JANS assessment, although it is not clear whether the JANS assessment was critical in this shift in aid modality.

Summarize country experience with different donors procedures for assessment and suggestions for change.

Overall, countries reported a lack of clarity on development partner requirements and procedures for assessing national health strategies. Although GAVI and Global Fund procedures were considered clear, countries were less clear on how these agencies used the findings from a JANS in their assessment and decision making. World Bank procedures are well documented – but one country reported the process taking five years. There was little comment on bilateral development partner requirements and procedures for assessing national health strategies, largely because there is less clear documented guidance or information available.

Development partner findings

Development partner responses to the questionnaires and interviews and a mapping of JANS attributes against documented development partner requirements are presented in tables in Annexes C and D. Here we summarise the key findings.

Specific procedures for technical analysis: Formal requirements for issues to be assessed, including an impression of the depth of the analysis required. If there are no – or in areas where there are no - explicit formal requirements, the development partner’s practice should be assessed.

Development Partners expressed a positive view on the scope of the JANS tool - that it broadly covers the key issues and criteria that they need. The majority of development partners interviewed used generic guidance for assessing national health strategies – that is to say guidance that has been developed for any sector, and for support to strategies, programmes or projects. Many development partners did not have documented criteria for assessing a national strategy. Exceptions were GAVI and Global Fund. The EC has guidance specifically designed for assessing national strategies (for any sector) and both they and the World Bank have published guidelines for making assessments [3] [4]. DFID has higher level guidance on what it requires to approve funding, which includes some elements for assessing strategies [5]. Germany, the Netherlands, UNICEF and UNFPA indicated they do not have documented specific criteria for assessing national strategies. The Netherlands assesses strategies for expected results, effectiveness, fit with Dutch policy objectives, management issues, contracting partner capacity, indicators and monitoring. BMZ does not have specific criteria. UNICEF and UNFPA do not have specific criteria and generally do not support national strategies.¹

¹ UNFPA does provide small (symbolic) funding in pools or JFAs in some countries: Ethiopia, Mozambique and Bangladesh.

GAVI and the Global Fund both reported changing business models. GAVI uses the findings of JANS in its decision making for Health Systems Strengthening funding under the Health Systems Funding Platform (for example GAVI used the Nepal and Vietnam JANS). The Global Fund used disease-specific JANS in its decision making for sub-sector support. To date neither agency has used JANS of a national health strategy to determine health system strengthening or disease specific support.² GAVI did not require further assessment of the national health strategy but did have other requirements including a results framework that included core immunisation indicators. Global Fund and GAVI are both working on new funding models and at the time of writing it is unclear what assessments of national strategies will be required. The Global Fund's New Funding Model has been launched for disease and HSS grants. One of the key features of the new funding model is its alignment with national strategies and national strategy cycles, in contrast to the previous rounds based system. In addition USAID, which has participated in but not used JANS, reported potential changes to its funding model which could result in making greater use of JANS. USAID requires stronger assessment of institutional capacity than JANS includes.

There were three further areas in which development partners did cite special requirements for analysis beyond the JANS. First a set of management issues came up frequently: financial management assessments; clear articulation of results to be achieved; and implementation arrangements and capacity of key institutions to implement. Most development partners require financial management and procurement assessments to a greater level of detail than currently assessed in the JANS. Development partners recognise that a JANS assessment is not intended to include a full financial management assessment. This is because a decision was taken that FMA has specific technical requirements and therefore should be conducted separately. A few highlighted their need for strong assessments of the implementing institutions' programme implementation and financial management capacity. The JANS tool already includes some elements of implementation capacity but does not explicitly address institutional capacity of lead implementer, usually the Ministry of Health. All development partners highlighted the need for a strong focus on results and a number suggested that, although the JANS tool does include results and monitoring and evaluation in a number of its attributes, it does not adequately capture the detailed and focused results that some technical and funding agencies require.

Second, some development partners have other requirements for additional assessments as part of funding decisions. The World Bank requires additional Environmental and Social assessments as well as other safeguards [3]. DFID requires environmental assessment as part of its Business Case [5]. European Commission requires a gender assessment as part of its technical assessment [4]. USAID requires attribution of results to US funding inputs and must be approved by Congress.

² For the Round 11 funding window, Global Fund had intended to use national health strategies that had undergone a JANS to inform requests for HSS support, and disease strategies that had undergone a NSA facilitated JANS to inform requests for disease support, but the funding window was cancelled in 2012, therefore no funding decisions were made.



