

# Joint Annual Health Sector Reviews: A Review of Experience

December 2012

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## 1. Introduction

Joint annual health sector reviews (JARs) are long-established traditions in many countries. They are generally designed to jointly review the implementation of national health sector plans or to assess sector performance and to agree on actions to address constraints in implementation or to improve performance. JARs were established in the early 1990s as part of implementing sector-wide approaches (SWAp) or one of their predecessors. In some countries JARs started when Government and sector partners found sufficient common ground to jointly support the sector without a formal SWAp in place, or in response to a national drive for more transparency and open dialogue.

There is a resurgence of interest in JARs for similar reasons that led to their initial creation: to improve policy dialogue; to increase accountability for results; to increase mutual accountability; to complete the cycle of data collection, analysis, and policy formulation; to have a comprehensive rather than partial review of progress, and avoid setting up parallel processes; to foster agreement on the way forward; to set future benchmarks and targets; and to agree on priorities for further information collection and analysis. At the same time, there is anecdotal evidence of fatigue, and that some JARs have become rather formulaic. There are questions about for whose benefit these events are actually organised.

A key objective of IHP+ is to advance the alignment of international support to national health strategies and plans. One question is if and how well JARs help Development Partners (DPs) and other stakeholders to align their strategies, plans and activities with national sector priorities and plans<sup>2</sup>. The Commission on Information and Accountability (COIA) has also agreed to use JARs as a way to increase accountability for results.

The objective of the study is to review experience and lessons about what has made joint annual health sector review processes effective or not. This review will serve as the basis for a guidance note on options for conducting JARs, and as background for a structured discussion at the 4th IHP+ Country Health Teams Meeting in December 2012.

## 2. Methodology

The study team, familiar with the JARs in a number of countries, reviewed documents covering the country-specific JAR process from its start and conducted telephone interviews with selected key actors at country level who could provide a historic perspective of the JAR<sup>3</sup>. The country selection was based on geographical balance, having a JAR in place, with or without an independent review element as part of the JAR and with the decentralised actors directly involved or not. The sample of nine countries (see table 1) include four continents, three lower middle-income countries and six low income countries; three countries have an independent review as part of the JAR; in six countries the decentralised level (province or district) participates to some extent in the review; five countries have a SWAp for more than 10 years (Bangladesh, Cambodia, Ghana, Mozambique, Uganda), three countries with a SWAp for 5 to 9 years (Kyrgyzstan, PNG, Vietnam) and one country has no formal SWAp in place (DRC).

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<sup>1</sup> This document is a working draft (December 2012).

<sup>2</sup> Other modalities promoted by IHP+ to foster alignment are Compacts and Joint Assessment of National Strategies and Plans (JANS).

<sup>3</sup> Key informants include mainly MoH, DPs, NGOs and consultants. Document review was extensive for all 9 countries. Interviews are still on-going for 2 of the 9 countries.

**Table 1. Profile of countries reviewed**

	DRC	Ghana	Mozambique	Uganda	Bangladesh	Cambodia	Vietnam	PNG	Kyrgyzstan
<b>Name of the JAR</b>	Revue Annuelle du Secteur de la Santé (RASS)	Annual Health Sector Review (AHSR)	Avaliação Conjunta Anual (ACA) (Joint Annual Review)	Joint Review Mission (JRM)	Annual Programme Review (APR)	Joint Annual Performance Review (JAPR)	Joint Annual Health Review (JAHR)	Independent Annual Sector Review (IASR)	Joint Review (JR)
<b>Low / middle-income</b>	Low income	Lower Middle income	Low income	Low income	Low income	Low income	Lower Middle-income	Lower Middle-income	Low income
<b>Population</b>	68 M	24 M	23 M	35 M	140M	15 M	87 M	6M	6M
<b>Number of districts</b>	515 HZ	134 D	129 D	121 D	64D ; 505 upazillas	69 D	684 D	86D	45D
<b>Greatest Distance from capital</b>	1,800 km, difficult terrain	800km	2700 km	550km	400 km	400 km	600 km	1000 km, difficult terrain	750km
<b>SWAp start date</b>	NA	1997	2000	2000	1998	1999	2007	2003	2006
<b>Compact / MoU</b>	MoU / Compact being prepared	CMA (3rd edition)	CoC 2000, CoC 2003, CoC NGO 2006, MoU 2008, Compact 2008	MoU 2000, MoU 2005, Compact 2011	Partnership arrangement 2006, JFA 2012	Aid Effectiveness Declaration 2006, Compact 2007	2005 Hanoi Core Statement on AE, 2009 MoH-DPs statement of intent	SWAp Partnership agreement 2004, 2006.	MoU 2006, Joint Statement 2012
<b>Donor support as part of total health expenditure *</b>	Go: 15% <b>DP: 23%;</b> NGO**: 11% HH: 43%	DP 2010 <b>15.8%</b> DP 2012 <b>9.6%</b> DP 2013 <b>5.4%</b>	Go: 55% <b>DP: 17%</b> HH: 28%	Go: 15%; <b>DP: 35%;</b> NGO <1% HH: 49%	Go: 19% <b>DP: 6%</b> NGO:10% HH: 65%	Go: 28% <b>DP: 9%</b> HH: 63%	Go: 36% <b>DP: 1-2%</b> HH: 62%	Go: 55% <b>DP: 17%</b> HH: 28%	Go: 38% HIF: 5%*** <b>DP: 14%</b> HH:43%

(\*) Sources used: National Health Accounts, MTEF or WHO Global Health Expenditure Database (latest info available)

(\*\*) In DRC NGO includes NGOs and International Foundations

(\*\*\*) HH means contributions from households; HIF: Health Insurance Fund

For the purpose of this review, the term JAR includes all the elements of the process: preparation, inputs, process, output and follow-up actions. It includes both the review and the health summit / health assembly if considered part of the review process.

