The Ground-Work of EQUINET: An Assessment of Processes and Outcomes of a Regional Equity in Health Research Network

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EEXECUTIVE STRATEGY

The Governance, Equity, and Health Program Initiative (GEH PI) team of IDRC commissioned this evaluation of EQUINET (the Network for Equity in Health in Southern Africa). This report uses a methodology of file review and interviews with thirty-two people involved in EQUINET. This assessment finds that EQUINET has established firm ground for itself as the regional equity in health experts in Southern Africa by carefully and strategically forming places where different individuals and institutional representatives come together to learn, dialogue, and strategize. The institutional set-up and strategies of implementation of EQUINET have placed great emphasis on establishing processes of consultation, facilitating real and virtual places of engagement with research and strategies of change in the health sector.

EQUINET and its institutional partnerships and modalities of operation are shaped by the histories of Southern Africa and individual countries. But its grounding as a research network suggests that there may be some common attributes that could lead to the emergence of other successful research networks. These attributes include:

♦ having strong leadership and attract nationally and internationally recognized researchers;
♦ ensuring there is commonality around shared values which are constantly discussed and highlighted;
♦ having transparent processes of operation;
♦ having strategic planning of operations and networking;
♦ having “peer review” of research to ensure high quality research;
♦ disseminating widely through a variety of means (e.g. web-page, list-serve, hard copies, workshops, conferences);
♦ collaborating with other institutions and activists, so there is “value added” for both.

In terms of achievements and its strengths, EQUINET has:
♦ established itself as the regional equity in health experts in Southern Africa by carefully and strategically forming places where different individuals and institutional representatives come together to learn, dialogue, and strategize;
♦ a structured flexibility that gives it the ability to follow new opportunities and meet new challenges under the guidance of the SC, Programme Manager, and others involved in it;
♦ created fluid processes of connectivity, which are easily adaptable to changing social and political situations;
♦ an approach that allows face-to-face interaction of people in social places to be reinscribed under the social identity of EQUINET, and connections made and follow up through meetings, workshops, conferences;
♦ the means to respond to and build upon ideas generated in one circumstance and transmit them to all those connected to the ‘network, thus providing everyone involved in it an ability to partake in this ‘network-ing’;
♦ offered different learning opportunities for participants;
become a regional vehicle used for varying purposes by SC members;
given credibility to some of its members, earning greater possibility to put equity issues on the health policy agenda;
provided greater equity in health analysis amongst civic organizations working on trade, HIV/AIDS, and primary health care;
an energetic and strategic leadership to oversee the establishment of such processes;
developed an identification as a progressive regional research network that people can commit to and rely upon;
a more stable financial sustainability at the moment than when it started. It has greater donor support and with growing credibility it should be able to continue to attract more financing.

In regards to gaps and weaknesses, EQUINET has:
a limited reach within southern Africa, made more apparent by its claims to be a regional network;
reproduction concerns around renewal of its leadership and training and involvement of younger researchers;
limited resources and a great dependence on subsidization by the institutions of its members, particularly those in the Steering Committee and Secretariat;
not led to visible changes in the health policy regime to make health more equitable in the region;
a necessarily fluid and somewhat intangible nature that can make it difficult for policy-makers, institutions and researchers to engage with or understand the ‘network.’

In terms of future issues,

there is an on-going discussion regarding “formalization.” EQUINET as a research network requires a certain degree of fluidity in order to respond to change by bringing together the appropriate individuals, institutions, and movements to engage with research findings and with each other. However, as EQUINET engages with more institutions it might become difficult to be involved with their processes without a more stable institutional-like framework.
The “network” approach may need to be made more visible and meaningful to broader audiences, particularly those within more formalized institutions such as governments, articulating what this modality means and why it is more appropriate than adopting a more formalized structure.
EQUINET’s recent engagement with civics holds great promise. Through respecting the autonomy of these organizations and movements and offering knowledge and tools of analysis. EQUINET provides a ground for civics to augment their understanding of equity in health and to strengthen or forge alliances for their activities. The greater networking with civics has led to questions concerning the identity of EQUINET, particularly concerning the division between “research” and “politics.”
There are different ways to look for further funding other than the traditional donor route (which should not be abandoned. Consultancies as a network may be one
alternative way to attract more funding. However, this would mean that the agenda is being set outside of EQUINET, drawing away limited resources (particularly that of time) of key individuals which may not be compensated by whatever financial gains made to the network through such consultancies. Another way is that research could be carried out in partnership with northern researchers who could apply to funding agencies whose funds are reserved for residents of specific northern countries. As a co-applicant, the EQUINET researcher(s) would work with the northern researcher in deciding the research focus, ensuring that it feeds into EQUINET activities.

♦ For the research to have a greater chance of “impact,” for informing decision making of civics, communities, policy-makers, this audience should be included at the start of the research process. Their perceived needs should be listened to and attended to, but not necessarily uncritically accepted since the research itself hopefully will also shape those needs. Several interviewees, both policy-makers and researchers, suggested that if policy-makers are involved at the start and participate with the researchers in deciding about the direction of the research there should be a better chance of the research findings being accepted by them.

♦ The predominance (not exclusively) of biomedical models and formal health systems in EQUINET’s research and advocacy also does not necessarily reflect the variety of overlapping models and understandings of health, health care, and health providers held by the population in the region. Without attention to such health providers and the decision-making processes influencing health choices made by different communities, the ability to mobilize communities concerning equity in health may be limited.

♦ EQUINET could explore collaborating with other networks involved in health in southern Africa and with associations of different health providers to strengthen the effectiveness of its work. These collaborations would build on the existing network EQUINET has forged, extending its reach, and providing new opportunities and insights for EQUINET.

This research has identified some of the key processes and attributes of EQUINET that has made it into a successful research network. It has grounded itself in a number of places in southern Africa that intersect with health policy processes—amongst regional and national policy-makers, parliamentarians, civil society organizations, and research institutions—as well as virtually through its web-site and list-serves. More can be done to have greater health policy influence within communities (e.g., extending its reach to other civic groups, dialoguing and working with alternative health care providers and learning more about models of health and illness held by different communities), nations (e.g., greater involvement of policy-makers in processes of deciding research), and the region (e.g., spreading to other countries within SADC). However, in a relatively short period of time through careful deliberation on process and actions, significant time on the part of SC members and the secretariat, and sufficient support by SADC and national policy-makers, activists, other researchers, and donors, EQUINET has done considerable ground-work already to spread interest and knowledge about equity in health in southern Africa and beyond.
1.0 BACKGROUND OF STUDY

“It is difficult to get one’s head around what EQUINET is exactly.”

“[EQUINET is] like a bar of soap—grab it and it gets away from you.”

“EQUINET is facing its own challenges—which way to go? which area to take on? It is still examining itself. It seems that many don’t understand what ‘we are doing.’ This maybe okay.”

These quotations, which come from interviews conducted for this evaluation, suggest that the “net” in “EQUINET”—the Network for Equity in Health in Southern Africa—is not always clear to everyone involved in the network. Yet, as will be detailed below, EQUINET has accomplished much in terms of activities, knowledge-production, and intervention in health policy processes. The relationship between what exactly EQUINET “is,” this “bar of soap,” and what “it” has done is the focus of this evaluation. By carefully and strategically forming places where different individuals and institutional representatives come together to learn, dialogue, and strategize, EQUINET has established firm ground for itself as the regional equity in health experts in southern Africa. This report will analyse how it has done so, its strengths and weaknesses, and possible directions for it in the future. The terms of reference, the users and uses of this evaluation, and the guiding values and principles guiding this report will be discussed next.

1.1 Terms of Reference of this Evaluation

The formal aim of this evaluation is on processes and outcomes of EQUINET vis-à-vis (i) network building; (ii) bridging the research to policy/practice divide; and (iii) influencing social change. The specific evaluation criteria used in this assessment are as follows:

A. Provide an overview of the work undertaken in Phase 2, including institutional setup of the project. In particular, this evaluation will examine:

1. what have been the main accomplishments of the Network (EQUINET) to date?

2. how relevant have these been at the local, regional or international levels in terms of:
   a) deepening the understanding of equity in health (or the lack thereof)?
   b) the resulting social outcomes?
   c) creating space for civic engagement and dialogue? and/or
   d) linking the technical knowledge to the political/policy concerns, among others?

B. Assess the strengths and weaknesses of EQUINET’s approach and the extent to which these have shaped its outcome/effectiveness. In particular, this evaluation will examine:

1. how the Network has evolved over the years and in what ways the institutional
setup of the project and its strategies of program implementation (e.g. small grants and synthesis work vs. large single studies) has shaped the project outcomes?

2. What is the value added of the “network” approach (as opposed to national projects) to address health and equity concerns in terms of:
   a) does this modality (i.e., network) facilitate the creation of a cohesive program that is greater than the sum of its parts?
   b) how do EQUINET members benefit from being part of the network?
      i) has this made a difference in strengthening their research/technical capacity?
      ii) has this made a difference in reinforcing their credibility?
      iii) has this made a difference in enhancing their ability to put equity issues in the health policy agenda either nationally or regionally at the SADC level?

3. What does EQUINET’s experience with building research and analytic capacity on the one hand, and promoting evidence based/informed decision making on the other inform us about how one maintains a balance between the two – i.e.,:
   a) when does one invest in building capacity?
   b) when would concerted effort for building evidence pay off?
   c) how may the political/social contexts of member countries, as well as regional priorities and policy opportunities, influence this?

4. How does EQUINET engage with various groups that play a key role in promoting social change through lobbying, activism, policy dialogue etc. (e.g. NGOs, activist groups):
   a) to the extent that EQUINET engages with these groups, what kinds of relationships have been established?
   b) what has and what has not worked in terms of establishing partnerships for effective social change?
   c) what difference did this partnership make (or will this make) in terms making the EQUINET research matter?

5. Is there value added in formalizing the governance structure of EQUINET – i.e., at what point, if any, should one support network building such as formal governance structures?

6. To what extent has/does the socio-political history of the region shape the scope and effectiveness of EQUINET? (can the strategies/approaches used by EQUINET be replicated elsewhere or are they a result of the specific socio-political context within which the network operates?).

7. Financial sustainability of EQUINET needs to be considered:
   a) what is the scope for financial sustainability of a network such as EQUINET?
   b) what strategies might be adopted to strengthen this?

C. Situate EQUINET’s work within the context of similar networks dealing with health and equity, as a means to explore the ‘value added’ of its work, complementarities, and synergies
that are either currently explored, or could be explored in the future, to enhance EQUINET’s effectiveness. In particular, this evaluation will examine:

1. What is the value added of a network such as EQUINET and how does it complement or otherwise allow space for reflection, analysis, policy dialogue, etc. that is not currently done by other networks such as the Global Equity Gauge?

2. How does EQUINET’s work link to the broader discussions/debate around equity and health at the national, regional and/or international levels?

3. What synergies/complementarities can be further explored to strengthen the effectiveness of EQUINET’s work?

1.2 Intended Users and Uses of this Evaluation

The primary intended user of this evaluation is the Governance, Equity, and Health Program Initiative (GEH PI) team of IDRC. The intended use of this evaluation is to help GEH understand some of the broader issues surrounding networks as well as to inform Phase 3 of EQUINET’s work. EQUINET itself, particularly its Steering Committee (SC), is the secondary user of this evaluation. The intended use for them is to have an outsider reflect on their processes and outcomes as a possible input to their processes of analysis of current and future work. This report is not explicitly written to enhance the evaluate capacity of EQUINET. However, it should fit into the on-going discussions within the SC concerning evaluation processes.

The general context that led to this evaluation is that EQUINET is the largest project supported by the GEH PI. Moreover, members of this PI and many outsiders have generally seen it as a successful research network. As they begin the Phase 3 of financial support to EQUINET, the GEH PI is interested in having a “lessons learned” report on how this research network has operated and how this may have informed some of its outcomes. This report may also inform their discussions with health researchers in West Africa who are interested in trying to establish a similar ‘health in equity’ network. Further, this report may aid in GEH PI understanding of networks more broadly, given the likelihood that more of their projects may work through this modality.

Although the GEH PI generated the terms of reference for this evaluation, it did so with some consultation with the EQUINET Programme manager. As the EQUINET SC is in the process of commissioning an external evaluation of its role, functioning, and work, it plans to use this evaluation as one possible input in helping to identify potential areas for their external evaluation.

1.3 Values and Principles Guiding the Evaluation Process

This evaluation is a “natural history” of EQUINET, examining the development of some its processes of operation, the meanings constituting them, and some of the effects in terms of its activities and social outcomes. It is not a formal project evaluation, assessing the proposed
objectives against actual outcomes of the funded activities. Nor is it tied directly to any decisions to be made by GEH PI concerning future support given to EQUINET. Rather it is a qualitative study over a short period of time (25 days). It aims to provide a “lessons learned” assessment, examining some of EQUINET’s activities to provide a guide for further reflection and analysis based on an examination of the successes and failures of the network. It seeks to provide an assessment that is credible in terms of the understandings of those who have been involved with this equity in health research network and helpful in regards to providing insights beneficial to GEH PI as well as to the EQUINET SC.
2.0 METHODOLOGY

This evaluation rested largely on two methods: file review and interviews. Both methods as deployed here have certain strengths and weaknesses.

2.1 File Review

Project documents and outputs from Phases I and II of IDRC support to EQUINET were examined as were other relevant IDRC case studies and evaluations on networks (see Appendix C). The aim of this examination was to learn more about the development of EQUINET’s processes as described in the documents, to acquire information on some of the social outputs of EQUINET, and to learn more about the substantive analyses and data generated by the research network. A research assistant at Carleton University, Mr. Gerald Morton, greatly assisted in this task.

This file review generated some information on EQUINET processes but not as much as was desired. However, it provided a lot of information regarding the documented social outputs of EQUINET from Phase II and a more substantive understanding of the research supported by EQUINET. These documents are very important to EQUINET’s activities—some in terms of fulfilling the requirements of one of its donor partners, IDRC, and most in terms of the generation of its presence as a research network. It would be useful to have done a fuller analysis of the life histories of some of these documents, tracing their trajectories from conception to varied social uses as a way to better understand how these documents have constituted EQUINET’s presence and outcomes. But this analytic was not fully integrated into the research design because of time limitations given the other required tasks in the terms of reference. Nonetheless, this type of information is noted for a few documents.

2.2 Interviews

Semi-structured interviews were conducted with the EQUINET Programme Manager, select members of the EQUINET SC, selected users/beneficiaries/members (these terms will be discussed below) of EQUINET, and IDRC staff members who have been involved with EQUINET. The EQUINET Programme Manager, Dr. Rene Loewenson, greatly facilitated arranging the interviews for this evaluation.

A short visit to Africa was taken to carry out face-to-face interviews with a number of people. Seven (7) people in South Africa were interviewed during a two day visit to Johannesburg, two of which were conducted over the telephone. Four days were then spent in Dar es Salaam to coincide with the last day of the EQUINET SC meeting and a day long meeting that led to the establishment of an EQUINET country network in Tanzania (called EquineTA). Dr. Loewenson and Mr. Godfrey Musuka, EQUINET Programme Officer, facilitated interviews with nine (9) people attending the SC meeting. The Tanzanian organizer of the SC meeting and the day long meeting that led to the formation of EquineTA, Dr. Godfrey Mwaluko, facilitated interviews with five (5) people involved with EQUINET in Tanzania who were not at the SC meeting, but were present at the EquineTA meeting. Three (3) telephone interviews from Canada were also carried out. In addition, the consultant’s research assistant in Zimbabwe, Mr. Rinse Nyamuda,
carried out interviews with five (5) Zimbabweans involved in EQUINET who were not at the SC meeting. Dr. Loewenson and Mr. Musuka facilitated these interviews. Three (3) IDRC staff members involved with EQUINET were also interviewed. In total, thirty-two (32) people were interviewed (see Appendix B). Twelve of them are currently or have been on the SC. Seventeen are users/members/beneficiaries of EQUINET who have not been on the SC. Three of them are from IDRC (who could also be potentially considered as users/beneficiaries of EQUINET).

