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First Meeting

Health Working Group - Review of Discussion and Action Items

Science and Technology Committee
US South Africa Binational Commission
13 February 1997

Introduction:

Dr. O. Shisana:

Presentation highlighted the initiatives and accomplishments of the Department of Health over the past two years and areas of possible collaboration with the US. She stressed the need for specific action plans and strategies for using them for our work.

Dr. Jo Ivey Boufford:

Congratulated South Africa on the tremendous amount of work it has carried out in this brief period. Agreed with the concept of concrete proposals which would be the focus of each presentation.

PART I:

1. EMERGING AND REEMERGING INFECTIOUS DISEASES (ERID):

Presentation by Dr. David Allen, USA:

Presented four areas of possible future collaboration: surveillance and response, applied research, prevention and control, infrastructure. Priority areas include: 1) develop applied epidemiology training programs; 2) establish a research station for diagnosis and treatment of sexually transmitted diseases; 3) establish a regional center for excellence in infectious diseases for Southern Africa; 4) utilize upcoming workshops on biomedical research and surveillance for priority setting and resource identification to shape future work plans.

Presentation by Dr. Neil Cameron, SA:

Supported the presentation by Dr. Allen and presented data on the epidemiology and surveillance of tuberculosis. The National TB program has expanded the strategy of direct observed therapies (DOTS) which has been adopted after consultation with WHO. South Africa, however, needs the infrastructure to sustain it.

Comments by Dr. Roscoe Moore, USA:

Discussed a model TB program for DOTS in Botswana, established by Dr. Nancy Binkin

of CDC who is the contact person

RECOMMENDATIONS:

1.1 Strengthen collaboration on increasing capacity in ERID surveillance and outbreak response, e.g. HIV/AIDS, TB, Ebola.

1.2 Investigate possibility for increased TB Lab assistance.

1.3 Request CDC Public Health Advisor to help with the TB information system

1.4 Conduct visits to see DOTS therapy in the United States and at a CDC research site in Botswana.

1.5 Support the planned workshop on biomedical research related to ERID planned to be held in conjunction with the African Health Sciences Congress in April. The objective of this meeting is to facilitate collaboration between South African and US researchers in ERID and to assist South African researchers in applying for competitive funding from NIH.

1.6 Plan and conduct workshop on surveillance of ERID as soon as possible.

Other Issues Discussed:

Olive Shisana, SA:

The concept of a regional center on ERID has to be discussed within the context of Southern African Development Community. The South African specific issues, however, should not wait for regional initiative.

2. BIOMEDICAL RESEARCH:

Presentation by Dr. M. Jeenah, SA:

Reviewed umbrella priorities for work to date including the training of Black scientists and conduct research on health problems with high incidence in Black populations. Key issue: How to identify the resources to sustain research programs in addition to the competitive model of the current NIH mechanism. Is a special fund possible?

Presentation by Linda Staheli, USA:

Presented the different NIH programs that are available to South Africans. A hypertension conference was recently held in Cape Town and the NIHBL is eager to sustain collaboration. Alternative Medicine is of interest for the USA and an invitation has been issued to SA to attend a meeting in Washington, DC.

RECOMMENDATIONS:

2.1 Support the current planned workshop on biomedical research related to ERID. The objective of the meeting is to facilitate collaboration between South African researchers in applying for competitive funding.

2.2 Explore resource issue for support of ongoing research.

3. TELEMEDICINE

Presentation by Dr. Roscoe Moore, USA:

Discussed concept of Telehealth

1. Not only diagnostic testing
2. Includes health promotion
3. Includes distance learning
4. Access to scientific databases

Presented the report to the US Congress by D. Pushkin (HRSA/HHS). Discussed need to establish a group to visit the National Library of Medicine and rural telehealth projects. Discussed the annual distance learning conference by CDC in April in Atlanta.

Presentation by Dr. S. Khotu, SA:

Discussed the South African initiative in establishing a National health Information System. The issue of patient management information systems was highlighted. Presented strengths of infrastructure in SA (most hospitals linked) and constraints to telemedicine in SA, especially problems in rural areas, and discussed multi-purpose community centers. SA was involved in investigating the issues around standards, research and development and legislation that would be required to institute telehealth.

Dr. Boufford:

Stressed the fact that telehealth is more than a label, but implies communication not just between medical providers, but linking public health departments and including public health information in the MIS database and connecting community health workers. The training of health professionals and continuing education capabilities of the technology was endorsed.

RECOMMENDATIONS:

3.1 Identify a group of South Africans to visit the US National Library of Medicine.

3.2 Identify a group of South Africans to visit rural telehealth projects in US.

3.3 Identify a group of South Africans to attend the annual CDC conference on distance learning in US.

PART II. USAID --Equity Project

Presentation by Alan Foose, USA:

Equity Project: Collaborative project of DOH and USAID. Project development work started in October 1994.

Overall objective of the Equity Project - Develop an integrated system of primary health care in one province which will concentrate on system development, not only service delivery. A primary contractor MSH has been selected and will formally begin in late February. Project is funded at $55 million over 7 years. Although possible, it will be difficult to fund other related projects from these funds.

In addition to the Equity Project, USAID/Washington will support HIV/AIDS prevention efforts of approximately $10 million. Discussions have taken place with AID Director.

RECOMMENDATIONS:

1.1 use "entrance conference" of contract with DOH leadership to explore how some of BNC initiatives that complement the themes of the Equity Project could be advanced.

1.2 Conduct discussions on the nature and scope of the USAID HIV/AIDS funding with the Director General and Ministry of Health.

PART III.

1. Violence and Injury Control

Presentation by Melvin Freeman, SA:

The proposal on violence as a public health issue was adopted by the World Health Assembly. Presented the initiatives in SA which are largely based on intersectoral collaboration. Referred to proposed elements in the joint statement and indicated agreement.

Presentation by Dr. Rodney Hammond, USA:

Discussed the possibility to provide assistance based on the principles offered by M. Freeman. CDC has conducted workshops on strategies for prevention of violence and on risk factor assessment. Indicated dedication of partial FTE, Dr. Friday, in his office to coordinate efforts with South Africa.

RECOMMENDATIONS:

1.1 Encourage collaboration between South Africa and US on surveillance of intentional and unintentional injuries and prevention strategies on violence.

1.2 Encourage CDC support of the existing WHO center on violence at UNISA.

1.3 Encourage collaboration with NIH and CDC on addressing the issue of treatment and rehabilitation of violence victims.

1.4 Sign joint statement between the Minister of Health and the Secretary of Health and Human Services on collaboration on violence prevention and control and pursue initiatives outlined.

2. HEALTH PROMOTION:

Presentation by Dr. G. Perez, SA:

Discussed the concept of Health Promoting Schools and the need to address a number of issues relative to HIV, violence and risk taking behavior. Progress has been made on curriculum development and there is a pilot network of schools; need to establish a culture of learning; would like teachers' assistants to design and implement programs and guidance on school health policy.

Other comments:

Dr. L. Kolbe from CDC is a resource person on Health Promoting School Programs and USIA may have resources for student/teacher exchanges.

RECOMMENDATIONS:

2.1 Provide technical assistance to South Africa in the development of school based health promotion programs including HIV prevention, tobacco avoidance and surveillance system on risk behaviors.

2.2 Examine the possibility of pilot projects for school based health programs conducted by USAID/HHS/WHO/World Bank.

3. SUBSTANCE ABUSE

Presentation by Linda Staheli, USA:

NIH and NIDA have significant substance abuse programs. Fetal alcohol syndrome research program will be established between SA and US researchers. NIH based researchers will be attending a workshop in South Africa in February. Discussed substance abuse surveillance system.

Presentation by L. Freeman, SA:

RECOMMENDATIONS:

3.1 Continue fetal alcohol syndrome (FAS) research.
3.2 Investigate FAS substance abuse prevention and treatment programs conducted by the Indian Health Service and SAMSA
3.3 Explore the development of the recommendations of surveillance system

4. OCCUPATIONAL HEALTH:

Presentation by Dr. Mark Cullen, USA:

A memo of understanding has been developed between NIOSH and National Center for Occupational Health over the past 12 months. Highlights: 1) Technical advisory service to wider audience; 2) Training; 3) Research relating to integrating into primary health service delivery; 4) Survey and upgrading occupational health equipment; 5) Pesticide poisoning; 6) Infrastructure development in KwaZulu-Natal with the University of Michigan.