The word 'joint' is interpreted in its large sense, including all potential or participating partners active in the health sector (public, private not for profit and for profit, professional associations, NGOs, consumers) as well as outside of the sector (e.g. other ministries, national financing agencies, academia, civil society, Parliament) and development partners (DPs). The minimum scope of 'jointness' in the context of this study is understood as MoH together with DPs. The word 'annual' is interpreted in a larger sense. In some countries review events take place twice a year or every two years.

The short time and limited number of people interviewed obviously limits the degree of detail of the study. However, the familiarity of the study team with JAR processes, the input provided from a

variety of actors and the effort made by the study team to balance different views and a wide variety of experiences, as well as to 'distil' the essential information, provides sufficient trust that the main findings and lessons largely reflect the current and historic reality. By summarising the findings in a short note, some of the nuances may however be lost. The final report will add some of those nuances.

### 3. Key conclusions of the review

- All representatives of government and of partners interviewed for this study were in favour of maintaining JARs. All were positive about the JAR's added value and potential. Several partners also expressed views on how to make the country-specific process more efficient. If fatigue with the JAR is mentioned by some respondents, the main reason is the efficiency of the current modality in place.
- JARs are tailor-made and country-specific. Modalities evolve over time in order to adapt to changing context, increase efficiency and mitigate possible 'fatigue'. This 'local appropriation' is an absolute strength and developing a "one-size-fit-all" model should be avoided. At the same time, countries can learn from each other.
- JARs share some common aspects: all are part of the annual M&E cycle; in general they review implementation of last year Programme of Work (PoW) and aim at contributing to or improving the next year PoW; they tend to have an annual rather than a multi-annual strategic focus; DPs are much involved in several aspects of the JAR and co-finance the JAR together with government.
- JAR modalities vary in terms of name, definition, duration and number of meetings, components, focus, content and information used, inclusiveness and participation, degree of involving decentralised actors, outputs and sharing of information, and follow-up of recommendations.
- JARs tend to strengthen policy dialogue, alignment, accountability, implementation of the sector plan and internal resource allocation. But the JAR is only one out of many contributing factors.
- JARs have a potential to improve plans, mobilise additional resources and promote joint accountability. These outputs were confirmed in only part of the countries reviewed.
- JARs are less recognised for improving harmonisation, setting new targets or indicators and reducing transaction costs. Reviewing targets or indicators is more the output of a MTR or ER.
- Factors that determine a successful JAR include strong government leadership, high degree of local ownership of the JAR, meaningful and wide participation of all stakeholders, a constructive climate and an open policy dialogue. Not all JARs provide sufficient space for policy dialogue or are inclusive. More alignment, greater harmonisation between DPs and less fragmentation help reaching consensus. Reliable and timely data, evidence-based information and well-designed performance assessment frameworks are essential for effective monitoring and proper decision making. Timely availability of good quality data, properly validated, is a weakness in several countries. Good preparation and organisation of the joint reviews is essential for ensuring efficient work during the JAR and there is scope for improvement in several JARs reviewed. **Integrating the JAR in the national planning cycle** is essential to ensure improved implementation of future plans.
- Keeping inputs, processes and outputs at a manageable level avoids wasting resources and frustration. This regards the frequency and timing of independent reviews as well as the size and composition of the review team, the country experience of team members and the lack of continuity between subsequent reviews. It also regards the number and profile of participants in joint events and in technical working groups; the number, feasibility, prioritisation and timeline of recommendations; and the size of review reports. JARS should

take into account the limited time for implementation between JARs and avoid defining a scope of work that is too ambitious, similar to a MTR or ER. Too many recommendations or recommendations that are hardly feasible to achieve leads to frustration and the perception that the sector does not perform.

- There is a call (MoH and/or DPs) for more policy / strategic dialogue and less technical / operational focus in joint reviews in several of the countries studied. In larger countries technical/operational JARs could be considered at provincial level while maintaining a more policy-focused JAR at national level.
- Ensuring that JAR reports, and more specifically recommendations and proposed actions, are shared with all stakeholders is essential, both from a point of transparency and accountability and in order to ensure that actions are taken up by the relevant actors.
- Consistently tracking JAR recommendations and proposed actions is considered essential by all partners, but not all countries do this. There is scope for improving SMART action-oriented recommendations, prioritisation, and ensuring regular monitoring by a high level sector body.
- Main challenges are how to ensure that relevant JAR recommendations are integrated in decentralised plans; how to balance between a drive for more participation and good technical / policy discussions; how to ensure meaningful participation and further develop mutual accountability in the context of a growing tendency among DPs to ask for a direct attribution of results; and how best to integrate meaningful aid effectiveness criteria in monitoring sector and/or national performance.

## 4. Findings

### 4.1 There is no “one-size-fits-all”

**No guidelines exist** on how to organise and carry out a JAR. Regular assessment of sector performance is a ‘standard’ procedure in many low, middle-income and high income countries. The frequency, content, process, inclusiveness, ‘joint-ness’ and type of outcome vary, mainly because these ‘standard’ national or sector procedures are the result of local history, culture, context, local dynamics and experience. Obviously, these processes evolve over time in each country.

**JARs do not exist in a vacuum.** They are linked to and part of national M&E and planning processes and are organised in sequence with other important sector events in the context of local dynamics of high level policy and technical dialogue, working together in TWGs, bilateral meetings, etc. The extent to which outputs such as better alignment, improved policy dialogue, or greater mutual accountability can be attributed to a JAR is difficult to measure. However, as discussed in this paper, JARs may to a lesser or greater extent contribute to those outputs.

