



Touch: A Vital Prescription for an Urgent Need

The Touch Foundation's drive to cultivate more and better-trained healthcare workers in sub-Saharan Africa is building powerful momentum. We've chosen Tanzania as our initial focus because of its status as a stable democracy that welcomes our support, and because the healthcare needs of Tanzanians are dire and compelling: Only one doctor exists for every 40,000 people. Unless access to medical care is drastically improved, the average Tanzanian will die by the age of 44.

Touch's initial project to expand the Bugando University College of Health Sciences (BUCHS) in Mwanza, Tanzania, is exhibiting promising results. In the past three years alone, we have increased the number of doctors-in-training at BUCHS from 10 to 85, and we are well on our way to reaching our goal of educating 250 medical students each year. We will soon begin training additional cadres of healthcare workers at BUCHS in such fields as nursing and pharmacy.

We attribute much of our early success to a unique collaboration among the BUCHS faculty, which includes some of the most renowned doctors in Tanzania; the Touch Foundation; the Tanzanian»

President's Letter

Dear Friends,

We have now completed our first year of operations as a fully fledged foundation.

In the past year, our most important accomplishment has been to assume responsibility for supporting the continued development of the Medical College at the Bugando University College of Health Sciences (BUCHS) in Mwanza, completing the transition from Maryknoll to the Touch Foundation. We remain fortunate that Father Dr. Peter Le Jacq of Maryknoll continues, tirelessly, to help raise funds.

We have also begun to put in place the capabilities we need to achieve our longer-term aspirations: helping train a sufficient cadre of healthcare workers – not just doctors but nurses, other healthcare workers, administrators, etc. – to transform healthcare outcomes in Tanzania. We have discussed our plans with many members of the public health community, including Tim Evans of the WHO and Lincoln Chen of Harvard's School of Public Health, and have received strong encouragement and assurance that we are on the right course. We, and they, believe that our efforts in Tanzania can serve as a learning bed for addressing the widespread crisis of health in sub-Saharan Africa. The following are a number of the exciting developments that have occurred since my last president's letter.

New Semester

The new semester at BUCHS began in September. The school now boasts 50 first-year, 25 second-year, and 10 third-year medical students. I know you will join me in wishing them great success in their studies.

Dorm Construction Grant

The construction of the student dormitory is approaching completion, with nearly the entire \$1 million grant from Touch already allocated. The dorm now houses all 85 students and features separate wings for men and women as well as a cafeteria, classroom, TV room, game room, and laundry facility. Once enrollment reaches full capacity, the dorm will house 250 medical students on four floors.»

► Episcopal Conference; Maryknoll; McKinsey & Company; Citigroup; Stroock & Stroock & Lavan; Weill-Cornell Medical College, and the myriad individuals committed to addressing one of the most life-threatening issues facing humanity: the severe shortage of healthcare workers in Africa.

In addition, we would like to recognize the remarkable commitment and dedication of the 85 students currently enrolled at BUCHS, many of whom are the children of rural farmers. Many are the first in their families to attend a university and the first in their community to become a doctor.

These students have firsthand experience with the

urgency of the healthcare crisis in Tanzania, and they dismiss the rigors of medical school as insignificant compared with the benefit of saving the lives of thousands in their communities and beyond.

That said, these 85 young men and women represent only the first phase in Touch's long-term prescription for health. Ultimately, the continued expansion of the healthcare infrastructure could lengthen and enhance the lives of millions, not only in Tanzania but throughout East Africa and beyond. Our support of the Touch Foundation is imperative to achieving this goal – to ensuring, in the words of the principal of BUCHS, that "Health has no borders." ■

► Operating Grant

The \$1.5 million operating grant from Touch for 2005-2006 provides more than 80% of the funding necessary to operate BUCHS' Medical College, with the remainder covered primarily by tuition assistance from the Tanzanian government. The school now employs 38 full-time professors, visiting professors, and tutorial assistants, as well as 41 non-academic staff members responsible for technology maintenance, grounds upkeep, food preparation, and so forth. The grant has also helped upgrade equipment.