RECOMMENDATIONS:

4.1 Sign memo of understanding between the Minister of health and the Secretary of HHS and proceed with work program.

5. MENTAL HEALTH

Presentation by m. Freeman, SA:

Discussed the need to integrate mental health services into primary health care and strategies for deinstitutionalization.

RECOMMENDATIONS:

5.1 Review the report made by previous US consultant and ways to implement recommendations.
5.2 Conduct a workshop in South Africa to develop and define areas of collaboration especially examples of good practice in community based programs with appropriate partners including WHO, and investigate resource opportunities.

6. HUMAN RESOURCE DEVELOPMENT

Presentation by Dr. S. Hendricks, SA:

Presented SA situation and national HRD policy document for health and serious difficulties of 300,000 total health professionals serving 45 million people. The HRD is

presently within the BNC Education Committee. The South African delegation however presented the HRD challenges as an information session to the health group

RECOMMENDATIONS:

6.1 Circulate the two documents on Human Resource Development Plan
6.2 Review these documents and recommend areas of potential assistance
6.3 Investigate mechanisms to recognize and reward life experience within a career ladder.

OTHER RECOMMENDATIONS:

Both the US and South Africa should conduct, share and maintain an inventory of current collaborations in health

Committee members will utilize existing mechanisms such as videoconferencing and electronic mail to maintain active communication and promote ongoing work between BNA meetings.

HEALTH SECTOR COOPERATION

Department of Health and Human Services

BACKGROUND:

The U.S. Department of Health and Human Services (HHS), in cooperation with the U.S. Agency for International Development (USAID), is taking the lead in developing a program of health cooperation under the Gore-Mbeki Binational Commission (BNC). Initially, health was addressed under the BNC's Science & Technology Committee. At the first S&T Committee meeting in December 1995, three areas were identified for cooperation--biomedical research, telemedicine, and emerging and re-emerging infectious diseases. At the second meeting, in the United States in July 1996, these areas were explored further in terms of their potential scope and modes of cooperation.

In early 1997, it was decided to form an informal health working group to provide a broader informal forum for discussion by the two sides of interests in the health field. The first meeting of this informal health working group was held in Cape Town in February 1997, just before the S&T Committee Meeting, followed by the BNC Meeting. The output of the health working group was reported to the S&T Committee and, subsequently, to the BNC as part of the S&T Committee's report.

The February 1997 meeting of the informal health working group marked an important point in the evolution of the cooperation. The range of issues discussed was broader than had heretofore been the case as was the participation of senior officials and technical experts from both sides. Moreover, the Department of Health played a lead role on the South African side.

Overall progress, in an administrative sense, has been achieved in a number of ways. This includes the development of collegial relationships between the two secretariats--HHS/OIRH and the DOH. Identification of technical leads on both sides for each of the areas under discussion.

The area and issues discussed in February 1997 were the following:

EMERGING AND RE-EMERGING INFECTIOUS DISEASES (ERIDs):

Several areas for cooperation were identified: (1) surveillance and response, (2) research, (3) prevention and control, and related infrastructure. Specific activities recommended, subject to the availability of resources, included: (1) development of applied epidemiology training programs, (2) establishment of a research station for diagnosis and treatment of sexually transmitted diseases, (3) establishment of a regional center for excellence in infectious diseases for South Africa, (4) utilization of upcoming workshops on biomedical research and on surveillance for priority setting and resource identification to shape future plans. The creation of a "School of Public Health without walls" was suggested to focus on epidemiology training.

Dialogue has continued to focus on the desirability of establishing a regional center of excellence for the surveillance and control of ERIDS for southern Africa.

Progress: Important progress, involving USAID, the Centers for Disease Control and Prevention and the National Institutes of Health on the U.S. side, has occurred. This has included work directed toward the ultimate control of tuberculosis and HIV/AIDS. CDC has continued to collaborate with the S.A. National Institute of Virology on follow-up studies of Ebola virus following the outbreak in Kikwit. This has included examination of clinical material from infected patients, analysis of wild animals captured during the outbreak investigations and in a subsequent follow-up field study, and molecular analysis of virus isolates. These collaborations were extended following a second Ebola outbreak in Gabon, during which an infected traveler reached South Africa, leading to the infection and death of a South African health care provider. Work has also continued on other highly hazardous viruses, including Crimean-Congo Hemorrhagic Fever and viruses related to Lassa fever. Collaborations on the etiology of genital ulcer disease have led to improved diagnostic procedures and a better understanding of the etiology of this disease, which varies geographically within South Africa. Results of these collaborations will be presented at the upcoming meeting of the Southern African Society of Infectious Diseases in STDs in September. Future exchanges of reagents and training opportunities for South African investigators is planed.

CDC is working with several southern African countries, including South Africa, to improve preparedness and response to epidemic diarrheal diseases. Primary areas of focus include epidemic preparedness, repaid response to epidemics, improvement of surveillance systems and epidemiologic capacity, improved

laboratory capacity, and coordinated activities among affected countries, with the primary focus being on Malawi, Mozambique, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

During the period April 17 through 23, 1997, two workshops, planned by the National Institute of Allergy and Infectious Diseases, NIH, on research on ERIDs were held in Cape Town and Pretoria, respectively. These were planned to coincide with the 18th African Health Sciences Congress. The priority ERIDs topics discussed were TB, HIV/AIDS, Ebola, Malaria, and Antimicrobial drug resistance. The Pretoria workshop included a session on grant application development and submission to facilitate efforts by South African scientists and institutions to apply for funding through competitive NIH announcements for research on ERIDs.

A workshop on surveillance on ERIDs, with CDC as the lead, is planned for the last half of 1997. It will target regional and provincial disease surveillance managers. The S.A. Department of Health has undertaken steps, including appointment of heads of surveillance units, a precondition for a successful workshop.

Objective for Working Group Meeting - Define next steps toward strengthening surveillance system, including proposed regional hub.

HIV/AIDS:

USAID's support to South Africa for a prevention education program preceded the establishment of the Gore-Mbeki Commission. Assistance to date has been to non-governmental organizations. The USAID Mission has supported education in two areas: (1) prevention of sexually transmitted HIV/AIDS; and (2) reduction of the impact of HIV/AIDS infection on individuals and groups. The technical assistance for this effort has been provided through a USAID contractor and through CDC. USAID's new health sector initiative--EQUITY--will assist the S.A. Ministry of Health to integrate HIV/AIDS activities into accessible primary health services. The intent is to expand opportunities to promote risk-reducing behavior and health education among the populations at elevated risk for HIV/STD infection. Additionally, a U.S. team is currently in South Africa working to design a $10 million, 5-year program to help the DOH's HIV/AIDS directorate to achieve the programmatic objectives derived from their National HIV/AIDS Review. Although the report of this team will not be available by the time of the informal health working group's July 28 meeting, a preliminary oral report will be given.

In addition to the foregoing, a number of research efforts are ongoing. For example, the NIH National Institute of Allergy and Infectious Disease is cooperating with S.A. scientists on studies of Interluken-2 in patients with HIV infection. CDC has worked with South Africa on a series of epidemiologic studies in women, which has left unresolved the question of whether progestin contraception increases the risk of HIV transmission. The question of progestin risk adds impetus to new research to find more effective strategies to increase dual method use in couples for whom HIV/STD transmission remains a risk despite use of effective contraceptive methods. To assess the correlation between DMPA use and HIV infection, a study will begin this fall in Orange Form, an informal settlement outside of Johannesburg, to address such questions as: Is the incidence of HIV infection higher among sexually active women using progestin injections for contraception than among women using non-hormonal or no contraception? What factors influence male condom use for STD prevention by partners of women choosing injections or other contraceptive methods. CDC is also working with the Institute of Urban Primary Health Care, based at the Alexandra Health Centre outside of Johannesburg, on a study of STD partner notification.

A CDC health advisor works in South Africa through a USAID-funded project. During the past year, a model "skills building conference" was conducted for NGOs, which resulted from South African participation in a US NGO conference sponsored by the National AIDS Minority Council.

Objective for Working Group Meeting: Discuss results of the national HIV/AIDS review in which the U.S. participated. Identify issues that may need to be resolved in connection with the planned HIV/AIDS project with the DOH, which will be funded by USAID; and, to the extent possible resolve those issues. Agree on future directions for research.

VIOLENCE AND INJURY CONTROL:

At the February 1997 meeting, the U.S. Secretary of Health and Human Services and the S.A. Minister of Health signed a joint statement on violence as a public health problem. Plans are being pursued to develop a regional center in South Africa which would establish definitions, guidelines and methodologies for violence surveillance in the region. This center would play an important role in carrying out the plan of action for the World Health Organization's violence prevention program.