**Some factors are particularly important to take into account in the review:** the country’s wealth, the government’s level of control and influence, the evolution of the SWAp and funding modalities, as well as the degree of donor dependency. A history of strong central planning or of state fragility will colour the policy dialogue, as will the leverage exerted by specific DPs and the local interpretation of concepts such as accountability. This should be taken into account when comparing country specific JARs.

Another factor is the **size of the country** (population in countries reviewed vary between 6 and 140 million; distance from the capital to the furthest town between 400 and 2700 km; number of

districts from 45 to 684<sup>4</sup>). Direct or effective participation of districts in the JAR is more challenging in larger countries.

The level and type of **decentralisation** (deconcentration or devolution within the line ministry or through other ministries such as Local Government), the importance of the private sector as well as which line ministries are responsible for service delivery also influence how JARs are being held and who participates.

Finally, in countries with strong **government leadership**, DPs tend to have less influence on how JARs are organised and used. DPs in general have more influence in the early days of a SWAp, as they often have contributed to the start of JARs. When processes become country-owned or are country-owned from the start, DPs are less influential in the organisation of the JAR but remain influential on JAR results through the funding modality and level of financial support.

#### 4.2 JARs have some aspects in common and in essence aim at the same output

In each country reviewed, the JAR is a **well-known regular review activity** that is being referenced in many different official documents, reports, reviews, etc. Specific annual Terms of Reference (ToR) exist in almost all countries<sup>5,6</sup>.

All JARs are **part of the annual M&E cycle**. They are most commonly the apex of the annual sector review or Programme of Work (PoW) review. All JARs review the implementation of last year's PoW / AOP to some extent and aim at contributing to the next year's PoW. Most often only central or sector PoWs are being addressed. Influencing provincial or district plans through the JAR is less obvious. Either these are disjointed processes or modalities to influence decentralised plans do not really exist or are not effective. Exceptions are Ghana with a well-developed system of performance hearings and peer reviews up to district level and Uganda using different modalities such as joint district visits, district league tables and participation of all districts in the health summit preceding the joint review. In the DRC, the national JAR is at the apex of 11 six-monthly provincial sector reviews (to varying degrees "joint") and 515 quarterly district (health zone) reviews. This review cascade is, however, only implemented in a few health zones and provinces. In Mozambique, the Provincial Health Directorates are directly involved in the district visits.

Most JARs have **no 'multi-year strategic focus'** (but the holistic assessment in Ghana for example takes a multi-year perspective). A multi-year perspective is more the business of the MTR or ER. In most countries the MTR is done in conjunction with or feeds into the JAR. In some countries it is a separate exercise (e.g. Cambodia). In other countries the MTR replaces the annual IR (e.g. Bangladesh).

**DPs are closely involved in several aspects of the JAR**, from developing the ToR and preparing the JAR together with MoH, to participating in joint field visits and/or in technical working groups as well as in the joint review meeting and national health assembly, summit or conference. In some countries, holding a JAR is a DP conditionality. This is mostly the case where SBS or pooled funding is provided.

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<sup>4</sup> In both countries mentioned the average population of a district is around 130.000 people.

<sup>5</sup> This is not the case in Kyrgyzstan where the general ToR apply.

<sup>6</sup> Most often, the MoH Department of Planning or M&E Unit is responsible for making the ToR. In some countries this is the role of a Higher level Sector Steering Committee (e.g. HPAC in Uganda or CNP in the DRC) or a specific JAR Steering Committee (e.g. Bangladesh). In all countries DPs are involved or consulted in drafting the ToR. In 3 countries, CS is also member of the responsible structure (DRC, Ghana and Uganda).

In all countries JARs are **financed by MoH together with DPs**. In many countries the financial contribution by DPs is most important, and especially so when an IR is included (fully funded by DPs). In countries where a basket / pooled fund-like mechanism exist (e.g. Trust Fund in Bangladesh, Pooled Financiers in Kyrgyzstan, Partnership Fund in Uganda) this fund covers the largest part of the JAR. In countries where an intensive or decentralised review process applies (e.g. Ghana, Uganda, Mozambique), MoH co-funding is significant.

## 4.3 But JAR modalities vary in many ways...

### 4.3.1 In name and definition

The name of the JAR varies between countries (see table 1)<sup>7</sup>. **'Joint Annual Review'** is the most frequently used designation. The JAR modality is defined in most countries, but the written definition varies, both in content and in specificity. The JAR modality is most often **defined** in a Joint Agreement-like document<sup>8</sup>. Exceptionally it is defined in a national policy document (Uganda, Ghana), more commonly in the HS Strategic Plan / M& E framework (Bangladesh, DRC, Kyrgyzstan, Mozambique, PNG, Uganda), in the M&E plan (Uganda) or in the TOR or report of the JAR (Cambodia, Vietnam). In Ghana and Uganda, sector reviews are requested to happen in all sectors as per National Development Plan<sup>9</sup>.

### 4.3.2 Components making up the JAR

Key components of the JAR vary between countries. In some countries the JAR is part of an intensive, annual, MoH lead M&E process with (Ghana) or without (Uganda, Mozambique) an independent review component. In Uganda, Mozambique, Bangladesh and PNG, the MoH prepares an **annual health sector report**, to be critically assessed and validated by the JAR<sup>10</sup>. In Ghana self-assessment and **performance hearings** are organised at all levels, with all agencies and partners, in addition to conducting an **independent review**, all feeding into the JAR. In Cambodia, the DRC, Mozambique, Uganda, Vietnam, and Kyrgyzstan the main review modalities are centrally organised **workshops** or conferences. **Districts visits** are done in the DRC, Uganda, Ghana and Mozambique<sup>11</sup> and as part of the independent review (IR) in Bangladesh, PNG and Ghana. In the DRC, Provincial performance reports dominate the JAR agenda.

