

**Lessons Learnt from the Joint
Assessment of National Health
Strategies (JANS): Use of the JANS
in Ghana**

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Acronyms

CHAG	Christian Health Association of Ghana
CMA	Common Management Arrangements
DfID	Department for International Development
DHA	District Health Administration
DHS	Demographic and Health Survey
DP	Development Partner
EKN	Embassy of the Kingdom of the Netherlands
EmOC	Emergency obstetric care
GAVI	Global Alliance for Vaccines and Immunisation
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHS	Ghana Health Service
GOG	Government of Ghana
HRH	Human Resources for Health
HSMTDP	Health Sector Medium Term Development Plan
IALC	Inter Agency Leadership Committee
IHP+	International Health Partnership and related initiatives
JANS	Joint Assessment of National Strategies and Plans
JICA	Japanese International Cooperation Agency
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring & Evaluation
MDAs	Ministries, Departments and Agencies
MoESW	Ministry of Employment and Social Welfare
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework

NDPC	National Development Planning Commission
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
POW	Programme of Work
PPME	Policy, Planning, Monitoring and Evaluation
PPP	Public-Private Partnership
RHMT	Regional Health Management Team
RHNP	Regenerative Health and Nutrition Programme
SBS	Sector Budget Support
SD	Supervised Delivery
SMTDP	Sector Medium Term Development Plan
SO	Strategic Objective
SWAP	Sector-Wide Approach
TA	Technical Assistance
TBA	Traditional Birth Attendant
TH	Teaching Hospital
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

In 2009 Ministry of Health of Ghana and its partners started preparing a 4-year Health Sector Medium Term Health Plan 2010-2013 (HSMTDP) based on guidelines issued by the National Development Planning Commission (NDPC). Under the guidance of this Commission, all sectors in Ghana are currently developing sector medium-term development plans covering the same period. This is a legal requirement by the Constitution. The HSMTDP replaced the current health sector Programme of Work III (2007-2011).

The Ghana government requested assistance of a JANS team to assess the current draft HSMTDP of 29th October 2010. The joint assessment mission was carried out from 4 – 15 November 2010.

The timing of the joint assessment mission allowed for an in-depth review using the JANS tool on an advanced but not final draft of HSMTHP 2010-2013. It also allowed for documenting lessons learned based on feedback from key informants who had been recently exposed to the JANS process.

1. Description of the JANS process in Ghana

This section provides a functional definition and purpose of JANS and a detailed description of the processes leading to the joint assessment in Ghana.

1.1 Purpose of the JANS and context

Joint Assessment of National Strategies and Plans (JANS) is a shared approach to assessing the strengths and weaknesses of a national health strategy, that is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. The expected benefits of this joint assessment include enhanced quality of national strategies and greater partner confidence in these strategies, thereby securing more predictable and better aligned funding.

The objectives of the joint review were to make a joint assessment of HSMTDP 2010-2013 using the JANS tool and accompanying guidelines as the guiding framework; and, to present and discuss the analysis of strengths and weaknesses of HSMTDP 2010-2013 with senior policy makers and other stakeholders, and recommend improvements where necessary. While it was not the task of the joint assessment team to make any recommendations on funding, it was envisaged that individual agencies will be able to use the findings of the assessment to inform their decisions and, ideally in some cases use these instead of carrying out separate missions.

More specifically, the review was expected to produce an assessment profile of the strengths and weaknesses of five sets of attributes defined in the JANS guidelines.

1.2 Description of the JANS process¹

The earliest discussions on JANS in Ghana took place in December 2009. A World Bank official of the IHP+ core team held a briefing meeting on JANS in Accra with the MOH Director of Policy Planning Monitoring and Evaluation (PPME), the Deputy Director GHS; and the Development Partners' represented by the lead – the WHO Representative. This resulted in a note for the MOH on opportunities and risks related to JANS in Ghana and possible options.

In February 2010: there was a conference call on JANS between key staff from MOH, GHS, several development partners (WHO, World Bank, Netherlands, Danida; UNICEF) and IHP+ core team to further discuss possible process and answer questions from stakeholders in Ghana. Basic principles of country leadership and ownership, inclusiveness, independent element were emphasized. They agreed on a number of next steps; to update the road map for developing the plan, to consider where to fit JANS in this road map, to discuss the skill mix required for the JANS and to discuss how Ghana wanted to handle the independent element of JANS.

