Sida Evaluation 06/05

Sida Support to Health Economics Capacity in Sub-Saharan Africa through the Health Economics Unit, University of Cape Town

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Content

Executive summary

In 1999 Sida decided to support the development of Health Economics & Policy in the Sub-Saharan Africa (SSA) region by offering assistance through the Health Economics Unit (HEU) at the University of Cape Town. The main objective of the support was to develop this capacity and to assist governments and Ministries of Health to use research in Health Economics as a basis for Health Policy decisions. The objective was also to retain and develop competence within the African context, and to develop and sustain capacity at national level. The assistance initially took the form of funded bursaries for the Master's programme, and was later extended to provide financial support for the activities of the *Health Economics & Policy Network in Africa* (HEPNet). It also includes Institutional Collaboration between Karolinska Institute (KI) in Stockholm and HEU.

The overall purpose of this evaluation was to appraise Sida's support to the sub-components of Capacity Building in the SSA region. But the most important purpose of the evaluation, from the evaluators' point of view, is the learning process of the evaluation, a learning process in which the stakeholders get the opportunity to learn about and develop the ongoing project. This learning process is closely linked to the method used. The results will lead to a decision on suggested improvements, in terms of the content and format of the support to HEU, to assist Sida in its preparation of a new agreement. The evaluation took place between February and April 2005, and interviews were undertaken in South Africa (Cape Town and Johannesburg), Zambia (Lusaka), Uganda (Kampala) and Sweden (Stockholm), while three different questionnaires were distributed by e-mail. The data collected were summarised in an unevaluated paper, which was used at the evaluation seminar held in Cape Town.

Three different routes to Health Economics & Policy capacity

The methods used within the Sida-funded components to disseminate Health Economics & Policy capacity in the SSA region are networks and collaborative efforts. The evaluation report highlights some common features that it is important to acknowledge within all networks and collaborations, following three routes for achieving the goal of developing Health Economics & Policy in the region.

The first route leads to the development of a critical mass of 'good' quality Health Economists in southern Africa. Three different tools have been used to achieve this development, tools that have their hub at the HEU.

– The first tool is Sida-funded Master's students. Sida support started in 1999, with Sida funding four bursaries (for all the attending Master's students in the programme) per year. Individual candidates from across the SSA region were given financial support to attend the Master's programme in Health Economics at HEU. The overall goal is to create a critical mass of Health Economists in the region, working in a local context. This goal has been broadly achieved in consideration of the time available. The Master's students funded by Sida were happy with the education at UCT/HEU and with the subject of Health Economics as a whole, but there were worries about the broader context of the situation for Health Economists as a whole in the region. This shows the great importance of continuing the work to create a critical mass of Health Economics in the SSA region.
– The second Sida-supported tool is HEPNet. This was initiated in early 2000, and one of the major reasons for starting HEPNet was the feeling that students were not able to use their skills when returning to their own countries, and that they were leaving the continent. The few remaining tended to be rather isolated, and the achievement of a critical mass of Health Economists working on relevant topics within this field in the African region was felt to be at stake. Another major reason underlying the formation of the network was the urge to strengthen the linkage between research institutions and health policy makers; to use research in Health Economics as a basis for Health Policy decisions. HEPNet has, in brief, and in comparison with other similar networks, done several things to promote the development of capacity in Health Economics & Policy in the region. However, there are some common issues that are often raised within networks, organisations and institutions that are important to recognise in order to prevent future problems. But the core of all networks is a sense of trust, a foundation on which HEPNet, at least when seen from the perspective of committed members, is securely rooted. All active members were very satisfied with most of the activities and work done through HEPNet so far, not least with the exchange of ideas achieved through the network.
– The third Capacity Building tool that Sida supports started in August 2000 as a Sida-funded secondment of a Swedish Senior Research Associate (SRA) to the HEU. The purpose was to support various HEU research and Capacity Building activities, mentoring a number of African postgraduate students and involvement in HEPNet activities. A major task of the SRA was to take an active part in the Master's teaching programme in health economics and in development and improvement of the programme. Another major task was to assist in the supervision of PhDs in order to create a critical mass, since the HEU's capacity in this regard was limited at that time. The secondment arrangement was transformed in June 2003 into an *Institutional Collaboration* between HEU and the Institute for Social Medicine at the Karolinska Institute (KI). So far, the collaboration has given inputs to the other Sida-funded tools, the Master's programme and HEPNet. It has strengthened the Master's programme and given support to the Doctoral programme, and it has been involved in several HEPNet activities as stated in the proposal. The importance of the Institutional Collaboration for the staff at the HEU is crucial.

The second route concerns how to spread knowledge; how to disseminate Health Economics & Policy knowledge through networks and collaborations. Communication and commitment – dysfunctional or smoothly run – are critical issues for the survival of all collaboration. And as with most forms of co-operation, these factors are important to recognise since they could awake feelings of injustice and insecurity. The fear of generating feelings of hostility created by recognised dysfunctional communication could prevent the development of organisational learning and hence institutionalisation.

The third route concentrates on one possible way of making Health Economics & Policy a feature that is well known in the African context in the long-term perspective. One possible way of securing the sustainability of the Institutional Collaboration and HEPNet (and in the longer term the Master's programme) is by institutionalisation, a process that includes organisational learning.

Recommendations in brief:

- HEU, in co-operation with CHP (especially with regard to HEPNet), as the hub of Sida assistance, needs to obtain stronger support, in terms of both economic resources and strengthening its capacity or critical mass.
- Create a paid HEPNet administrator and co-ordinator post to make sure that the information is disseminated effectively.
- A part-time paid sub-administrator/co-ordinator in each HEPNet country that supports the regional administrator/co-ordinator at national level.
- Active committees in each member country, a committee where the institutions are represented at management level. This committee could be visualised as a 'minor' HEPNet.
- The HEPNet steering committee should consist of representatives from each national HEPNet committee.
- The steering committee of HEPNet ought to make sure that the head of each member institution supports the collaboration at an organisational level.
- HEPNet should continue with the regular and successful activities organised so far, but it is recommended that thematic workshops are held at which accurate current local, national and regional Health Economics & Policy issues are discussed.
- The question of whether and to what degree the Institutional Collaboration should take place at an institutional level or not should be acknowledged in order to develop collaborative efforts.
- The institutions recommending (high quality) students should guarantee that the Sida-funded Master's student can get a relevant job after graduation within the institution, for at least a year.

Main recommendations to Sida:

- It is recommended and necessary to create paid co-ordination and administration posts in combination with demands for the member institutions to become institutionalised in order to ensure a sustainable network and collaboration.
- It is recommended that the documentation of all activities and meetings undertaken, especially by HEPNet, be formalised in a more informative and comprehensive way. One possible way is to create a

model that makes it easy to keep the minutes, which could be posted on a website.

– To create an arena for Health Economics & Policy in the SSA region one useful criteria and demand from Sida regarding the funding of the Master's students could be a closer link to a relevant institution. This should be on condition that the institution recommending the student can guarantee that it has a relevant job for the student after graduation.

List of abbreviations

CBoH	Centre Board of Health
CHP	Centre For Health Policy
EU-INCO	European Union - International Co-operation
HEPNet	Health Economics & Policy Network in Africa
HEU	Health Economics Unit
iHEA	International Health Economics Association
IoPH	Institute of Public Health
KI	Karolinska Institute
MoH	Ministry of Health
NCC	National Council for Children
NIMR	National Institute of Medical Research
SAREC	The Sida Development Research Council
SEK	Swedish Crowns
SRA	South African Rand
SSA	Sub-Saharan Africa
ToR	Terms of Reference
UCT	University of Cape Town
UNZA	University of Zambia
UoZ	University of Zimbabwe
WHO	World Health Organization

1. Introduction

1.1. Background

The characteristics of most support programmes are that they appear as short-lived historical episodes. Sida support for Capacity Building in Sub-Saharan Africa (SSA) region has a good chance to become an exception, and this evaluation provides an important step in the learning process. The Swedish International Development co-operation Agency (Sida) decided in 1999 to support the development of Health Economics & Policy in the SSA region by offering assistance through the Health Economic Unit (HEU) at the University of Cape Town. This was after the weak capacity of governments and ministries of health in the area of Health Economics & Health Policy was identified as a problem in the SSA region. The main objective of the support was to develop this capacity and to assist governments and ministries of health to use research in Health Economics as a basis for Health Policy decisions. The objective was also to retain and develop competence within the African context, and to develop and sustain capacity at national level.

The assistance initially took the form of funded bursaries for the Master's programme, and was later extended to provide financial support for the activities of the *Health Economics & Policy Network in Africa* (HEPNet). Since August 2000, Sida has also funded the secondment of a Swedish Senior Research Associate (SRA) to the HEU. The SRA has supported various HEU research and Capacity Building activities, mentored a number of African postgraduate students and been involved in HEPNet activities. In 2003 it was developed into an Institutional Collaboration between Karolinska Institute (KI) in Stockholm and HEU. The current agreement has been extended to June 2005, and the total amount disbursed during the five-year period is SEK 20,248,013.

1.2. Sida's definition of Capacity Development/Building

The overall goal of the three sub-components of the Sida support is to strengthen Capacity Building in the SSA region through development of a critical mass. Sida's task is to make sustainable development possible and thus make development co-operation superfluous in the long run. The principal method is capacity and institutional development (Sida 1995). The concept of Capacity Development is often defined as combined efforts that are designed to support the development of knowledge, competence and efficient organisations and institutions. The ultimate

objective is to create conditions for professional sustainability of institutions and organisations, including national systems of education, training, and research. (Sida 2000)

According to Sida's *Manual för Kapacitetsutveckling*, 'Manual for Capacity Development' (Schultz 2005), Capacity Development is about supporting and improving people and the contributions of organisations as well as their ability to change and develop in their context. Sida's definition of Capacity Development is based on five central themes; five points that ought to be considered when analysing and evaluating the three tools supported by Sida.

1. Capacity Development ought to be connected with the issue of strengthening the capacity of poor individuals, helping them to control their own lives and destinies. For example through a better understanding of the factors that prevent people from being self-supporting.
2. Since ownership has shown to be a condition for sustainable development, Capacity Development should concentrate on strengthening the collaborators' ability to lead their own development.
3. Capacity Development ought to acknowledge that capacity can be developed on different levels – individual, organisational, systems of organisations, institutional and contextual levels.
4. Capacity Development should emanate from existing capacity, and projects ought to be formed in a way that makes it possible for organisations, groups and individuals to change in their own way and in their own time
5. Capacity Development should be regarded as a continuous process of learning that includes both successes and failures and involved a gradual, unpredictable change that seldom follows a pre-determined route.

Sida states that there is a difference between the concepts of Capacity Development and Capacity Building (2005). Capacity Building is often described as something built by an outsider, often by installing new technical systems or by providing new knowledge. There is also a risk that the support becomes centred on supply instead of demand when using the concept of Capacity Building. In the case of a wider-reaching process of change the time perspective also tends to be unrealistically short from the perspective of Capacity Building, which reduces the opportunities for sustainable development. Capacity Development, on the other hand, is about providing the opportunity for a characteristic to grow and develop from inside, from the grass root level. However, the term Capacity Building will be used from now on in this report, but in the sense of Capacity Development. The reason is that our interpretation of the documents (cf. Terms of Reference) and the collected data is that they use and talk about Capacity Building in the above-mentioned sense of Capacity Development.

1.3. Purpose of evaluation

The purpose of this report is to evaluate Sida's support to the sub-components of Capacity Building in the SSA region. One of the main objectives of the evaluation is to find a way to unite these components of the support, since all three share the same vision and reality of strengthening Health Economics & Policy capacity in the region. In the present contract between HEPNet, the Institutional Collaboration, the bursaries of the Master's students and Sida they have been treated separately.

Another aim is to summarise the achievements, goals and objectives of the three sub-components. The evaluation of the support to HEU also looks at the process of the project; the context within which the support is given, how it has developed, how the different components interact and support each other or counteract each other. This is done using both relevant documents and data collected through interviews and questionnaires.

A third aim is to suggest improvements in terms of the content and format of the support to HEU, to assist Sida in its preparation for a new agreement (for more details see Terms of Reference in the appendix).

A fourth aim, regarded by the evaluators as the most valuable purpose, is the learning process of the evaluation, a learning process whereby the stakeholders get the opportunity to learn and develop the ongoing project. This learning process is closely linked to the method used.

1.4. The evaluation method

This evaluation is closely linked to a specific method, a method that includes active participation of the stakeholders in the evaluated project. The purpose of this specific method is to go beyond the normally used process in which evaluation is seen as something obligatory that no one really cares about, a report that only a few people read and even less adopt, a report with only one purpose – to get a new contract. Our hope and experience is that this method contributes to a more fruitful process where the process itself contributes to further learning and development.

This approach entails that the involved parties, at a start-up meeting, get the chance to highlight questions of importance that ought to be acknowledged by the evaluators. The aim is to make the stakeholders and involved parties more engaged in the evaluation process and interested in its outcomes. Another important aspect is when the involved parties, using their contextual knowledge and experience, get the opportunity to reflect and contribute to analysis of the interviews, results and other material. This is done at a so-called evaluation seminar.

The method used is not only a process of giving stakeholders influence over the outcomes of the evaluation; it is also an opportunity to learn. An opportunity to learn what other members of the project think, how they perceive issues that are raised, but also a chance to use this newly gained knowledge in a productive way and to move forward. Past experiences shows that individuals involved in the project, using this method, are more likely to interpret the materials and findings in ways that are understood by the majority of the project members. They are part of the socio-cultural context, a context that is not necessarily shared by the evaluators. This participant evaluation model also facilitates the process of change that is often a necessary next step for most projects.

The evaluation

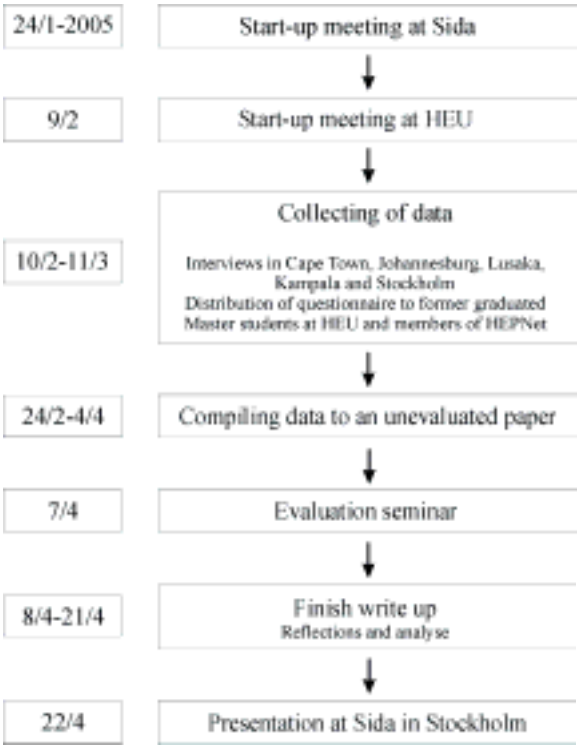
The evaluation includes both quantitative analyses of actual deliverables and a qualitative analysis of the process, perceived outcomes and effects of the support at regional level, at national level and at institutional level. After the start-up meeting at Sida in Stockholm, a preliminary timetable for the evaluation was established and data collecting was started with a comprehensive document review for the three different tools. Documents reviewed, concerning the three tools, included: a) Proposals, b) Terms of Reference, c) HEPNet Evaluation Report, d) Research Abstracts e) Agreements f) Various Reports of Planned Activities and Workshops and g) iHEA Conference Abstracts.

Following the document review, and before interviewees were recruited and questionnaires sent out, a start-up meeting was held at HEU. Interviews were conducted in South Africa, Zambia, Uganda and Sweden between 10 February and 11 March 2005. Each interview was semi-structured and the questionnaire was used to guide the interview process, however, the interviews did not adhere strictly to it. The respondents were asked about issues related to the strengthening of Capacity Building in Sub-Saharan Africa as a whole, and the member countries in specific. Questions were asked about commitment, how to find other ways to communicate, individuals versus institutions, and values and outcomes were also discussed.

The collected data was summarised in an unevaluated paper that highlighted some of the findings in order to give an input at the evaluation seminar held in Cape Town. At the seminar some common issues of importance for all networks and collaborations were discussed. This was an opportunity for some of the involved parties to learn and analyse the findings themselves. Participants at the seminar were staff from HEU, Lucy Gilson from CHP, Clas Rehnberg from KI and Pär Eriksson from Sida. Since the evaluated project includes a rather widespread group of involved parties that are based in different countries this has limited the participation and process of learning. At first, the evaluators had only time to visit three out of five HEPNet member countries, and secondly, it was decided that the evaluation seminar should only include HEU and CHP, in other words South Africa. The results and discussions from the evaluation seminar will be combined with the other findings in the report and the protocol as a whole can be seen in the appendix.

After the evaluation seminar the findings, including the data collected, documents and evaluation seminar, were analysed, summarised and put into a broader framework by the evaluators named in this report.

