



Report prepared for the  
**Massachusetts Department of Public Health**  
by South Africa Partners



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**BUILDING BRIDGES: THE FIRST TWO YEARS**  
**A REPORT FROM THE**  
**MASSACHUSETTS – SOUTH AFRICA HEALTH TASK FORCE**

**SUMMARY**

The Commonwealth of Massachusetts has had a close relationship with the people of South Africa for many decades, contributing substantially to the international effort to bring an end to apartheid. Similarly, Massachusetts has made a commitment to building the new South Africa through its ongoing academic, corporate, and governmental relationships and through a 1997 twinning agreement between the state and the Province of the Eastern Cape.

One product of that twinning agreement has been the establishment of the Massachusetts - South Africa Health Task Force in April 2000, whose members encompass the activities of public and private institutions, governmental and non-governmental agencies, business leaders and experts in key health-related fields. Housed within the Massachusetts Department of Public Health and Chaired by Public Health Commissioner Dr. Howard Koh, the Task Force supports the development of mutually beneficial initiatives in the areas of public health and medicine. In its first two years of operation, the Task Force has negotiated guidelines for partnership development between the two regions, established three working groups that coordinate and support partnership development, consulted with partners in the Eastern Cape on issues of management and HIV/AIDS, hosted two delegations from the Eastern Cape, and facilitated its first formal twinning between non-governmental organizations.

**The Eastern Cape Province**

Located on the Indian Ocean, the Eastern Cape Province is a topographically diverse geographic region roughly the size of Massachusetts and with a similar population base. Encompassing two apartheid-era homelands, as well as part of the former South Africa, the Eastern Cape has two major urban areas and extensive rural environs. In terms of resources, employment opportunities, and governmental and service infrastructures, this center of anti-apartheid activity has been one of the most historically disadvantaged areas of South Africa.

The choice of the Eastern Cape for a twinning relationship with Massachusetts reflects both prior commitments between Massachusetts and the people of South Africa as well as a determination by the national South African government to support the development of this critical region. The twinning agreement between Massachusetts and the Eastern Cape encompasses collaborations in the areas of economic development, information technology, education and health care delivery. Significant medical and public health needs

and evolving initiatives in the province provide ample opportunity for coordinated efforts through the Massachusetts-South Africa Health Task Force.

### **Assessing the Scope of Health Partnership Development**

In July 2000, the Massachusetts - South Africa Health Task Force sponsored a delegation, which visited the Eastern Cape Province to assess the potential for partnership development. The 18-member mission, representing multiple areas of public health and medicine, included legislative and administrative governmental personnel, industry partners, clinical practitioners, and representatives from philanthropic and social service agencies was co-led by Representative Byron Rushing and Massachusetts Department of Public Health Assistant Commissioner, Dr. Jean McGuire.

Delegation members learned of the challenges faced in 1994 by the first democratically elected South African government as it sought to dismantle the inequities of apartheid. Under apartheid, the South African health care system was characterized by racial and geographic disparities, fragmentation and duplication, and an over-emphasis on highly technical hospital-based care that was only available to the wealthiest 17% of the population who could afford private insurance. As South Africa sought to reorganize and re-deploy scarce resources, the new government faced the challenge of integrating 14 separate Departments of Health that had been created under apartheid to serve different racial groups in different geographical areas.

The Province of the Eastern Cape is one of nine provinces in South Africa. Two-thirds of its residents live in rural areas, while only one-third is considered urban. Since 1994, the Eastern Cape Department of Health (ECDOH) has pursued an integrated, decentralized approach to health care delivery. This has called for a restructuring of its hospitals and clinics, stressing local management and control. To better serve the local population, the province has been divided into six districts and one metropolitan area. Senior managers are engaged in the process of devolution of oversight from these districts to the local level, including the areas of personnel, finance, and governance.

The transformation process in the Eastern Cape has surfaced a number of obstacles that could benefit from the assistance of global partners with technical expertise. Among the priorities that have been identified by ECDOH colleagues are: personnel and human resource development; implementation of an effective patient referral system; completion of a reliable provincial-wide disease surveillance system; strengthening the capacity of current pharmaceutical distribution depots; and the institutionalization of better financial controls.

Perhaps the greatest challenge facing the provincial health ministry, however, is the significant distance that exists between the well-developed action plans and the current capacity for program implementation. The gap between planning and implementation is largely related to historic and current administrative and resource issues resulting from

years of colonial and apartheid policies. First and foremost is the prior disenfranchisement of this province which impacts both its current service funding base from the national government as well as its infrastructure, employment and other capacities. This has a direct result on the health status and health care access of its citizens.

