

Evaluation Report on Equinet activities

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1. Background

A note from TARSC (Equinet co-ordinating unit): This evaluation was commissioned by EQUINET to assess its potentials, the ways these are being developed, and to suggest key issues and processes for its future work. Dr Laurell was identified by the steering committee and invited to the September Conference to carry out the work over the very short time period of the conference, and provided with key documents of EQUINET. She was asked to carry out this intensive work based on her experience with such networks in Central and South America and her long engagement on equity in health issues.

The elements used to do the evaluation were:

- documents, publications and the Steering Committee meeting report of Harare February 11-12, 1999 (See Appendix 1)
- Equinet Web-site
- Presence at the Conference Building Alliances for Equity in Health at Broederstroom, South Africa September 13-16, 2000
- Interviews with conference participants representing the Steering Committee, policy makers, academic institutions, social and labor organizations and international agencies (see appendix 2)

In the evaluation the areas of interest were the relevance, quality and utility of the materials produced by Equinet and of its web-site; its penetration among relevant actors in the SADC; and the scope for future work.

1. Current Work

At first it should be stressed that, given the short existence of Equinet --18 months-- the amount of work and activities that it has developed is noteworthy, particularly in view of the fact that Equinet does not have fulltime staff, nor specially contracted researchers. One of the reasons that explains this fact is that it was built from the current work of each of its members as well as a great work capacity and compromise of the involved.

2. 1. Research agenda, documents, publications and Web-site.

Equinet emerged as a result of the Kasane meeting on Equity in Health in March of 1997 and its Steering Committee set the research agenda taking into account the specific equity problems of the region and a extensive review of existing literature on the subject in the region. The themes selected --monitoring of health equity; globalization, macro-economic policy and health; governance, social capital and health rights; resource allocation; and health service issues-- are the relevant issues although, given the interest in policy making and advocacy, it would have been useful to include the analysis of these processes.

The content and quality of the documents and publications (see appendix 3) produced fulfill the standards of professional research work that reflects the academic competence of the members of the steering committee and other persons involved in the writing of the papers. It also confirms as correct the strategy to draw on the preexisting and current work experience of the participants in the project.

The Web-site is easy to use and well organized. It gives access to the documents produced by Equinet and to other relevant literature as well as events and research opportunities. In the interviews done with different actors the Web-site was mentioned as an important resource particularly by policy makers and researchers. The mailing lists were

also judged to be an interesting and flexible tool to get informed, make new contacts and disseminate information and research results.

1.2. The “Conference Building Alliances for Equity in Health”

This three day conference was the culminating event of the first period of Equinet’s work. It was attended by over 50 persons from various countries of the region that covered the range of actors relevant to Equinet’s objectives i.e. from government (Health Ministries and parliament) and regional governing bodies; universities; NGOs; research institutes; to international agencies (see Appendix 3).

The format of the conference allowed Equinet members to present their general and particular research results (include names of the papers) and have comments from stakeholders. The parallel sessions on each of the themes on Equinet’s research agenda also offered the opportunity to other researchers to present and discuss their work. During the conference the high quality and broad scope of research were reconfirmed. The research presented was the basic input into the group discussion concerning the future agenda on research and policy for Equinet, which created conditions to build from the existing work and experiences.

Despite these optimal conditions the participants of the conference had difficulties to commit themselves to concrete research work and advocacy and policy interventions. The main reasons were that institutional participants did not have the mandate to do such compromises and others lacked the funds to effectively take them on. This means that more organizational work has to be done to prepare a future meeting where such compromises could be forged. It also shows the necessity to count on additional financial resources to promote the active participation of new members.

A second difficulty during the final discussion at the conference was that no clear lines were set concerning specific ways to promote advocacy and to establish stable inputs into policy making. That also meant that there was no concrete discussion on how to build alliances and with whom. The strategy in these three fields has to be worked out on a later occasion.

1.3 Interviews on Equinet’s impact and utility

The semi-structured interviews were realized during the conference and covered participants from most countries represented at the conference and persons from different interest areas: policy-makers, academic institutions, social and labor organizations, NGOs, international agencies, and Equinet steering committee members (see appendix 2).