Model of evaluation process



Altogether 24 persons were interviewed and 19 of the interviews were recorded on tape. They lasted between 20 minutes and 2 hours and, on all but two occasions, both evaluators took part. Sixteen of those interviewed were HEPNet members, seven were part of the Institutional Collaboration between HEU and KI, and one was a former Master's student of the Health Economics programme at HEU. The interviews were combined with three different questionnaires aimed at graduate Master's students, representatives of the institutions within HEPNet and individual members of HEPNet (e.g. those who were on the e-mail list).

A total of 73 questionnaires were distributed: 13 institutional, 43 individual and 17 Master's students (for more details see appendix). Out of the 13 institutional, six answers were collected (from NIMR and MoH in Tanzania, IoPH in Uganda, CHP and HEU in South Africa and from UoZ in Zimbabwe). There were no answers from Zambia, perhaps as a result of the interviews, which more or less covered the same issues. 13 individual HEPNet members answered the questionnaire and seven out of the 17 Sida-funded Master's students. The large number of individuals who did not reply may imply that those who replied are satisfied and actively involved, and those who did not respond may have different views. However, our overall impression is that the questionnaires generally mirror the issues that the HEPNet network is struggling with, issues that will be discussed and acknowledged.

So far the three sub-components – HEPNet, Sida-funded Master's students and the Institutional Collaboration between HEU and KI – have been seen separately, but the wishes from Sida are that they should be more integrated in the future. Since they have been kept apart so far, the following presentation may to a large extent describe the tools independently.

1.5. Outline of the report

Chapter 2 gives a broad overview of Sida's perception and use of the concept of Capacity Development, and a brief presentation of the three sub-components supported by Sida and their outcomes.

Chapter 3 describes some of the issues that are of importance for the three components in order to achieve the goal of Capacity Building in the SSA region. This is done through three different routes. The first route leads to development of a critical mass, the second leads to dissemination of the acquired knowledge and the third leads to sustainability of Capacity within the African context from the perspective of the three components.

In Chapter 4 the issues raised are summarised and analysed.

2. Three tools for building Health Economics & Policy capacity

Building Health Economics & Policy Capacity in the Sub-Saharan Africa region entails a need to create a critical mass of 'good' quality individuals and institutions with an understanding of the importance of the subject. In order to have an impact on features and processes where Health Economics & Policy could be of importance the number of members is crucial. A large number of people in the same area means greater support, exchange of experiences and knowledge. It creates an arena in which research results and local knowledge in the area of Health Economics & Policy can be disseminated. This critical mass must be both quantitative and qualitative, and the role of senior researchers should not be underestimated. The creation of a critical mass leads to changes that are visualised through the meeting between the academic researchers and the policy makers at the ministries.

> *The ideas of HEPNet arise from two different angles. One of the major motivating factors was the Master's degree, since there was a feeling that most students were returning to their countries and were not able to use the skills that they had developed, partly because there was no understanding of what a health economist could do. So there was a demand for certain services, but it was also about creating an arena for Health Economics. In many countries Health Economics was very new and people were feeling very isolated, so we tried to provide some kind of mechanism for people to get in touch with each other who were working within that area, so that they could ask questions.*

Sida support has been divided into three sub-components, or tools, for Building Health Economics & Policy Capacity in the region – Sida-funded Master's students, *Health Economics & Policy Network in Africa* (HEPNet) and the Institutional Collaboration between HEU and KI.

2.1. Sida-funded Master's students

Background

The *Master's programme* could be interpreted as the means to provide the other components to achieve its goals and objectives – providing the region with a critical mass of Health Economists. In recognition of the need to develop Health Economics & Policy Capacity in African countries, the HEU, in conjunction with UCT's School of Economics and with support from the World Health Organization (WHO), started the

Master's programme in Health Economics in 1996. The Master's programme extends over 18 months and involves a year of course work followed by a thesis.

Sida started providing support in 1999 by funding four bursaries (for all attending Master's students in the programme) per year. Individual candidates from across the SSA region were given financial support to attend the Master's programme of Health Economics at HEU. The objective of this support has been to satisfy regional demand for Masters-level Health Economists and to create capacity in applied Health Economics & Policy. The thesis conducted during the programme involves primary research by the candidate in his or her own country on a policy relevant topic.

Goal

The overall goal is to build and develop capacity in Health Economics & Policy within the African region by creating a critical mass of Health Economists working with relevant topics within this field.

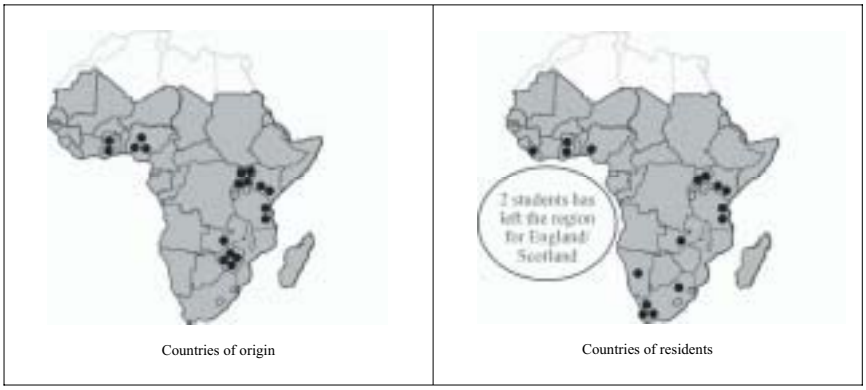
Outcomes

So far 28 students have taken advantage of the scholarship, and eight currently attend the programme (started studying in 2004 or 2005)[1]. Only one student has been asked to withdraw from the programme as he failed to pass some core modules, and one is currently finalizing dissertation. All respondents of the Master's students questionnaire were very satisfied with the education and felt that it had been helpful to their career and helped them get relevant work in the region. Six out of seven respondents felt that their thesis had been useful in their present occupation, and the subjects of their theses ranged from titles such as *Determinants of health in Nigeria, Equity in the public/private mix in Uganda,* to *Pharmaceutical pricing: Assessing impact on affordability of HIV/AIDS drugs in Zimbabwe.*

> *My master's degree in Health Economics opened for me a new vista of possibilities and opportunities that has enabled me to evaluate the functioning of the Nigerian health system in a different light.*
>
> *The education has increased my knowledge of the subjects of Economics and Health Economics and broadened my scope and perspectives in life. It has also given me more choice and especially, it has given me a career and a source of living.*

One of the main purposes of the Sida support to the Master's students is, as previously mentioned, to keep capacity in the region, a goal that, from the perspective of the Sida support, have been achieved. Of the total 18 graduated Master's students it is only two that have left the region, 10 have returned to their home country, six lives and work in other African countries of which four remains in South Africa.

[1] Each year about 12 students undertake the Master's programme at the Health Economics Unit, HEU.



The geographical distribution of graduated Sida-funded Master's students

2.2. Health Economics & Policy Network in Africa, HEPNet

Background
The second Sida-supported tool is HEPNet. It was initiated in early 2000, and one of the major reasons for starting HEPNet was the feeling that students were not able to use their skills when returning to their countries, and that they were leaving the continent. The few remaining tended to be rather isolated, and the building of a critical mass of Health Economists working with relevant topics within this field in the African region was felt to be at stake. This was also a feeling shared by the senior researchers – that there was a need to develop a knowledge base of shared African Health Economics experiences and Policy work. Another major reason underlying the formation of the network was the urge to strengthen the linkage between research institutions and health policy makers, to use research in Health Economics as a basis for Health Policy decisions.

After a two-day workshop in Kaufe Gorge, Zambia, in August 1999, the possible structures of a network were discussed. At the workshop five countries (Zambia, Uganda, Zimbabwe, Tanzania and South Africa), Sida and Alliance for Health Policy and Systems Research participated. This workshop resulted in the formation of HEPNet in the year 2000. The constellation of members has so far been unchanged, but at the last steering committee meeting held in Entebbe, Uganda in October 2004 it was decided that there could be a limited number of individual members. The number of individual members should not however exceed the number of institutional members in any country. It was also suggested that more countries and institutions should be included in the network in the future (cf. HEPNet 2004).

The member institutions are:

Tanzania:	Ministry of Health
	National Institute of Medical Research
	Muhimbili University College of Health Sciences
Uganda:	Ministry of Health
	Institute of Public Health, Makerere University Clinical Epidemiology Unit, Makerere University
Zambia:	Department of Economics, University of Zambia
	Ministry of Health
Zimbabwe:	Ministry of Health

	Blair Research Institute Department of Community Health, University of Zimbabwe
South Africa:	National Department of Health Health Economics Unit, University of Cape Town Centre for Health Policy, Witwatersrand University

Goals and objectives

The goals and objectives are to contribute to health sector development in the SSA region by:

- Undertaking networking activities between member institutions and with international organisations active within the region in the area of Health Economics
- Strengthening, promoting and increasing the scope for Capacity Building in Health Economics & Policy
- Strengthening, promoting and increasing the scope for Health Economics & Policy research.

Outcomes

So far at least two face-to-face activities involving all member countries have taken part each year. These activities include workshops, steering committee meetings and seminars. Other networking activities include, for example, circulating newsletters, policy and research reports etc. The activities were seen by all respondents as contributing to the Building of Health Economics Capacity in the region, at least from the individual perspective. The workshops were highly appreciated and on several occasions the value of the face-to-face meetings, at which different perspectives, experiences and values were discussed, were acknowledged. But the most appreciated, or at least most commonly mentioned outcome of HEPNet so far, was the exposure to the international arena of Health Economics through the International Health Economics Conference (iHEA). HEPNet supports participation at the conference by paying the fees for those who get their research abstract accepted, and assistance is given by seniors at the HEU and CHP (Centre for Health Policy).

In summary, HEPNet has many benefits for individuals and institutions – it gives an opportunity to exchange research and experiences, it helps put African Health Economists on the map and it gives support to the Health and Policy systems in the region etc.

> *The network is about sharing and engagement. It is about learning from each other and being exposed to different realities in a process to learn. I think the value of the partnership lies for example in the activities where persons from different countries meet and you do similar work in different contexts. It is also about understanding the differences and the similarities.*
>
> *We have managed to have a couple of people trained at Master's level although the national system has failed to retain the graduates. With the short courses, the Ministry of Health is recognizing the value of the network. A couple of non-economists have also been sent to participate in training workshops and they have learned how to impart Health Economics tools to the majority of students at both under- and postgraduate levels. The refresher courses for active members have strengthened their ability to share up-to-date information with students. Training of trainers, writing skills etc, have all been invaluable activities borne out of this network.*

2.3. Institutional Collaboration between HEU and KI

Background

The third Capacity Building tool that Sida supports started in August 2000 as a Sida-funded secondment of a Swedish Senior Research Associate (SRA) to the HEU. The purpose was to support various HEU research and Capacity Building activities, mentoring a number of African postgraduate students and involvement in HEPNet activities. A major task of the SRA was to take an active part in the Master's teaching programme in health economics and in development and improvement of the programme. Another major task was to assist in the supervision of PhDs as the HEU's capacity in this regard was limited at that time, in order to create a critical mass.

The secondment arrangement was transformed in June 2003 into an *Institutional Collaboration* between HEU and the Institute for Social Medicine at the Karolinska Institute (KI). The research component was essential for the Capacity Building and a fruitful Institutional Collaboration between the two institutions. Other key areas addressed by the Institutional Collaboration were: support to the Master's programme, the Doctoral programme and HEPNet. The overall aim of the Institutional Collaboration is to support Health Economics Capacity Building in the African region, particularly in HEPNet institutions in South and East Africa. The support is provided through different channels, but the primary route for regional Capacity Building has been through the HEU. In order to provide these inputs to regional Capacity Building initiatives, the HEU requires support to strengthen its own ability to play this regional role, including development of the capacity of its core staff. The institutional collaboration between the HEU and the KI is critical in this respect. The benefits of KI on the other hand, are particularly seen in terms of strengthening its understanding of health system issues in low- and middle-income countries and its ability to engage with researchers and training institutions in such countries (cf. Rehnberg 2003; 2004).

Goals and objectives

The goals and objectives of the four key areas within the Institutional Collaboration are:

Master's programme: Strengthening and sustaining the programme, to produce African Health Economists with skills to conduct policy-relevant research

- Improve aspects of the programme and maintain its high quality
- Satisfy the regional demand for Master's level Health Economics training
- Strengthen regional capacity through applied Health Economics dissertation research

Doctoral programme: Increase the number of highly qualified Health Economists with policy relevant research skills

- Strengthen HEU as a regional resource for doctoral supervision
- Increase the throughput of PhDs and broaden the range of research topics
- Promote retention of PhD graduates in the region, by providing regionally based PhD training opportunities, and thereby secure sustainability

HEPNet:

- Development of regional capacity through non-degree programmes
- Strengthen evidence-based research-to-policy impact in region through improved quantitative skills

Research: Development of research skills and capacity in the region

- Develop research network(s)
- Develop collaborative research proposals between regional institutions
- Broaden the regional research agenda
- Promote financial sustainability in regional research activities
- Promote Policy impact of regional research

Outcomes

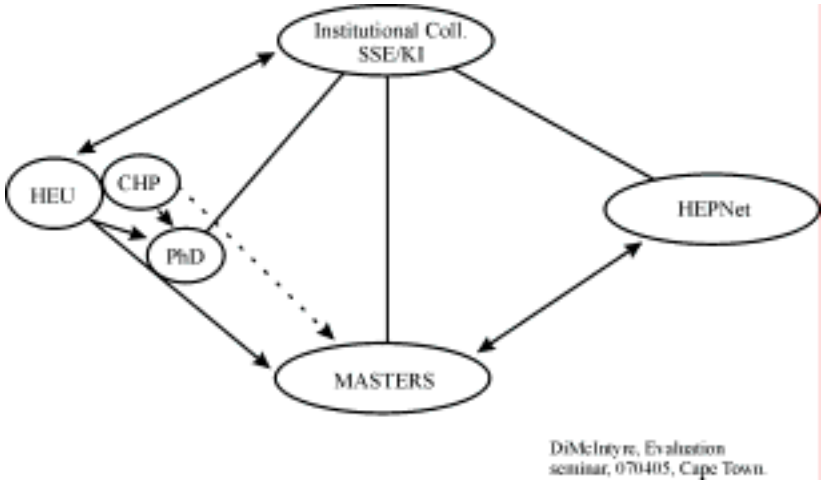
The overall goals of the Institutional Collaboration have been achieved so far. Outcomes of the Institutional Collaboration include a designed quantitative Health Economics module, several ongoing research projects, supervision of disseminated Master's and PhDs. It made funded time available for PhD supervision and the use of the 'seed' capital included in the Sida support has made it possible for joint research applications to different research funders, including EU-INCO and SAREC. There have also been several exchanges where African PhD students have visited Stockholm and been given support and access to resources such as libraries and know-how etc. The exchanges include, for example, meetings in Stockholm and Cape Town to jointly develop resource proposals and improve teaching materials and workshops with Swedish specialists in Cape Town to complement and improve existing course modules (Quantitative Techniques). The Institutional Collaboration has also contributed to HEPNet by teaching and training at several workshops. The visions of the future of the collaboration are many, from both the Swedish and South African side; a vision that includes more researched-based projects and a more frequent exchange programme.

> *I think there's an inspiration that comes from the Swedish - South African, and hopefully regional, collaboration. If we have more topic- or theme-orientated discussions, such as concrete issues around problems of organisation, public health, concrete discussions around the Health Economic aspects of sanitation policies in the region and so on, we can come up with a methodological approach. This could, for example, be developed from the Karolinska and topic-orientated workshop seminars designed to engage policy makers and come up with research agendas that may attract additional funders, and thereby help HEPNet. We had so many activities that have been important training, people empowering (HEU).*
>
> *I think the collaboration between HEU and KI really has the potential to grow, since the interest here at the department is big, but it kind of depends on if it gets more instutionalised here or not. This would also include a broader financial foundation, not only from Sida. My vision is that the collaboration expands so that the whole institution (Karolinska) gets involved, not only this department (the Institute for Social Medicine). I think that this collaboration could be a part of the critical mass of persons with different specialities and expert knowledge who can be used in different situations (KI).*

2.4. HEU (and CHP) as the hub of Capacity Building in the region

The primary route for regional Capacity Building of Health Economics & Policy in the SSA region is, as the support from Sida indicates, through the Health Economics Unit (HEU) at the University of Cape Town, with close co-operation and support from CHP. At present there are 12 people working at the Unit, five of whom are senior researches. In addition to the Master's and PhD programme, the research and wide-spread involvement in HEPNet, the staff also work with external policy assignments in order to get funding (a reality common to all research units within the network). HEU is unique in that it is the only Health Economics education at Master's level in the SSA region, which also contributes to a strong dependence on the Unit. Roughly, it means that if HEU falls, all three Sida-funded tools are doomed to fail, and the entire Capacity Building project for Health Economics would probably be at stake, or at least slowed down. As shown, the pressure on the staff at HEU is heavy and the resources, in this respect, are poor.