During WHA in May 2010 the Director of PPME MOH met IHP+ core team members to update and discuss a number of issues including definition of the purpose of JANS mission in Ghana. The thinking at that time was to use the JANS to help in further developing the plan and to assess strengths and weaknesses of the final draft that could potentially be used by DPs as an important input into future funding decisions². MOH requested for independent outside experts to participate in at least one of the two planned consultations with stakeholders in late May or early June - to review the process and provide inputs.

In July the Chief Director MOH formally requested a JANS. His directorate of PPME was assigned lead responsibility for the JANS while WB and WHO Ghana facilitated the conduct of JANS on behalf of partners at country level and participated in developing detailed TOR for this process. The IHP+ core team agreed to contribute possible names of independent experts for the local Ghana team to consider, along with other suggestions from MOH itself, and partners and to share information from other JANS exercises as input to decisions in Ghana.

MOH established a dedicated team to work full time on the JANS for the period preceding and just after the proposed period of the JANS. The core team which was composed of MOH, its agencies and partners, developed the TORs after full consultation with stakeholders and selected the external team for the JANS. It reported to the Director PPME of MOH and gave direct and regular updates at the forum of monthly Health Partners Group, which is chaired by the MOH, and co-chaired by a DP. This team was also responsible for the review and selection of external consultants.

¹ For detailed evolution see Annex "Ghana health sector medium term development plan 2010 – 2013: Steps in preparing for a 'joint assessment' of the plan"

² The strategic plan team had informally used the JANS tool for a self-assessment of a first draft of the plan.

Late August 2010 was the original planned date. The need for a costed draft plan before the JANS was agreed by all key stakeholders. This was only available in September 2010 and contributed to the postponement of the Mission to November 2010. Other contributory factors were conflicting dates with the national Consultative Group meeting, public holidays and the non-availability of the external team leader after mid September 2010.

The review took place from 4-15 November 2010. The 8-member independent team (composed of 3 agency staff from IHP+ members, 2 international, 2 national and 1 civil society representatives) assigned its members to lead on interviews, discussions and presentations on specific attributes. They were assigned on the basis of their area of expertise. Lead members also had responsibility to develop questionnaires for interviews pertinent to their field of expertise. The team leader was one of the international consultants.

During its first meetings the team examined the tools and agreed on modifications to facilitate its use. It met 2-3 times a week to share findings, review supplementary questionnaires and tools on specific issues or for specific target groups and, later in process, to prepare and discuss draft reports. The JANS team liaised closely with the national 'support group' with which it met 3 times during the assignment. It consisted of programme experts and managers from Ministry of Health, Ghana Health Service, WHO, CHAG, and the Ghana Coalition of NGOs in Health. This group provided logistical support and critical feedback to the JANS team on preliminary observations and conclusions. The JANS team had access to most key stakeholders and institutions relevant to the assignment, including top-level officials of the MOH and its agencies as well as different ministries involved in the health sector. It interviewed representatives of the national planning commission, of private sector in health and civil society. See Annex 2.

Given the limited time available the team restricted itself to documented evidence of decentralized planning and programming. It did not interview district level managers or community members/households.

On 15th November, the JANS team presented its findings to the MOH and partners. A week later, the JANS team leader presented the findings again during the Health Summit on 22 November 2010.

Follow up of the JANS: Two weeks after the presentation of the JANS report, Ministry of Health held a three-day retreat with representatives of partners and key stakeholders to examine the recommendations and to prepare the next version of the medium term development plan³. The team specifically included people with good technical and writing skills. Development partners committed to support this follow-up phase by sending representation and providing funding. A final draft became available in February 2011.

³ The team met again during the first week of January 2011 to complete the assignment.

1.3 How the lesson learning was organised

One member of the JANS team had specific responsibility for learning lessons from the process in addition to responsibility for part of the review. During interviews and presentations for the JANS, participants were informed about the follow up visits to gather lessons learnt. The expectation was that by priming them, respondents will be better prepared to provide detailed feedback. In some instances key informants provided their views before the JANS was completed because they would not be available during the lesson learning period⁴. Between 29 November and 4 December he interviewed key informants from DPs group, Ministry of Health, Ghana Health Service, CHAG and NGO representation. He had also used the opportunity presented during JANS interviews to solicit views of Ministry of Local Government and other government agencies. A draft report was circulated to the IHP core team, and members of the JANS team for their comments. These were later incorporated into a final report.