The main considerations expressed were from:

- a) Government agencies and regional governing bodies:
 - the information and evidences produced by Equinet helps them to argue for equity in policy discussions;
 - there is a necessity to have summaries and plain language versions;
 - there is a necessity to achieve better timing of inputs into the policy process.
- a) Social and labor organizations:
 - easy access to a wealth of new information;
 - possibility to establish interchange and new contacts
 - gives ideas about new direction of policy
 - possibility to build policies around general social issues and to establish new broader alliances;
 - the work related to participation particularly interesting.
- a) NGOs
 - wealth of new information;
 - possibility to open new relations and interchange information and experiences;
 - work on participation innovative and useful
 - should be complementary to other efforts and duplications be avoided.
- a) Academic institutions
 - a wealth of relevant and accessible information;

- opportunity to interact with other researchers and disseminate results;
 - establish new contacts and access to new opportunities.
- a) International agencies
- high quality research;
 - important for other regional and local groups;
 - promote a firmer relation to policy makers;
 - possibility to establish partnership.
- a) Steering Committee members
- very positive experience to enhance their regular work;
 - opportunity to feed results into policy making without having to leave other work;
 - possibility to promote and stimulate production of knowledge among other researchers and other actors;
 - very demanding in time and effort to be on the steering committee.

In summary there seems to be a consensus that Equinet has done a substantial contribution in the field of equity and health that is relevant to a large range of actors. These strongly recommend to continue the effort and are willing to feed into the process.

1. Areas of problems

Despite the general positive opinion about Equinet's work the following are problematic areas:

- a) The Steering Committee and the Coordinator of Equinet are evidently overburdened with work, which could risk the survival of the project. This poses the necessity to have a small full-time staff or find some other arrangement that would grant the continuity of the project. This should also grant the possibility to build on the regular work of the participants that has been a very positive characteristic of the project.
- b) The core group of Equinet could not expand its research activities to a range of new fields since they have specific areas of competence. It is therefore important to amplify relations with institutions and individuals that are already working in areas relevant to Equity and Health as was stated in the conference. The establishment of new links and the building of stable commitments could probably be promoted facilitating the search for research grants and offering a stimulating interchange with institutions and civil society.
- c) The objectives to regularly feed onto the policy making process and to do advocacy have so far not been fully reached. In order to advance in this terrain a first step would be to reflect on the nature of policy making and to initiate research on how policies are made and subsequently implemented on an international, regional, national and local level. This would be important not only for Equinet in its search to influence health and equity policies but would also serve policy makers and local communities.

1. New areas to explore

The discussion at the conference and the interviews with different participants suggest that there are some new areas related to policy making and advocacy that Equinet should explore and eventually start to work around. Those would be:

- a) The identification of important policy issues at an early stage in order to prepare background material and, if necessary, do research around. This implies analysis of critical political processes and would help to support key actors in crucial policy issues.
- b) Open a special area that would work on the "translation" of complex research results into plain language and easily read documents.
- c) Develop an area of training and capacity building addressed to different relevant actors, particularly at the community level and among social organizations.
- d) Explore the different means and possibilities to develop systematically advocacy.

Appendix 1: Publication List of EQUINET used in the Evaluation

Report from the Seminar	Equity in health- policies for survival in Southern Africa	Uppsala and Gaborone 1998
EQUINET Policy Series No.1	Can Research Fill the Equity Gap in Southern Africa?	Harare, September 1999
EQUINET Policy Series No.2	Equity in Health in Southern Africa: Overview and Issues from and annotated bibliography	Harare, May 1998
EQUINET Policy Series No.3	A review of experience concerning household ability to cope with the resource demands of ill health and health care utilisation	Harare, June 2000
EQUINET Policy Series No.4	World Trade Organisation Agreements: implications for equity and health in Southern Africa	Harare, 2000
EQUINET Policy Series No.5	Health and Human Rights in Southern Africa?	Harare, July 2000
EQUINET Policy Series No. 6	Public Participation in Health Systems	Harare, May 2000

Appendix 2: List of People Interviewed

Name	Organisation	Country
Dr. Thuthula Balfour	Health Sector Unit, SADC	South Africa
Mr. Harun Kasale	Ministry of Health	Tanzania
Dr. Ruth Labode	Ministry of Health	Zimbabwe
Prof. Di McIntyre	University of Cape Town	South Africa
Mr. Austin Muneku	Zambia Congress of Trade Unions	Zambia
Dr. Thabala Ngulube	Centre for Health, Science, Social Research	Zambia
Ms. Antoinette Ntuli	Health Systems Trust	South Africa
Dr. Eugenio Villar	WHO AF	
Ms. Eva Wallstam	WHO AF	
Dr. Godfrey Woelk	University of Zimbabwe	Zimbabwe
Ms. Cristina Zarowsky	International Development Research Centre	Canada

Appendix 3: Participants List of the EQUINET Conference 13-15/9/2000

Note this list is provided as an indicator of the wider membership of EQUINET. Membership at present relates to those actively involved in EQUINET work or supported by EQUINET (all present at the conference), those co-operating in common areas of work (many present at the conference), those who correspond on the mailing list and in other ways with EQUINET (only about 20% present at the conference). A wider range and number of people have a looser relationship with EQUINET through visiting the website, ad hoc communications and purchase of EQUINET publications.