Progress:

Three S.A. experts participated in an April 1997 conference in the U.S. on victims of torture and, as noted in the mental health section of this document, the U.S. National Institute of Mental Health is preparing a paper, based on scientific evidence, of the long-term effects of torture and extreme trauma. CDC has been working with South African colleagues on such issues as establishment of definitions, guidelines and methodologies for violence surveillance. A CDC expert is participating, July 22-24, 1997, in two workshops in South Africa on their Violence Prevention Initiative.

Objective for Working Group Meeting:

Discussion of the recommendations of the workshops which have just been completed, and determine next steps.

SUBSTANCE ABUSE:

Fetal Alcohol Syndrome (FAS) has been identified as a serious problem in some areas of South Africa. At the February 1997 meeting it was decided to cooperate in this area.

Progress:

Dr. Denis Viljoen, Department of Human Genetics, University of Cape Town and Director, Foundation for Alcohol Related Research, met in March 1997 with investigators of the National Institute on Alcoholism and Alcohol Abuse, NIH. NIH has allocated funds for research and training on FAS in South Africa. A first step will be the convening of a workshop in South Africa in 1997 to: (1) coordinate data collection and research; (2) train collaborators from both historically disadvantaged and advantaged universities; and (3) generate a new proposal. A draft joint statement on FAS for future signature by Secretary Shalala and Minister Zuma has been exchanged. The South Africa DOH has advised that the Minister has indicated that it may be signed after more progress is made.

Objectives for this Working Group Meeting:

Review status and agree on next steps with timeline for action.

HEALTH PROMOTION:

Mental Health

In response to the request of the Minister of Health for cooperation on community-based mental health services and the

integration of mental health and primary care, a program of Joint South African and National Institute of Mental Health research workshops, consultation, research, research training and technical assistance is planned to improve mental health care and to address the mental health consequences of torture and extreme trauma. This cooperation would respond to the great need to improve care for the majority of the population which, under apartheid, receive very little mental health care--virtually none in rural areas where much of that population lives.

The South Africans also expressed interest in school health.

Progress: In 1996, an NIMH staff member visited the S.A. Department of Health, MEDUNSA and other universities to assess ways in which NIMH could respond to the interests expressed by South Africa. In July 1996, two South African experts participated in an NIMH conference on Mental Health and Primary Care. In April 1997, three South Africans participated in the U.S. Survivors of Torture Conference. Subsequently the S.A. Truth and Reconciliation Commission requested NIMH to undertake an assessment of what the scientific evidence is concerning the short and long-term consequences of torture and extreme trauma and what is known concerning the treatment and rehabilitation of survivors. The report, which is being developed, will also identify opportunities and needs for cooperation and collaborative research and should facilitate the development of needed research. A joint U.S.-S.A. workshop on mental health issues is planned for late 1997.

In January 1996, CDC, in cooperation with the World Health Organization (WHO) worked together to convene the first Conference on Health-Promoting Schools in South Africa. In April 1997, CDC, in conjunction with WHO, worked together with South African colleagues in the Medical Research Council to convene the first meeting of the Sub-Regional Task Force for the Development of Health Promoting Schools in Cape Town. Additionally, CDC and WHO have worked together to enable two representatives from South Africa to participate in the 4th International Conference on Health Promoting Schools in Jakarta, Indonesia, in July 1997. At this conference, Dr. Presciall Reddy, Medical Research Council, Cape Town, will facilitate the school health sessions "Partnership in Action". Dr. Gonda Perez, the S.A. lead for this area will meet with Dr. Lloyd Kolbe, the CDC area lead and Mr. Jack Jones, CDC detailee to WHO.

The National Heart, Lung and Blood Institute, NIH, convened, in 1996, with South African colleagues a workshop on hypertension prevention. Follow-up on this workshop needs to be discussed.

Objectives for this Working Group Meeting:

Discussion of mental health activities and plans and agree on next steps. We will also discuss tobacco and health and potential for future cooperation. This is against the background of the ongoing U.S. negotiations with the tobacco industry and the implications the outcome may have for other countries.

OCCUPATIONAL HEALTH:

South Africa has an estimated 14.3 million workers with reported occupational injuries in 1999 of over 225,000. Yet, these figures are believed to be under-reported and occupational disease extremely so. At the February 1997 meeting, the U.S. Secretary of Health and Human Services and the S.A. Minister of Health signed a joint statement for cooperation on occupational health.

Progress:

In February and May 1997, three scientists from the CDC National Institute of Occupational Safety and Health worked in South Africa with their S.A. National Center on Occupational Health to make recommendations for future action. Their report recently became available and is under review. Recommendations included, for example, assignment of a NIOSH industrial hygienist to NCOH to advise their occupational hygiene program and help develop occupational hygiene capacity; provision of teaching material for occupational hygiene training and instructors for short courses; dissemination of occupational health information to training technical information specialist for NCOH and provision of information resources for the NCOH World Wide Web site and library; assistance to NCOH in developing a health hazard evaluation program; and collaboration on specific research projects of interest to both agencies.

Over the coming year or so, several South African researchers will be working at NIOSH to gain experience they will take home. A senior South African epidemiologist will work at NIOSH as Senior Scientist. A South African research fellow will work at NIOSH for several months developing research topics to be applied in South Africa, including methods to better understand workplace reproductive hazards.

Additionally, South African scientists have had access to the NIH Fogarty International Center project, which is co-sponsored by NIOSH and others, on international training and research in environmental and occupational health. This program includes

several U.S. grantees with projects in South Africa. For example, the University of Michigan School of Public Health will collaborate with universities in South Africa in developing caracole in occupational medicine, industrial hygiene, air and water pollution, toxicology, and occupational epidemiology.

Objectives for this Working Group Meeting:

Identify specific next steps to be taken pursuant to recommendations of the NIOSH-NCOH assessment work in February-March 1997.

TELEMEDICINE/TELEHEALTH:

This area was identified for cooperation at the first S&T Committee Meeting. Since then, attention has been focused on two dimensions--resources and capabilities of the NIH National Library of Medicine (NLM) and how those can be shared usefully with South Africa; and, provision of services/care through the use of telemedicine/telehealth technology.

Progress:

The area lead from South Africa visited the United States in April 1997, at which time he meet with officials of the National Library of Medicine and visited a telemedicine/telehealth services site, in addition to discussions with the Chairperson of the USG Interagency Telemedicine Task Force.

The National Library of Medicine has made available to South Africa access to some 2,000 data bases. Additionally, discussions have been initiated to establish a "mirror" site in South Africa for the "Visible Man."

Objectives for this Working Group Meeting:

None. The South Africans have advised that they would prefer to discuss next steps at a future meeting

HUMAN RESOURCES DEVELOPMENT:

Initially, this area focused on the overall health workforce. South Africa shared its preliminary plan for integrated workforce development with HHS and it is being reviewed and commented on by HHS experts in the Agency for Health Care Policy and Research and the Health Resources and Services Administration.

Objectives for this Working Group Meeting:

The South Africans have advised that they wish to discuss resources for development planned for their National School of Public Health. Because neither HHS nor USAID have funds to support such an effort, the President of the U.S. Association of Schools of Public Health will join the working group meeting on July 28 to react to their proposal.

BIOMEDICAL RESEARCH:

Although initially identified as an area of cooperation, it has come to be recognized that "biomedical research" is a very broad discipline that may be used to address a very broad range of health areas. Cooperation and communication to date has focused on access to research grants and training opportunities at NIH and on stimulating interest of NIH Institutes to cooperate with South Africa. A number of opportunities/interests have emerged which do not fit well into the foregoing subject-specific categories. These including research related to aging (a modest interest to South Africa, in light of their generally youthful population), and alternative medicine. Areas of biomedical research involving NIH include emerging and re-emerging infectious diseases, HIV/AIDS related issues, among others.

Objectives for this Working Group Meeting:

The South Africans have asked NIH/FIC to share information on not only how they can access training opportunities in the U.S. but approaches the U.S. has used to help expand the quantity and quality of its own biomedical research workforce. NIH will also advise the South Africans of interests within NIH in areas that do not fall within the foregoing areas on which collaboration might be pursued.