In Bangladesh, Ghana and PNG an **independent review (IR)** is part of the JAR<sup>12</sup>. In Mozambique IRs were conducted up to 2005 when the process was 'internalised'. In Kyrgyzstan, the introduction of an IR is being considered. Many countries allow DPs to contract individual consultants to participate in the JAR (but this is not part of a formal independent review). In some countries, the MoH contracts a consultant to support the review process (e.g. Mozambique).

### 4.3.3 Duration and meetings

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<sup>7</sup> Six names include 'annual review'; 5 include 'joint'; 3 mention 'sector review', 2 'performance review', 1 'independent'

<sup>8</sup> All countries reviewed have a Joint Agreement, MoU, Code of Conduct, Joint Statement or Compact in place.

<sup>9</sup> Only in Uganda, Ghana and Cambodia all sectors are in principle requested to have a JAR. In Uganda and Ghana this is clearly defined in the National Development Plan. In Uganda 1 out of 3 sectors has a JAR in place (7 sectors); in Ghana 4 sectors. In other countries reviewed it is more the exception. The second sector most frequently quoted to have a JAR is education (6 out of 9 countries).

<sup>10</sup> This is an internal exercise in Uganda and Mozambique while being an external, independent exercise in Bangladesh and PNG

<sup>11</sup> In Uganda, Mozambique and Ghana these are joint visits (MoH & partners). Duration is up to one week in Uganda and one day in the DRC.

<sup>12</sup> Independent Review Teams are always a mix of international and national experts. The size of the team varies with smaller teams in Ghana and PNG (4/4) and a large team in Bangladesh (up to 17).

Duration of joint meetings vary from 1-2 days per year (Bangladesh, Vietnam) to twice 5 days per year (Kyrgyzstan). But the total process, including the preparation of the annual sector report by the MoH, can take up to 3-4 months (Mozambique, Uganda). On average the duration is 10-12 weeks<sup>13</sup>. Most countries have a **one-off** annual JAR event (both reviewing the previous year annual plan implementation and advising on the next year priorities). Ghana, Mozambique and Uganda have in principle **two sessions** at about six months interval<sup>14</sup>. Kyrgyzstan holds two one-week events at six months interval, together being the JAR.

#### **4.3.4 Main focus**

Although all JARs, in a way, look at sector performance with a view to set the priorities for the next year plan / future, the main focus differs. Most countries specifically look at the implementation of last year's sector plan<sup>15</sup>. Many countries do a **broad or comprehensive** sector performance analysis (in more or less detail), looking into aspects of all/most health system building blocks (e.g. Ghana, Mozambique, Uganda, Bangladesh, Cambodia, Vietnam, Kyrgyzstan). Others combine this with or focus more on a thematic review. In four countries the **thematic** focus is more important (Ghana, Uganda, PNG and Vietnam).

#### **4.3.5 Inclusiveness and participation**

The **degree of inclusiveness varies**, both between countries and over time in the same country. In countries where a health summit is organised, participation in the health summit tends to be more inclusive than in the review strictu sensu. For example, Mozambique has a well-defined review process involving MoH, DPs and NGOs (umbrella organisation) but with a much wider participation at the summits. Ghana and Uganda include a very wide scope of participants in the JAR. Many other countries have a broad spectrum of participants without being fully inclusive. Either the decentralised level of health service providers (district, provinces) are not directly involved or certain stakeholders are not invited (other health-related ministries, local authorities, NGOs, CS, private sector, Parliament, academia or consumers) or are invited but do not participate. In all countries the **degree of inclusiveness progresses over time**. This is specifically the case for NGOs, CS and Parliament. The main 'missing partners' in several countries are the for-profit private sector, health-related ministries, academia, professional associations or the consumer.

The **role of other ministries is generally not defined** in the country specific JAR definition<sup>16</sup>.

Participation of other ministries in the health sector JAR varies between countries, from only MoF (or with MoPlanning) to those Ministries with a clear responsibility in terms of service delivery (MoSocial Affairs, National Health Insurance or MoLG) to a wider representation (e.g. Cambodia invites Ministries of Education, Women Affairs, Planning, Interior, Economy & Finance, Social Affairs, Labour and Defence). MoF attends the JAR systematically in most countries reviewed (8/9). Participation of health-related ministries is considered weak. Exceptionally, Ministries that have a direct responsibility for service delivery are not present at the JAR.

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<sup>13</sup> In Kyrgyzstan the duration is 4 weeks per year.

<sup>14</sup> In Ghana and Uganda the first session is labelled 'JAR' and the second one focuses on approving next year's plan. In Mozambique both sessions are formally part of the JAR and done jointly. The second session is not consistently held as a joint exercise (e.g. Uganda).

<sup>15</sup> This is the case in the DRC, Ghana, Mozambique, Bangladesh, Cambodia, Vietnam and Kyrgyz. In the DRC this is mainly based on provincial performance reports; Ghana includes all levels and all agencies. Most countries focus on the central / sector plan, not on decentralised plans.

<sup>16</sup> During the JAR, MoF representatives tend to participate in discussions regarding the sector budget. In a few countries only, MoF makes a statement or presents an analysis regarding the sector budget ceiling, financial gap or MTEF. This is the exception rather than the rule. In Kyrgyzstan the budget rules are consistently part of the JAR policy dialogue and the JAR is used as a modality to discuss the budget ceiling more formally with MoF. In Uganda, the AG's report is (since a couple of years) presented at the JAR as well as the MoH response.