Recent Gift From Sandy And Joan Weill

We were deeply heartened to receive a \$250,000 gift from Sandy and Joan Weill. The Weills are close friends of Father Peter Le Jacq of Maryknoll and have provided outspoken support since 2003, when they visited BUCHS with board member and former Citigroup Foundation President Chip Raymond and Dr. Carol Storey-Johnson, Senior Associate Dean for Education at Weill-Cornell Medical College.

Institutional Support

Our progress has been greatly assisted by continuing support from Citigroup, McKinsey & Co., and Stroock & Stroock & Lavan.

Citigroup remains our largest single donor and, with McKinsey, cosponsored Touch's September Symposium, held at the Citigroup Executive Conference Center. McKinsey provides our four Touch employees with space and administrative support, and its staff and alumni have contributed both time and considerable financial donations to Touch. Stroock & Stroock & Lavan continues to provide legal support. In addition, Vik Malhotra of McKinsey and Kevin Curnin of Stroock &

Stroock & Lavan have agreed to join Robert Jeffe (Chairman), David Kirby (Treasurer), Chip Raymond (of Citigroup), Lou Le Jacq, and myself as board members of Touch.

Audit/Financial Management

Anchin, Block & Anchin LLP audited all of the Touch Foundation's financial statements: the statement of financial position, the statement of activities and changes in net assets, the functional expenses, and the cash flow for the fiscal year ending June 30, 2005. The accounting firm adhered to the generally accepted accounting principles (GAAP) for its audit. As expected, Touch's first audited financials received an "unqualified opinion." Our financial manager has ensured a smooth migration from manual to automated systems using donor software, nonprofitbooks (NPB), financial software, and quickbooks (QB).

McKinsey Project

A McKinsey team is starting a pro bono project, including significant field work, to help Touch develop a long-term strategy for educating and deploying the 15,000-plus additional healthcare workers needed in this one region of Tanzania alone. We plan to discuss the results of the effort at a symposium next spring.

Finally, I would like to wish you a happy holiday season. It is my heartfelt hope that the New Year brings renewed strength and wisdom to the students and faculty at Bugando so that, through our support, they will be able to touch and heal the sick in Tanzania and provide their country with a brighter future.

Many thanks for your support.

Warmest regards,

Lowell Bryan

Touch Symposium 2005

On September 19th, some 75 participants from around the world – including key leaders of the public health community, university deans, foundation executives, heads of NGOs, and representatives of the Tanzanian and U.S. governments – convened to attend the Touch Foundation’s first-ever symposium on Human Resources for Health (HRH).

Co-hosted by McKinsey and Citigroup, and kicked off by Touch Chairman Robert Jeffe, the all-day workshop focused on laying the strategic groundwork necessary to help the Bugando University College of Health Sciences (BUCHS) address Tanzania’s dire healthcare needs.

Featured speakers Lincoln Chen, of Harvard’s School of Public Health, and Tim Evans, of the World Health Organization, outlined the issues at stake in the global HRH crisis, with particular emphasis on sub-Saharan Africa and Tanzania. Dr. Chen, who congratulated McKinsey and Citigroup on their “innovative philanthropy,” called the gravity of today’s HRH condition “truly unprecedented, even beyond the famines and wars of the 20th century.”

Dr. Evans put the situation, quite poignantly, into context: “[Africa has] about tenfold the burden of disease per capita as the U.S., with one-tenth the density, or less in some cases, of the workforce. So there is about a hundredfold differential in terms of what each health worker in Africa needs to consider...to address health problems in their context successfully.”

Dr. Judith Hazlewood and Vidya Prakash, of McKinsey’s Global Health Practice, reviewed their findings from a visit to Tanzania – most notably, the dearth of healthcare workers there. Reverend Dr. Peter Le Jacq offered a moving account of the origins of the BUCHS dream, centering on the themes of providence and friendship. Touch Board President Lowell Bryan then shared Touch’s strategy for the next decade, including expanding the medical college at Bugando into paramedical fields, such as nursing and pharmaceutical studies.

The assembly then divided into five groups to discuss the following issues:

- Major HRH Priorities: What are the major HRH issues, and how do they rank in importance?
- Teaching and Training: How can Touch ensure



the appropriate development and delivery of training programs and teaching resources at BUCHS?