The interviews generated the greatest insight into the processes and outcomes of EQUINET and their transcripts are relied upon greatly in this evaluation. Almost all of the interviewees were very receptive of being included in this assessment and thoughtfully shared their knowledge of and experience with EQUINET.

In terms of weaknesses of interviews as a method, two are noted. Interview data are always shaped by the varying interpretations of the discursive event of the interview itself (as is every other social science methodological tool; see, e.g., Briggs 1986). The most noticeable perceived assumption shaping interviewees’ responses was the fact that the interviewer was carrying out this assessment principally for a donor. For some, it meant they tried to accentuate the positive outcomes in order to assure continued funding. For others, it meant they were wary about what they said as they are concerned about the power imbalances between donors and recipients, despite the relationship often being called one of “partnership” these days. To try to address some of these issues, it was made clear that this assessment was not linked to any funding decisions made by IDRC and that the EQUINET SC is also an intended user of this assessment.

The other weakness was the time factor. Interviews were largely conducted when interviewees were participating in meetings (or afterwards) or were at work. As discussed below, many interviewees mentioned how busy they are in regards to carrying out the EQUINET work. Thus the interviewer was highly cognizant of the value of the time of the interviewee and tried not to go beyond forty-five minutes to an hour for the interview. Although in all but two of the interviews the interviewees did not show any overt concern about the length of time for the interview, the sense of potential imposition held by the interviewer meant that further probing questions were generally not asked. This limited some of the information that could have been gathered. At other times, the interviewer himself had time constraints given the number of people he had to interview in a short period of time.

To address this issue of time, in all but one of the interviews conducted with the non-IDRC interviewees a transcript of the interviews was sent by email to the interviewee to assess. In addition, several other questions were often asked of the interviewee. For the most part, the interviewees were very responsive in looking over the transcript, correcting any errors, adding or deleting words, and responding to some or all of the additional questions.

2.3 Validity and Ethical Considerations

In addition to the limitations mentioned above, this assessment would have been fuller if there was additional time to do the file review and to interview more people. Ethnographic research (e.g., Crewe and Harrison 1998, Riles 2000, Hilhorst 2003) and process documentation (e.g., Mosse 2001) would have provided more insight into the varied activities, meanings, and social
effects of EQUINET and their entanglements with other social practices and power relations, as suggested in the title of Anne Bernard’s (1996) useful analysis of IDRC networks, *IDRC Networks: An Ethnographic Perspective*.

Nonetheless, it is considered that this assessment is able to more than adequately respond to the terms of reference. The file review and interview transcripts provide significant insight into the activities and outcomes of EQUINET as presented on paper and in person. At times there is great overlap between what people said as well as between what people say and what is written in the files or documents. At other times, there is a discrepancy. Both the overlaps and discrepancies were examined as evidence of the insights into the processes and outcomes of EQUINET, including what EQUINET means to various people. For the meanings given to the network strongly informs the level and type of commitment people give towards EQUINET. This assessment can be viewed as an abbreviated version of the “thick” description of policy networks” which Lindquist (2001:25; see also Geertz 1973) calls for in an examination of the policy influence of (IDRC-supported) research projects.

In terms of additional ethical considerations, interviewees were informed that their words would remain anonymous in the report but that they would be identified as an interviewee in its appendix. The only complaint about the research made to the interviewer was when a senior member of an institution expressed concern that s/he was not contacted and clearance received before interviewing another senior member of the institution about his/her participation in EQUINET. Part of the concern stemmed from perceived errors in the interview transcript sent back to the interviewee and the perception that these points of view will be attributed to the institution in question. In response, anonymity of interviewee was made clearer to the complainant and apologies offered for lack of clarity on this issue on the part of the interviewer. But part of the concern also stemmed from the blurring of whether the individual interviewed represented him- or her-self or the institution of which s/he was a part. As discussed below, this blurring also occurs within the processes of EQUINET itself.
3.0 EVALUATION FINDINGS

The findings of the evaluation are formulated according to the terms of reference of the study. The specific question of the terms of reference is listed in the order as presented above and italicized with the relevant findings listed underneath it. After each question, a summary of the main points is made in bold.

A. Provide an overview of the work undertaken in Phase 2, including institutional setup of the project. In particular, this evaluation will examine:

1. what have been the main accomplishments of the Network (EQUINET) to date?

This is a summary list of accomplishments of EQUINET during Phase 2 as identified in EQUINET’s Final Phase 2 report. The varied effects of some of these accomplishments on EQUINET and health policy processes in the region will be discussed in more detail in later sections. The accomplishments are divided into categories of research, capacity-building, meetings, and networking.

RESEARCH

EQUINET has commissioned, prepared and made available papers on a variety of health related subjects, such as: on GATS; on trade and health in Southern Africa (presented at the SADC parliamentary meeting in Aug 2003); on poverty, equity and health; background literature review on equity issues in the distribution of health personnel; in relation to HIV/AIDS issues (four country papers, a regional paper and two theme papers); on the role of parliaments in the SADC region in promoting health equity (through TARSC); on parliamentary roles in WTO and SADC protocols on trade and health (with SEATINI).

EQUINET has commissioned studies on various subjects from its research grants programme, such as: medical student research projects in Malawi and community inclusion in health through country research projects (three in Zambia and Zimbabwe).

As part of its research dissemination, EQUINET has made available a variety of materials on current issues in the health equity field through a variety of means. These include: an updated synthesizing newsletter with an overview of latest materials on equity and health; communication pathways with research hubs through HRH network and an HRH mailing list set up; and hard-copy distribution of its policy series and briefs at SADC, WHO, GEGA, Rockefeller and other regional, national and international meetings.

CAPACITY-BUILDING

EQUINET has been involved in capacity building in a number of ways, such as: helping SEATINI prepare funding proposals; developing a proposal with NIMRI Tanzania and STI Switzerland for a PhD programme on governance, equity, and health; training six EQUINET-supported candidates in policy analysis skills at CHP (Centre for Health Policy); disseminating methodologies for participatory research.
EQUINET has organised workshops and arranged mentoring to improve the capacity of organizations and individuals in the health equity field. It organized a methods workshop on resource allocation and, conjointly, initiated research in Tanzania (through NIMRI and the Tanzania Public Health Association) and Namibia (through the Ministry of Health) on equitable approaches to resource allocation, which is supported by a contract for mentoring and exchange visits. It also held a methods workshop in September 2002. It is preparing a writing skills workshop for 2004 to pursue publishing in peer reviewed journals.

As part of its own capacity building, EQUINET has diversified its funding. It has mobilized significant support from SIDA while raising funding for work with UK, Canadian and Australian research hubs. In relation to work with Oxfam GB, it received support from DfID in a programme of work on equity in health sector responses to HIV / AIDS. It received funding from support from UNAIDS and DfID for a workshop. The DHF and Rockefeller Foundation are also supporting it to conduct a meeting on helping civil society to strengthen platforms on equity and justice in health.

MEETINGS

EQUINET has presented papers and attended meetings and held discussions with policy- makers and other key stakeholders in the equity field in a large number and wide-range of fora. These include: the EQUINET / GEGA / SADC PF parliamentary meeting in August 2003; the WHO assembly in 2003 (where they and other civil society organizations presented a paper on GATS and health); World Social Forum 2003; World Summit on Sustainable Development held in Johannesburg in September 2002; the WHO SADC meeting on health and sustainable development in Johannesburg in August 2003; the WEMOS African meeting on Poverty, Health and PRSPs in September 2002 (where they participated through University of Witwatersrand); WHO and the IDRC / SDC Research Matters programme; the SADC AIDS programme (and with TAC and PATAM on the use of the southern African work to develop policy proposals on health systems approaches to treatment access in southern Africa and global policy and program processes taking place); the Global Health Research Forum; a COHRED network on health systems assessment research (where they participated through CHESSORE); and, SADC itself (where they made inputs to its policy documents and processes).

NETWORKING

EQUINET has formalised relationships with civil society and research organisations in the region and beyond, such as SEATINI, IPHC, PHM and other civic networks in southern Africa. It has established co-operation links with OXFAM GB, SPHERU and other Canadian partners, Health Systems Trust South Africa and with Madact (UK). It has established links with UK, Canadian and Australian research hubs and the Rockefeller / SIDA programme on health personnel. It has formalized a theme co-ordination contract with CHESSORE (Zambia) to support co-ordination of activities on governance and equity together with TARSC (Zimbabwe) and formalized the relationship with UCT School of Public Health. It has also participated in two GEGA planning meetings and formalized a relationship with GEGA.
During Phase 2 support from IDRC, EQUINET has increased research on equity in health topics in southern Africa with wide dissemination, been active in capacity building of individuals and organizations and itself, participated in a number of meetings, and formalized its relationships with a number of other networks and institutions.

2. how relevant have these been at the local, regional or international levels in terms of:
   a) deepening the understanding of equity in health (or the lack thereof)?

A common theme in the interviews was that EQUINET has deepened the understanding of equity in health for the individuals involved with the research network and others in a few of the countries in which they operate and within SADC (Southern African Development Community) itself.

Almost all the interviewees who have participated in EQUINET activities observed that their engagement with the network has deepened their understanding of equity in health. A number noted the importance of the various research documents produced by EQUINET, the emerging themes of work, and technical support in the form of workshops in helping them learn more about equity issues in health in new areas. For example, one researcher commented how his/her understanding of equity broadened into a wider range of issues:

I was interested in the lessons learned from health reform in my country, in particular the issue of community participation and health reform. EQUINET had a similar interest and I saw them as a new ally. It gave me a partnership to look at this important issue. We began to cooperate and then EQUINET started to get more into the governance work, which also became another area of interest…. Working with Parliamentarians also became important…. [Then Parliamentarians] asked questions of the budget. When looking at the budget issue the EQUINET resource allocation technical support has been helpful. So, I have been able to apply some of the EQUINET issues to do work on in my country.

Some of those in the SC praised how their meetings are not simply focused on the governance issues of EQUINET (although that definitely happens). But that learning also occurs and is often structured into the meetings through presentations or other such means. As one remarked, “business and substantive discussion is combined [in SC meetings], rather than dealing merely with business issues.”

In turn, the participants in EQUINET use this enriched perspective in their own research, workshops, activism, and other activities. As one health activist noted, “When I do other activities [concerning health outside of EQUINET], I now look at them with an ‘EQUINET perspective.’” Or as a health researcher observed, “EQUINET has brought consciousness of the equity perspective to my other work.” A South African interviewee praises the impact of the health systems research promoted by EQUINET on the activities of groups connected to it: “The research has been used by EQUINET partners to assist campaigning and at conferences – the People’s Health Movement, Patrick Bond in his numerous works, Action Aid (through
In this example, awareness of health issues was extended to some organizations that do not necessarily specialize in examining or advocating in the health field. However, from the research for this assessment, it appears that mainly the increased awareness of equity in health issues occurred amongst individuals and organizations already working in the health field.

As noted above in their “accomplishments,” EQUINET has carried out a number of activities to extend its reach—research and dissemination, meetings, listserve, electronic newsletter (with over 900 subscribers by the end of February 2004), website, workshops, training, and conferences. Through these as well as the activities of those involved with the network beyond the strict confines of EQUINET, many interviewees credited EQUINET with giving equity in health a higher profile in a few countries and in SADC itself. At the same time, a number of respondents also noted there is still a lot of work to be done.

For example, several Zimbabwean interviewees noted that “equity” is becoming part of the vocabulary for policy-makers in the national Ministry of Health, but the reach of this message is not yet as deep as it could be. As one stated,

> In health planning, because of EQUINET, it is now common knowledge to hear policy makers asking a questions such as, “how equitable is... for example, the distribution of anti-retroviral drugs?” The phrase, “how equitable” is now becoming common among policy makers even in health human resource planning and training both locally and regionally. The only challenge that I foresee is that not many people are aware of EQUINET and what equity in health means. It is a big challenge to bring this awareness to the people.

Similar comments were made for the regional level. A few observed what deepening of understanding of equity in health exists in the region is often credited to be due to EQUINET’s efforts. As one observed, “It is hard to tell what are the consequences of EQUINET on equity and health but they are revered in the region, which is a testament to their credibility and the strong ties they have to groups [in southern Africa].” They have strong ties with SADC, working closely with staff in SADC and officials from member health ministries on a variety of health topics. A number credited EQUINET with improving the level of understanding within SADC of health equity and how trade agreements can adversely affect it. But the range of awareness is not necessarily that great beyond the institution in the region. As one remarked, “There is sensitization of people [in the region] so far. The people who have been involved in some activities or have been recipients of their studies have been sensitized. In terms of specific commitments towards equity [amongst politicians or officials], I haven’t seen that. It is difficult.” Nonetheless, EQUINET is having influence in terms of having more policy-makers and activists talking about “equity” and thinking through “equity” aspects of policies, even if only in workshops. The next question is what have been some of the policy effects of EQUINET.
b) the resulting social outcomes?

The most obvious social outcome of EQUINET activities is the reinforcement of the networking possibilities themselves (see Bernard 1996). Extracting from the interviews it is clear that EQUINET has enabled further social exchanges, cross-fertilization of expertise, reconfirmation of old connections and the forging of new collaborations. Learning opportunities for participants occur through the varied activities that, in turn, can lead to new research ideas, training tools, styles of activism, and policy analyses being disseminated to others. This networking in turn leads back to EQUINET as more people involved in health issues visit the website, join the electronic newsletter, and add to the already existing over-demand for the hard copies of the publications themselves. It also leads to more interest among health researchers to become involved in EQUINET activities. This “networking” social outcome will be analysed in further detail below. But it is important to note that networking helps to expand policy capacities as EQUINET participants improve their knowledge of ideas and actors and broadens policy horizons as researchers, policy-makers, and policy entrepreneurs are provided with new opportunities and concepts to frame debate and learn about equity in health (see Lindquist 2001).

c) creating space for civic engagement and dialogue?

Although linking up with civic organizations has been the aim of EQUINET since it formed, this forging of places for civics and researchers to come together to enter dialogue and to strategize concerning equity in health only began with great energy in 2003. As will be discussed below, the EQUINET SC has thought carefully about this activity and this topic generated diverging opinions from the interviewees. Even with this relatively brief history, a number of interviewees praised EQUINET for creating such a place for civic engagement. As one put it, “EQUINET’s real value is that it is a space that allows for the development of good working relations [between various groups] because of shared values, including its contradictions with very scientific health community alongside very policy and value-oriented economic policy activists.” This terrain for engagement is uneven, strongest in South Africa and Zimbabwe, with a possible formation of a place for discussion in Tanzania. The strength of EQUINET has been forging places where researchers, activists, policy-makers can engage with discussions, research evidence, and strategies for change in regards to improving equity in health. Through careful attention to processes of engagement within these places and of identification of EQUINET itself, a learning environment to which many can commit towards of varying degrees has been created.