The role Sida has delegated to HEU is therefore in many respects seen as unquestionable since the alternatives at present are scarce. The delegated role of HEU, a role that has been shared with CHP, includes co-ordination and administration of HEPNet, and of the Master's programme. As described in the evaluation seminar, the resources (materials, time and support) given to the Master's students are many, and this also applies to HEPNet, even though the network also brings back resources and benefits. The Institutional Collaboration is described as a 'fresh air', an injection of strength and energy to a group of people overwhelmed by work.



In general the HEPNet members were very satisfied with the co-ordination role that HEU and CHP played. And thoughts about shifting roles were mainly raised from within the Unit itself. One suggestion put forward was that the co-ordination role should rotate, at least to some extent. It could be that different institutions and countries took responsibility for specific activities. This was also stressed during the evaluation seminar, where the need to build two to three strong institutions was put on the agenda as a critical issue.

Comments

Our interpretations are that what is said and what in fact is thought are two different things in this respect. There is a wish to be relieved of some of the administrative pressure, but without losing control. But even though there are some thoughts about rotating the co-ordination role of HEU and CHP, the overall impression is that there are no other realistic alternatives at the moment.

3. The Capacity Building process

The goals of the Sida-funded tools have during this period been fulfilled even though there are contextual external issues that make it difficult to achieve all objectives, as with all projects, networks and organisations. Difficulties concentrated on issues of commitment, communication and institutionalisation, and appeared both at national organisational level and regional level. As pointed out, one of the major purposes of the Sida funding is to strengthen the field of Health Economics in the SSA region by educating more Health Economics & Policy specialists in order to create a critical mass.

3.1. Capacity Building through graduated Master's students

There is a great demand for Health Economists in the region, and one major means of creating this critical mass is by educating Master's students within the region (at HEU in South Africa). However, during the process of collecting data, both through documents, interviews and questionnaires, the picture was one-sided – there are problems finding job opportunities for the graduated Master's students in the region and, in some contexts, difficulties getting Master's to come back to their home country. This was discussed during the evaluation seminar and it was clearly pointed out that one way, and one reason, to change the slow and sometimes unsuccessful attempts to increase the numbers of educated Master's students in some of the HEPNet member countries would be to give bursaries to other African countries, such as Kenya, Nigeria and Ghana. This is one explanation given for why more than a third of the Sida-funded Master's students are not from a HEPNet member country (seven of the total 18 graduated students). Another reason given was that the applications from students recommended by HEPNet countries don't fulfil the admission criteria in terms of academic merits.

Some of the reasons given why the Master's students don't get the opportunity, or don't take the opportunity, to work in the home-country in the area of Health Economics after graduation were that there simply are no Health Economics related jobs, as in Zimbabwe for example, or as in Uganda where the feeling were the opposite – that the Master's students found other, better-paid jobs. This reflects some concerns regarding the Building of Health Economics & Policy Capacity in the region. However, it is not only about getting a job; it is also a matter of getting a relevant job where the obtained skills are being used. And even though five of the nine Master's students had been able to get a job in the

country that qualified them for a scholarship, they all state the importance of making Health Economics stronger in the region and strengthening the capacity, especially in those countries where the situation for Health Economists is more difficult.

> *Out of the six or so trained Health Economists from Zimbabwe, I believe I am the only one who came back home. Ironically I am not even using the course, after having failed to secure a job using my newly found qualification. Now I am into macroeconomic research. I believe you understand how frustrating it is. The MoH doesn't have the post of a Health Economist as yet. I approached them several times without success, until I joined this organisation that is into macroeconomic research and policy. I believe the course is somehow appreciated in the Western World, and a few countries like South Africa. Almost all the guys who I know from Zimbabwe who did Health Economics, either at UCT (HEU) or some other western university stayed back, not because of Zimbabwe's economic difficulties but because there are no jobs for Health Economists in Zimbabwe. (Master's student, Zimbabwe)*

The difficulties in not getting any job related to the field of Health Economics after graduation were seen as a problem, not only by the Master's students themselves, but also by many HEPNet members. Another problem in creating an arena for Health Economics in the HEPNet member countries that was put forward in the context of Uganda was that the graduated Master's students choose not to come back to the institutions since they could get better-paid jobs on Sida projects in the country for example. These jobs were perceived as not developing the skills of Health Economics & Policy, and thereby not contributing to the creation of a critical mass.

However, respondents emphasised the importance of the graduated Health Economists staying in the region, even though the HEPNet member country not might be able to provide them with relevant work. In other words, it was stressed that it was more important that the graduated Master's students stayed in the region, working with relevant and qualified assignments, instead of leaving the continent. However, the overall conclusion is that the need to develop and build Health Economics & Policy capacity in the region is still a critical and important topic to continue to work with.

3.2. Dissemination of Health Economics & Policy capacity

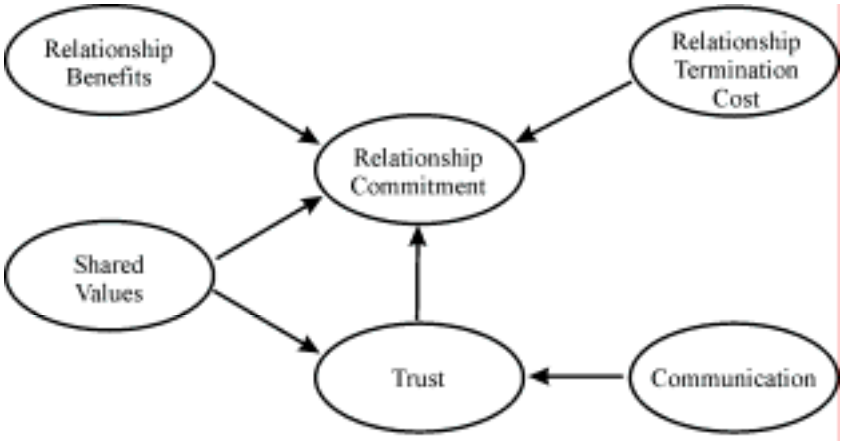
The forms used within the Sida-funded components to disseminate Health Economics & Policy capacity in the SSA region are networks and collaborative efforts. And as with all networks and collaborations, HEPNet and the Institutional Collaboration struggles with barriers to acknowledge and improve, barriers that essentially concentrated around difficulties in communication and how to expand and get more institutions and individuals committed.

Networks and collaborations

The foundation of all networks and collaborations are shared interests and the creation of a common ground of values. This is an absolute condition for a network and collaboration to survive and it is the core of HEPNet's success so far. However, varying levels of disorder and transition are typical in collaborations and it is crucial to acknowledge that collaborations are difficult.

In respect of the three Sida-funded tools the foundation is Health Economics & Policy, a shared value that could be interpreted as a common identity. This shared identity sets the goals and objectives and unites disparate identities, but in all collaborations where the parties have different histories, cultures, powers and priorities there are issues and misunderstandings that arise, especially when the face-to-face contacts are sporadic. Working together, as in the Institutional Collaboration between HEU and KI, and sharing experiences and information as in HEPNet, involves interaction between different realities, systems of meaning, and types of bias. This not only takes place between socio-cultural borders, but also between different disciplines, between the academic world and the world of ministries and governmental organisations. Because of these barriers there is no general model for developing successful collaborations and networks, but there are some essential components that must be present when systems undertake a collaborative effort. One of these components is that all members must work towards a common goal – to create a critical mass of Health Economists in the SSA region in order to improve Capacity Building. Research also indicates that the most successful collaborations share a common perspective with regard to their responsibilities (cf. Powell 1991; Morgan 1994).

Relations are the building block of networks and are generally defined as "a specific type of relation linking a defined set of persons, objects and events", (Knoke 1991:175). The set of persons, objects or events on which a network is defined may be called the actors or nodes. These elements possess some attribute(s) that identify them as members of the same equivalence class for purposes of determining the network of relations among them. A network analysis must also include both the relations that do occur and those that do not exist among the actors. As in the case of HEPNet it is important to acknowledge member institutions that are not actively involved in the network as well as to summarise the outcomes.



Precursors connecting the nodes within a network

The Commitment-Trust Theory
Morgan & Hunt, Journal of Marketing, July 1994

Within networks human interactive relations are horizontal and informal, where the participants roles are determined by social status and control over resources, not by formal positions. Within a network the strengthening and maintenance of a relation between two individuals or

parties (institutions) are of greater importance than the actual action itself. The relations within a network are mutual and, according to Powell (1991), the core of a network lies within ideas of exchange and attitudes towards trust. Powell states that the most important function of all networks is to include and exclude people. Who to include in the network depends on who you trust or who you don't trust. In other words, the relation within a network relies on trust and reliance. It is important to all networks in the long term to reproduce the contacts within the network. Following this argument you could define a network as relations that can be described as voluntary, non-formalised and non-hierarchical, and where the primal functions are exchange, exclusion and unity.

One of the most crucial factors that are influential in the success of collaborations between organisations however is communication, since it is the cement that binds organisations, and a medium for exchanging ideas that builds trust and so forth. Communication alone enables a group to think together, see together and act together (cf. Knoke 1991; Hansson 1989). Common difficulties within networks and collaborations are to get people engaged or committed on a broad level, a difficulty that is closely linked to issues of communication.

Commitment within HEPNet and the Institutional Collaboration

One of the recurring themes within HEPNet, as well as for the Institutional Collaboration, was the issue of commitment. Questions like how do you get more people involved and, not least, what is institutional commitment, were raised. As for participation in activities in HEPNet the level of engagement is very high. It is an arena where the HEPNet members get the opportunity to profit from the Institutional Collaboration between HEU and KI since they have organised activities on several occasions, including the Quantitative Methods in Health Economics workshop and the Writing Skills workshop.

Lack of commitment

Overall the concern was about those institutions that don't engage in HEPNet between the face-to-face meetings, or about the individuals who work as gatekeepers for other members of their institutions. Since most of the respondents were active in HEPNet this concern was about *other* people's lack of commitment. The most frequent answer on why institutions and individuals at the institutions were not actively involved in HEPNet was that they are too busy with other activities unrelated to HEPNet and that there were too many other projects and collaborations that were difficult to integrate. Other explanations given were that the institutionalisation process was not complete, which was illustrated, for example, by the network not being part of the institution's general agenda. Lack of access to the Internet and other resources was also seen as contributing to insufficient engagement by other members. Failure of communication and information, as well as members taking advantage of the opportunity for their own benefit, were also seen as reasons for not getting involved.

> *It's not because people don't want to do it (commit themselves). People are just extremely busy. It's again an issue of resources. If we want to do this we actually have to commission people, and provide some kind of compensation.*

All the above-mentioned difficulties are tasks that to a large extent are linked with the issues of communication – whether this communication is effective or invisible.

Communication within HEPNet and the Institutional Collaboration

As communication is a crucial aspect of all collaborations it is also a common reason why collaborations fail. Communication is a transaction of information between a sender and one or more receivers. Simplified, the sender formulates a message that the receiver apprehends and interprets. In other words, the communication demands both a language (verbal or non-verbal) and a physical medium through which the information is transmitted. There is a complicated interaction between the sender and receiver in the communication between individuals and groups, and it demands that both parties must plan, produce, perceive and understand different kinds of messages. In this specific context, as in others, the communication fulfils different functions. The sender aims, more or less consciously, to arouse certain reactions, to make the receiver realise, believe, feel or act. This is done by using different signals, verbal or non-verbal, in interaction with the situation and context, such as social expectations and knowledge of reality (Hansson 1989:1ff). In every communication situation there are several alternative interpretations, which implies that what is real in one specific context and situation is not necessarily real in another. This process creates difficulties when the geographical distances are a fact, and when the face-to-face interactions are few, such as with HEPNet.

This is of course even more critical when there are more than two parties involved, as well as different economic, socio-cultural and political contexts. These difficulties are seen both within the institutions and countries and between the countries within the region, and problems may be based on different economic and infrastructural resources. There may also be conflicts between two different disciplines, between research units and governmental ministries. The issue of communication was also acknowledged by the HEPNet members as well as by the members of the institutional collaboration.

> *Very often the research is based on very good evidence, but it is not communicated. Most important is the development of trust. We've seen proof of that several times. You can have all the evidence you like, but if there's not that relationship of trust it's not going to go anywhere. As a network, one of the difficulties is that you see each other very infrequently and you need to be engaged several times to feel common spirit, common feeling. So it's not that you want different people at different activities. You want some common feeling to add a sort of physical sense to what is a virtual network.*

Communication failures

The communication difficulties within HEPNet were to a large extent internal, a communication failure within institutions and countries. And there were internal issues that affected the flow of information about HEPNet in general. Since most communication is based on personal chemistry these problems had to do with individuals who had problems co-operating, or with the culture of the institution. The communication problem reached a very critical stage at one specific institution, an institution where the climate didn't allow dissemination of information and led to two opposing descriptions of the institution's involvement in HEPNet. The different images were painted by the spokesman of HEPNet and other members at the department.

Spokesman	Other members at the department
Here at our institution I think that HEPNet is one of the major activities that we are looking forward to this year and at this department there's a full awareness of HEPNet.	As an institution you don't know much about it, just that you're a member. It's difficult to learn more since you don't know how to go about finding information, or what the network can do for you or what you can do for the network. We have never had a meeting where HEPNet has been discussed at this department. HEPNet is pushed aside and only a few individuals who have come close know anything about it, while others actually don't have any idea about it.

There were also, as in many collaborative projects, some issues about external communication problems. In relation to HEPNet, this was generally mentioned by members who until recently had not been actively involved in the network. The issues raised concerned the leading role of HEU as a principle, not as a factual situation of the Unit's insufficiency. Regarding the Institutional Collaboration there were experiences of clashing perceptions of which role to play within the collaboration. There was a feeling, from the HEU's point of view, that there had been some changes in how the collaboration is interpreted and integrated in the institution. The relationship had previously been regarded as an unequal relationship in which the Swedish institution was expected to give to the South African institution, in a one-way communication model. This perception had been transformed during this period, and it was now seen as an equal relationship of giving and taking.

Lack of means to communicate

This transformation to an equal exchange could not be seen in the collected data regarding how the two different disciplines – academic (Health Economics & Policy) and policy making (practise) – were valued within the network, where HEPNet was largely dominated by academic research. Several studies show how technical information-based knowledge is what most stakeholders in different projects expect (cf. Scoones 1996; Richards 1985), as is the case with HEPNet. This is, of course, based on the values of the network where the goal is to create a critical mass of good quality Health Economists and Policy Researchers. The values of HEPNet regarding knowledge were described as one in which expertise from senior members was distributed to other members of HEPNet. Likewise the individual importance of getting introduced and exposed to the international arena was more important than all other knowledge. One aim of linking the knowledge within HEPNet more closely to the academic research, is to make sure that the decisions of policy makers within ministries should be evidence-based. This view of academic expertise was apparent in the context of the next steering committee meeting. The meeting is planned to take place in combination with the iHEA conference in Barcelona, a participation that demands an approved research abstract. Even though HEU is assisting it reveals what kind of knowledge is prioritised in HEPNet.

Perhaps the most critical issue of communication within the network and the collaboration is based on infrastructural difficulties and lack of resources within different contexts. In order to communicate with each other despite the large distances involved, Internet access has been the

major tool for communication. Since the socio-cultural, political and economical situations between the five member countries differ, it means that individuals have different opportunities to gather information, and in the long term, different opportunities to become committed and engaged.

Networks typically develop various intermediate structures in which some actors are more extensively connected among themselves than are others (Knoke 1991). The difficulties in reaching more members relying on an e-mail list were mentioned (also experienced by the evaluators) and in the context of access to the Internet this implies that some potential members are disqualified if they have infrastructural problems. It is thus critical to find other ways of communicating, to be combined with the Internet, especially if the network is going to expand and include more countries and institutions (as stated at the last steering committee meeting).

Networks do however have important consequences for both the individual institution and for the system as a whole, which leads us to the question of how to ensure the sustainability of the collaboration and network by becoming more institutionalised.

3.3. Sustaining Health Economics & Policy capacity through institutions

In order to achieve a sustainable Health Economics capacity in the SSA region it has been pointed out that HEPNet and the collaboration between HEU and KI needs to be institutionalised. Formally and in the broader sense it is already institutionalised, but in practice the feeling is that the collaborations have existed, at least to some extent, on an individual basis. The question of how to achieve this goal was acknowledged by both parties, but the question why was raised or analysed less frequently[2].

Institutionalisation and organisational learning

Simplified, the term institution could be interpreted as an organisational unit, and institutionalisation in terms of two or more organisations (not individuals) collaborating[3]. Institutionalisation could be done by formal agreements between the parties, but if it doesn't have an impact on the day-to-day work, to at least some extent, and if it doesn't lead to some change, there is less likelihood of success or of achieving sustainability. In other words, to get a collaboration to survive in the long-term perspective it is usually necessary to analyse and recognise the above-mentioned features. In order to achieve sustainable institutionalisation, there is, both within HEPNet and the Institutional Collaboration, a need to acknowledge the process of change in terms of organisational learning.

Learning on an individual level means change, but a relatively permanent kind of change. It implies a disparate internal state, which may lead to new patterns of behaviour and action, as well as new understandings and knowledge (Mullins 2002). For example, actively involved HEPNet members have gained a new understanding of what the network

[2] This was one of the issues of concern that were discussed during the evaluation seminar in Cape Town.

