Joint Assessment of National Health Strategies (JANS)
Consultation on Lessons Learned and Future Directions

22-24 February 2012, Hammamet

Note for the Record

Background and objectives

Joint Assessment of National Strategies (JANS) was developed to assist countries and their development partners to ensure that there is an effective national health strategy in place, in which governments and development partners have confidence and hence can support. The aim is to enable achievement of health goals through

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

In 2009, an IHP+ inter-agency working group developed a joint assessment tool and agreed a set of principles for conducting joint assessments. Since then, a body of experience has accumulated in using JANS to assess health sector strategies and disease strategies (particularly HIVAIDS, TB and malaria). In 2011 the tool was amended to reflect this experience.

This consultation was the first occasion for national and international stakeholders to review experience with country JANS **processes** in depth and to use this as a basis for suggesting future directions. Specific objectives were

- To review lessons learned from conducting sector and disease[1] JANS
- To identify options for approaches to JANS depending on its intended objectives and consistent with the key principles of joint assessment
- To identify ways to improve synergies and reduce any confusion and duplication between health sector and disease JANS
- To identify ways to ensure suitable, sustainable support for JANS processes short and longer term

The **agenda** (Annex 1) was developed by an inter-agency meeting preparation group. There were 50 **participants** from 14 developing countries, 17 development agencies and 6 civil society organisations (Annex 2). Most had direct experience of JANS. The balance of sector: programme experience was 60:40, the latter mainly from HIVAIDS, TB and malaria. Documents and presentations are on the IHP+ website. **Conclusions and suggestions on next steps** (p6 of this report) are being referred to the IHP+ Executive Team.

[1] There is no one agreed term to cover the spectrum of subsidiary strategies that may exist: for specific diseases, for other public health priorities e.g. child health, or for critical health system components. As a result of discussions in the meeting, in this report the term *programme* is used as the 'least worst' shorthand for all these, except where experience specifically refers to HIV/AIDS or malaria JANS.

Main points from discussion

Experiences with JANS

This session aimed to bring all participants to a common understanding of country experience with using the JANS approach, and to 'set the scene' for the rest of the meeting. The first part focused on experience with sector JANS, and the second on experience with disease JANS. Each part reviewed JANS objectives; approaches including timing; outputs; and uses and support provided, across countries.

Key issues

- *In all countries JANS have had multiple objectives* - to improve the strategy; to convince funders and to reduce transaction costs.
- *Several models for sector JANS have emerged*, broadly ranging from involving a distinct team with independent members, to involving a large number of local stakeholders rather than a specific team, but involving independent reviewers in the broader process[2].
- *Disease JANS* have been linked to the Global Fund NSA process but have involved other partners. There has therefore been a more immediate, direct link to a potential funding decision, but other JANS objectives have also been important. More explicit guidance on JANS approach and reporting was provided to countries, including on the JANS principles (referred to by the Global Fund as taking them 'one step further', especially the principle of independence).
- *Other topics raised, taken up in later sessions:* there were individual examples of benefits of JANS; the need for more documentation of process and impact longer term; the 'quality' of JANS; need to link to plan implementation; the links to funding; insufficient incentives for changing donor behaviour; civil society engagement; transaction costs; the links between sector and programme strategies, and between sector and programme JANS processes.

The bottom line was that JANS have proved to be useful. They have helped to bring players together, to strengthen strategies and to increase trust. However, the links to increased and/or more aligned funding are still not always clear.

How can joint assessment better meet our needs?

This session aimed to build on country experience and the JANS principles; to reflect more on the needs of different stakeholders' in terms of joint assessment, and based on both of these to consider how future JANS approaches could better meet different needs.

Key issues and agreements

Having clarified that 'mutual needs', not just development agency needs, were the subject of discussion, three groups - governments, development partners and CSOs -

[2] http://www.internationalhealthpartnership.net/CMS_files/documents/background_document_jans_a_revie_EN.pdf

characterised their own needs and expectations from other players. While there were areas of agreement, there were also areas where there were clear differences.

- Countries' expressed needs focused mainly on JANS principles and process: adherence to the agreed principles; flexibility in both timing and approach so JANS can be conducted in a way that best meets country objectives; alignment with country planning cycles and procedures; reduction in the number of separate agency assessments; ensuring links with sub-national / other sector plans and actors, while still having a manageable process. All stakeholders agreed with these points.
- There was less agreement on how to manage / deal with different development agencies' needs in order to better use JANS in funding decisions. Several agencies pointed out that a JANS covers only part of what donors need to consider when making a funding decision: while the ambition of many agencies is to use the JANS for their technical appraisal, there is a need to be realistic about what else is needed that a JANS does not and cannot cover. Some others - especially the Global Fund which is moving from project to programme strategy-based funding - wanted to see more standardised guidance on interpretation of JANS principles; on process, level of detail and type of report needed. No agreement was reached during the meeting, but all agreed that there should be continued work on different stakeholders' needs, with a view to harmonize and align these, as well as reduce the need for individual agency assessments.