But more could be done here. It was apparent that there was a range of interaction of different EQUINET researchers with civic activists. This seems to be a function of the particular links individual researchers may already have with civics or interest in working with them to the number and capacity of existing civics working in the field of health to the political climate of a nation. Nonetheless, there could be greater effort at identification of different civic actors (NGOs, trade unions, activists, community groups, etc.) in SADC and effort to contact them. Perhaps there could be specific funding sought for such an activity, directed by the coordinators for civil society on the SC. Such an inventory could then be used by researchers who may not have knowledge of some of the relevant civics working in particular areas or time to find them. Such an exercise would not only be helpful to EQUINET in terms of networking but it could also help ensure that civic groups can have a greater say in helping to shape some of the research
agendas at EQUINET. By developing greater discussions amongst civics through the relevant coordinators on the SC concerning research needs for their activities, there would be a greater likelihood of EQUINET research activities helping to inform some of the policy advocacy of civic groups.

\[d)\] \textit{linking the technical knowledge to the political/policy concerns, among others?}

As with their engagement with civic organizations, EQUINET has always aimed to link up technical knowledge to political and policy concerns. As will be discussed below, there are also divergent opinions about this modality. But concrete examples of EQUINET linking up technical knowledge to political and policy concerns were also apparent.

As noted above, a number of civics have increased their technical knowledge about equity in health through EQUINET, particularly South African and Zimbabwean ones. Every interviewee from civics praised the scientific resources available from EQUINET as well as the ease in accessing them. As one stated, “because of my involvement with EQUINET, I now have an increased knowledge base in matters pertaining to fairness in the health delivery system and, as such, as an organization we are able to address public health through a holistic approach. As an individual I have become an expert on access to health treatment issues.”

Most interviewees noted that there have not been too many direct applications of EQUINET research into health policy processes at the national level. But in South Africa at least, there are indications that there is a greater interest in equity issues. One interviewee gave a specific example of a direct “take-up” of EQUINET-supported research by policy-makers:

> The EQUINET-fueled research on developing indicators of deprivation and their relevance to equitable resource allocation has attracted interest in South Africa. Policy-makers in the Department of Health and in Treasury picked up on that work. Treasury asked us [researchers] last year to do an update of our [EQUINET] paper based on the 2001 census and they said they will include our work in deciding about the allocation of resources to the provinces (in terms of health care provisioning). Policy-makers found the information useful and want to consider its relevance to resource-allocation…. Other countries also became interested. Researchers and Ministry of Health policy-makers in the region (Tanzania, Namibia, Zimbabwe, Zambia) are also very positive about this research and are keen on looking at similar issues. This is a good example of research-to-policy processes.

EQUINET has also played an important role in providing scientific inputs to SADC policies, most notably their position for the WTO meeting in Cancun in 2003. As one interviewee remarked, “in 1999 EQUINET had identified TRIPS as an area for southern African pressure and supported SADC with information on it to support southern African positions.” They also are playing an important role in informing SADC’s HIV/AIDS policy, which, in turn, can inform national policies within the region. For example, one SADC interviewee noted, “SADC is hiring consultants to factor in equity issues into this emerging SADC HIV/AIDS plan. SADC has
organized national AIDS councils in all 14 member states and we have invited EQUINET to present [their research findings] in front of representatives of these councils so that these councils take into account equity issues into their own policies.”

The specific examples of direct one-to-one linkage between EQUINET research and health policy change may be few, but a number of interviewees noted that it is still early to expect too great of an “impact.” The interviewees are hanging on to a narrow definition of “impact.” Yet as Lindquist (2001) has shown, such direct applications of research to policy are extremely rare and thus an inadequate measure of types of “policy influence” research can have. From his typology (Lindquist 2001:24), EQUINET has expanded policy capacities and broadened policy horizons, although no evidence was uncovered to suggest that it has (yet) affected policy regimes in terms of modifying or fundamentally redesigning programs or policies. As one interviewee remarked, there does seem to be a greater interest in EQUINET within the region, which potentially is leading to greater opportunities for linking research to policy processes:

In terms of ‘impact,’ in the last year or two I have seen more interaction between EQUINET and policy-makers and SADC. In 1998-2001/02 it was a different sort of period. Then EQUINET was a “left consciousness” of public health in the region. No great impact however. I cannot point to anything to indicate this change other than policy-makers having meetings with EQUINET in the last one to two years…. [I]t seems people are increasingly paying attention to EQUINET because of the groundwork EQUINET has done and the key funding for EQUINET to make good interventions.

This leads to the question, how has EQUINET created this “groundwork” and what exactly comprises the “work” to create this “ground”?

EQUINET’s accomplishments have deepened the understanding of equity amongst participants as they have increased possibilities for learning in a variety of fora; a learning that informs other activities of these participants. It has extended the profile of equity in health in the region, particularly within SADC, but this understanding could be deepened and widened and greater commitments to it could be facilitated. This need for more commitment is greatest amongst policy-makers, but EQUINET is still quite young and so it is unrealistic to expect a greater “impact” on policy processes. The work of grounding the network has been done effectively, establishing places whereby dialogues about learning and strategizing about advocacy occur. This groundwork holds much promise for greater relevance of EQUINET in national, regional, and international engagements concerning equity in health.

B. Assess the strengths and weaknesses of EQUINET’s approach and the extent to which these have shaped its outcome/effectiveness. In particular, this evaluation will examine:

1. how the Network has evolved over the years and in what ways the institutional setup of the project and its strategies of program implementation (e.g. small grants and synthesis work vs. large single studies) has shaped the project outcomes?
To acquire a fuller sense of how EQUINET has emerged as a regional network, a brief narrative of its formation is given. This is based on project documents and interviews with some of the key people involved.

EQUINET arose out of a four day seminar held in Kasane, Botswana in March 1997 entitled "Equity in Health - Policies for Survival in Southern Africa." Organized by the Dag Hammarskjold Foundation and the National Institute of Development Research and Documentation (NIDR) of the University of Botswana, this seminar brought together over thirty participants from various backgrounds (politicians, policy-makers, academics, practitioners, and NGO activists) to discuss equity in health and health care in southern Africa (see Kasane Seminar 1997). Its aim was to raise the profile of health equity in the newly formed health sector of SADC.

One of the items on the seminar’s agenda for action called for “greater networking of professionals, civil society and policy makers to promote the policy of equity in health in the region. In particular it was advocated that further work be done to enhance understanding of the concept of equity in health, on intersectoral collaboration, decentralisation, public health training and health research, and on HIV/AIDS” (EQUINET 1998b:1; see Kasane Seminar 1997:36).

The notion of a “network” crystallized through this meeting. To quote from this early report by EQUINET (EQUINET 1998b:1),

> In response to that agenda [for action on equity in health produced at the Kasane meeting], several institutions in the region formed a core working group to initiate a network for follow up activities. Objectives of this follow up network would be to:
> a. Develop further the conceptual framework and policy issues in relation to equity in health in Southern Africa
> b. Gather and analyse information to support scientific debates and decisions on equity in health in Southern Africa
> c. Make input to policies affecting health at National and Southern African Development Community (SADC) regional level.

That core working group from the meeting comprised of Rene Loewenson from TARSC, Zimbabwe Mbulawa Mugabe from NIDR, Botswana and Steve Chandiwana from Blair Research Lab, Zimbabwe. Dr. Loewenson approached other health and equity experts (including Lucy Gilson, Godfrey Woelk, Anthony Zwi, and Di McIntyre) and they received a small grant (usd4,000) from the Dag Hammarskjold Foundation to prepare a large annotated bibliography of over 300 works that addressed equity in health issues in southern Africa (see EQUINET 1998a).

During this period, Ms. Denise Deby from IDRC contacted Dr. Loewenson during a visit to Harare. They had met before and once hearing of the coalescing network, Ms. Deby asked Dr. Loewenson if they would be interested in soliciting IDRC support. Ms. Deby was interested in the network since one of its foci of research was decentralization of health-care, which fitted within the research priorities of the then Assessment of Social Policy Reform Program Initiative.
at IDRC. Moreover, Dr. Loewenson had received IDRC funding in the past and was a well-respected researcher internationally. These features attracted the interest of IDRC. Dr. Loewenson consulted with the core working group and they agreed to submit a funding proposal to IDRC. This led to Phase 1 funding from IDRC to EQUINET, with Dr. Rene Loewenson of TARSC as its Project Leader.

Amongst other expenditures, this funding was directed towards providing grants to institutions and to open up for proposals on equity in health in the region. Funding also went towards setting up an electronic discussion list and web-site, to reach and network with a greater number of people. This laid the ground for establishing a “virtual community,” to which a number of interviewees outside the SC credited for enabling their continued interest in EQUINET. IDRC funding also helped to pay for a conference held in South Africa in 2000. All have been crucial in providing strengths to EQUINET.

Research was carried out on identified equity problems in the region. These were shaped by selected themes: monitoring of health equity; globalization, macro-economic policy and health; governance, social capital and health rights; resource allocation; and health service issues. The small grants funding has given flexibility to Dr. Loewenson and the SC in deciding where to concentrate its limited resources: what type of research projects to pursue and what type of dissemination for the results (in terms of format and who to participate in its presentation). In other words, networking is almost inherent in this type of funding. As a SC member declared, “Having IDRC small grant resources was critical to give EQUINET a role in innovating and partnering. This shows one the power of leverage financing.”

The web-site also became a key disseminator of research. Research reports have been posted on the web-site for easy access. Also, information about workshops, conferences, and other EQUINET activities are posted on the web-site. In addition to advertising EQUINET, it also has become a way for others to contact the network. As one interviewee noted, in the early days the web-site was key: “It gave a profile in virtual reality which was stronger than their institutional arrangements in reality.” As another put it, “I knew quite a lot about EQUINET before I knew about GEGA [for example] because EQUINET’s focus on equity issues and in southern Africa. Their website was very interactive and inviting. As a student […] the EQUINET call for proposals was very positive. It also had interactive web programs for writing skills, etc.”

They held a conference in South Africa in November 2000. This was not only a place to further disseminate research carried out by EQUINET and by others on equity in health in the region but it also played an important networking role. They had a strategic planning meeting to discuss EQUINET and a number of ideas were put forward. As one noted, “People at the conference recognized the importance of research evidence but were pushing them to 1) set up country level branches and 2) do more advocacy work.”

This conference coincided with the ending of Phase 1 IDRC support. At the conference, there also was an external evaluator whose terms of references were arranged by EQUINET. The evaluator was a researcher with considerable experience in equity in health networks, but in another region, and also was known to Dr. Loewenson (see Laurell 2000). The consultation and the evaluation done at the conference led to continuation of some of the activities of EQUINET.
as well as new concentrations. Some of these have been supported by IDRC’s Phase 2 funding. It led to some new themes of research, to the funding of a programme manager and some financial support to its theme coordinators. It also led to greater emphasis on bringing research to policy and political processes through working with policy-makers and with civic groups (see Figure 1, EQUINET Organogram).

**Figure 1 – EQUINET Organogram 2004**

EQUINET has maintained a close link to SADC. The SADC Health Sector officially recognized them, which meant that the Ministers of Health within the region approved to collaborate with EQUINET. Only two other regional organizations received similar status (SANASO and SANNAM). The Director of the SADC Health Sector Coordinating Unit, Dr. Thuthula Balfour, was also on EQUINET’s SC. However, SADC is in a major restructuring exercise that has led to
the Health Sector being dissolved. Health is now one of four areas under a new Directorate for Social and Human Development based in the SADC Secretariat in Gabarone, Botswana. Although Dr. Balfour has recommended EQUINET be given its special status again, this has not yet been decided by the new structure, given the on-going transition.

From this narrative concerning the development of EQUINET, a number of strengths and weaknesses will be highlighted, some of which will be further explored in response to later questions.

**Strengths**

EQUINET possesses a number of attributes that are defined in the literature (e.g. Smutylo and Koala 1993, English 1995, Bernard 1996, Fine 1997) as central to the success of research networks. In addition to the flexibility (which was discussed above) that is a hallmark of networks, two other key attributes that have contributed to EQUINET’s success are strong and strategic leadership and the establishment and renewal of bonds of trust and solidarity based on common values. This has assisted in the consolidation of an identity as the regional experts on equity in health.

**Strong and Strategic Leadership**

A number of the interviewees noted the great importance of Dr. Loewenson to the emergence and functioning of EQUINET. It has largely been her networks that led to the selection of the initial members of the SC and the donor interest. Her knowledge of equity and health issues, her extensive network with key stakeholders (researchers, civics, activists, policy-makers and donors), ability to organize activities, manage meetings, among other attributes, were praised by different interviewees. She is the “pulsating core” as one of them put it. As Philip English (1995:2; see also Smutylo and Koala 1993:18) noted in his analysis of the governance of research networks, the coordinator is the “most important component of the governance structure” and Dr. Loewenson’s role in EQUINET’s strengths must be underscored. This is especially important given the necessary fluid nature of this type of research network (Fine 1997)—the coordinator acts as the immutable centre around which the network flows and changes. In short, the coordinator allows the network to stay fluid enough to be creative and responsive and at the same time maintains cohesion and prevents the dissolution of connections.

One of the important ways in which she has helped EQUINET develop has been ensuring that others in the SC are also very knowledgeable, dedicated, and well-placed in particular networks as she is. Each SC member is responsible for certain duties, such as coordinating a research theme, a country network, or a process such as civil society alliances.

The SC has been very strategic in its activities. They carefully think through areas of expansion, consolidation, and its own areas of operation. A lot of attention is placed on process. Careful consideration is given to steps taken to change the network as well as over how it operates. To give some examples of interviews with SC members:

“We look for people in strategic positions to ‘buy into equity.’”
“The EQUINET approach is that of ‘constructive engagement’…. Don’t impose but try to make an offer…. One has respect for the others and try to see how their work can be complemented by EQUINET.”

“It [EQUINET] is very strategic—we bring in very key people who can make decisions and changes within their organizations.”

“The real challenge [for EQUINET] is in the areas where the global agencies (UN, IFIs, Global funds) define the game. People in southern Africa are often the recipients of policies defined in the north. Thus one needs to figure out what the policy trends are and build up the evidence and pressure to help shift the policy debate and control to the south. One needs to get to the underlying strategic processes and to do equity research on these issues, to be ready to engage with the emerging issues.”

These quotations point to how the SC strategizes over its areas of operation to try to think through the benefits and opportunities that exist for itself as a research network to promote equity in health in southern Africa. It identifies key individuals or institutions and then finds places to engage with them in a respectful and valued way.

This pace means that there is a lot of consultation and time commitments, particularly of the SC. It has also meant that even though it has expanded in terms of the size of its SC and its range of activities, it has not increased throughout the region. Its earlier attempts to have a country network established in Tanzania (discussed below) and have members in a number of countries without a solid commitment seems to have reinforced its more cautious approach. From the interviews, however, it seems that the work put into discussing processes, building trust amongst the SC, has meant that EQUINET has been able to expand quite rapidly in the last two years compared to its earlier, more formative stages.

