

**Lesson learning from the Joint Assessment of  
National health Strategies (JANS): Use of the  
JANS in Vietnam**

**Lessons learnt up to November 2010**

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## Acronyms

CSO	Civil Society Organisations
HSDP	Five year Health Sector Development Plan 2011-15
JANS	Joint Assessment of National Health Strategies and plans
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non Government Organisation
SEDP	Socioeconomic Development Plan

## **Introduction**

Vietnam is developing its national five year Health Sector Development Plan (HSDP) and decided to use the Joint Assessment of National Strategies (JANS) approach to review the draft plan. A JANS team was selected and contracted to review the HSDP at several stages. This is the draft report on lessons from the process so far, following the first two rounds of assessment (on drafts 3 and 4 of the plan) by the JANS team and the workshop with partners on 9 November 2010. The MOH is planning to revise the plan and the JANS team is planning an assessment of the final plan, resulting in a JANS report in December 2010.

This lessons learning report is based on feedback from key participants in the process, including key players in Ministry of Health (MOH), development partners, Non-Government organisations (NGOs) and the JANS team. This report is an interim draft on lessons to date (end November).

## **1. Description of the JANS process in Vietnam**

### **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.

In Vietnam the planning system includes five year national Socioeconomic Development Plans (SEDP) and related sector plans. There is also a 10 year strategy and vision for the sector which is currently under development for 2011-2020. The health system is highly decentralised to provinces, and provinces develop their own five year and annual operational plans for health, which are approved by the provincial people's committees. There are also annual plans developed by the National Target Programs in areas such as AIDS and malaria and by other MOH departments. There is a Joint Annual Health Review with partners that reviews progress each year.

In 2010, the MOH was required to prepare its five year health sector plan (HSDP) for 2011-2015, at the request of the Prime Minister, to form part of the new SEDP, following national planning guidelines. Work on the plan started early in 2010, with development of the first and second drafts, and consultation on these with partners and provinces.

Vietnam decided to join the IHP+ and to use the JANS on the emerging HSDP during 2010. The JANS concept had been introduced in 2009 when the draft JANS tool was discussed in a consultative workshop in Vietnam.

The decision to apply the JANS to the emerging HSDP was taken by the Health Partnership Group (HPG) which is led by the MOH and involves development agencies and international NGOs. A scoping mission visited Vietnam from the IHP+ Core team in April 2010. This mission discussed the possible value of a JANS and how it could be implemented. The MOH confirmed the interest in having a JANS after their visit.

A core group of partners took the lead on planning for the JANS. It was led by MOH Department of Planning and Finance and included the EC, Pathfinder International (an NGO), UNAIDS, UNICEF, World Bank and WHO.

The MOH defined two general objectives for the JANS exercise:

1. Improve planning process and the quality of five year health plan, annual health sector plans, as well as provincial health plans;
2. Build greater stakeholder confidence in the planning process and (annual) strategic and operational plans developed at central and provincial level.

Based on the above, the specific objectives of the assessment team were:

1. To carry out a joint assessment of the five year health plan 2011-15 and related strategic documents, through conducting an analysis of the strengths and weaknesses of the plan, based on five assessment areas defined in the JANS tool.
2. To use the assessment exercise as a basis for the second round of consultation on the five year health plan 2011-15.

The expected benefits of the JANS included useful inputs into the five year health plan currently under development and strengthening of the overall planning process and the credibility of planning. This could motivate development partners to better align their support. A number of partners had expressed interest in putting their support behind the five year health plan and related provincial plans, based on a sound process for developing the plans and related results framework, as well as good quality final plans. In particular, it was envisaged that the JANS could strengthen Vietnam's applications to Global Fund and GAVI who are developing a joint health systems platform based around JANS processes.

In addition the MOH envisaged that the JANS tool could be adapted for use at central programme and provincial levels for assessment of their annual and strategic health plans, with the aim of improving their planning process and the content of plans. .

## **1.2 Description of the JANS**

The core group of partners decided on the process and composition of the JANS team. It was decided that the team would be independent of development partners and other stakeholders with specific interests, and include both local and external/international experts.