Finally, the global financial crisis has renewed pressure on development agencies to demonstrate results and protect against financial mismanagement and fraud. Political considerations were raised as particularly critical by several bilateral development partners who are increasingly sensitive to political risk. Violations of human rights and democratic processes, as well as military intervention in other countries expose bilateral donors to political risk and are more significant than the technical strength of a national health strategy when decisions are made on volume of funding and funding modality.

Any procedures for who should conduct the assessment and how it should be carried out in terms of either formal requirements or established praxis. This could include the issue of independence, issues of country knowledge, and issue of desk versus field assessment

IHP+ signatories have developed a paper on how to conduct a JANS which outlines principles, options and key considerations for countries and development partners on the preparing for and conducting the assessment. [6] The Global Fund has strong requirements that the strategy assessment team is independent, consistent, rigorous, of appropriate expertise and transparent. In particular, the team should have not been involved at all with the development of the national strategy but can be a mix of international and resident experts. GAVI also requires a degree of independence of those assessing the national strategy. None of the other development partners had specific guidance on who should conduct any national strategy assessment or how it should be carried out. Some required the input of headquarters, usually through a mission (eg World Bank, EC), whereas others left the responsibility of assessment and advice up to resident officials. Bilateral development partners and World Bank reported using a mixture of their own staff and consultants to assess proposals including national strategies for funding. The World Bank and DFID include peer review of assessments.

Format of report – if any, either formal requirements or established practice

Many development partners have a format for programme documentation: for example, the World Bank has the Program Appraisal Document (PAD), DFID the Business Case and the Netherlands has a standard format internal document. This includes within it any required elements of assessment of national strategy. None of the development partners consulted had a specific format for a JANS (largely because they had no formal guidance for national strategy assessment).

Process from assessment to approval

Technical assessment of a national health strategy is one part of a development partner's decision making on whether to fund a national health strategy. Development partners reported that the timing of when this decision takes place is influenced by multiple other factors, including their own budgetary timetables (bilateral and UN agencies), funding rounds (Global Fund and GAVI) and the duration of external assessments (World Bank). In addition, the Global Fund and GAVI require review by the Technical Review Panel and Independent Review Committee respectively. These are not aligned with domestic budgetary or planning timetables and are rarely synchronised with the timing of JANS. As a result, while general attitudes to the JANS were positive, rather few agencies had used it to inform an actual funding decision (Table 1).

Table 1: Use of JANS to date in funding decisions

Direct	Direct	Indirect	No decision
Replaced requirement for existing assessment	Fed into existing assessment process and reduced elements	Additional assurance for a funding decision that would have been taken anyway	Participated in JANS but no immediate impact on funding decision
DFID Nepal, Ethiopia, Malawi German Development Cooperation, Malawi World Bank Nepal	GAVI Vietnam, Malawi German Development Cooperation Rwanda	UNFPA Ethiopia	Many examples: <ul style="list-style-type: none"> • German Development Cooperation • World Bank • Netherlands • European Commission • UN agencies

Note: there is little overlap between countries which have undergone a JANS and countries in which EC provides assistance to the health sector.

Summary: main types of requirements and key differences between different agencies or groups of agencies

Bilateral donors , multilateral development banks and the EC:

Bilateral agencies, multilateral development banks and the EC usually have a resident advisor if they are in the sector and therefore are able to participate in harmonised sector processes including development of the national health strategy, joint annual reviews and mid term reviews. As a result, although subject to analysis of political risk, they generally already buy into national strategies without needing substantial further assessment. They reported using JANS to provide reassurance of a strategy’s quality, or as additional evidence to persuade headquarters. The transaction cost reduction for this group of using a JANS was marginal because they already engage in national processes, have the analysis they need and have confidence in national health strategies..

Global Funds and GAVI:

These two agencies are key potential clients for the JANS because their funding decision process is based more on technical assessment and less on political factors than the bilateral development partners and development banks. Having no resident advisers, they reported relatively less buy-in to national strategies as a result of less in-country intelligence on the relevance and robustness of the strategy in the country context. The JANS fills an important information gap for them – and could do so further if One JANS became the norm.³ The introduction of the Global Fund’s new funding model increases the potential opportunity for One JANS to contribute to funding decisions. Both agencies are highly focused on demonstrating results on mandated issues (HIV/AIDS, TB, Malaria and immunisation), as required by their Boards.

³ One JANS refers to the concept of conducting health sector JANS with more in-depth assessment of disease specific strategies as one harmonised exercise. It was piloted in Sudan in December 2012.