In order to promote inclusiveness while ensuring sufficient scope and time for technical dialogue, some countries have developed **back-to-back health assembly / joint review meetings** allowing for a wider and decentralised representation in the health assembly (e.g. Uganda: 3-day NHA and 2-day Joint Review). PNG holds a 2 day national health conference every two years to allow for wider participation as compared to the annual health summit (MoH-DPs). Bangladesh closes the JAR with a half-day policy dialogue session, inviting a wide range of stakeholders.

**Inclusiveness does not mean meaningful participation.** Some actors are invited but do not participate. Some are present but their voices are not heard. In some countries the JAR modality does not allow for a meaningful participation (as too little time is allowed, information not timely/sufficiently shared or participation is limited to passive listening to presentations). In several countries ‘the real business is done between government and DPs’ in a side meeting or ‘only the MoH and DP voices are heard’. New participants often still have to learn how to participate in a meaningful way. This applies for example to consumer organisations, CS or members of Parliament.

#### ***4.3.6 Involving the decentralised actors***

**Direct involvement of provincial or district health providers is limited.** In 5 countries the provincial health authorities participate in the JAR either by being present or by providing specific provincial performance reports. District health providers and PNFP are directly and meaningfully involved in Ghana (through self-assessment and performance hearings / peer reviews) and in Uganda (through District League Tables / performance assessment; participation of all districts, both local government and health representatives, at the health summit preceding the joint review meeting; and joint district visits). Indirectly, districts and some other stakeholders are involved by providing HMIS data, welcoming district visits or participating in stakeholder consultation (e.g. Bangladesh).

#### ***4.3.7 Content/information used in the JAR***

Five of the countries reviewed have a more or less developed M&E plan in place<sup>17</sup>. It is currently being developed in Kyrgyzstan and discussed in Bangladesh and Vietnam.

Across countries a **wide variety of data sources and modalities are being used as input data for the JAR** to use, review and/or validate. Each country has developed its own system. Most common data sources used are HMIS, surveys and specific studies. HMIS routine data are directly or indirectly used in all countries either via the annual sector reports or specific provincial or district reports. Several countries (5/9) mention explicitly the use of national surveys<sup>18</sup>. Three countries use specific studies or research reports. For example, Kyrgyzstan uses explicitly and consistently health system studies (e.g. looking into system bottlenecks), coverage studies and patient surveys. In four countries the MOH prepares a sector report for the JAR (or the IR Team) to validate. Four countries make use of specific provincial annual reports. Two JARs explicitly use specific district data (Uganda uses District League Tables and Ghana organises district performance hearings). Two countries use explicitly DP performance data (Ghana organises DP performance hearings; Uganda has aid effectiveness criteria in the sector PAF). Other sources of information include agency performance reports/hearings<sup>19</sup>, and holistic sector assessment in Ghana; the Auditor General report in Uganda; the stakeholder consultation in Bangladesh.

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<sup>17</sup> The M&E plan recently developed in Uganda is an example of a well-developed, comprehensive M&E Plan.

<sup>18</sup> Via the sector specific PAF most countries use demographic health survey data for some indicators.

<sup>19</sup> Performance hearings are held at district, provincial and central level, include all health agencies (such as NMS, BTS, NHIF, etc.), professional boards, private not for profit sector) and development partners.

All countries have a sector Performance Assessment Framework (PAF)<sup>20</sup> in place<sup>21</sup>. While some indicators are more or less standard across PAFs (e.g. MDG related indicators), many indicators are either measuring different type of inputs, processes or outputs or are defined differently. Focus on equity, access, affordability, gender, rights varies a lot between PAFs. **The variety of sector performance measurements** selected in the country-specific PAFs is striking<sup>22</sup>. Mozambique is the only country with **aid effectiveness criteria** integrated in the PAF<sup>23</sup>. Ghana is the only country with a self-assessment and **performance hearing** in place for all sector partners. The sector **Holistic Assessment** in Ghana is an interesting multi-year performance assessment, analysing how the sector evolves and how well it reaches its goals.

Sector PAFs in general **do not contain indicators to monitor commitments made in the sector MoU of Compact**. However a few JARs do address specifically the commitments made in the joint agreement (e.g. Mozambique, Ghana and Kyrgyzstan).

Seven countries **use the JAR explicitly or de facto for data validation**<sup>24</sup>. In general JARs do not include additional data collection apart from information gathered or verified during field visits or in thematic reviews done by the IR Teams.

JARs commission **research or specific studies** in 6 of the 9 countries reviewed. In Uganda it is an explicit responsibility of the JAR to plan studies to be reported on in the next JAR.

#### **4.3.8 Report outputs & sharing**

**Report outputs from the JAR differ in format, size and content.** In Kyrgyzstan and the DRC these are mainly summary notes (not very technical); Cambodia, Vietnam and PNG produce technical reports; other countries have technical reports as well as an Aide-Memoir (AM) (e.g. Ghana, Mozambique and Bangladesh). Uganda produces a Joint Aide Memoire. Three countries have the habit of signing the AM of the JAR. This is done only by MoH and DPs (often the representative of the DPs or of the wider Partners Group which may include for example NGOs). The added value of reports of several hundreds of pages every year again is being questioned by several partners interviewed<sup>25</sup>.

Generally, the lead author of the JAR report is the MoH (7/9) often with the support of a dedicated drafting team, in two countries with support from the IR Teams. In Bangladesh, the IR Team leads the preparation of the report, supported by DPs. In Kyrgyzstan the Summary Note is reportedly a joint effort, but with substantial input from different DPs, each responsible for specific sections of the report<sup>26</sup>.

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<sup>20</sup> Also called Results Based Framework. In general PAFs use a set of priority sector indicators, many of which are selected from the much larger set of programme indicators.