Improving access to care across rural and urban areas and meeting the demands of devolution has revealed serious challenges in manpower planning, training, re-deployment, and pay equity. Some of these difficulties are further exacerbated by historic patterns of service referrals between different levels of clinical providers. All of these issues are complicated by the fiscal and administrative challenges related to evolving the province's health care system from one that focuses on acute, hospital-based care to one that prioritizes preventative, community-based, clinical care settings.

### **Principles of Massachusetts-Eastern Cape Collaborations**

In order to ensure that the twinning agreement is successfully implemented, the Task Force has adopted underlining principles that provide the framework for all its activities.

- ✍ The twinning agreement between Massachusetts and the Eastern Cape is between two governmental entities – therefore, activities must support the overall goals and objectives of the respective departments of health.
- ✍ Collaborative projects should be selected on the basis of their viability, feasibility, and sustainability. Furthermore, they should be non-duplicative and have the capacity to leverage additional resources.
- ✍ To ensure that there is long-term commitment for the activities that are being initiated, the Task Force will seek to build support among a broad range of stakeholders in Massachusetts, including trade and industry, finance, medical, and the public health arena, including academic settings, and community-based organizations.
- ✍ Trust building among the various participants is critical to the success of any long-term partnership; therefore it is essential that the Task Force strive for shared decision-making with its partners in South Africa.

### **Benefits for Massachusetts**

In pursuing partnerships with the Eastern Cape and South Africa, the Task Force recognized the considerable benefit to the state of reinforcing and extending historic experiences of global collaboration. Massachusetts institutions have many public and private efforts currently underway in South Africa. Those related to medical care delivery and public health stand to greatly benefit from the close inter-governmental coordination facilitated by the Health Task Force.

From health-related economic development activities to nurse-managed syndromic treatment models to novel public health campaigns, innovative efforts developed in South Africa have begun to inform practices here in the Commonwealth. These past two years

have confirmed that collaborations with our colleagues in the Eastern Cape and throughout South Africa offer opportunities to engage Massachusetts communities and organizations in global learning and collaborative action that directly benefits the citizens of the Commonwealth.

The following are some of the learning and replication opportunities the Task Force believes will benefit public health and clinical programs in Massachusetts:

- ✍ Alternative models for community mobilization in public health campaigns;
- ✍ Novel manpower development opportunities;
- ✍ Evolving systems of protocol-driven clinical care in low resource areas;
- ✍ Practical training and educational experiences for students of rural and family medicine and public health management;
- ✍ Expanding medical and public health research and service delivery investments across public and private sectors;
- ✍ Innovative explicit and low literacy public health campaign materials;\Models for improved integration of public health concerns in economic and other spheres of government; and
- ✍ Comprehensive youth peer public health campaigns.

### **Task Force Accomplishments During the First Two Years**

The establishment of the Massachusetts – South Africa Health Task Force in 2000 marked the beginning of a coordinated effort to bring together the many Massachusetts governmental departments, educational institutions, private agencies, businesses, and individual residents that have remained engaged in South Africa’s democratic development. Over the past two years, the Task Force and its three Working Groups have strengthened existing partnerships and initiated new collaborations that have deepened the bond between the two regions.

In order to maximize its impact, Task Force activities have built-upon several important bilateral relationships operating in the Eastern Cape. The most important of these is the USAID funded EQUITY Project, which has been supporting the Provincial Department of Health as it institutes a primary health care system. Management Sciences for Health, based in Jamaica Plain, has been providing technical assistance for this effort.

Preliminary results have demonstrated that concentrating partnerships at the sub-national (state to province) level allows partners to quickly focus on practical concerns shared by counterparts in both countries. Whether at the departmental level, academic setting, or community program, partners from Massachusetts and the Eastern Cape have been able to map out mutually beneficial work plans that are based on shared goals and objectives. Departmental managers, for example, have prioritized ongoing challenges such as human resource development, disease surveillance, and sub-contracting for services. Academic partners in Massachusetts and those from the University of Transkei have identified

telemedicine, faculty development, and building research capacity as their priorities for the coming year. Representatives from community organizations have chosen to focus on the development of more effective strategies for building community support in order to address issues related to ending violence against women and children.

In order to implement specific partnerships, three Working Groups have been established, which develop and implement program activities – the Departmental Working Group, the Academic Working Group, and the NGO Working Group.

