

To what extent are issues of solidarity, sustainability, efficiency and equity addressed? What has been the role of international donors, health professionals and their associations, NGOs and academic institutions? Who 'owns' and leads the process(es)? How open and transparent is the process and how consultative is it? Do international agencies facilitate the opening of space for dialogue or do they close it down? To what extent is there evidence that experience from elsewhere was utilised in establishing this policy framework? How was/can this information be made more widely available at critical points?

- In what ways have the *roles of key actors* changed over this period of transition? What are their interests, goals, agendas and capabilities? How well do these fit in with locally identified needs and priorities? In particular, what have been the changing roles of *national and local government*, donors, WHO and World Bank, NGOs (local and international), and academics. A particular interest will be to understand the emergence of the *private sector* and policies governing relationships with this sector. The changing relationships between state and NGO raise similarly important issues. Exploring the role of *professional associations* in contributing to policy debate and in framing key policy objectives in relation to human resources was also briefly highlighted. A particular interest was also expressed to examine the *role of transitional authorities* such as UNTAET in Timor and UNMIK in Kosovo. The role of WHO was also felt to warrant particular emphasis. Issues of *coordination* and partnership immediately spring from an analysis of key actors and the relationships between them.
- To what extent has *equity* been placed upon the agenda? If so, whose conception of equity? Which issues have been identified as important to address? To what extent have efforts been made to overcome some of the contributors to the original conflict? To what extent has gender equity been identified as important and how is this to be addressed in society and within the health sector? Has the health sector role been identified as offering potential to build bridges between communities and to reduce tensions and conflict between groups? In what way have such programs been proposed and what evidence exists documenting their impact and influence?
- Extent to which *peace-building* is identified as an explicit objective? To what extent have health-related activities been promoted as peace-building opportunities? What is the extent of priority on security issues as opposed to more narrowly defined 'health' issues? Where do these two concepts overlap? Highlight an emphasis on conceptualising a 'human security' framework and ways it could work operationally. To what extent has the way in which health system developments have been undertaken contributed to, or undermined, peace-building activities? What linkages have been established between those working in the health sector and those operating at a broader developmental and peace-building role? A related concern was the way in which positive social-capital has been identified and supported through post-conflict activities and initiatives.
- What is the *role of information in influencing policy* decisions? What types of information, collected by whom, for what purpose, with what degree of precision and validity? To what extent are key decisions relating to the above determined on the basis of accurate information and which not? What *tools* have been used by key actors to