UN agencies:

UN agencies generally have a staff of resident health experts but do not fund national health strategies directly. However, like global funds, they are highly focused on assisting countries to deliver specific results because this is what increasingly determines their funding from bilateral donors. They may also be involved as implementing partners, receiving resources at the country level (up to 90% of their resources are nationally provided). They have their own incentives to harmonise within the UN and UNDAF processes, rather than with other health sector partners, and have their own fixed budgeting timelines. To date they have been key partners in the JANS process but are not key clients or users of JANS assessments in their funding decisions.

Civil society findings

Civil society organisations reported two issues relating to JANS. First, the real challenge is the development of a national health strategy that is truly multi-stakeholder: that is developed in a process that fully engages all stakeholders, including civil society; and that fully recognises and incorporates the important role they play in delivering health services and advocating on behalf of the population, including marginalised and disadvantaged groups. JANS was viewed as a useful tool to identify gaps and highlight ways of improving the national health strategy. Second, to assess whether a national health strategy is truly multi-sectoral the composition of the JANS team has been critical. Where the JANS team has not included expertise on civil society then it has been unable to assess these attributes adequately. To date civil society representatives have been interviewed in 11 out of 12 JANS (there is no information on the 12th) and have participated in the team or analytical workshops in eight out of 12 JANS.⁴ Civil society has also been involved in five of the six JANS lesson learning tasks.

⁴ Information taken from presentation on 'IHP+ and its relationships with civil society' delivered by the IHP+ Core Team at a civil society consultation meeting in February 2013.

On-going unmet needs of countries, development partners and CSOs

In this section, based on our findings, we draw out ten key areas where countries, development partners or CSOs have expressed needs that the JANS could potentially meet. We assess the degree to which these needs have been met by the JANS and then, in the next section, the opportunities and challenges for narrowing this gap.

There are two clear groups of emerging needs: those related to process and timing of the JANS; and those related to scope and depth of the JANS tool. In the first area, countries, development partners and CSOs all expressed needs that could potentially be better met by the JANS. In the second, it was development partners alone that expressed the need for change in the content of the tool.

Unmet needs related to process and timing

1. *Countries need development partners to time their decision making to support a national health strategy*

Development partners support a national health strategy, not a JANS: a JANS is a means to the end of supporting a national health strategy. Countries trying to secure funding for their health strategies from a range of sources need development partners to time their decision making as far possible to fit with their national planning cycle. This would increase ownership, alignment and efficiency of the strategy development and implementation process. Even if development partners are unable to commit funds according to the national timetable, countries need them to outline their potential funding envelope and decision making schedule. It would also be helpful to have other key elements of their decision clearly stated at the start of the strategy development process.

2. *Countries need more clarity on which development partners intend to use the JANS for a funding decision, and how they intend to use it*

If development partners are unable to make funding decisions at the start of a national health strategy, due to their own headquarters' demands and timelines, the ability of the JANS to contribute to these decisions will be constrained. In order to justify the up-front transaction costs of a JANS, countries in this study reported that they need development partners to indicate clearly in advance of a JANS whether and how they would use the findings. The current lack of clarity results in countries justifying the costs of the JANS as a tool to improve plan quality, while trusting that, in the longer term, this may lead to greater resource mobilisation. It would also be helpful for development partners to provide information on other key requirements of their decision making at the start of the strategy development process to better meet the needs of countries and encourage them to see the JANS as a more effective harmonisation tool.

3. *Some countries need more development partners engaged in JANS process*

A key lesson from this study is that JANS builds confidence in the health strategy among development partners. Some countries suggested that they need more development partners engaged in the JANS process in order to increase its impact by widening the circle within which confidence is increased.



4. Development partners need the timing of the JANS to relate to their funding decisions

In order to use the JANS for resource mobilisation as well as strategy quality assurance, development partners need it to include assessment of the final strategy, rather than just an early draft. To achieve this, countries and development partners will need to pay more attention to the process of the JANS, when it is undertaken and what follow up there is. Many development partners reported that the timing of the JANS affected its utility. Further, where partners have not been explicit about their decision making schedule, then JANS timing was less likely to be at a useful stage in the strategy development process. This has limited its value for funding decisions.

5. Some development partners need to understand how countries responded to JANS findings

Global Fund and GAVI in particular highlighted their need to understand which weaknesses and recommendations in the JANS assessments the countries chose to address, how they addressed them, and why they chose not to address other ones. This was particularly important for the development partners when the JANS assessment is conducted relatively early in the health strategy development process.

6. Civil society organisations need to be better engaged in JANS process in some countries.

Civil society informants suggested that the JANS is a potentially valuable tool. However a JANS team needs civil society expertise on it to assess both whether national health strategies have been developed with sufficient civil society input and whether it reflects the roles that civil society organisations play in implementation. This expertise has not always been present.