Local consultants were selected who had relevant education and knowledge of health policy, and had not been involved in the planning process. They came from the School of Public Health and the Health Policy and Strategy Institute. These

institutions come under the MOH but not under the department responsible for planning. This is consistent with the definition of independent set for the JANS.

The international consultants were selected based on their relevant experience and for the team leader, knowledge of Vietnam. The team leader is Dr Viroj Tangcharoensathien, Director of the International Health Policy Program (IHPP), a health policy and systems research institute in Thailand (as well as past chair of the GAVI Independent Review Committee). The other international consultants were a public health specialist from IHPP and a financial management consultant (who has carried out the financial and procurement management assessment elements of the JANS in other countries).

The JANS process is extending over three months on an iterative basis. The process started with a review of the third draft of the HSDP. The assessment process included:

- Structured interviews with key informants from the HSDP planning team, Joint Annual Health Review team; MOH departments, ministries of finance and planning and Provincial health departments and NGOs. These interviews used a questionnaire developed by the JANS team and based on the JANS tool, translated into Vietnamese language and terminology. The key informants were suggested by the HPG and some interviews were monitored by a member of the core group.
- Analysis of key documents, including MOH policies, plans, and draft strategies; past Joint Annual Health Review reports; Politburo decisions; and papers on financing and financial management.
- HPG partners were invited to submit written inputs using a questionnaire and discussed their expectations of the plan in a focus group.
- The JANS team discussed and agreed their assessment. Their comments were given to the MOH giving comments and recommendations for each attribute and characteristic in the JANS tool.

The MOH produced a fourth draft of the plan which was circulated in early November. This responded to some of the points raised in the JANS feedback, including adding specific objectives and a section on risks.

Further comments on the fourth draft of the HSDP were prepared by the JANS team in a detailed paper<sup>1</sup>. This report included the detailed review by JANS attribute and characteristic of the third draft plan, and the collated comments from the HPG partners. The highlights of the JANS findings were presented in a workshop to other ministries, selected provinces and development partners. Non-resident partners were invited and the Global Fund secretariat and WHO regional office sent representatives. At the workshop, HPG partners made some further comments.

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<sup>1</sup> "Assessment of the process and content of the five year health development plan 2011-15 in Vietnam".

Following discussion with the JANS team, the MOH decided to circulate a slightly updated version of the fourth draft to provinces and other stakeholders. These stakeholders will be given an opportunity to comment. Their inputs and the feedback from the JANS workshop and the JANS team report will be considered by MOH in preparation of the final version of the HSDP that will be submitted for approval by the Prime Minister in December.

The JANS team will produce a final JANS report that will record the process followed and set out their assessment of the final version of the HSDP.

The MOH is also planning to use the JANS tool to strengthen the process and content of provincial health plans. The JANS team was asked to advise on how this might be done. The MOH is planning to support provincial health teams in planning, through training, providing a template for plans, and assessment using JANS tools.

### **1.3 How the lesson learning was organised**

The author visited Vietnam to participate in the workshop presenting and discussing the JANS findings, join the post workshop debriefing meeting and carried out interviews with the JANS team and selected development partners, international NGOs and MOH officials, face to face or by phone or email. See Annex 2 for the people interviewed. Many thanks to all those who made time to provide feedback

## **2. Assessment of the JANS**

### **2.1 Assessment of the JANS process**

The JANS process has encouraged further consultation and engagement in the draft sector plan. It provided the development partners with an additional opportunity to comment on the plan. Partners commented that the process for this HSDP was much more open and participative than in the past, with the JANS as an element in this process. They were very positive about this strengthened planning process as a foundation for future planning.

The JANS team encouraged the MOH to share the latest draft plan with provinces, national programmes and with stakeholders that had not yet been consulted, such as professional associations and the private health sector. This will help to strengthen participation in the plan.

The final report of the JANS will provide an assessment of the final plan and the process, which will be useful for the record for partners. It will also be useful to show whether the JANS has influenced the content of the sector plan.