[3] Two different definitions could be visualised, one that is used in a theoretical framework, and another that is used in practice. In the first defi nition, used within theories of organisations, institutions are defined as common and standardised patterns of action, patterns that are usually taken for granted. These patterns of action are framed by formal and informal rules of how and when the action ought to take place, and also why we act as we do (Brunsson 1998). For reasons of legitimacy as well as adopting a cognitive view of the social world as ordered and comprehensible, people in organisations are sensitive to the meanings, ideas and definitions of what is natural, rational and good (Alvesson, 2002). According to this definition, institutions extend beyond organisational boundaries, and the

is about and what it can do for them. Their engagement in the network may also result in new behavioural patterns and actions when solving problems in the area of Health Economics & Policy. Thinking of learning at the organisational (or institutional) level implies change within the member organisation, a disparate internal state, new organisational behaviours and actions, and new understandings and knowledge. It is a kind of learning that goes beyond individuals within the organisation, but that at the same time is highly dependent on specific individuals' knowledge, understanding and interaction.

Organisational learning could be seen in efforts to minimise dependence on specific individuals. This is, for example, illustrated by the implementation of new routines, policies, resource allocations and systems of compensation. It could also be seen in the institutional agenda, and a good indicator of organisational learning is whether or not the managers or other formally elected representatives are involved in the collaboration or network. In order to make the changes that result from this learning (implementation of a network) visible and useful the above-mentioned features are not enough, there is a need to connect the change with 'good' values and commonly accepted explanations of why the organisational changes are necessary. In the case of HEPNet and the Institutional Collaboration, however, it is not accurate to talk about an organisation/institution without individuals. It is always individuals that carry out the actions and adopt the values and structures of understanding that create the above-mentioned organisational learning. One conclusion could therefore be that organisational learning always depends on individuals, but that individual learning does not necessarily depend on the organisation.

Organisational learning is a process of detecting and correcting errors, and learning is therefore primarily about tracing the roots of the problems and uncovering the underlying factors. This process calls for courage, since it is necessary to question one's own assumptions and behaviour as well as those of others. This involves adopting new ideas and manners as well as rejecting old ones, which in many cases can be perceived as a painful process of change. Our actions are based on 'good' social values, such as standards for caring for, supporting and avoiding offence to other people. So instead of dealing with inter-collaborative difficulties, which is necessary in order to develop a relationship but may be feared as it could risk the relationship, the consequence could be that these 'good' values may prevent both organisational and individual learning (Argyris 1977).

Institutionalisation within HEPNet and the Institutional Collaboration

From the foundation of HEPNet an important issue was to make sure that the network was functioning at an institutional level. The collaboration between KI and HEU, on the other hand, started as core support when Clas Rehnberg came to the unit in order to bolster expertise at HEU. The core support has evolved to be seen and talked about as an Institutional Collaboration, but, as with HEPNet, the difficulties in moving from individual to institutional level is seen as problematic, even though this problem has been analysed to a greater extent in the case of Institutional Collaboration. Consequently the need to raise the level of institutionalisation was questioned within this collaboration since most of the research projects are heavily based on individuals, and also as a result of the academic tradition of how to collaborate.

I think the value of the collaboration lies between different research projects. It is also important to incorporate this bilateral support with other regional collaboration (KI).

I don't know to what extent KI is involved, and I don't know if institution-to-institution collaboration is the right way (HEU).

One way of moving towards more sustainability through institutions within HEPNet was acknowledged at the last steering committee meeting, where it was decided that national activities should be prioritised, and wish was expressed to involve more institutions within each country. Every country was given a budget to organise meetings on a regular basis where Health Economics issues ought to be discussed. The hope is that national activities will help to strengthen other (bilateral) collaborations within each country so that HEPNet can use the knowledge and experiences from other researchers within the member countries.

Institutionalisation for me would go further than individual involvement and perhaps extend to the regulation, the function, and the operation of the institution to make sure it's incorporated within the routine of activities, carried up by law and some framework within the institution, but there's a cost to it. To institutionalise something means that there has to be a benefit to the institution and that individuals must be pressed within that institution so that what you are getting in to is visible and functional to those that are supporting it. It means that there has to be a programme of work.

Achieving institutionalisation in this respect therefore involves creating a more stable co-operation across member institutions (e.g. organisations), a collaboration that does not depend on specific individuals. Within an inter-organisational context such as HEPNet this kind of institutionalisation could be seen partly in the way the different institutions act and relate to the network, and partly in more formally stated agreements between the member institutions. At present a majority of the member institutions have not integrated the network in the agenda. It is also noteworthy that the next steering committee meeting coincides with another event (the iHEA conference in Barcelona), where fund support from HEPNet is based on accepted conference abstracts rather than institutional representation. This shows that the network in itself does not communicate at an institutional level.

Individuals versus institutions within HEPNet and the Institutional Collaboration
Moving to an institutional level is, according to a majority of the respondents, seen as a difficult task to overcome. One crucial difficulty to overcome and to recognise is how to deal with individuals within a member institution who see themselves as owners of the collaboration (this is a concern for HEPNet, but not for the Institutional Collaboration at present). To some extent, all collaboration rests upon individuals who are very involved and have the ability to involve others. These enthusiasts are of great importance for the survival of networks and collaborations. One problem that can occur is if these enthusiasts don't get the right support from colleagues and management within the institution. If the other members of the institution take for granted that the enthusiast will continue, then the collaboration becomes the individual enthusiast's private project, which the other members only use when they can find any private benefit. In the long term this means that the collaboration

doesn't become integrated in the institution, instead it becomes dependent on individuals. There is no process of institutionalisation and the enthusiast becomes burnt out.

On the other hand, there is also a chance that some individuals use their commitment as a stop sign for other members or individuals at the institutions to be involved in the collaboration.

> *You think that if it's considered as valuable for a person or institution you would send the right people rather than yourself. There's an issue around career structure and keeping the place open while people are going overseas. Maybe it's about regular interactions with policy makers or academics, and having some regular forum for doing that, independent of HEPNet because you are interested in doing it anyway. That would demonstrate commitment from both sides.*

This was a concern closely linked to issues of communication and representation. And it shows the consequences of collaboration taking place at individual rather than institutional level.

4. Concluding summaries

4.1. Overall impression of the three Capacity Building tools

This report has highlighted some of the features that are common to this type of project and are important to acknowledge in relation to three routes for meeting the goal of building Health Economics capacity in the region.

The first route leads to the development of a critical mass of a 'good' quality Health Economists in southern Africa. Three different tools have been used to achieve this development, tools that have its hub at the HEU.

- The first tool, the Sida-funded Master's students' overall goal, is to create a critical mass of Health Economists in the region, working in a local context. This goal has been broadly achieved in consideration of the time available. The Master's students funded by Sida since 1999 were happy with the education at UCT/HEU and with the subject of Health Economics as a whole, but as shown in this report, there were worries about the broader context of the situation for Health Economists as a whole in the region. Even though the majority of the Master's students got a job of relevance after graduation, the overall impression was that they had to fight to get there. This shows the great importance of continuing the work to create a critical mass of Health Economics in the SSA region.
- The second tool, HEPNet, has in brief, and in comparison with other similar networks, done several things to strengthen Capacity Building in Health Economics & Policy in the region. There are some common issues that are often raised within networks, organisations and institutions that have been highlighted in this report, and which are important to recognise in order to prevent future problems. But the core of all networks is a sense of trust, a foundation on which HEPNet, at least when seen from the perspective of committed members, is securely rooted. All active members were very satisfied with most of the activities and work done through HEPNet so far, including exposure to the international Health Economics & Policy arena through, for example, the iHEA conferences, as well as the workshops, and not least with the exchange of ideas achieved through the network.
- The last tool, Institutional Collaboration, was at the stage of planning to broaden the concept of bilateral collaboration. So far the collaboration

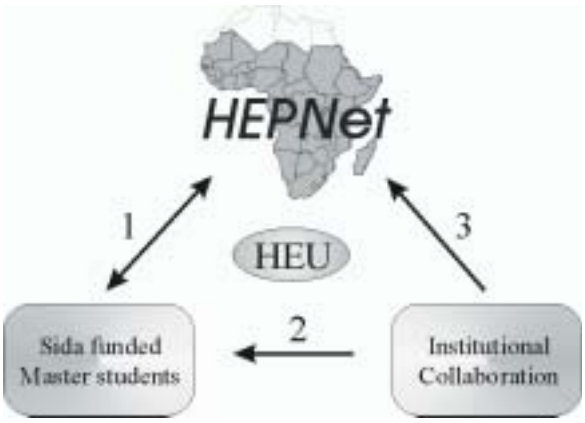
has been giving inputs to the other Sida-funded tools, the Master's programme and HEPNet. It has strengthened the Master's programme and given support to the Doctoral programme, and it has been involved in several HEPNet activities as stated in the proposal. The importance of the Institutional Collaboration for the staff at the HEU is crucial. At present it works as motivation and gives strength to the staff overloaded with work – it gives "fresh air" to the institution.

The second route, which has been acknowledged in the report, concerns how to spread knowledge, how to disseminate Health Economics & Policy knowledge through networks and collaborations. Communication and commitment – dysfunctional or smoothly run – are critical issues for the survival of all collaboration. And as with most forms of co-operation, these factors are important to recognise since they could awake feelings of injustice and insecurity. The fear of generating feelings of hostility created by recognised dysfunctional communication could prevent the development of organisational learning and hence institutionalisation.

The third route concentrates on one possible way of making Health Economics & Policy a feature that is well known in the African context in the long-term perspective. One possible way of securing the sustainability of the Institutional Collaboration and HEPNet (and in the longer term the Master's programme) is by institutionalisation, a process that includes organisational learning. A more concrete description is given below.

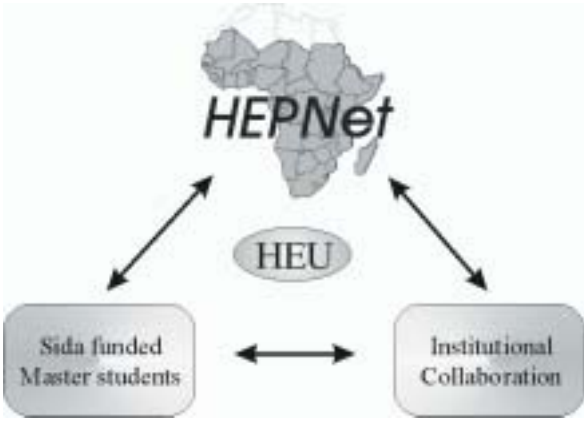
4.2. Three tools becoming one

Sida's role in the process has been the traditional role of a funder, while the role of administration and co-ordination has been delegated to the HEU. Through the three tools Sida strives to support 'poor' countries in order to improve the health of the population and thus give people more control over their own living situation. HEPNet and HEU/CHP are good examples of how the collaborating parties take a leading role in development. Thanks to the long-term perspective the project has also been able to develop at its own pace.



So far the three Sida-funded tools – HEPNet, Institutional Collaboration and the Sida-funded Master's students – have been regarded separately and support has been divided between them. Today HEPNet recommends students for bursaries from Sida, but is also (informally) obligated to provide qualified Health Economics & Policy assignments for them (arrow 1). The Institutional Collaboration has, in simple terms,

so far acted in a supporting role to the other tools. By giving supervision and support to the Master's (arrow 2) and by strengthening HEPNet through expertise and training (arrow 3).



Looking ahead to a new contract period, Sida's wishes are to integrate the three, since they all work in the same direction and share the same overall goal – strengthening Capacity Building in Health Economics by creating a critical mass of Health Economists and Policy Researchers in the SSA region. This means that the Institutional Collaboration could benefit from the other two to a greater extent. In respect of HEPNet, this could for example mean an expansion of the bilateral collaborations, in which other research institutes could be involved (a generic model for linking bilateral collaborations is under investigation). According to the Master's programme this could, for example, mean an institutionalised exchange programme where both South African and Swedish students get the benefits of exchanging experiences and perspectives. However, combining the tools increases the demands on the collaboration and the network to become institutionalised in the sense of organisational learning, a development that implies a need to make other demands on the members of the Sida support.

4.3. Institutionalisation

Our main recommendation is to acknowledge a well-known truth: that collaboration is difficult. If not recognised, they might grow into unsolvable proportions where internal institutional problems can be reproduced to become problems for the whole network/collaboration.

Institutions

Both HEPNet and Institutional Collaboration have so far been highly dependent on individuals. Collaboration at an institutional (or organisational) level requires involvement of individuals representing the collaborating parties, for example the head of the institution. This means individuals who represent the institution *per se* and not only because the individual has the qualifications and interests in Health Economics & Policy issues. Their role is to set up and maintain the agenda for the collaboration, and to set up goals and objectives together with representatives from the other institutions. These goals and objectives should be stated in a co-ordinated and equal process. This decision-making process could take place in a forum such as the steering committee meeting, at both national and regional (international) level. Normally this type of collaboration is manifested in some kind of formal agreement.

Another aspect of the process of taking the collaboration to institutional level is to make sure that the representatives of the institutions meet regularly, face-to-face, to develop trust, reliance and commitment. This face-to-face communication results in a process of exchanging ideas, building mutual perceptions and a common identity. Strengthening and maintaining relations between the collaborating parties are normally of greater importance than the actual action in itself.

Case

Structure of National HEPNet in Uganda

"The steering committee has one representative from each institution but unfortunately in the MoH they are ordinary members, and the reason for that is that the head of the department by the time we sought for members in the steering committee had been vacant. So we have just written to the new head of department. She is very enthusiastic, but we can't now change it for now. We cannot just say that we now got a better person. So we said that she is welcome to our steering committee but she can't vote. From the Ugandan matters I think the head is also a member of the steering committee. But we haven't got any steering committee member from the Makere economics department, because the two who are members are actually in Europe for studies. But when they come back we will contact them."

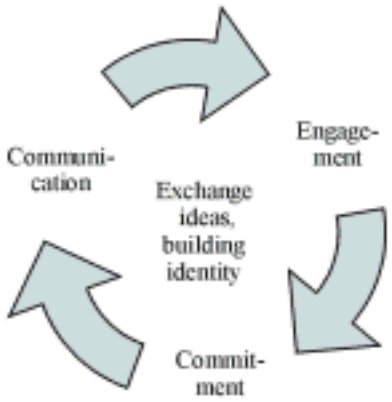
One of the keystones of all productive and sustainable collaboration in order is organisational learning. This indicates that the above-mentioned process, a process at an inter-organisational level, also has to take place at an institutional level. The collaboration needs to some extent to be 'personalised' by the management, and the management needs to create and develop an in-organisational agenda that includes this collaboration. It is of importance that the collaboration has an impact on the day-to-day work. This includes clarification of what the institution gains, and what it contributes to the co-operation in terms of goals and objectives.

It is also crucial to encourage collaboration at the individual level in order to connect it with good values. These are signs of institutionalisation and alternative demands to confront the involved institutions with, a so-called member collaboration-institutional profile.

Individuals

An institutional collaboration is of no use if it doesn't result in different types of activities at a more practical level, such as joint research projects, and participation on international conferences, thematic workshops, etc, where accurate current local, national and regional Health Economics & Policy issues are discussed. Collaboration is, consequently, not only about the process undertaken but also the activities. A process can be filled with barriers and difficulties but the outcomes can nevertheless be positive. The opposite could also be, that the process works as smoothly as planned, but still the result is negative.

Nevertheless, the process required to get a fruitful ongoing collaboration is important. As with the institutional level of collaborations, it is important that the individuals meet regularly, face-to-face to maintain and develop trust, reliance and commitment. It is a process of exchanging ideas, building mutual perceptions and creating a common identity; a process that reduces the possibilities of creating unnecessary misunderstandings.



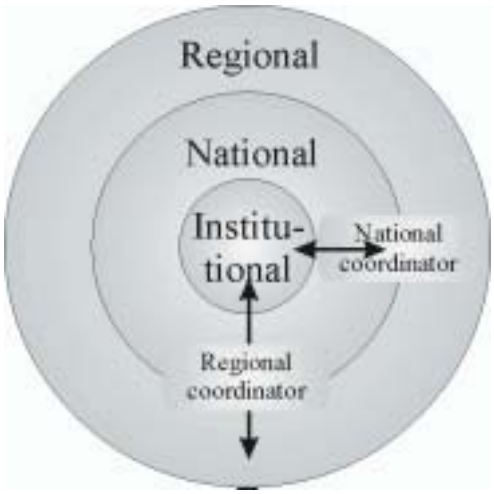
The trust building loop

Communication makes you more engaged, and engagement improves and develops communication and so forth.

In a project such as HEPNet and the Institutional Collaboration, where the collaboration is inter-organisational (regional and international) and inter-disciplinary (policy makers meets academic research), it is even more important to conduct face-to-face meetings on a regular basis. This is necessary to build a mutual trust and understanding, not least since it is easy to create misunderstandings through e-mail. The trust building relationship within both HEPNet and the Institutional Collaboration have so far been one of the most positive outcomes of the collaboration; a result of regular activities, at least between active members. In other words, the foundation to build a sustainable institutional collaboration has already been built.