More specific points

- *Timing should reflect the main purpose/objective of a JANS*: JANS of a mature draft of a plan allows for feedback to be addressed in the final version. However others have used the tool at the beginning of a new planning process and also in the mid term review, to systematize discussion and analysis.
- *Respecting political process*: Planning processes are both political and technical. Care is needed to avoid creating situations in which using JANS results in overly technocratic strategy development that is focused on meeting JANS criteria.
- *Credibility with key stakeholders involves three dimensions, which have to be balanced*: technical expertise; a strong independent element and good local knowledge that allows the plan to be properly set in context.
- *Ensuring inclusiveness while still having a manageable process:* a distinction was made between stakeholder engagement in plan development versus engagement in a JANS process. Participants noted the need to go beyond engaging CSOs and involve parliamentarians and the private sector as well. For all three, the question was how to do so in a manageable, meaningful way.
- *More systematic follow up after a JANS is needed:* a distinction was made between immediate and longer term follow up. Immediate follow-up concerned how feedback on plan strengths and weaknesses was handled by the MOH and whether or not to have a final - usually desk based review - of the plan. The second question was how to make JANS better embedded in the continuous planning, implementation and review process at country level, with more systematic follow up by both government and other stakeholders. The main

suggestions were to do this through existing mechanisms such as commitments in country compacts; in joint annual reviews, mid-term reviews etc.

- *Multiple appraisals:* There was a reminder of the need for development agencies to move away from multiple appraisals towards single, joint assessments, but for people to be pragmatic and recognise that it will not happen all in one go. There could be lessons from areas in which there has been progress such as the use of a common Monitoring and Evaluation framework. There were also calls for agencies to change other aspects of their business models, especially those related to 'requirements'/ conditionalities.
- *Different uses of the same terminology makes communication more problematic than it should be* - this was a recurring theme throughout the meeting, crystallized in the call for greater 'semantic hygiene'.

Improving synergy between national health strategy and programme strategies

The key objective of this session was to come up with suggestions on ways to improve synergy and reduce duplication and fragmentation between

- *sector and programme JANS* and - more importantly -
- between the corresponding sector and programme *strategies themselves*

with the ultimate aim of getting more aligned support for national health strategies. Experience to date with some options on ways to improve linkages were set out in a paper prepared for the meeting, and presented in the session[3]

On JANS, the central question was around how to manage a tension between the real benefits some programmes have seen in using the JANS tool, and the real risks from multiple JANS in terms of high transaction costs and duplication, as well as reinforcing existing fragmentation and inconsistencies between sector and programme strategies. On improving synergy between strategies, the discussion centred on existing inconsistencies between sector and programme strategies; inadequate detail on programme strategies in sector strategies as seen from a programme perspective, and disconnects between sector and sub-sector planning cycles.

Key issues and agreements

- A good health sector strategy/plan identifies key health priorities, and is the 'umbrella' for programme strategies, which then have more detail.
- Given the above, there is a need to work towards one sector JANS whose purpose is decided by the country, and to find ways to better accommodate sub-sector/programme issues within that framework, with some aspects analysed in more depth. Team composition should reflect this.
- In the interim, the desirable sequencing would be that a sector JANS precedes any 'sub-sector' JANS.
- In addition to levels of detail in sector versus sub-sector strategies, the level of detail wanted by different donors for funding surfaced again in this discussion. At present some donors make funding decisions on the basis of a sound overall strategy, leaving details to be worked out by government during implementation.

[3] Relationships between sector and disease programme joint assessments: a review of experience in five countries

Other donors still require a higher level of 'up front' certainty about activities. It was pointed out that annual operational plans, rather than a strategy, do already provide this type of detail.

- To increase the efficiency and coherence of strategy development processes
  - Synchronising different planning processes within the health sector could make synergies between sector and sub-sector strategies easier to manage.
  - Look for ways to build on common elements of existing programme assessments / reviews, which are multi-stakeholder, in depth processes.
  - Greater donor discipline is needed. To get more donors to align with country planning and budgeting cycles, this issue could be raised more consistently in different global level Board meetings; in some agencies reform will be needed - the new Global Fund strategy is an example of planned reform; other work within agencies - especially WHO - is needed to support greater synergy; progress on alignment could be tracked by a mechanism like IHP+ Results.