The timing of the JANS was helpful: it contributed to successive drafts of the plan and will provide a final assessment of the final plan. The MOH took the JANS tool into account in preparing the third draft of the plan, just before the first visit of the JANS team. The MOH and others suggested it would also have been useful to apply the tool earlier in the planning process, perhaps as a self assessment tool, to influence the earlier drafts.

The combination of local and international consultants in the JANS team was judged as an advantage by several respondents. The international consultants brought in international perspectives and could raise issues that might be delicate locally. The national consultants could assess critically the responses from key informants and the feasibility of proposals. The process also had a capacity building dimension.

The composition of the JANS team is important: different stakeholders need to trust that the team has strong technical ability and will be objective and fair, for them to provide information and to feel confident in the findings. One NGO referred to the need to balance ownership with objectivity. All the partners interviewed, including the MOH, considered the team to be of high calibre. Most partners felt that the team was able to be independent and objective although some team members came from MOH institutions. One development agency suggested that it would have been good to have a team member from civil society or the private sector to make it more 'joint'.

One partner would have preferred to have more direct engagement in the assessment team, or at least a more substantive workshop to review the JANS, in order to decide whether they could be confident in its findings. For example, they want to be confident that the JANS assessed how well different stakeholders were consulted in the planning process - not just who was consulted, but whether there were meaningful opportunities to input. They recognised that the JANS team was ready to make critical comments on the content of the health plan, but want to be confident that the team would be willing to raise sensitive issues, for example on financial management capacity in the sector.

There was limited engagement of national civil society (as opposed to international NGOs) in the JANS process or development of the plan. This reflects the context and nature of civil society in Vietnam and the regulations for consultation<sup>2</sup>. The Joint Annual Health Review in 2010, which included the situation analysis of the health sector in preparation for the new plan, included wider consultation with civil society, including inviting comments on drafts from medical associations, HIV/AIDS groups and the Social Services Committee of the National Assembly. All partners recognised there could have been more consultation with national civil society during the plan development process and the JANS. It was suggested that it would be possible to engage with national civil society, for example through the NGO Resource Centre or VUSTA, an umbrella organisation.

Engagement with the JANS within the MOH was also limited. This is partly because there are other processes in place to capture their views and inputs. It was reported that some did not see that a major purpose of the JANS was to strengthen the sector plan. They saw it primarily as an exercise to attract external funds. This may partly reflect the timing – as national target programmes and provinces have already submitted their five year plans, so the JANS is too late to influence these plans.

Most partners felt that the JANS provided a valid, objective and supportive assessment. The methodology of the JANS included interviews with key informants

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<sup>2</sup> For example, proposals for new policies have to be posted on a website for public consultation, but this is not required for sector development plans.

and analysis of documents and successive drafts of the plan. This was seen as the most realistic approach in the time available. A few partners questioned whether there should have been more time allowed for more analytic work to strengthen the assessment, including analysis of the extensive grey literature, data and sub-sector strategies available.

## **2.2 Feedback on the JANS tool and guidelines**

Generally there was positive feedback on the tool and guidelines. The JANS team commented that the tool is logical and practical and that most attributes and characteristics were relevant to Vietnam. The MOH stated that the “JANS tools are generally relevant and very useful for Vietnam”. The MOH is planning to use the JANS, suitably adapted, to strengthen provincial plans and ensure they reflect national strategies and priorities, indicating that they value the tool and approach.

The financial management, procurement and audit arrangements in the Government of Vietnam are well established and not specific to the health sector. The national guidance on contents of a sector plan does not expect the plan to cover such matters. The MOH and some in the JANS team therefore questioned the need for the JANS to look at these issues in such a case.

The JANS process and tool is expected to look at a set of documents and systems that relate to the topics covered by the JANS tool – it is not assumed that all issues will be incorporated in one strategic plan document. This was not clear to all those involved with the JANS in Vietnam.