Unmet needs related to scope and depth of JANS

7. Development partners need financial management assessments (FMA) in addition to a JANS (although they do not expect JANS to fulfil this need).

The TORs of this study did not include FMA – but the shadow of FMA loomed large over most country and partner interviews since all development partners need some kind of assessment of FMA in order to make a funding decision. It should be remembered that a JANS assessment is not intended to include a full FMA – development partners intend FMA to be conducted separately. Some informants (both country and development partner) suggested JANS should be extended to incorporate FMA and FMA-related assessments, thereby making additional assessments redundant. Others (both country and development partner) suggested that JANS should not address these issues as they are addressed to a satisfactory standard elsewhere. Either way countries noted that the transaction costs of these additional assessments may outweigh the transaction costs of the JANS and the processes it replaces – so from a country perspective the transaction costs of an FMA bear greater consideration than the relatively small transaction cost savings of JANS.

8. *Development partners need greater depth of assessment of institutional capacity and feasibility of implementing the strategy than exists or is intended in the JANS tool.*

There is broad agreement amongst development partners on the current content and structure of the JANS tool but some indicated that, in order to make funding decisions, they need more detail on institutional capacity for implementation. The JANS tool does not explicitly address institutional capacity to implement, although it can be used to establish whether or not an institutional capacity assessment has been done. A JANS assessment is not intended to conduct a full institutional and implementation capacity assessment but rather to review whether such analysis and assessment was undertaken in the process of developing a national health strategy. There was no direct desire for the tool itself to incorporate implementation issues but rather a general sense that they were needed and that there could be great efforts by partners to jointly assess them, either through the JANS or some other tool.

9. *Some specialised development partners report insufficient coverage of the results and implementation strategy in their particular area of focus*

Global Fund, GAVI and some UN agencies have mandates to fund interventions to achieve specific disease reduction or service delivery outcomes. At present, they need more specific information on their results area and related implementation strategy than a JANS of a national health strategy gives them. Previous disease specific JANS did this but did not decrease transaction costs – and in fact may have increased them. There are current pilots around a One JANS approach to address this issue. It would be worthwhile for development partners to review whether there is scope to reduce the results and related implementation strategy requirements for them to fund a national health strategy.

10. *Some development partners need more consistent quality and rigour of assessment*

Global Fund and GAVI highlighted their need for all JANS assessments to be conducted to a consistent level of quality and rigour so that they can be treated with equal weighting as evidence in their independent technical assessment processes.



Options for increasing harmonised use of JANS in funding decisions

Table 2 presents options to address the needs identified in the consultations with countries, development partners and civil society. It categorises the options according to their potential to achieve benefit in the following objectives: (i) potential to reduce transaction costs to country and (ii) potential to improve harmonisation. It also presents a brief assessment of the feasibility, constraints and risks.

Table 2: Options to address identified needs and assessment of potential benefit and feasibility

Need	Options – and potential benefit		Constraints/risks/feasibility
	Reduce transaction costs to country	Increase harmonisation of funding decisions	
Countries need development partners to time their decision making to support a national health strategy	Development partners commit to aligning funding decisions with the national strategy timetable – and to coordinate technical assistance to the country’s priorities which are often clarified in the JANS process Failing this, partners to provide clearer information on their intentions to fund a national health strategy to country governments at the start of the strategy development process. To include information on likely funding envelope and when the funding decision will be taken.		Will require HQ involvement and high level of commitment to reschedule funding decisions. Easier for some partners than others.
Countries need clarity on which development partners intend to use the JANS for a funding decision, and how they intend to use it	Development partners to make clearer statements on how they would use a JANS, and over what timetable. Further information to be provided up front on what additional FMA or other assessments will be required and whether there are opportunities to harmonise these exercises with other agencies.		Potentially possible but funding decisions also affected by wider picture of political/humanitarian context, which can change dramatically (eg Mali).
Some countries need more development partners engaged in JANS process	Countries to engage as many development partners as possible at the start of the national health strategy process and JANS process. Development partner HQs to clarify to resident advisers expectations of participation in the JANS and how it will be used.		Feasible, where partners are receiving HQ instructions to participate, or where management is delegated to country offices .
Development partners need the timing of the JANS to relate to their funding decisions		Timing of JANS to be planned along-side strategy development and to include some assessment of final strategy.	May not be possible to find a time for JANS that suits enough development partners funding cycles. ⁵

⁵ This may clash with national processes for signing off on a strategy if it requires later revision due to JANS findings, although this would be similar if development partners conduct individual assessments and require changes to national strategies out of sync with the national process.