<sup>21</sup> In the DRC the PAF has been recently introduced and is still to be tested.

<sup>22</sup> Numbers of PAF indicators vary from 26 in Uganda to 126 in Cambodia. The average is 30-50 indicators. Bangladesh has a more elaborate PAF with 41 indicators and 19 "policy responses" or benchmarks to be achieved. In addition the Disbursement of Accelerated Achievement of Results (DAAR) includes 7 thematic areas and 30 indicators / targets to be achieved (faster) over a 3 year period; while the Governance and Accountability Action Plan (GAAP) contains 21 key objectives. All these sector indicators and targets are monitored on annual basis.

<sup>23</sup> These are 3 IHP+ Results criteria for measuring aid effectiveness. Reportedly, these criteria may be removed from the PAF or reviewed as there are different views on reliability of data and/or indicators.

<sup>24</sup> This is explicitly so in PNG (reviewing the SPAR), in Bangladesh (reviewing the APR), in Ghana (the holistic assessment), in Vietnam (JAHR verifies HIS data), in Mozambique (district visits validate a selection of HMIS data).

<sup>25</sup> The size of the report is less than 50 pages (in 3/9 countries); 50-100 pages (2/9); 100-250 pages (3/9); over 500 pages (1/9).

<sup>26</sup> The report is written in English, explaining why the MoH is less directly involved in the drafting. The report is however reviewed by the MoH before finalising it.

The document is most often **widely shared**, at least with the participants at the JAR or health summit / NHC. In several countries it is publicly available and published on the MoH website (6/9). Late finalisation of the report reduces its potential value and limits sharing with all relevant stakeholders.

#### **4.3.9 Follow-up of recommendations or actions**

**Many countries (7/9) specifically or systematically assess previous JAR recommendations / resolutions.** Each JAR comes up with a list of recommendations, action points, undertakings or the like, but the review of last year's recommendations or action points is not always recorded in the JAR report. The feasibility and numbers of those recommendations tend to be a problem in some countries. IR teams tend to make too many recommendations, especially when conducting a comprehensive sector review<sup>27</sup>. The feasibility and the volume of recommendations are more under control when the MoH takes a strong lead and owns the process, and when IRs are well-focused thematic reviews. Recommendations tend to be less feasible when there is a high turn-over of senior MOH staff or DP representatives. Too many and/or unfeasible recommendations may lead to the wrong perception that sector performance is unsatisfactory or no action is being taken.

**Feasibility of recommendations** is also related to the time available for implementation. When the time between two JARs is too short for implementation, the same recommendation may be repeated in subsequent JARs. Other reasons for repeating recommendations or lack of implementation include annual changes of the composition of the IR Team, the omission of appointing a dedicated structure to follow-up the recommendations<sup>28</sup> or an AM or JAR report that does not contain a well-developed action matrix (defining SMART recommendations; specifying the who, what, how and when; providing a multi-year timeframe if applicable).

**Follow-up of last year's JAR recommendations** is generally (but not consistently) done in the following JAR. This does not suffice if no specific structure is held accountable for implementation. Some recommendations fall of the radar if repeated more than once, as JARs tend to take an annual rather than a strategic multi-annual perspective.

The **main challenge** faced in several countries is how to ensure that relevant JAR recommendations and proposed actions are integrated in decentralised plans.

### **4.4 JARs strengthen policy dialogue, alignment, accountability, implementation of the sector plan and internal resource allocation**

#### **4.4.1 JARs contribute to open policy dialogue**

JARS have definitely contributed to improved policy dialogue in all countries reviewed. Reportedly, this is considered **a major output of the JAR in many countries**, but still with potential to improve in several countries. One country has introduced a 'policy dialogue' session at the end of the JAR that could potentially lead to an enhanced policy dialogue with a wider group of stakeholders; today, space for policy dialogue is however still limited.

#### **4.4.2 JARs help partners to better align with government priorities and plans**

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<sup>27</sup> The IR in Bangladesh on average lists 120 to 150 recommendations. The 2008 review came up with 50 immediate, 57 short-term, 35 medium-term and 14 long-term recommendations.

<sup>28</sup> For example, the HPAC in Uganda is formally responsible for following-up implementation of the JAR recommendations every quarter.

All country studies confirm that the **JARs contribute (often substantially) to improving alignment of partners**<sup>29</sup> with the sector policy or strategic plan. They are important fora for sharing information, discussing strategies, policy dialogue with a wider audience and with a comprehensive view on the sector as a whole. This is of course not only the effect of the JAR but also of participation in the continuous sector structures for policy dialogue and strategic / technical discussions. But the latter, generally, have a narrower group of partners involved (often only DPs). However, other initiatives such as the preparation of a new strategic plan (or a MTR), can also be very much conducive (or even more conducive) to enhanced alignment.

#### **4.4.3 JARs promote accountability**

Accountability of MoH towards its partners, but most specifically DPs, is **one of the main dynamics of the JAR** in most countries reviewed (8/9)<sup>30</sup>. In several countries this goes beyond accountability to only the DPs and involves for example explicitly NGOs, CS and/or Parliament (4/9). Wider accountability is still a learning process in many countries. In some countries the main dialogue is between MoH and DPs while some other partners have more of a token presence in the JAR.

There is a **risk of blame gaming** when accountability is limited to holding MoH solely accountable. Accountability of DPs towards government/MOH is weak or token in most countries. Promoting mutual accountability and mutual responsibility may mitigate this (see below).