2. Assessment of the JANS

The section describes findings based on a set of guidelines presented in Annex 4.

2.1 Assessment of the JANS process

The JANS team was judged to be adequate in terms of scope of expertise (Public Health, Public Finance Management, Social Science, Civil Society Organisation, and IHP+) but was regarded as too large in number (8). On basis of the TOR and the attributes of interest in the JANS tools, six was regarded adequate.

The national support group, with nine officials, was useful. They represented MOH (3), GHS (3), CHAG (1), DPs (1), and CSO (1). The team provided local perspective and the background to current situations and provided critical and immediate feedback that strengthened the JANS report. The MOH representatives dealt with essential logistics. A smaller number of six or seven could have done the work just as effectively without sacrificing on representation.

The use of an external team and national support team demonstrated that JANS was joint across national and international agencies and partners. To maintain its independent nature the external team did not have counterpart arrangements (there was one team leader), it set its own agenda, held interviews and meetings without the national team and only held pre-arranged meetings (three in total) with support group. The report remained the views of the external team.

Involvement in JANS process: All informants reported that they were involved or at least aware of the JANS. Engagement and inclusiveness were reported to be adequate. There were three levels of awareness and engagement.

⁴ Included Min of Local Government and CHAG representatives

First was awareness that JANS will take place. Development Partners assessed this to be high; other stakeholders regarded it as generally adequate. They had access to verbal and/or written information at monthly MOH-Partners meeting, TORs and communication from sector lead asking for participation in the JANS process. Some DPs got additional information from the official IHP+ website. Information was provided several months before the JANS took place

Second was direct involvement in thinking through, planning for, and/or funding the JANS. WHO (as sector lead and joint IHP+ core team) and World Bank (as joint IHP+ core team) were the most involved. They discussed TORs and composition of team with Government, and mobilised the support (including TA) and participation of other DPs. Ghana Health Service, CHAG and CSO were represented in the planning team.

Third was participation in the interviews and discussions with JANS team. This was judged to be adequate. There were at least three forums for such interaction; meetings with particular groups of partners, meetings to brief and debrief MOH and partners and one-on-one discussion with partner representatives

Presentation of the JANS report at the annual health summit offered the opportunity to a large cross-section of health sector players to hear and comment on it firsthand. While the lessons learned exercise did not explore in detail the pros and cons of using this forum, one key informant from the local support group was of the view that it added little value to improving the technical aspect of the plan. A smaller group of technical and policy level representatives who would be involved in revising the plan would have been a more functional forum. It would have enabled focused and in-depth discussions on the report itself and provided specific suggestions for incorporating the proposed changes⁵.

Timing: Though initially scheduled for August 2010, a series of events conspired to push Ghana's JANS to November. The costing was only completed in September, the team leader and some members of the first team were not available from September; it took time to get another team in place. Some respondents regarded this first JANS as a learning process and suggested that JANS would be more useful for the next medium term plan because of the experience gained from this first assessment. The view was also expressed that the JANS would be more useful if done at the start of the planning cycle to help focus the plan on core issues and again at the end to assess the "final" draft plan but this was not taken up.

The duration of nine working day (there was one public holiday), was adequate for the activities outlined above. There was no field visit because of time and scheduling constraints and also because the JANS focused more on broader strategic issues.

2.2 Feedback on the JANS tool and guidelines

The JANS tools were reportedly used by the national planning team for an in-house assessment of a very early draft of the plan. There was no documentation on this

⁵ This is notwithstanding that the debriefing session to a smaller group of stakeholders in the preceding week

process and the consultant did not elicit any feedback on its usefulness or otherwise in preparing later versions of the plan. However judging from the gaps and weaknesses in the JANS-assessed version of the plan, it did not appear to have made any significant difference to the early draft.

In general few respondents could discuss the tools and guidelines in any detail because they were not familiar enough with them to comment. Several acknowledged they knew about them or where to find a copy but had not had opportunity study them. The feedback presented below comes mostly from the JANS team's discussions on using the tools for the Ghana assignment:

- Locally the tools can serve as a check list to identify and address weaknesses and gaps in the SMTDP before the JANS. Countries must review the attributes and adapt to local situation before the JANS. These modifications will then be used by the independent JANS team in its assessment.
- The rationale for the particular set of areas and attributes needs to be explained in the guidelines.
- The fiduciary section (Area 3) is too generic with little focus on Ministry of Health needs.
- Need for a more in-depth discussion section on "Financing the health system" either as a policy issue under " Situation analysis(Area 1)" or under "Finance and auditing (Area 3, Attribute 12)"
- Develop additional set of questions to address health financing adequately (Area 3, Section 3.3)
- There is only limited attention to Pharmaceutical (Area 4, Section 4.6) which is a major cost driver for health services.
- One member thought holding small group interviews reinforced disjointedness in the tools. By splitting up into area/attribute-specific teams the JANS team reinforced the disjointed aspect of the tools. As far as possible the full team must meet with a given group of respondents.
- There was little on decentralisation/devolution. This is a core principle and policy for many health systems and needs more attention.
- JANS team cannot and does not need to report on every single characteristic. Too much detail required under some characteristics. These may be well addressed in other documents than the strategic plan and it was appropriate to reference/guide reader to such documents

2.3 Assessment of the JANS and their benefits

Respondents perceived the process to be transparent and objective and the findings of the team to be accurate and fair. They attributed this to the involvement of broad representation from the health sector and the composition of the team. It was a useful supplement to existing planning and review processes in the health sector.

Added value: JANS was expected to increase credibility of the final improved plan. It made the drafting team sit up to take a more critical look at its product.

JANS helped raise discussions on the medium term plan to highest technical (Chief Director and Director-General) and the political (Ministerial) levels and helped mobilise full technical resources of the sector in the dialogue (and subsequent revisions). Before JANS, many important discussions on the medium term strategic plan had taken place at sub-director level and received relatively lower priority.

The role of JANS team in Ghana was that of an impartial reviewer of its medium term plan. It did not play any technical advisor role given Ghana's reputation for adequate planning capacity and good health sector reviews. The development partners expressed concern that many of the JANS findings they had been stated by various officials during the planning process but had not been taken on board. For example, there was in circulation, detailed feedback that the DPs had written on the draft medium term plan. However, hearing the findings from an independent body in well-structured forums that included top technical and political leadership seem to give the findings added stature and urgency.

This level of attention also provided guarded optimism that the challenges and weaknesses identified would be addressed.

Indeed significant changes were made to the strategic plan at the re-drafting retreat that followed the presentation of the JANS report. The report formed the basis of its discussions and as one participant put it "The team agreed with the comments of the JANS team and made major efforts to take on board its recommendations to the extent possible within the limitations that Government had already approved a budget for implementing the approved for the first year of operation" In practice the changes were in phases. The re-drafting team made changes to all sections that did not have major operational or budget implications for 2011. It then identified those recommendations and changes that must be taken on during the preparation of 2012 programme of work (in 2011) and changes with more long term implications that can be made during the next cycle of strategic plan i.e. 2013-2017. The specific changes were not separately documented and can only be inferred from comparing the final version of the plan with the version presented to the JANS team.

Although the possibility for follow up review of the final plan was tentatively raised during the presentation of the JANS report, MOH has not made a specific request for either a local or external team to do so.

It was not possible to estimate the added cost for the JANS. It involved 8 external consultants and 9-member national support team over a two-week period, the time of several key officials and logistics and communication support. Less direct costs were associated with several key meetings that followed the presentation of the JANS report.

A view was expressed that the report did not adequately address government's wider mandates and priorities like devolution and decentralisation.

It would be useful in future to organize visits and meetings with district level managers (health management teams, district councils etc) to get their perspective on the plan.

From the perspective of some development partners a JANS that they found acceptable could affect their mode of funding or its continuity (e.g. SBS or ring-fenced) but not their process of planning and approving funds.

For example one bilateral that has already determined its mode of funding (SBS) expected that a good medium term plan and annual programme of work with “right” priorities will serve as a basis to continue that mode of funding.

One development partner whose government currently favours project funding, has used the fact of Ghana’s involvement in the JANS process to reassure its government that there is an on-going process to implement the principles of Paris Declaration and Accra Agenda. It serves as a further demonstration of positive environment for policy dialogue between MOH and DPs. If the JANS results in a better sector medium term development plan it would further strengthen the embassy’s case for a shift toward sector budget support to Ghana.

The general view of development partners was that JANS by itself will not lead to lower transaction costs but a “JANS-approved” plan will serve as one of several criteria that development partners will use in determining areas of engagement and mode of funding. There was no clear message on whether DPs will or can synchronise their planning cycles with national medium term planning so that certain activities can be jointly carried out; e.g. joint project identification, evaluation missions, situational analysis.