- Student Population Issues: What are the key issues BUCHS students encounter (e.g., housing, classroom facilities, and extra curricular services)?
- Postgraduate Issues: What factors would ensure a healthy environment for BUCHS graduates (e.g., alumni loyalty and giving, quality and availability of jobs, and potential impact of HRH jobs)?
- Building Partnerships: How can Touch create lasting partnerships between public and private organizations to ensure a sustainable supply of resources and expertise?

Afterward, a panel discussion outlined the key findings of each breakout. The “HRH Priorities” group emphasized training additional cadres of healthcare workers and equipping doctors with the managerial skills they need to function in the hospital environment.

This group also encouraged Touch to embrace end-to-end systems thinking – i.e., to plan with Tanzania’s entire healthcare system in mind. Touch might incorporate a distributed training program, for example, identifying the communities that most require HRH and then training healthcare workers on-site.

The “Teaching and Training” group focused on the challenges of increasing the pool of talented HRH students and faculty – for example, the strenuous requirements Tanzania’s medical school ▶▶

**Interview with Ilacunda Luta,
First-Year Medical Student at BUCHS**

Q: Tell me a little bit about yourself.

A: My name is Ilacunda Luta, and I'm 21 years old. I grew up in Mwanza in a family of five. I'm the oldest of three children: my younger brother, my sister, and me.

Q: Are you the first among your siblings to attend university?

A: Yes. My mother finished high school, and my father attended university. My mother is a housewife, and my father is dead.

Q: When did you know you wanted to become a doctor?

A: For me, it was a calling. I knew when I was six years old. I remember seeing an accident, watching how the doctors worked, and saying to myself, "I have to become one of them. I have to help save lives."

Q: And do you know what kind of doctor you'd like to be?

A: I'd like to work in pediatrics, because I love children. But first, I'd like to spend some time working for an organization like Doctors Without Borders, serving in whatever region most needs my help.

Q: Talk to me about some of the most urgent healthcare problems in Tanzania.

A: One of the biggest issues is malaria, which is a real problem for women and children. Then there's AIDS. Many people who are infected are not getting the proper treatment, mainly due to poverty, which is yet another enormous issue.

Q: How do you enjoy being a medical student?

A: It's an amazing challenge. Each day, I learn new things. And I know that just sharing that information will allow me to help others. So far, my favorite subject is anatomy. I really enjoy the dissection labs and hands-on learning about the different functions of the body.

Q: If you had the opportunity to tell people outside Tanzania why they should care about the health of people in this country, what would you say?

A: Saving lives is a common purpose for all people. It doesn't matter where you live – whether you're in the U.S., Jamaica, China, Kenya, or Tanzania. We must help one another in order to uplift one another. Who knows – one day I may be treating your daughter or son. ■

► faculty must fulfill in order to teach. The group also discussed how best to provide students with the particular skills Tanzania's unique health environment requires. One potential solution: A problem-based learning curriculum adapted to Tanzania's medical challenges, with an emphasis on community-based learning. Business schools might develop

incentives, such as quality schooling for doctors' children.

The third issue entailed expanding Touch's reach to multiple sites in a distributed training network, thus enhancing students' learning environment and providing medical services to needy communities beyond Bugando.



parallel programs to address doctors' lack of basic business and administrative skills.

Three issues emerged from the "Student Population" breakout. The first was how best to find funding for crucial bricks-and-mortar projects like the dormitory. The second issue involved attracting and motivating medical students via salary and other

The "Post-Graduate" group raised issues such as alumni loyalty, the retention of doctors within Tanzania's healthcare system, and HRH placement, including rural deployment. Interesting approaches included establishing an internship program to rotate students through other hospitals and clinics, thus providing exposure to diverse health environments and challenges; establishing a voucher system and

"doc-in-a-box" transportable clinics to encourage practice in rural areas; and institutionalizing BUCHS's doctor-placement process to employ graduates in private practice, at corporations, in hospitals and clinics, or with the government.

The "Building Partnerships" breakout praised Touch on its headway in creating effective, ►►

► broad-reaching partnerships and identified three areas of focus: first, building greater management capacity in Tanzania by partnering with business schools and corporations, which can provide management support in addition to capital; second, securing funding for physical infrastructure projects by partnering with the local Tanzanian government, institutions concerned with development investments, and government agencies such as the Export/Import Bank and the Trade and Development Agency; and third, escalating the HRH issue on the agendas of a broader range of institutions.