A co-ordination role

One way of binding the institutional level and the individual efforts within HEPNet closer is to create a paid function, a function that includes co-ordination at the institutional, national and regional level. The co-ordinator's main function is to disseminate information and co-ordinate the activities within the network. The dissemination of HEPNet relevant information ought to be done by regular visits to members' institutions, visits during which the co-ordinator gets the opportunity to address the network to all staff working in the area of Health Economics & Policy at the institutions. All HEPNet member institution should be obliged to make time for this meeting, i.e. the collaboration should be integrated in the institution's agenda. The face-to-face visits could improve the issue of commitment and communication. This function is also needed at a national level in order to improve and prevent communication failures based on internal institutional problems.



Finally, the creation of national formations of HEPNet ('miniatures') makes the network more flexible, another indicator of the sustainability of the collaboration. The ongoing plan to create a broader national activity within HEPNet gives each country an opportunity to design and plan how to organise the network. It creates a flexibility within the collaboration, and thereby an openness to change.

5. Recommendations

Our recommendations, in order to create a critical mass of Health Economists and a sustainable Health Economics & Policy Capacity through institutionalisation, are:

HEU:

1. HEU, in co-operation with CHP (especially with regard to HEPNet), as the hub of Sida assistance, needs to obtain stronger support, in terms of both economic resources and strengthening its capacity or critical mass.

HEPNet:

2. Create a paid HEPNet administrator and co-ordinator post to make sure that information is disseminated effectively. At the last steering committee meeting it was decided that HEPNet should get a website, which could help the communication process. But it is also of importance that more than one channel (the Internet) is used as a communication tool. The administrator/co-ordinator could for example organise a meeting where he/she visits all member institutions once a year at a compulsory HEPNet member meeting. This could be one additional way to build trust.
3. There is also a need for a part-time paid sub-administrator/co-ordinator in each HEPNet country that supports the regional administrator/co-ordinator at national level. This administrator/co-ordinator should meet *all* HEPNet members within the country regularly etc.
4. There is a desire to form active committees in each member country, a committee in which the institutions are represented at management level. This committee could be visualised as a 'minor' HEPNet. The national committee elects two national representatives to the regional HEPNet steering committee (from the national committee), preferably one from an academic institution and one policy maker representative. The meetings ought to be on a regular basis, and follow a model that makes it easy to keep the minutes, which should then be posted on the website.
5. The HEPNet steering committee should consist of management level representatives from each national HEPNet committee. As at present,

it should continue to improve and develop HEPNet goals and objectives. The meetings ought to be on a regular basis, and follow a model that makes it easy to keep the minutes, which should then be posted on the website. There is also a need that the steering committee meetings are held separately and not in combination with other events.

6. The steering committee of HEPNet ought to make sure that the head of each member institution supports the collaboration at an organisational level, that it is integrated in the organisations agenda, and encourages individuals to join and collaborate.
7. HEPNet should continue with the regular and successful activities held so far, such as participation at the iHEA conference, development of joint research projects etc. But it is recommended that thematic workshops are also organised at which accurate current local, national and regional Health Economics & Policy issues are discussed. Thematic workshops ought to be held at national and regional level, and the attendees should be both academic researchers and policy makers. This is one additional way to build trust.

8. A profile of demand of the collaborative institutions could include:

- Institutional representation at management level
- The collaboration included in the agenda and encouraged by the head of the institution/collaborating department

Institutional Collaboration:

9. The question of how and to what degree the collaboration should be at institutional level in the sense of organisational learning or not should be acknowledged in order to develop the collaborative efforts. If both sides (HEU and KI) wish to transform the collaboration into a more institutionalised relationship, point 8 should be considered.

Sida-funded Master's students:

10. To increase the value of the knowledge acquired by Master's graduates, it is recommended that the institutions in the region take a greater responsibility for their future after graduation. The institutions recommending (high quality) students should guarantee that they can get a relevant job after graduation within the institution, for at least a year. This doesn't necessarily need to be HEPNet member institutions, since it's of greater importance that the Health Economic and Policy skills are used. By highlighting the link between the institutional responsibility and the Master's student (as a Health Economics resource) this could also lead to a natural expansion of HEPNet. That is, where new institutions that have the possibility and interest to create an arena for Health Economics & Policy in the SSA region are recognised.

Recommendations to Sida:

11. One critical issue to reconsider is the wish to integrate the three subcomponents under one common support. As this report shows it will probably mean an even greater concentration at HEU. One way of delegating the roles could be through finding other donors that could support HEPNet and other member institutions.
12. It is recommended and necessary to create paid co-ordination and

administration posts in combination with demands for the member institutions to become institutionalised in order to make the network and collaboration sustainable. A profile of demand could be as in point 8.

13. It is recommended that the documentation of all activities and meetings is undertaken, especially for HEPNet, and that they are formalised in a more informative and comprehensive way. One possible way is to create a model that makes it easy to keep the minutes, which could then be posted on a website.
14. To create an arena for Health Economics & Policy in the SSA region one useful criterion and demand from Sida regarding the funding of the Master's students could be a closer link to a relevant institution. In other words the institution recommending the student could guarantee that it has a relevant job for the student after graduation (see point 10). This could mean that Sida needs to give some financial support to the institutions.

References

Argyris, C. (1977). 'Double loop learning in organizations'. In *Harvard Business Review*, September–October 1977: pp.115-25.

Alvesson, M. (2002). *Understanding Organizational Culture.* Sage Publications: London.

Brunsson, N. (1998) Beslut som institution. In Czarniawska, B. (ed.) *Organisationsteori på svenska.* Liber ekonomi: Malmö.

Hansson, G. Janson, T. Linell, P. and Sjölander, S. (1989). *Kommunikation mellan människor.* Linköping Universitet.

HEPNet (2004) *Evaluation of the first Five Years and Proposed Future Activities.* Based on Extended HEPNet Steering Committee meeting Entebbe, Uganda 18–19 October 2004.

Knoke, D. and Kuklinski, J. H. (1991). 'Network analysis: basic concepts'. In Thompson, G. Frances, J. Leva ic and Mitchell, J. (eds.) *Markets, Hierarchies and Networks.* SAGE Publications: London.

Morgan, R. M. and Hunt, S. D. (1994). 'The Commitment-Trust Theory of Relationship Marketing'. In *Journal of Marketing* Vol. 58 pp. 20–38.

Mullins, L. J. (2002) *Management and Organisational Behaviour.* Financial Times Prentice Hall: London.

Powell, W. W. (1991). 'Neither Market nor Hierarchy: Network Forms of Organization'. In Thompson, G. Frances, J. Leva ic and Mitchell, J. (eds.) *Markets, Hierarchies and Networks.* SAGE Publications: London.

Rehnberg, C. (2004). *Final report Senior Researcher in Health Economics. University of Cape Town 2000–2003.* HEU: University of Cape Town.

Rehnberg, C. (2003). *Proposal for Institutional Collaboration in Health Economics between Health Economics Unit, University of Cape Town and the Karolinska Institute, Stockholm.* June 2003.

Richards P. (1985). *Indigenous Agricultural Revolution. Ecology and food production in West Africa*. London: Unwin Hyman Ltd.

Scoones I. et al. (1996). *Hazards and Opportunities. Farming Livelihoods in Dryland Africa. Lessons from Zimbabwe*. London and New Yersey: Zed Books Ltd.

Sida (2000). *Sida's Policy for Capacity development*. Sida: Stockholm.

Schultz, K. (2005). *Manual för kapacitetsutveckling*. POM Working Paper 2005:1. Sida: Stockholm.

Other literature consulted:
Proposals
Research Abstracts
IHEA conference Abstracts

Other sources:
Interviews with people from:

South Africa
HEU
CHP

Zambia
MoH
UNZA
CboH

Uganda
MoH Uganda
NCC
IoPH

Sweden
KI
Stockholm School of Economics
Sida

Appendix

Terms of Reference for the Evaluation of Sida support to Health Economics Capacity in the Anglophone Africa through the Health Economics Unit, University of Cape Town

1. Background

The Health Economics Unit at University of Cape Town plays an important role in the development of health economics capacity in the Anglophone African Region. Sida has supported the unit since 1999. The current agreement is coming to an end in December 2004 and Sida is in the process of preparing for a new agreement. Within the present agreement it is stipulated that Sida will carry out an evaluation of the support to HEU. The objective of the evaluation is to assess if, and how well the project has achieved its goals, if the support is in line with Sida's regional strategy to Sub Saharan Africa, and to give input into the process of preparation of a new support to the Health Economics Unit.

The evaluation should be carried out from January to March 2005. A report should be prepared in English and a presentation of the findings should be made at Health Economics Unit in Cape Town and at Sida HQ in Stockholm.

2. Purpose and Scope of the Evaluation

The weak capacity within governments and Ministries of Health in the area of health economics and health policy has been identified as a problem in the region. The main objective of the support to HEU is to develop this capacity and to assist governments and ministries of health to use research in health economics as a basis for health policy decisions. The objective is also to retain the competence in the region, and to develop and sustain capacity at national level.

Sida has been given support to HEU since 1999. The support has had a clear regional focus in supporting the development and capacity of health economics in Southern and Eastern Africa. The support has been divided into three main components:

- Support to the Master's Programme in health economics
- Support to the Health Economics & Policy Network in Africa (HEP-Net)
- Capacity building through institutional collaboration

3. The Assignment (Issues to Reconsider in the Evaluation)

Below the three components and what should be covered in the evaluation are described in more detail.

3.1. Support to the Master's programme

In recognition of the need to develop health economics capacity in African countries, the HEU, in conjunction with UCT's School of Economics and with support from the World Health Organization, started the Master's programme in Health Economics in 1996. The Master's programme extends over 18 months and involves a year of course work followed by a thesis. The course work consists of eight modules:

- Research Methods
- Health Policy and Planning
- Theory and Application of Economic Evaluation in Healthcare
- Econometrics or Biostatistics
- Microeconomics for the Health Sector
- Macroeconomics, Health and Healthcare Financing
- Elective or Introduction to Epidemiology[4]
- Elective or Evidence Based Care[5]

The thesis involves primary research by the candidate in his or her own country on a policy relevant topic. Sida has supported the Master's programme through the funding of bursaries for individual candidates from across sub-Saharan Africa. The objective of this support has been to satisfy the regional demand for Master's level health economics training and create capacity in applied health economics.

The evaluation of the support to the Master's Students should therefore consider the following issues:

- The geographic coverage of beneficiaries, examining how many candidates from which African countries benefited from the scholarship.
- The success rate of the beneficiaries, exploring how many funded candidates actually graduated.
- The relevance of the course and thesis work to the priority health system issues in the candidate's home country.
- The contribution of candidates to health economics capacity within the African region.

3.2. Health Economics & Policy Network in Africa (HEPNet)

The goal, objectives and strategies of the HEPNet were agreed to be: To contribute to health sector development in the SSA region by:

- undertaking networking activities between member institutions and with international organisations active within the region in the area of health economics
- strengthen, promote and increase the scope of capacity building in Health Economics & Policy
- strengthen, promote and increase the scope of Health Economics & Policy research

The member institutions are:

Tanzania:	Ministry of Health
	National Institute of Medical Research
	Muhimbili University College of Health Sciences
Uganda:	Ministry of Health
	Institute of Public Health, Makerere University Clinical

	Epidemiology Unit, Makerere University
Zambia:	Department of Economics, University of Zambia
	Ministry of Health
Zimbabwe:	Ministry of Health
	Blair Research Institute Department of Community Health, University of Zimbabwe
South Africa	NDoH
	HEU
	CHP

The evaluation of HEPNet should consider the following issues:

- Evaluate the activities of HEPNet in relation to the objectives set out in the project document,
- Evaluate to what extent the institutions have been participating in the activities, and why an institution has been active or not so active. Also looking at the in country dynamics of HEPNet.
- Evaluate the process of institutionalisation and to what degree HEP-Net has contributed to an institutional or an individual strengthening end the effects of that. Also looking at Sida's role as a funder to improve the capacity building at institutional level.

3.3. Capacity Building and Institutional Collaboration

Since August 2000, Sida has funded the secondment of a Swedish Senior Research Associate (SRA) to the HEU. The purpose was to support various HEU research and capacity building activities, mentoring a number of African postgraduate students and involvement in HEPNet activities. The secondment arrangement was in June 2003 transformed into an institutional collaboration between the UCT and the Karolinska Institute in Stockholm that will end in December 2004.

A major task of the SRA was to take an active part in the Master's teaching programme in health economics with lecturing, setting and marking assignments and examinations. This support also included development and improvement of the Master's programme. In the later phase special tasks were specified in terms of collaboratively developing some modules: Macroeconomics and Health, Economic evaluation and Statistics for Health Economists.

The doctoral programme has been a central activity at the HEU in order to increase the number of highly qualified health economists with policy relevant research skills. The HEU's capacity to supervise PhD students has been limited, and an initial task with the capacity support was to assist in the supervision of PhDs. The overall vision is to strengthen HEU as a regional resource for doctoral supervision and increase the throughput of PhDs and broaden the range of research topics. This collaboration was to continue in the institutional collaboration between UCT and KI, also facilitating visits by HEU PhD students to Karolinska.

The research component was essential for the capacity building and fruitful institutional collaboration. The research activities aim to engage researchers from KI and HEU in applied research from a health policy perspective. The objective was to initiate one collaborative HEU-KI research project with a regional focus. The Sida support provided 'seed financing' for promoting collaborative research between HEPNet institutions. HEU and KI are committed to acquiring additional funds to broaden regional involvement.

The evaluation of the institutional collaboration should consider the following issues:

- Evaluate output and process in relation to the objectives
- Evaluate how the specific objectives of the institutional collaboration contribute to the more general objective of the support to HEU
- Evaluate how and to what degree the different components contribute to the overall goal and why.

4. Methodology, Evaluation Team and Schedule

The evaluation of the support to HEU should consider all the different components and sub components of the support, one by one, and in combination, to decide to what degree the objectives of the support have been achieved or not.

The evaluation of the support to HEU should also look at the process of the project; the context within which the support is given, how it has developed, how the different components interact and support each other or counteract each other.

The evaluation should also look at the management and implementation of the project, at all levels (Sida, HEU and other relevant partners).

A review should be done of relevant documents as well as interviews with relevant individuals in Sweden and in Africa.

The evaluation should be both a quantitative analyses of actual deliverables and a qualitative analysis of the outcome and effects of the support at regional level, at national level and at institutional level.

The evaluation should also suggest improvements in terms of the content and format of the support to HEU, to assist Sida in its preparation for a new agreement.

The evaluator should visit HEU in Cape Town, UNZA in Lusaka, IPH in Uganda, and possibly other relevant institutions in the region, as agreed upon between the evaluator and Sida/HEU. The evaluator should make interviews with relevant individuals at the institutions as well as with former and present master's students, as agreed upon between the evaluator and Sida/HEU. The evaluator should also design and distribute a questionnaire to all the members of HEPNet, and collect and analyse the information.

The evaluator should be familiar with techniques of evaluating processes of change in institutions, how academic institutions work and operate, and preferably with the concept of institutional collaboration.

The evaluation should start in January and be ready by March. A specific timetable is presented below:

24/1–30/1:	Preparation in Sweden including a briefing in Stockholm with PE and CR, preparation and distribution of questionnaire
31/1–6/2:	Cape Town, meetings with HEU
7/2–20/2:	Travelling in the region, meetings with HEPNet members and Master's students in the region. Visits to HEPNet institutions in Zambia and Uganda and possibly other countries.
21/2–27/2:	Meetings with relevant institutions in Sweden, MMC, and Sida
28/2–10/3:	Write up
15/3:	Presentation at HEU in Cape Town
22/3:	Presentation at Sida in Stockholm

Sida, HEU and KI will make all relevant documentation available to the evaluator. Sida, HEU and KI will also assist as much as possible to set up meetings with relevant individuals, however, it is the ultimate responsibility of the evaluator to arrange for meetings with relevant institutions and individuals.

Sida will call to an initial briefing meeting with the evaluator in Stockholm where a detailed plan for meetings and travels will be discussed and agreed upon and when relevant documents will be handed over to the evaluator.

5. Reporting

The reporting of a final draft report with conclusions and main findings will be done at HEU in Cape Town the 15 March 2005, and at Sida Stockholm the 22 March 2005.

The evaluation report shall be written in English and should not exceed 40 pages, excluding annexes. Format and outline of the report shall follow the guidelines in Sida Evaluation Report - a Standardised Format (see Annex 1). The draft report shall be submitted to Sida electronically and in 5 hardcopies (air-/surface mailed or delivered) no later than 11 March 2005. Within 3 weeks after receiving Sida's comments on the draft report, a final version shall be submitted to Sida, again electronically and in 5 hardcopies. The evaluation report must be presented in a way that enables publication without further editing. Subject to decision by Sida, the report will be published in the series *Sida Evaluations*.

The evaluation assignment includes the completion of Sida Evaluations Data Work Sheet (Annex 2), including an *Evaluation Abstract* (final section, G) as defined and required by DAC. The completed Data Worksheet shall be submitted to Sida along with the final version of the report. Failing a completed Data Worksheet, the report cannot be processed.