#### **4.4.4 JARs contribute to the implementation of the strategic plan**

In most countries the JAR contributes to **improved implementation of the strategic plan** (6/9) or has the potential to do so (3/9). In Ghana this happens mainly through the performance hearings, the holistic assessment and the independent review. In Uganda the District League Tables and the NHA are important contributing factors. In Mozambique, Bangladesh, Cambodia and Kyrgyzstan the JAR focuses on the implementation of the annual sector implementation plan. In several countries (e.g. Bangladesh, Vietnam, Ghana), the JARs have not only reviewed past-year's performance, but also included assessments of thematic areas (e.g. health financing, HRD); these provided recommendations on policy and strategy development in these areas. In PNG, the potential exists as the IR Team tables the sector weaknesses. In the DRC, this may be limited to provinces and or to health zones supported by DPs.

**Changing or adapting national strategies** is more considered the domain of the MTR, ER or when preparing the next strategic plan. Nevertheless, in five countries the JAR has contributed to changing health sector strategies, either by providing evidence on new strategies (e.g. Uganda e-health), indicating gaps of existing strategies (e.g. Ghana on flow of funds and NHIF; Bangladesh on nutrition). The latter happens particularly when IR Teams are part of JAR (Ghana, Bangladesh and PNG). And in Kyrgyzstan this is considered the main focus of the JAR. In the DRC and in Vietnam the JAR also has that potential, but it is yet too early to assess. In Mozambique this is considered the role of the MTR. In Cambodia the JAR focuses more on incremental planning, less on strategic review.

#### **4.4.5 JARs help to reallocate resources within the sector**

Many examples exist of how a JAR has contributed to **improved internal resource allocation** either by a maintaining a strong focus on the government's contribution to health (e.g. Kyrgyzstan), by reallocating resources within the budget (e.g. Bangladesh), by improving resource flows to districts

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<sup>29</sup> Interestingly, the GF is most often mentioned as an example of a less-aligned partner, not participating in the JAR. But in Kyrgyzstan, the GF has signed the Joint Statement in 2012.

<sup>30</sup> The context is different in Vietnam a middle income country, where DP support to total health expenditures is only 1-2%.

(e.g. Ghana), by addressing NHIF effectiveness (e.g. Ghana), by increasing the health sector budget (e.g. Kyrgyzstan, Uganda), or by providing specific analyses prepared on request by the IR Team (PNG).

## **4.5 While having a strong potential to improve plans, mobilise additional resources and promote joint accountability**

### **4.5.1 JARs can contribute to improved planning**

As indicated, JARs have more influence on sector / central plans and in some countries on provincial plans. **Improving decentralised plans remains an issue in many countries.** Ghana, through the performance hearings of all districts, seems to have an 'effective' mechanism in place. Uganda, with the DLTs reviewing district performance and both local government and health representatives of all districts participating in the NHA, also has a promising modality in place. Nevertheless the MoH confirms that improved district planning remains a challenge. Disjointed central planning processes in Bangladesh are being addressed as a result of the JAR/ IR.

**Ensuring that JAR information trickles down to the operational level** also remains an issue in several countries. There is some (limited) evidence of information being shared with the district level in five countries. In the DRC and Mozambique, Provincial Health Divisions use the information as they are directly involved in the JAR. The assumption is that the information is shared with the Health Zones. In Ghana, Uganda and Cambodia districts use information from JARs as they are directly involved in the JAR/NHA process. This is less likely to happen in other countries because there are no specific mechanisms for sharing JAR information to the operational level or provinces/ districts do not participate in the JAR.

All country studies found that at least **some DPs make use of the information** provided at the JAR to some extent, including when planning new support.

### **4.5.2 JARs can help mobilising additional financial resources**

Although direct attribution to the JAR is difficult to ascertain, the **JAR reportedly has contributed to better alignment (e.g. DRC), increased confidence of DPs and subsequent resource allocation** in some countries (e.g. Ghana, Uganda, Bangladesh, Kyrgyzstan). This is more likely to happen when the MTEF is presented / discussed, the financial gap assessed and commitments of DPs presented during the JAR. This is explicitly part of the ToR of the JAR in some countries. Also, DPs take home the information discussed in the JAR and share it with their headquarters, which may result in increased resources for the sector. In lower middle-income countries mobilising additional resources may be less a priority (e.g. Vietnam). When low income countries become middle income countries financial support tend to diminish (e.g. Ghana).

### **4.5.3 JARs can promote joint accountability**

**Mutual accountability is promoted in almost all JARS (8/9)**, but the scope of 'mutual' depends of course on which partners are invited to join and who is being held accountable. Both aspects of JAR could be improved. For example, mutual accountability is different in Ghana and Uganda where participation is broad, as compared to Vietnam where participation is more restricted or to Bangladesh where it is mainly limited to MoH and DPs. In countries with a history of central governance/ planning or in middle income countries with limited external financial support, the concept of accountability may be understood differently (e.g. Vietnam).

**Only few countries hold DPs accountable at the JAR.** Ghana does so via the DP self-assessment and performance hearings (individual DPs<sup>31</sup>) and Mozambique by having the aid effectiveness criteria reviewed as part of the PAF. In several countries, accountability is limited to discussing timely release of funds and/or addressing the financial gap.

Most **JARS also do not hold accountable other stakeholders** (7/9). It happens to some extent in Ghana with the district assemblies, PNFP, professional associations and agency performance hearings; and in Uganda with the NHA inviting all district assemblies.

## **4.6 And less evidence on improving harmonisation, setting new targets and reducing transaction costs**

### ***4.6.1 JARs' effect on improving harmonisation is less evident***

Harmonisation between DPs **seems more the result of continuous, regular contacts** through consortium / DP meetings, high level policy meetings (e.g. HPAC in Uganda, Steering Committee in Cambodia), joint work in technical working groups and informal dialogue. Four countries confirm that JARs have contributed to harmonisation but examples were hard to provide. In five countries, this was considered less evident. Harmonisation between some DPs is more likely when funders decide to pool resources or move to sector support and is therefore more obvious in the countries where these modalities are being applied.