PHARMACEUTICAL ISSUES:

Trade aspects of pharmaceutical issues are addressed in the Business Development and Trade Committee. As a separate event, FDA senior staff will meet on July 31, 1997, in a informal round table setting to discuss with members of the South African health delegation, experience, from a public health perspective, with such issues as generic drugs and other matters that may be of assistance to South Africa as they formulate their new pharmaceutical legislation.

SECOND MEETING HEALTH WORKING GROUP

S & T Committee, Gore-Mbeki Commission

The Second Meeting of the Health Working Group of the S&T Committee of the Gore-Mbeki Commission was held on July 28, 1998, in Washington, D.C. at the U.S. Department of Health and Human Services. The Meeting was co-chaired by Dr. Olive Shisana, Director General, Department of Health of South Africa and Dr. John Eisenberg, Acting Assistant Secretary for Health, Department of Health and Human Services, USA.

The agenda and the participant list are attached as annexes A and B, respectively.

The South African side provided copies of a number of core documents to the U.S. to provide the contextual background for the discussions. These included their White Paper on Health, the Annual Report of the Department of Health, the Drug Policy Statement, and other policy documents relevant to the Working Group's agenda. The U.S. side shared numerous documents throughout the meeting as well. This reflected the spirit of free exchange of information between the two countries and their commitment to work together on issues of mutual interest.

A continuing thread throughout the meeting was capacity building and sustainability of programs.

A number of guidling principles for the efforts under Working Group auspices were articulated during the course of the meeting. These included:

1. Cooperation should be in areas of mutual interest and benefit.

2. Best efforts should be made to program bilateral cooperation resources in accordance with priorities set by the Working Group, including reporting to the Working Group on activities supported with such resources. This reflects the need to achieve the greatest focus and impact possible in the use of this support.

3. Although a specific health issue may involve regional thinking, it is understood that South Africa , in the context of the BNC can commit itself only to activities within its own border. It was recognized that regional matters involve international and regional organizations, including the Southern Africa Development Committee (SADC) and the World Health Organizatin (WHO).

The foregoing were accepted as guiding principles.

The following is a summary of the key items of progress and future plans for cooperation:

EMERGING AND REEMERGING INFECTIOUS DISEASES:

It was recognized that there are two tracks in this area--research and surveillance and control. It was also recognized that research projects should not necessarily be an end in themselves but rather for the development of capacity as well in order to assure sustainability of programs.

Activities in Recent Months:

- Collaboration between CDC and South Africa on such problems as the etiology of genital ulcer disease which impacts on the Potential for spread on HIV.

- Completion of a number of tasks on ebola and the joint authorship of a manuscript on ebola and haemorrhagic fever.

- CDC has had a staff member seconded to Zimbabwe Who has been able to interact with South Africa.

- An efficacy trial of a polyvalent pneumococcal vaccine Is being carried out with CDC involvement.

- CDC and South Africa have also collaborated on Diarrheal diseases.

- Efforts are underway to develop a research project involving investigators of NIH and South African scientists on HIV and Interluken II.

- Two seminars on research aspects of EIRDS were held in South Africa in April 1997, one in Pretoria and one in Capetown. A two-day grants workshop was also held. All of these events were well attended. Ten leading U.S. scientists, including key NIH/NIAID grantees participated. Three applications have been received from South African investigatores for the HIV/NET program. These are being peer reviewed and funding decisions will be made in September.

- NIH continues to have an active program announcement for NIH funding for research on ERIDS for which South African investigators are encouraged to apply.

Future Activities:

- Continue activities/projects outlined above, as appropriate.

- Increase capacity for surveillance and outbreak response. Two short courses haveve been held already. A proposal for development of an applied

epidemiology training program is currently being evaluated by the DOH.

- National guidelines on outreach investigation and control are being developed. This will continue.

- A research station on STDs will be developed and work will continue on the relationship between injectable birth control products and HIV infection will continue.

- Laboratory collaboration on TB will be strengthened.

- Site visits to the TB program in Botswana will be carried out in September.

- A workshop on surveillance on ERIDS will be held September 18-19.

- Continue collaboration on epidemiology training. There will be courses in each province next year.

- Laboratory collaboration n TB will be strengthened.

- An apprenticeship training program will be developed.

- The planned workshop on surveillance aspects of EIRDS will be held in The fall of 1997.

- The U.S. National Institute of Allergy and Infectious Diseases will work toward the development of a special research collaboration program with South Africa, pursuant to a recommendation this month by the NIAID policy advisory committee..

- The proposed study on Interluken II will continue to be developed. It is understood that this project could be extended by NIAID to other countries.

- South Africa plans to strengthen the linkage between the laboratory and disease surveillance. This will of necessity involve recruitment of young scientists to get into this field.

- South Africa plans to build district capacity , including management, in order to effectively address the TB issue. This is a high priority in light of the growing problem of multidrug resistance.

- The issue of extension of the long-term advisors will be addressed. South Africa will develop functional/position descriptions to facilitate this task.

HIV/AIDS:

The South African side made a presentation on the current situation in the country. The highest rate is among the 20-29 year old population. There has been a predictable exponential growth in the incidence. The highest rate is currently found in the North West where there has been a very dramatic increase. It is not now possible to determine the reasons why this three-fold increase has occurred.

A contract has just been awarded to establish a national surveillance program for HIV/AIDS. Mother-to-child transmission is a serious problem. One expert has estimated that South Africa will have 2.75 millin cases and 250,000 AIDS orphans by the year 2000. Additionally, the problem is exacerbated by 4 million episodes of STD each year. South Africa has deveoped an operational plan to address HIV/AIDS each year and there are objectives in their year 2000 health goals.

Recent Activities/Progress:

- The joint review of the HIV/AIDS program requirements was just completed.
- USAID has committed to provide $10 million for a five year project. It will be announced at the Commission Meeting.
- There will be a strong emphasis on training, education of youth, use of the media..

Future Activities:

Activity areas were identified from amongst the preliminary recommendations from the National STD/HIV/AIDS Review. These are:

- **Capacity building at a number of levels, including public and private sector health worker training**
- **Facilitate the integration of TB and HIV/AIDS programmes**
- **Improve public and private sector management of major risk factors for HIV transmission such as STD treatment, partner notification, promotion of the use of barrier methods and counselling**
- **Support for advocacy activities to promote a multisectoral response to the epidemic**
- **Developing and piloting models of care along a continuum**

- **Establish a programme of community mobilisation**

Recognizing the USAID support for the foregoing might not be available for several months, the following potential bridging activities were recommended:

- **Expansion of the periodic presumptive treatment of STDs in women at high risk in the Welkom area of the Free State Province**

- **Technical assistance to the policy development process in the areas of confidentiality, testing and counselling and infection control / universal precautions**

- **Support for the surveillance contract**

The following process was recommended for this effort:

- **Consultation with South African stakeholders on further definition of the areas of aid (October 1997)**

- **Development of internal USAID processes (October 1997 - February 1998)**

- **Appointment of institutional contractor (December 1997)**

- **Funding available (February/March 1998)**

VIOLENCE AS A PUBLIC HEALTH PROBLEM:

The U.S. area lead gave a brief summation of progress/activities to date, including the following:

- Consultations with South African experts at CDC/Atlanta on surveillance methodology in order to delineate the magnitude of violence in South Africa. This has, notably, involved the University of Johanesburg, which is a WHO Collaborating Center as is CDC.

- Participaton by Dr. Jennifer Friday in workshops/meetings last week in South Africa to develop a strategy, including the bilateral cooperation with the U.S.

- The U.S. area lead announced that funding had been identified within CDC to support CDC travel to advance this cooperation.

- South African experts participate in NIMH's conference on victims of torture. Subsequent to this conference, it was agreed that NIMH would prepare a scientific assessment of the effects of torture and extreme trauma on the victims and the

implications for rehabilitation/treatment. It was noted that the U.S. National Institute of Criminal Justice had prepared a report on what works on prevention of crime. This will be shared with South Africa.

- Calulate incidence from Medical Resarch Council experience, persn hours required for hospital (non-fatal) and mortuary (fatal) injury surveillance. (August)

- Develop a progocol for easy use n hospiala nd mortuaries. Make use of existing documentation including WHO materials (Aug-Sept).

- Identify pilot sites in each of 9 South African provinces (Aug-Sept).

- Draw up budget for pilot project (9 hospitals fand all mortuaries in chosen areas. (Aug-Sept.).

- Recruit Staff for data collection and specialist coordinators (employer to be finalized once source established) (Oct).

- Training of all personnel; i.e., data collectors, specialists and maangers who will use information. (Nov, Dec. Jan).