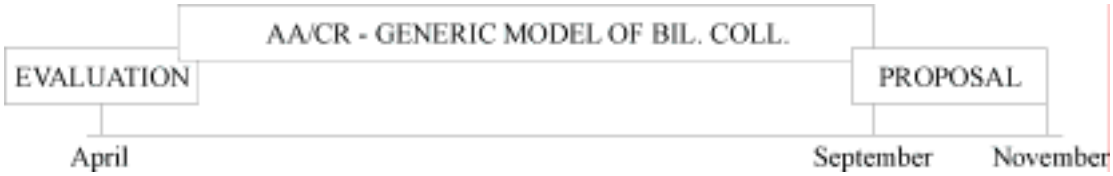
Evaluation seminar

Breakwater lodge, Cape Town, 7 April 2005

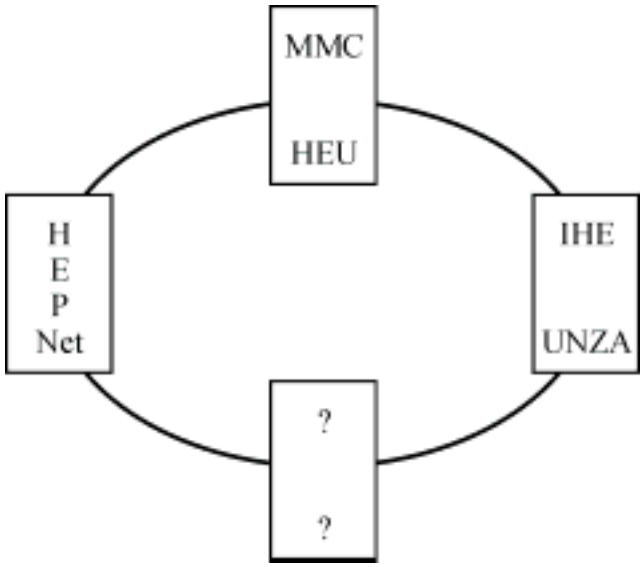
Agenda

9.00:	Introduction – contextualising and presentation of the evaluation process
9.30:	Presentation Pär Eriksson, Sida
10.00:	Comments Di McIntyre, HEU
10.15:	Workshop 1
	- Discussion in groups
	- Presentation
11.30:	Coffee and tea
12.00:	Workshop 2 & 3
	- Discussion in groups
	- Presentation
14.00:	Lunch

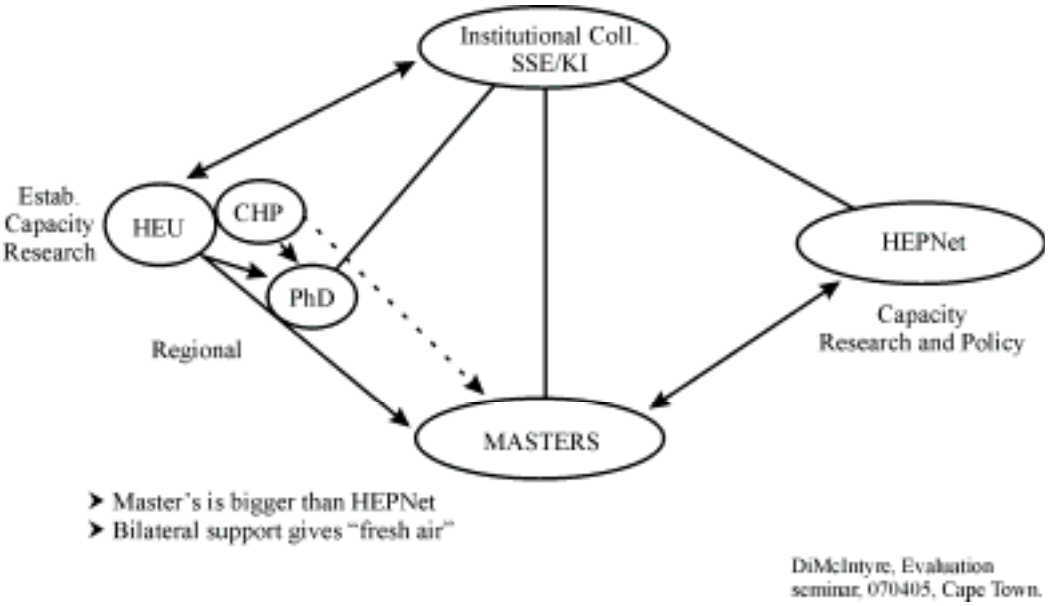
Presentation Pär Eriksson, Sida:



How to link different bilateral collaborations



Model presented by Di McIntyre:



Group 1:	Di Mcintyre, Lucy Gilson, Pär Eriksson, Clas Rehnberg and Stephen Thomas
Group 2:	Mike Thiede, Edina Sianovic, Okore Okorafor, Susan Cleary, Sandy Mbatsha

Workshop 1

What are the most crucial issues or factors within the themes?
Are there other issues as crucial?

Crucial facts	Underlying factors	Lessons learned
What?	**Why?**	**What can we learn?**

Group 1

CRITICAL FACTORS FOR ACHIEVING THE OBJECTIVES:

- Institutional environment
  - Is the institution supportive?
  - Resource availability/control
  - Infrastructure
  - Building a critical mass
  - Includes institutional collaboration
- Networking within countries
  - Democratic decision-making process
  - Transparency, rules, structures
- External environment
  - Competing demands

- Individuals
  - Leadership
  - Energy and drive of individuals
  - Relationships
- Demand for Health Economist
  - Policy makers
  - Broad vs. Narrow
  - Profit/Perceptions
- "Early days syndrome"
  - Time and nature of support
- Organisation of HEPNet
  - Communication
- Common interests/values

Group 2

The whole process is at a very critical stage…

SIDA-FUNDED MASTER'S STUDENTS:
Crucial factors:
- Staff (adequate funding)
- Administration
- Sustainability

Underlying factors:
- Most important contribution
- Dedicated/motivated staff
- Good management

HEPNET:
Crucial factors:
- Achievements
- Lack of engagement / Imbalance of engagement
- Time input / work load (HEU/CHP)
- Perceived paternalisation
- Contribution
- Administration

Underlying factors:
- Entitlements
- Communication problem (lack of incentives to communicate)

Lessons learned:
Seems not to work without strict management, guidelines and incentives

INSTITUTIONAL COLLABORATION:
Crucial factors:
Objectives:

- Maintaining and improving postgraduate training
- Direct individual support
- Doctoral programme
- Research

Underlying factors:

- Individuals have been the drivers of the process
- Incentives for HEU to act like drivers
- Mutual benefits

Lessons learned:

- Needs to be tied to motivated individuals, which does not necessarily exclude institutional collaboration.
- Knowledge exchange beyond academic context

Workshop 2 and 3

Where are we going? Where will we be in three years' time?
How do we get there? - **What? How? When? Who?**

Group 1

What?

1. 2–3 stronger HEPNet institutions in the region
    - Stimulating demand in the region
    - Health Economics & Policy
2. Strengthened Peer networking (also a "how")
3. Sustained PGT at the HEU
4. A clearer role for HEPNet
5. Maximisation of synergies, bilateral and regional support
6. Publication, research, dissemination
7. Local networks functioning
8. Extend HEPNet
9. Marketing activities, finding, other funders

How?
Continue what has already been started… Changes since last meeting…

	What?	How?	When?	Who?
PhD:	Strong and sustainable institutional PhD training: - Quality - International reputation - Right size / critical mass	- Retain and recruit good quality staff - Cover costs - Attract (international) students - Marketing - More bursaries - Collaborations	Continuous task	HEU/SIDA and other donors
HEPNet:	- Understand HEPNet as a forum - Improved absorptive capacity - Improved research training programme - Stronger Institutions - Stronger support network	- Improve proposal writings - Thematic workshops - Links with funders - Strategic plan	2005	HEPNet as a whole
Inst. Coll.	- A well established link with a Swedish partner - A well established network of bilateral collaboration - Framework	Draw up a new? term framework that specifies all these elements of the bilateral collaboration	2005	Institutions and SIDA

Questionnaire HEPNet institutional

Name:	
Female ☐ Male ☐	
Institution:	
Position/Title:	
Country:	

Institution/Department

1. How many people at your institution/department have a background in Health Economics?

2. How many people at your institution/department work in the area of Health Economics?

3. How does your institution/department encourage relatively inexperienced researchers to continue in the field of Health Economics?

HEPNet

4. Would you like your institution to be more involved in HEPNet than it is today?
Yes ☐ No ☐ Don't know ☐
4.a. **If yes**, what are the main reason/reasons for not being more involved?

5. Which of the following HEPNet activity/activities has your institution (representative of the institution) participated in?

Workshops outside your residence	☐	Workshops within your residence	☐
IHEA conferences	☐	Electronic list	☐
Consultant list	☐	Newsletter/briefs/bulletin	☐
Other	☐	What kind of activity?	

5.a. How did your institution participate in the activity/activities?
Attended ☐ Took an active role ☐ Don't know ☐
5.b. If your institution has taken an active role in any HEPNet activity/activities, in what way?

6. If your institution not been active in any HEPNet activity at all, what were the reasons? Give some of the main reasons.

7. If your institution has been active in one or more HEPNet activities, why do you think other HEPNet members don't participate?

If your institution has taken an active part in any activity, please describe the process.
8.a. How did it get on?

8.b. Who did you turn to?

8.c. What channels did you use in order to get the activity function?

8.d. Other comments?

HEPNet's goals and objectives are, to contribute to health sector development in the SSA region by:

- *Undertaking networking activities between member institutions and with international organisations active within the region in the area of health economics*
- *Strengthening, promoting and increasing the scope of capacity building in Health Economics & Policy*
- *Strengthening, promoting and increasing the scope of Health Economics & Policy research*

9. How do you think your institution has coped with these goals and objectives?

9.a. If not, what has prevented these goals and objectives from being considered?

Network

10. How would you describe a network? (**your** understanding of a network)

11. What were your expectations of this network? Examples of things to reconsider; activities, support in work/profession, to develop and increase the regional collaboration, at a private and/or institutional level.

12. Have these expectations been fulfilled?
Yes very well ☐ Yes ☐ To a certain level ☐ No ☐ Definitely not ☐
Don't know ☐
12.a. In what way?

13. How important is HEPNet in for your institution?
Very important ☐ Important ☐ Not so important ☐ Not important at all ☐
No comment ☐
14. Has HEPNet in any way changed, contributed or influenced capacity building in Health Economics at your institution/department?
Yes ☐ No ☐ Don't know ☐
14.a. In what way?

15.Has HEPNet in any way changed, contributed or influenced capacity building in Health Economics in your country?
Yes ☐ No ☐ Don't know ☐
15.a. In what way?

16. If you were in charge, how would you organise HEPNet?

17. Is there anything else you would like to add or comment?

Compilation HEPNet institutional

Number of replies: 6 out of 13 distributed questionnaires.

The institutions that answered the questionnaire were: NIMR and MoH in Tanzania, CHP and HEU in South Africa, IoPH in Uganda and UoZ in Zimbabwe. In total, between one and 10 persons at the six institutions had a background in Health Economics, and depending on how the question were interpreted, between two and 11 people at the institutions worked in the area of Health Economics (and Policy).

How does your institution/department encourage relatively inexperienced researchers to continue in the field of Health Economics?

By involving them in work related to health economics and by encouraging them to specialise in the field - NIMR Involving young colleagues in ongoing activities – IoPH We have run a mentoring programme for many years to train people in the field and encourage them to stay in it; we are increasingly seeking to recruit people with a Master's degree who wish to pursue PhD studies whilst working with us as a means of further encouraging young researchers – CHP Participating in proposal development, data compilation and analysis together with short courses – MoH We greatly encourage this. We do so by reviewing young researchers' proposals and research reports to ensure rigour in application of Health Economics tools. Our postgraduate students, especially those doing MPH are appraised of using Health Economics tools in carrying out their research activities. Accordingly, Health Economics is taught to the group for a week – UoZ	In many ways. Junior researchers are part of a training process whereby they receive: (i) on-the-job training, (ii) formal input into office skills, (iii) assistance with further studies, (iv) supervision from senior researchers, (v) opportunities to engage with peers from other institutions and countries and (vi) advice on career paths. (i) This involves incorporating the junior researcher into one or two research projects, allowing them input into the design, methodology, data collection and analysis and writing up. This is done as part of a team and with a supervisor to give guidance. (ii) This involves making available training or opportunities for the junior researcher to engage in office skills development such as: making a presentation, chairing a meeting, time management etc. (iii) Junior researchers are encouraged to participate in furthering their postgraduate qualifications. If the researcher does not have a Master's degree they are strongly encouraged to enrol in HEU's Master's in Health Economics. The fees for this course are paid for HEU staff (between UCT and the HEU). If the researcher already has a Master's degree but not in Health Economics he or she is encouraged to attend some sessions of the Master's in Health Economics (as decided by a senior researcher in discussion with them). Junior researchers are also encouraged to register for a PhD and HEU staffs are prioritised in terms of the allocation of HEU supervisors for PhDs (ahead of other potential students coming from outside the HEU). Again fees are paid by UCT and the HEU. (iv) As well as on-the-job training, junior researchers are allocated a senior researcher to act as a mentor to help them manage and plan for the burden of skills development whilst conducting research. The mentor will also help the junior researcher solve problems that arise. (v) Junior researchers are given opportunities to attend international workshops or conferences that are relevant to their research output and interests. Junior researchers are also involved where engagement with other SA institutions occurs around training and feedback. This helps expose junior researchers to a wider set of ideas and perspectives and helps build confidence in the quality and relevance of the researchers' own work. (vi) Both formal and informal evaluation processes help the junior researcher regularly think through career directions and set milestones for achievement by a certain target. Such milestones may be publishing a paper in a local journal, gaining an extra qualification or working on writing skills for instance. This is important as it helps junior researchers identify and work to overcome the barriers to their promotion to the next level – HEU

Would you like your institution to be more involved in HEPNet than it is today?
All institutions except HEU wished to be more involved in HEPNet and reasons given for not being as involved as wanted included:

Some members are not actively involved and committed.	Flow of information in-country was a problem but is now improving.
It is only in this way that staff base for people involved in Health Economics is increased. We also desire that non-economists be routinely exposed to health economics so that they use the tools in their day-to-day work. They are beginning to appreciate this as judged by the consultations they do on various aspects of the discipline and health policy analysis. We feel the longer the institution is involved, the more likely the numbers are to increase, as will the intensity of interest in health economics.	Have indicated yes because I regard it as an important group to which to contribute and from which to benefit. More involvement would allow broader participation from my institution, and wider engagement with regional colleagues.
Some of the staff time is tied to administrative work.	

Institutional participation in HEPNet activity/activities:
All six institutions had participated in workshops outside your residence, at the iHEA conference, with the electronic list and consultant list. Five institutions had participated at workshops within their residence; four had contributed to the newsletter/briefs/bulletin. Other activities mentioned were meetings such as HEPNet annual meeting. Depending on the type of activity the role of the institutions differed, but all six institutions had been active in at least one of the mentioned activities. Taking an active part in the HEPNet activities included:

Being part of the decision-making process, providing ideas on certain activities and even carrying out some activities, organising and hosting short courses, organisation of workshops, participation in planning, evaluation and other HEPNet core activities.

The institutions that answered the questionnaire had taken part in the majority of activities, but at one institution it was expressed that the lack of institutionalisation within the own institution resulted in less participation in some of the activities – "The institutionalisation process is not complete. The concept still relies on few individuals".

The comments on why other HEPNet members don't participate were:

Limited chances but also some members take advantage of the opportunity , they are busy with other activities unrelated to HEPNet.	We have participated with other core countries. Other HEPNet members always do participate. Administratively HEU has been doing co-ordination because its infrastructure is very much developed compared to other members' countries for effective co-ordination.

This question assumes that some members do not participate but I believe that every HEPNet organisation has participated in some way. As HEPNet does not have individual members per se the question only makes sense to me if answered from the perspective of organisations. At the time of the activity they have other schedules.	It could be that some institutions within HEPNet are in a state of flux, creating an uncertain environment for staff who are either more concerned with their own survival or wish to move on as a consequence. Such environments act against capacity development. It could also be that some members perceive HEPNet as a cow to be milked and don't share the information about benefits with all who would strictly qualify.
Flow of information, conflicting schedules	

The process…

- In general, every activity is first discussed and agreed with the steering committee, and the SC also establishes principles to be used in managing the activities (e.g. concerning participation). One group is then assigned responsibility for organising the activity, but every SC member consults within the country to identify potential participants based on the agreed SC guidelines. With names of participants the organisation then manages logistics. It may also develop draft agendas (e.g. for a workshop) for final discussion with the SC, and sometimes it will liaise with outsider experts brought in to assist.
- My country has not yet taken sole responsibility for a particular HEPNet activity. Our last Annual Planning meeting in Entebbe however resolved to rotate some key administrative duties amongst countries.
- Channels used are e-mail discussions and through meetings with other members organising the workshop.
- As HEPNet funds are held by HEU, there is always discussion with HEU about budget levels and financial management.

How do you think your institution has coped with the goals and objectives of HEPNet?