Ensuring suitable, sustainable support for joint assessment processes

Demand for JANS is uncertain but expected to rise, for several reasons: more demand from countries renewing their national health strategies[4] either because of the perceived benefits of JANS as a developmental process, or because governments are seeking increased or new sources of funding and more partners want to use JANS as a foundation for funding decisions. In addition, some development partners such as GAVI and the Global Fund now require some form of joint assessment prior to deciding whether to fund a national strategy. The question discussed was how best to handle this, given recent experience and understanding of current country capacity.

Three types of requests for support were identified:

- *Orientation / demystification* on overall JANS concept and principles; uses; possible approaches; skills needed and costs.
- *Support for in-country JANS process*: technical, organisational and financial, done in a way that reinforces national leadership and ownership.
- *Sharing country experiences and lessons learned, updated tools, options papers*.

To date, there has been substantial in-country support mobilised for in-country JANS processes, with initial orientation, and lessons learned / updating of tools and guidance largely carried out at global level. In terms of specific areas of technical support, the most common requests have been for expertise in health financing and costing, financial management, procurement, and M&E. Looking ahead, participants discussed where the different types of support could increasingly come from - country, regional or global level, both in the short and longer term. Most felt that countries can manage a JANS process, given that the organisational issues are similar to what many already do for events such as joint annual reviews.

Key issues and agreements

[4] **F**or example, around 34 countries will be renewing national health strategies in 2012/13

- Support needs and local capacity to respond vary, so there can be no 'one size fits all' support model. Uncertainty in demand is not a reason for inaction.

- *Shorter term*
  - Existing in-country expertise to support JANS needs to be more systematically tapped - within government; in schools of public health; local offices of development agencies; NGOs and CSOs; local consulting firms. Experience with organising Joint Annual Reviews is also relevant.
  - South-south support / peer learning needs to be fostered. There is a growing body of people in Ministries of Health and other country institutions with JANS experience which could be tapped. There may also be lessons from – for example - peer review experience from malaria programme reviews.
  - Continued global level support will be essential in the short term, and for some functions longer term. This includes support from the IHP+ Core Team. Ensuring any support is country-tailored and of high quality is key.
  - The IHP+ Core Team's role will be as a help desk, managing questions and making links to possible support providers, not to be the body that provides direct in-country support. It also has a continued role to ensure documentation/dissemination of lessons.
  - Within agencies, more could be done to orient colleagues on JANS experience and on the types of support needed, so that country offices; regional offices, regional inter-agency networks and HQ staff can rapidly play a greater role.
  - Communications need to be urgently improved: this encompasses simpler communication materials (including in French); better guidance on how one JANS can accommodate sub-sector issues and - as always - better communications within agencies.
- *Longer term*
  - A gradual institutionalisation of JANS within a country's own planning processes would decrease the need for additional support; countries could also make financial provision in their own budgets
  - Similarly within agencies, progressive institutionalisation of JANS is key

There was a call from some to develop an 'integrated support function' for all types of JANS at global level but there was no agreement on this point, because there was a lack of clarity on what this would entail and others were reluctant to make support for JANS an institutionalised function at global level.

Main conclusions and follow up

General

Discussions on joint assessment of national strategies have come a long way from the days of 'validation' in 2008/9. Elements of good practice are becoming more

apparent and accepted. More work is needed as there are some unresolved issues. Three general messages were

- Pragmatism is needed if we are to solve some of these issues, while keeping sight of the ideal of having sound, balanced, realistic plans, for which support is mobilised that avoids duplication, and which helps the whole health sector to advance.
- There is added value in JANS. There is a need to continue documenting outcomes, benefits, unintended effects and undesirable transaction costs.
- Greater precision in the use of words and concepts ('semantic hygiene') is needed.

Ways to make joint assessment better meet different needs

1. ***Continue the conversation on different stakeholders' needs.*** This should be handled via IHP+. It should focus on finding ways to modify requirements and get greater harmonization and alignment. It should involve country as well as global partners.
2. All parties need to intensify discussions on ***how JANS can gradually replace individual agency appraisals***. This needs active follow up within agencies, and is the responsibility of all agencies at this meeting.
3. ***More systematic follow up to JANS is needed, using existing mechanisms*** - through compacts; joint annual reviews, mid-term reviews etc.
4. ***Inclusion*** of a wider group of stakeholders such as private sector and parliamentarians, with more thought on 'how' and when to do so. Better use of existing guidance e.g. for CSOs would be a start.