- Implementaiton (Jan-Dec 1998).

The Working Group endorsed the foregoing plan. It was noed that there are a number of agencies within the U.S. Public Helath Service, including the National Institute on Drug Abuse, the National Institute on Alcoholism and Alcohol Abuse, the National Institute of Mental Health, the Substance Abuse and Mental Health Serivces Administration, the Fogarty International Center as well as the Centers for Disease Control and Prevention which stand ready to be of assistnace in the complex area of violence, its causes and prevention.

It was noted, for example, that a group of South African legislators, representing the Social Welfare Committee, had visited the National Institutes of Health in April 1997. Each of these legislators was looking at violence in the context of his/her own district.

The U.S. area lead noted that CDC is working with WHO to develop a uniform violence surveillance model which may be useful in the cooperation.

The South African area lead advised that they place the highest priority on those activities which will give the greatest understanding of the control of violence and injury and the reasons for these problems. They are, nonetheless, concernned with providng care for victimes and are focusing on training of health workers in all aspects of victim care. There is also interest in provision of serviceds through specialized facilities. It is important to South Africa to introduce prevention progrms in areas where intervention has proven effective, including life skills in schools, partent-child interventions, community based efforts and conflict resolutin. Cooperation intersectorally with other Government departments and NGOs is also importnat. It is clearly recognized that

they cannot wait five years to begng to design prevention programs.

While it was agreed that surveillance would be the principal cooperative venture at this time, it was decided that in 4-6 months work should being on prevention interventions.

TOBACCO OR HEALTH:

The U.S. side advised of its interest in sharing with South South Africa its experience in addressing the tobacco or health issue, including issues associated with access by children and youth to tobacco and related products, efforts to regulate nicotine as a drug and cigarettes, chewing tobacco and snuff as medical devices, as well as educational efforts directed toward prevention of smoking and other uses of tobacco by children and youth. The ongoing effort to address these issues and the enormous cost in life lost and medical expenses in the United States was raised.

There was consensus that tobacco is a major cause of death and disability and that both countries should support the worldwide effort to address this problem. South Africa recommended that the U.S. arrangement with the tobacco industry include an international component to reduce the potnetial for multinational corporations' increasing their efforts to reach youth in developing countries, which are have fewer resources to address this problem.

It was felt that the harmful effects of tobacco use could be dealt with as part of school-based health education programs, along with such issues as alcohol use, drug abuse, and violence prevention.

Future Activities:

- Exchange of information on regulation of tobacco and its delivery systems.
- Sharing of information on prevention programs.

SUBSTANCE ABUSE INCLUDING ALCOHOLISM:

The collaboration that has emerged around the issue of Fetal Alcohol Syndrome was discussed as was the commitment of both countries to address the issue in their respective populations. The following areas were identified by the South African side for potential collaboration:

- Epidemiological studies
- Ultrasound project on pregnant women who are heavy drinkers
- Maternal and infant project

- Genetic polymorphism and Alcohol Dehydrongenase

It was also agreed that:

- NIAAA and CDC will participate in South Africa's prevention intervention workshop in November 1997. Its aim is to formulate general and specific guidelines for at-risk rural and urban populations.

- The two countries will collaborate on a major preventin campaign focused on prenatal and antenatal clinics.

- South African experts will visit U.S. Indian reservations to learn from their experience. The desire to link directly with the Indian population was noted.

- The U.S. will share its experience on warning labels on alcohol beverage containers.

- Efforts will be made to cooperate around small information exchanges.

- That there are numerous opportunities for research, in addition to FAS, including, for example, understanding the differences in women who drink and outcomes of their drinking.

- Advance cooperatonn on fetal alchol syndrome (FAS), including he development of an agenda for cooperaton. It was noted that two U.S. teams of three peole each are in South Africa at the present time, training 14 physicians on how to diagnose FAS. This is increasing capacity in South Africa. This team returns to the U.S. on August 3.

- A falll workshop to be held at Medunza will be planned. This will bring Howard and Drew Universities to the table. The traget date for this workshop is November 1997.

- South Africa will take advantage of training opportunities provided by NIDA, including both the Hubert Humphry Fellows program and the INVEST Program. The contact point for participating in the Humphrey Fellowship program is the U.S. Embassy in South Africa.

- The potential for collaboraton on both qualitativeand quantataive strategies will be explored between NIDA and South Africa.

- Guideliens for school-based programs to bring together health and education ministries at all levels are needed.

- Strategies for infrastructure development at povincial level and for NGOs to develpment institutional capacity over time. This would involve work with teachers unions, school boards, and partent teacher associations.

During the discussion it was felt that it is essential to avoid too much focus on the research side of this issue. There was consensus that there is a close relatonshp beween drug abuse and violence. Prevention--looking at best practice models would be useful. I
t is also important to look at projects that have failed as well as those that have succeeded and to look at the reasons why. The issue of an alcohol labeling is a high priority for South Africa.

SCHOOL BASED HEALTH EDUCATION:

The U.S. side made a presentation on school-based health education. This included six defined behaviors which can be addressed through inter-related approaches using psychosocial as well as biophysical interventions. The concept of health-promoting schools has been developed by the World Health Organization. CDC has worked closely with WHO in this effort. There is significnat potential for working with each other. Moreeover, school-based health education holds the potential for addressing a number of behavioral issues, including violence, substance abuse including alcoholism, violence and other issues. An essential ingredient is to identify and monitor critical health problems. A youth risk behavior survey has been used in the United States and in some other countries to get data onall six behavior risks. Additionally, the survey can be used to monitor how schools are implemeting programs.

Future activities:

- To improve on the eight components of school health programs that have been identified as part of the health-promotng schools model and to implement programs directed toward the six identified behaviors.

- Explore possibliy of comparative implementaiton of Youth Risk Behavior And Violence Surveys.

- Share evaluations of prevention programs between the two countries, including both successful and unsuccessful efforts.

- South Africa will send participants to the U.S. National Injury Conference in November 1997. It was felt that the component on schools would be particularly useful.

- A health-promoting schools committee will be set up (in South Africa???

- CDC will coopetate on curriculum development.

- Set up pilot network of schools to be involved in S.A.

- Provide technical assistance to NGOs to improve school HIV prevention.
- Share information on design and implementation strategies.
- Estabishment of surveillance system to identify and monitor youth cultural risk facotrs.

It was noted that CDC iis issuing an RFA to find an organizaiton that can work with large populations in high-risk situations. The Working Group stressed the importance of developing cirricula to help identify the child at risk at an early age. The useful involvment of NGOs, such as boys and girls clubs was noted.

MENTAL HEALTH:

The U.S. area lead described his very positive experience in South Africa in a 1996 visit. He noted that studies have found that about 60% of primary care physicians miss full blown deparession in their medical workups. He also noted that mental illness, notably clinical depression, is projected to be the leading cause of morbity and mortality by the year 2020. He noted that there are ways to involve the community and the family which results in a much better outcome.

The South African areas lead noted that the DOH is quantitatively thin in expertise in this area and noted that their area limits to their capacity to take help. He opined that there is a need for the DOH to develop themselves more in order to accept help. High priority issues for South Africa are: decentralization of mental health into primary health care and movement of people from psychiatric institutions into more community-oreinted program. South Africa would be interested in learning what has and has not worked in the United States. A workshop on this issue is planned for later this year in South Africa. There will be two sections--one on general issues and one on integration of mental health services into primary health care. Also, pilot programs are planned in these areas. In South Africa it is important to bring in anthropological and cultural aspects.

The DOS has written to the Department of Science about the workshop proposal that was developed with the U.S. NIMH. It has been pending there for only about 6 weeks. It was noed that the DOH had encountered difficulty in finding out how to access the funding that has been been set for this type of activity at the USIS.

Future Activities:

- How to discharge patients and what has happened to them.
- Integration of mental health into primary health care services.
- Research

The Working Group recommended approval of future cooperation in these areas.

OCCUPATIONAL HEALTH:

The presentations and discussions were made against the background of historical cooperation between the two countries on occupational health H/NCOH goals were identified:

- Enhance occuaptional hygiene technical capacity in NCOH.
- Develop dissemination activities for occupational health and safety information in South Africa.
- Improve capacity for occupational exposues assessment, probably focusing on effects
- Build upon existing technical skills of NCOH staff

Recent Progress/Activities:

- A U.S. team of 3 experts from NIOSH spent two months (Feb-Mar. 1997) in South Africa. Their report is now available.
- A senior South African occupational epidemiologist is posted as a guest expert with NIOSH's Office of the Director.
- A senior U.s. occupational medicine expert recently visited South Africa.

