

Joint Assessment of National Health Strategies
(JANS)

Lessons from the JANS on the Kyrgyz Republic National Health Reform Program

Lessons learned paper prepared for the International
Health Partnership +

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Contents

Introduction	3
1. Description of the process	3
1.1 Context - development of the Den Sooluk strategy	3
1.2 The purpose of the Joint Assessment	4
1.3 Planning for the JANS.....	4
1.4 The JANS team	5
1.5 The Joint Assessment process and activities	5
1.6 Follow up	6
1.7 Costs of the JANS	6
1.8 How the lesson learning was organised	6
2. Assessment and lessons from the Joint Assessment.....	7
2.1 Views on the JANS process.....	7
2.2 Feedback on the JANS tool and guidelines.....	7
2.3 Feedback on the benefits and value of the JANS	8
3. Conclusion and lessons	10
Lessons.....	11
Annex 1: Persons interviewed for this lesson learning report.....	13

Acronyms

Den Sooluk	New Kyrgyz national health reform programme 2012-2016
HSFP	Health System Funding Platform
JANS	Joint Assessment of National Strategies and plans
JAR	Joint Annual Review
MOH	Ministry of Health
SWAp	Sector wide approach
WHO	World Health Organisation

Introduction

The Kyrgyz Government is developing a new health sector strategy to follow on from two earlier health reform strategies. The Ministry of Health (MOH) established a team and process to develop the new National Health Reform Program 2012-2016, known as Den Sooluk. In June 2011 it was agreed to conduct a Joint Assessment of the draft Den Sooluk, and the Joint Assessment took place in October 2011. The findings were presented to the Joint Annual Review (JAR) meeting in October and summarised in a report¹. This paper draws together lessons from the JANS and subsequent developments to March 2012.

1. Description of the process

1.1 Context - development of the Den Sooluk strategy

Kyrgyz Republic has had two successive strategies for health sector reform since the collapse of the Soviet Union, which was followed by economic and political turmoil and led to drastic reductions in funding for health and deterioration in health services. The first programme of health reforms was called Manas, from 1996 to 2005, followed by Manas Taalimi from 2006 to 2011. These strategies have formed the basis for health sector development and for partner support.

During Manas Taalimi, a sector wide approach (SWAp) was introduced to coordinate international support and enable joint monitoring of progress. Development partners, including SWAp signatories, held Joint Annual Reviews (JARs) with government and civil society partners of Manas Taalimi twice a year. The first JAR is usually in May, to assess Manas Taalimi implementation, achievements and approaches, and the second in October or November to review the Work Plan for next year, budget allocations, procurement plans and next steps. With Manas Taalimi coming to an end, the MOH produced an evaluation of the programme in mid 2011.

In mid-2010 the MOH started process of developing the new national health reform programme for 2012-2016. A group of national consultants was selected through open competition to work on developing the programme. International agencies provided input into the process through their own staff efforts as well as through international consultants. The new reform programme is called Den Sooluk. During its development, consultations were organised with various stakeholders, including extensive consultation with a wide range of stakeholders around the country; with Parliament (in June and September 2011); and with the development partners in the JARs in 2010 and June 2011.

At the June 2011 JAR, the national and international partners agreed to conduct a Joint Assessment (JANS) of Den Sooluk before the next JAR later in 2011. The JANS reviewed the draft of Den Sooluk dated 12 September 2011, and presented the findings at the JAR in October 2011.

¹ Joint Assessment of the Kyrgyz National Health Reform Programme 2012-2016, draft 10 November 2011.

1.2 The purpose of the Joint Assessment

Joint Assessment of National health 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 main reason for conducting the JANS reported by all stakeholders interviewed was the intention to apply for Health System Funding Platform (HSFP) funds from Global Fund and GAVI - as having a JANS was stated to be a pre-requisite for applying for these funds². The context for this was the keen interest of partners in Kyrgyz Republic to bring Global Fund support into closer alignment with the sector programme, which they had been hoping to achieve for some years. The aim was to integrate Global Fund and GAVI into the SWAp processes with their funding under the same coordination and oversight as other funding for health. The main focus was on the Global Fund, given the scale of its funding to date and expectation that it could provide substantial financial resources for health system strengthening (compared to GAVI). In addition the MOH and some partners saw the JANS as useful to provide an objective assessment of Den Sooluk and the process of its development against an international standard, as a way to build confidence in the strategy among stakeholders.