Need	Options – and potential benefit		Constraints/risks/feasibility
	Reduce transaction costs to country	Increase harmonisation of funding decisions	
Development partners need to understand how countries plan to address the weaknesses and recommendations in JANS assessment.	<p>There are two options for countries to outline follow up to JANS:</p> <ul style="list-style-type: none"> • JANS followed by a statement from Govt on follow up of recommendation • Two-phased JANS: A in country full JANS followed by a (usually) desk JANS of the final or near final Strategy 	<p>If an early JANS is undertaken in the process, country government to consider providing a one off update to potential funders on how weaknesses and recommendations were addressed.</p>	<p>Will increase transaction costs on countries if they have to provide an update with their response to JANS recommendations.⁶</p>
Development partners need financial management assessments (FMA).	<p>Harmonise timing of JANS and financial management assessments and ensure that all development partners use them and do not require additional assessments.</p>		<p>Should be possible to identify partners willing to be more harmonised on FMA but some will always need their own processes.</p>
Development partners need the JANS tool to contain greater depth on assessment of institutional capacity and feasibility of implementing the strategy.		<p>IHP+ strengthen JANS tool guidance on assessment of institutional capacity to implement. Clearer links between health strategies/ implementation plans, as well as assessment of capacity to deliver in national health strategies and other related documents.</p>	<p>Difficult to change tool to include focus on implementation capacity but can improve guidance to ensure JANS verifies whether institutional / implementation assessment was part of strategy development process..</p>
Some specialised development partners report insufficient coverage of the results and implementation strategy in their particular area of focus	<p>Clearer articulation of results and implementation strategy within health strategies required by all development partners.</p> <p>Further review and potential amendment by development partners of the required set of key results and related implementation strategy that they require to fund a national health strategy.</p> <p>Development partners and countries continue to develop the One JANS pilot to meet the needs of specialised funders. Specific focus on articulation of results of interest to Global Fund, GAVI and any RMNCH funds.</p>		<p>For One JANS, will require a big push from Boards of key agencies.</p>
Some development partners need more consistent quality and rigour of assessment	<p>Guidance developed to quality assure JANS assessments to ensure that JANS meet a comparable standard of robust analysis and recommendations – perhaps as checklist signed off by JANS team leaders (could be similar to checklist in OECD guidelines for evaluation of development programmes).</p>		<p>Feasible to implement. Risk is that it may not address need – requires GF and GAVI ownership.</p>
CSOs need to be better engaged in JANS process in some countries.		<p>Guidance on CSO expertise and CSO issues in JANS to be strengthened.</p>	<p>Relatively easy for IHP+ core team to deliver.</p>

6 Same as previous footnote



Moving forward with these options

The analysis in this report suggests that development partners use JANS assessments differently according to their business models. Given the wider context of renewed interest in aid effectiveness in the health sector, shifting funding modalities at key agencies, and emerging RMNCH funds, there is a strategic opportunity for donor governments, both in their roles as bilateral agencies and on the Boards of multilaterals, to follow up this work. Small improvements in JANS could deliver, first, a mechanism to encourage key global funds to harmonise their support behind national health strategies; and second, further reductions in transaction costs to countries of managing multiple smaller volume development partners funding national health strategies.

The options we presented in Table 2 fall into two broad groups: those that would be relatively quick and feasible for the IHP+ core team and signatories to implement, although possibly of lower impact on the JANS; and those that will require more strategic work by the IHP+ core team and signatories but would have potentially greater pay off in terms of improving use and usefulness of the JANS.

Options that are relatively quick and feasible

This group includes options that largely involve countries or agencies being more explicit about their intentions and agreeing timetables that satisfy both parties. They do not require countries or development partners to make any significant changes to how they use the JANS or make their funding decisions. They do require the JANS to be more carefully planned and situated within both country and donor decision making schedules, with greater clarity on how they will be used provided up front. They also require the IHP+ core team to produce short guidance materials on CSOs and on how to quality assure the JANS reports. Their main impact will be on the second of the two goals above – to further reduce transaction costs of managing multiple funding sources.