Three phass of the planned cooperatin were outlined, of which the first phase has been completed.

Future Cooperation/Activiites;

- Workshop on exposure assessment in South Africa
- Pesticide exposure survey
- Further exchanges of personnel in accordance with plan

BIOMEDICAL RESEARCH

At lunch, the Director, Office of MinorityHealth of NIH, described the functions of his office directed toward increasing capacity of traditionally black institutions in the United States and of U.S. minority scientists, including efforts to attract talented minority group high school scientists

into science careers. These efforts, in cooperation with NIH's Fogarty International Center, have included internatonal opportunities. It is felt that the same concepts might be utilized in South Africa to develop scientific capacity of the "majority" population.

The South African lead outlined their priority concerns, including:

- Acute shortage of black scientists in the health sector
- Progress of transformation and need for capacity building.
- Conduct of appropriate reserch on health problmes with high incidence in black populations
- Role of medical resarch cuncil in Souh Africa to promote capacity building and possible assistance from NIH through funded scholarships
- Investment in historically young universities and technikons essental to deliver adequate number of trained black scientists.
- Importance of emering and reemergng infectious diseases and he need for well trained scientists to work in this area.
- Research capacity of existing institutions in South Africa where the output is totally inadequate and need for commitment of eamark funding to tran more scientists
- More black scientists, nurses, occupational health experts, etc. are needed.

The lead official from the NIH Fogarty International Center identiifed a number of funding mechanisms that are currently available and provided materials on all of these opportunities. She also identified a number of specific areas (e.g. hypertension, aging, alternative medicine) in which NIH institutes had an interest in cooperation with South Africa and which could be a vehicle for capacity building in addition to the specific research objectives.

Future Collaboration/Activities:

- Dr. John Ruffin, Director, NIH Office of Minority Health, will visit South Africa in 1997 to address the issue of capacity building.
- NIH will continue to promote the development of research collaborations in priority areas identified by the Working Group.

The South African delegation outlined plans for development of their new National School of Public Health, which will be located at Medunsal University. The decision to estabish this institute represents a paradigm shift from the focuson the biomedicalmodel to a public health approach. This is in light with their larger philosphy underlying the new integrated unviersal national health care system. There has been political endorsement from both the Health and Education Ministers for ne natinal school of public health. While the School will be located at Medunsa, the existing reginal initiatives located in Western Cape, KZN and Gauteng will be seen as complemenary in nature. A number of approaches are being explored, including the introduction of a public healht practice approahc reinforced by community participaton through a "school-without-walls concept." Additinally, outsourcing of services (teaching) to involve academics from existing regional schools. Joint appoitnments of personel employed at national health department with expertise and training in pubic health will be utilzied. The longer-term vision is one of a single national school of public health with satellite campuses/institutions; i.e., existing regional initiatives, to facilitate accrediatin of programs. Clearly, funding for this national school is an essential ingredient and all possible avenues will be explored.

It was announced that Dr. Allen Herman, currently affiliated with the National Institute of Child Health and Human Developmen, will soon be appointed to head the new National School of Public Health. Dr. Herman has been in the U.S. for the past 12 years and will return to South Africa.

A representative of the U.S. Association of Schools of Public Health made a presentation on the role of the Association in relation to the 29 U.S. schools of public health. It was felt that the Assocation may be well positioned to assist with this effort, notably seerving as an interface and access point to the collective capabilities and resources of the U.S. schools of Public Health. Other U.S. organizations which could serve beneficial roles are the American Public Health Association and the Centers for Disease Control and Prevention.

Future Coopration/Activities:

- Arrange meetng between the Executive Director of the Association of Schools of Public Health and South African delegation.

- South Africa team to visit the U.S.

USAID COOPERATION WITH SOUTH AFRICA:

The meeting closed with a presentation on USAID's current cooperatoin on health with South Africa, including the $10 million commitment for support of the five-year HIV/AIDS project and the Equity project.
A represenative of the U.S.

- Ways of

cooperating in the establishment of this new institution

- will be developed, including the involvement of the Association of Schools of Public Health, CDC and others

- HHS was pleased to learn that Dr. Allen Herman, a physician of South African origin who is currently at NICHD, will be the head of this institution.

F. Background Paper on U,S.-South Africa Collaborative Interests
(Original S&T Committee Health Areas)

Background

Following the State Visit of South African President Nelson Mandela to Washington in 1994, Vice President Gore and South African Deputy President Thabo Mbeki announced the establishment of a binational commission in March 1995.

Inaugural Meeting In Washington, DC; March 1, 1995

Deputy President Thabo Mbeki of the Republic of South Africa and Vice President Al Gore signed a Statement of Intent to form the U.S.-South Africa Binational Commission (BNC). This Commission was established to facilitate cooperation and move our two democracies together in important areas of cooperation: business development, conservation, environment, energy development, human resources development and education, and science and technology. The agreement calls for semi-annual Commission meetings to ensure bilateral efforts in these key areas moving ahead expeditiously throughout the year.

The agreement called for semi-annual Commission meetings to ensure that bilateral efforts in these key areas move ahead throughout the year. A Commission meeting followed in South Africa in December 1995 to assess progress made to date and to set the agenda for future undertakings of the Commission. At the time there were five committees under the Gore-Mbeki (GM) Commission which included:

- Business Development Committee co-chaired by the Commerce Secretary;
- Conservation and Environment Committee co-chaired by the Interior Secretary;
- Energy Development Committee co-chaired by the Energy Secretary;
- Human Resources Development and Education Committee, co-chaired by the United States Agency for International Development (USAID) Administrator and Energy Secretary; and
- The Science and Technology Committee co-chaired by the President's Advisor for Science and Technology Policy and the Minister of Arts, Culture, Science and Technology, South Africa.

First Meeting in Pretoria, December 4-5, 1995

On December 4-5, 1995, the first full meeting of the Binational Commission was held in Pretoria, South Africa. These meetings formed the basis for a "report back" to the Vice President and to Deputy President Mbeki at the December 5 plenary session.

At that time, accomplishments included

-- **Agriculture:** Vice President Gore and Deputy President Mbeki agreed to create a committee on Agriculture chaired by Secretary Dan Glickman and Agriculture Minister Kraai van Niekerk. United States Department of Agriculture (USDA) Deputy Undersecretary Dallas Smith represented Secretary Glickman.

-- **Conservation, Environment, and Water:** Interior Secretary Bruce Babbitt and Water Affairs and Forestry Minister Kadar Asmal initiated a variety of exchanges as well as a joint research and management program in desertifcation, water conservation, climate change, and environmental management.

-- **Human Resources Development and Education:** USAID Administrator, J. Brian Atwood (represented by Deputy Administrator Carol Lancaster) and Education Minister Sibusiso Bengu concluded several cooperative agreements, including an MOU (Memorandum of Understanding) to support 50 Africans to conduct graduate studies in Economics in the U.S. The committee will also focus on youth development. The United States Information Agency (USIA) Director Joseph Duffey (represented by Associate Director John P. Loiello) and Minister Bengu agreed to explore the establishment of a Fulbright Commission on academic exchange.

-- **Science and Technology:** Vice President Gore and Deputy President Mbeki signed an umbrella Science and Technology (S&T) Agreement. Co-chairs Dr. John Gibbons, Assistant to the President for S&T, signed a cooperative program on agriculture S&T and announced a pilot project in science education which includes a communication link to South African school children with an American astronaut. At this meeting, three health areas--biomedical research, telemedicine, and emerging and re-emerging diseases were identified.

-- **Sustainable Energy:** Energy Secretary Hazel R. O'Leary and Mineral Energy Affairs Minister Pik Botha announced the committee's progress in 17 energy initiatives emphasizing the activities involving the development of an electricity regulatory structure in South Africa and the formalization of REFSA (Renewable Energy for South Africa). The co-chairs signed a Statement of Intent on the Migration of Greenhouse Gases and an Energy Implementing Agreement.

-- **Trade and Investment:** Commerce Secretary and Trade and Industry Minister Trevor Manuel signed a joint statement on tourism and agreed on a joint communique to advance the bilateral commercial agenda, with particular emphasis

on intellectual property right, civil aviation, and concluding a new tax treaty.

Vice President Gore and Deputy President Mbeki also signed an agreement to establish the Peace Corps in South Africa, although the Peace Corps will not be part of the BNC.

