Regional resources and interactions for evidence based health policy in east and southern Africa

The Regional Network for Equity in Health in east and southern Africa (EQUINET)
Training and Research Support Centre (TARSC)
In co-operation with the
African Centre For Global Health And Social Transformation (ACHEST) and African Health Systems Governance Network (ASHGOVNET)

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Executive summary

The 52nd Health Ministers Conference of the East, Central and Southern African Health Community that took place from 25th to 29th October 2010 in Harare, Zimbabwe, under the theme: *Moving from Knowledge to Action: Harnessing Evidence to Transform Healthcare,* recognised the limited production and use of locally generated evidence to influence policy within the region, and resolved to promote use of evidence in decision making and policy formulation within the region and make more effective links with existing resources and institutions within the region for this.

This report, implemented under the umbrella of the Regional Network for Equity in Health in east and southern Africa (EQUINET) based on work carried out by Training and Research Support Centre (TARSC) and the African Centre for Global Health and Social Transformation (ACHEST) with the African Health Systems Governance Network (ASHGOVNET), aims to provide information to support the connections particularly between regional institutions and regional policy forums. It provides summary information from desk review, internet sites and email follow up on the 25 institutions and networks in East and Southern Africa (ESA) identified that are *local* to the region and that undertake health policy, strategy, and health systems work at regional level. The report further presents the perceptions from key informant interview of six regional policy institution personnel of the current links with technical institutions in the region, and how they can be improved. The evidence gathered is used to suggest implications for strengthening links between regional technical institutions and regional policy forums.

The results in this assessment suggest that the ESA region has a body of technical institutions available and able to carry out research, compile evidence and input to current regional policy debates in health, within the state, academic and non state sector. Many of the 25 regional institutions found in the mapping have links to state or academic institutions, clear governance arrangements, open access to information through web platforms, and a more limited number have online resource centres, annotated bibliographies and newsletters.

Despite this, the six policy institution respondents reported interactions with only nine of the 25 institutions from the mapping. While the policy respondents acknowledged a recall bias, the findings appear to confirm the observation by the ECSA health Ministers of limited involvement of locally generated evidence and institutions in policy forums within the region. Few institutions from the region have formal MOUs with regional policy bodies, limiting the consistency and predictability of the interaction for both.

Nevertheless policy respondents value the contextual relevance, accessibility, open access information from and potential role in alliances of institutions within the region.

A number of constraints were identified that could be addressed to strengthen the links between technical and policy institutions in the region.

Without significant new resources, the links and interaction could be strengthened by improved information exchange and inclusion of institutions across processes, ie for
o   Policy institutions to
    o   have a mailing list and send reports and resolutions from policy forums (electronically) to directors of technical institutions

- o invite relevant technical institutions from the region (and where relevant give them a platform) in regional policy forums;
  - o formalize institutional MOUs on priority areas of policy relevant work, and include regional technical institutions in partnerships with international institutions;
- o Technical institutions to
  - o have a mailing list and disseminate their work and evidence to policy forums, particularly as briefs backed by longer electronic reports
  - o formalize institutional MOUs on priority areas of policy relevant work, and include members of regional policy institutions in consultations on the design of technical work.

Simply making information more available may facilitate, but not drive its use. One policy respondent suggested that bringing affected communities into policy processes, such as through their civil society organisations, may also raise social pressure and act as a push factor for information flow and interaction between policy bodies and technical institutions,

With some additional investment or orientation of resources, the links and interaction could be strengthened by measures to enhance the production and exchange of policy and technical resources to the benefit of both, ie for
- o Policy institutions to
  - o build into the plans and budgets measures capacities in their secretariats to access and digest information from internet and open access platforms, gateways, portals and sites from technical institutions and to use web platforms to make policy processes and priorities more accessible.
  - o negotiate with external funders to build partnership between international technical institutions and regional technical institutions, as a means to strengthen regional capacities, and
- o Technical institutions to
  - o strengthen the quality and peer review of their work and ensure timely reporting and dissemination to policy stakeholders in appropriate formats and briefings;
  - o build their capacities to produce and use open access platforms, information gateways and portals for information, to ensure that their work is freely available on these sites, that sites are up to date and known and accessible to policy institutions.
  - o partner or co-ordinate *within* the region across institutions and networks, to respond to policy priorities, and identify and address gaps in evidence; and
  - o build into resource plans and proposals technical support to (and evaluation of) policy implementation.

While noting the constraints and limits to this report, EQUINET/TARSC and ACHEST/ASHGOVNET will in follow up
- o make the information on the technical resources available in the region presented in this report more widely available to policy and technical institutions, including through an edited leaflet
- o engage on the findings with policy and technical institutions to obtain their views on the proposed follow up, and
- o seek further resources and opportunities to deepen the information, such as by updating the mapping, or by interviewing directors of technical institutions to find out their perceptions of and constraints in interacting with regional policy actors.

1.   Introduction

The environment within which national health systems are shaped, organised and funded is complex. Policy makers need to weigh political contexts, interests, knowledge and evidence and to make choices that meet short and long term goals. Beyond the national inputs, national policies are influenced by global policies, organisations, resources and commitments. The political economy context, the policy environment, institutional capacities and practice in the health system and in the research community affects whether resources and evidence from within the region are used for policy development.

The 52nd Health Ministers Conference of the East, Central and Southern African Health Community that took place from 25th to 29th October 2010 in Harare, Zimbabwe, under the theme: *Moving from Knowledge to Action: Harnessing Evidence to Transform Healthcare,* raised concern over the persisting gap between knowledge on what works and what is actually done. The meeting also noted a gap between available evidence on high impact interventions and its implementation (ECSA RHMC 2010). The Ministers specifically recognised the limited production and use of locally generated evidence to influence policy within the region, and the need to ensure that the body of evidence generated within member states influences policy towards action for the transformation of health care in the countries of the region. The Ministers conference thus resolved to promote use of evidence in decision making and policy formulation within the region and make more effective links with existing resources and institutions within the region for this (ECSA RHMC 2010).

A global review of support to health leadership in low and middle income countries most of which are in Africa (ACHEST 2010) found that health policy in Africa often poorly utilises African capacities, and that institutions in the region are often not well oriented to provide policy and strategy analysis and advocacy. Small grants, lack of coordination between funders, limited institutional capacities have been found to be constraints to policy relevant research in low income countries (Bennett et al 2008). A review of the literature on this issue has been done elsewhere as background to the 2010 Global Symposium on Health Systems Research and so is deliberately not repeated here (Loewenson 2010). Readers are referred to this review of over one hundred papers on health systems research to policy links in low and middle income countries. Various push, pull and exchange processes were found in this review to enhance the possibilities of links between political, policy, research and practice communities. This includes the accessibility and form in which evidence is communicated, whether forums are provided for dialogue, what formal and informal networks and mechanisms bring policy, research, health systems and civil society actors together for exchange. Researchers can also play a role in ensuring technical quality of evidence, raising awareness of and demand for evidence, in participating in mechanisms that build dialogue across research and policy actors, making evidence available in accessible forms, framing evidence in ways that support decision-making and aligning research to prioritised issues. Low and middle income countries, including in Africa, were found to face particular challenges in this. They need to deal with strong influences from international agencies and resources; in a context of limited national resources for sustained programmes to gather and use evidence, limited publication of LIC research and evidence in accessible databases; and in some cases a significant digital divide (Loewenson 2010).

This means that much policy dialogue in Africa is informed by institutions from global and international level, and that African representatives are inadequately informed by evidence and analysis made available by regional and national institutions and think tanks in health and development.

1.1 Objectives

Recognising the demand raised in the 52nd ECSA Health Ministers resolutions, this report aims to provide information to support the connections particularly between regional institutions and regional policy forums. It does so by providing summary information on institutions and networks in East and Southern Africa (ESA) that are *local* to the region and that undertake health policy, strategy, and health systems work at regional level.

Specifically the report:
i.   maps through desk review of internet sources and through email validation institutions and networks in East and Southern Africa (ESA) that are *local* to the region and that undertake health policy, strategy, and health systems work at regional level.
ii.   presents evidence from key informant Interview on the experience and perceptions of secretariats involved with health policy in ESA on their links with and support by institutions in the region and the strengths and shortfalls they perceive in African institutional input to policy

Notably this is *not* a research report. It is rather a mapping and presentation of summary information on institutions within the region. It is recognised, given the logistic constraints we faced, that there may be other institutions local to east and southern Africa not included and the report is presented as a first output to stimulate further information sharing on the institutions available.

We also present the perceptions of regional policy institution personnel of the current links with such institutions and how they can be improved. The evidence gathered is used to suggest implications for strengthening regional institutional input to regional policy forums as input to current policy dialogue on strengthening links between regional institutions and regional policy forums.

The work is presented under the umbrella of the Regional Network for Equity in Health in east and southern Africa (EQUINET). EQUINET promotes policies for equity in health and supports research, training, analysis and dialogue to strengthen knowledge and to support policy engagement on the implementation of comprehensive, universal, national health systems in the region, centred on the role of the people and of the public sector. (See www.equinetafrica.org). EQUINET seeks to produce evidence and analysis and support capacities for policy and strategic advice within east and southern Africa on equity in health, including health systems. This includes strengthening national and regional capacities in advancing health equity- to build leadership and support for capable, informed and self determined collective institutional responses to health equity in ESA countries. EQUINET has since 1998 tried to address this through strategic networking of African institutions and making links to policy forums (SADC and ECSA HC).

The work was implemented by Training and Research Support Centre (TARSC) and the African Centre for Global Health and Social Transformation (ACHEST), both institutions that work at regional level in health. TARSC is a non profit organisation registered in Zimbabwe that has been the secretariat for EQUINET since its inception and led areas of technical work in the network. TARSC provides training, research and support services to develop capacities and evidence within state and civil society organisations. ACHEST is a not for profit organisation registered in Uganda promoted by a network of African and international leaders in health and development who have gained first-hand experience in

planning and implementing health and development programs in Africa and at international level. It is an independent "Think Tank and Network." with a vision to see Africa as a people driven continent enjoying the highest attainable standard of health and quality of life. ACHEST seeks to promote and advocate the use of well grounded knowledge and evidence to strengthen Africa's professionals' and institutional capacity to provide transformational leadership and to catalyse and build capacities for self determined policies and programmes in the region.

ACHEST with partner organisations in the region and in follow up to the report "Strong Ministries for Strong Health Systems" at a meeting of African institutions in Kampala December, 2009 agreed to create an African Health Systems Governance Network (ASHGOVNET) as one forum for sharing experience and knowledge; promoting cohesion and raising a collective voice in health.

2.   Methods

The work was implemented through a desk review using a structured framework of institutions, including networks, initiatives, consortia, collaborating centres, that have a base in the region; that are governed by institutions from the region; that have an internet profile; that are engaged in and document health policy research and analysis; that provide policy relevant information, advice, technical assistance, advocacy on health and health equity, including on social determinants of health and health systems and that work in more than one country or have a regional level focus. We covered only ESA countries (Uganda, Kenya, Tanzania, Zimbabwe, Malawi, Namibia, Zambia, South Africa, Mozambique, Mauritius, Angola, Botswana, Lesotho, Swaziland, DRC and Madagascar). The 25 institutions included are shown in Section 3.1. The official websites were used to obtain basic organizational information (contact information, geographical coverage, legal status, governance, work underway, policy targets, links, publication resources and electronic sources of publications. Contact persons in each of the institutions mapped, excluding the four institutions identified from the later policy interviews, were contacted by email to verify accuracy of the information captured on their organisation. Responses were received from 60% of the institutions mapped.

Key informant interviews of secretariats with a regional level policy role in health was carried out using an interviewer administered, structured questionnaire. The interview gathered information on which institutions input evidence to policy, including at the most recent policy meeting and on the nature of the interaction and the evidence provided. The respondents were asked about the strengths and shortfalls they perceive in African institutional input to their policy processes and their recommendations for improvements. The six key informants interviewed are shown in Section 3.2.

The combined findings of the mapping and the interviews are presented in this report with an analysis of the links, gaps and issues arising (Section 4).

We recognise that an exercise of this nature will not capture all institutions in the region in the first round from a desk study, and especially those that may have more limited internet profiles. We also recognise that there is likely to be a bias against institutions that publish in Portuguese or French given the use of English in the search and publication of this report. Two of the organizations targeted for this study did not have active or up to date websites, reducing the quality of the evidence. Only 60% of the mapped institutions responded to emails sent to them for verification of the information captured limiting the up to date nature of the evidence for the

40% non respondents. In the list of institutions some had secretariats based outside ESA (eg Ghana, Nigeria) but cover ESA countries. We are aware that Universities in all countries in the region are involved in work that has regional scope, although their main focus is national. We carried out key informant interviews at regional forums and were constrained by the lack of travel resources to visit secretariats. We recognize that there are other policy forums and stakeholders that could be included in future interviews. We note that these constraints and problems of exclusion have been found in other efforts to map the links between research and policy institutions,

Nevertheless, and noting these limitations, this report has been produced as a first edition to encourage communication and input from other institutions involved at regional level in health and health system policy. By making this first edition of the report available for wider feedback we understand that this work will feed into the wider consultation and dialogue on making more effective links with existing resources and institutions within the region, as set out in the Resolutions of the 52nd ECSA Regional Health Ministers Conference.

3.   Findings

3.1   Mapping of institutions providing policy relevant information in health

Universities in the ESA region, while national in scope, may, as noted in Section 2, also be implementing regional projects or be involved in regional networks. They are listed in Box 1 below, and their websites provided as a source of further information. Some of the regional networks listed in Box 2 are linked to one or more of the universities in the Region. There are approximately 50 Universities in the region that have capacities or work that relate to health systems, from biomedical to health economics, information systems, management for health and so on. There are also some cross University projects, examples of which are also shown in Box 1, that facilitate information flow between Universities.