Ways to improve synergy between national health strategy and sub-sector strategies

Agreed to work towards 'One JANS':

5. ***Work with interested countries over the next year to do sector JANS*** that better accommodate programmes by covering agreed priority areas in more depth.
6. ***Use this practical experience to inform further thinking*** on concept, language, 'names', synchronization, process, level of detail and multi-sectoral issues e.g. for HIVAIDS, and develop an options paper.
7. ***Ministries of Health could consider synchronization of different health related planning processes*** as a way to improve synergy between sector and sub-sector strategies
8. ***Work within development agencies is needed***, to get greater synergy between support for health sector and programme strategies. Some agencies may need formal reform in order to align better with country cycles.

Future support for joint assessment processes

9. Country based support is the priority, but continued global support will be essential in short term. The key is to be country tailored and of high quality.

There is a continuing role for IHP+ core team primarily as a 'help desk' /advisory role, including improved communications and sharing of lessons learned.

10. ***Build up South -South cooperation*** and encourage more peer review.

11. Role of different organizations in increasing support capacity

- Developing country governments could consider integrating JANS into their own planning processes and make provision in their own budgets.
- DPs need to discuss how to increase capacity within their own agencies to support JANS, including by institutionalising the JANS approach.
- WHO to make a bigger effort to get programmes to synchronize their planning cycles.

12. Improved communications is everyone's responsibility, not only the Core Team's

- Better communications on JANS within governments, within agencies and between CSOs. Need to share creative ideas on how to do this.
- Simpler materials about JANS - including in French, by Core Team; linked to the new IHP+ website (under development), and to the new Planning Cycle Database.
- Continued documentation of options for improving links between sector and programme JANS; on follow up; on links to funding; on civil society engagement.

Next steps

The above conclusions need active follow up.

- Timelines and responsibilities to be established for different action points: IHP+ Core Team to consult with interested stakeholders and produce a draft 'road map'.
- IHP+ Executive Team to discuss meeting conclusions and proposed follow up, responsibilities and timelines in more depth in Executive Team meeting in late March.

Annex 1: Agenda

Joint Assessment of National Health Strategies (JANS)
Consultation on lessons learned and future directions

22-24 February 2012

Conference Centre, Hotel Diar Lemdina, Hammamet, Tunisia

Objectives

- To review lessons learned from joint assessment of health sector strategies and of disease strategies
- To identify options for approaches to JANS depending upon its intended objectives and consistent with the key principles of joint assessments
- To identify ways to improve linkages and synergies and reduce any confusion and duplication between health sector and disease strategy joint assessments
- To identify ways to strengthen effective support for joint assessment processes short and longer term

Wednesday 22nd February

Introduction

09.00 - 9.30 Welcome and purpose of the workshop, introduction of participants

Session I: Experiences with JANS

Objectives*: To review experience with sector and disease strategy JANS, and create a greater common understanding among meeting participants, in preparation for the following sessions.*

Key questions*: What are the key lessons to date from the health and disease strategy JANSs?*

Sector strategy JANS

Chair: Oluwamayowa Joel

09.30 – 09.35 Chair's introduction to the session, scope and purpose
09.35 – 09.50 Presentation of experience with sector strategy JANS: Abebe Asfaw
09.50 – 10.00 Discussants: Phusit Prakongsai and Daniel Kertesz
10.00 – 10.55 Plenary discussion
10.55 – 11.00 Summary: Chair

11.00 - 11.30 Coffee break

Disease strategy JANS

Chair: Kokou Tossa

11.30 – 11.35 Chair's introduction to session, scope and purpose
11.35 – 11.50 Presentation of experience with disease strategy JANS: Cindy Carlson
11.50 – 12.00 Discussants: Adjaratou Ndiaye and Jason Wright
12.00 – 12.55 Plenary discussion
12.55 – 13.00 Summary: Chair

13.00 – 14.00 Lunch break

Session II: Looking ahead: how can joint assessment approaches better meet our needs?