Values and Trust

For networks to operate successfully there needs to be a way to create identification with it. As Bernard (1996:22) put it, “As multiple-site, loosely-coupled social organizations, networks function most effectively where they develop processes for creating a sense of membership, for bringing in new members and letting others go, and for establishing credibility of the work done. In other words, establishing and managing a recognizable organization.” In other words, the aim is to provide a particular identity to the “bar of soap” for different actors: how “network” has become a particular “claim-bearing” identity. As ethnographers of development point out, similar processes occur within even more formalized organizations (in terms of registration, formalized rules, job descriptions etc.) such as NGOs: “Rather than taking organizations at face value, we have to ask and observe how the claims and performances of NGOs acquire meaning in practice. NGOs are not things, but processes, and instead of asking what an NGO is, the more appropriate question then becomes how ‘NGO-ing’ is done” (Hilhorst 2003:5; emphasis in original). A similar analysis needs to be carried out for a “network.” For EQUINET, a key meaning attributed to it is a particular set of values. Many of the interviewees commented that they engage with EQUINET because they share the same values of equity and social justice in regards to health.
Whereas similar values may lead to a potential shared interest, building trust is a way to ensure that people feel a commitment towards EQUINET. Trust has been generated by having credible research done by the network, by effective workshops organized, and by following through on commitments. Process is key to all three of these areas.

Research is often solicited through a competition, where applications are screened by various criteria including past work and quality of the proposal. Sometimes mentoring is built into the research process. Experts within the network, such as the theme coordinator, or outsiders share their knowledge of research approaches with the researchers. Drafts of the research reports are also shared via email for critical review. A few respondents mentioned that they need also to ensure that more of this research is disseminated through more formal peer-reviewed mechanisms (e.g. international journals, books) and EQUINET is holding a workshop to provide writing skills for researchers who want to do so.

A number of interviewees praised the running of EQUINET events, be they meetings or workshops. People relevant to the theme of the event at hand (e.g. researchers, policy-makers, civic activists) are there and great emphasis is placed on making sure that decisions are made and responsibilities assigned. “EQUINET is an excellent facilitator of workshops. The ones I attended were outcomes-driven and the facilitators pushed people to come up with practical suggestions and recommendations.” Although difference of opinion and areas of expertise are present at most EQUINET events, emphasis is placed on ensuring that these differences are explored in as free and as fair way as possible, according to a few interviewees. Amongst SC members who commented on this at least, there was a sense that significant EQUINET decisions were made in as a transparent manner as possible: “In terms of what has been helpful with EQUINET, the transparency is important. They [those in the SC] take a collective position on issues. The secretariat does not impose things. Even when recruiting the field officer, they all were given the financial statements to help understand the context. The hiring process was discussed in an open and “no holds barred” manner. Also, with small grants, they get them through a fair process.”

Electronic communication thus is a key tool for the transparency. Everyone on the SC noted, sometimes with only a tinge of humour in their voices, that the secretariat sends out constant emails. Although it can become a burden to the members, it is also a means for them to keep tabs on and contribute to decisions.

The structure of the SC is built around coordinators of themes, country networks, and processes. For theme coordinators, they have responsibilities for the activities in those themes, including to monitor the research, workshops, and dissemination that occurs under them. The same holds true for process coordinators. Processes include training, civic society alliances, and parliamentary alliances. The coordinators are tasked with certain actions at SC meetings. They also report back to the SC. The secretariat at TARSC liaises with the various coordinators.

The SC is crucial since it forms the “core of critical agenda-setters and activists” of the network, in contrast to the “periphery of user-members” (Bernard 1996:22). In addition to the electronic face and hard-copy reports, they are very much the public face of EQUINET. They are the main
means by which its activities are decided and take the general form they do. They are also nodes of networking for EQUINET, bringing in new participants to EQUINET, including some of the present SC members, and even bringing in new donors to the research network.

The SC members also help to bring in people to the periphery, provide information on and facilitate participation in research, workshops, training, and so forth. Sometimes people in the periphery become a member of the core. Sometimes they remain on periphery. Sometimes they drop out, but knowing they could always return to it. As one interviewee remarked, “EQUINET is something that is not ‘full on’ all the time. But it is a larger community in southern Africa that one can draw on. If one didn’t know they were there, one couldn’t draw on it.”

These attributes have ensured that EQUINET has emerged and continues to renew itself in a way that keeps interest of long-time participants and attracts new ones. A process of consultation helps to facilitate interest, agreement, and commitment amongst the SC at least to EQUINET activities (see Box 1 for an example of this process in work). It has also generated legitimacy and an identity as the regional experts on equity in health.

**Box 1 – Emergence of a New Theme**

The present coordinator of the Human Rights and Equity theme was asked by EQUINET to facilitate a workshop in this topic in South Africa in 2000. He had known Dr. Loewenson from before but was asked by a colleague who was on the SC to facilitate given his known expertise in public health issues in South Africa and his interests in social and political rights.

The workshop did not find any firm answers concerning the relationship between human rights and equity and he was given a small research stipend from Rockefeller Foundation (through EQUINET) to do a paper on human rights for EQUINET in 2002. The paper provided a conceptual framework for looking at human rights and equity and he became a coordinator of this new theme. His paper fed into a November 2003 meeting of the EQUINET SC and a number of civic organizations. The coordinator describes the next steps:

The research on the case studies for the paper was relatively brief and thus I want to extend the research, doing action research in one particular area. I also wants to piggy-back training onto it [e.g. having a short course for EQUINET members in a module on Human Rights and Public health] as well as to have small grants available for students, getting graduate students to do small projects in this area. I also see this as a way to bring in new countries like Botswana to EQUINET or to consolidate the work in existing countries like Zambia. Thus I want to do one or more country case studies to build up a critical mass of people doing research in this area. Now it is only my own centre doing work in the area. But we have only started to do work in this area since last year, so it is still young.

The long-term aim of the coordinator is for one of the institutions carrying out the case studies in one of the other countries to eventually take over coordinating the theme and for one of its researchers to take over the duties of theme coordinator. For him, this would demonstrate that the theme was successful in capacity-building.
interviews conducted, it is clear that EQUINET is what other researchers, civics, and policy-makers think of when it comes to this topic in southern Africa. But as explored below the label “regional expert network” also carries expectations EQUINET and its SC cannot always meet.

Weaknesses

Interviewees identified a number of “weaknesses,” some of which are generated by EQUINET’s success. These are briefly discussed below, since many of them are looked at in more detail under later questions.

Reach

The most common weakness identified by all EQUINET interviewees was the limited geographical reach of EQUINET. Although many recognized it as an advantage to be associated with SADC and to strive for forming a regional network, the connection also made it vulnerable to charges of not being representative. As a southern African network, EQUINET only has an active presence in 5 of the 14 SADC countries (Malawi, South Africa, Tanzania, Zambia, and Zimbabwe). This becomes a question of legitimacy not only because of percentage of the countries nominally ‘covered’ but also given the racialized uneven development of the region. A number of interviewees, particularly the white southern Africans, were concerned about a perception that white South Africans were dominating the network. Calls for the expansion into new countries and for the presence of newer researchers in the interviews were sometimes code for more black African researchers to be involved in the SC.

But the SC recognizes this concern (see also Box 1). It is strategizing about expanding into other countries, notably Mozambique and Botswana, but is doing so carefully as it is wont to do to ensure of success. For example, it is looking for relevant equity in health institutions in these countries, contacting them, and see if there could be a convergence of interest between their activities and EQUINET’s. Its recent facilitation of a country network in Tanzania also seems to be a response, in part, to this concern.

The concern of reach also occurs within the countries in which EQUINET currently operates. Concerns were raised by most of the Zimbabwean interviewees, for example, that most of EQUINET participants are based in Harare.

This weakness of reach can actually be seen as a sign of strength for EQUINET. Others view it as a success and are demanding that it extends its presence. But as a few interviewees observed, it also points to the need to do better capacity-building of researchers.

A corollary weakness some mentioned was being associated with SADC itself. A few wondered about the actual usefulness of the organization, particularly since its dismemberment of the health sector. Even before then, the ability of the regional body to influence national governments was doubted. One interviewee involved with SADC noted that the “circulation of EQUINET documents is not as widespread within SADC as it is unclear who is the right person to receive them [in member governments]—who is involved in equity issues in the different health departments?” As another interviewee observed, echoing an opinion expressed by others,
“There is a problem as SADC is very bureaucratic and not oriented to health. It is a trade organization and before that it was there to fight apartheid. Perhaps it will become irrelevant. SADC countries are being redefined and one is asking what is SADC all about. I do not think it trickles down to member governments. Not much headway here.” This view is echoed in the literature as well (e.g., Ng’ong’ola 2000: 493). No one mentioned that EQUINET should not have any ties with SADC. In fact, many respondents praised the fact that it was connected with SADC. A few did wonder whether there was any gain to EQUINET to being associated with SADC. However, as discussed below, SADC is strategic to EQUINET’s goals for symbolic and political reasons as much as its actual direct policy impacts.

Network Composition

A weakness identified by a number of interviewees concerned the question of what exactly is a “network.” EQUINET has become recognized as a research “network” but what exactly that meant was unclear to many of the interviewees. This was most obvious when it came to the composition of the network itself.

The question of membership was unclear for a number of people: how does one become a “member”? Does it include anyone who ‘uses’ EQUINET on the website, newsletter, attend a workshop? Is it restricted to only those who have done research for them or is on the SC? What is the value of being a “member”? Should there be some formal recognition or vetting of “members”? The opposing view asked, does “membership” even matter at all? These differences will be explored below in regards to the question of “formalisation” of the network.

Even amongst the SC where membership was quite clear-cut—a person is asked to be on the SC, attend meetings, and assume particular responsibilities for her/his particular role and for the SC at large—there was a concern expressed by a few over whether membership rested solely with the individual or with the institution. A main focus of capacity-building of EQUINET was on institutions—as a way to ensure that these institutions can play an enhanced role in promoting equity in health care through research or advocacy. In one of its early documents, the core working group that emerged out of the Kasane meeting to set the groundwork for what became EQUINET was identified as comprised of “institutions” not individuals. Whereas for a few of the SC members it is more clear that the institution is the member and not necessarily the individual (e.g. SEATINI), for the majority it is definitely more the individual than the institution. The only potential weakness is that all the responsibility for the SC work rests on the individual and not shared with others in her/his institution, which may also mean the learning that goes on in SC meetings is not necessarily shared to others in the relevant institution. Although individuals relied (sometimes heavily) on their institutional resources to carry out EQUINET work, the institutions themselves are not necessarily tied to EQUINET.

Some tensions within EQUINET were also apparent in some of the interviews regarding the composition of the network: scientific researchers versus civic activists; “old-timers” versus new members; and medical scientists versus social scientists. I heard some unease amongst some of the scientists concerning activists who wanted EQUINET to become visibly involved in political advocacy campaigns. I also heard concerns amongst some civic activists about the technical language sometimes used in meetings while discussing research results. One interviewee also
commented that s/he was having difficulty convincing more of her/his social scientist peers to become involved in EQUINET since those who comprised the leadership positions of the network in that country were medical scientists. The implication was that there was a different valuation of the methodologies on either side of the medical/social sciences division.

These tensions are not necessarily a weakness, and it is not unsurprising that they are present given the varied participants involved in EQUINET. The SC also were cognizant of at least the first two divisions. Perhaps this is already being done, but it would make sense to periodically address these tensions (and any others) in meetings, not necessarily to resolve them but to work out possible implications of them, explore ways to engage and minimize them, and learn from them.

Leadership

As mentioned above, EQUINET has strong leadership and its success has been strongly shaped by it. The weakness comes from the danger of being dependent on a few individuals and if those individuals go without thought given to who could replace them then the functioning of the network could be imperiled.

There is recognition of this issue as a potential weakness. When one of the interviewees was asked whether “EQUINET can exist as it is without Dr. Loewenson (“Rene”)?” after s/he mentioned that she was key to it, the interviewee responded affirmatively,

If sufficient attention is paid to:
1. The processes taking place driven by Rene (how she manages meetings, allows people to engage, creates commitment, creates an environment of trust and mutual support)
2. The processes that are underway in EQUINET;
3. The complex nature of the vision and the means to achieve it;
4. Developing people with a “coached” or personal” understanding of the values that inform RL’s work and manner of work

It is important to underscore that emphasis was placed on processes steered by Dr. Loewenson as the kernel of her leadership. A similar concern was raised by some in terms of the high demands on their time for EQUINET work. Many on the SC mentioned that they put a lot of time into their EQUINET work and draw on their own institutions to support it in a variety of informal ways. In other words, EQUINET is highly subsidized by the institutions and individuals involved, particularly in terms of the SC.

Resources

Another concern raised by many of the interviewees, on and off of the SC, was the limited resources of EQUINET. While thankful for what it is able to provide for workshops and to support research, recognizing that it “adds value” to existing work and is unable to be the sole supporter of work, there was still a wish for EQUINET to direct more resources towards research grants and training. None of the South African interviewees mentioned this as a concern. Of those who did, some blamed the limitation of resources for the limited reach of EQUINET within
the region as well as within countries themselves. One interviewee mentioned this as a potential barrier to recruiting more active participants amongst researchers: “people are interested in EQUINET as long as there is funding for research. For most of them are unable to get research funding. If EQUINET cannot provide research funding, then they say they will only be interested in reading the research results.” Or as another interviewee noted in regards to the upcoming EQUINET workshop on writing for academic journals, “learning how to write for journals is okay, but we need to be able to do research before we can write anything for the journals.”

‘Impact’

The final weakness noted in some of the interviews was the limited “impact” EQUINET research has had on equity issues within the health systems in the region. It was recognized that EQUINET is still relatively young and that it is operating in a national, regional and global political economy that is often not that concerned with addressing inequities but rather end up increasing them (as many of their own publications demonstrate). For some, their disappointment may also be predicated on the problematic assumption that researchers just need to provide scientific evidence to policy-makers (or to activists) who will then (rationally) change their actions to coincide with the evidence. This ‘modernization’ assumption can be seen throughout the development world, but is worth noting considering the intended impact upon health equity in the region. Coupled with this ‘modernization’ assumption is also the underlying assumption about ‘govern mentality’ which assumes "the bureaucratic apparatus, like the economy, responds unambiguously to the directives of planners, and the state machinery has policies, but no politics"(Ferguson 1990:66). This is not to say that member of EQUINET are unaware of these problematic assumptions (e.g., Loewenson 2000), or are not trying to respond to them through their work in bottom up, participatory driven research. However, because of the strength of these assumptions in the development world generally they are worth reiterating. As noted above, EQUINET has had “policy influence” as discussed in Lindquist’s (2001) typology. In terms of having greater “impact” in terms of affecting policy regimes, I suspect the greater interaction of the network with civic activists may have an effect if it continues to also work with policy-makers and also identifies, works with, and perhaps cultivates what Lindquist calls “policy entrepreneurs.” These “are usually advocates inside or outside the government who are committed to certain causes or solutions, and are adept at reading the environments inside and outside government…. [B]y good positioning, such individuals can take advantage of a confluence of events to secure significant change in policy networks” (Lindquist 2001:22-23).

The institutional set-up and strategies of implementation of EQUINET put much emphasis on setting up processes of consultation and real and virtual places of engagement with research and strategies of change. Its strengths include an energetic and strategic leadership to oversee the establishment of such processes, the identification of EQUINET as a progressive regional research network that people can commit to and rely upon. Its weaknesses consist of the limited reach within southern Africa, the uncertainty over what a
network is, concern about ability to renew its leadership, limited resources and lack of visible improvement in equity in health issues in the region.

2. What is the value added of the “network” approach (as opposed to national projects) to address health and equity concerns in terms of:
   a) does this modality (i.e., network) facilitate the creation of a cohesive program that is greater than the sum of its parts?