Box 1: Universities in East and Southern Africa with health related capacities
1. Angola- Universidade Agostinho Neto: http://www.uan-angola.org/
2. Angola- Universidade Catolica de Angola (UCAN). http://www.ucan.edu/
3. Botswana- University of Botswana   Includes the Harry Oppenheimer Okavango Research Centre, links. http://www.ub.bw/
4. DRC - Universite Catholique de Bukavu http://www.ucbukavu.org/
5. DRC- Universite Catholique de Graben. http://www.fiuc.org/asunicam/ucg.html
6. DRC- Université de Lubumbashi http://www.unilu.net/
7. DRC- Université Libre des Pays des Grands Lacs (ULPGL) http://www.ulpgl.net/
8. Kenya- Catholic University of Eastern Africa http://www.cuea.edu/ . Publish the Eastern Africa Journal of Humanities & Sciences (Nairobi, Kenya)

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9. Kenya Methodist University http://www.kemu.ac.ke/
10. Kenyatta University (Nairobi) http://www.ku.ac.ke/
11. Kenya- Moi University (Eldoret, Kenya) http://www.mu.ac.ke/
12. Kenya- United States International University Africa http://www.usiu.ac.ke/
13. Kenya- University of Nairobi . http://www.uonbi.ac.ke/
14. Lesotho- National University of Lesotho (Roma) http://www.nul.ls/ includes the Institute of Southern African Studies which lists its publications. http://www.nul.ls/institutes/isas.htm
15. Madagasacar- Université d'Antananarivo Includes the Faculté de Médecine. http://www.univ-antananarivo.mg/
16. Madagascar- Universite de Fianarantsoa. http://www.univ-fianar.mg/
17. Madagascar- Universite de Mahajanga Includes the Institut d'Odonto-Stomatologie Tropicale de Madagascar . http://www.refer.mg/madag_ct/edu/minesup/mahajang/mahajang.htm
18. Madagascar- Universite Nord Madagascar www.refer.mg/madag_ct/edu/minesup/antsiran/antsiran.htm
19. Malawi- University of Malawi. Chancellor College http://www.chanco.unima.mw/
20. Malawi- University of Malawi. College of Medicine http://www.medcol.mw/
21. Mauritius -University of Mauritius http://www.uom.ac.mu/
22. Mauritius -University of Technology, Mauritius http://ncb.intnet.mu/utm/
23. Mozambique- Universidade Eduardo Mondlane http://www.uem.mz
24. Namibia- University of Namibia http://www.unam.na/
25. South Africa- University of Cape Town http://www.uct.ac.za/
26. South Africa - University of the Free State http://www.uovs.ac.za/
27. South Africa- University of Johannesburg formed from a merger between Rand Afrikaans University, Technikon Witwatersrand and campuses of Vista University. http://www.uj.ac.za/
28. South Africa- University of KwaZulu Natal http://www.nu.ac.za/
29. South Africa- University of Limpopo - http://www.medunsa.ac.za/
30. South Africa- University of the North-West http://www.uniwest.ac.za/
31. South Africa- University of Pretoria http://www.up.ac.za/
32. South Africa- University of Stellenbosch http://www.sun.ac.za/
33. South Africa- University of Transkei http://www.utr.ac.za/
34. South Africa- University of the Western Cape http://www.uwc.ac.za/index.htm
35. South Africa- University of the Witwatersrand http://www.wits.ac.za/
36. South Africa- Nelson Mandela Metropolitan University. http://www.nmmu.ac.za/
37. South Africa- Walter Sisulu University for Technology and Science, Eastern Cape http://www.wsu.ac.za
38. Swaziland- University of Swaziland http://www.uniswa.sz/
39. Tanzania- Mount Meru University - http://www.mmu.ac.tz
40. Tanzania- Open University of Tanzania -http://www.tanzania.go.tz/out.htm
41. Tanzania- University of Dar es Salaam http://www.udsm.ac.tz/ includes the Institute of Development Studies
42. Uganda- Kigezi International School of Medicine http://www.kigezi.edu/
43. Uganda- Makerere University http://mak.ac.ug/
44. Uganda- Mountains of the Moon University (Fort Portal) non-profit community university http://www.mmu.ac.ug/
45. Uganda Christian University http://www.ucu.ac.ug/
46. Zambia- University of Zambia - etc. http://www.unza.zm/ Includes the Institute of Economic and Social Research
47. Zimbabwe- Africa University (Mutare) http://www.africau.edu/
48. Zimbabwe- National University of Science and Technology, http://www.nust.ac.zw/
49. University of Zimbabwe http://www.uz.ac.zw/
50. Zimbabwe- Women's University in Africa
Other University linked programmes or information centres:

51. PanAfrican- African Virtual University Inter-governmental organization. Courses are delivered through the internet and satellite broadcast to over 34 learning centres in Africa. www.avu.org/
52. eSAP Project. Electronic Supply of Academic Publications to and from universities, focusing on East Africa, to publish African university research online and to assist the university partners with access licenses to e-journals. Covers Kenya, Tanzania, Uganda, Zambia, Zimbabwe http://www.fiuc.org/esap/index2.php?page=esaphome
53. AFRO-NETS The electronic conference for the 'African Networks for Health Research & Development' (AFRO-NETS) was established in 1997 to facilitate exchange of information on Health Research in Anglophone Africa http://www.afronets.org/index.php
54. SARDC - Southern African Research and Documentation Centre - "An independent regional information centre involved in the collection, production and dissemination of information about the SARDC region, with offices in Harare, Maputo and Dar es Salaam; covers Southern Africa http://www.sardc.net/

While Universities and national health research institutions are a primary source of evidence for national policy making, we found a number of institutions beyond Universities that have a more regional mandate in health and that support regional policy dialogue. These were the focus of this mapping. The 25 institutions included in the mapping are shown in Box 2 below. These institutions met the criteria of having bases in or covering East and Southern Africa, covering more than one country with their work and having a regional scope and policy focus. A few are centered in West Africa but with local offices in ESA countries. The organizations cover between 3 and 30 countries and on average operate in 6 countries in the region. They are headquartered in regional hubs with; 5 in South Africa; 3 each in Zimbabwe and Kenya, 2 each in Uganda, Tanzania and Ghana and 1 each in Senegal and Nigeria. We included Evipnet as although it was initiated in Switzerland has local hubs within the region. A total of 25 institutions are included in this mapping (See Box 2).

Box 2: Institutions that work regionally in ESA on policy relevant evidence for health / health systems included in the mapping
(showing the countries of their secretariats)
1. Africa Population and Health Research Centre (APHRC), Kenya
2. African Centre for Global Health and Social Transformation (ACHEST), Uganda
3. African Council for Sustainable Health Development (ACOSHED/CHESTRAD), Nigeria
4. African Health Economics Association (AFHEA), Ghana
5. African Medical research foundation (AMREF), Kenya
6. Council for the Development of Social Science (CODESRIA), Senegal
7. East, Central and Southern Africa Health Community (ECSA HC), Tanzania
8. Eastern and Southern Africa Management Institute (ESAMI), Tanzania
9. Evidence Informed Policy Network (EVIPNet) ESA with links to EVIPNet in Switzerland
10. Health Economics and AIDS Research Division (HEARD), South Africa
11. Health Economics and Policy Network (HEPNET), South Africa
12. Health Economics Unit, University of Cape Town, South Africa
13. Health Science Research Council (HSRC), South Africa
14. INDEPTH Network, Ghana
15. Regional Centre for Quality Health Care (RCQHC), Uganda
16. Regional East African Community Health-Policy Initiative (REACH)- East Africa
17. Social Science and Medicine Africa Network (SOMANET), Kenya
18. Southern African AIDS Information Service (SAfAIDS) South Africa
19. Southern and Eastern Africa trade Information and Negotiation Institute (SEATINI), Zimbabwe, Uganda
20. The Regional Network on Equity in Health in East and Southern Africa (EQUINET)- ESA Consortium, Zimbabwe

| 21. Training and Research Support centre (TARSC), Zimbabwe |
| 22. Centre for African Family Studies, Kenya |
| 23. African Network for Care of Children Affected by HIV/ AIDS (ANECCA), Uganda |
| 24. Partners in Population and Development (PPD) Africa region (ARO), Uganda |
| 25. New Partnership for Africa's Development (NEPAD), South Africa |

Their individual details, contact information and resources are shown in Appendix 1. This section provides a summary of the main features.   A brief descriptive summary follows in the remainder of this subsection:

Legal Status and governance: Just over half the Institutions profiled are Non-Governmental organizations (NGOs), and a fifth public academic institutions or networks/consortia. Three were intergovernmental technical agencies (See Table 1).

Table 1: Status of the institutions

Status of Institution	Number	Percentage
Non Governmental Organization	12	48
Public Academic Institutions	5	20
Networks	5	20
Intergovernmental technical agency	3	12
Total	25	100

The organizations commonly had a Board of Directors/ Trustees, and some had advisory councils and steering committees. Most organizations have a titular head usually Board Chair at the helm with a secretariat headed by an Executive Director or Network Coordinator managing the day to day operations of the body. Governance structures were more clearly defined among individual organizations than in Networks or Consortia, that often appear to be more loosely structured.

Table 2: Type of governance

Type of Governance (*)	Number	Percentage
Board of Directors/Trustees	14	56
Advisory Councils	2	8
Steering Committees	5	20
General Assembly	2	8
Information not available	3	12
Total	25	100

* may include more than one option

Areas of Focus and Nature of Work
As shown in Table 3, most institutions are involved on work on population health (such as on health equity, major public health priorities), followed by economics and financing relevant to health policy; health systems and HIV and AIDS. Less commonly mentioned were areas of gender analysis, social determinants or management sciences.

Table 3: Theme areas of work

Major area of work	Number	institutions

Population and Health	17	TARSC, AMREF, SOMANET, APHRC, HSRC, RCQHC, EQUINET, INDEPTH-NETWORK,EVIPNET,AFHEA, ACOSHED, ESAMI, ECSA HC, HEU, PPD ARO, NEPAD, CAFS
Health financing, Economic, trade Policy	11	TARSC, CODESRIA, SEATINI, EQUINET, HEPNET, AFHEA, ACOSHED, REACH, HEU, ECSA, HEARD , NEPAD
Health Systems	13	AMREF, ACHEST, EVIPNET, HEPNET, AFHEA, REACH, EQUINET, HEU, ECSA, HEARD, NEPAD, CAFS
HIV and AIDS	10	TARSC, AMREF, HSRC, RCQHC, EQUINET, HEU, HEARD, SAFAIDS, PPD ARO, ANNECA
Humanities, social determinants	6	TARSC, AMREF, SOMANET, HSRC, SAFAIDS, NEPAD
Gender	6	CODESRIA, ESAMI, HEARD, SAFAIDS, PPD ARO, NEPAD
Management	1	ESAMI

From information available on official websites, the work in these areas is predominantly research, information exchange, technical assistance, capacity building and policy engagement. (See Table 4). More specifically this includes:

- Implementing or co-ordinating research, providing research grants or organising research consortia.
- Writing, publishing and disseminating information (research reports and papers, policy briefs, information materials, conference papers, meeting and copurse materials and reports).
- Providing technical and policy support including in Interaction with government, civil society and international organizations within the region.
- Holding meetings for capacity building, policy dialogue, information exchange.
- Creating opportunities for capacity building by developing formal training programmes, including short-courses and midterm programming.
- Sharing information and resources

Table 4: Type of work

Nature of work	Number	Institutions
Research	22	TARSC, CODESRIA,SEATINI,AMREF, SOMANET, APHRC, HSRC,REQHC, EQUINET,INDEPTH-NETWORK, EVIPNET, HEPNET, AFHEA, ESAMI, ACOSHED, REACH, ECSA, HEU, HEARD, CAFS, ANNECA, NEPAD
Policy Analysis and support	21	TARSC,CODESRIA ,SEATINI,AMREF, APHRC, RCQHC, EQUINET, EVIPNET, HEPNET, AFHEA, ACOSHED, REACH, ECSA, ACHEST, HEU, HEARD, SAFAIDS, CAFS, ANNECA, NEPAD, PPD ARO
Capacity Building	18	TARSC,CODESRIA, SEATINI, AMREF, SOMANET, APHRC, HSRC, RCQHC, HEPNET, AFHEA, ESAMI, ACOSHED, HEU, HEARD, SAFAIDS, CAFS, ANNECA, PPD ARO
Advocacy	12	SEATINI, AMREF, SOMANET, RCQHC, EQUINET, HEPNET, AFHEA, ACOSHED, ECSA, SAFAIDS, ANNECA, PPD ARO
Total	25	

The institutions also report that they interact with each other and with other networks such as Third World Network-Africa; African Quality of Care Network; and the Alliance for Health Policy and Systems Research.

Information resources: Many of the regional organizations provide information and publication resources directly through their websites. Table 5 below provides information on the type of publications available electronically and the url for accessing these.

Table 5: Information resources

Organisa-tion	Type of resource	Websites
APHRC	Annual Reports, peer reviewed articles, newsletters, policy briefs, research reports, working papers and fact sheets.	www.aphrc.org www.aphrc.org/insidepage/page.php?app=publications1
ACHEST	ACHEST does not have an electronic database of its publications. It produces technical reports and peer reviewed papers.	www.achest.org
ACOSHED/ CHESTRAD	ACOSHED/ CHESTRAD does not provide publications on its website. It maintains a database on civil society	http://www.chestrad-int.org
AFHEA	The website has selected publications and information on forthcoming events.	http://afhea.org/
AMREF	AMREF records and archives results of all its studies, challenges and experiences in the field which are mainly disseminated through technical briefing papers. AMREF has an online information and resource centre	www.amref.org/info-centre/ www.amref.org/info-centre/amref-discussion-papers/ www.amref.org/info-centre/online-resource-centre/
ANNECA	The organization publishes and makes available its Reports Training course information and materials	www.anecca.org/publication.html
CAFS	The organization publishes and makes available Reports & working papers; Training course information Information sheets and Policy documents	http://www.cafs.org/resourcesl
CODESRIA	The CODESRIA Publications disseminate the results generated by networks of research institutions, seminars, conferences. Publications are in English, French, Arabic and Portuguese.	www.codesria.org www.codesria.org/spip.php?rubrique38&lang=en
ECSA HC	ECSA produces reports & working papers; Conference papers; Media; Information sheets and Policy documents	www.ecsa.or.tz/index.php?module=ContentExpress&func=display&ceid=15&bid=23&btitle=INFORMATION&meid=15
EQUINET	EQUINET produces a wide range of publications for its work including Discussion papers, policy papers, meeting reports, policy briefs, parliament briefs, participatory research reports, Equity Watch reports, books, leaflets and posters and other multimedia reports. EQUINET also has a searchable database of publications on Equity in Health in ESA with over 2000 publications and produces a monthly newsletter of new materials and activities on health equity.	www.equinetafrica.org/bibl/equinetpub.php www.equinetafrica.org/bibl/ www.equinetafrica.org/newsletter/
ESAMI	ESAMI scholarly work is disseminated through books, technical reports and discussion papers available on the website	www.esami-africa.org/index.php?option=com_content&view=category&id=85&Itemid=48
EVIPNet	EVIPNET publications are available online and include	http://www.evipnet.org/php/index