The adequacy of financial management and procurement arrangements are seen as important elements of the JANS by some partners, particularly the Global Fund which is not based in the country and wants to be able to use the JANS to confirm whether there are plans in place to address weaknesses identified in these critical management systems. From the GF viewpoint, it is therefore important to include these aspects in the JANS report.

One respondent commented that it is important for the JANS attributes to give sufficient attention to the governance of the planning process, to ensure that planning is well integrated in MOH process and functions, and different parts of the MOH are involved in the plan development.

The JANS was used to assess a five year strategic health plan. Vietnam also has ten year health plans and annual operational plans. It was suggested that one should not expect the same assessment tool to apply for all these types of plans. The JANS team suggested that while the first two areas of the tool (the situation analysis and programming and process).and M&E aspects are central to a strategic plan, the implementation and financing sections might be expected in operational plans.

## **2.3 Assessment of the JANS findings and their benefits**

In preparation for the Joint Assessment, the MOH produced a new draft of the plan, draft 3. This was a more strategic plan than drafts 1 and 2 of the plan which were more operational. Draft 4 was then issued with some extra sections and updated costings, while remaining at a strategic level. Thus the process of the JANS has led

to substantial revisions to the draft plan document and further revisions may take place. Most of those interviewed felt the new version of HSDP was a significant improvement, and welcomed its strategic nature.

The MOH and partners welcomed the technical comments in the JANS report, and felt the inputs made were valid and on important issues (for example, the private sector). The JANS highlighted that with shifting disease patterns towards non-communicable diseases, many of the cost effective strategies for improving health lie beyond the health sector, but still need to be identified in health sector plans.

International NGOs explained that they can only fund issues that are reflected in the sector plan. Therefore it was important that major health issues they work and the broad strategies for addressing them are reflected in the national plan.

The MOH and partners expect that the JANS report will be used to make further improvements in the strategic plan. In Vietnam, where international funding makes up just 8% of public health expenditure, this was seen by many as the priority objective.

A secondary objective was increasing confidence of international partners to provide support in line with the plan. Most international funding partners interviewed were generally positive that their confidence in and understanding of the plan had increased. They are waiting to see the final version of the plan before making funding commitments. The EC had expected a more detailed and operational plan as the basis for budget support to the sector. Once it became clear that the HSDP was a strategic plan, with limited detail on resource allocation, they are reviewing how to provide their budget support, perhaps linking it to programme and province plans<sup>3</sup>.

The JANS has thus helped partners to identify the scope of and arrangements for funding. It is not yet clear whether the JANS will affect the number of appraisals or the level of funding from external funders. It was not possible to get feedback from central ministries or provinces on whether it will affect their allocation of funding for health.

### **3. Lessons and conclusions**

#### **3.1 Lessons on the JANS process**

In a decentralised system such as Vietnam, the national sector plan is a strategic document that is a guiding document for detailed planning by provinces and programmes. The format and scope of sector five year plans is specified in a country with a tradition of such plans like Vietnam. This limits what will be included in the plan document itself. Partners need to recognise this to have realistic expectations of what will be in a strategic plan.

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<sup>3</sup> With World Bank and ADB plans to support provincial health plans as well and MOH's plan to strengthen plans at provincial level (with other funding), several partners suggested MOH needs to lead coordination of efforts to support provincial level planning.

This is consistent with the JANS approach which does not assume that all topics will be addressed in a single document. It needs to be made clear to all those involved that the JANS should assess a set of documents and systems that relate to the topics in the JANS tool. This point is in the JANS guidelines but the issue needs more emphasis in order to avoid misunderstanding.

It is also useful to disseminate widely what the JANS is intended to achieve and what its outputs will be (for example, the report is expected to identify strengths and weaknesses, but not give an overall or pass/fail grade to the plan). This will help to develop shared expectations from the process.

The JANS in Vietnam was conducted by a mixed national and international team which was selected jointly by government and partners. This selection process helped ensure confidence in and ownership of the team's findings and their access to information. The mixed team was seen as an advantage for assessing feasibility as well as ensuring objectivity.