Table 3: Options that are relatively quick and feasible

Option	Who to implement	By when
Country government to document implementation of JANS recommendations.	Ministry of Health	Next JANS
Timing of JANS to be planned along-side strategy development	Ministry of Health	Country strategy development
Countries to engage as many development partners as possible at the start of the national health strategy process.	Ministry of Health	Country strategy development
Development partner HQs to clarify expectations of participation in the JANS and how it will be used.	Development partner HQ	Country strategy development
Development partners to clarify additional FMA or other assessments required and whether they can harmonise with other agencies.	Development partner HQ and national offices	Country strategy development
IHP+ strengthen JANS tool guidance on assessing institutional capacity to implement.	IHP+ signatories	Develop in 2013
Development partners to provide information on intentions to fund a national health strategy at start of process.	Development partner national offices and HQ	Next JANS or during strategy development
Guidance developed to quality assure JANS assessments – a short checklist	IHP+ signatories	Develop in 2013
Guidance on CSO expertise and issues in JANS to be strengthened.	IHP+ signatories	Develop in 2013

Options that are longer term but potentially of higher impact

This group includes options that require development partners and countries to make some changes to their funding practices in terms of timing and harmonisation of multiple assessments with other partners. They would require a higher level of political commitment and determination to achieve – but could have major impact in practically and symbolically ensuring that development partner funding is fully aligned with national health strategies.

Table 4: Options that are longer term but potentially of higher impact

Option	Who to implement	By when
Development partners and countries continue to develop the One JANS pilot with specific focus on articulation of results of interest to Global Fund, GAVI and any RMNCH funds	Development partners, national governments and IHP+ core team	During 2013.
Harmonise timing of JANS and financial management assessments and stop additional assessments.	Development partner HQ and national offices	Agreement in 2013 – perhaps at WHA event; follow up at Boards
Development partners commit to aligning funding and funding decisions with the national strategy timetable – and to coordinate technical assistance to the country’s priorities which are often clarified in the JANS process	Development partner HQ and national offices	Agreement in 2013 – perhaps at WHA event, follow up at Boards.



Conclusions and recommendations

The key conclusion to this work is that, in general, most respondents felt that the JANS was a useful mechanism for multiple stakeholders to try to coordinate their work. This message came from a great diversity of respondents – countries and partners, resident and non-resident partners, civil society representatives. They were particularly confident that the JANS helped to improve the quality of health strategies and the confidence of different funders in them.

Having said that, countries also clearly articulated that, in order to justify doing it, the JANS needed to be used more concretely in development partners' funding decisions. Meeting these on-going unmet needs would require further reductions in transaction costs and harmonisation of funding decisions. There was also a strong sense of opportunity, with renewed interest in the IHP+ among agency heads, significant changes at the Global Fund and GAVI in the way they will operationalise their funding for health systems strengthening, and emerging new RMNCH funds.

We have identified a set of actions that could be undertaken to try seize this opportunity by meeting the identified needs. We further categorised them into 'low hanging fruit' or longer term more strategic actions. We have tried to indicate who should primarily be responsible for undertaking them and when they might be achieved by.

Our final recommendations to the IHP+ signatories are therefore:

1. IHP+ signatories demonstrate renewed energy for the IHP+ by committing to implement all options within an agreed timetable.
2. IHP+ signatories to agree a short summary to clarify the difference and links between, JANS, financial management and procurement assessments and assessment of institutional capacity for implementation. Further to explore whether there is the possibility of increased harmonisation of these assessments and what mechanisms might assist, within the context of the JANS.
3. IHP+ signatories to initiate a process to implement these recommendations through:
 - agreeing a timeline and mechanism for implementing the recommendations;
 - committing at WHA or similar event to align funding and funding decisions to national health strategy cycles.

Annex A – Literature reviewed

Works Cited

1. IHP+, "Joint Assessment of National Health Strategies and Plans: Combined Joint Assessment Tool and Guidelines," September 2011.
2. V. Walford, "Joint assessment of national health strategies and plans: a review of recent experience," International Health Partnership+, 2010.
3. World Bank, "Guidelines for Project Appraisal Document under the Risk Based Approach," World Bank.
4. European Commission / Europe Aid, "Support to Sector Programmes, Covering the three financing modalities: Sector Budget Support, Pool Funding, and EC project procedures," European Commission, 2007.
5. DFID, "How to note: Writing a Business Case," DFID, 2011.
6. V. Walford, "How to conduct a Joint Assessment of a National Health Strategy, based on country experience," IHP+, 2011.