Based on my analysis of the history of EQUINET and the interviews, the network modality has created a very cohesive program, indeed several programs. The network modality has facilitated the use of themes and processes to structure programs of research and activity. Many of the interviewees took each theme to be a coherent enterprise as it is shaped by a coordinator, workshops, and peer discussion of the research. The network modality has provided the flexibility to EQUINET and SC members to be entrepreneurial in developing themes and processes as they arise and fit within the strategic analysis of health and equity concerns within the region without losing sight of the overall agenda of promoting equity in health (see Box 1). Each theme and process generates particular methodologies of action or analysis that are then adapted to particular circumstances in at least three countries within SADC. This comparative exercise feeds back into the larger theme or process, offering learning opportunities and networking that would not necessarily arise from research carried out within a single country. As a consequence, the modality of themes have helped to provide a coherence to research across several countries, increases capacity in this type of research (as the coordinator does monitoring and feedback of the other researchers), and increases the networking itself. As will be discussed next, many interviewees found the learning and networking opportunities provided by being part of EQUINET to be very valuable.

b) how do EQUINET members benefit from being part of the network?

This is a key question. Firstly, almost all interviewees stressed they benefited by socialising and networking with people sharing the same values of equity and social justice. Being part of EQUINET has helped to reconfirm their own commitment to these values as well as learning knowledge, methodologies, and tactics to help promote them in the health field. However, from the interviews it seems that virtually all the people involved in EQUINET already has these values. To help ensure the spread of these values amongst new researchers, greater effort could be made at the level of involving students in the field of health studies (including medical sciences, social sciences, policy studies). This will be discussed further below.

In addition to the importance of identification with the values of EQUINET, what makes people willing to associate with the network and, for those in the SC, to put so much generally unremunerated effort into it, particularly considering that many are well-established and nationally and internationally recognized researchers? It should be noted that what an EQUINET “member” means is unclear, as discussed above. There was some difference in the identified benefits from interviews with those within the SC from those outside and thus a distinction will be made between those, to use a metaphor deployed by one interviewee, in the “inner circle” of the SC and those in the “outer circle.”
For those in the “inner circle,” the benefits mentioned can be grouped into two categories: valued learning opportunities and regional association. The identified learning opportunities are quite varied. Some praised the ability to learn more about the research process, thanks to the transparency found in EQUINET: “they [EQUINET] stress circulation of their thoughts in progress and one can see how it moves from an idea to a finished project. From this, one can learn how to do it as one sees the different stages of the process. It is very useful.” In a similar vein, some laud the peer-review possibilities of one’s work or for the opportunity to learn more about other equity in health research areas. Others celebrated the fact that it is a forum of diverse people in terms of regional location and institutional background, therefore providing an ideal audience to expose or test one’s analysis or ideas as well as to confirm there is an audience: “Research can be lonely and taxing. Equity provides solidarity.” Others talked about learning management skills—how to run a network, an organization, to effectively engage with donors, and so forth. As one respondent noted, “I have found management to be helpful. I have learned how to manage and what not to do in terms of managing my own network to some extent [from my involvement with EQUINET].”

In terms of regional association, there were different reasons given why this is important. For some it was because the regional association gave greater credibility to their work within the country: “EQUINET is a regional body and thus gets more attention in Harare [Zimbabwean government] than say if it was simply a national body.” For South African respondents it was largely reversed—the regional association gives them less credibility with policy-makers than if EQUINET was only a national association. But for almost all of the South African respondents the regional link was extremely important as it earns them a credibility in the region.

For now I am seen not simply focused on South Africa but also regional issues. This is important. For example, when engaging with policy makers and other researchers [from the region], it is important for them to see that you understand regional interests and issues, especially coming from South Africa this is incredibly important. There is a sense in eastern Africa and southern Africa that South Africa is the new imperialist power in Africa. But if one is concerned more broadly with issues in the region, it can alter the perception (that one is only interested in what is happening in South Africa).

Given the widespread assumption in the region that South Africans are only concerned about what goes on in their country, EQUINET becomes a vehicle to counter that association. The tie of EQUINET to SADC thus is symbolically useful to many of those involved in the SC.

For the “outer circle,” the benefits were largely in the field of individual capacity-building in terms of improving their knowledge about equity in health and, for the researchers, the chance to acquire research funds. A few noted that the latter is important outside of South Africa in particular given the dearth of research funds. Moreover, this research could allow them to improve their own careers as they can build up their curricula vitae.

The one benefit that cross-cut the “inner” and “outer” division is networking. Many praised the fact that they have deepened or increased their ties to other researchers, policy-makers, civics, or,
for some, donors. EQUINET creates places to increase interconnections, learn about opportunities, think about strategies, and to learn.

i) has this made a difference in strengthening their research/technical capacity?

EQUINET has made a difference in strengthening capacity for some, but “capacity-building” was also mentioned as something the network needs to improve. A number of respondents noted that their own knowledge and ability to conduct research or make interventions in the field of equity in health. A Zimbabwean respondent noted that others now “look at me as a *fundi* [expert] in health matters because of EQUINET.” Others noted, as mentioned above, that their capacity to manage organizations has improved because of their work on the EQUINET SC.

But a number identified the importance of doing more in this area, particularly directed towards younger researchers. Some suggested building more on a program that a SC member began of providing scholarships to students to do research work in equity in health areas. As one put it, “They need more capacity-building because there is more ‘wear and tear’ in southern Africa and thus to sustain the network we need to revitalize the capacity. If we do not do this, the wear and tear will kill all our work.” Based upon the respondents’ acknowledgement of the need for more researchers studying the field of equity in health and their understanding of the need to replace core members when they are unable to continue with their duties, several interviewees stressed the importance of training. Such an activity would expand the presence of EQUINET amongst junior researchers, enabling the next generation to learn about, engage with and contribute to the promotion of equity in health in their own countries and within southern Africa.

ii) has this made a difference in reinforcing their credibility?

As noted above, EQUINET has achieved a credible identity in the region, which, in turn, has added to the credibility of some of those involved with it. As one respondent put it, EQUINET is “revered in the region—which is a testament to their credibility and the strong ties they have to groups. There is a lot of credibility and trust between EQUINET and different stakeholders [in southern Africa].” Others in the SC noted that “involvement with EQUINET has added to my credibility because EQUINET has quite a high profile in some circles now.” For some, it has meant that they have had interest in their work by other international researchers who know the work of EQUINET more generally, by policy-makers because of the connection to EQUINET, and to donors as well. In other words, the association with the EQUINET identity has been used by some to generate new opportunities independently of the network since it adds to their already existing credibility.

iii) has this made a difference in enhancing their ability to put equity issues in the health policy agenda either nationally or regionally at the SADC level?

Sometimes this enhanced credibility is translated into improved ability to put equity on the health policy agenda. One civic respondent noted that they were able to do survey research with
EQUINET financial and mentoring support, which has increased their status in the eyes of policy-makers:

Our documentation system before wasn’t that good but then after doing the survey, others like the Ministry of Health pays more attention to us since we now have figures to support our claims. Most of our work have no figures but rather is [simply] a narrative report. With the figures, […]our] credibility has increased in the eyes of the Ministry.

Other interviewees noted that they have learned how to target policy-makers better with their research from EQUINET workshops.

At the regional level, given the relationship of EQUINET with SADC there has been a greater ability to put equity issues into the health policy agenda. Examples of this were given above.

The “value added” of the network approach lies in its structured flexibility—an ability to follow new opportunities and meet new challenges under the guidance of the SC, a coordinator, and the others involved in it. EQUINET has created fluid processes of connectivity, which are easily adaptable to changing social and political situations. This network approach allows for the face-to-face interaction of people in social places to be reinscribed under the ambit and social identity of EQUINET. This allows connections made through meetings, workshops, conferences, and so forth to be continued and explored further without the necessity of geographic connection. This means EQUINET can respond to and build upon ideas generated in one circumstance and transmit them to all those connected to the ‘network.’ EQUINET provides everyone involved in it an ability to partake in this ‘networking.’ It also offers a different set of learning opportunities for participants and a regional vehicle used for varying purposes by SC members. The network has given credibility to some of its members, earning greater possibility to put equity issues on the health policy agenda. It also has built capacity of different participants and members, but more could be carried out here, particularly in terms of training and involving younger researchers. However, because of the necessarily fluid and somewhat intangible nature of EQUINET, policy-makers, institutions and researchers sometimes have trouble engaging with or understanding the ‘network.’

3. What does EQUINET’s experience with building research and analytic capacity on the one hand, and promoting evidence based/informed decision making on the other inform us about how one maintains a balance between the two:

   a) when does one invest in building capacity?

EQUINET shows the importance of starting with researchers who already have a measure of credibility in various networks, individuals who already have a legitimacy in the research field at the national and international levels. Dr. Loewenson’s reputation (of being an excellent researcher and research manager with wide knowledge, boundless energy, a lot of contacts, and
other such characteristics) facilitated the interest of IDRC, for example. This is important because it means they already have a recognition within a network of researchers, policy-makers, and donors. A network is there for the new network to use and draw on. For instance some of the interviewees who recently became involved in EQUINET did so through a previous connection to some of the internationally recognized scholars involved in the SC. Using EQUINET as an example, I suggest that such well-recognized researchers need to be involved in a number of activities at the early stages to build up wider interest in the particular research of the network. This interest would come from as much the reputation of the researchers as from the actual work itself (of course, the research needs to be relevant and valid). This interest could be amongst other researchers, policy-makers, and perhaps civics, depending on the reach and type of reputation of the well-recognized researchers. The network gets rooted, in part, to the reputation of the key researchers.

The dissemination model as followed by EQUINET is also excellent—using the web, workshops, listserves, and conferences, helps to generate greater interest. At a level of anecdote, I have heard people mention they learned about EQUINET while being based in Asia, North America as well as Africa. This reach is a credit to its dissemination model. At same time, my analysis of EQUINET suggests that these recognized researchers should be involved in capacity-building exercises, working with other researchers and their research institutions whose reputation may not be as well-known in carrying out research. This helps to build up the credibility in some circles of these less-recognized researchers and spreads the places to ground the network.

With the goal of sustaining and expanding themselves, as suggested by a few interviewees EQUINET should increase the involvement of students. EQUINET could generate support for their post-graduate training, enabling them to do their thesis research under the supervision of senior researchers involved in the network, either within institutions of their own countries or within countries which have more established post-graduate programs (e.g., South Africa). This would help to build up capacity of individual researchers in equity in health fields, increase the cross-country network bonds, and hopefully build up the capacity of the home institutions once these post-graduates return to them. It would thus address the “wear and tear” concern of researchers in Africa. EQUINET could also organize contests for regional student research papers as another means to encourage student interest in the topic and to assist spreading the interest in itself. EQUINET is aware of this as it is expanding its provision of grants to students. If this is to be taken seriously, the SC may want to consider establishing a process to increase the involvement of students in the network and assigning a coordinator to the SC in charge of this process, similar to that of parliamentarians and civil society.

But this investment in research capacity should not be independent of promoting evidenced-based decision-making.

\[ b) \textit{ when would concerted effort for building evidence pay off?} \]

For the research to have a greater chance of “impact,” for informing decision making of civics, communities, policy-makers, this audience should be included at the start of the research process. Their perceived needs should be listened to and attended to, but not necessarily uncritically
accepted since the research itself hopefully will also shape those needs. Several interviewees, both policy-makers and researchers, suggested that if policy-makers are involved at the start and participate with the researchers in deciding about the direction of the research there should be a better chance of the research findings being accepted by them. This does not mean it will necessarily inform decisions, since decision-making in all organizations is often a complicated affair (e.g. Lindquist 2001). But there should be a greater likelihood that the research will inform decisions than if it is presented to decision-makers after the research has been completed. As a policy maker respondent noted, “EQUINET should have meetings with Ministry of Health and other ministries and inform them why they should be interested in EQUINET and become involved.” This is the same for any intended audience.

EQUINET is doing this with HIV/AIDS work. In 2003, EQUINET funded a meeting examining access to ARVs through a health systems approach. Through consultations and discussions within the EQUINET network, there was the sense that there would be greater donor interest in providing ARVs in the region and thus it was important to start looking at this issue through the equity lens. The meeting brought together regional experiences with key players from southern Africa along with OXFAM and supported by DfID. From this meeting, they picked up more advanced debates from South Africa on this issue and took them to a regional level, gathering evidence from other countries. EQUINET has now developed ties with other regional and national players on HIV/AIDS such as PATAM, SAFAIDS and SADC as well as with parliamentarians and government officials, with a number of productive spin-offs. As mentioned above, SADC is now inviting EQUINET to address national AIDS councils as a way to “get SADC to reflect on health systems [and ARVs] in terms of equity”, as one SADC respondent noted. PATAM and SAFAIDS also are inviting EQUINET to its meetings and vice versa. Moreover, many of these organizations are now drawing on an equity and health systems perspective in their advocacy concerning the distribution of ARVs. Now when further EQUINET research is carried out on this topic, the audience of policy-makers and activists will already be involved in the discussion of it and likely eager for the results. In turn, as several interviewees stressed, EQUINET members also learn from the policy-makers, parliamentarians, and activists. The learning is mutual in a network modality.

It is difficult to specify what would be an “optimal balance.” Carrying out scientific research builds up credibility of the research network, providing its identity. At the same time, this research needs to be in conversation with policy-makers, activists, and policy entrepreneurs or there is less likelihood that it will inform their actions and decisions. The stage where EQUINET is now, where its research activities are informed by wider discussions amongst the network that includes researchers, policy-makers, and activists seems to be close to it. However, social and political contexts always shape the actual “take-up” of research.

c) how may the political/social contexts of member countries, as well as regional priorities and policy opportunities, influence this?

At the regional level, EQUINET has been savvy and strategic to ensure that it is scouting out current trends amongst the large donors and international institutions before they emerge to set the regional priorities, such as the example on ARVs above demonstrates. Moreover, they have built a reputation as a regional network on equity in health just as this broader topic started to
become of greater interest to donors. They have networked with other organizations, such as GEGA (discussed below), to be ready to anticipate and shape these priorities. The changes in SADC is making it a bit difficult for EQUINET to be as effective in liaising with them in setting priorities, but it is still occurring.

Some national contexts have facilitated greater interaction between EQUINET researchers and policy-makers. In South Africa, a number of the researchers were active in anti-apartheid health struggles in the 1980s and now many of their comrades from those days are in the Ministry of Health or other branches of the government. These ties have ensured a greater receptiveness to some of their ideas, interviewees noted. It also has meant policy-makers are willing to talk and work with these researchers as they grapple with formulating and implementing health policy in an unequal national and international environment.

Other national contexts lack the bridge between researchers and policy-makers. A number of Tanzanian respondents bemoaned the absence of such a mechanism. But all were excited that the formation of the national EQUINET network, EquineTA, with representatives of researchers, policy-makers, civics, and parliamentarians on it, is a step in the right direction. As one observed, “One thing that strikes me is that there are good words on paper but the desired impact is rarely there…. Because of this gap between research and policy and action, there needs to be a mechanism to allow researchers to influence policy or otherwise academics just sit back and do nothing. EQUINET is coming to Tanzania to fill that gap.” A country network had been formed in Tanzania after the South African conference in 2000 but informants noted that it did not do much and fizzled out shortly. The reasons given were the lack of coordination between the different research institutions and a limited history of EQUINET work in the country. Now the sense that EQUINET has supported a number of research projects there (indeed a number of the Tanzanian respondents noted they were surprised that “so and so” was also working on EQUINET issues, showing the need to have a forum to share research results) that there should be a greater chance of success for the country network. By making the SC of EquineTA representative of key stakeholders also holds promise to help ensure its success.