The remit given to the team conducting the JANS was to 'take a fresh look' at the draft Den Sooluk using the JANS tool, give an assessment of its strengths and weaknesses and suggest possible actions on various issues.

1.3 Planning for the JANS

The Minister of Health formally requested WHO support for the JANS. WHO staff helped the MOH to develop the approach to the JANS, through teleconferences between WHO and senior MOH officials. Other partners were consulted and gave inputs on the JANS team, timing and program. The MOH confirmed the decision to have a JANS, choice of the team, and timing to partners.

WHO coordinated the team selection process and worked with the MOH and development partners to identify suitable team members. It was decided to have a team of 5 or 6 of whom 3 would be nationals and the others internationals, and that the team should have a mix of skills including public health; financing; monitoring and evaluation; and civil society experience. It was agreed that the team should all be independent in terms of not having past involvement in development of Den Sooluk; this is the definition of independence set out in the JANS principles. Finding appropriate team members was quite challenging as so many people had been involved in the process of developing of Den Sooluk.

The timing of the JANS was chosen to fit with the timetable given by Global Fund for applications for HSFP funds. This meant that the assessment had to be done on an incomplete version of Den Sooluk, and was taking place in parallel with development of the

² Partners in Kyrgyz understood it was mandatory to have a jointly assessed strategy - a Global Fund respondent said it was not mandatory for the first pilot year of HSFP.

Plan of Work, costings and budget. The JANS took place in October 2011, just before the partners met for the October JAR, and the JANS team presented their findings to the JAR.

1.4 The JANS team

The JANS team had 5 members, all of whom were independent in terms of not being closely involved in developing Den Sooluk. They were independent of the Government in their current roles. The team leader was an international consultant who had worked in Kyrgyz Republic in the past as a task team leader for the World Bank, so was familiar with the health system and policies, but had not been involved in developing Den Sooluk. The JANS team members were as follows:

JANS team members

Name, nationality	Expertise/role	Organisation
Jan Bultman, NL	Health Systems Expert, Team Leader	Consultant funded by WHO European Office
Bolot Elebesov, KG	Financial Expert	USAID/ABT Quality of Health Improvement Project, Kyrgyzstan
Burul Makenbaeva, KG	Civil Society Expert	Director "Mental Health & Society", a Kyrgyz NGO
Gulgun Murzalieva, KG	Monitoring & Evaluation Expert	Director Health Policy Analysis Center, Bishkek
Alanna Shaikh, US	Monitoring & Evaluation	USAID/ABT Quality of Health Improvement Project Central Asia, Kazakhstan

1.5 The Joint Assessment process and activities

The JANS team was in Bishkek for 2 weeks, from 2-15 October. The first week was used to review the draft of Den Sooluk and discuss it with a range of stakeholders. The MOH and development partners had developed the plan of interviews and made arrangements for the meetings. In the first week the team met with:

- senior staff and department heads in MOH;
- the team responsible for developing Den Sooluk;
- senior staff of the Mandatory Health Insurance Fund and some key health institutions.
- NGOs concerned with the elderly, disabled children, HIV and child rights (a wide range of NGOs were invited to meet the JANS team and five attended the meeting).
- staff from most of the development partners active in health (World Bank, WHO, UNICEF, UNFPA, KFW, Swiss Development Cooperation, USAID).

The team noted that they did not have time to consult sub-national levels or the private sector. At the end of the first week the team reviewed their findings with a World Bank staff member who was knowledgeable about the country to check their understanding of the context, and with staff from WHO regional level on the JANS process.

In the second week, the team participated in the Joint Annual Review (JAR). They presented the findings of the JANS at the start of the JAR, by going through the JANS attributes and giving their assessment on each. The team participated in meetings throughout the week-

long JAR which allowed the team to disseminate and discuss the findings from the assessment further. There were also opportunities to meet other stakeholders as the JAR was attended by Government ministers, parliamentarians, representatives of Ministry of Finance, NGOs and staff or consultants representing additional development partners including Global Fund and GAVI. The meetings and discussions during the JAR fed into the JANS report.

The JANS team produced the report on the JANS after the JAR, with the final draft dated 10 November 2011. It was shared with MOH and other stakeholders on 14 November.

1.6 Follow up

The presentation of the JANS findings was an integral part of the JAR that was reviewing Den Sooluk, and thus fed directly into and helped to shape discussions in the JAR.