Other Literature Reviewed

JANS reports from Ethiopia, Uganda, Rwanda available at <http://www.internationalhealthpartnership.net/en/ihp-partners/>

Lesson learning reviews of JANS in Nepal, Ethiopia, Uganda, Ghana, Kyrgyzstan and Vietnam available at <http://www.internationalhealthpartnership.net/en/results-evidence/jans-lessons/>

Joint Assessment of National Health Strategies (JANS) Consultation on Lessons Learned and Future Directions, 22-24 February 2012, Hammamet: Note for the Record

Country health strategies from Ethiopia, Nepal, Uganda, Rwanda, Kenya available at <http://www.internationalhealthpartnership.net/en/ihp-partners/>



Annex B – Institutions and Individuals interviewed

Questionnaires completed

- DFID
- German Development Cooperation
- European Commission
- Netherlands
- World Bank
- Global Fund

Individual	Institution
Mr Christian Acemah	African Science Academy Development Initiative of the U.S. National Academies
Anders Nordstrom	Chair GAVI HSS Technical Advisory Group
Mr Oluwamayowa Joel	Communication for Development Centre
Dr Mekdim Enkossa	Ethiopia Ministry of Health
Mr Abduljelil Husen Reshad	Ethiopia Ministry of Health
Andrea Milkowski	European Commission
Bakhuti Shengelia	GAVI
Ole Doetinchem	German Development Cooperation
Olga Bornemisza	Global Fund
Johannes Hunger	Global Fund
Jarl Chabot	Independent Consultant
Dr Abebe Alebachew	Independent Consultant
Dr Babu Ram Marasini	Nepal Ministry of Health
Monique Kamphuis	Netherlands
Ini Hjuits	Netherlands
Anders Molin	SIDA
Dr Sarah Byakika	Uganda Ministry of Health
Howard Friedman	UNFPA
Ian Pett	UNICEF
Bob Emry	USAID
Maria Francisco	USAID
Dr Long Nguyen Hoang	Vietnam Ministry of Health
Wim Van Lerberghe	WHO HQ
Denis Porignon	WHO HQ
Mohammed Drame	WHO HQ
Shambhu Acharya	WHO HQ
Phyllida Travis	WHO HQ
Gerard Schmets	WHO HQ
Humphrey Karamagi	WHO (Kenya)
Melitta Jakab	WHO (Kyrgyzstan)
Dela Dovlo	WHO (Rwanda)
Dr Juliet Bataringaya	WHO (Uganda)
Mr Solomon Kagulula	WHO (Zambia)
Julie McLaughlin	World Bank
Bert Voetberg	World Bank
Mr Wesley Kapaya Mwambazi	Zambia Ministry of Health

Annex C – Mapping of JANS attributes against documented development partner requirements

Table 5: Mapping of JANS attributes against documented development partner requirements

	JANS Attributes					Additional requirements or other observations
	Situation analysis and programming	The Process	Costs and Budgets	Implementation and management	Monitoring, evaluation and review	
GF	1, 2, 3, 4	5, 6, 7	8, 9	10, 11, 12, 13, 14	15, 16	<ul style="list-style-type: none"> HIV/AIDS, TB and Malaria outcomes
GAVI	1, 2, 3, 4	5, 6, 7	8, 9	10, 11, 12, 13, 14	15, 16	<ul style="list-style-type: none"> Immunisation outcomes
World Bank	1, 2, 3, 4,	5, 6, 7	8, 9	10, 11, 12, 13, 14	15, 16	<ul style="list-style-type: none"> PADs tend to be more detailed than JANS reports
DFID	1, 2, 3, 4	6, 7	8, 9	11, 12, 13, 14	15	<ul style="list-style-type: none"> Cost effectiveness of alternative options assessed Value For Money
EC	2, 3	5, 6, 7	8, 9	11, 12, 13, 14	15, 16	<ul style="list-style-type: none"> Critical look at role of gov in sector More detail on donor coordination

Note: JANS attributes mapped against sector strategy guidance for EC and against generic guidance for DFID, Global Fund, GAVI and World Bank.



Annex D – Summary table of Development Partner Procedures for Assessing Strategies and making funding decisions

Development partner	Specific procedures for technical analysis in assessment of national health strategy	Requirements for special analysis in assessment of national health strategy	Procedures for who should conduct the assessment	Other requirements for process and assessment for funding decision	Format of report	Process from assessment or JANS to approval of funding
EC	Generic guidelines on Support to Sector Programmes; Budget Support Guidelines	Yes – criteria set out in the guidelines including the relevance and credibility of the sector policy ⁷ , monitoring frameworks, institutional capacity, PFM etc.	Based on existing sector policy assessments (JANS, government sector performance data, etc.), the EU Delegation staff prepares an internal analysis of the sector policy.	None	Internal sector analysis needs to cover the different sector policy assessment criteria.	Programme identification and formulation phases, review by HQ. Timing is in line with Multiannual Indicative Programmes for a country (3 year planning phase) and the EU 7 year financial perspective.
Germany	No	Financial assessments are required irrespective of whether there is a national strategy and JANS or not.	No	Environmental, political, technical planning appraisals	No	Key events governing funding decisions are the government negotiations and consultations; the former for preparing and the latter for making funding decisions. Timescale coordinated jointly between partner country and GDC.
Netherlands	No	Generic assessment of results, effectiveness and fit with Netherlands policy objectives.	Resident policy officer leads.	Management issues, institutional capacity, indicators, monitoring.	Yes for an internal evaluation memorandum, written by Dutch policy officer. Separate form for assessing institutional capacity.	National (host country) timeline followed. At embassy level: prepared by policy official in-charge , discussed in internal meetings, approved by management. For (sector) budget support, final approval is made by Minister.