Very well – NIMR	It is a start but a lot of effort is still needed – IoPH
HEPNet has contributed to CHP's broader set of activities in pursuit of its own mission and objectives around capacity building and research – CHP	Some of our staff are connected to the HEPNet e-mail network, we are also sharing development in the area of health policy and economics in the region – MoH

I think the HEU has actively tried to come to grips with these objectives as best as it is able. The goals embody important values for the HEU in producing and using health economics to better health system performance in the region – HEU	Achieved first objective. The last two not yet – UoZ

Reasons given regarding what constrained these goals and objectives to be considered were:

- Flow of information problems and conflicting demands on our time.
- As a whole so far HEPNet has focused more on the first two objectives than the third, as an agreed decision of the SC.
- The capacity as there is only one Health Economist in the Dept. Research in Health Economics is still rudimentary due to lack of capacity at national level. General appreciation of Health Economics still needs to be promoted at all levels in the health sector. Only then can there be interest to pursue and later increased capacity can be talked about.

How would you describe a network? (your understanding of a network)

A partnership of individuals and possibly institutions who communicate regularly on matters of mutual importance and relevance. This in turn may lead to joint positions and action on such issues. The network functions best where common values are held – HEU	A group of organisations (and/or people) who share common interests and concerns and who work together in relation to agreed activities and in pursuit of agreed objectives, but who are not legally or organisationally bound to each other – CHP
Institutions and/or individuals, families, communities or organisations with similar interests communicating and acting together on common interest issues – IoPH	Collaboration between individual people in different institutes, who work in the same area of interest, and as they differ in capacity, the network provides an opportunity for advancement in the area – NIMR
A system in which members are connected and can share information effectively – MoH	Having easy, routine and dependable linkages and sharing of information and resources with colleagues and institutions sharing similar objectives with us – UoZ

What were your expectations of this network?

- To also build a stronger network nationally as that in the region.
- Access to technical support for myself and my staff in the area of

health economics. We also expected to get opportunities to join with colleagues in the network to do joint consultancy work and research.

- My expectations were to enable experience sharing and skills development; I think we have done that – and now need to review and re-set goals together.
- Get quick responses to health policy issues and understand any investigation on health policy taking place in the region.
- HEPNet as a network has greatly succeeded in meeting expectations of the members. The benefits are really beginning to be very apparent as the flow of information between countries is making it much easier for health economists to plan and research their activities.
- That it would help generate a platform of shared goals and values that would lead to activities which would increase the utilisation of health economics research in policy advice. I expected therefore joint training activities, opportunities for postgraduate skills development, thematic workshops on priority topics that bring together policy makers and researchers across the region, joint research projects across the region, attendance at international conferences, staff exchanges, a website providing regular information on what's going on in health economics in different institutions and in the region.

Have these expectations been fulfilled? In what way?

Yes very well:	Yes:	To a certain level:
HEPNet as a network has greatly succeeded in meeting expectations of the members. The benefits are really beginning to be very apparent as the flow of information between countries is making it much easier for health economists to plan and research their activities – UoZ	My expectations were to enable experience sharing and skills development; I think we have done that – and now need to review and re-set goals together – CHP	There have been limited national activities – NIMR A member of my staff obtained a HEPNet bursary to go for the Health Economics master's programme at the University of Cape Town – IoPH Communication, meetings, and training – MoH Not all the above has been achieved but just setting up a network is a big endeavour and major achievement - HEU

How important is HEPNet to your institution?

Very important:	Important:
NIMR, UoZ and HEU	IoPH, CHP and MoH

Has HEPNet in any way changed, contributed to or influenced capacity building in Health Economics at your institution/department? In what way?

Yes:

- By allowing regional networking and sharing of experience, exposure to other people's realities and development of collaboration – CHP
- More is still needed though. We have managed to have a couple of people trained at Master's level although the national system has failed to retain the graduates. With the short courses, the Ministry of Health is recognizing the value of the Network. A couple of non-economists have also been sent to participate in training workshops and they have returned more useful in imparting health economics tools to the majority of students at both under and postgraduate levels. The refresher courses for active members have strengthened their ability to share up-to-date information with students. Training of trainers, writing skills etc, have all been invaluable activities borne out of this network. Congratulations !!! – UoZ
- So far has developed two health economists and is developing the third one – NIMR
- A member of my staff obtained a HEPNet bursary to go for the Health Economics Master's programme at the University of Cape Town. In addition, I attended a training workshop on quantitative techniques in health economics at the University of Cape Town – IoPH
- Helped researchers with skills development workshops. Helped build capacity at all levels of staff through engagement with peers in other countries. Helped consolidate the regional links with the Master's programmes. Helped build a sense of African solidarity – that HEP-Net has a voice – HEU
- Through training (capacity building) – MoH

Has HEPNet in any way changed, contributed to or influenced capacity building in Health Economics in your country? In what way?

Yes:	No:
These health economists from NIMR are also utilised by other institutes and also contribute to the recognition of importance of the discipline – NIMR	Lack of capacity is our major problem. We would be happier with the establishment of a Health Economics Unit in the Dept, well staffed by experienced personnel to push the agenda further than is currently done by the only two practitioners at the University – UoZ
Some Ugandans have benefited from HEPNet bursaries and undergone health economics training at the University of Cape Town – IoPH	

By contributing to CHP's own capacity building activities – which is appropriate given that HEPNet's focus was at the organisational and not national level – CHP	
Sharing information on how resources can be better used in the health sector – MoH	
Helped consolidate links with key government directorates in the National Department of Health (such as Health Finance and Economics and Strategic Planning) – HEU	

If you were in charge, how would you organise HEPNet?

- I would suggest retaining the status quo – MoH
- HEPNet is being well run under Di McIntyre. Only suggestion would be to have an annual event e.g., scientific meeting specific to members that would bring people together regularly to share knowledge and experiences. Main issue would be cost in terms of time and resources to organise it – IoPH
- Just encourage more national networking and also advocate for a stronger recognition and use of the expertise in national activities – NIMR
- Go bigger – more countries. More specific research themes and related workshops. Try and get more diversity in funding (what about other bilaterals). Explore rotating co-ordination (but obviously against certain criteria) – HEU
- As a member of the SC not sure how to answer this! I prefer the network approach that builds on and exploits the synergies of existing activities – CHP
- Retain current structure that has proved to be effective. Think of gradual expansion to include new countries. These should be worthy of including on the basis of the current membership learning new tricks, and not for the benefit of new entrants themselves – UoZ

Is there anything else you would like to add or comment?

- HEPNet is a good initiative and an example of South to South intellectual collaboration – IoPH

Questionnaire HEPNet individuals

Name:
Female Male
Institution:
Position/Title:
Country:

1. What year did you become a member of HEPNet?

2. Would you like to be more involved in HEPNet than you are today?
Yes I would *No, I am satisfied as it is* *Don't know*

2.a. If yes, what are the main reason/reasons for not being more involved?

3. Which of the following HEPNet activity/activities have you participated in?

Workshops outside your residence	*Workshops within your residence*
IHEA conferences	*Electronic list*
Consultant list	*Newsletter/briefs/bulletin*
Other	*What kind of activity?*

3.a. How did you participate in the activity/activities?
Attended *Took an active role* *Don't know*

3.b. If you've taken an active role in any HEPNet activity/activities, in what way?

4. If you've not been active in any HEPNet activity at all, what is the reason for that? Give some of the main reasons.

5. f you've been active in one or more HEPNet activities, why do you think other HEPNet members don't participate?

6. If you've taken an active part in any activity, please describe the process.

6.a. How did it get on?

6.b. Who did you turn to?

6.c. What channels did you use in order to get the activity function?

6.d. Other comment?

Network

7. How would you describe a network? (your understanding of a network).

8. What were your expectations of this network? Examples of things to consider: activities, support in work/profession, to develop and increase regional collaboration, on a private or/and on an institutional level.

9. Have these expectations been fulfilled?

Yes very well	Yes	To a certain level	No	Definitely not	Don't know

9.a. In what way?

10. Have you experienced any difficulties within the network or during the network process? If you have, what kind of difficulties?

10.a. In what way were these difficulties managed?

10.b. If the difficulties were ignored, how would you have liked it to be managed?

11. If you were in charge, how would you organise HEPNet?

12. Is there anything else you would like to add or comment?

Compilation HEPNet individuals

Number of replies: 13 out of 43 distributed questionnaires.

Five of the respondents were from Uganda (MoH, NCC and IoPH), three from Zambia (CBoH, UNZA and MoH) and five from South Africa (HEU). They became members of HEPNet between 1999 and 2003, and five of the 13 would like to be more involved in the network than they are today. Reasons given for why the five don't get as involved as much wished were that there had not been sufficient information on HEPNet, which led to very little knowledge of how to get involved. Other reasons given were limited resources to call and organise meetings, courses etc., lack of time and a wish for more transparent mechanisms for decision-making about network activities.

Individual participation in HEPNet activity/activities:
10 of the 13 respondents had participated both in workshops outside their residence as well as at the iHEA conference (in total there were 11 that had participated in the workshops and 11 at the iHEA conference). Four from Uganda and one from South Africa had participated in a workshop within their residence, and they had also contributed to the electronic list (together with two more from South Africa and one from Zambia, a total of eight). Three had worked with the consultant list, four with the newsletter/briefs/bulletin. Other activities mentioned were meetings such as meeting of the executive. One had not participated in any activity. Depending on the type activity, their roles differed, but 10 of the respondents had been active in at least one of the mentioned activities. Taking an active part in HEPNet activities included:

- Presentation of papers at the iHEA conferences, for example
- Co-ordination and planning of activities
- Developing plan for the next five years for HEPNet
- Participating in regional activities
- Seeking research grants
- Being involved in the process of selecting candidates to benefit from the Sida scholarship.

- Preparation of network proposals
- Contribution to the workshop processes
- Being a discussion leader
- Preparing to conduct a national training programme for capacity building in 2005
- Organisation and facilitation of workshop
- Being responsible for maintaining the electronic list
- Compiled newsletter
- Contributing to electronic list discussions.

Three of the 13 respondents (from Uganda, Zambia and South Africa) had not been as active in HEPNet and the reasons given were:

- Do not have much information on exactly what HEPNet is about and on how to participate. Do not even know how HEPNet is organised or who the key contact persons are.
- Missed iHEA conference at San Francisco USA because of an emergency situation that arose at that time.
- Lack of time.

Thoughts on why other HEPNet members don't participate were:

They are not informed.	Not applicable.
Some do not have easy access to e-mail; limited funding; some are too busy.	Interests, priorities may limit participation. Uganda network leadership needed to reach out better.
I do not know.	Lack of time or interest.
Many were not active members from the start; there was not enough money to involve more people; HEPNet objectives and activities were not popularised widely.	The lack of financing at country member level. To facilitate conducting activities at member national level requires operational finances to be made available to each member country. This will strengthen activities at member national level and hence more members will participate.
My opinion is that HEPNet members from other countries have not taken the initiative to come up with programmes and activities, and are usually happy to let South Africa take the lead on lots of the activities. Also it could be that they lack the infrastructure to enable them to take such leads. These are just my opinions and may not necessarily be true.	I think everyone has the opportunity to participate. However, often there is limited space in workshops or in conference funding and it is the responsibility of the national steering committee members to decide who gets to participate. If people attend workshops and conferences, I don't think it could be said that they don't actively participate.

Too busy, may not know about upcoming activities, not interested in specific activities.	

The process…

- Most activities I have participated in have been good. Writers' workshop in Jinja, Uganda, was excellent. International conference in San Francisco was equally excellent.
- It went well, but quite time-consuming given the time constraints one usually has.
- Through nomination form the focal person for HEPNet in Zambia.
- Participatory, innovative, everybody learns something new.
- Training of Trainers in Dar es Salaam and development of training programmes and curricula in Uganda.
- Participated in a four-day planning meeting. Members participated in the review of past performance of HEPNet. Members actively involved in formulating the plan for the next five years after reviewing the past performance. The entire process was participatory with all members making a contribution in the resolutions adopted, which translated into the plan of action.
- Very useful experiences in training and conferences, sharing on e-mail and annual meetings.
- The TOT workshops went very well, it gave me an opportunity to learn more about teaching methods and it also provided me with the opportunity to meet people from HEPNet member countries and institutions.

The co-ordination of the different activities was in most cases organised by HEPNet in Cape Town, but Tanzania and Uganda were mentioned. In particularly Prof Di McIntyre was mentioned as the biggest inspiration when facilitating and organising activities. The most commonly mentioned communication channel was through e-mail, but face-to-face and telephone contacts were also emphasised.

How would you describe a network? (your understanding of a network)

- This is a mutually beneficial (formal or informal) arrangement among individuals, groups or institutions with common interests and agendas whereby they form an alliance of information sharing, and are able to exchange ideas or work jointly on collaborative projects directed at their common goals.
- People and organisations working together to achieve a certain goal.
- A group of people; usually brought together because of similar backgrounds, objectives, and interests. These people can organise themselves to undertake activities that would be beneficial to all of them. The network also serves as a forum for sharing, learning and getting connected in ways that benefit the individual members.
- Sharing of ideas with the view to getting experiences from other countries.
- A loose association of individuals linked through one or more communication channels, working for a common cause or purpose.

- It provides an excellent way for members to interact and exchange information and to strengthen contribution to policy issues.
- A forum for researchers to exchange ideas and develop capacity in Health Economics & Policy in sub-Saharan Africa.
- Finding experts in Health Economics & Policy from member countries to share experiences, conduct research together, exchange views on developments in their respective countries, and build a cohort of health economics experts within member countries.
- Group of people together to accomplish common objectives or activities.
- A network is a defined group of people or institutions linked by common interests, whose primary objective is to provide support to one another for the achievement of a specified goal(s). A major characteristic of any network is the constant circulation of information relevant to the achievement of the said goal(s).
- A group of people sharing the same ideas and vision, communicating and enhancing each other's skills and knowledge.
- A network in the sense of HEPNet is a group of individuals who come together because of a common interest in something – in this case – the development of health economics and health policy capacity in countries that suffer from poor intellectual resources.
- Mechanism for bringing together a group of institutions (and/or individuals) which/who have common interests and values so that they can share information, experience and ideas to contribute to greater outcomes than would be possible if each were working in isolation.

What were your expectations of this network?

- More communication and out-reach to other institutions with similar interests and agendas. More and wider dissemination of the outputs of HEPNet activities.
- To have more close links, in research and policy to solve health problems.
- Widen my scope in understanding research priorities in other countries.
- To popularise the knowledge and application of health economics in research, teaching and practice.
- To learn and grow as regards policy initiation, development, implementation and evaluation.
- I cannot answer these questions as I have not been a very active member.
- More emphasis to be placed on conducting research and undertaking national capacity building in addition to other activities such as formal training in Master's and PhD programmes.
- There is a need for increased funding that will allow countries to undertake meaningful activities. There is a need for increased collaborative research. Usually, the problem with such research is the funding. There is a need for countries to increasingly take on the role of leadership, in order to enhance capacity in all member countries. There is a need to create working environments that tap into the skills of the people trained through HEPNet bursaries. Currently, many students return to their jobs and have no jobs after the Health Economics training or they go back to their old jobs, which do not necessarily require them to apply the skills they have learnt.

- I expected the network to provide good links to professionals in health economics (and related fields) in different countries in Africa; to provide a platform for the sharing of experiences and knowledge for the development of health economics capacity in Africa.
- Build capacity for Health Economics & Policy analysis in the participating institutions/countries.
- To increase regional collaboration and support.
- I think that the motivation behind HEPNet is to support institutional development in health economics and health policy. This is done by offering training and some 'perks' such as travel and social networking opportunities to members of identified institutions. By focusing on institutions, it is hoped that skill transfer will take place and that institutional memory will allow any skills to be retained. A focus on individuals could be less sustainable given the common problem of brain drain. Thus my expectation was that people would enthusiastically embrace the concept of learning new skills so that they could have a more positive impact on health economic policy in their countries. To a certain extent, this expectation has been met. However, one has to bear in mind that people are not solely altruistic, and sometimes therefore there will be some people who like HEPNet activities more for the perks than for the increasing capacity in their countries.
- Opportunities for interaction between like-minded people (either electronically but particularly through face-to-face exchanges) and to build the critical mass of health economists and health policy analysts within institutions in each of the countries.

Have these expectations been fulfilled? In what way?