3. Lessons and conclusions

This section re-states the findings as lessons learned and ends with the conclusions from the exercise.

3.1 Lessons on the JANS process

JANS was a useful process for improving the quality and content of the health sector medium term plan. Its consultative and inclusive nature led to increasing buy-in of the plan by stakeholders. Its tools helped focus attention on critical areas of a medium term plan.

The process from initiating discussions to actual performance of a JANS can take as long as twelve months. In planning for a JANS adequate time must be built in for negotiating the decision to do it, to find the right team for the job and to set suitable dates for all stakeholders.

Commitment and involvement of the top technical and political players was essential in ensuring a well conducted JANS and follow up.

JANS provided an opportunity for deeper and wider consultations than was “routinely” available in the sector. It contributed to better ownership of the findings.

A national support team can provide essential perspectives that ensure that the JANS report is very relevant to the local context. It was important that the external team remained independent of the national support team.

3.2 Conclusions

JANS tools and process can provide accurate and fair assessment of medium term plan. It was useful in identifying gaps to be filled and suggesting practical next steps. The process of broad consultation and immediate reporting was an important means of achieving objectivity and transparency. To be relevant to the local situation, the process leading up to the mission itself requires strong national leadership and involvement.

Annex 1: JANS team members

The Joint assessment was carried out by an international team of experts:

Alebachew, Abebe	Health Financing, human resources economics; health economics	Ethiopia
Dubbeldam, René	Public health; Health Systems; Team Leader JANS-Ghana	HERA; Reet, Belgium
Enyimayew, Nana	Public Health; Health Systems; JANS process	Ghana
Gardiner, Charlotte	Public Health; Mother and Child Health expert	Ghana
Huyts, Ini	Public Health; JANS IHP+	WHO Geneva; IHP+ team
LeFranc, Elsie	International health initiatives; Medical sociology; political science	University of the West Indies; Jamaica
Perez, Sue	Health economics; Civil society; multi-stakeholder participation in health	Treatment Action Group (TAG)
Talai, Iraj	Financial management, procurement	World Bank HQ; IHP+

This independent JANS team was supported by the national JANS support group:

National JANS support group

The JANS team was supported by the following team of national experts:

Agbozo, Eric	Chairman	Ghana Coalition of NGOs in Health
Agongo, Erasmus	Director Regional Health Services	GHS RHD Eastern Region
d'Almeida, Selassi	Health Economist	WHO CO Ghana
Buckle, Gilbert	Executive Director	Christian Health Association of Ghana
Kontor, Kwakye	Health Planner	MOH/PPME
Lake, Sally	Health Economist	MOH PPME
Nyonator, Frank	Director GHS/PPME	GHS PPME
Ofosu, Anthony	M&E specialist	GHS PPME
Owusu-Ansah, Emmanuel	Health Planner	MOH/PPME

Annex 2: List of persons met

Name	Designation
A-Tackie, Marian	MOH
Abunyewa, Adu-Gyamfi	World Bank
Adams, Isaac	MOH, PPME
Adjei-Fosu, Kwaku	NDPC, Principal Development Plan Analyst
Adjorlolo, Emmanuel	Directorate
Adu-Gyamfi, A	World Bank; procurement
Adusei, Kofi	MOH, PPME
Agbeibor, Windfred	NHIA Director of Strategy
Agbozo, Eric	Ghana Coalition of NGOs in Health; CSO representative
Agongo, Erasmus	GHS; Regional Director Health Serv
Agyabeng, John	Parliamentary Select Committee; Member of Parliament
Aheto-Tsegah, Charles	Ministry of Education
Akuamoah, Danso Collins	NHIA
Akanye, Simon	Member of Parliament
Alluah-Vaal, Elizabeth	World Bank, Financial mgmt; fiduciary issues
Ametor-Quarmyne, Eric	NHIA, Deputy Director Strategy and Corporate Affairs
Amofa, George	GHS, Dep. Director General
Amoo, Philip	Korle Bu Hospital
Ampomah Nkansah, Ben	MOH, Capital Investment Unit
Amponsah, James Ntim	Min. Finance Dep. C&Ag
Anane, Richard	Parliamentary Select Committee, ranking member
Andoh-Adjei	NHIA, Deputy Director of Strategy
Anemana, Sylvester	MOH, Chief Director
Ansah, Justina K	National Blood Service
Anyidoho, Esther A.M	St John Ambulance
Appiah-Denkyira, Ebenezer	MOH, Director HRDD
Asante, Yaa	GHS; FHO
Asare, Anthony A	Ghana Mental Health Association
Ashie, George	National Ambulance Service
Ataaya, Regina Nelly	Private Hospitals / Maternity Homes Regulatory Body
Attipoe, Robert S	MOH
Awuyah, George	MOH, PPME
Ayugari, Theophilus	SKN
Baba-Seidu, Alhadji Fuseini	Min. Finance; Budget Directorate
Baku, Noah A	Ghana Mental Health Association
Banda, Ben Abdallah	Parliamentary Select Committee; Member of Parliament
Bannerman, Cynthia	GHS. Inst Care Division
Bartels, Maame	MOH; Head, Supplies and Stores
Ben Abdallah Banda	Member of Parliament
Bennen, C	MOH
Boakye, Samuel	National Coordinator Coalition of NGOs in Health
Boateng, Paul Coonley	Free Africa from Mosquitoes
Borg, Jan	DANIDA
Brown, Thelma	MOH, PPME
Buckle, Gilbert	CHAG Executive Director
Chatterjee, Anirban	UNICEF