### **?? DEPARTMENTAL WORKING GROUP**

*Goal: Support the development of the Eastern Cape provincial Department of Health's capacity to survey, plan for, resource, and manage the delivery of public health and medical services in the province.*

The Eastern Cape Provincial Government and its Department of Health have prioritized several needs that have become the focus of the Departmental Working Group collaborations. Among the most challenging of these, is the complex process of managing the devolution of health services from the provincial to the district and local level. As mandated in South Africa's Constitution, provincial departments of health are extricating themselves from the deliver of direct services. In future they will be required to focus on policy development, financial controls, and monitoring and evaluation to ensure that district and local government are in compliance with provincial directives and able to meet the health care needs of the local population.

The Massachusetts Department of Public Health (MDPH) experienced a similar process of mandated devolution, and as a result is in an excellent position to advise its colleagues in the Eastern Cape Department of Health (ECDOH) that are managing the process. Clearly, if the ECDOH is to succeed, it must build management capacity within the department. Human resource development at all levels of management has been stressed as a priority during every planning meeting between MDPH and ECDOH over the last eighteen months.

Among the clinical issues that have emerged as priorities of the Massachusetts – Eastern Cape partnership are: HIV/AIDS, other STDs & TB; Maternal, Child, and Women's Health; and laboratory and pharmaceutical access. Members of the Departmental Working Group have begun to initiate specific collaborations to assist ECDOH personnel as they address these critical needs within the province.

#### Specific Accomplishments:

- ?? Released *Building Bridges Report* at American Public Health Association November 2000 conference.
- ?? Identified key MDPH staff available to consult with ECDOH colleagues on an as-needed basis.

- ?? Consulted with South African National Department of Health to ensure that provincial activities are in keeping with national priorities.
- ?? Hosted three senior ECDOH officials in June 2001 who, together with MDPH officials, outlined priority areas for collaboration.
- ?? Hosted the ECDOH Director of HIV/AIDS and two of her colleagues in October 2001 for a two-week visit focusing on issues such as surveillance, VCT programs and collaborating and contracting with consumer organizations.
- ?? South Africa was highlighted at the Massachusetts HIV/AIDS Consumer Advisory Board annual *Common Vision 2001* conference.
- ?? Commissioner Koh hosted an October 2001 Dean's Breakfast meeting attended by 20 representatives from 17 schools of medicine, public health, nursing, pharmacy, and dentistry. Follow-up meetings have taken place with Tufts Medical School, UMass School of Public Health and Harvard School of Public Health.
- ?? MDPH AIDS Bureau provided technical support to the University of Transkei for its proposal submission to the World AIDS Foundation.

#### **?? ACADEMIC WORKING GROUP**

*Goal: Support for and projects with the University of Transkei Faculty of Medicine and Health Science in Umtata in its evolving collaborative efforts with the region's district and local health departments and the NGO sector.*

The Province of the Eastern Cape has five universities and several technical colleges. Each has a role to play in the strengthening of the province's health care infrastructure. However, with limited resources, and a commitment to working with historically disadvantaged institutions, the Task Force has determined that priority would be given to partnerships with the University of Transkei (Unitra) Faculty of Medicine and Health Sciences. Established as a segregated institution during the years of apartheid, Unitra is engaged in a process of entering the mainstream of South Africa's academic community. Designated as a rural medicine facility, the faculty has affiliated with five community health clinics and three district hospitals that provide opportunities to implement a problem-based approach to health education.

The Academic Working Group has been engaged in a process of refining partnership priorities through ongoing contact with its colleagues at Unitra.

#### Specific Accomplishments:

- ?? Hosted an April 2001 video teleconference with the University of Transkei (Unitra) faculty that identified preliminary priority areas including student and faculty exchanges, joint research, and the further development of telemedicine and informatics capacity.
- ?? University of Massachusetts Medical Center (UMass) – Unitra HIV/AIDS research lab entering its fourth year – team will be working in Eastern Cape from June – August 2002.

- ?? UMass and Unitra have entered into discussions about a formal twinning agreement between the two institutions.
- ?? New England Medical Center Telemedicine Workshop took place in the Eastern Cape, August 2001 and received support from Unitra faculty members.
- ?? With the help of working group members, a Unitra faculty member was selected as an international fellow by the Foundation for Advancement of International Medical Education and Research in Pennsylvania.
- ?? Hosted a joint meeting with the Massachusetts Medical Society to explore issues of sexual assault with representatives of the Masimanyane Women's Support Centre from South Africa March 2002.
- ?? Massachusetts General Hospital Institute for Health Professions (MGH/IHP) in February 2002, traveled to Unitra to discuss possible collaboration on the design of a Unitra-based *Clinical Investigation for Health Professions Certificate and Degree Program*, based on one currently being offered by MGH/IHP.