Second Meeting, July 22-23, 1996

The second full meeting of the U.S.-South Africa Binational Commission was held on July 22-23, 1996 on Washington, DC. At the plenary session, July 23, the six working committees reported to the Vice President and the Deputy President on their wide-ranging activities. At this meeting, the major accomplishments included:

-- **Agriculture:** Agriculture Secretary Dan Glickman and Minister of Agriculture and Land Affairs Derek Hanekon approved Terms of Reference for the Agriculture Committee's functions and organizational structure. At the Committee's first meeting in March 1996, four working groups were formed to address agricultural issues related to market access, institutional development, agricultural technology development for income generation and sustainable agricultural and rural development. Progress was reported in training programs, and agribusiness liaison activities. Technical assistance was offered by the USDA to South Africa with Policy formulation fort a national school feeding programs, plans for workshops and seminars to be held in South Africa and promotion of village banks (rural cooperatives). USDA also authorized 50 million in credit guarantees for sales of U.S. agricultural commodities to South Africa under the Commodity Credit Corporation's Intermediate Export Credit Guarantee Program.

-- **Conservation, Environment and Water:** Interior Secretary and Water Affairs and Forestry Minister Kadar Asmal viewed the progress of their 69 exchange visits and 22 projects which have taken during the year. Exchanges have primarily been South African government officials and non-government organizations (NGO) leaders, who have visited the U.S. to discuss technical issues on water conservation, waste management, parks management and pollution abatement. Committee projects have included livestock management in critical resource areas, dam safety, weather monitoring and increasing NGO participation in conservation activities.

-- **Human Resources Development and Education:** USAID Administrator and Education Minister Sibusiso Bengu continued discussion in three areas: the development of a Fulbright Commission, the Mandela Economics Scholars

program and programs in youth development. United States Information Agency (USIA) Director Joseph Duffey (represented by Associate Director John P. Loiello) and Minister Bengu received the report of the Joint Working Group on a Fulbright Commission established at the last BNC and accepted its recommendation that the two governments establish a Commission in this, the 50th anniversary year of the Fulbright Program. The USAID Administrator and Minister Bengu welcomed the first delegation of Mandel Economic Scholars, the first of 50 South Africans who will be receiving their advanced degrees in economics in the United States. Ms. Susan Stroud, Corporation for National Service and Ms. Shiela Sisulu, Advisor to Minister Vengu and National Coordinator of Youth Development Activities, welcomed a delegation of provincial youth commissioners and leaders, in the U.S. on a USAID-funded study tour. Both sides acknowledged that the potential for collaboration on youth development issues between the U.S. and South Africa holds great promise.

-- **Science and Technology:** John H. Gibbons, Assistant to the President for Science and Technology and Ben Ngubane, Minister of Arts, Culture, Science and Technology, have made science education and capacity building priority programs. The South Africans agreed to join the Vice President's Global Learning and Observations to Benefit the Environment (GLOBE) initiative, giving students hands-on experience in taking environmental measures and using computers. The Committee also discussed the Faculty Enrichment Program at South African historically disadvantaged universities, in which the U.S. Department of Energy and Florida A&M University will train South African faculty from the Technikon of the Northern Transvaal in science and engineering. As part of the committee's work, the National Aeronautics and Space Administration (NASA) will launch South Africa's SUNSAT student micro-satellite in early 1997; in exchange for the launch, SUNSAT will carry two NASA instruments to measure sea level rise, melting of polar ice caps and other indices of global change. The Department of Commerce's National Oceanic and Atmospheric Administration (NOAA) and the South African Weather Bureau (SAWB) have joined forces to better understand the oceanographic phenomena known as El Nino and its effects in southern Africa. Valuable data is being produced to predict drought, heavy rains and warmer temperatures. In the health area, further discussion addressed ways to collaborate in the prevention of infectious disease outbreaks and ways to share information on science policy and technology commercialization. Progress in biomedical research cooperation was noted and more directions were given on telemedicine.

-- **Sustainable Energy:** Energy Secretary and Minister of Mineral and Energy Affairs Penuell M. Maduna reviewed the substantial progress of their committee's work: drafting model legislation for consideration by South Africa's Parliament to promote the spread of electricity throughout the country building molecular, energy efficient houses in South Africa with USAID support, resulting in orders for the construction of 200 such homes and plans for another 2,000 homes; establishment of Renewable Energy of South Africa (REFSA), a joint organization promoting the use of solar and wind energy; setting a natural gas action plan to include model legislation creating a natural gas market in South Africa and a variety of other workshops and projects.

-- **Trade and Investment:** Commerce Secretary and Trade Industry Minister Alec Erwin conferred for the first time since each has moved to their representative positions, focusing on a wide range of technical issues surrounding U.S.-South Africa trade. The Commerce Department will develop a Technical Assistance Center (TAC) in South Africa with USAID funding, to facilitate partnerships between historically disadvantaged South Africans an American firms entering the South African market. Overseas Private Investment Corporation (OPIC) President Ruth Harkin announced the signing of the **Sloan Equity Fund for $120 million for investments in southern Africa.** In addition to substantive work of the Committee, the private sector Business Development Committee arranged for major gatherings of U.S. business people in Washington, DC and in Baltimore, Maryland, to meet with Vice President and Deputy President to promote bilateral trade. Noting the successful conclusion of the civil aviation agreement between the countries, both sides agreed to expand cooperation in the tourism area with particular emphasis on job training and investment partnering.

At a joint press conference following the plenary session, the Vice President and Deputy President signed:

-- A civil aviation agreement to restore formal aviation relations between the U.S. and South Africa that had been broken during the apartheid era. The agreement will foster an expansion of cargo and passenger air links as the flow of trade, investment and tourism between the two countries continue to grow.

-- An agreement on cooperation in combatting crime. Recognizing that democracies must unite to defeat the intentions of international traffickers in drugs and terrorism, the leaders proposed a series of cooperative

efforts to improve the quality of law enforcement and to help ensure the safety and security of citizens in both countries.

-- A declaration of Intent to bring South Africa into the Global Learning and Observation to Benefit the Environment (GLOBE) program. The initiative of the Vice President, GLOBE is a hands-on science and education program that links students, educators and scientists around the world through the Internet to study our environment and share data about our plant with scientists and each other.

FIC PROGRAMS IN SOUTH AFRICA

AIDS International Training and Research Program

The AIDS International Training and Research Program (AITRP) is now in its ninth year with a $9.6 million budget for FY 1996. The first five years of the program were focused on training scientists and health professionals in Africa and Latin America across a wide range of scientific disciplines related to building the global capacity for vaccine and other interventions. The focus for the second five years of the program is on collaboration in research abroad with trained foreign researchers and expanding programs in Asia, Eastern Europe and former USSR. Dr. Zena Stein from Columbia University administers a program that is developing the epidemiologic and scientific expertise within South Africa so that local professionals may deal effectively with the HIV/AIDS epidemic and to strengthen collaborative relationships between the U.S. and South African scientists in conducting HIV-related research. To date, 7 pre-doctoral and 3 post-doctoral fellows were supported by this grant, in addition to a postdoctoral microbiologist from the University of Natal that came to the U.S. as a fellow to observe laboratory procedures in AIDS related labs at CDC and NYC. In addition, two one-week in-country courses, Introduction to Epidemiology and Management of HIV/AIDS, were given by U.S. and South African faculty and former Fogarty fellows.

Office of AIDS Research Discretionary Funds

In April 1996, the Office of AIDS Research supplemented two Fogarty projects working in South Africa, one titled "Tuberculosis/HIV Pathogenesis: The Impact of TB/HIV Co-infection on HIV Viral Load" in coordination with Dr. Richard Chaisson at Johns Hopkins University, Baltimore, Maryland, and Dr. Zena Stein from Columbia University is working on "Breast-feeding Associated HIV Transmission and HIV-specific T-helper Cell Function."