Clark, Edith	GHS, Occ. And Envir. Health
Coleman, Nii Ayite	Coleman & Partners
Conduah, Christopher	NDPC
d'Almeida, Anita	Danish Embassy
d'Almeida, Selassie	WHO
Dakpallah, F.G	MOH, Director PPME
Danquah-Boateng, R.A	MOH
Dartey, Marion	MOH
Degbotse, Daniel	MOH
Dessus, Sebastian	World Bank
Draeger, Mia Kjems	Danish Embassy
Dusu, Herman	MOH Financial Controller
Elebly, Christopher Kofi	MOH Internal Auditor
Evans, Oheneba M	Basic Needs
Ewusi-Wilson, Matilda	MOH
Fain, Laurel	USAID
Gaisy, Richard	Min. Women & Children Affairs
Gerhardt, Charles	CHAG Advisor
Gidisu, Kirsdom	Parliamentary Select Committee; Member of Parliament
Gingong, Anthony	NHIA, Dep Director Operations
Gyansa-Lutterodt, Martha	GNDP Director
Hesse, Afua	Korle Bu Hospital
Ibrahim, Ali	MOH
Imoro, Ahmed	NHIA
Kan-Senaya, Kafui	MOH, Chief Economic Officer
Kato, Megumi	JICA
Kertesz, Daniel	WHO Representative
Kojo Appiah-Kubi	Member of Parliament
Kontor, Kwakye	MOH PPME
Korto, Peter	MOH
Kotey, Nii Abossey	Free Africa from Mosquitoes
Kudi, Kojo	Parliamentary Select Ctee; Member of Parliament
Kyeremeh, George K	GHS
Lake, Sally	MOH Health Economist PPME
Longe, Emmanuel M	MOH, Deputy Director
Machira, Yuki	JICA
Martey, Maureen	MOH, Private Sector Unit
Mensah-Ayettey, Eric	Nurses & Midwives Council
Mensah, Freda Maame Bartels	MOH Director Procurement & Supply
Mensah, Sylvester A	NHIA, Chief Executive Officer
Nartey, Prof	Korle Bu Hospital
Nii Adai, Henry	Min of Employ & Soc Welfare; Director, Social & Demographic Statistics
Ntim A.C	Member of Parliament
Ntim Amponsah, James	Min. Finance, Dep Controller & Accountant Gen
Ntim, A.C.	Parliamentary Select Ctee; Member of Parliament
Ntumi, Victor	Chair GHANET
Nyonator, Frank	GHS; Director PPME
Obeng Afriyie, Docia	Registrar, Priv Hosp & Maternity Homes Board
Ofori-Addo, Lawrence	Min of Employ & Soc Welfare, Dep Director, Social Welfare