After the JANS report was produced, the team developing Den Sooluk met to discuss the points raised in the report and decided which to incorporate in the strategy and the plan of work. One said: “*The report was a working document on my table*”. They also prepared a table setting out which points were incorporated and which were not.

The subsequent draft Den Sooluk and the table on the response to the JANS report were shared with the development partners in January 2012, in time for discussions at the next partner meeting (the ‘mini-JAR’ in January).

1.7 Costs of the JANS

The additional costs for the JANS were essentially the costs for the JANS team consultants (funded by WHO and USAID) and time costs for MOH and partners in setting up the JANS and meeting the team. The discussion of the JANS findings took place within the existing structure for discussions on the sector, the JAR, so did not add to costs.

The JANS did not replace any other processes such as appraisals by development partners, who said they assessed and commented on the draft strategy during the JAR as in the past. Financial management and fiduciary risk assessments are going ahead led by World Bank (for SWAp partners).

1.8 How the lesson learning was organised

The lesson learning was organised as a retrospective exercise. The author contacted stakeholders (see annex 1) to interview them about the JANS process in January and March 2012, and reviewed the JANS report and response from MOH. The author is very grateful to all those who responded to questions and for the assistance from WHO in arranging some of the interviews in Bishkek.

2. Assessment and lessons from the Joint Assessment

2.1 Views on the JANS process

In general all respondents said that it was a good process with a strong team. The team were seen as appropriate in skills and very competent, although it was suggested that it would have been useful to include a financial management expert as well. Almost all felt that the team members were sufficiently independent of the Den Sooluk development process to give an unbiased assessment.

Although the number of stakeholders met during the first week of the JANS was limited by the time available, the team met a good range of stakeholders overall, from various levels, ministries and types of organisations.

The JANS was set up as a two-week process, with the first week for interviews and analysis and the second week coinciding with the JAR to ensure the findings fed into policy discussions. Most respondents felt that the time for the first stage of the JANS was too compressed, with one week for interviews and analysis before having to present findings at the kick-off meeting of the JAR. The need for translation for the team leader added to the time pressure. Team members said it was only possible to carry out the assessment in this time as they were familiar with the health system context and four of the five team members knew the country well. The team worked very long hours to carry out the interviews and prepare the presentation of findings.

The timing of the JANS was agreed to be very appropriate to fit with country processes because the JANS was able to feed into the JAR discussion and the next draft of Den Sooluk. However it would have been preferable for Den Sooluk to be further developed - since the budget and Plan of Work were still in development, this made it more difficult to assess some attributes of the strategy, and some of the points raised in the JANS as weaknesses or gaps were already being addressed in the Plan of Work.

For the future several stakeholders suggested that the JANS could be better mainstreamed into existing processes for strategy review. The approach is under discussion with thinking on how to integrate such assessments into existing joint review mechanisms such as the mid-term review and end of program evaluation.

2.2 Feedback on the JANS tool and guidelines

The JANS used the updated (September 2011) version of the JANS tool and related guidelines. The JANS team found the tool relevant to the Kyrgyz context, clear, comprehensive and helpful. They found that they needed to adapt the tool to the local setting, and it was flexible enough to allow this.

The MOH and locally based partners were not familiar with the JANS tool before the assessment. It introduced some new ideas to the team developing the strategy, for example the need to look at the cost effectiveness of new technologies proposed. It was seen as useful to have such a structured tool which helped identify issues that might have been missed otherwise.

One suggestion was that the JANS report should include details of the team members, including their background and where they had worked before, in the interests of transparency.

2.3 Feedback on the benefits and value of the JANS

The JANS findings were judged to be accurate and objective by the respondents interviewed.

The comments from the JANS team were generally agreed to be useful by MOH and the Den Sooluk team, and were considered carefully to see how they could be incorporated. Some were already in the plan of work and a few points were not considered valid, as they were seen as misunderstanding the strategy. Findings mentioned as particularly useful were encouraging the strategy to include optimising health provision in Bishkek city and to give more attention to the private health sector including public private partnerships.

More broadly, the JANS endorsed the approaches to reform in Den Sooluk, and this objective review helped support the case for reforms and reformers within the MOH.

The JANS team's comments on the Den Sooluk development process recognised there had been extensive consultation including with politicians, with civil society organisations and with development partners. The JANS team identified some gaps - notably in the engagement of the private sector and other ministries relevant for public health. The additional consultation meeting with civil society during the JANS and their involvement in the JAR was seen as helpful as they provided extra opportunities for their inputs. At the suggestion of the JANS team, a wider range of NGOs were invited to the JAR than in previous years.