#### **? ? NGO WORKING GROUP**

*Goal: To assist in the formation of partnerships between selective non-governmental organizations (NGO) whose goals and activities are of mutual public health interest to the Province and to collaborators here in Massachusetts.*

Non-governmental organizations were the life-blood of South Africa's struggle to end apartheid, and they continue to play a critical role in the dissemination of information. In the future, the ECDOH will devolve some aspects of its health care delivery system to NGOs that are in a position to carry out direct services. It is therefore important that programmatic, administrative, and financial management capacity-building take place so that key NGOs in the province are able to take up these activities.

The NGO Working Group is engaged in a process of identifying mutually beneficial areas of cooperation and navigating the challenges of conducting international partnerships.

#### Specific Accomplishments:

- ?? Codman Square Health Center and Masimanyane Women's Support Center signed the first formal NGO twinning agreement on March 8, 2002.
- ?? An Eastern Cape Health NGO Survey was conducted from October – November 2001, in order to identifying potential partners and areas of need.
- ?? Center for Community Health Education, Research and Services (CCHERS) organized a trip in November 2000 to the Eastern Cape to identify health promotion and community health worker initiatives that could become the basis for formal partnerships.
- ?? CCHERS and Community Higher Education Service Partnership (CHESP) of Unitra are identifying mutual interest and exploring possibility of a twinning agreement.

- ?? The Cambridge Health Alliance (a complex of three hospitals affiliated with Harvard Medical School) and the Port Elizabeth Complex (three formerly race-based hospitals that have merged into one complex) have had their initial February 2002 meeting in the Eastern Cape to explore a formal twinning.
- ?? Plans are underway for NGO representatives from Masimanyane and CHESP to travel to Massachusetts to explore joint projects with their local partners.
- ?? Cambridge Health Alliance doctor traveled to Unitra for 5 weeks to conduct a baseline study of Volunteer Counseling and Training (VCT) programs in the area.

### **Lessons Learned Since the November 2000 Building Bridges Report**

Much has been accomplished since the Massachusetts – South Africa Health Task Force issued its first report. Working with South Africa Partners, a local partner that provides administrative support to the Task Force, a clear mechanism for ongoing contact between the Eastern Cape and Massachusetts Departments of Health has been established. As a result, the two departments of health have been able to identify and refine key health issues of mutual interest and concern.

With two years of experience, the Task Force is now in a position to begin articulating essential elements for successful health partnership development in South Africa.

#### *Relationship Building is Key*

- Investing time in getting to know one another in the early stages is time consuming, but the effort leads to positive results.

#### *Refining Priorities Takes Time*

- Identifying concrete collaborations within broader priorities cannot happen without a great deal of discussion and understanding on all sides.

#### *Working Multi-Sectorally is Essential*

- Allows work to continue, even when one sector is experiencing difficulties.
- South Africans demand a holistic approach to problem solving, so multiple issues must be addressed simultaneously.

#### *Sub-national Partnerships Are Productive*

- Development of technical skills is a priority, and sub-national relationships focus on implementation.
- There is a shared understanding of the day-to-day-challenges.

### **Task Force Priorities For The Coming Year**

As the Massachusetts – Eastern Cape Health Partnership enters its third year, the Task Force will be pay close attention to the following work areas:

### *☞☞ Refining Current Partnerships*

- Continue to cultivate the relationship between MDPH – ECDOH, through staff exchanges.
- Strengthen links between UMass and Unitra through student and faculty exchanges, joint research, telemedicine and video conferencing.
- Build upon the Tufts University - Unitra collaboration in telemedicine.
- Support Codman Square Community Health Center and Masimanyane Women's Support Centre as they implement their joint program focused on reducing violence against women and children.

### *☞☞ Implementing New Partnerships*

- Support CCHERS and the CHESP program based at Unitra as they explore formalizing their partnership.
- Support Cambridge Health Alliance and Port Elizabeth Health Complex as they begin implementing recommendations from their first planning meeting held in February 2002.
- Support planned MGH Institute for Health Professionals – Unitra partnership that will adapt a MGH/IHP curriculum for the South African context.

### *☞☞ Building Support for the Massachusetts – Eastern Cape Sister State-Province Agreement*

- Institute distribution of quarterly updates to key Massachusetts and Eastern Cape stakeholders.
- Make contact with key government agencies and keep them informed of the work of the Task Force and its accomplishments.