ESA	Learning Modules – eg Introduction to Evidence-Informed Decision Making; Policy guides and briefs, eg Using Research in Public Health Policymaking; and Technical papers, eg Knowledge translation research in population health:; use of systematic reviews	.php
HEARD	HEARD publishes Books; Edited Books; Annual Reviews; Journal Articles; Chapters in Books; Working Papers; Research Briefs; Book Reviews; Newspaper Commentaries. It also has an online knowledge centre and media centre and produces a bimonthly newsletter	www.heard.org.za/heard-resources/publications www.heard.org.za/news/newsletter)
HEPNET	HEPNet regularly publishes a Newsletter. The last issue was in November 2010 as HEPNET has since closed.	http://hepnet.s3.amazonaws.com/hepnet/wp-content/uploads/2010/01/HepnetNewslettera4_Oct09.pdf.
HEU	HEU produces Journal articles; Books & chapters in books; Reports & working papers; Conference papers; Media; Information sheets and Policy documents	http://heu-uct.org.za http://heu-uct.org.za/research/publications/
HSRC	The HSRC Press, the publishing arm of the HSRC, is South Africa's open access publisher, and disseminates social science research-based publications, in print and electronic form. HSRC publishes its research output as well as externally authored works. It provides free downloads of current publications, and information on other research outputs (such as conference papers, client reports and peer-reviewed journal articles)	www.hsrcpress.ac.za www.hsrc.ac.za/index.php?module=pagesetter&tid=8&nav=simplesearch&pubcnt=1
INDEPTH Network	INDEPTH sites are encouraged to submit to the Secretariat their most recent publications, or provide links to them, especially those in online open-access journals. Study findings are published in international scientific journals and on the INDEPTH website	www.indepth-network.org/index.php?option=com_content&task=view&id=684&Itemid=781
NEPAD	NEPAD provides technical and analytic reports, meeting reports, resolutions and information materials	www.nepad.org/knowledge-base
PPD ARO	The organization publishes and makes available media stories, its own reports, technical and meeting reports and links to other resources and organizations and materials	www.ppdafrica.org/index.php/en/publications/documents www.ppdafrica.org/index.php/en/resources
Regional Centre for Quality Health Care	The institution publishes Training, Manuals and Guidelines, Handbooks, Assessment Reports and Activity Reports	www.rcqhc.org/ www.rcqhc.org/index.php?option=com_content&view=article&id=115&Itemid=89
REACH-East Africa	Reach produces technical reports. Those produced to date can be found on the url shown in the next column.	www.eac.int/health/index.php?option=com_docman&Itemid=148
SOMANET	SOMANET does not have its own official website. Its publications particularly in the area of HIOV and AIDS can be obtained from the secondary web host shown	www.aidsportal.org/Article_Details.aspx?ID=4569
SAfAIDS	SAfAIDS has online information resources and produces Periodicals, Books, Training Materials (toolkits and manuals), BCC and Awareness Raising products (posters, booklets, leaflets, presentations, banners, stickers, labels and edu-calendars) and Best Practice documents, on HIV and AIDS, and TB.	www.safaids.net/content/publications
SEATINI	SEATINI disseminates and shares its work through research papers, books, journal publications and through a regular newsletter.	www.seatini.org/publications
TARSC	TARSC produces technical reports, journal papers,	www.tarsc.org

books, training materials, policy and civil society briefs, leaflets and posters. The website provides online searchable databases and downloadable materials of o TARSC publications o civil society and health. o by or about civil society in Zimbabwe o equity in health. o Participatory training materials on adolescent health o Training materials on working with civil society in health	www.tarsc.org/publications/ www.tarsc.org/WHOCSI/ www.zimciv.org/search.php www.equinetafrica.org/bibl/ www.auntiestella.org/ www.tarsc.org/who/

The table indicates that there are a range of useful resources available electronically on these 25 organisation websites. Technical Reports, policy briefs and media briefs remain the most common forms of disseminating evidence. Some organizations have greater levels of publication in journal papers and books which are useful for wider dissemination and uptake beyond the region. HEARD has an online searchable knowledge hub and media centre, while EQUINET also uploads other media, including material from radio broadcasts.

The channels of dissemination used range from written information and electronic media which have wide potential coverage to person-to-person contact. Almost all organizations make their publications available as free downloads on their website. Many organizations provide publications in the form of searchable databases on their websites, so that they can be searched by type and theme area, while some (EQUINET, TARSC, AMREF, HSRC) have online databases of other publications in key areas of health and social policy, so making a wider set of resources available. EQUINET, HEARD, HEPNET, SAfAIDS provide a newsletter that compiles new publications enhancing dissemination and uptake of publications.

3.2   Interviews with policy personnel

Features of the respondents: Interviews were carried out with six organizations that have a regional policy role in health in ESA. Of these three are intergovernmental bodies, and three are quasi governmental or parliament bodies. We sought to include the East African Community, but were not able to obtain an interview in the period. The key informants interviewed were from the secretariat of the organizations. They were interviewed at a Ministerial Forum where they were representing their organisations and were thus at the level of the secretariat to play that role.

Table 6: Organisations and features of interview respondents

Organisation	Type
ECSA Health Community	A regional organization that fosters policy and programme cooperation in health in East, Central and Southern Africa (ECSA). Covers Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. (see Appendix 1)
Regional Centre for Quality Health Care	Regional centre for Africa to promote quality of health care. It provides leadership by promoting evidence-based better practices. Covers Kenya, Tanzania, Rwanda, Burundi, Malawi, Zambia, Lesotho, Namibia, Djibouti, DRC, Ethiopia, Swaziland and South Sudan.
REACH- East Africa	A regional organisation serving the east African community on health policy issues through research. It provides a discussion forum for policy makers and researchers and packages research synthesis for policy. It works in works in Uganda, Kenya, Tanzania, Rwanda and Burundi (See Appendix 1)

Southern African Development Community (SADC)	Regional body and economic community promoting socio-economic development, to deepen co-operation and integration, good governance, and peace and security. Health is covered by the division on Human and social development. Covers Angola, Botswana, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe
Ass of Southern and East African Parliamentary committees on Health (SEAPACOH)	A regional network of Parliamentary committees on Health in east and southern Africa that aims to strengthen the level of collaboration and liaison among Parliamentarian in the region and to support their overlight, budget and legislative roles in health. Covers Angola, Botswana, Kenya, Malawi, Namibia, Zambia, South Africa, Swaziland, Zimbabwe, Lesotho, Mozambique, Tanzania and Uganda.
WHO AFRO	United Nations inter governmental agency for health that aims to facilitate the attainment by all people, the highest level of health. WHO AFRO is a region of the global organisation and supports countries to reach their national health goals and to contribute to global and regional public health action. WHO Afro covers all African countries and the southern and eastern region covers Zimbabwe, Zambia, Mozambique, South Africa, Lesotho, Swaziland, Botswana, Namibia, Malawi, Kenya, Tanzania, Uganda, Ethiopia, Eritrea, Rwanda, Madagascar, Mauritius, Comoros, and Seychelles.

Policy scope and focus: All the institutions covered ESA countries, although there was less coverage of east African countries outside of Tanzania, Uganda and Kenya. They primarily address population health, health systems and governance and leadership issues at policy level (See Figure 1). They were less involved with immediate programme and management response issues like epidemic responses, unless these were at the level of cross country management of epidemics.

Figure 1: Areas of work of policy organisations interviewed as raised by respondents
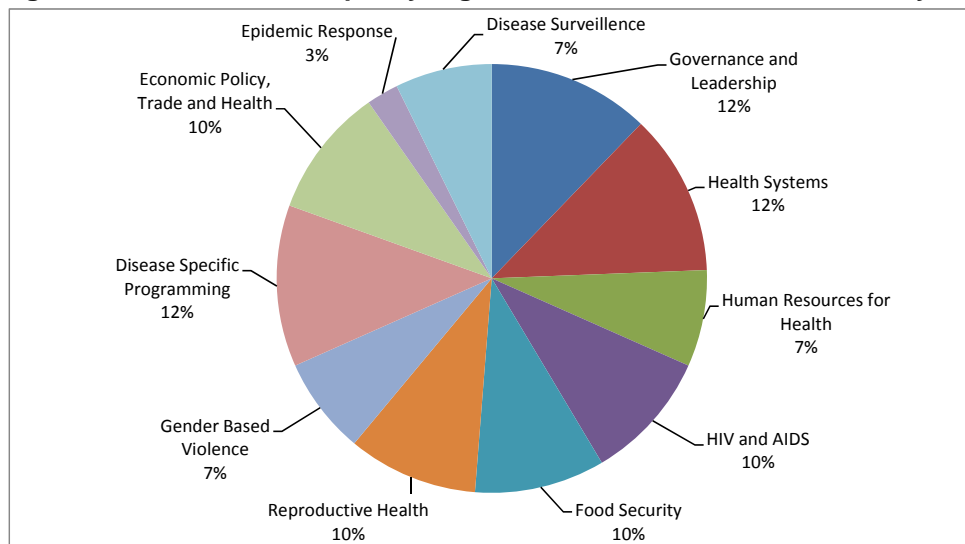
The respondents reported that they had all held policy dialogues in 2010, 17% in April-June 2010; 33% in July-September 2010 and 50% held or planned for October – December 2010. The policy areas covered in these meetings are shown in Figure 2.

Figure 2: Reported policy areas raised in respondents' policy meetings held in 2010
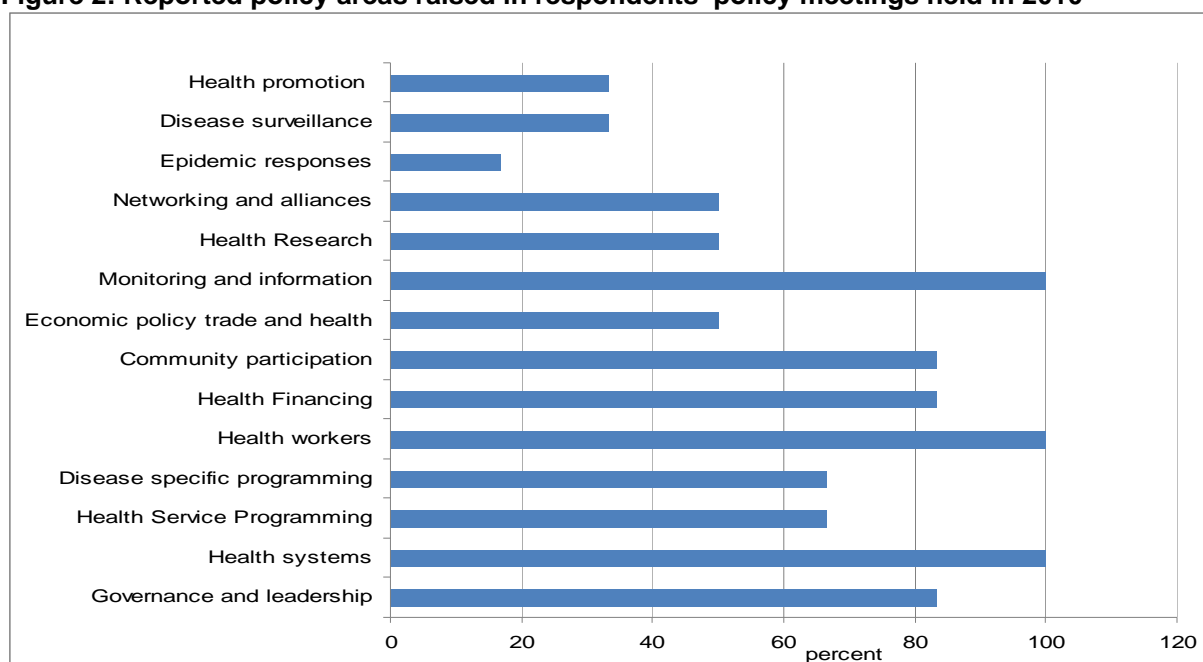
The policy institutions all cover health systems, health worker and monitoring and information matters. Other issues, in decreasing order of frequency, were governance and leadership, community participation, health service and disease specific programming, health research and economic policy and trade matters relating to health. Other matters were raised by less than half of the respondents.

Linkages between policy and technical institutions: The key informants raised a number of technical institutions that have an African regional scope of work, that they had worked or communicated with between 2007 and 2010. (This excludes global and industrialized country institutions). The institutions, and the areas of interaction, are summarized in Table 7 below.

Table 7: Technical links reported by key informants from policy institutions

Key Informant	Resource Institution	Focus area for Health input provided to the key informant	Nature of input
ECSA HC	EQUINET	- Health workers - Health Equity - Global Health Diplomacy	- Technical support - Information sharing - Financial support - Programme implementation
	ACHEST	- Leadership and governance - Health workers	Technical Support
	RCQHC	Policies and guidelines on reproductive health	- Sharing of information - Capacity building
	CAFS	- Reproductive health - Health research	Capacity building
RCQHC	USAID East Africa	Disease specific programming in areas of HIV, TB quality of Care	- Financial Support - Technical Support
	ECSA HC and (ECSA CON)	Gender and reproductive Health	- Technical assistance - Programme implementation

		• HIV and TB • Nutrition	and interaction • Research dialogue
	ANNECA	• Paediatric HIV (Treatment, Support and Care)	• Resource and capacity sharing • Financial support • Technical support
	EQUINET	• Health Systems Strengthening	• Solidarity support • Partnerships, networking • Technical support
SEAPACOH	EQUINET	• Health Equity • Health systems, PHC • Health Financing • Policy development	• Research and publication (policy briefs) • Policy meetings • Capacity building
	PPD-ARO	• Reproductive Health • Health and population	• Specialised expert provision (policy development)
	APHRC	• Research in Health Policy	• Publications (Papers, briefs)
WHO Afro	African Union (AU)	• Health Systems Strategy Agenda for 2007-2015 • Mainstreaming AU and WHO AFRO strategies	• Political support
	United Nations Development Group (UNDG) for East and Southern Africa	• Harmonization of country level activities • International Health Partnerships • Policy agenda • Resource mobilisation • Global Learning Programme for ESA	• Advisory input • Technical support • Financial support • Capacity building
	SADC	• Malaria, HIV AIDS • Essential Medicines	• Technical support to SADC • Political support for country work
	EQUINET	• Health Equity	• Technical assistance • Coordination
REACH PI	REACH PI Country partners	• Health systems	• Financial support • Networking and alliances • Publications • Donor liaison
SADC	NEPAD	• Harmonisation of medicine registration	• Mutual cooperation • (networking and resource mobilisation)
	COMESA	• Information sharing (to avoid duplication)	• SADC provides technical support to COMESA
	WHO Afro	• Disease specific programmes-AIDS, Non Communicable disease • Health workers	• Technical support
	African Regional Intellectual Property Organisation (ARIPO)	• Economic policy Trade and Health-TRIPS and Patents	• Information sharing • Technical input
	MASEPA	• Disease specific Programming-Malaria	• Specialised skills-Advocacy
	UNAIDS Africa	• Disease specific programming	• Technical support • Research

The Table and Figure 3 below suggest that knowledge sharing and technical assistance are the main reasons for interaction, followed by networking. Other reasons shown in Figure 3 were reported by less than half the respondents.