The joint work to plan for the JANS and partner support during its implementation ensured the MOH saw the transaction costs of the JANS were not too high.

Engagement with national civil society is challenging in Vietnam, as elsewhere, and various partners noted that this could have been stronger during plan development. The engagement of international agencies and NGOs in the planning process was much greater than in previous planning cycles, partly but not only due to the JANS. The JANS process encouraged the MOH to give some constituencies within civil society and provinces the opportunity to input to the near-final draft sector plan.

### 3.2 Conclusions

The JANS was seen as a useful contribution to strengthen the health planning process. International partners felt it had helped to ensure a much better process than in the past with more participation in its development, and laid a good foundation for planning in future. Development partners had several chances to comment on the emerging sector plan. They and the MOH are hopeful that this experience will influence planning in future, while recognising that the Ministry of Planning and Investment needs to be convinced of the value of the strengthened planning process for this to be the case.

Partners also felt that the quality of the plan had improved through the JANS process, when compared to previous sector plans. The plan had become a more strategic document through the process, and recent drafts were seen as more coherent and evidence based. Partners were expecting that the final version would be better still, assuming inputs from the JANS and recent consultations would be taken into account.

The JANS process in Vietnam addressed the JANS principles recommended by the IHP+ as follows:

- All members of the JANS team were **independent** in that none of them were involved in developing the draft HSDP and none came from development

partners. The national partners came from policy and research institutions under MOH but not those engaged in preparing the HSDP.

- **Country demand and ownership** was evident in the decision to hold a JANS, the selection of consultants and the support to the assessment process.
- It was **inclusive** in that the team had discussions with various stakeholders and gave international partners another opportunity to input to the health plan. The JANS feedback workshop was attended by a wide range of stakeholders including other ministries, provinces and development partners.
- It **built on existing country processes** by using existing stakeholder engagement structures (the Health Partnership Group) and by assessing the health sector plan required by the Government as part of the national planning framework.

The timing of the JANS was seen as good, allowing both developmental input and an appraisal of the final version. The JANS team will assess three successive drafts of the strategic plan - including the final version. They will produce a final report after the plan has been finalised, which will provide a useful record of the process and the final assessment findings.

The JANS findings were welcomed as valid and useful for finalising the strategic plan. This reflected the strengths of the team and confidence of partners in them.

There is a tension between adapting the JANS tool and process to suit the country and using a standardised approach to assess all the attributes in the JANS tool. The balance struck should depend on the country's objectives for the JANS.

## **Annex 1: JANS team members**

### **Team leader**

Dr Viroj Tangcharoensathien, International Health Policy Program (IHPP), Thailand

### **National**

Dr Thi Mai Oanh Health Strategy and Policy Institute (HSPI)

Dr Tran Van Thien (HSPI); Department of Health Insurance

Dr Ha Anh Duc (independent consultant)

Dr Nguyen Thanh Huong (HSPH)

### **International**

Dr Phusit IHPP, Thailand

Iraj Talai Financial management consultant

## **Annex 2: Key Informants who contributed to the lesson learning**

### **Ministry of Health**

Dr N H Long	Department of Planning and Finance
Tran Thi Giang Huong	Director General Dep't of International Cooperation
Do Dang An	Dept of International Cooperation
Tran Minh Thi	Dept of International Cooperation

### **Development agencies**

Craig Burgess	Chief Child Survival & Development, UNICEF
Duong Van Dat	Head of Reproductive Health Unit, UNFPA
Toomas Palu	Human Development Sector Coordinator, World Bank
Amanda Tyrrell	Donor coordination and health planning officer, WHO
Phung Thi Thanh Van	Program Specialist, US Embassy
Phuong	UNICEF
Le Thanh	European Commission
Johannes Hunger	Senior Policy Analyst, GFATM Secretariat

### **International NGOs**

Neil Poetshka	Health Program Coordinator, Care International
Ton van der Velden	Country Representative, Pathfinder International

### **JANS Team (see annex 1)**

### **Others**

Ron van Konkelenberg	Consultant on development of first draft of HSDP
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