The symposium closed with a dinner including additional guests and a recap of the day's event. Ambassador Augustine Mahiga, Tanzania's Permanent Representative to the UN, addressed the group, thanking Touch, McKinsey, and Citigroup and praising the Bugando project for its unparalleled diversity of partnerships, particularly in the context of the UN's Millennium Development Goals. Another highlight was the appearance of Citigroup Chairman Sandy Weill, a major supporter who recently made another sizable donation to Touch. "This is something that can really make a difference in the world," Mr. Weill told attendees.

The September 19th symposium was immensely productive, both in facilitating greater outreach to the HRH community and in sharpening our strategic focus. The questions posed at the event, as well as the many creative ideas presented, will be instrumental for the development of Touch's vision. Thanks to all who attended for your time and insights. ■



Interview with Erius Tabuka, First-Year Medical Student at BUCHS

Q: Tell me a little bit about yourself.

A: I'm 22, turning 23 later this month. I come from an area north of Mwanza called the Kagara region. By boat, it takes about eight hours to get there from Mwanza. My family still lives there. I'm the oldest of five children. My mother was a nurse, although she is now retired. My father was an assistant psychiatric nurse.

Q: Why do you want to become a doctor?

A: I was raised in a way that really inspired me to become a doctor. That's one of the reasons – my parents. Also, I believe that relieving pain is the most supreme act. When you use the knowledge you've learned to treat someone who is sick and he or she gets well, it's like you're some kind of an angel. It must feel good.

Q: Do you know if you want to specialize in anything yet?

A: Right now, I just want to be a general medical doctor. Maybe I'll think about specializing after a few years' experience.

Q: Do you know where you want to practice?

A: Not specifically, but definitely in Africa. In Africa, especially in Tanzania, the ratio of doctors to patients is frightening – something like 1 for every 25,000 to 40,000. So if my government helps me to be a medical doctor, I believe I have to give something back. I have to help.

Q: What do you see as the most challenging healthcare issues facing Tanzanians?

A: Poverty is the big issue. People don't have the resources to go to hospitals. We don't have enough medicine. And the medicine we do have is not always controlled for quality. So sometimes even when we treat people, they are not actually getting the benefits of treatment.

Q: How has your experience been so far as a medical student?

A: It's a challenge. But, you know, nothing is really that hard if you are dedicated and determined to succeed. My favorite subject is biochemistry. It's a bit difficult but very interesting. I was better in biochemistry at the A-level (high school) than in any other subject, and I've enjoyed continuing to learn it since.

Q: Is there anything you might want to say to readers who might consider helping Touch?

A: Even a little bit helps – giving doesn't mean you need to have a lot to give. I believe that we were brought into this world to help each other. You can't do anything on your own. When you have enough for yourself, and you feel like you can give some of what you have to someone else so that person can help others – that is the heart of giving. ■

A Healthcare Perspective from Mwanza

Suppose you were to fall ill in Mwanza, Tanzania. This city, which BUCHS calls home, lies within a region that boasts probably the second-best coordinated healthcare delivery in all of Tanzania. Yet the frustrations for patients and providers in almost all areas of treatment often seem utterly overwhelming.

Healthcare in Mwanza can be broken down into six levels, the first being the home. If you were a typical resident of Mwanza, you would be unable to afford healthcare. More than half of Tanzanians live as subsistence farmers on the equivalent of less than a dollar a day. Few can furnish the two dollars necessary for treatment at a dispensary or health center or the ten dollars needed for treatment at a regional or referral hospital.

Mwanza has a population of 600,000 people. Yet Tanzania's national government allocates only about \$420,000 to support the healthcare infrastructure in Mwanza city, along with some additional funding for health workers' salaries.

Part of this funding is legislated to ensure full coverage for all children under five, pregnant women, those with chronic illnesses, the indigent, and seniors – but the level of funding this coverage requires far surpasses the government's allocation. And other patients must pay out of pocket. Although minimal by our standards, the costs of healthcare are insurmountable to most Tanzanians – which helps explain why many wait too long to seek treatment and why the average life span in Tanzania has dropped from 53 to 44 years over the past decade.