The JANS findings on financial management, procurement and fiduciary aspects were considered less strong than other aspects. It was noted that the team did not have a specialist in these areas and there was insufficient time for team members to meet the relevant people in agencies and Government. Also there were not financial management or procurement assessments completed before the JANS for the team to assess.

The JANS team input at the JAR was seen as helpful. Several respondents said that it helped to focus discussions in the JAR. One visiting consultant at the JAR commented: "*The JANS was certainly useful, especially for me who didn't have the background to review the documents very well - it was a useful shortcut. I am sure it improved the quality of the debate among all partners even those who were much more familiar with the latest version of the sector strategy.*"

The primary purpose of the JANS in Kyrgyz Republic was to give confidence to the Global Fund and GAVI in Den Sooluk, as a basis for attracting health systems funding that would be closely aligned to the national reform strategy and the sector wide approach used in Kyrgyzstan.

- The respondent from GAVI was generally contented with the JANS but noted that having a JANS is not an end in itself: GAVI would expect their Independent Review Committee (responsible for recommending which grants should be funded) to confirm that weaknesses identified in the JANS have been addressed before deciding whether they have the confidence to agree funding based on Den Sooluk. This might

involve an independent assessment of how well the strategy has addressed the JANS recommendations.

- For the Global Fund, with potentially much more funding at stake, there seems to be agreement that the JANS was adequate as a process to inform their funding decision provided it was followed up. In making a funding decision they would review the MOH responses to the JANS and decide on any further steps in terms of remedial or capacity strengthening measures. However the opportunity to apply for Global Fund support for Den Sooluk under the HSFP has been deferred due to funding constraints in the Global Fund.

The JANS was also intended to give confidence to other development partners considering funding for the health strategy for the first time and discussions with potential funding partners such as the EU are under way.

Development partners who work with the Kyrgyz health sector closely commented that they had already had multiple opportunities to input to Den Sooluk through consultations at previous JARs and had been able to have some influence on the strategy through existing partnership arrangements (with a further opportunity at the October JAR). They knew about the process of strategy development, which they felt was solid with extensive consultations. As a result some commented that the JANS had not added materially to their understanding of the strategy and confidence in it as a basis for funding. Another respondent commented that although the existing partners were committed to working in a SWAp to support the strategy, *“the JANS process had an impact on solidifying donor intent and confidence in the process”*.

3. Conclusion and lessons

The JANS process in Kyrgyz was generally regarded as a sound process which highlighted some outstanding issues on the draft health strategy, Den Sooluk. The JANS team was seen as strong and independent of Den Sooluk and they were able to consult a wide range of stakeholders despite the limited time for interviews. The assessment was accepted as valid and objective. It was limited in some respects - the lack of a budget in Den Sooluk and the lack of a specialist in financial management or procurement in the JANS team limited the assessment in these areas.

The process of presenting the JANS findings at the start of the JAR and having the JANS team participate in the entire week of JAR policy dialogue was helpful in creating a bridge between an independent technical review and partners engaged in the policy dialogue and country processes. Had the JANS taken place in isolation from the JAR, its recommendations would not have received the same visibility and influence. Discussion of the JANS recommendations was integrated into the JAR and into the resulting JAR summary note, for follow-up in subsequent policy discussions.

In addition, linking the JANS and the JAR made the JAR discussions more productive, allowing more focus on policy and more political issues rather than technical comments.

On the other hand, linking the two events added to the time pressure many have mentioned. The JAR was the first opportunity for most partners to hear the findings of the JANS. Several respondents in Government and development partners said it would have been helpful to have some time to reflect on the JANS findings before the JAR started. If there had been a little more time, there could have been a JANS feedback presentation the week before.

The MOH took the JANS and JAR feedback into account in finalising Den Sooluk. There is a record of the changes made or reasons why points were not taken up. With the JANS report this provides a record of the JANS findings and how they were used. National partners interviewed felt that the Den Sooluk was improved as a result; the international partners who looked at the updated strategy agreed it had led to some small but important changes to elaborate how the strategy would be implemented.