Figure 3: Reported areas of interaction between policy and technical organisations
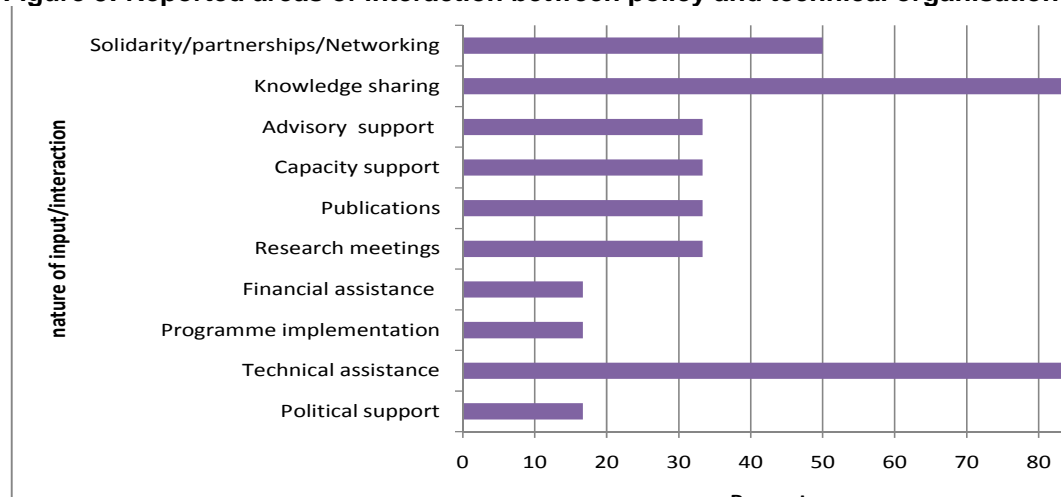
The key areas of exchange were around health systems, particularly health workers and medicines, reproductive health, and disease specific programming, particularly AIDS and Malaria. In addition to inputs to regional policies , some institutions from the region were observed by policy respondents to be supporting regional engagement in areas of global policy, including on

- o Human resources for health – with ACHEST, EQUINET, AMREF
- o Leadership and governance – with AMREF
- o Global Health Diplomacy - with EQUINET, University of Nairobi,
- o Health Equity – with EQUINET

Many of the areas of regional interaction shown in Table 7 reflect the synergy between major public health issues and wider international agendas. However new issues, such as intellectual property and health diplomacy were also noted to be issues for interaction between policy and technical institutions. Although UN related agencies and EQUINET were named by a number of policy institutions, and there was cross referencing of interactions between WHO AFRO and SADC, in most cases there was little overlap between the institutions mentioned by different policy actors. This suggests low levels of networking across different technical and policy institutions.

Of the 25 institutions identified in the mapping, 21 were found initially and four were identified during the policy interviews. The 21 identified in the initial mapping were included in a checklist and respondents asked to identify from the list those they had heard of, worked with or had a memorandum of understanding with. Knowledge of institutions was variable, higher for some than for others (See Figure 4). It was more likely that policy respondents knew institutions than that they worked with the institutions, and formal MOUs were even less frequently reported.

Figure 4: Institutions known to, working with and with MOUs with the 6 policy respondents
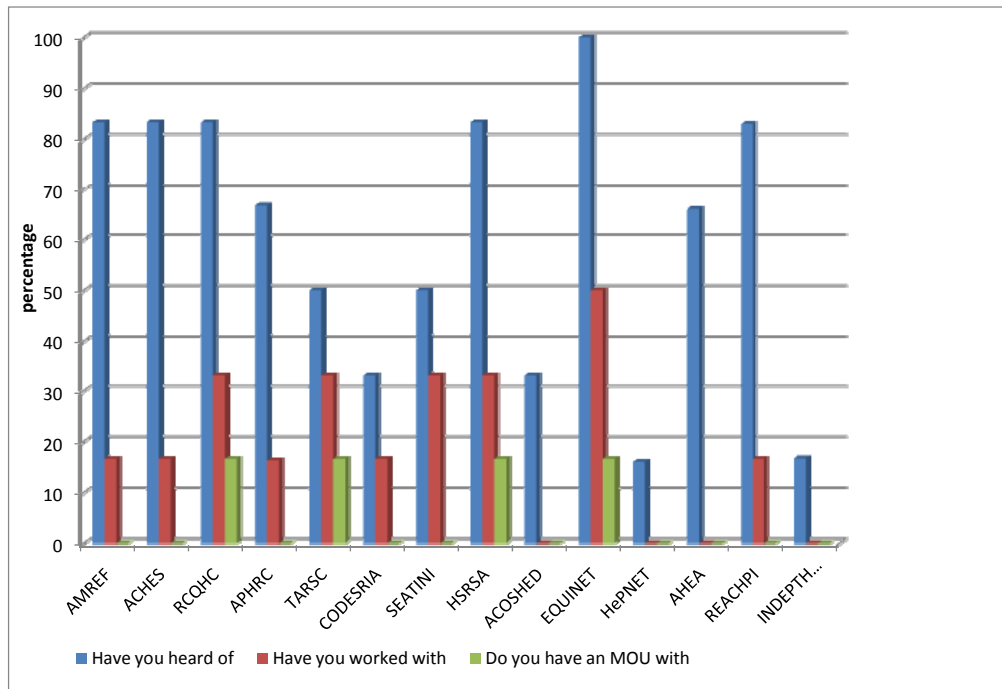
The falloff in frequency between reported awareness and reported joint work suggests that awareness of the work of the institutions in the region is not the only factor limiting the links between policy and technical institutions in the region.

Few respondents reported having a formal memorandum of understanding (MoU) with technical institutions. MOUs were reported to exist with EQUINET, RCQHC and HSRC. Policy respondents noted the need for these formal agreements to be more widely used and known. Respondents also noted that some MOUs may be specific to particular projects and conclude once projects end.

Finally, co-operations were also noted with international institutions on some areas of global health policy interaction, including on

- o Health systems, Health Financing and Human resources for Health – with Alliance for Health Policy and Systems Research, EVIPNET
- o Pharmaceuticals – with WHO HQ
- o Aid effectiveness – with African Academy of Sciences
- o AIDS, TB and Malaria- with WHO HQ, USAID, Save the Children
- o Reproductive health – UN agencies, WHO HQ
- o Health equity – with Global Equity Gauge Alliance
- o Economic policy, trade and health – with UN agencies

Involvement in policy forums: All of the policy institutions involved in the key informant interviews had held a policy dialogue in the past 12 months. Table 8 shows those who were

involved as participants, and those who presented on the programme. It was noted by respondents that their recall of those involved or presenting may be incomplete.

Table 8: Institutions involved in selected policy dialogues held in 2010

Policy meeting	Institutions included (*)	Presentations made by
Regional Health Ministers Conference Harare (ECSA HC)	Ministers of Health in member states, Academy for Educational Development, Kilimanjaro Children's Medical Centre, Management Sciences for Health, International Confederation on Malaria, Family Health International, Helen Keller International, RCQHC, , ACHEST, EQUINET, UNICEF ESARO, Nursing Council of Zimbabwe and Kenya, FAO, SADC, WHO	ACHEST WHO FAO UNICEF ECSA HC
Reproductive Health and advocacy on MDGs-SEAPACOH	PPD ARO, UNFPA, APHRC, German Foundation for World Population, Government Of Uganda, EQUINET, Southern Africa Parliamentary Support Trust	PPD ARO, DSW SAPST, APHRC, MOH Uganda
Annual Health Systems Strengthening planning and Review meeting WHO AFRO	Ministers of Health from 19 countries in WHO Afro WHO country offices WHO Afro, WHO HQ	All countries WHO Afro
National Policy Dialogue REACH	Academic community Researchers Members of parliament from east Africa	REACH Uganda
Diabetes Leadership Week SADC	Ministers of Health from SADC member countries Physicians Patient associations (Diabetic associations)	

(*) See Acronym list for full names of institutions if needed. Respondents noted information may be incomplete.

The Table indicates that some organizations from the region are involved in or given a platform at policy forums. As the table only shows information for the last recalled policy forum it is possible that it underestimates the range of institutions involved. However a number of the 25 institutions in the list in Box 2 and Appendix 1 were not identified as involved or included.

Policy institutions perceptions of technical support: Using a Likert scale of 1 to 5, where 1 = 'most satisfied' and 5 = 'least satisfied', the average rating of respondents from policy institutions on the technical support they get from institutions from within the region was 3, a middle score.

In their comments, the respondents explained their scores as
 "The nature of technical input that we get from resource institutions is rich, consistent and up to date. However not all institutions provide up to date material"
"Where we expect technical support we receive it in a collaborative manner. There is more power in partnerships and partnerships promote ownership strengthening the technical input provided".
While the collaborations were thus valued, in addition to information not being updated, the policy respondents also noted problems of lack of capacity, lack of timely information materials and duplication of efforts*:*
"Most of the regional resources institutions do not have specialised capacity and skill, they are also not organised:
"Some of the Resource institutions do not provide materials, publications easily and readily when it is still relevant. They hold on to the material and when is finally accessible, it's too late and useless"

"There is a huge shortage of capacity so the outputs are generally poor"

Respondents raised a number of barriers to effective interactions between policy and technical institutions within the region, including:
- Institutions holding back information due to competing interests
- Information not peer reviewed and sometimes out of date
- Over-reliance on workshop reports which are inadequate contributions to policy dialogues.
- Lack of capacities for research and documentation and lack of clear research strategies.
- Duplication of efforts and work, such as on health systems and health workers
- Information gaps on governance and leadership
- Inefficient information sharing platforms, with meetings and conferences expensive and ad hoc
- Informal partnerships and loose networks posing challenges for consistent information flow – such as in areas of economic policy, trade and health, and
- Weak follow through support to implementation and translation of policies into action

Policy respondents rated their satisfaction with the technical support they get from institutions *outside* the region lower, at an average of 2.3, using the same Likert scale. They recognized the significant technical and financial resources in these international institutions. Institutions outside the region were noted to have updated websites providing current information, although it was acknowledged that some regional resource institutions also provide updated and relevant information freely on their websites. They bring the expertise, experience and knowledge from other regions to their technical contribution.
"The good attributes of global/ international resource institutions is that they not only provide technical; support, but they back it up with capacity building and financial support. Their materials are up to date though expensive because in some cases you have to buy online"
However it was also noted that the resources are often not readily available, and are sometimes costly to access. Information resources were observed to be sometimes sold online, unlike those from within the region which were available free. Information from institutions outside the region was observed to often not be context relevant, such as in guidelines developed for disease specific programming, making them difficult to apply.
"The main challenge with institutions working outside our region is that while they come in our countries to do research they will not allow us to use that data freely, they costs that information and add intellectual rights issues. The information is there but its redundant because we cannot use it"

One respondent pointed to the need for better partnership between international and local or regional technical institutions, supported financially and through capacity building. This would help policy institutions to be able to access information that is more context relevant and geographically and financially accessible, while also improving the quality of that information.
It was also observed that policy institutions need to better communicate their priority issues and health policy needs.

4. Discussion

This study does not claim to be a complete mapping of either the technical institutions working on health at regional level, nor of the policy institutions working with them. Within the constraints of the limited resources available, we were however able to identify 25 African institutions that work at regional level in ESA and implement technical work on health and health systems in the region, complementing the over 50 University institutions in ESA that generally work at national

level, but are also often involved in regional projects and studies. (The report explicitly does not focus on the national level institutions or policy interactions).

From even this limited mapping, its appears that the region does have a body of technical institutions available and able to input to regional policy debates, within the state, academic and non state sector. They cover key areas of health systems, health financing, communicable and non communicable disease. They are also taking up, to a lesser extent, new areas of trade and health, global health diplomacy, non communicable diseases and social determinants of health and gender. The institutions implement research, policy analysis and support, capacity building and advocacy, and all have an orientation to policy processes.

The institutions have websites that make their work and publications transparent and accessible and all of the websites provide free downloads of all documents produced. The information resources provided (shown in Table 5) are a substantial and accessible potential resource for research, policy and programmes, and some institutions make available resources relevant to Africa from other published sources in annotated bibliographies and newsletters.

While the evidence from these 25 institutions points to some of the information and technical resources within the region, we are certain that there are other institutions in the region not included. We hope that publishing the mapping it will trigger communication from others so we are able to update the database and reporting in a later edition. Beyond the public internet information we used for the mapping, it would be useful as a follow up to interview the directors to find out the constraints they face and their perceptions of their interaction with regional policy actors.

The policy respondents indicate the policy focus mainly on health systems, health workers, and monitoring and information for this, followed by community participation, and disease specific and health service programming. The policy respondents named only nine of the 25 institutions mapped as having links with them at regional level. This confirms the observation of the ECSA Health Ministers of underutilization of available technical institutions in the region are for policy. Further the interactions appear to be somewhat in silos, with selected organizations relating to selected policy institutions, and limited interaction across the different forums or technical institutions. The evidence from the limited sample of key informant interviews suggests that there is a gap in information on and awareness of the institutions available, that active links are not being made even with known institutions, and that there is very limited formalization of links through MOUs.

The interactions reported related largely to technical support and knowledge sharing and cover areas of health systems, health workers, and disease specific and health service programming. Areas of monitoring and information and community participation appear to be less well covered. Some areas of interaction are in emergent new areas of global engagement, such as trade and health and global health diplomacy. Some interactions were in the form of alliances, suggesting a recognition of the role in partnerships in supporting policy leverage.

Despite these constraints it is interesting that the Likert scale rating of satisfaction with technical support by policy respondents was higher for institutions *within* the region than for those *outside* the region. It appears that the accessibility, relevance, contextual relevance and generally free access to information from institutions in the region are valued, as are the collaborations on common platforms. Information from institutions based outside the region is perceived to be less accessible and more costly, but is valued for other reasons- for the quality and up to date nature

of information. The expertise, experience and knowledge from other regions and the resources international institutions bring to support translation from policy to practice are also valued.

Policy respondents identified a number of ways they felt linkages between technical and policy institutions within the region could be strengthened, including through
- Improving the quality of information (peer reviewed, current, technical, research based) reported and disseminated in a timely manner;
- Building better synergy with policy priorities, and avoiding duplication of work on some areas (health systems, health workers) while leaving gaps in others (governance, leadership, economic policy, trade and health);
- Improving the efficiency of information sharing platforms (not relying on meetings) and the formality and consistency of partnerships, and
- Following information support through to support for implementation and translation of policies into action.

Policy respondents proposed that the interaction between African technical institutions and networks working on health policy issues in the region and regional policy bodies would be strengthened by actions to
- Support the alignment of work to policy agendas
- Strategise, co-ordinate and distribute work and roles across regional institutions
- Link technical work to committed 'champions' and leadership to raise and follow through policy issues
- Co-ordinate external funders to support technical work aligned to regional priorities and to build partnership of international technical institutions with regional technical institutions to build regional capacities.
- Increase investment in 'knowledge translation' to support the distribution of information and the follow through from policy to practice
- Ensure that both regional technical institutions and policy institution secretariats have and use IT and internet, produce and use access open access platforms, create and co-ordinate information gateways and portals and make them known and accessible.
- Widen the inclusion of policy forums to include regional technical institutions relevant to the area under discussion and reduce the 'red tape' barriers to formalizing relations and partnerships, and
- Widen the inclusion of policy forums to associations of affected communities, to act as drivers of policy change, and to raise social pressure on both policy bodies and technical institutions.

While acknowledging the constraints of the evidence gathered, in the next section we draw on these proposals from the policy institution respondents to suggest recommendations for follow up dialogue, work and action.

5.   Conclusions and Recommendations

The results in this assessment suggest that the ESA region has a body of technical institutions available and able to carry out research, compile evidence and input to current regional policy debates in health, within the state, academic and non state sector. Many of the 25 regional institutions found in the mapping have links to state or academic institutions, clear governance arrangements, open access to information through web platforms, and a more limited number have online resource centres, annotated bibliographies and newsletters.

Despite this, the six policy institution respondents reported interactions with only nine of the 25 institutions from the mapping. While the policy respondents acknowledged a recall bias, the findings appear to confirm the observation by the ECSA health Ministers of limited involvement of locally generated evidence and institutions in policy forums within the region. Few institutions from the region have formal MOUs with regional policy bodies, limiting the consistency and predictability of the interaction for both.

