understand the situation, analyse it and predict possible consequences? How can these tools be further enhanced so as to inform needs assessment and policy decision-making in the future? One area in which tools are especially needed are in relation to assessing *financing capabilities*, and longer-term sustainability of the community, government and donor community. What mechanisms have been employed to *exchange, share and develop the information base* on which policy decisions should be made? Another key area for the development of tools was the establishment of rapid assessment methods to determine local capabilities and capacities - in terms of health services, health care providers, and health policy formulation and implementation.

One approach to tackling these much larger over-arching themes would be to focus on some key *tracer areas* of activity. One area suggested, of particular interest to Queens University, is the issue of *community-based rehabilitation*, both physical and psychological. *Disease control* was another possibility, as was *human resource* policy. It was also felt important that research should reflect the perspective of both internal and external concerns. In particular, learning about how good practice is distilled was deemed important, who defines the outcomes and who defines the desirable impacts and quality levels for work undertaken in the transition period. Links between health sector activity and that taking place in other sectors will be sought.

Understanding how questions are phrased and framed, and how solutions are to be sought will be important to examine within the research undertaken, but is also relevant to the research process we ourselves will be undertaking. Ensuring a high degree of local ownership and participation will greatly enhance the value of the project and ensure that beyond key questions which may form the core of the comparative elements of the project, there is considerable scope for additional dimensions to be developed to reflect specific concerns.