Most of the existing international funders (bilateral and multilateral) had already decided to support the sector programme and their decisions on the amount and period of funding do not depend on the outcome of the JANS. One mentioned it could be useful in identifying issues to focus on in developing their own internal programme documentation. There are some indications that the JANS and subsequent JAR discussions helped to increase confidence in the strategy for some partners. They may also be useful in this respect for new partners considering funding for the health sector.

For GAVI, a JANS is required for an application for health systems funding, and Kyrgyz is still planning to submit an application. When the application is reviewed by GAVI's Independent Review Committee they will look at the JANS findings and how they were followed up.

The opportunity to apply to Global Fund for health systems funding under the HSFP in late 2011 was cancelled, so the primary purpose of the JANS in Kyrgyz was not achieved. If the

application had gone ahead, it seems likely that Global Fund would have accepted the JANS as meeting its request for a jointly assessed strategy as the basis for an application to the HSFP, and would have followed up to see how gaps had been or should be addressed.

For domestic stakeholders, the presentation of the JANS finding at the JAR, where many were represented (including ministers, Ministry of Finance staff, parliamentarians and NGOs), provided an opportunity for them to consider and discuss issues and gaps in Den Sooluk. The engagement of MOF in the JAR was reported to be limited and it appears unlikely that the JANS will affect the budget for health, which is influenced by the sector programme conditions (to allocate a percentage of the budget to health).

Lessons

Lessons for other countries from the process include:

- **Timing the JANS to fit with country processes** - the link to JAR was helpful to ensure the findings of the JANS were used and helped to shape the multi-partner debate on how to improve Den Sooluk. It is also important to have key elements of the strategy ready for assessment - it is preferable to wait for the country to be ready rather than setting the timetable around the needs of a particular funding partner or the availability of assessors.
- **Selection of the JANS team** - requires a careful balance between people who understand the context well versus people who are fully objective and 'fresh eyes' on the strategy, as well as a balance of nationals/internationals and skills. The Kyrgyz JANS used a team from within the country or with knowledge of the country or region (although not closely involved in strategy development). The results suggest this allowed for a rigorous and accurate assessment. Understanding of the system and context are likely to make the comments more relevant to improving the strategy - which is the goal. Recording the background of JANS team members may be useful to demonstrate their independence and be transparent about any engagement.
- **Time period for the JANS** – one week to review the draft strategy, meet stakeholders and decide on assessment findings in order to present them the next Monday morning was deemed too short and intense. This may not be sufficient time in general. The second week where the JANS team participated in the JAR meetings gave the team opportunities to consult more widely. A slightly longer timetable with an opportunity to present the findings a few days before the JAR could have led to more considered use of JANS findings in the JAR discussions. This, however, needs to be balanced with the resources involved, including availability of staff of MOH and other partners.
- **Keeping a record of the response to the JANS** - as in the table prepared by the MOH Den Sooluk team showing how each JANS recommendation was dealt with - is a useful practice to show that issues have been systematically addressed. It is suggested that this should be sufficient as a basis for reviewing the strategy.

- In terms of the **role of the JANS**, in contexts like Kyrgyz Republic where there is already a SWAp and close sector working; broad consensus on policy and overall strategy; and a participative planning process already in place. It is important and possible to link the JANS with existing review mechanisms in order to ensure that it is not a stand-alone exercise. Integrating the JANS into the ongoing dialogue can strengthen the policy dialogue and enhance the relevance and policy impact of the JANS. For the partners in country, it is useful to clarify what is realistic - what extra value partners can expect from the JANS.

Annex 1: Persons interviewed for this lesson learning report

JANS Team

Jan Bultman, Netherlands - Team Leader

Bolot Elebesov, Bishkek (by email)

Burul Makenbaeva, NGO, Bishkek

Gulgun Murzalieva, NGO, Bishkek

Ministry of Health

Dr Larisa Kachibekova, Acting Director of Health Reform and Strategic Planning

6 Members of Den Sooluk development team

Development Partners

Beatriz Ayala Ostrom, consultant, TRP member for Global Fund & GAVI IRC member

Adrienne Chattoe Brown, consultant for DFID, London (by email)

Melitta Jakab, World Health Organisation, Barcelona

Sandra Irbe, Global Fund, Geneva (by email)

Chris Lovelace, World Bank, Nairobi

Sheila O'Dougherty, USAID/ABT Quality of Health Improvement Project Central Asia

Asel Sargaldakova, World Bank, Bishkek

Bakhuti Shengelia, GAVI, Geneva

Andrea Studer, Swiss Development Cooperation, Bishkek