Nevertheless policy respondents value the contextual relevance, accessibility, open access information from and potential role in alliances of institutions within the region.

A number of constraints were identified that could be addressed to strengthen the links between technical and policy institutions in the region.

Without significant new resources, the links and interaction could be strengthened by improved information exchange and inclusion of institutions across processes, ie for
o Policy institutions to
  o have a mailing list and send reports and resolutions from policy forums (electronically) to directors of technical institutions
  o invite relevant technical institutions from the region (and where relevant give them a platform) in regional policy forums;
  o formalize institutional MOUs on priority areas of policy relevant work, and include regional technical institutions in partnerships with international institutions;
o Technical institutions to
  o have a mailing list and disseminate their work and evidence to policy forums, particularly as briefs backed by longer electronic reports
  o formalize institutional MOUs on priority areas of policy relevant work, and include members of regional policy institutions in consultations on the design of technical work.

Simply making information more available may facilitate, but not drive its use. One policy respondent suggested that bringing affected communities into policy processes, such as through their civil society organisations, may also raise social pressure and act as a push factor for information flow and interaction between policy bodies and technical institutions,

With some additional investment or orientation of resources, the links and interaction could be strengthened by measures to enhance the production and exchange of policy and technical resources to the benefit of both, ie for
o Policy institutions to
  o build into the plans and budgets measures capacities in their secretariats to access and digest information from internet and open access platforms, gateways, portals and sites from technical institutions and to use web platforms to make policy processes and priorities more accessible.
  o negotiate with external funders to build partnership between international technical institutions and regional technical institutions, as a means to strengthen regional capacities, and
o Technical institutions to
  o strengthen the quality and peer review of their work and ensure timely reporting and dissemination to policy stakeholders in appropriate formats and briefings;

- o build their capacities to produce and use open access platforms, information gateways and portals for information, to ensure that their work is freely available on these sites, that sites are up to date and known and accessible to policy institutions.
- o partner or co-ordinate *within* the region across institutions and networks, to respond to policy priorities, and identify and address gaps in evidence; and
- o build into resource plans and proposals technical support to (and evaluation of) policy implementation.

While noting the constraints and limits to this report, EQUINET/TARSC and ACHEST/ASHGOVNET will in follow up
- o make the information on the technical resources available in the region presented in this report more widely available to policy and technical institutions, including through an edited leaflet
- o engage on the findings with policy and technical institutions to obtain their views on the proposed follow up, and
- o seek further resources and opportunities to deepen the information, such as by updating the mapping, or by interviewing directors of technical institutions to find out their perceptions of and constraints in interacting with regional policy actors.

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Acronyms

APHRC	Africa Population and Health Research Centre
ACHEST	African Centre for Global Health and Social Transformation
ACOSHED	African Council for Sustainable Health Development
AED	Academy for Educational Development;
AFHEA	African Health Economics Association
AMREF	African Medical research foundation
ANECCA	African Network for Care of Children Affected by HIV/ AIDS
CAFS	Centre for African Family Studies
CODESRIA	Council for the Development of Social Science
ECSA HC	East, Central and Southern Africa Health Community
EQUINET	Regional Network for Equity in Health in east and southern Africa
ESA	East and Southern Africa
ESAMI	Eastern and Southern Africa Management Institute
ESARO	East and Southern Africa Regional Offices
EVIPNET	Evidence Informed Policy Network
FHI	Family Health International
GFWP	German Foundation for World Population
HEARD	Health Economics and AIDS Research Division
HEPNET	Health Economics and Policy Network
HEU	Health Economics Unit
HKI	Helen Keller International
HSRC	Health Science Research Council
ICM	International Confederation on Malaria
KCMC	Kilimanjaro Children's Medical Centre
MSH	Management Sciences for Health
NCZ	Nursing Council of Zimbabwe
NCK	Nursing Council of Kenya
NEPAD	New Partnership for Africa's Development
PAPST	Southern Africa Parliamentary Support Trust
PPD ARO	Partners in Population and Development in Africa Region
RCQHC	Regional Centre for Quality Health Care
REACH	Regional East African Community Health-Policy Initiative
SADC	Southern African Development Community
SOMANET	Social Science and Medicine Africa Network
SAfAIDS	Southern African AIDS Information Service
SEATINI	Southern and Eastern Africa trade Information and Negotiation Institute
TARSC	Training and Research Support centre
UNICEF	United national Children's Fund
WHO	World Health Organisation

Appendix 1: Profiles of organisations

1. African Population and Health Research Center (APHRC)

Contact:
Executive Director
P.O Box 10787-00100100 GPO,
Shelter Afrique Centre, Longonot Rd, Upper Hill Nairobi
Tel: +254-20-2720400/1/2 Cell: +254- 722-205933/720-098388/733-410102
Fax: + 254-20-2720380
Email: info@aphrc.org
www.aphrc.org

APHRC is a non-profit, non-governmental international organization committed to conducting high quality and policy-relevant research on population and health issues facing sub-Saharan Africa. The Center was established in 1995 as a Population Policy Research Fellowship program of the Population Council, with funding from the Rockefeller Foundation. In 2001, it became an autonomous institution with headquarters in Nairobi, Kenya, after formal legal agreements were developed with the Government of Kenya (GoK) in June 2001. The Centre promotes the wellbeing of Africans through policy-relevant research on population and health.

Governance and legal status:
The agreement with the GoK grants the Center certain privileges and immunities, including: establishment of its Head Office in Nairobi. On August 1, 2001, the Center disengaged its administrative and program operations from the Population Council. It became an autonomous non-profit and non-governmental international organization with headquarters in Nairobi, Kenya and staffed by an international team of African scientists. The Center is registered with the Registrar of Companies in Kenya since 2000.

Objectives:
- To contribute to Science through high impact research projects and publications
- To inform Policy Decisions with research evidence;
- To strengthen Research Capacity in sub-Saharan Africa

To achieve its mission and objectives, the Center brings together African scholars to take the lead in developing priority research programs and enhancing use of research findings for policy formulation and program improvement in sub-Saharan Africa.

Partnerships and links

Areas of Focus:
Health Policy Research, Population and health research, policy analysis and policy support
Health Systems, Diseases Specific Policy
Demographic Systems Surveillance

Publications
APHRC produces Annual Reports, peer reviewed articles, newsletters, policy briefs, research reports, working papers and fact sheets. See http://www.aphrc.org/insidepage/page.php?app=publications1

2. African Centre for Global Health and Social Transformation- ACHEST

Contact:
Plot 13B Acacia Avenue, Kololo, Kampala
Uganda
Tel: 256414237225, Fax: +256 414 237226
Email: info@achest.org
www.achest.org

ACHEST an initiative promoted by a network of African and international leaders in health and development who have gained first-hand experience in planning and implementing health and development programs in Africa and at international level. It is an independent "Think Tank and Network." The value added of ACHEST, at continental and country level, is to strategically promote and advocate the use of well grounded knowledge and evidence, to catalyze the growth of Africa's professionals' and institutional capacity to narrow the implementation gap by providing transformational leadership and sustained ownership by African communities and countries. ACHEST applies constructive and targeted strategic communication at all levels to catalyze the needed behavior change.

Governance and Legal Structure
The African Centre for Global Health and Social Transformation is incorporated and registered in the Republic of Uganda as not for profit organization and applies internationally accepted governance principles. The management organs include: The Advisory Board, Expert Panels, Working Groups and The Secretariat each of which has clearly defined roles.

Objectives
- Forge alliances and partnerships with individuals and organizations within Africa and round the world; Conduct policy and strategy oriented research focused on Africa's engagement with global partners in health, economic and social development;
- Promote and advocate for the development of capacity of African professionals and institutions to pursue excellence and to engage as leaders and active change agents in their communities, countries and global arena
- Develop and implement strategic communications with African and global leaders with targeted outreach to civil society, policy makers and professionals.

Areas of focus:
Health Systems stewardship and governance, Policy and Strategy Research, Ministerial & Institutional Leadership and Governance Capacity building, Human Resources for Health including Education and Training, Retention and Health Worker Migration. ACHEST also provides the Secretariat for the African Health systems Governance Network.

Publications:
ACHEST does not have an electronic database of its publications. It produces technical reports and peer reviewed papers. Examples are Strong Ministries for Strong Health Systems: A strategy for Health Systems Strengthening.www.strongministries.org

3. African Council for Sustainable Health Development (ACOSHED) / Center for Health Sciences Training Research and Development (CHESTRAD)

Contact
Executive Secretary
House B, Plot 722
Isiyaku Rabiu Estate, Wuse II,
Abuja Nigeria
+ 234 9 413 4040,
ceo@chestrad-int.org
http://www.chestrad-int.org

The African Council for Sustainable Health Development (ACOSHED) is a partnership between African civil society, governments, private sector, and development partners, working to promote sustainable health development in Africa through advocacy, supporting operational research and policy change towards stronger health systems. In 2007, the regional advocacy initiatives of ACOSHED were fully integrated into the work of CHESTRAD consolidating operations into a leaner and more efficient entity.
ACOSHED's mission is to advocate for, and support African Governments, their partners, and communities on the reforms required for the establishment of sustainable, viable and responsive health systems as a vehicle for the delivery of the benefits of targeted interventions to improve health and development in Africa, including global efforts for the control of malaria, HIV/AIDS, Tuberculosis and other related infectious diseases.

Governance and Legal Status
ACOSHED in a Non Governmental Organization, headed by an Executive Secretary who is accountable to the Board of Directors and The Executive Board / Board of Trustees. A General Assembly of the Country Chapters, Partners and other stakeholders is held every two years. At this assembly, ACOSHED focal persons / chapters / networks present status reports on health systems development / reform activities in their countries, programs of advocacy and governance implemented, new issues and directions for health reforms and progress with leadership development for health reform. Assemblies also provide an opportunity for partners in Africa to review the role of civil society in sustaining investments in health and progress of health systems development as the key vehicle for the delivery of the benefits of technological advances in disease control efforts in Africa and of the various disease focused intervention programs including malaria, HIV/AIDS, tuberculosis and other related infectious diseases (ORID).

Objectives
ACOSHED aims to stimulate public debate and dialogue on health issues, and to bring consumer and poor people's perspectives to the attention of policy makers.

Areas of Focus
Health Policy, Health Systems
Diseases Specific Policy

Publications/Resources
ACOSHED / CHESTRAD does not provide publications on its site but it has a southern civil society database is to improve communication and the participation of southern CS organizations in health policy and systems dialogue at national, regional and global levels

4. African Health Economics and Policy Association –AFHEA

Contact:
AfHEA Ghana
c/o PMB AN 305,
Accra - North, Accra, Ghana.
Tel. /Fax: +233 21 250816
Email: afhea08@gmail.com
www.afhea.org

The Association was formed when in November 2005 WHO-AFRO called the first meeting of the African Health Economics Advisory Committee (AHEAC) "to provide advice and guidance to the Regional Director on … how to strengthen WHO Member States health economics capacities for generating and using health economics evidence in decision-making." The AHEAC was established in recognition of the problems of lack of health economics capacity and under-utilization of economics tools and skills in African countries. The AfHEA aims to improve health outcomes, with special emphasis on the most vulnerable population groups by promoting high quality and standards in the generation of policy relevant evidence and the use of appropriate health economics tools within the discipline of health economics and financing in Africa.

Objectives
- To serve as a platform for the promotion of the discipline and practice of health economics as well as related policy studies in Africa
- To serve as a forum for information sharing and exchange as well as critical debate, among those working in health economics and related fields in Africa
- Promote the development of health economics capacity within the African region, with particular emphasis on supporting the needs of African countries to train and retain such experts
- Serve as a link between members, as well as African institutions and international health economics organizations such as IHEA, ASHE (US), CES (France), and other regional network
- Promote research and literature of international quality by African health economists, health financing and health policy experts; and support the dissemination of their outputs regionally and internationally
- Promote the availability and use of health economics evidence by health policy makers in African countries.

Governance and Legal Structure
AfHEA is a non-profit company non-governmental organization, with a General Assembly, a Board of Trustees, an Executive Committee and Regional and National Networks. The Association is managed on a day to day basis by an Executive Committee comprising of the Executive Director, the Secretary, a Finance Officer and Publicity/Public Relations Officer.

Scope
AfHEA is Africa wide and holds conferences and promotes the implementation and dissemination of research using health economics.

Publications
The website has selected publications and information on forthcoming events.

5. African Medical and Research Foundation-AMREF

Contact:
Dr. Teguest Guerma,
Director General,
Langata Rd, P.O Box 27691-00506,
Nairobi, Kenya
Fax: +254 20 609 518
Tel: +254 20 699 3000
Email: info.amref@amref.org
www.amref.org

AMREF has 50 years' experience in health development. In 1957, three surgeons founded the Flying Doctors Service of East Africa, laying the foundation for what is now one of the continent's leading health development and research organizations. Today, AMREF implements its projects through country programmes in Kenya, Ethiopia, Uganda, Tanzania, Southern Sudan and South Africa. Training and consulting support are provided to an additional 30 African countries. Knowledge is a core product of AMREF's activities. AMREF implements projects to learn, and shares this evidence-based knowledge with others to advocate for changes in health policy and practice. Based on the belief that health is a basic human right, AMREF seeks to empower communities to take control of their health and to establish a vibrant and participatory health care system made up of communities, health workers and governments.

Governance and Legal Status
AMREF is an international Non Governmental Organization. AMREF has a full Board of Directors from a wide range of backgrounds, bringing a great wealth of wisdom, insight and experience to the organization. The Board is the top policy making organ overseeing the overall strategic direction of the organization.   The Board has function specific sub committees which include ; Development and Nominations Committee, Finance and Administration Committee, Health Program Committee, Fundraising and Communications Committee and Human Resources Committee.   The day to day operational functions of the organizations are headed by a Director General who sits at its Secretariat in Nairobi.

Objectives
AMREF's strategy seeks to strengthen health systems and to design and enhance interventions that improve people's access to health through their active participation through
      1. Community Partnering for Better Health
      2. Health Systems and Policy Research
      3. Capacity Building

Scope
AMREF works in 12 countries in West, East and Southern Africa. AMREF's training takes place in communities, health centres and hospitals in six African countries, as well as in AMREF's International Training Centre in Nairobi and satellite training centres in Tanzania and Uganda. AMREF makes sure there is a research component in all of our projects so that we may constantly improve our understanding and come up with appropriate and sustainable solutions to Africa's health challenges.