7 **Eligibility** of a public policy is assessed on the basis of the **relevance** of the sector policy and its **credibility**:

- **Relevance** refers to extent to which key constraints and weaknesses are being addressed by the government's strategy to reach the objectives of the policy;
- **Credibility** refers to the quality of the reform process regarding its realism, institutional arrangements, track record and political commitment to the reforms;

Development partner	Specific procedures for technical analysis in assessment of national health strategy	Requirements for special analysis in assessment of national health strategy	Procedures for who should conduct the assessment	Other requirements for process and funding decision	Format of report	Process from assessment or JANS to approval of funding
Sweden	No	There are government guidelines for assessment of sector budget support.	n.a.	n.a.	n.a.	JANS assessment can be useful but also assessment of corruption risk and assessment of democracy and human rights perspectives.
UK	No	Business case 'How to note' includes assessment of commercial, VFM, management, financial arrangements.	No	Set out in their Business case guidance: environment	No	Submission to approval at appropriate level. >£40m requires QA review and Ministerial approval.
USAID	Uses JANS among other sources. USAID has a large health presence in countries it works in and considers criteria related to US policies on foreign assistance, general alignment with the national health strategy, country ownership, and long-term sustainability.	Looks at financial management arrangements, quality of the planning and budgeting process, and institutional analyses.	Uses USAID field staff and consultants with direct experience both of USAID health approaches and programs and of national health strategies and plans.	Ability to monitor, evaluate, and attribute results to USAID health funding. Other assessments include gender and sustainability.	None	JANS is not obligatory. In countries that have completed the JANS (7 in USAID-assisted countries to date), JANS results are included in USAID's funding considerations as are other assessments relevant to good programming, including those that are sector-specific.
UNICEF⁸	No	n.a.	n.a.	UNICEF would only make health decisions within a broader national policy framework	n.a.	Programmes of support usually decided over 5 years but not aligned with national planning cycles, unless through UNDAF

8 UNICEF did not complete a questionnaire. Table filled in from interview. They fund health strategies only focused on children and only within a wider national programme of support. They are also frequently the recipient of other development partner funds as a country-based implementing partner.



Development partner	Specific procedures for technical analysis in assessment of national health strategy	Requirements for special analysis in assessment of national health strategy	Procedures for who should conduct the assessment	Other requirements for process and assessment for funding decision	Format of report	Process from assessment or JANS to approval of funding
World Bank	No – uses WB appraisal process to assess the programme	Project Appraisal Document guidelines indicate assessment required.	n.a.	PAD includes World Bank Safeguards, relevance to situation, ownership, implementability, technical and economic rationale, lessons learned, fiduciary and social standards.	Yes as per the PAD	Proposals to the WB Board for financing. Can be at any time, according to national timescales.
Global Fund	Use JANS to assess national strategies & inform funding requests for health systems strengthening	Used JANS for assessing disease strategies for the National Strategy Application (NSA) approach (now adapted & integrated into the NFM) For the New Funding Model (NFM) recommend JANS as an assessment tool to improve national disease & health strategies	For NSA, had to be an independent review team; for NFM, must follow IHP principles & procedures	TRP considers whether funding request is a strategic investment, informed by robust, and ideally assessed national strategy. Also considers (among many things) past performance, absorptive capacity, external financing, and risk.	None	JANS is not obligatory, but recommended as a step to creating robust national strategies. In the new funding model, funding requests must be assessed by both the secretariat and the TRP, before being signed off by the Board
GAVI	JANS linked to HSS support under HSFP application	Some kind of assessment of HSS obstacles to achieving better immunisation	Na	Implementation plan, operational plan, multi-year immunisation plan. JANS too high level for GAVI's defined results needs.	HSFP application form is required	Must pass IRC as part of HSS funding process.

WHO is not a major financial donor and does not have formal procedures for making funding decisions to finance a national health strategy. However WHO country offices and technical departments use JANS to various degrees to support national sector planning and assessment processes. WHO country cooperation strategies are largely based on the priorities identified in national health plans. WHO does participate in government led assessments of national health strategies but still uses its own biennial funding cycle timing.



Notes:

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