Objectives*: To determine governments and stakeholders' needs in terms of joint assessments; and the possible approaches to joint assessments - in line with the key principles - to meet these different needs/requirements.*
Key questions*: What are governments and other stakeholders' needs in terms of joint assessments? What are the possible approaches to joint assessments - in line with the key principles - to meet different needs/requirements?*

Chair: Nelson Musoba

14.00 – 14.10	Chair's short introduction to the issues pertaining to both types of JANS
14.10 – 14.40	Presentations: Ibrahim Ndoye, Sam Orach and Andrea Milkowski
14.40 – 14.55	Chair: quick questions for clarification.
14.55 – 16.00	Facilitated break-out groups discussion *The participants will discuss a limited number of questions covering JANS processes, emerging demands and requirements and options for approaches*
16.00 – 16.30	**Coffee break**
16.30 – 17.15	Facilitated break-out groups discussion - *Continuation*
17.15 – 18.00	Report to plenary of key conclusions
18.00 – 18.10	Summary of day by meeting's facilitators

18:30	**Cocktail**

Thursday 23rd February

08.00 – 08.15 Recap of the Session II by Nelson Musoba
08.15 – 09.15 Plenary Discussion
09.15 – 09.30 Chair's summary of conclusions and recommendations from working groups

Session III: Improving synergy between national strategy, sub-sector strategies and other national strategies

Objectives*:* To develop suggestions on how JANS processes and other assessments can help to improve synergies between a national strategy and sub-sector strategies, in particular disease strategies, and with the overall development agenda in a country; to identify ways to reduce potential duplication and fragmentation between the different JANSs and other assessments;
Key questions*: How to ensure that the JANS of a national strategy adequately reflects other relevant strategies? What should be done to improve linkages/synergies and reduce fragmentation/duplication between health and disease strategy JANSs? How can we ensure that the follow-up to the JANS facilitates more harmonized and aligned support for the national strategy?*

Chair: Roman Tesfay

09.30 – 09.40 Chair's short intro on the session
09.40 – 09.55 Presentation of the review of experience from countries with both types of JANS: Isabelle de Zoysa
09.55 – 10.15 Discussants: Svetlana Plamadeala and George Dakpallah. Questions from the floor.

10.15 - 10.45 Coffee break

10.45 – 12.00 Facilitated break-out groups discussion
The participants will discuss a limited number of questions concerning potential areas of overlap between health and disease strategy JANSs, the experience of using outputs of health strategy JANS to inform disease strategy assessment, ways to ensure greater linkages and synergy between health and disease strategy JANSs and how to facilitate a process following the JANS that would reduce fragmentation and ensure synergy of funding decisions
12.00 – 12.45 Report to plenary of key conclusions
12.45 – 13.00 Chair's summary of conclusions and recommendations from working groups

13.00 – 14.00 Lunch break

Session IV: Ensuring suitable, sustainable support for joint assessment processes

Objectives**:** *To identify ways to continue and strengthen effective support for joint assessment processes in the short and longer term*
Key questions*: What is the capacity needed for carrying out future JANS' and how to ensure it? What support mechanisms will be needed in terms of supporting countries carrying out JANS (e.g. direct support to countries, documenting and synthesizing lessons, updating/disseminating tools and guidance)?*

Chair: Ann Phoya

14.00 – 14.10 Chair's short introduction to key questions on the session
14.10 – 14.55 Presentations of country perspective on capacity for organising and conducting a JANS: Babu Ram Marasini and Kokou Tossa.

	Chair: quick questions for clarification. Presentations of the experience with supporting the sector and disease JANS process respectively from the global level: Phyllida Travis and David Salinas Chair: quick questions for clarification.
14.55 – 15.45	Facilitated break-out groups discussion *The participants will discuss questions concerning support functions needed for a JANS, government and DP capacity to support JANS, approaches for ensuring sustainability and institutionalization of JANS and possible ways forward in the short, medium and long term*
15.45 – 16.15	**Coffee break**
16.15 – 17.00	Facilitated break-out groups discussion - *Continuation*
17.00 – 17.45	Report to plenary of key conclusions
17.45 – 18.00	Chair's summary of the session
18:00 -	Summary of day by meeting's facilitators

Friday 24th February

08.00 – 08.15 Recap of the previous day

Session V: Conclusions and recommendations

Key questions: What are the recommendations for moving forward?

Chair: TBD

08.15 – 10.00	Panel Discussion. *The panelists will discuss questions concerning: options for approaches to designing/carrying out/following up JANS for different purpose, ways to ensure greater complementarity between health and disease strategy JANS, options for approaches to sustainably supporting joint assessments? ways for IHP+ to ensure buy-in and engagement of individual countries and development partners, including those not members of IHP+, on how to take forward the outcomes of the meeting on the JANS approach*
10.00 – 11.00	Plenary Discussion (comments/questions to panel)
11.00 – 11.15	Final remarks from panel
11.15 - 12.00	**Coffee break**
12.00 – 12.45	Chair's conclusions of the session

12.45 – 13.00 Closing remarks

Annex 2: List of Participants

Joint Assessment of National Health Strategies (JANS)
Consultation on lessons learned and future directions

Wednesday 22nd - Friday 24th February 2012
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