	with responsibility for LEAP
Ofosu, Anthony	GHS, PPME
Ofosu, Jones	Food & Drugs Board
Okrah, Jane	UNAIDS
Okyere, Kobina	NDPC, Deputy Director
Ommen, Lander van	Netherlands Embassy
Oppong, Charles K	NAP+ Ghana
Osei-Mensah, Simon	Parliamentary Select Ctee; Member of Parliament
Osei, Dan	GHS
Owusu-Ansah, Emmanuel	MOH, PPME
Owusu-Bonsu, Patrick	CHAG
Puozaa, Mathias	Parliamentary Select Ctee; Member of Parliament
Quarmyne, Eric Ametor	NHIA, Dep Dir. Strategy & Corporate Affairs
Sagoe, Ken	Tamale Teaching Hospital, Chief Executive
Sakaa, Docia Obeng A	Private Hospitals / Maternity Homes Regulatory Body, Registrar
Saleh, Karima	World Bank
Senoo, Cecilia	Exec Director Hope for Future Generations
Simon, Akyune	Parliamentary Select Ctee; Member of Parliament
Summers, Carolyn	DfID
Tandoh, Rita	MOH
Tekawa, Aska	Japan Embassy
Turchi, Michele	Free Africa from Mosquitoes
Ulzeu-Christian, Becklin,	Vice Chair Malaria Coalition
Umanta, Ramatu Ude	GHS, Ag. Dir. Finance
Woode George	JICA
Wright, Susan	USAID
Yakusu, Stephen	Parliamentary Select Ctee; Member of Parliament
Zekeng, Leo	UNAIDS, Country Director
Zibila, Mahama Al Hassan	Auditor General; Director Audit Service

Annex 3 Programme of the JANS process

Date	Activity
3 Nov	Arrival JANS team
4 Nov	MOH Partners meeting; Briefing by MOH; Meeting with Chief Director MOH; Programming the mission
5 Nov	Meeting with support group, on mission programme; Interviews with: M&E (MOH; GHS); MOH Procurement Unit; MOH Private Sector Unit; NDPC
6 Nov	JANS team meeting
7 Nov	Documents review
8 Nov	Interviews with: CHAG; Internal auditor MOH; Financial Controller MOH; Korle Bu Hospital; Development Partners meeting;
9 Nov	Meeting with World Bank (procurement; macro-economics; financial management/fiduciary) Meeting with MOH PPME on costing; Interviews: Private Hospitals and Maternity Homes Board; Min. Local Government; Ministry of Finance; GHS team of Directors.
10 Nov	Interview with MOH Financial Controller; Accountant General; Interview with Min. Of Finance (budget directorate); Interviews with NHIA CEO and team; Interview with MOH/HRD; Ghana Coalition of NGOs in Health; Diseases specific CSO networks; Ministry of Employment and Social Welfare.
11 Nov	Interviews with: Ministry of Education; Parliamentary Select Committee on Health; Ministry of Women & Children Affairs; Interview with Auditor General (audit service; directorate of health sector audits)
12 Nov	Working session with the support group on the draft presentation for

	debriefing; Meeting with Director of Ghana National Drugs Programme
13-14 Nov	Preparation debriefing
15 Nov	Meeting with NHIA Directorate of Strategy Development; Debriefing at MOH Conference Room; Departure.
22-26 Nov	Health Summit
23-30 Nov	Meetings to assess lessons learnt

Annex 4: Guide questions on Lessons learning from the Joint Assessments

The JANS process

1. How were you involved or aware of the JANS, including in the scoping mission, planning and assessment stages?
2. Any suggestions on how to ensure effective engagement and inclusiveness?
3. Was the JANS team appropriate for the task? (i.e. Experts in Public Health, Public Finance Management, Social Science, Representation of CSO, IHP+)
4. What added value did the JANS bring? What would have happened without it - did it replace another process?
5. Are the arrangements for follow up of the JANS appropriate?

The findings of the JANS

6. How accurate and balanced/fair were the JANS findings?
7. How useful was the output that was prepared? Are there ways it could be made more useful?
8. Do you expect the challenges and weaknesses identified to be addressed? If the plan is being revised, is there a case for reviewing and updating the JANS findings after the plan has been revised?

The benefit of the JANS

9. What impact do you expect the JANS will have on the quality and scope of the strategy/plan?
10. How far do you expect the JANS will serve as a mechanism to streamline decision making on funding for the plan? Might it change the content of what you will fund, period of funding, amount or channel for funding? Will the JANS affect your process for planning and approving funding or technical support (e.g. need for separate missions), If yes, how?

The JANS tool and guidelines

11. Comments on the tool and guidelines and suggestions for improvement
12. Did the JANS adequately take into account the decentralised planning and implementation arrangements for health services (where relevant)?

13. Did the JANS address the health sector (or sub-sector) as a whole including the private or non-state sector, or did it focus on the public sector? How might the range of health providers be better incorporated?