Publications
AMREF records and archives results of all its studies, challenges and experiences in the field which are mainly disseminated through technical briefing papers.   These briefs are a valuable resource for field workers, students, project partners and international health, aid and research bodies. AMREF has an online information and resource centre at
http://www.amref.org/info-centre/amref-discussion-papers/
http://www.amref.org/info-centre/online-resource-centre/

6. African network for Care of Children Affected by HIV/ AIDS (ANECCA)

Contact:
ANECCA Secretariat
Regional Centre for Quality of Health Care,
Makerere University School of Public Health,
P.O Box 29140, Kampala – Uganda
Phone +256.414530888.
Fax +256 – 414 – 530876
Email: anecca@rcqhc.org
mail@anecca.org
http://www.anecca.org

ANECCA (African network for Care of Children Affected by HIV/ AIDS) was established in 2001 in response to the needs of children affected by HIV/AIDS. ANECCA brings together clinicians and social scientists committed to promoting ways of improving access to quality HIV services for children in the Africa region. The Network efforts are targeted at tapping into existing local resources to increase access to, and improving the quality of care provided to HIV-affected children in Africa.

Governance and Legal Status
ANECCA is a network organization with a steering committee and a secretariat

Objectives
ANECCA aims to improve access and quality of HIV prevention, care, treatment and support services for children in Africa; through advocacy, technical assistance, training, research and networking in Africa. ANECCA aims to
o   promote linkages between MCH, PMTCT and other HIV services for children and their families
o   promote the quality of care for HIV infected and affected children
o   promote networking between programs, providers and researchers in Africa to share information, specialized knowledge and best practices for paediatric HIV prevention, care, treatment and support.
o   advocate for programs and policies that address the special needs of HIV infected children
o   provide support and technical assistance to network members and/or various programmes

Areas of Focus and work
ANECCA has established links/networks with and between the various health care workers, planners and man-agers, organizations and Ministries of Health to promote increased access to quality paediatric HIV prevention, care, treatment and support services in the region

Coverage
Covers all African countries

Publications
The organization publishes and makes available its Reports Training course information and materials at
http://www.anecca.org/publication.html

7. Centre for African Family Studies

Contact:
Mara Road, Upper Hill
P.O. Box 60054, 00200 Nairobi, Kenya
Tel:(254-20) 273 14 79; 272 56 41
Cell: (254)(0)722 205 179;(0)733 601 756
Fax: (254-20) 273 14 89
http://www.cafs.org/
Email Address: info@cafs.org

The Centre for African Family Studies (CAFS) is an autonomous African institution established in 1975 dedicated to strengthening the capacities of organizations and individuals working in the field of health, HIV and AIDS, population and development in order to contribute to improving the quality of life of families in sub-Saharan Africa.

Governance and Legal Status
The CAFS governing board is composed of nine international experts in reproductive health, HIV&AIDS and other development fields. CAFS services are provided by highly qualified professionals who come from a variety of disciplines; including reproductive health, HIV&AIDS, population and development, and organisation and management development. The CAFS team reflects strong field experience and a profound knowledge of the African social and cultural environment

Objectives
To improve lives of African families through skills development, knowledge management, and technical assistance in health and development
Areas of Focus
CAFS provides training and technical assistance in health and development to organizations and individuals for the well being of African families

Coverage
CAFS conducts courses and undertakes research and consultancy services from bases in East and West Africa (Head Office in Nairobi, Kenya; Central & West Africa Regional Office in Lome, Togo; and Country Offices in Abuja, Nigeria and Addis Ababa, Ethiopia).

Nature of Work
CAFS supports civil society and government institutions in the following thematic areas through on the job training, coaching, and mentoring in:
- o Organisational development, leadership and partnership development,
- o Knowledge management and organizational learning,
- o Advocacy for leaders groups and community champions for community mobilization,
- o Organisational health management for private sector,
- o Management and supportive supervision for health managers,
- o Participatory techniques for implementers to help them to empower the communities,
- o Reproductive health program management and service delivery,
- o Gender and rights in reproductive health.

Courses offered in 2011 include
- o Monitoring and Evaluation of Reproductive Health and HIV&AIDS; Programmes
- o Knowledge Management for Health and Development Organizations
- o Integration of Family Planning/Reproductive Health (FP/RH) and HIV&AIDS;
- o Developing Advocacy Strategies for Sexual and Reproductive Health and HIV & AIDS
- o Advances in Impact Measurement, M+E of Reproductive Health and HIV&AIDS
- o Information Leadership and Management of Reproductive Health, HIV & AIDS Programmes

Publications
The organization publishes and makes available Reports & working papers; Training course information Information sheets and Policy documents at http://www.cafs.org/resources

8. Council for Development of Social Science Research in Africa-CODESRIA

Contact:
Executive Secretary
Bp 3304 cp 18524, Dakar
Senegal
Phone: (221) 33 825 98 22 or (221) 33 825 98 23
Fax: (221) 33 824 12 89
http://www.codesria.org

CODESRIA was established in 1973 as an independent Pan African research organization with a primary focus on social sciences broadly defined. It is recognized not only as a pioneer African social research organization but also as the apex nongovernmental centre for social knowledge production on the continent. CODESRIA's institutional mandate is organized around the facilitation of research in the social sciences, broadly defined.

Objectives
- Promote and defend the principle and practice of academic freedom and the development of African comparative research.
- Produce historically-grounded knowledge of Africa's development.
- Foster networking among African research institutions and dialogue between African researchers
- Promote the publication and dissemination of the results of research undertaken by African scholars.
- Strengthening the institutional basis of knowledge production in Africa by proactively engaging and supporting other research institutions and their networks of scholars.
- Encourage of inter-generational and gender-sensitive dialogues in the African academy as a further investment of effort in the promotion of awareness of and capacity in the use of different perspectives for knowledge production.
- Promote contacts and dialogue among African researchers and researchers working on Africa elsewhere in the world, as well as interaction between the Council and similar international organizations.

Governance and Legal Structure
CODESRIA has a General Assembly, a governing council and an executive secretariat.

Scope
Social Science Research and Training across Africa. Core research programmes are initiated and led by the Council, and draw on the collaboration of university-based researchers and institutes/centres

Publications
The CODESRIA Publications Program has been designed to disseminate the results and ideas generated by networks of research institutions, seminars, conferences and other scientific activities. CODESRIA publications are written in English, French, Arabic and Portuguese.
CODESRIA has, over the past 35 years established itself as the leading scholarly publisher in the social sciences on the African continent, with 90 per cent of what it publishes fed directly by the research and activities it sponsors among various social research networks in universities and research institutes throughout the continent and increasingly in the diasporas. CODESRIA publications, articles and discussion papers are found at;
http://www.codesria.org/spip.php?rubrique38&lang=en

9. **East Central nd Southern Africa Health Community**

Contact:
Health Economics Unit
School of Public Health and Family Medicine
Falmouth Annex Medical Campus
University of Cape Town Observatory 7925 South Africa
Tel
Email Address:
http://www.ecsa.or.tz/

The East, Central, and Southern African (ECSA) Health Community is a regional organization that fosters and encourages cooperation in health in East, Central and Southern Africa (ECSA)Region. In 1974, the East, Central and Southern African (ECSA) Health Community, formerly known as Commonwealth Regional Health Community Secretariat was established to promote regional cooperation in health. In 1980, the ownership of the organization was transferred directly from COMSEC to member states in the East, Central and Southern Africa. ECSA Health Community recognises health as a fundamental human right. As an inter-governmental organisation, ECSA-HC promotes the highest standards of health for the individuals, families and communities through advocacy, capacity building, brokerage, coordination, inter-sectoral collaboration and harmonisation of health policies and programmes.

Governance and Legal Status
As an inter-governmental organization ECSA enjoys direct links with regional health policy-makers who include Health Ministers and Permanent/Principal Secretaries as well as an extensive network of regional health institutions. ECSA also maintains strong linkages with international development agencies based in the region and other parts of the world. ECSA Conference of Health Ministers: The highest govering body and which meets annually to review policy matters, national health strategies and to define regional health priorities. The Advisory Committee: Composed of Permanent Secretaries of the Ministries of Health of member states and which functions as the Board of Management of the Secretariat. The Diretors' Joint Consultative Committee: The highest technical committee composed of Permanent Secretaries, Directors of Health Services, Deans of Medical Schools and other institutions and heads of health research institutions. Programme Experts' Committees: Technical Committees that draw on expertise from member states Programme Managers, External Advisors, Programme Associates and Consultants from the region.

Objectives
ECSA contributes to improving health in the region by undertaking activities that aim to promote and encourage efficiency and relevance in the provision of health services in the region. Most of the activities have been undertaken in the areas of capacity building, policy and advocacy, research and evaluation and information sharing.

Areas of Focus and work
ECSA-HC implements its activities under seven technical programmes: Family and Reproductive Health Programme; Food and Nytrition Security Programme; Health Systems and Services Development Programme; HIV and Infectious Diseases Programme; Human Resources for Health and capacity Building; The programme also supports the work of two Colleges namely; East, Central and Southern African College of Nursing (ECSACON) and a College of Surgeons of East, Central and Southern Africa (COSECSA); Research, Information and Advocacy Programme and Monitoring and Evaluation Programme.

Coverage
Currently, the ECSA membership is comprised of Kenya, Lesotho, malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe making ECSA one of the largest health organizations in the region.

Publications
The ECSA HC publishes and makes available at
http://www.ecsa.or.tz/index.php?module=ContentExpress&func=display&ceid=15&bid=23&btitle=INFOR MATION&meid=15 Reports & working papers; Conference papers; Media; Information sheets and Policy documents

10. The Eastern and Southern African Management Institute (ESAMI)

The Director Business School
P.O.BOX 3030 ARUSHA ,Tanzania
Arusha
+255 27 2508384-8/5/7
+255 27 250 8285
Email: Adminbs1@esamihq.ac.tz
http://www.esami-africa.org

This is a Pan African Regional Management Development Centre. It is a service and market-oriented institution offering high level specialized management training and development programme, consultancy and action-oriented management research services. ESAMI's target clients are government, NGOs, parastatals, private sector and national training institutions in the Eastern and Southern African region. Increasingly, ESAMI continues to attract clients from West Africa especially Ghana, Nigeria, Gambia, Sierra Leone, Liberia and Cameroon. Participants from Asia, notably Bangladesh, India and Pakistan have also patronized ESAMI's programmes. ESAMI is a leader in the industry in Sub-Saharan Africa.
ESAMI also collaborates with other institutions within and outside Africa in conducting research activities. Research findings are disseminated through many avenues including a bi- annual African Management Development Journal (AMDF), training manuals, training videos and CD-ROMS, monographs working papers, conference papers and books. ESAMI I is a unique regional institution which offers regional programmes and serves as a professional management resource centre for the region.

Vision
To be a leader in knowledge creation and dissemination and a referral center on issues of management and governance in Africa.

Mission
Undertaking relevant and highly focused research to be used for evidence - based policy formulation addressing African development challenges

Objectives
- To identify and disseminate best practices in management.
- To contribute new knowledge on solutions to Africa's development challenges and
- To develop indigenous materials to be used on training programmes, the Executive MBA and Diploma programmes

Publications
ESAMI scholarly work is disseminated through books, technical reports and discussion papers some of this are available from the url;
http://www.esami-africa.org/index.php?option=com_content&view=category&id=85&Itemid=48

11. EVIPNet

Contact
Evidence Informed Policy Network (EVIPNet)
Department of Research Policy and Cooperation (RPC/IER), World Health Organization,
Avenue Appia, CH-1211 Geneva 27, Switzerland.
Tel No : 41 22 7914215
Fax No : 41 22 7914169
panissetu@who.int
http://www.evipnet.org/php/index.php

EVIPNet (Evidence Informed Policy Network) is a social and collaborative network that promotes the systematic use of health research evidence in policy-making. Focusing on low and middle-income countries, EVIPNet promotes partnerships between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the most reliable scientific evidence available. EVIPNet comprises networks that bring together country-level teams, which are coordinated at both regional and global levels.

Governance and Legal Status
EVIPNet takes the form of linked, but distinct country-based and regional networks. Africa, Asia and the Americas each host regional networks, which together work in 25 countries. At the regional level EVIPNet is supported by the WHO regional offices and by small regional secretariats responsible for promoting regional coordination. The WHO Research Translation unit serves as the global secretariat of EVIPNet and is situated within WHO HQ in the Department of Research, Policy and Coordination
EVIPNet has a global steering group, which acts as a catalyst and supporter of EVIPNet as a global, regional and country level social network. A regional steering group is also present in each EVIPNet region. The Global steering group meets regularly by teleconference to facilitate exchange between regions and to follow up, coordinate and support global level activities. The Global Steering Group is composed of the chairs of each regional steering group, (Africa, Americas, and Asia), the WHO HQ coordinator of EVIPNet and WHO research counterparts in each of the three regions.

Publications
EVIPNET publications are available online and include
- Online Learning Modules – such as the Introduction to Evidence-Informed Decision Making
- Policy guides and briefs, such as on Using Research in Public Health Policymaking
- Technical papers, such as on Knowledge translation research in population health:; use of systematic reviews

Publications are accessible at http://www.evipnet.org/php/index.php

12. Health Economics and AIDS Research Division
Contact:
University of KwaZulu-Natal
Westville Campus, J block, Level 4, University Road
Durban South Africa
Tel: +27 (0)31 260-2592
Fax: +27 (0)31 260-2587
http://www.heard.org.za/
Email Address: heard@ukzn.ac.za

HEARD conducts applied research and runs development interventions aimed at mobilising evidence for impact in health and HIV in the SADC and east Africa region. HEARD has been situated since 1998 at the University of KwaZulu-Natal in Durban, South Africa and collaborates with a range of institutional and individual partners spanning the globe. HEARD supports UNAIDS in Africa, the SADC Secretariat and Parliamentary Forum and other African leadership in responding to issues of health and HIV.

Governance and Legal Status
Non profit academic institution with a governing Board and executive Director

Objectives
To improve private and public sector understanding of the socio-economic impacts of HIV/AIDS through applied research focus
- o To promote multi-sectoral responses to the impact of HIV/AIDS
- o To develop the practice of Health Economics throughout Africa and developing countries
- o To train business and community leaders, professionals, and government officials in strategic planning for the management of HIV/AIDS

Areas of Focus
Understanding of the socio-economic impacts of HIV/AIDS through applied research focus

Coverage
Africa and global

Nature of Work
HEARD conducts research, builds capacity and enables leadership to roll back the HIV/ AIDS pandemic in Africa.through: Creative interventions through sound socio-economic analysis and interdisciplinary research; the transfer of skills; the sharing of knowledge and capacity building,

Funding
UN and European, see http://www.heard.org.za/about/donors-development-and-collaborating-partners

Partners
Universities, UN agencies, Civil society agencies and Central and local government departments; see http://www.heard.org.za/about/donors-development-and-collaborating-partners

Networks
HEARD lists the networks it connects with on HIV and AIDS at http://www.heard.org.za/knowledge-centre/networks?q=&page=1

Publications
HEARD publishes and makes available at http://www.heard.org.za/heard-resources/publications
Books; Edited Books; Annual Reviews; Journal Articles; Chapters in Books; Working Papers
Research Briefs; Book Reviews; Newspaper Commentaries
It also has an online knowledge centre and media centre and produces a bimonthly newsletter (see http://www.heard.org.za/news/newsletter)

13. **HEPNet:**

Contact:
Coordinator, School of Public Health & Family Medicine
University of Cape Town
South Africa
Tel. 27 21 406 6576
Email : Olufunke.Alaba@uct.ac.za

The Health Economics and Policy Network in Africa (HEPNet) is a unique network of institutions that aims to build in-depth expertise in health economics and health policy analysis to improve health systems in Sub-Saharan Africa.