Brigida Abreu		Mozambique
Dr. Thuthula Balfour	Health Sector Unit- SADIC	South Africa
Ms. Maggie Bangser		Tanzania
Mr. Gerald Bloom	University of Sussex	United Kingdom
Dr. Paula Braveman		
Mr. Vishal Brijlal	Department of Health	South Africa
Prof. Eric Buch	University of Pretoria	South Africa
Gcinile Buthelezi	Health Systems Trust	South Africa
Dr. Steven Chandiwana	Blair Research & Training Institute	Zimbabwe
Mrs. Dalphine Chirimuuta	Arcturus Minie Clinic	Zimbabwe
Mr. David Collins	Management Science for Health	South Africa
Amelia Cumbi		Mozambique
Mr. Frank Dimmock	Malawi Equity Health Network	Malawi
Mr. Abdul Elgoni	University of the Free State	South Africa
Ms. Michelle Engelbrecht	University of the Free State	South Africa
Prof. Lucy Gilson	University of Witwatersrand	South Africa
Ms. Beata Godenzi	ISDC (Swiss Cooperation)	Mozambique
Hon. Loveness Gondwe	M.P. Malawi	Malawi
Dr. Jane Goudge	University of the Witwatersrand	South Africa
Ms. Veloshnee Govender		South Africa
Paul Hutchinson		USA
Mr. Stephen Jan		Australia
Mr. Jolly Kamwanga	University of Zambia	Zambia
Mr. Harun Kasale	Ministry of Health	Tanzania
Ms. Nana Kgosidintsi	University of the Witwatersrand	South Africa
Dr. Ruth Labode	Ministry of Health	Zimbabwe
Ms. Sally Lake	London School of Hygiene & Tropical Medicine	United Kingdom
Dr. Christina Laur ell	University of Mexico	Mexico
Ms. Lebo lebese	SADC	South Africa
Dr. Rene Loewenson	Training and Research Support Centre (TARSC)	Zimbabwe
Prof. Leslie London	University of Cape Town	South Africa
Mr. Xoli Mahlalela	Management Sciences for Health	South Africa
Mr. Bupendra Makan	Management Sciences for Health	South Africa
Nonhlanhla Makhanya	Health Systems Trust	South Africa
Dr. Lindiwe Makubalo	SADC	South Africa
Dr. Firoz Manji	Fahamu	United Kingdom
Mr. Felix Masiye	University of Zambia	Zambia
Ms. Joyce Matabezi		South Africa
Sandi Mbatsha	University of Cape Town	South Africa
Thobie Mbengashe		South Africa
Dr. Conrad Mbuya		

Prof. Di McIntyre	University of Cape Town	South Africa
Farshid Meidany		South Africa
Mr. Robert Molebatsi	University of Botswana	Botswana
Prof. Gavin Mooney		Australia
Mr. Oliver mudyarabikwa	University of Zimbabwe	Zimbabwe
Ms. Debbie muirhead	University of Witwatersrand	South Africa
Mr. Austin Muneku	Zambia Congress of Trade Unions	Zambia
Dr. Lawrence Munyetti	Ministry of Health	Tanzania
Ms. Monica Murambwa	Training and Research Support Centre (TARSC)	Zimbabwe
Ms. Dorothy Mutizwa-Mangiza	African Capacity Building Foundation	Zimbabwe
Prof. Gabriel Mwaluko	TANESA	Tanzania
Dr. Chris Mwikisa	University of Zambia	Zambia
Bulejula Mzileni		South Africa
Lucy Namata		Malawi
Dr. Thabala Ngulube	Centre for Health, Science, social Research	Zambia
Prof. Charles Ngwenya	Vista University	South Africa
Dr. Calvin Nhira	International Development Research Centre	South Africa
Ms. Antoinette Ntuli	Health Systems Trust	South Africa
Dr. Norman Nyazema	University of Zimbabwe	Zimbabwe
Maria C. Omar		Mozambique
Ms. Keiko Osaki	Training and Research Support Centre (TARSC)	Zimbabwe
Yogan Pillay		South Africa
Eduardo Ribeiro		Mozambique
Mrs. Esneth Sibenge	University of Zimbabwe	Zimbabwe
Dr. Chris Simms		United Kingdom
Dr. Eugenio Villar	WHO AF	
Ms. Eva wallstam	WHO AF	
Dr. Godfrey Woelk	University of Zimbabwe	Zimbabwe
Ms. Christina Zarowsky	International Development Research Centre	Canada
Dr. Anthony Zwi	London School of Hygiene & Tropical Medicine	United Kingdom