International Training and Research in Environmental and Occupational Health Program

The International Training and Research in Environmental and Occupational Health Program was designed to train scientists from developing countries to deal effectively with environmental and occupational health problems through epidemiologic research, environmental monitoring, engineering control, and prevention research. In FY 1996 two awards were made to investigators working in South Africa; Dr. Kirk Smith from the University of California, Berkeley, and Dr. Thomas Robins from the University of Michigan. Dr. Smith has developed a program that will enhance capacity building programs to train scientists, physicians, and researchers that

include in-country courses and long-term pre and post-doctoral training at UCB leading to the MPH/MS, Ph.D./Dr.PH degrees. The trainee research must be conducted in the home country. Dr. Robins is working closely with the University of Cape Town, the National Center for Occupational Health, and the University of Natal to develop a program that will enhance the occupational and environmental health infrastructure in South Africa, particularly its research and training capacity. The program provides for enrollment of South African nationals in the University of Michigan's masters, doctoral, and post-doctoral programs with research training activities to be based in South Africa with a particular emphasis on recruitment of individuals expected to occupy key academic research training positions in South Africa. The program will also assist in developing in-country masters degree programs in occupational hygiene and environmental health science.

Emerging and Re-emerging Infectious Diseases Supplement

The administrative supplements to NIAID (or FIC/AITRP) grants was designed to enhance laboratory, epidemiologic, clinical and social science research programs, and to train scientists and public health workers from developing countries and the U.S. counterparts in research control and prevention strategies. Dr. Gilla Kaplan from the Rockefeller University, New York, is expected to have trained a South African fellow associated with the University of Cape Town, in cellular immunological techniques necessary to assess effects of IL-2 treatment in the immune response to tuberculosis. The fellow upon return to South Africa, will assist with an 18-patient, placebo-controlled pilot study of adjunctive immunotherapy with recombinant human IL-2 in multidrug resistant TB patients. This program will facilitate the transfer of state-of-the-art technology for immunological analysis and in medical management of tuberculosis to a trained, capable South African physician.

International Training and Research in Population and Health Program

The International Training and Research in Population and Health Program was designed to train scientists from developing countries to deal with population and health problems through epidemiologic research, prevention research, and social and behavioral factors that influence population. Dr. Antonio McDaniel from the University of Pennsylvania is working on a project that emphasizes determinants of fertility change, mortality and family structure in South Africa. A workshop to educate South Africans in the use of census and survey data will be held in November 1997. A student from the University of Pretoria will be enrolled at Penn and develop a research project with the help of a faculty advisor, and will be eligible to receive a masters degree upon completion of all requirements.

International Research Fellowships

The International Research Fellowship program has three investigators from South Africa working at U.S. universities. They are Dr. Johannes Moolman (University of Texas), Dr. Malcolm Collins (University of Washington), and Dr. Nancy DeVries (Jackson Laboratories, Bar Harbor, Maine). Dr. Moolman's research focuses on determining whether a1 adrenergic blockade medication, in addition to angiotensin converting enzyme inhibition in the post-myocardial infarction treatment regimen, is indicated in preventing myocardial remodeling following a large myocardial infarction. Dr. Collins is studying whether sequences within the first intron of the $\alpha 1$ procollagen gene may be involved in the formation of an active chromatin confirmation, classical experiments using cultured cells. Dr. Nancy DeVries is working on a project about the molecular control of mammalian pre-implantation development and has proposed that a cDNA library approach be used to study the expression of genes during the pre-implantation period of embryogenesis.

Fogarty International Research Collaboration Award

The Fogarty International Research Collaboration Award program has two investigators who are currently working in South Africa, Dr. Stuart Sealfon from the Mt. Sinai School of Medicine in New York, and Dr. Kim Wang from the University of Texas at Austin, Texas. Dr. Sealfon is studying the gonadotropin-releasing hormone receptor in fish, amphibian, reptile, bird and protochordate species by molecular cloning which will provide insight into the molecular evolution of gonadotropin-releasing hormone receptors selectivity. This work is being done in collaboration with Dr. Robert Millar at the University of Cape Town Medical School. Dr. Wang is working with Dr. Marlena Kruger at the University of Pretoria, to better understand the physiological and developmental roles of nebulin isoforms in vertebrate skeletal muscles.

Minority International Research and Training Program

The Minority International Research and Training Program is supporting work with South Africa through three U.S. universities. Dr. Eva Smith, in conjunction with Dr. Beverly McElmurry from the University of Illinois, Chicago is working to form an interdisciplinary research team of nurses and other health team members that will be collaborating on implementing a breast cancer research project in black South African women, including barriers to early detection and follow-up care. Dr. Betsy Lozoff from the

University of Michigan is developing a training program in research on child health and development with an interdisciplinary biomedical and behavioral approach in collaboration with the University of Natal, Durban. Dr. Lucile Adams-Campbell from Howard University is working on a project that will develop an international research training program designed to enhance the interest of minorities in international collaborative research on populations in South Africa, and also to provide graduate students an opportunity to conduct masters and doctoral theses at an international level in conjunction with the University of Transkei, Medical University of South Africa, and University of Potchefstroom, South Africa.

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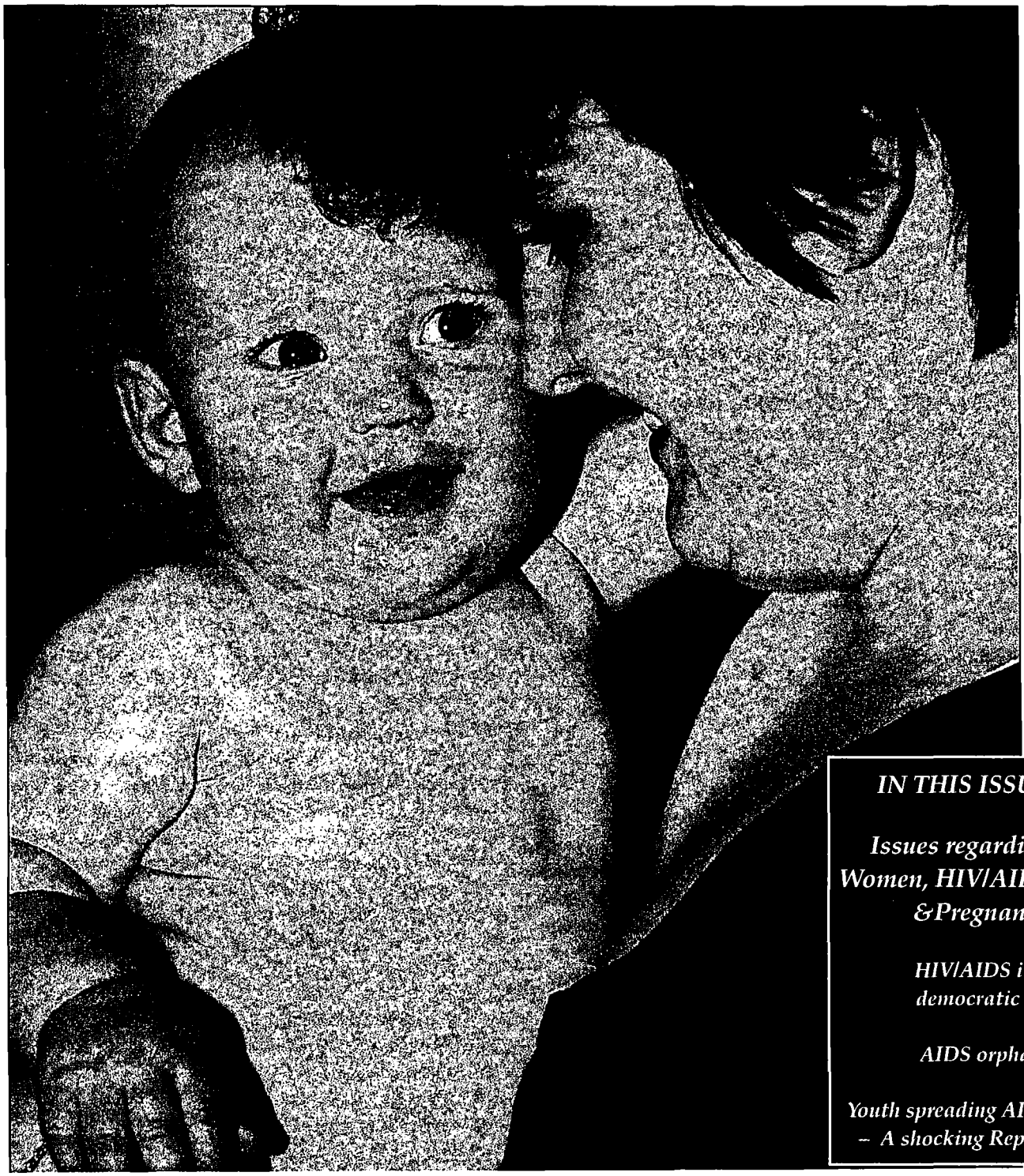
POSITIVE Outlook

The Thinking-Person's AIDS -Awareness Magazine



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