Some national contexts make it very difficult for research results to have any impact at the policy-making level. Zimbabwe is a case in point. A number of interviewees noted that the executive of the government is limiting the possibilities for adoption of EQUINET research results. As one noted, “Research has been done with suggestions for equity in the health system but no implementation is being done because the people with the power to influence equity in the health system have other priorities. Here I mean the executive has other priorities and hence the suggestions made through research may remain not implemented.” The implication is that the political leaders of the Zimbabwean government is largely shaping policy through an extremely narrow political lens (e.g. Raftopoulos 2003) that makes it suspicious and reluctant to accept input from research that comes from outside their ideological perspective. However, it is also clear from the interviews that discussion between researchers and policy-makers does occur, ideas are shared, and capacity is increased.

Although Zimbabwe is an extreme example of the limitations imposed on “take-up” of research, it speaks to a more widely held danger expressed by some of the researchers of having
EQUINET contaminated by politics in the eyes of politicians. This concern shapes the discussions within EQUINET regarding the role of civics in the network.

EQUINET’s experience with balancing research capacity-building and promoting evidence-based and informed decision-making suggests the need to anchor a network around already credible and well-networked, entrepreneurial researchers. This will help attract others, including donors, to assist in building capacity of other researchers and research institutions, ideally including student researchers. Greater discussion and involvement of student researchers could also be taken more seriously to ensure the equity-in-health message is passed along to the next generation as well as other training needs. Although such a research network should attract interest of policy-makers and activists, it is important to include these groups into networking activities at early stages in the discussion of research as a way to intertwine their interest in the research, to make the “audience” also part of the decision-makers. This would lead to a mutual informing of researchers and others involved in policy-making processes (policy-makers, parliamentarians, activists), leading to an appropriate balance between research and policy-making. National contexts of research and activist traditions and policy-making processes strongly inform the possibilities and receptiveness of the different individuals and institutions to this approach.

4. How does EQUINET engage with various groups that play a key role in promoting social change through lobbying, activism, policy dialogue etc. (eg. NGOs, activist groups):
   a) to the extent that EQUINET engages with these groups, what kinds of relationships have been established?

Although there has always been an interest of working with civics, it is only recently that EQUINET has explicitly strategized about exploring further interactions and relationships with health civics. The roots of EQUINET actually lie in work Dr. Loewenson and others did with African trade unions around the issue of health in the early 1990s. But it seems that during the formative stages of EQUINET, despite the presence of some civic representatives, the aim was to build up the research expertise of the network and to build linkages to policy-makers and activists. The kernel of the current strategy is to slowly explore possible forms of interactions in a way that adds value to both the civics and EQUINET and respects the processes and activities of both groups. As a SC member observed, “We had a number of them [civics] at a November [2003] meeting with a planning focus on how to build ties between civil society and EQUINET. We are having another meeting in June. We are working out the ties and building relationships, particularly with the People’s Health Movement. We will get there but best not to force the pace of the relationships.” There are two members appointed to the SC now in charge of steering the process of interaction with civics, including finding a process to select a third representative from a civic in the region.

This pace and modality of interaction is aimed to ascertain ways in which the research can intersect with the civics’ advocacy agenda and to build up trust on both sides. EQUINET provides a(nother) place where civics can dialogue with each other, network with new players like researchers, and where learning occurs to help them in thinking through their terrain of struggle. It does not threaten or challenge their ability to operate, but rather provides a location
to generate other tools and methods to improve their own place-making activities, ways, that is, to generate and facilitate locations for civics to intersect in health policy-making processes of their community, nation or region. Although all of the respondents who are rooted in civics stressed the need to have greater civic involvement, a number of SC respondents stressed the need for caution, to proceed slowly so not to unnecessarily disrupt the identity of EQUINET as a research network.

b) what has and what has not worked in terms of establishing partnerships for effective social change?

The strategy outlined above is an effective way to establish partnerships. The processes are built on respecting the range of activities carried out by civics while locating places to explore possible interconnections and to build together ways to cooperate, means for sharing research evidence, tactics, and knowledge. The sense of a number of the researchers interviewed on the SC was that it is important for the civics to carry out the advocacy, with EQUINET facilitating research, workshops, and dissemination on relevant topics. One noted the danger of EQUINET adopting “party lines” on issues, stifling debate. The “foundation” for EQUINET, another put it, is “analysis” that stimulates rather than prescribes debates. Such a foundation “draws in different people and enables new positions to emerge rather than scaring some of these people away if it [EQUINET] had taken strong lines on many issues.” From this scenario, the promotion of “equity” is still the larger goal but specific criticisms of particular government policies and advocacy campaigns structured for change lie in the realm of the civics. Some of the latter can be part of EQUINET, but their advocacy would not be in its name, even though hopefully it will partly be informed by EQUINET analysis. From this perspective, EQUINET provides a grounding in analysis and networking for civics to better advocate for equity in health; a ground that is explicitly defined by a particular set of values of equity but not rooted to a particular form of “politics.” That becomes the role of the civics (and parliamentarians).

Another researcher noted the danger of contamination with politics in the region:

EQUINET is credible and dependable but this needs to be sustained…. One has in SADC differing degrees of tolerance of public opinion. Some [governments] can be dangerous. The challenge is that in order to have influence in SADC one needs to be seen as a friend. If one country is challenged by EQUINET, then others may see EQUINET as hostile. People can be very sensitive and one doesn’t want to be too much above the water, just a bit above so they can positively contribute to policy discussions. This is the challenge.

The aim here is for EQUINET to do the research in the background, or “under the water,” while the civics in the partnership use the research in their campaigns. This suggests that adopting an “anti-politics” governmentality—the position that international development is simply a technical and not a political process (see Ferguson 1990)—may be an explicit political strategy on the part of EQUINET as a way to maintain credibility of policy-makers and (some) politicians. At the same time, by networking with and sharing its research evidence with civics, EQUINET can also feed into explicitly political advocacy for greater equity in health without it necessarily being viewed as the enunciator of this position. As one interviewee observed, “We
[in EQUINET] can be like a chameleon—changing colours in different environments… [We] move slowly as a chameleon, bring[ing] out attributes that best fit the situation.” This comments refers to the careful deliberation that occurs in EQUINET and its recognition that certain types of presentation of itself (“colours”) may not fit particular environments. However, to continue with the metaphor, this does not mean that EQUINET is completely opportunistic. There is a core skeleton of values concerning equity in health that informs all its actions and appearances. I found no evidence that those were sacrificed on the alter of some form of expediency of dealing with policy-makers, activists, or donors. Recognizing that a research network gains credibility in international development by being “technical,” even when its data is directed towards a social justice goal, requires a particular presentation in certain contexts. For some interviewees this was tactical, a way to ensure that there is a broader audience for its research; for others it was the way development and policy decisions should be made, a-politically.

EQUINET has adopted a strategy to include advocacy groups and policy makers in the same research. If they are able to incorporate them both in research processes from the start, as suggested above, there may be a greater chance of their research feeding into political and policy processes of health.

South Africa may be a noticeable exception, where there are strong traditions of public advocacy and there seems to be greater tolerance of dissent on the part of government as well as success from such campaigns than in other SADC countries (see, e.g., the TAC campaign). A respondent from a civic organization from outside of South Africa even noted the difference in the levels of confrontation in the forms of advocacy used in South Africa:

For example in the November [2003] meeting [with civics], there were a lot of South African NGOs and networks there. There were some groups working on rights to electricity from the rural setting of Soweto. There were also nurses and activists. From this experience, I learned that people [in South Africa] take action in their own hands. Poor people are ignored until sometimes they have to do something in an aggressive way. It was an “Ohhh” for me, as I saw that different people react differently. In […] my country, people won’t take any such measures. We don’t have the guts to protest like that. We are nurtured to be peaceful, not to cause trouble. Sometimes however I learned that aggressiveness is needed. I learned that to get attention from politicians, aggressiveness could be handy. It was a “learning moment.”

However, civics have limits, some greater than others. A number of respondents from civics lamented their weaknesses, particularly in terms of infrastructure and institutional capacity. Some expressed hope that EQUINET could provide institutional support to them to, for example, better communicate and reach to its members. This role seems to be more suited to donors, though not many necessarily assist in providing basic infrastructure to institutions in Africa. EQUINET’s role is mainly about adding value to the already existing work of civics. The network aims to build their capacity of analysis and understanding of health policies and the health field at large in terms of equity and to provide them with tools to better engage with the terrain of health policy in their communities, nation, and region.
c) **what difference did this partnership make (or will this make) in terms making the EQUINET research matter?**

EQUINET has forged strong bonds with civics in a number of countries, finding a convergence of interest. As one respondent noted, “At the people or civil society or social movement level, there is strong resonance with EQUINET. Some say we have been saying this [equity and health] for a long time but EQUINET puts it differently for us. EQUINET is expressing the forms for the various terrains of struggle.”

These partnerships have had some success in disseminating knowledge and analysis generated by EQUINET research into advocacy, such as in the HIV/AIDS example and the observation of the various South African groups whose advocacy has been informed by EQUINET research as discussed above. If the strategy of engagement with civics continues along the path forged, it should mean greater relevance of EQUINET’s research to policy and political debates concerning health. It needs to be embedded further in civic groups in other countries, such as in Zambia, Malawi, and Tanzania. There is great promise for making the research matter, though as noted above there are no guarantees given the politics of policy-making. Yet civics do play a role in health policy processes, moreso in some countries than others. By having them part of the EQUINET network makes strategic sense. It also contributes to trying to democratize health policies in the region, by having more popular representation involved in making decisions concerning resources. But the trick is for EQUINET to balance the concern of being too strongly labeled with one particular political agenda. The trick is to be the chameleon. The relationship with SADC again is crucial. It provides a legitimacy in the region amongst governments and politicians, which can act to counter-balance any anxiety concerning EQUINET’s linkages with civic groups.

The proviso is that civics in southern Africa do not necessarily have deep roots within communities and the greater involvement of civil society does not necessarily translate into greater involvement of communities (e.g. Rutherford 1997, Hilhorst 2003). The predominance (not exclusively) of biomedical models and formal health systems in EQUINET’s research and advocacy also does not necessarily reflect the variety of overlapping models and understandings of health, health care, and health providers held by the population in the region (e.g. Green 1996). Without attention to such health providers and the decision-making processes influencing health choices made by different communities, the ability to mobilize communities concerning equity in health may be limited (see, e.g., Nations and Monte 1996).

**EQUINET’s recent engagement with civics holds great promise. Through respecting the autonomy of these organizations and movements and offering knowledge and tools of analysis, EQUINET provides a ground for civics to augment their understanding of equity in health and to strengthen or forge alliances for their activities. EQUINET has provided greater equity in health analysis amongst civic organizations working on trade, HIV/AIDS, and primary health care. Its reach amongst civics likely will continue to increase in the region. However, the greater networking with civics has led to questions concerning the identity of EQUINET, particularly concerning the division between “research” and “politics.”**
5. *Is there value added in formalizing the governance structure of EQUINET – i.e., at what point, if any, should one support network building such as formal governance structures?*

There were divergent opinions expressed on this topic, signaling the discussion the EQUINET SC has been having regarding formalization. This discussion sheds light onto the different views of what EQUINET is and what it should be doing.

The researchers and civic members interviewed who were in favour of formalizing it were based outside of South Africa. The reasons given to promote formalization concerned sustainability, resources, governance, and, ultimately, identity. One raised the concern that with EQUINET based on the good will of individual members rather than formal institutional links, if those researchers leave the network then EQUINET can disappear:

> We need to draw in institutions more formally with EQUINET, e.g., through Contracts or MOUs. This won’t force people to do anything but it will facilitate discussion within the institution to allow for an institutional mandate rather than an individual one. For example, in universities, individual researchers are encouraged to link up to networks, etc., but the university will not ‘buy into’ them and once that individual goes, there is a good chance that the institutional link will go with that individual.

Another supporter of this process argued that it would become more durable and thus more likely to attract greater resources: “I would want to see the institutionalization of a regional secretariat. Make it more solid in terms of human resources and providing support and then it could send money to country chapters to help them establish their own finances.” Lack of “institutionalization,” asserted this respondent, is “the biggest stumbling block is dialogue with the outside world, especially policy-makers.” If formalized, then it would be easier for EQUINET national bodies to play a formal watchdog role on equity in health for the government. “For example, if the Ministry of Finance signs agreements that adversely affects health (e.g., slashes their budget), yet Ministry of Health knows nothing about it until the decision was taken, who can look out for this? who can be a watchdog? No one right now can look out for this. But if there is a formal body then it could do this important work.”

The third reason given for institutionalization was that it would make clear the rules and responsibilities of EQUINET and its members:

> I think there should be proper laid-down procedures: e.g., terms of reference for the SC, theme area coordinators, requirements for membership. There can be disputes that arise and without written down procedures it can be hard to deal with them. On governance, I think we need the written down rules. Simply calling our working arrangements as “mutual understanding” makes it difficult to continue along these lines and to be seen as a professional organization.

Underlying all these concerns is the issue of the “identity” of EQUINET. The concern is that it is too amorphous to be taken seriously, too much a “bar of soap,” to be viewed as a “professional organization.” The assumption is that by having more formal rules, perhaps registering as an
organization in the different countries, its credibility will increase in the eyes of governments and other institutions, which would, in turn, facilitate greater “impact” of its research.

On the other hand, a number of respondents, including a number from South Africa, were very concerned that formalization would undermine the benefits generated by EQUINET so far. It would become “bureaucratic” and the “multiplier effects” of SC members doing a lot of the activities on their own would be lost. In contrast, “by keeping EQUINET flexible allows the different institutions involved to grow within EQUINET. They can prove themselves by doing different and new activities rather than simply ossifying, doing the same thing or nothing at all.” For example, in a formal governance structure would the emergent theme of human rights and health (as discussed in Box 1) so easily be accepted and included in the network? Another respondent had a similar opinion:

I would be loathe to see procedures prescribe what EQUINET is and isn’t. The challenges are moving and one needs to be dynamic to respond. The capacity to respond is not there when it is bureaucratic - where the process can slow down response. The question of centralized versus decentralized is a question of activism and not of audit. We do our activities on trust (assuming that if an audit were to occur everything would be fine). Everyone is involved in setting up the budget. A lot of sharing experiences and building up each other (i.e., synergies).

There is another identity of EQUINET being discussed here—that of the flexible, dynamic, learning “network.” These respondents’ perspectives are echoed in the literature, where formalization of networks is viewed as the death-knell of them qua networks. “Effective networks” are not simply optimizing organizations that attempt “to force-fit predicted, linear and regulated programmes of work onto dynamic policy and client communities. Rather, they hone capacities and create mechanisms for the regular feedback and reflected analyses which are needed to deal with the ambiguity of these environments, and to adapt interactively with them” (Bernard 1996:39). This is what EQUINET has done. The differing opinions about formalization is about whether EQUINET should continue in its modality or whether it should change it and thus change the identity of the network itself.

By formalizing and institutionalizing more, EQUINET may increase its credibility amongst some policy-makers and donors. But it is unclear whether this will actually lead to “greater impact” given the politics of policy-making—the history of progressive change professional development organizations in Africa is not commendable (e.g. Ferguson 1990). Furthermore, policy influence can come from a variety of actors and institutions, not only formalized ones (Lindquist 2001).

