

Joint assessment of national strategies and plans Frequently Asked Questions

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

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

2. Why is there interest in joint assessment now?

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

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

A joint assessment can be used in several ways.

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

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

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

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

5. When should a joint assessment happen?

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

6. What will be assessed?

A joint assessment will examine the strengths and weaknesses of five groups of generic attributes that are considered to be the foundation of a 'good' national strategy:

- The situation analysis, and coherence of strategies and plan with this analysis ('programming'); for example, whether priority health needs; equity and access issues, health sector responses and financing arrangements are adequately addressed;
- The process through which the plan or strategy has been developed;
- Adequacy of financing projections and budgetary framework;
- Implementation and management arrangements, including for financial management, audit and procurement;
- Plans for monitoring and evaluation, and processes for using the findings.

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

For details of the joint assessment tool and guidelines developed by the IHP+ interagency working group and amended based on country experience in 2011, go to www.internationalhealthpartnership.net.

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

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

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

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

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

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

Based on the initial country experience a paper outlining different options for the JANS process has been developed. It can be found at www.internationalhealthpartnership.net.

8. How long might a joint assessment take?

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

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

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

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

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

10. Is there a link to the Health System Funding Platform?

Yes. The joint assessment process provides a single method for assessing the strengths and weaknesses of a national health strategy, and is one of the key elements of the Platform. It is the foundation for GAVI and Global Fund's joint Funding Request Template to be used as part of the Platform arrangements. The joint assessment findings are expected to help each agency to decide how much and how it would provide funding and technical support. The JANS process can help to strengthen partner buy-in to the national health strategy and emphasizes the need to provide technical and financial support in line with the country's strategy rather than through other donor-driven projects and programs.

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

Any interested country, not just IHP+ signatory countries, can undertake joint assessment of their national strategy. Country stakeholders decide what inputs are needed, and for the most part use in-country expertise and resources. An increasing number of Ministries of Health, other national institutions and

international organizations have experience in organizing JANS processes¹. Other support and advice is available from individual agencies with direct JANS experience (see website) and the IHP+ Core Team can also be contacted.

12. How are lessons learned documented and shared?

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

For further information

Please contact: info@internationalhealthpartnership.net

¹ As of November 2011, countries that have undertaken a joint assessment using this tool include: Ethiopia, Ghana, Kyrgyz Republic, Malawi, Nepal, Rwanda (as part of a mid-term review), Uganda and Vietnam.