Governance and Legal Status
A Network of research institutions from Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. HEPNet was formed in 2000 but is due to wind up at the end 2010.

Objectives
- To promote networking activities between member institutions and with international organizations active in the region.
- To strengthen, promote and increase the scope of capacity building in health economics and policy.
- To strengthen, promote and increase the scope of health economics and policy research.

Areas of Focus
Health Policy; Health Systems; Health Economics

Activities
- Promoting and developing formal training programmes;
- Sharing resources for training,
- Engaging international Health organizations active within the region.
- Conference support
- Organising thematic workshops
- Administering a website, blog and newsletter

Coverage
Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe
Focus
Health Policy, Health Systems, Health Economics
Nature of Work
Capacity Building, Policy Analysis, Advocacy
Funding
International/Multilateral - Funders SIDA
Partners
World Bank, WHO, UN, National Ministries of Health
Networks
African Health Economics and Policy Association, Alliance for Health Policy & Systems Research, EQUINET, CREHS
Publications
HEPNet members are widely published in various media including books, international and regional journals and policy publications and through policy briefs. HEPNet regularly publishes a Newsletter http://hepnet.s3.amazonaws.com/hepnet/wp-content/uploads/2010/01/HepnetNewslettera4_Oct09.pdf.
The Newsletter focuses on the latest news, outcomes of major meetings within Africa and information on what members are researching and how their research is influencing policy and pays attention to specific policy debates in various countries. The final newsletter will be available in November 2010 as HEPNet comes to an end in the following month.

14. Health Economics Unit University of Cape Town

Contact:
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Falmouth Annex Medical Campus
University of Cape Town Observatory 7925 South Africa
Tel +27 21 406 6558 Fax +27 21 448 8152
http://heu-uct.org.za/
Email Address: Latiefa.Adams@uct.ac.za

The Health Economics Unit (HEU) was established in early 1990 in the School of Public Health and Family Medicine at the University of Cape Town. The HEU works to improve the performance of health systems through informing health policy and enhancing technical and managerial capacity in Sub-Saharan Africa. Its foundation is academic excellence in health economics and related health system issues.. It started from the School of Public Health and Family Medicine at UCT in the late 1980s.

Governance and Legal Status
Academic institution under the University of Cape Town

Objectives
- To conduct high quality research in health economics, health policy and systems.
- To train at the post-graduate level to improve technical research and health systems capacity.
- To develop capacity in health economics and related health systems research in Africa.
- To provide technical support to facilitate the translation of health policies into practical programmes.

Areas of Focus
Health Economics, Health Policy; Health Systems;
Research conducted on Equity in health and health care and access to health care; Economic evaluation of key public health priorities including HIV-treatment and prevention, TB treatment, malaria treatment and the introduction of the HPV vaccine into cervical cancer screening programmes; Economics of pharmaceutical markets; Fiscal federalism, equity and governance and health care financing and scaling-up access to priority interventions

Coverage
Sub-Saharan Africa.
Nature of Work
The HEU has members from a wide range of countries in Africa, Europe, Asia and the Americas. Staff have skills in health economics, management and public health. Postdoctoral Fellows and Honorary Academics are an integral part of the intellectual life of the Health Economics Unit. Involved in Capacity Building, Research, Policy Analysis, Policy support

Partners
Universities in South Africa and UK; Government departments; UN agencies; International agencies
Networks
African Health Economics and Policy Association, Alliance for Health Policy & Systems Research, EQUINET, Consortium for Research into Equitable Health Systems, HEPNet, African Health Economics and Policy Association (AfHEA); Health Systems Trust; International Health Economics Association

Publications
The Health Economics Unit publishes and makes available at http://heu-uct.org.za/research/publications/
Including Journal articles; Books & chapters in books; Reports & working papers; Conference papers; Media; Information sheets and Policy documents

15. **Human Science Research Council (HSRC):**

Contact:
Chief Executive Officer
Private Bag, X41 Pretoria, 0001 South Africa (postal address – Pretoria office)
134 Pretorius St, Pretoria, 0002, South Africa (street address – Pretoria office)
Tel: +27(0)123022000 / +27(0)123022002
oshisana@hsrc.ac.za
http://www.hsrc.ac.za/

HSRC is a public statutory research agency of the Republic of South Africa. It was established in 1968, under the Human Sciences Research Council Act (Act No 17 of 2008). As research organization the HSRC generates scientific knowledge through its research and analytical work in the social and human sciences.

Governance and Legal Structure
The HSRC is a national public entity. The Council is governed and controlled by a Board that serves as the top policy making organ, in accordance with requirements of the and the Public Finance Management Act (Act No 1 of 1999). A Board-appointed Chief Executive Officer heads the day to day operational functions of the HSRC. The Council's has approximately 160 professional researchers, with a strong complement of research technical and administrative support staff, based in offices in four different provinces across South Africa.

Objectives
HSRC undertakes and promotes research that is often large-scale, multi-year, and collaborative in nature. It produces high-quality scientific evidence to inform further analysis, debate, advocacy and decision-making by role players in government, the media, academia, and community-based groupings.Through its work the HSRC aims to inform policy development and good practice, thereby making a difference to the lives of people in South Africa and in the mother continent.HSRC strives to serve as a knowledge hub to bridge the gap between research, policy and action; thus increasing the impact of research. This is achieved through collaboration with key constituencies, including government, other research organizations, multinational agencies, universities, non-government organizations, and donor and development organizations

Areas of Focus
The research portfolio of the HSRC is arranged according to the following programme areas: Democracy, Governance and Service Delivery; Economic Performance and Development; Education and Skills Development; HIV/AIDS, STIs and TB; Human and Social Development and Population, Health, Health Systems and Innovation.The HSRC also has a dedicated unit for Research Use and Impact Assessment, which provides specialized support for research translation and dissemination, publication and impact assessment.

Funding
The HSRC receives core funding from a Parliamentary grant allocation, supplemented by research funding from international funding agencies, other South African government and other public entities, and the private sector.

Partners
The HSRC co-operates with universities (local and international), government departments (South African), other research organizations, regional research network organisations, and international agencies; and collaborates with research funders, decision makers, NGOs and other research counterparts when planning and undertaking individual research projects.

Publications and other research outputs
The HSRC Press, the publishing arm of the HSRC, is South Africa's open access publisher, and disseminates its social science research-based publications, in print and electronic form. HSRC Press publishes the research output of the HSRC as well as externally authored works. It provides free downloads of current publications, at www.hsrcpress.ac.za and information on other research outputs (such as conference papers, client reports and peer-reviewed journal articles) at, http://www.hsrc.ac.za/index.php?module=pagesetter&tid=8&nav=simplesearch&pubcnt=1

16. INDEPTH

Contact:
Executive Director
11 Mensah Wood St, East Legon,
Accra
Email: info@indepth-Network.org
http://www.indepth-network.org/

INDEPTH is an international organization for the demographic evaluation of populations and their health in developing countries. INDEPTH coverage currently consists of 37 health and demographic surveillance system (HDSS) sites in 19 countries in Africa, Asia and Oceania including Tanzania, South Africa, Ethiopia, Uganda, Malaw,i Kenya and Mozambique in the ESA region.

Governance
The INDEPTH Network is accountable to the General Assembly which meets annually at AGMs. The Board of Trustees reports through either its Chair or the Executive Director to the General Assembly on annual financial, scientific, capacity strengthening, and administrative/networking activities of INDEPTH. It is the General Assembly that considers issues related to the constitution of INDEPTH and does the election of Board members.

Objectives
1. To support and strengthen the ability of INDEPTH sites to conduct longitudinal health and demographic studies in defined populations
2. To facilitate the translation of INDEPTH findings to maximize impact on policy and practice
3. To facilitate and support research capability strengthening relevant to INDEPTH activities
4. To stimulate and co-ordinate multi-site applications to research funding bodies for specific research activities

Nature of Work
INDEPTH Secretariat supports its member sites in a number of ways which define the Networks nature of work;

- Facilitating knowledge sharing among sites by disseminating data, convening analysis workshops
- Coordinating multi-site research collaborations
- Funding cross-site scientific visits,
- Promoting on-site training courses and internships,
- Capacity building and standardization of research methods across the network.
- Synthesizing and presenting research findings to governments, international agencies, donors and academics

Publications
INDEPTH sites are encouraged to submit to the Secretariat their most recent publications, or provide links to them, especially those in online open-access journals. Study findings have been extensively published in international scientific journals such including; The Journal of Social Science and Medicine, The Lancet, Journal of Epidemiology and Community Health, American Journal of Obstetrics and Gynecology, The Journal of Acquired Immune Deficiency Syndromes, New England Journal of Medicine, International Journal of STDs and AIDS, Health and Transit Review, Science and The British Medical Journal among others.
Links to INDEPTH Publications can be accessed from the url http://www.indepth-network.org/index.php?option=com_content&task=view&id=684&Itemid=781

17. New Partnership for Africa's Development (NEPAD)

Contact:
P.O. Box 1234
Halfway House, Midrand
1685 Johannesburg
South Africa
Tel: +27 (0)12 354 2481
Fax: +27 (0)12 354 1750
Email: eric.buch@up.ac.za
http://www.nepad.org
http://www.nepad.org/humancapitaldevelopment/health/about

The New Partnership for Africa's Development (NEPAD) is a programme of the African Union (AU) adopted in Lusaka, Zambia in 2001. In February 2010, the 14th AU Assembly established the NEPAD Planning and Coordinating Agency (NEPAD Agency) as a technical body of the AU to replace the NEPAD Secretariat. The NEPAD Agency is a key outcome of the integration of NEPAD into the AU.

Governance and Legal Status
The NEPAD Planning and Coordinating Agency implements the NEPAD Programme and is overseen by the NEPAD Heads of State and Government Orientation Committee (HSGOC) and a Steering Committee. The Chairperson of the African Union Commission exercises supervisory authority over the Agency. Designated as the technical body of the African Union, the core mandate of the NEPAD Agency is to facilitate and coordinate the implementation of regional and continental priority programmes and projects and to push for partnerships, resource mobilisation and research and knowledge management.

Objectives
NEPAD's objective is to enhance Africa's growth, development and participation in the global economy. NEPAD aims to
  o eradicate poverty;
  o place African countries on a path of sustainable growth and development;
  o halt the marginalisation of Africa in the globalisation process;
  o accelerate the empowerment of women; and
  o fully integrate Africa into the global economy.

Areas of Focus and work
NEPAD's human development work is aimed at: Enhancing access to essential, affordable medicines and vaccines; Overcoming human resource shortages in the health, education and science and technology sectors; Advocacy, monitoring and partnerships to ensure that Africa's health, education and sciences agenda is determined by and driven from within the continent; Improving education to increase employment opportunities for Africa's citizens; Promoting relevant frameworks and reports, survey results to guide country and regional development strategies; and Encouraging partnerships to establish and strengthen regional networks of knowledge. NEPAD's work in the health sector is aimed at making positive interventions into healthcare to achieve the Millennium Development Goals, including: Improving healthcare systems in Africa and reducing the burden of HIV/AIDS, TB and malaria; Increasing the number of trained and motivated health workers in Africa; Ensuring that affordable, essential medicines are available to all Africans.

Coverage
All countries covered by the Africa Union

Publications
NEPAD provides technical and analytic reports, meeting reports, resolutions and information materials at http://www.nepad.org/knowledge-base

18. Partners in Population and Development (PPD) Africa region (ARO)

Contact:
Statistics House, Third Floor, Room 3.2
9 Colville Street
P.O. Box 2666
Kampala, Uganda
Main office phone line: (+256) 414-705-446
Fax line: (+256) 414-233-184
Email: aro@ppdafrica.org
http://ppdafrica.org/

PPD ARO is a Southern-led, Southern-run inter-governmental organization that works through South-South Cooperation in the areas of reproductive health and population and development. It was was founded based on the Programme of Action of the International Conference on Population and Development (ICPD), Cairo, 1994. PPD is a Permanent Observer at the UN and has diplomatic status in Bangladesh and Uganda. The Africa Regional Office opened in February 2007 in Kampala, Uganda with the mandate to coordinate a renewed and concerted effort to realize the Vision of "a continent that meets its reproductive health needs, promotes the population and development agenda and thereby addresses poverty, through south-south cooperation."

Governance and Legal Status
PPD is governed by a Board of Ministers or other high-ranking government officials in the field of population and development from all member countries. The secretariat fir ARO is based in Uganda. Partner Country Coordinators (PCCs) are designated by the PPD Board Member in each member country.

Objectives
PPD Africa, as part of the global South-South inter-governmental alliance, provides a platform for the promotion of and resource mobilization for Reproductive Health, Population and Development in Africa through three elements: PPD ARO aims to improve reproductive health and rights in collaborating and partner countries, in strategic partnership with NGOs and other civil society organizations.

Areas of Focus and work
1.Policy dialogue;
2.Networking and building strategic partnerships in the region; and
3.Sharing of experiences and good practices.

PCCs are technical staff in government ministries—they are tasked with a number of functions key to the operations of PPD and South-South collaboration. PCCs raise funds for South-South collaborations between member countries; assist in the planning and implementing of exchanges; evaluate and disseminate the results of exchanges and coordinating activities; and provide leadership for South-South initiatives within their countries. PCCs also facilitate the flow of information with the PPD Secretariat and also liaise closely with UN agencies (particularly UNFPA) on population and RH within their countries.

Coverage
The 14 current PPD member countries in Africa are: Benin, Egypt, Ethiopia,The Gambia, Ghana, Kenya, Mali, Morocco, Nigeria, Senegal, South Africa, Tunisia, Uganda, and Zimbabwe.

Publications
The organization publishes and makes available media stories, its own Reports, Technical and meeting reports at http://www.ppdafrica.org/index.php/en/publications/documents and links to other resources and organizations and materials at http://www.ppdafrica.org/index.php/en/resources

19 Regional Centre for Quality Health Care- RCQHC

Contact:
Director
Makerere University School of Pub Health, Physiology Dept Bldg,
P. O. Box 29140, Kampala Uganda
Tel: 256 414 530888
Email: mail@rcqhc.org
www.rcqhc.org

The Regional Center for Quality of Health Care (RCQHC) was established in August 1999 as a USAID/East Africa funded project under the Makerere University School of Public Health to address issues of quality of Healthcare in Africa. RCQHC currently mainly operates in Burundi, Ethiopia, Democratic Republic of Congo, Kenya, Rwanda, Southern Sudan, Tanzania and Uganda.

It aims to be an internationally recognized center of excellence advancing the quality of healthcare in Africa. RCQHC Mission is to provide leadership in building regional capacity to improve quality of healthcare by promoting evidence based practices through networking, strategic partnerships, education, training &research

Objectives
To promote increased implementation of evidence based better practices for improvement of QoC in the region
To develop human resource capacity for improved quality of healthcare
To strengthen the internal capacity of RCQHC towards institutional and financial sustainability

Areas of focus:
With long standing financial support from USAID East Africa, RCHQC works with health care providers, program managers and policy makers to improve Quality of Health care in mainly in four technical areas namely:
Child Health and Nutrition, Reproductive Health and Family Planning, Infectious diseases (Malaria and Tuberculosis) and HIV/AIDS.