Moreover, EQUINET has a degree of formalization already. There is a secretariat, an organizational chart has emerged (re. Figure 1), it has a logo, and so forth. Both sides of the discussion pin much concern on whether it “formalizes” or not. From my review, a greater concern is whether the structures and processes in place enable dialogue, good research, and greater chances of influencing policy processes. EQUINET already has generated significant credibility in the region and beyond and the commitment to transparent processes has so far led to nothing but praise for its governance structures, based on my research at least. If it maintains
its ability to create (different) places that researchers, policy-makers, civics, and parliamentarians find of value, then the network modality may continue to be suitable.

The question of when, or if, to implement a more formal governance of EQUINET is a debated and debatable idea. EQUINET as a research network requires a certain degree of fluidity in order to respond to change by bringing together the appropriate individuals, institutions, and movements to engage with research findings and with each other. However, as EQUINET engages with more institutions it might become difficult to be involved with their processes without a more stable institutional-like framework. If the SC still finds value in the “network” approach, they may need to make it more visible and meaningful to broader audiences, particularly those within more formalized institutions such as governments, articulating what this modality means and why it is more appropriate than adopting a more formalized structure.

6. To what extent has/does the socio-political history of the region shaped the scope and effectiveness of EQUINET? (can the strategies/approaches used by EQUINET be replicated elsewhere or are they a result of the specific socio-political context within which the network operates?).

The history of EQUINET is intimately tied to the specific context of southern Africa. However, this does not mean that its approaches are inherently bound to the region.

The history of health research in South Africa and in Zimbabwe is important to EQUINET. Firstly, there are strong health research institutions in these two countries, which have helped to produce researchers with international credibility. Research is encouraged and possible with donor assistance in these two countries, especially in South Africa. In some of the other SADC countries, the internal and donor resources for research and institutional capacity to conduct research is lacking. As one interviewee from outside of South Africa commented, “I started off as an academic and found it difficult to do research work because my university had no money to support such research. I found it boring not doing research. Moreover, one wants to contribute. So Equinet has provided a forum for discussions on research areas, which I never had before in my country.”

Moreover, the widespread struggle against racial segregation under apartheid and colonialism in South Africa and Zimbabwe also played out in the field of health. Not only were there great inequalities in the provision of health care between the white minority and the black majority but also many health activists and professionals struggled against this inequity. For some, health was inherently political and research needs to be directed towards remedying those inequities in partnership with a broader political movement, be it the anti-colonial struggle, the African nationalist government in power, and/or a civics movement. Some of the key people on the SC from South Africa and Zimbabwe come from this milieu and draw on this tradition and the networks generated from it in their work with EQUINET. The presence of SADC as an organization to help anchor its regional credentials is also unique to EQUINET. As discussed above, despite its weakness as an institution, SADC has played an important legitimizing role for EQUINET in the region.
At the same time, the strategies for EQUINET’s success can inform the formation of research networks elsewhere. It would be simplistic to assume that a blueprint for successful network can be condensed out of EQUINET’s experience to be replicated elsewhere. Indeed, as one of the IDRC interviewees noted, likely EQUINET’s success relative to some other research networks created by IDRC is that it emerged out of the interests and activities of people in the region rather than imposed by the donors (see also Bernard 1996: 39). As one interviewee remarked, “EQUINET is so embedded in southern Africa and thus perhaps it is easier for them to make links to different stakeholders.” This is not only a caution against the problematic assumption of a “cookie-cutter” approach to international development (for it neglects the specific power relations, histories, and social projects that inform and shape the particular arrangements and practices of any international development program or project; see, e.g., Rutherford 1997, Crewe and Harrison 1998). Such an assumption is also inimical to networks themselves, which require the forging of a particular solidarity and cohesiveness amongst different individuals through sharing a common interest. This “forging” cannot successfully be imposed by outsiders. It can be fanned, but not created.

From the interviews, credit for EQUINET’s success and growth lies in its dissemination strategies, research reputation, its cohesive values, the active work of its SC in deliberating about processes, and timing. As noted above, EQUINET’s use of the internet and other communication strategies has ensured that it has a wide recognition. This dissemination strategy, in turn, depends, on having quality research carried out, in part, by already reputable researchers that is accessible over the internet.

All interviewees noted the importance of the social justice values, the commitment to equity, as a reason why they remain interested in EQUINET. It resonates with their own goals of ensuring excellent health care is provided to everyone in their country, let alone the region. As also noted above, the careful work of the SC in steering its expansion, of openly deliberating on its structures and processes, also was valued and praised by a number of interviewees. Although it does require a great time commitment, especially among those in the SC, there was a strong sense that equitable processes internal to EQUINET requires a lot of work and gives them greater coherence when advocating for more equitable health policies. It also relies on the strong values that leads to the commitment to the network and this commitment ensures that members are willing to do networking, in part, for EQUINET. The final factor is timing. Shortly after EQUINET formed, international donors and others became more interested in equity in health issues. EQUINET was already present and has been able to achieve greater support (financial and otherwise) because of the growing interest in this topic.

These factors could be important in deciding whether EquinTA is successful or not. A country network was formed in Tanzania in 2000 but it did not do much. Part of the reason several interviewees gave was that EQUINET was not yet well-known in Tanzania, let alone southern Africa. After a number of years of being a presence on the internet, carrying out research projects in Tanzania, organizing a number of workshops with Tanzanian representatives, and so forth, many of the interviewees assumed that there was a greater likelihood of success as many researchers, some policy-makers, and a few activists in Tanzania knew about and were interested in EQUINET. They viewed EquineTA as a vehicle to consolidate the policy research on equity in health in Tanzania.
The following attributes of EQUINET could be considered as germane to the possible success of other research networks:

- have strong leadership and attract nationally and internationally recognized researchers;
- ensure there is commonality around shared values which are constantly discussed and highlighted;
- transparent processes of operation;
- strategic planning of operations and networking;
- have “peer review” of research to ensure high quality research;
- disseminate widely through a variety of means (e.g. web-page, list-serve, hard copies, workshops, conferences);
- collaborate with other institutions and activists, so there is “value added” for both.

EQUINET is shaped by the histories of southern Africa and individual countries. But its grounding of a research network suggests that there may be some common attributes that could possibly lead to the emergence of other successful research networks. These include: the idea comes from the interests and commitment of the key individuals that form the “inner core”; there is a strong and strategic leadership; there is the creation and dissemination of an identity to which others can commit; and there is a forging of places in which processes of inclusion are emphasized and a wide range of people and institutional representatives find value added to their work (via increasing knowledge, tools of analysis, strategies of engagement, and networking).

7. Financial sustainability of EQUINET needs to be considered:
   a) what is the scope for financial sustainability of a network such as EQUINET?

Given the significant credibility it has in the region, EQUINET has great scope to achieve financial sustainability. It has increased the number of funding partners it has to six. There is at least one example of it drawing on a SC member’s network of donors to acquire additional funding. It is possible to draw on more of such networks, if need be. Moreover, the work for EQUINET by each member of EQUINET, particularly of its SC, is heavily subsidized by their own home institution. As one interviewee noted, “my organization is externally funded. My salary comes from there and I rely on that to do volunteer work with EQUINET.”

Some respondents talked about trying to get to a stage where individual EQUINET country networks are also financially sustainable. That may take a long time and be more achievable in some countries than others, depending on the available resources of donors and others for such an enterprise. One respondent declared that given the limited resources in her/his country, it is highly likely that funding for research, workshop participation, and other travel activities will always require donor assistance.

EQUINET’s primary distinction from other equity in health networks like GEGA is its regional expertise. Their embeddedness in the region helps it in having policy influence for reasons given above. Given this strength and its desire to have greater impact on health policy processes, the emphasis should be on continuing to do strong work and networking within the region; to
strengthen, that is, its identity as the regional experts on equity in health and for facilitating places to meet and to network. By continuing to generate such credibility and links to the key players in the region and gathering intelligence on upcoming trends in development and health, EQUINET should be able to continue to attract the interest of the donors.

b) what strategies might be adopted to strengthen this?

Resources are a limit to the extension of EQUINET—both within countries and within the region. In addition to applying for targeted funds for various activities (perhaps including looking for funds for supporting post-graduate research by students in the region), EQUINET can also carry out consultancies for institutions such as WHO, larger NGOs, even line ministries or sector wide approaches (SWAPs) to coordinate development assistance between donors and partner governments. They have the network of researchers, civic organizations, and increasingly parliamentarians in southern Africa. They could draw on this network to conduct research on a variety of equity in health issues, particularly those that fall under one of their themes. The secretariat would have to make sure that the research fits within the aims of EQUINET and does not take resources away from its own projects, but that it builds on existing work and areas of interest and enhances the institutional capacity of select research institutions. In other words, EQUINET would adopt a similar strategy to how it collaborates with other individuals and institutions. However, this would mean that the agenda is being set outside of EQUINET, drawing away limited resources (particularly that of time) of key individuals which may not be compensated by whatever financial gains made to the network through such consultancies.

Another possibility is for some of the EQUINET research to be carried out in partnership with northern researchers who could apply to funding agencies whose funds are reserved for residents of specific northern countries. As a co-applicant, the EQUINET researcher(s) would work with the northern researcher in deciding the research focus, ensuring that it feeds into EQUINET activities. Moreover, the EQUINET researcher would be the key person to work with policymakers and activists in the region, with the northern researcher playing a role where suitable. In some of these grants, there could also be funding to go towards the SADC-based researcher’s institution and training of students there.

Financial sustainability of EQUINET seems more stable at the moment than when it started. It has greater donor support and with growing credibility it should be able to continue to attract more financing. Consultancies as a network may be one alternative way to attract more funding, albeit this means the agenda is being set outside of EQUINET. Co-applying to northern research agencies with northern-based researchers may be another strategy to attract some research money.

C. Situate EQUINET’s work within the context of similar networks dealing with health and equity, as a means to explore the ‘value added’ of its work, complementarities, and synergies that are either currently explored, or could be explored in the future, to enhance EQUINET’s effectiveness. In particular, this evaluation will examine:
1. What is the value added of a network such as EQUINET and how does it complement or otherwise allow space for reflection, analysis, policy dialogue, etc. that is not currently done by other networks such as the Global Equity Gauge?

EQUINET offers a regional grounding, flexibility, and a bringing together of diverse actors and institutions to the growing interest and work in the field of equity in health. The regional focus makes EQUINET unique amongst the other networks. It provides a scale for action that tries to ensure synergies flow across the uneven institutional terrain of southern Africa, as a way to build up capacity in the region. This capacity is directed towards addressing both common problems facing them as a result of the unequal position of the region in the global order and similar colonial and postcolonial histories as well as the particular problems facing each country. As a SC member put it, “African regional networking is critical for the type of coherence and exchange needed for strengthened global engagement and for EQUINET the regional networking is fundamental, perhaps more so than for the stronger South African partners who are already strong in global platforms or for global networks like GEGA.” In other words, instead of adding “global” as the scale of action for the network in addition to “national,” the aim is to foster a regional capacity to better arm southern African researchers, activists, policy-makers to deal with international forces and issues (driven by northern concerns) that come at them. In so doing, EQUINET provides a broader audience for research evidence, knowledge, and strategies of individuals and institutions from countries that may get ignored given their marginal position in the region (e.g. lack of institutional support to carry out and to disseminate research, attend international or regional workshops, etc.). At the same time, it facilitates a regional focus and engagement for individuals and institutions that already have a global credibility and networking (particularly from South Africa). It builds capacity in individual institutions, particularly those that come from poorer countries, while forging a regional identity, anchoring it to SADC. As one observer remarked, “the strength of EQUINET is working at the regional level—the countries in which they work are dependent on external forces, which is the main driver of equity issues, and thus the regional level is a place where one should work on. There are also a lot of similar problems facing the countries in the region.”

In contrast, GEGA omits the regional level, rooting itself in separate “Equity Gauges” that focus on local or national issues, feeding into a global process. Its research feeds directly into the attempt to hold policy-makers accountable. Therefore the research supported by EQUINET could be more varied—from capacity-building institutions to feeding into regional activism. Whereas the Equity Gauges have flexibility in terms of how they operate, their research is largely shaped by the aim of creating indicators to measure and describe inequalities as a way to monitor policies and to empower civilian participation. Their scope for advocacy is narrower than EQUINET’s, which itself focuses on global issues (e.g. WTO), regional issues (e.g. HIV/AIDS pandemic and SADC responses to donor strategies), and various national issues.

EQUINET seems to have greater flexibility than GEGA in deciding their research, both within existing themes and in forging new themes, and in terms of strategizing over with whom to partner. A case in point is SEATINI, an institution that a number of interviewees noted is quite radical in its analysis and prescriptions. But they also valued its input as it provided an outlook that may not convert them to their perspective but did resonate with them: “I view SEATINI as part of the ‘ultra-left,’ as we say in South Africa. This means that SEATINI is a bit isolated at
times. But I find it useful to have their viewpoints shared with others at workshops through the vehicle of EQUINET.” Some expressed doubts if SEATINI would be part of an Equity Gauge network given its radical positioning on a number of topics.

EQUINET and GEGA complement each other in a number of ways. EQUINET is becoming more interested in working with Parliamentarians and has consulted with GEGA and learned from them. In turn, GEGA is linking up with EQUINET to network more at the regional level, to build regional ties with some of its Equity Gauges in southern Africa with other actors as well as to explore the establishment of new country Equity Gauges (e.g. people in EquineTA may also form a Tanzanian Equity Gauge). Many of the interviewees are also involved in a national Equity Gauge or other health networks. There are also specific examples of how EQUINET research feeds into actions of particular Equity Gauges. One respondent who is involved in both networks provided some evidence of how this can work out:

They [institutions involved in the Equity Gauge work] are trying to bring out issues discovered from the [EQUINET] research. For example, one district health committee chair was saying they know they themselves are not working hard because the District Health Director told them that EQUINET research found out that they were not working hard. “It is true,” the committee chair said, “people don’t like us.” Thus EQUINET research was picked up by the health stakeholders. It told them that people were not happy with their work. So I was very happy hearing this and the district health committee chair told me [when I talked with him as part of my Equity Gauge work] that “now we are changing.” So the two, EQUINET and GEGA, are very complementary and he finds it useful to be involved in both networks.

GEGA’s Equity Gauges thus become civics who can take up the evidence provided by EQUINET for their own work, just like other civics as discussed above. In turn, the individual Gauges and GEGA itself provide a network for EQUINET to learn from and tap into. There is “value added” for both, the strategy which EQUINET’s SC pursues when extending itself, not only with GEGA but also with other networks such as PHM and PATAM, while also benefiting from their activism, networks, and knowledge.

The regional grounding, flexibility in its research (as well as carrying out solid research), and its ability to tap into diverse stakeholders is EQUINET’s strength, its “value” to the other networks and players in the growing field of equity in health.

2. How does EQUINET’s work link to the broader discussions/debate around equity and health at the national, regional and/or international levels?

Based on an analysis of IDRC files, interviews, and the regional debates, EQUINET’s work fits into national, regional, and international debates about equity in health in several ways. At the national and regional level in the SADC countries it operates, EQUINET feeds into policy-makers’ concerns about trade and about HIV/AIDS, amongst other issues, as discussed above. It also feeds into movements amongst civics and parliamentarians concerning democratization of (health) policy processes. Particularly, since the 1990s there has been growing interest amongst
parliamentarians and donors in having greater input of elected politicians, civic activists, and the public at large in policy processes (e.g. Rutherford 1997). At the international level, EQUINET is able to forward their concerns into a variety of research and institutional circles outside of the region through a number of ways. These include the widely recognized publications of some of its researchers, its connections to donor partners such as Rockefeller Foundation, OXFAM, and IDRC, and its upcoming co-organization with GEGA and the International Society for Equity in Health, and the International Association of Health Policy a series of international conferences and workshops on equity in health to be held in Durban from June 4th –14th, 2004 (see http://www.gega.org.za/other/calendar.php). EQUINET’s newsletter, web-site, and its general networking as discussed above, all give EQUINET an international reputation. But its reputation is based on being a regional research network for equity in health.