### *☞☞ Documenting the Model*

- In order to assist other states hoping to implement similar Sister State-Province Agreements.

## **Conclusion**

The Massachusetts – South Africa Health Task Force has accomplished much in its first two years of operation. The model being developed in Massachusetts is one that has far reaching implications for South Africa's successful transformation, and potentially the continent as a whole. As Archbishop Emeritus has said, "*South Africa will be either the spectacular success or the spectacular failure that will set the precedent for the future of Africa and many others who are struggling to become good democracies.*"

## **MASSACHUSETTS – SOUTH AFRICA HEALTH CARE TASK FORCE** ***Building Bridges: Past and Present Participants***



### **MA – SA TASK FORCE MEMBERS**

Howard Koh, MD, MPH, Chair, Massachusetts Department of Public Health  
John Cunningham, PhD, University of Massachusetts in Amherst  
Tony Earls, MD, Harvard University Medical School  
Lynn Eckhert, MD, University of Massachusetts Medical School  
Paul Jacobsen, Chief Secretary Office of Governor, Commonwealth of Massachusetts  
Anna Faith Jones, President Emeritus, The Boston Foundation  
Elmer Freeman, Center for Community Health, Education, Research and Service  
Temba Maqubela, South Africa Partners  
Representative Byron Rushing, Commonwealth of Massachusetts House of Representatives  
Valerie Stone, MD, Massachusetts General Hospital  
William Walczak, Codman Square Health Center  
Marti Wilson-Taylor, YWCA Boston  
Hilary Worthen, MD, Cambridge Health Alliance



### **MA – SA TASK FORCE WORKING GROUPS MEMBERS**

Gary Daffin, Multicultural AIDS Coalition  
Tony Earls, MD, Harvard University Medical School  
Elmer Freeman, Center for Community Health Education, Research and Service  
Andrew Fullem, John Snow Institute  
Barbara Herbert, MD, Tufts University Medical School  
Cynthia Johnson-Smith, RN, Codman Square Health Center  
MaryAnne Kirkbride, RN, Codman Square Health Center  
Donald McGrath, MD, New England Medical Center/Lemuel Shattuck Hospital  
Carel Mulder, PhD, University of Massachusetts Medical School  
Nicole Prudent, MD, Boston Medical Center  
Beverly Russell, Center for Community Health Education, Research and Service  
William Walczak, Codman Square Health Center  
Marti Wilson-Taylor, YWCA Boston



### **2000 DELEGATION TO PROVINCE OF THE EASTERN CAPE**

Roger Berry, FH/GPC  
Gary Daffin, Multicultural AIDS Coalition  
William Eudailey, BioPure  
Elmer Freeman, Center for Community Health, Education, Research and Service  
Paula Gabriela Freitas, South Africa Partners  
Andrew Fullem, Massachusetts Department of Public Health  
Donna Gittens, causemedica, inc.  
Barbara Herbert, MD, Lawrence General Hospital

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Representative Byron Rushing, Commonwealth of Massachusetts House of Representatives  
Shirley Royster, Massachusetts Department of Public Health  
Mary Tiseo, South Africa Partners  
Marti Wilson-Taylor, Boston YWCA  
William Walczak, Codman Square Health Center



## **SOUTH AFRICAN DELEGATIONS TO MASSACHUSETTS**

### *Departmental:*

Trudy Thomas, MD, Provincial Minister for Health – 1998 & 1999  
Siphio Stamper, MD, Permanent Secretary for Health – 1998  
Bevan Goqwana, MD, Provincial Minister for Health – 2000  
Vincent Shaw, MD, Chief Director for Hospitals – 2000  
Thobekile Mjekevu, MD, Acting Permanent Secretary for Health – 2001  
David Buso, MD, Chief Director, Health Management Services – 2001  
Chauke Ngoma, Director, Human Resources – 2001  
Nomalanga Makwedini, RN, MPH, Director, HIV/AIDS – 2001  
Nonceba Nqini, RN, Assistant Director, HIV/AIDS – 2001  
Lindiwe Mtiya, HIV/AIDS Coordinator, Office of the Premier – 2001

### *Academic:*

Professor Daniel Kayongo, MD, University of Transkei – 2001

### *NGO:*

Lesley Ann Foster, Executive Director, Masimanyane Women's Support Centre – 2002  
Trudy Thomas, MD, Board President, Masimanyane Women's Support Centre - 2002