Governance and legal status:
Managed as a regional institution by Makerere University School of Public Health

Publications
The institution publishes Training, Manuals and Guidelines, Handbooks, Assessment Reports and Activity Reports.. The reports are found at
http://www.rcqhc.org/index.php?option=com_content&view=article&id=115&Itemid=89

20. Regional East African Community Health (REACH) Policy Initiative Project

Contact:
Arusha International Conference Centre
5th Floor Kilimanjaro Wing
P.O. Box 1096
Arusha
Tanzania
Tel: 255-27-2504253/8
http://www.eac.int/health/index.php?option=com_content&view=frontpage&Itemid=1

The Regional East African Community Health-Policy Initiative (REACH) established in August 2005 is an institutional mechanism or "knowledge broker" designed to link health researchers with policy-makers and other vital research-users. It connects these constituencies through shared and dynamic platforms that support, stimulate and harmonize evidence-based and -informed policymaking processes in East Africa. The initiative is an integrated institutional mechanism operating within the newly established East African Health Research Commission (EAHRC), which is a semi-autonomous institution of the East African Community (EAC)

Goal
To improve people's health and health equity in East Africa through more effective use and application of knowledge to strengthen health policy and practice

Mission
To access, synthesize, package and communicate evidence required for policy and practice and for influencing policy relevant research agendas for improved population health and health equity.

Objectives
1. Manage fora involving policy makers, stakeholders including NGOs civil society groups etc and researchers.
2. Facilitate access to research of high policy relevance for policymakers and stakeholders (i.e., facilitate pull mechanism
3. Identify and/or commission syntheses of research of high policy relevance
4. Package research syntheses (and possibly research reports) for use in knowledge-translation activities
5. Communicate /advocate to inform policy and research agenda
6. Strengthen capacity in East Africa for knowledge translation

Governance
The REACH Regional hub is based at the EAC Secretariat in Arusha, Tanzania and the country node offices are based at the respective National Health Research Institutions in each EAC Partner State.
The REACH-Policy Initiative and the Executive Director is accountable to the Tripartite Stakeholders Committee. This Committee is composed of three members from each country plus a secretary provided by the EAC Health Desk and with major donors participating as co-opted members. The Executive Director of the REACH-Policy Initiative is the overall chief executive of REACH-Policy Initiative.

Scope and areas of focus:
Countries of the East African community. Covers all areas of policy relevant research agendas for improved population health and health equity.

Publications
REACH Priority Health Policy And System Challenges (2008-2010)
Evidence-Informed Policy Making – 3 reports each covering Tanzania, Kenya and Uganda
Reach produces technical reports. Those produced to date can be found on the url;
http://www.eac.int/health/index.php?option=com_docman&Itemid=148

21. Regional network on Equity in Health in East and Southern Africa (EQUINET)

Contact:
Secretariat,
Box CY2720 Causeway, Harare, Zimbabwe
Tel: 263 4705108/708835
Email: admin@equinetafrica.org
www.equinetafrica.org

EQUINET brings together professionals, civil society members policy makers and state officials within the region as an equity catalyst to promote and realize shared values of equity and social justice in health. EQUINET gathers people to overcome isolation, give voice and promote networking using bottom-up approaches built on shared values. We have come together in a spirit of self determination and collective self reliance working through existing government, civil society, research and other mechanisms and institutions i n the Southern African Development Community (SADC) region and in southern and East Africa.

Objectives
EQUINET is building a forum for dialogue, learning, sharing of information and experience and critical analysis to build knowledge and perspectives, shape effective strategies, strengthen voice nationally, regionally and globally and strategic alliances to influence policy, politics and practice towards health equity and social justice.

Scope:
16 countries in East and Southern Africa and regional level.

Governance and Legal Status
A not-for-Profit non state consortium. EQUINET is governed by a steering committee with representatives from eighteen institutions in east and southern Africa. It has an executive committee consisting of five cluster lead organizations and a secretariat at the Training and Research Support Centre Zimbabwe. The five cluster leads are i.e. Equity Watch (TARSC); Resourcing health equity (UCT HEU); Global engagement (SEATINI); social empowerment (CWGH); National networking (HEPS)

Areas of Focus
EQUINET's work covers a wide range of areas identified as priorities for health equity, within the political economy of health, health services and inputs to health, covered in the theme areas shown at www.equinetafrica.org .ie
- Understanding equity in health
- Promoting equity values and using human rights as a tool for health equity
- Promoting health equity in economic and trade policy
- Understanding links between poverty, deprivation and health equity
- Informing and providing options for equitable health services
- Effective and participatory approaches to confronting inequity and attrition in health personnel
- Fair financing, including in allocation of health resources and in the public- private mix
- Equity enhancing features of governance and participation in health systems
- Monitoring and measurement and policy analysis in support of health equity

Publications
EQUINET produces a wide range of publications for its work including Discussion papers, policy papers, meeting reports, policy briefs, parliament briefs, participatory research reports, Equity Watch reports, books, leaflets and posters and other multimedia reports. These are available for free in an online database at http://www.equinetafrica.org/bibl/equinetpub.php. EQUINET also has a searchable database of publications on Equity in Health in ESA with over 2000 publications at http://www.equinetafrica.org/bibl/ and produces a monthly newsletter of new materials and activities on health equity at http://www.equinetafrica.org/newsletter/ The newsletter is at its 119th issue.

22. Social Science and Medicine Africa Network (SOMA-NET):

Contact:
Executive Director
Mapera Court Suite 1,
Langata Rd, P.O Box 20811, 00201, KNH,
Nairobi, Kenya
somanet@africaonline.co.ke

SOMA-Net is an indigenous African social science and health research network, which aims at promoting the application of social sciences in improving human health and development. SOMA-Net's strategic goal is to develop health social science research capacity and promote development–oriented research that informs and strengthens health development and contributes to global knowledge

Governance and Legal Status
The organization is a consortium headed by an Executive Director with offices in Nairobi.

Objectives
- o Develop, promote and integrate social sciences in health research
- o Facilitate and enhance the capacity of individuals and institutions to conduct health social science research (HSS),
- o Produce and disseminate advocacy materials on HSS and
- o Establish media for exchange and dissemination of information on HSS.

Areas of Focus
Community Participation (Through participatory action research)
Health Policy and Systems

Publications
SOMANET does not have its own official website. Its publications particularly in the area of HIOV and AIDS can be obtained from a secondary web host on the url;
http://www.aidsportal.org/Article_Details.aspx?ID=4569
Examples of publications include;
- Technical reports and papers eg Michael Waweru : Caught in the Fear of Pregnancy and HIV Infection : A Dilemma for Youth in Jinja
- Conference materials eg:- Anne Babcock : Abstract book for the International Conference on the Social Sciences and HIV AIDS in Africa new Insights and Policy Perspectives
- Review papers, eg *African health and the economic recession of the 1990*'s Published in 1993, SOMA-Net (Nairobi, Kenya)

23. Southern African AIDS Information Service – SAfAIDS:

Contact:
SAfAIDS Regional Office,
479 Sappers Contour, Lynnwood,
Pretoria,0081, South Africa.
Tel: 012-361-0889
Fax: 012 361-0899
Email: reg@safaids.net
http://www.safaids.net

Established in 1994, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) is a regional non-profit organisation based in Pretoria, South Africa with two other country offices in Lusaka Zambia and Harare, Zimbabwe. SAfAIDS' core activities include capacity development for other HIV and AIDS Intermediary Organisations (IOs), information production, collection and dissemination, networking and building partnerships and leadership in promoting dialogue on cutting- edge issues related to HIV and AIDS. The organisation's mission is to promote effective and ethical development responses to the epidemic and its impact through HIV and AIDS knowledge management, capacity development, advocacy, policy analysis and documentation.

Objectives
- To promote understanding, analysis and focus on the critical impact of HIV and AIDS as a development issue rather than simply as a health issue.
- To disseminate information to promote changes in knowledge, practice and behaviour of individuals and communities using an evidence-based approach.
- To promote the use of multi-sectoral and multi-faceted regional responses and interventions to the epidemic.
- To influence agencies to mainstream HIV and AIDS and gender related issues into their work.
- To promote the meaningful involvement of people living with HIV and AIDS in SAfAIDS work.

Areas of Focus:
HIV and AIDS, Gender, Social determinants

Governance and legal status:
The organisation has a Board of Trustees and an executive director.

Scope
With support from local partners, SAfAIDS currently implements its programmes in Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

Partnerships
SAfAIDS works through identified Strategic Partners who will contribute to a multiplier effect. The capacity building approach involves strengthening the ability of partners to provide SAfAIDS' products and services to Grassroots Communities, ensuring continuity of services and thus sustainability. SAfAIDS implements its activities through collaborative alliances: increasing diversity, uniqueness and synergy; thereby promoting learning and sharing in a complementary and sustainable manner. SAfAIDS works with both implementing partners, academic and research institutions and with regional bodies and multi-country networks and organizations with internal capacity to distribute information for wider reach and organize in-country platforms for debates and policy analyses.

Publications:
SAfAIDS materials fall within the key categories of: Periodicals, Books, Training Materials (toolkits and manuals), BCC and Awareness Raising products (posters, booklets, leaflets, presentations, banners, stickers, labels and edu-calendars) and Best Practice documents, that creatively and factually share current and dynamic knowledge and skills relating to HIV and AIDS, and TB, related prevention, care, support, treatment and impact mitigation responses. See http://www.safaids.net/content/publications

24. Southern and Eastern African Trade Information and Negotiations Institute- SEATINI:

Contact:
Chief Executive Director
20 Victoria Drive, Newlands,
Harare, Zimbabwe
Tel 263 4 776418
www.seatini.org
Email: Seatini.zw@undp.org

SEATINI is an African initiative to strengthen Africa's capacity to take a more effective part in the emerging global trading system and to better manage the process of Globalization.

Mission Statement: Strengthening Africa in World Trade: For an open, equitable, rule-based, transparent, secure, non-discriminatory and predictable trading system.

Objectives
- To enable Southern and Eastern African senior level policy makers to discuss matters of concern to them in a relatively free atmosphere (free from "mandated" positions) in order to clarify matters for themselves. The objective of the exercise is to prepare African policy makers to better manage the process of globalization.
- To help build the long-term capacity of African countries on trade-related matters through building an information network using the electronic and print media.
- To help develop a documentation centre to build on institutional memory and learning.
- To monitor develop in the area of trade and trade-related matters.
- To monitor and evaluate the results of African negotiations on trade and trade-related matters.
- To help raise awareness and bring into the discourse the concerns of the private sector and of the civil society into trade-related matters.
- To undertake scientific research into contemporary issues arising out of the demands of globalization, the new multilateral trading regime, regionalism, and national responses to these

Areas of Focus:
Economic Policy, Trade and Health
Agriculture and Food Security

Governance and legal status:
The organisation became an institute through the resolution of the Board of Trustees in 2001. SEATINI has country offices in Uganda, Kenya and Zimbabwe. Day to day operations are run by an executive director, a deputy director and coordinator of Sothern Africa, and a coordinator of Eastern Africa. These principle officers are assisted by a minimal supporting staff and a team of researchers, consultants, and international experts with practical experience in the area of trade negotiations. SEATINI also draws heavily from international organisations such as the UNCTAD, UNDP and the WTO. SEATINI is largely funded by grants from donors and in-kind contributions from African Governments

Publications:
 SEATINI disseminates and shares its work through research papers, books, journal publications and through a regular newsletter. Links to publications can be found on the url www.seatini.org/publications

25. Training Research & Support Centre (TARSC)

Contact:
Director
P.O Box CY 2720, Causeway,
Harare, Zimbabwe
Tel: 256 4 708835; 705108,725194
admin@tarsc.org
http://www.tarsc.org

Training and Research Support Centre (TARSC) provides training, research and support services to state and civil society organisations. TARSC is a learning and knowledge organization, with a particular focus on skills building and methods to support community based work, and with a commitment to long term capacity building in the public sector and in civil society.

Governance and Legal Structure
A Not for Profit Organization, TARSC governance is through a board of directors. A policy advisory committee and specific programme steering committees provide advice and guidance on the key goals, institutional and programme developments and organizational frameworks. TARSC has administrative and technical units. Any activity in the organization is an outcome of the combined inputs of all of our units, with mutual respect among the personnel in all units for the role they each play.

Scope:
Countries in east and southern Africa

Areas of Focus
- o   TARSC work is organised around core skills areas:
- o   Policy, systems, community based and participatory research
- o   Community monitoring
- o   Sectoral and research skills training
- o   Material development, publications, Information resources

TARSC implements these areas of work within all areas of social and economic policy, with a predominant focus on health, health equity and the social determinants of health

Publications
Publishing and information dissemination is an important aspect of TARSC's work. TARSC produces technical reports, journal papers, books, training materials, policy and civil society briefs, leaflets and posters.. TARSC provides a number of online databases and downloadable materials at its website on
- o   TARSC publications, searchable by topic and downloadable as pdf files www.tarsc.org/publications/
- o   a web based searchable data base of publications on civil society and health.
  www.tarsc.org/WHOCSI/
- o   a web based searchable data base of publications by or about civil society in Zimbabwe and southern Africa http://www.zimciv.org/search.php
- o   a web based searchable database of publications on equity in health. www.equinetafrica.org/bibl/
- o   Participatory training materials on adolescent health (Auntie Stella:Teenagers talk about sex, life and relationships) http://www.auntiestella.org/
- o   Training materials on working with civil society in health http://www.tarsc.org/who/

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity oriented interventions, EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

EQUINET implements work in a number of areas identified as central to health equity in east and southern Africa

- Protecting health in economic and trade policy
- Building universal, primary health care oriented health systems
- Equitable, health systems strengthening responses to HIV and AIDS
- Fair Financing of health systems
- Valuing and retaining health workers
- Organising participatory, people centred health systems
- Social empowerment and action for health
- Monitoring progress through country and regional equity watches

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET from the following institutions: TARSC, Zimbabwe; CWGH, Zimbabwe; University of Cape Town (UCT), South Africa; Health Economics Unit, Cape Town, South Africa; MHEN Malawi; HEPS Uganda, University of Limpopo, South Africa, University of Namibia; University of Western Cape, SEATINI, Zimbabwe; REACH Trust Malawi; Min of Health Mozambique; Ifakara Health Institute, Tanzania, Kenya Health Equity Network; and SEAPACOH

For further information on EQUINET please contact the secretariat:
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Box CY2720, Causeway, Harare, Zimbabwe Tel + 263 4 705108/708835 Fax + 737220
Email: admin@equinetafrica.org
Website: www.equinetafrica.org

The African Centre for Global Health and Social Transformation (ACHEST) is an initiative promoted by a network of African and international leaders in health and development. It is an independent Think Tank and a network.
Plot 13 B Acacia Avenue, Kololo P.O.Box 9974, Kampala, Uganda Website www.achest.org

Series Editor: Rene Loewenson