EQUINET’s work links to broader discussions around equity in health as it has generated credibility of its research and forged places to disseminate and network with others in national, regional, and international arenas.

3. What synergies/complementarities can be further explored to strengthen the effectiveness of EQUINET’s work?

EQUINET could explore working with other networks operating in the region as well as other organizations and civic groups to increase its synergies and complementarities to strengthen its effectiveness. Each would have to be assessed by the SC, some of which already may have been.

Interviewees often mentioned other networks where there could be a fit for EQUINET, a place to increase its reach and presence and its effectiveness. These include: SOMA-Net, Social Science and Medicine Africa Network (see http://www.somanet.org/); EQUI TB Knowledge Programme, Liverpool School of Tropical Medicine that works in Malawi in the region (see http://www.stoptb.org/partners/partner_profile.asp?PartnerID=1063); HepNet, the Hepatitis Information Network (see http://www.hepnet.com/hepc.html); INDEPTH-Network, An International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries (see http://www.indepth-network.org/); GHEN, Gender & Health Equity Network, that works in Mozambique (see http://www.ids.ac.uk/ghan/index.html); AFRONETS, African Networks for Health Research and Development (see http://www.afronets.org/); SHARED, Scientists for Health and Research for Development (see http://shared-global.collexis.net/main.asp); and CODESRIA, the Council for the Development of Social Science Research in Africa (http://www.codesria.org/). These networks may provide particular advantages for some of EQUINET’s work—be it another arena to increase its dissemination of research or promotion of equity perspectives or as another entry to a country in which it hopes to work, such as GHEN and Mozambique.

CODESRIA may be a particularly suitable network, for it shares with EQUINET similar progressive objectives concerning the importance of building up capacity in Africa. Moreover, there seem to be a number of networking opportunities in its current strategic plan for 2002-2006 (http://www.codesria.org/Links/Home/strategic_plan.pdf). In the plan, it identifies the need to build links with other independent research organizations (p. 8), promotes dialogues between the social sciences and the health/medical sciences (p. 10), and has as its first research theme
“Health, Politics and Society in Contemporary Africa” (p. 13), a theme which exemplifies EQUINET’s work. At the same time, the EQUINET SC would need to make sure that investing energy and resources into such networks fit within its own strategies for extending its reach and improving its effectiveness.

EQUINET also may want to explore further engagement with health professional associations at the national and regional level. These include doctors, nurses, midwives, and traditional healers, all of which are key players in the delivery of health. Along with Ministry of Health personnel who also should be engaged with, these are the people who also address the effects and implementation of policies or lack thereof. As noted above, it is particularly important to engage with alternative health providers such as traditional healers since in many SADC countries these are the primary providers of health care (e.g. Mhame 2000). Yet, like elsewhere, there is a lot of mistrust, misunderstanding, and hostility between them and bio-medical personnel and researchers. But research suggests the importance of taking such health providers into consideration in trying to address health equity issues (e.g. Nations and Monte 1996, Green 1996, 2003).

These explorations could further strengthen EQUINET’s effectiveness. They would build on an already solid foundation, an ability to ground its network in particular places that lead to sharing of research and strategies to improve equity in health in particular communities, nations, and southern Africa as a region.

**EQUINET could explore collaborating with other networks involved in health in southern Africa and with associations of different health providers to strengthen the effectiveness of its work. These collaborations would build on the existing network EQUINET has forged, extending its reach, and providing new opportunities and insights for EQUINET.**
4.0 CONCLUSION

Below are the main conclusions drawn from the analysis provided for each question that structured this report.

• During Phase 2 support from IDRC, EQUINET has increased research on equity in health topics in southern Africa with wide dissemination, been active in capacity building of individuals and organizations and itself, participated in a number of meetings, and formalized its relationships with a number of other networks and institutions.

• EQUINET’s accomplishments have deepened the understanding of equity amongst its participants as they have increased possibilities for learning in a variety of fora; a learning that informs other activities of these participants. It has extended the profile of equity in health in the region, particularly within SADC, but this understanding could be deepened and widened and greater commitments to it could be facilitated. This need for more commitment is greatest amongst policy-makers, but EQUINET is still quite young and so it is unrealistic to expect a greater “impact” on policy processes. The work of grounding the network has been done effectively, establishing places whereby dialogues about learning and strategizing about advocacy occur. This groundwork holds much promise for greater relevance of EQUINET in national, regional, and international engagements concerning equity in health.

• The institutional set-up and strategies of implementation of EQUINET put much emphasis on setting up processes of consultation and real and virtual places of engagement with research and strategies of change. Its strengths include an energetic and strategic leadership to oversee the establishment of such processes, the identification of EQUINET as a progressive regional research network that people can commit to and rely upon. Its weaknesses consist of the limited reach within southern Africa, the uncertainty over what a network is, concern about ability to renew its leadership, limited resources and lack of visible improvement in equity in health issues in the region.

• The “value added” of the network approach lies in its structured flexibility—an ability to follow new opportunities and meet new challenges under the guidance of the SC, a coordinator, and the others involved in it. EQUINET has created fluid processes of connectivity, which are easily adaptable to changing social and political situations. This network approach allows for the face-to-face interaction of people in social places to be reinscribed under the ambit and social identity of EQUINET. This allows connections made through meetings, workshops, conferences, and so forth to be continued and explored further without the necessity of geographic connection. This means EQUINET can respond to and build upon ideas generated in one circumstance and transmit them to all those connected to the ‘network.’ EQUINET provides everyone involved in it an ability to partake in this ‘network-ing.’ It also offers a different set of learning opportunities for participants and a regional vehicle used for varying purposes by SC members. The network has given credibility to some of its members, earning greater possibility to put equity issues on the health policy agenda. It also has built capacity of different participants and members, but more could be carried out here, particularly in terms of training and involving younger researchers. However, because of the necessarily fluid and somewhat intangible nature of
EQUINET, policy-makers, institutions and researchers sometimes have trouble engaging with or understanding the ‘network.’

• EQUINET’s experience with balancing research capacity-building and promoting evidence-based and informed decision-making suggests the need to anchor a network around already credible and well-networked, entrepreneurial researchers. This will help attract others, including donors, to assist in building capacity of other researchers and research institutions, ideally including student researchers. Greater discussion and involvement of student researchers could also be taken more seriously to ensure the equity-in-health message is passed along to the next generation as well as other training needs. Although such a research network should attract interest of policy-makers and activists, it is important to include these groups into networking activities at early stages in the discussion of research as a way to intertwine their interest in the research, to make the “audience” also part of the decision-makers. This would lead to a mutual informing of researchers and others involved in policy-making processes (policy-makers, parliamentarians, activists), leading to an appropriate balance between research and policy-making. National contexts of research and activist traditions and policy-making processes strongly inform the possibilities and receptiveness of the different individuals and institutions to this approach.

• EQUINET’s recent engagement with civics holds great promise. Through respecting the autonomy of these organizations and movements and offering knowledge and tools of analysis, EQUINET provides a ground for civics to augment their understanding of equity in health and to strengthen or forge alliances for their activities. EQUINET has provided greater equity in health analysis amongst civic organizations working on trade, HIV/AIDS, and primary health care. Its reach amongst civics likely will continue to increase in the region. However, the greater networking with civics has led to questions concerning the identity of EQUINET, particularly concerning the division between “research” and “politics.”

• The question of when, or if, to implement a more formal governance of EQUINET is a debated and debatable idea. EQUINET as a research network requires a certain degree of fluidity in order to respond to change by bringing together the appropriate individuals, institutions, and movements to engage with research findings and with each other. However, as EQUINET engages with more institutions it might become difficult to be involved with their processes without a more stable institutional-like framework. If the SC still finds value in the “network” approach, they may need to make it more visible and meaningful to broader audiences, particularly those within more formalized institutions such as governments, articulating what this modality means and why it is more appropriate than adopting a more formalized structure.

• EQUINET is shaped by the histories of southern Africa and individual countries. But its grounding of a research network suggests that there may be some common attributes that could possibly lead to the emergence of other successful research networks. These include: the idea comes from the interests and commitment of the key individuals that form the “inner core”; there is a strong and strategic leadership; there is the creation and dissemination of an identity to which others can commit; and there is a forging of places in which processes of
inclusion are emphasized and a wide range of people and institutional representatives find value added to their work (via increasing knowledge, tools of analysis, strategies of engagement, and networking).

- Financial sustainability of EQUINET seems more stable at the moment than when it started. It has greater donor support and with growing credibility it should be able to continue to attract more financing. Consultancies as a network may be one alternative way to attract more funding, albeit this means the agenda is being set outside of EQUINET. Co-applying to northern research agencies with northern-based researchers may be another strategy to attract some research money.

- The regional grounding, flexibility in its research (as well as carrying out solid research), and its ability to tap into diverse stakeholders is EQUINET’s strength, its “value” to the other networks and players in the growing field of equity in health.

- EQUINET’s work links to broader discussions around equity in health as it has generated credibility of its research and forged places to disseminate and network with others in national, regional, and international arenas.

- EQUINET could explore collaborating with other networks involved in health in southern Africa and with associations of different health providers to strengthen the effectiveness of its work. These collaborations would build on the existing network EQUINET has forged, extending its reach, and providing new opportunities and insights for EQUINET.

In conclusion, this research has identified some of the key processes and attributes of EQUINET that has made it into a successful research network. It has grounded itself in a number of places in southern Africa that intersect with health policy processes—amongst regional and national policy-makers, parliamentarians, civil society organizations, and research institutions—as well as virtually through its web-site and list-serves. More can be done to have greater health policy influence within communities (e.g., extending its reach to other civic groups, dialoguing and working with alternative health care providers and learning more about models of health and illness held by different communities), nations (e.g., greater involvement of policy-makers in processes of deciding research), and the region (e.g., spreading to other countries within SADC). However, in a relatively short period of time through careful deliberation on process and actions, significant time on the part of SC members and the secretariat, and sufficient support by SADC and national policy-makers, activists, other researchers, and donors, EQUINET has done considerable ground-work already to spread interest and knowledge about equity in health in southern Africa and beyond.
5.0 APPENDICES

5.1 Appendix A: List of Acronyms

AIDS       Acquired Immunodeficiency Syndrome
ARV        Anti-Retroviral
CHESSORE   Centre for Health, Science and Social Research
CHP        Centre for Health Policy
COHRED     Council on Health Research for Development
DfID       UK Department for International Development
EQUINET    Network for Equity in Health in Southern Africa
EQUINETA   EQUINET Country Network in Tanzania
GATS       General Agreement on Trade in Services
GEGA       Global Equity Gauge Alliance
GEH PI     Governance, Equity, and Health Program Initiative
HRH        Human Resources for Health
IFI        International Financial Institutions
IPHC       International People's Health Council
NGO        Non-Governmental Organizations
NIDR       National Institute of Development Research and Documentation
NIMRI Tanzania National Institute of Medical Research
PATAM      Pan-African Treatment Access Movement
PHM        People’s Health Movement
PRSP       Poverty Reduction Strategy Papers
SADC       Southern African Development Community
SADC PF    SADC Parliamentary Forum
SAFAIDS    Southern Africa HIV and AIDS Information Dissemination Service
SC         Steering Committee (EQUINET)
SEATINI    Southern and Eastern African Trade Information Negotiations Institute
SDC        Swiss Agency for Development and Cooperation
SIDA       Swedish International Development Cooperation Agency
SPHERU     Saskatchewan Population and Evaluation Research Unit
STI Switzerland Swiss Tropical Institute
SWAPs      Sector-Wide Approaches to development assistance
TAC        Treatment Action Campaign
TARSC      Training and Research Support Centre
TRIPS      Trade-Related aspects of Intellectual Property Rights
UCT        University of Cape Town
UNAIDS     The Joint United Nations Programme on HIV/AIDS
WEMOS      Optimale Gezondheid is Een Universeel Mensenrecht (Health for All)
WHO        World Health Organization
WTO        World Trade Organization
5.2 Appendix B: List of People Interviewed

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5.3 Appendix C: Bibliography


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5.4 Appendix D: Terms of Reference

A. Provide an overview of the work undertaken in Phase 2, including institutional setup of the project. In particular, this evaluation will examine:

1. What have been the main accomplishments of the Network (EQUINET) to date?

2. How relevant have these been at the local, regional or international levels in terms of:
   a) deepening the understanding of equity in health (or the lack thereof)?
   b) the resulting social outcomes?
   c) creating space for civic engagement and dialogue? and/or
   d) linking the technical knowledge to the political/policy concerns, among others?

B. Assess the strengths and weaknesses of EQUINET’s approach and the extent to which these have shaped its outcome/effectiveness. In particular, this evaluation will examine:

1. How the Network has evolved over the years and in what ways the institutional setup of the project and its strategies of program implementation (e.g. small grants and synthesis work vs. large single studies) has shaped the project outcomes?

2. What is the value added of the “network” approach (as opposed to national projects) to address health and equity concerns in terms of:
   a) does this modality (i.e., network) facilitate the creation of a cohesive program that is greater than the sum of its parts?
   b) how do EQUINET members benefit from being part of the network?
      i) has this made a difference in strengthening their research/technical capacity?
      ii) has this made a difference in reinforcing their credibility?
      iii) has this made a difference in enhancing their ability to put equity issues in the health policy agenda either nationally or regionally at the SADC level?

3. What does EQUINET’s experience with building research and analytic capacity on the one hand, and promoting evidence based/informed decision making on the other inform us about how one maintains a balance between the two – i.e.,:
   a) when does one invest in building capacity?
   b) when would concerted effort for building evidence pay off?
   c) how may the political/social contexts of member countries, as well as regional priorities and policy opportunities, influence this?

4. How does EQUINET engage with various groups that play a key role in promoting social change through lobbying, activism, policy dialogue etc. (eg. NGOs, activist groups):
   a) to the extent that EQUINET engages with these groups, what kinds of relationships have been established?
b) what has and what has not worked in terms of establishing partnerships for effective social change?

c) what difference did this partnership make (or will this make) in terms making the EQUINET research matter?

5. Is there value added in formalizing the governance structure of EQUINET – i.e., at what point, if any, should one support network building such as formal governance structures?

6. To what extent has/does the socio-political history of the region shape the scope and effectiveness of EQUINET? (can the strategies/approaches used by EQUINET be replicated elsewhere or are they a result of the specific socio-political context within which the network operates?).

7. Financial sustainability of EQUINET needs to be considered:
   a) what is the scope for financial sustainability of a network such as EQUINET?
   b) what strategies might be adopted to strengthen this?

C. Situate EQUINET’s work within the context of similar networks dealing with health and equity, as a means to explore the ‘value added’ of its work, complementarities, and synergies that are either currently explored, or could be explored in the future, to enhance EQUINET’s effectiveness. In particular, this evaluation will examine:

1. What is the value added of a network such as EQUINET and how does it complement or otherwise allow space for reflection, analysis, policy dialogue, etc. that is not currently done by other networks such as the Global Equity Gauge?

2. How does EQUINET’s work link to the broader discussions/debate around equity and health at the national, regional and/or international levels?

3. What synergies/complementarities can be further explored to strengthen the effectiveness of EQUINET’s work?
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