Yes:	To a certain level:
(Two from South Africa)	(Five from Uganda, one from Zambia and two from South Africa)

– The activities are well attended, people actively participate, people enjoy the networking opportunities, but there might be too much of a reliance on leadership from South African institutions – it would be nice if other people were also prepared to put in some work to organise activities for instance. – Good opportunities for interaction, particularly through the two or more 'meetings'/workshops etc. per year. Less fulfilling of expectations in terms of institutional capacity development.	– We need to do more and meet more often. Research has not gone well. – It has provided me with an opportunity to enhance co-ordination and planning skills; and also to work with people from whom I have learned a lot of things. – We used some of them as a way of ensuring research priories are put on the agenda. – A core group of people now have knowledge of health economics. It is being researched more and more, and its application in public health has definitely increased. – Contribution to policy implementation. – More scientific work getting accepted to iHEA 2005 from the network – I think this arises from increased research of a high enough technical quality among members. – I have met and worked with health economists from different countries. I have participated in training programmes that aim to develop health economics capacity, and I know most of the health economists in the Sub-Saharan region of Africa and (to a lesser extent) their areas of expertise and interest. Therefore I know who to approach if I need support in any area of health economics, should the need arise. – People are talking and there is support given when one requests it.
No: (Two from Zambia)	No answer: (One from Zambia)
– There has been little networking, or maybe little networking that is known about publicly. The few networks I know of that were formed have not been sustained or followed up.	– Not been active

Have you experienced any difficulties within the network or during the network process? If you have, what kind of difficulties and how were they managed?
Three had not experienced any difficulties (two from Zambia and one from South Africa), and two couldn't answer since they've not been active in HEPNet. The difficulties mentioned were:

Difficulties	*How?*
Mobilising members in my country has not been easy. Organising activities has equally been a nightmare – Uganda.	Through exchange of information and encouraging our colleagues to give more time for these activities. To some extent we have received positive response.
Failure to get colleagues to commit to an activity and insufficient funds to have many people participate in activities – Uganda.	Encouragement; but this usually does not yield much.
Organising national meetings to discuss annual plans and other matters; too few people turn up – Uganda.	Arrange meetings over a weekend or as an activity appended to a major event like national or international conference, where all members attend or are expected to attend.
Not really except for the occasional disruption in communication between members and leadership – Uganda.	-
Organisational/institutional means of attracting health economist to work in the target institutions in academic and MOH. Little incentives making graduates disappear or lack commitment – Uganda.	Little attention paid.
The difficulty I encountered was in the process of compiling the newsletter, people do not contribute material in time and also when requesting information you get response from the same individuals, other members do not contribute – South Africa.	We have not really managed to solve the problems, the only way around is asking the country steering committee members to get the information from their countries.

That there is too much reliance on South African institutions to run and manage the HEPNet activities – South Africa.	Unfortunately, it is not easy to motivate people to do extra work that is not going to lead to them receiving a higher salary! Basically, at every meeting there is a plea for more involvement from other countries, and although there is always a commitment offered, I am not sure that this commitment is always honoured. At the end of the day, a lot of the impetus for the continued existence of HEPNet comes from enthusiastic and altruistic people in South Africa, such as Di McIntyre.
Yes - there are always challenges in any initiative like this. Key challenges were to find ways in which active participation of the widest group possible could be encouraged – South Africa.	Strategies to regularly discuss HEPNet and its activities within each institution, and to provide resources so that each country can have more regular national HEPNet meetings.

If you were in charge, how would you organise HEPNet?

I would devote more time to HEPNet activities. I would also encourage more research-based activities and less theory. Meetings of member countries would be more regular and focused, say quarterly – Uganda.	Continue with the way things are organised at the moment. Just add operating budgets for each member country to be able to conduct national activities including capacity building, research at that level – Zambia

Have a Secretariat that has representation in main health institutions in all countries where HEPNet operates. Have a permanent external relations department in HEPNet, which would be responsible for establishing networks and monitoring and evaluating their effectiveness. the department would also be charged with ensuring that links with HEPNet members are sustained and information about events, activities and outcomes is made readily available. Generally, the Secretariat would, among other things, periodically review the performance of the network and explain how it has been contributing to health systems in the various countries where it exists – Zambia	So far, it is well organised. However, the current arrangement of having South Africa take on the entire leadership role encourages laziness on the part of other countries. As a result, management and leadership skills in other countries are not well developed. As a way of encouraging people, I would try to see whether I can get some incentives to get people more active, especially something that would encourage them to take some time off and participate in HEPNet activities – Uganda
Spend time seeking long-term research grants and conducting regional studies for regional problems. Building apprenticeship in Health Economics consultancy activities among network members – Uganda	The way it is organised now is fine, the only thing I will add is to ask people to sign a contract as individuals and as institutions linking contributions to attending HEPNet workshops and meetings – South Africa
The current organisation serves the purpose so there would be no need to change it – Uganda	Conducting tailor-made courses for hospitals and district managers, especially for costing and related assessment of efficiency, equity and budgeting – Uganda
I would seek more co-operative partners to be on board, rather than having to rely on Sida, as there have occasionally been competing demands elsewhere – Zambia	I would probably do it the same way but perhaps with other countries taking much more responsibility within the network – South Africa

I would open up membership to all interested. Require commitment as an initial "subscription" for core or full-time members. These will be expected to regularly attend meetings, participate in activities, draw up annual plans etc, and in turn receive incentives like training, attending conferences, consultancies etc. Register HEPNet as an association at national level with a minimal membership subscription, and with a constitution. Make HEPNet attract and carry out consultancies in Health Economics & Policy, make some money and employ a few members to run the network full-time. Make the international HEPNET, more formally able to attract major consultancy work regularly and eventually sustain itself – Uganda	Have good, regular HEPNet engagement at national level, feeding into overall HEPNet activities via a very active HEPNet steering committee – South Africa

Is there anything else you would like to add or comment?

- To improve the effectiveness of HEPNet, it will be important for the Secretariat to do more groundwork in identifying the various institutions at each national level that are instrumental in various aspects of health (policy, planning research, healthcare delivery, training, etc) and establish links that are tailored specifically towards helping to improve the effectiveness of the key health institutions. It would perhaps also be useful for HEPNet to maintain an up-to-date website where the network events, activities and outputs could be posted – Zambia
- Yes, this is a good organisation. We need to have publications and more activities to make HEPNet more lively – Uganda
- There is a need to attract more participants to HEPNet – Zambia
- Initial financial support from Sida and other sources will be required for 3–5 years, then a plan should be made to concretise the association; enable it to finance itself first partly, then fully through income generation using consultancies and other activities to be identified – Uganda
- Prof. Di McIntyre deserves a big thank you for her efforts on behalf of HEPNet – Uganda
- HEPNet is a growing but already strong network of sub-Saharan researchers which has great potential to develop further and to produce outcomes of excellence – South Africa
- HEPNet is in great need of financial resources for it to achieve its goal. Additional support is greatly needed – Zambia
- The network is now stable enough but needs three or so years of support to build sustainable working modalities – i.e. seek grants for research, build capacity for consulting among members and sell training courses to hospital and district health managers – Uganda.

Questionnaire Sida-funded Master's students

Name:
Date of birth (year): 19
Female Male

1. Country that qualified you as a holder of a scholarship?

2. When did you start studying at HEU?

3. When did you graduate?

Health Economics at Cape Town University

4. What did you do/work with before your time at HEU? And where?

5. Why did you choose to study Health Economics?

6. Are you satisfied with the education at HEU?

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Disappointed	Don't know

7. How would you describe the subject Health Economics?

8. Do you feel that HEU has a good reputation outside the university? Please grade from 1 to 5, where 1 is low reputation and 5 is high reputation.

1	2	3	4	5	Don't know

9. What subject did your Master's thesis at HEU concern?

10. Has your Master's thesis been of any use in your present occupation? And in what way?

Regional capacity building

One of the purposes of the scholarship is to strengthen regional capacity in the area of Health Economics. We therefore wonder:

11. In what way can Health Economics be of any use in your home country?

12. In what way can Health Economics be of any use in the SSA region?

13. What do you do/work with today? And where?

14. For those who don't work/live in the same country that qualified you as a holder of a scholarship anymore: What's the reason/reasons for not returning? Examples of things to consider: was it your choice or did it depend on other factors; what other factors (if there are personal factors that you don't want to reveal, please just mention "personal").

15. For those who work and live in the same country that qualified you as a holder of a scholarship: What happened when you came back? Examples of things to consider: did you return to the same situation, have the same work and if so, do you have new work assignments or the same; do you have a new job or is it difficult to get a job with your qualifications?

16. Do you think the skills you gained from the Health Economics education are useful in your present work?

17. Has your Master's degree so far increased your opportunities to get a job?
Yes No No comment Other:

18. If you don't have any work, do you think the Master's degree will make it easier for you to find one in the nearest future?

Your life today and tomorrow

19. Has your life situation changed since your Master's degree? In this respect we consider changes connected with the education.
Yes No No comment

19.a. If yes, in what way?

20. What are your plans for the future?

In order to give support to different development programmes SIDA has to follow some basic issues. Those are for example (in a broad sense) equality and poverty reduction. Therefore we would like to know:

Did your father attend school? To what standard?

What is/was your father's profession?

What is/was your mother's profession?

Did your mother attend school? To what standard?

Compilation Sida-funded Master's students

Number of replies: 7 out of 17 questionnaires, one interviewed and one who answered in a letter (e-mail).

The graduated students started to study from 1999 to 2003 and all except one who are awaiting dissemination graduated between 2000 and 2003. Seven out of the nine are male and were originally from Zimbabwe (3), Nigeria (3), Uganda (1), Kenya (1) and Tanzania (1) and were born between 1959 and 1977. The backgrounds of the parents of graduated master's students varied from no education to PhD for the fathers and from no education to Master's level for the mothers. The occupational background of the fathers varied from Motor mechanics, farmer, businessman, civil servant teacher, pastor, lecturer, welfare officer to unemployed. The mother's occupation varied from no job to petty trading and farming, teacher, nurse and deputy registrar at university.

What did you do/work with before your time at HEU? And where?
From Medical Research Officer (Health Economist) at one of the HEP-Net member institutions to Finance Administrator, governmental work, as research scientist, banker, at Ministry of Health to direct from school.

Why did you choose to study Health Economics?
Reasons given for choosing the subject of Health Economics were that it is a new and developing field (5); that there was a desire to help improve the national healthcare system (4); that someone (individual or HEPNet institution) had advised them to (2); and a general interest in economics as a whole (9).

Are you satisfied with the education at HEU?
All were satisfied with the education (Very satisfied – 3; Satisfied – 6)

How would you describe the subject Health Economics? The subject was described as:
A fascinating field with lots of opportunities and potential; *as* oriented towards improving the efficiency and delivery of healthcare; *as* a unique side of economics which deals with resource allocation/planning in healthcare (which is a very vital part of human development); *as* the application of economics concepts to the health sector – to improve understanding of finance, management and delivery of healthcare systems; *as* a good subject that provides a professional understanding that

leads to health programme planning and the creation of policies/decisions that are based on economical feasibility, take into account the resources available, and also widen skills for optimal resource allocation in the health sector; *as* a subject that deals with the key economic problems of efficiency and effectiveness, and deals with all the areas of the health sector – policy, finance, delivery, infrastructure, health outcomes etc., and finally *as* a subject that uses economic concepts to guide decision making on healthcare issues.

Do you feel that HEU has a good reputation outside the university?
Six of the nine graduated Master's students felt that the education had a good reputation and value (scale 4 or 5), 3 didn't know.

What subject did your Master's thesis at HEU concern?
The subject of the Master's theses of seven of the respondent were: The economic burden of Malaria on Households in Zimbabwe; Demand for healthcare services in Nigeria; The evaluation of hospital efficiency using stochastic frontier approach; Allocation of healthcare resources and concerns about geographical equity; Health Sector Reform especially on Public Private Mix policy. In particular, this was aimed at evaluating the effects of introducing private health services in tertiary public health facilities in Tanzania; Socioeconomic Determinants of Health; and about pharmaceutical pricing.

Has your Master's thesis been of any use in your present occupation? And in what way?
Six of the seven felt that their thesis had been of importance in their present occupation, the one that e-mailed didn't say and the one interviewed didn't use the skills gained at HEU at present. The uses of the thesis were described as; being useful for the work on HIV/AIDS; enabled understanding of the factors that affect the functioning of the demand side of the healthcare market and what policies need to be put in place to address the weaknesses of this side of the healthcare market; being the basis on which he/she gained a job; being useful in work on equity issues; being useful in a job as a researcher, where the results obtained from the study of the thesis have been presented and discussed in order to see how the practice could be further improved; and that the skills gained (analytical and qualitative) have been very worthwhile at work.

In what way can Health Economics be of any use in your home country?
The graduate Master's students thought that Health Economics could be of importance in their home countries in the following ways:

There are lots of tropical diseases and their economic impact is not documented and lots of health resources are not allocated optimally to maximise health benefits. As such this qualification can help to work in that regard.	Health Economists are very much required in policy formulation in Nigeria so as to impact on the efficiency of utilisation of available healthcare resources, though at present their role is not yet fully appreciated even among policy makers.

The planning of healthcare delivery in my country will benefit from health economics. The subject could help in developing National Health Accounts for my country (I'm not sure if it exists) and also in evaluating service delivery. As an academic/theoretical subject, it'll help develop managers since it also builds on/uses economic and econometric analytical techniques.	There is a tendency for projects to bring in expatriates from the United Kingdom to work on health economic issues. While this is an opportunity to learn from developed nations, there is little opportunity for Kenyans to develop a career in health economics in Kenya because they are not recognised in the country. I feel if Kenya had the financial resources and health economists committed to working in Kenya we would do much more and improve the performance and delivery in the Kenyan healthcare system.
In that it will help in economic evaluations of health programmes in the country. Better planning and implementing of policies as well as appropriate and optimal allocation of financial, human and other resources for improvement of the health status of the citizens.	If Health Economics concepts are well understood and used to guide decisions, then we are likely to see improved efficiency in healthcare delivery.
Health economics is still a very new field in my home country and it is not well recognised.	

In what way can HE be of any use in the SSA region?
Other thoughts about how Health Economics could be of importance for the whole region were:

In that the region can share knowledge on the subject and the health issues affecting the regional are similar. Giving people in the region such skills will help improve health resource utilisation.	There is a lot we can do in SSA to improve the health sector – in particular issues of access and finance – and I feel that health economics has a major role to play. This is evident from the many health economists from western countries working in Africa. I feel there is a need to continue building up health economics capacity in Africa so that we can also contribute to providing solutions for African healthcare systems.

The SSA is a region with poor resources but enormous disease burden. The efficient utilisation of the little resources available will go a long way in ameliorating the burden of care giving in the region.	The Health Economics Network among professionals in the region could enable the exchange of experiences and skills towards achieving these objectives.
It would help in regional planning and service integration wherever desired. The subject would be invaluable to international organisations in service planning, implementation/delivery and evaluation. This is especially important because of scarcity of resources that the SSA is known for.	

What do you do/work with today? And where?
Six of the graduated Sida-funded Master's students (out of the nine) were working in areas relating to Health Economics. Those who had relevant and qualified assignments relating to respect of Health Economics were working as; a research associate; as a teacher at the Economics Department of the University of Nigeria; as a research fellow at a university Health Economics research department in United Kingdom; as a researcher with the Kenyan medical research institution; as a Research Scientist with the National Institute for Medical Research, Mwanza Tanzania; as a lecturer and researcher in health economics at the HEU in South Africa; and as a senior pharmacist at the Ministry of Health HQ.

For those who don't work/live in the same country that qualified you as a holder of a scholarship anymore: What's the reason/reasons for not returning?
Four out of the nine had tried to return to their home country to get a relevant and qualified job, but without any success. Reasons for not being able to get a job in the home country were also political and socio-economic (in the context of Zimbabwe).

For those who work and live in the same country that qualified you as a holder of a scholarship: What happened when you came back?
Four of the nine had returned to their home country and two of them returned to the same employer as before the Master's graduation, but with new assignments ahead. One mentioned that he/she had difficulties at first getting a relevant job, but that the education helped him/her.

Do you think the skills you gained at the Health Economics education are useful in your present work?
All seven felt that their skills gained at the Health Economics Unit had been very useful (4), useful (2) or to some extent (1). The other two, didn't have that much use for their newly gained skills so far.

Has your Master's degree so far increased the opportunities to get a job?
The majority felt that the education had helped them getting a job (6), one didn't comment.

If you don't have any work, do you think the Master's degree will make it easier for you to find one in the nearest future?
All seven had a job, as well as those interviewed.

Has your life situation changed after your Master's degree? In this respect we consider changes connected with the education.
Five of the seven commented on how the exam had changed their life (two didn't comment).

My master's degree in health economics opened for me a new vista of possibilities and opportunities that has enabled me to evaluate the functioning of the Nigerian health system in a different light.	To establish myself more in the field of Health Policy Research and Planning to the level of becoming a consultant. I also hope for the possibility of doing a PhD in this field.
Firstly, the education has increased my knowledge of the subjects of Economics and Health Economics and broadened my scope and perspectives in life. It has also given me more choice and especially, it has given me a career and a source of living.	I am better equipped to work as an economist and health economist anywhere in the world
Been able to get a job and enrol for a PhD in the HEU	

What are your plans for the future?

I intend to become a fully fledged Health Economist working in Africa.	I hope to further develop myself in the area of health economics – then go back home to contribute to health system development.
My plan is to keep teaching, doing research and raising students who can become useful in changing the way things are done in the healthcare sector that is at present characterised by inefficiencies in health resource allocation.	To develop a career in health economics research and if possible establish a health economics research unit in Kenya in the near future.
I plan to study for and obtain a PhD and to further my career in Health Economics and also in healthcare resource management.	Jobwise, I am very interested in research, but right now it's just a question of survival.

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