### ***4.6.2 JARs seldom set new targets or redefine indicators***

Redefining indicators, (re)setting targets or benchmarks is **more the job of the MTR and ER** or during the preparation of the new strategic plan. Exceptionally it happens during the JAR (few examples exist). In Mozambique however this is also considered part of the task of the JAR.

### ***4.6.3 JARs do only marginally reduce transaction costs for government, if at all***

The JAR by itself reduces transaction costs in the sense that it is a common forum for sharing information and joint policy / strategy discussions. However it generally does not reduce transaction costs in the sense that DPs continue doing parallel reviews, have bilateral negotiations, request parallel programme reports, etc. Only Mozambique and Uganda confirm that parallel reviews may have become less frequent. For those DPs having decided to pool resources or provide sector budget support transaction costs may have diminished (to the extent that they use the JAR outputs in terms of M&E and reporting). On the contrary, the cost of the annual JAR has become an issue in some countries such as Uganda where numbers of participants have 'sky-rocketed' (the JAR victim of its own success?).

## **5. So what makes a JAR more or less successful?**

**All people interviewed, without exception, are in favour of having and maintaining JARs.** In Kyrgyzstan and Vietnam the experience is relatively recent and modalities are likely to evolve. In Cambodia DPs see potential for improving the JAR modality. In Bangladesh and Uganda there is a discussion going on to review aspects of the current modality, albeit for different reasons: in Uganda the discussion concerns the number of participants and the frequency of the JAR; in Bangladesh the frequency of the IR, the type of IR, the organisation of the policy dialogue are being debated. Ghana recently decided to have the IR every two years. In other words, country-specific modalities change

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<sup>31</sup> In Ghana DPs confirm that this modality carries some moral power but that there are no 'sticks' to be applied when not respecting their commitments.

over time, based on local experience, changing environment and expectations. **This ‘local appropriation’ is an absolute strength and one should avoid developing a “one-fit-all” model.** However, from this review some lessons can be learnt on what determines more or less successful JARs, which may help countries to strengthen or adapt local models when needed.

## 5.1 Factors determining success

Strong government **leadership**, high degree of **local ownership** of the JAR, meaningful and wide **participation of all stakeholders**, **constructive climate** and **open policy dialogue** ensure more successful JARs. More **alignment**, **greater harmonisation** between DPs and less fragmentation help reaching consensus. **Reliable, relevant and timely data**, evidence-based information and well-designed performance assessment frameworks are essential for effective monitoring of sector performance and making relevant decisions. This includes developing a **comprehensive M&E plan** (including but not limited to a robust HMIS) with specific procedures for improving **data quality**. Good **preparation and organisation** of the joint reviews is essential for ensuring effective work during the JAR, making best use of the available know-how and avoid wasting time. **Integrating the JAR in the national planning cycle** is essential to ensure improved implementation of future plans.

**Keeping inputs, processes and outputs at a manageable level** avoids wasting resources and frustration. This regards the frequency, size, composition and continuity of independent review teams; as well as the number and profile of participants at joint events and in technical working groups. As well as the number, feasibility and timeline of recommendations and the size of reports that result from the joint review. Too bulky technical reports and too many recommendations risk leading to ‘inaction’. JARS should take into account the limited time for implementation between JARs and avoid too ambitious scope of work. There is a **call for more policy / strategic dialogue** and less technical / operational focus in joint reviews in several of the countries reviewed. **JAR’s have a different purpose compared to a MTR and ER.** A MTR and ER of a multi-year strategic plan is likely a more appropriate modality to go more in depth, have a wider scope, benefit more from a ‘strong’ independent assessment and formulate a wider set of recommendations than a JAR. Both MTR and ER could benefit from a JANS type of assessment.

Ensuring that JAR reports and more specifically recommendations and **proposed actions are shared with all stakeholders** is essential, both from a point of transparency, accountability and in order to ensure that actions are taken up by the relevant actors. Ensuring effective mechanisms to share with decentralised actors (province and district) is a challenge that should be addressed. Ghana and Uganda provide interesting tools and modalities to share.

The size of the country and high numbers of districts may be a constraint to effectively involve districts and hold a meaningful JAR at central level. **In larger countries more elaborate / technical provincial JARs could be considered** while the national JAR could be limited to / more focused on policy dialogue.

**Consistently tracking JAR recommendations** and proposed actions is considered essential by all partners. There is scope for improving action-oriented matrices defining SMART recommendations. **Ensuring regular monitoring by a high level sector body** of the implementation of recommendations in-between JARs is to be standard practice.

## 5.2 Challenges

The main challenge of the JAR is to ensure that decisions made at the JAR, relevant for decentralised actors, are **being integrated timely in decentralised plans**. The question is how to ensure this.

**Meaningful participation** requires both openness allowing for participation as well as guidance for how to participate. For example Members of Parliament and CS may require guidance for how to effectively participate in JARs. This may also apply to other stakeholders such as ministries, private sector, NGOs.

In most countries the MoH is being held accountable for the performance of the sector. Other partners participate in the JAR but are not held accountable or only marginally / partially. **How to further develop mutual accountability**, which indicators to use / develop, **how to best integrate meaningful aid effectiveness criteria** in national or sector reviews or PAF remains a challenge. Both Ghana and Mozambique have some experience to share.

**Desire for attribution by some DPs or agencies** could be mitigated or balanced by promoting joint accountability. This may become an increasing challenge given the reality of reducing resources for development aid and increased focus on impact or results related to support provided.

Countries can learn from each other. Sharing of experiences, modalities and tools may be worth the effort for making JARs even more value for money.

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