Suppose, in your case, home remedies were to prove ineffective. You would then seek treatment at the second level: local traditional healers, who apply natural remedies handed down for generations.

Next, you might proceed to the third level, your nearest dispensary. Mwanza has 25 dispensaries, each staffed by a clinical officer holding a two- to-three-year degree or diploma in community health, and one to five nurses and nursing assistants also specializing in community health or midwifery.

If you lived near the BUCHS campus, you would visit a dispensary that extends coverage to a local population of about 9,000. It is a tiny, four-room structure staffed with a clinical officer and five nurses and nursing assistants who provide treatment for malaria, tuberculosis, cholera, pneumonia, worms, and diarrhea; deliver babies (in the examining room); and perform a host of other services. You would not



have the option of staying overnight, as this dispensary – like most others – is closed after 3:30 p.m., as well as on weekends and holidays.

If your ailment were to prove too complicated for a dispensary's capacity – or if you were to require treatment in the evening or on a weekend – you would be referred to one of Mwanza's four community health centers (level four), where you might have access to a doctor for the first time.

You would be responsible for your own transport to the health center, which might mean hitching a ride in a car or on a bike, taking a bus or van, or walking or being carried for miles. Because many women in labor are delayed in their attempts to reach a community physician for emergency surgery, Tanzanians suffer a high rate of fistula, a delivery complication that, unless corrected, causes severe incontinence.

At this level, assuming you lived near BUCHS, you would visit the Butimba Community Health Center. It is staffed by one doctor, one assistant, five clinical officers and two clinician assistants, one community health nurse and three maternity nurses, and a handful of additional healthcare assistants – yet it is the main hub of healthcare treatment for approximately 150,000 of Mwanza's residents.

Last year alone, the staff at this center treated nearly 5,000 cases of malaria. And although the center lacks a delivery theater, anywhere from five to ten babies are born here each day. Expectant and nursing mothers line the walls. Beds are available for overnight stays and observation.

But suppose you were suffering from a particularly acute illness and the health center's treatment capabilities proved insufficient. In this case, you would be referred to a regional hospital (level five) »»

staffed by a handful of doctors and a larger number of assistant healthcare workers than a community health center would employ. Your regional hospital would be equipped with an operating and delivery theater. But it would also be responsible for treating hundreds of thousands – if not millions – of patients. Most of BUCHS's graduates will receive their first hands-on experience as community doctors in regional hospitals, treating tropical diseases and performing a range of surgeries under trying conditions.

Finally, the sixth level of healthcare: Your place of last resort is the Bugando Medical Center (BMC), one of only four referral hospitals in Tanzania. The BMC has 850 beds and covers six geographic regions and 12 million people. The cases referred here are the most severe in the nation – often in the world. The wards teem with patients suffering from every imaginable condition. Perhaps most painful to observe is the pediatrics ward, where young burn victims wail in agony and deformed newborns nurse in their mothers' arms. It can take hours for patients to crawl through the admissions process and secure a bed, and days for an available doctor to perform emergency surgery.

Mwanza is a place of hardship and deprivation – but it is also a place to witness miracles. At the Bugando Medical Center, the staff is underpaid and overworked. But all of them – doctors, nurses, assistant medical officers, even maintenance workers – walk through the wards wearing a smile; the patients endure the treatment with dignified strength; and hope is not lost. ■



New Staff for Touch

Rebecca Brodsky joined the Touch Foundation in April as Director of Programs. She brings over nine years' experience in public-health program design, implementation, and evaluation and has worked for the National Hemophilia Foundation, Right to Play (in Uganda), the Mailman School of Public Health, and the Peace Corps (in The Gambia). Rebecca holds a Master's degree in Public Health from Columbia University and a degree in biology from Oberlin College.

Adama Kouyate is our Director of Finance and Operations. Prior to joining Touch in April, Adama worked as a consultant for the Communication for Social Change Consortium and for Planned Parenthood of New York. She has also held positions at the Rockefeller Foundation, the International Peace Academy, and the Congress of Racial Equality and has interned at the United Nations. She is involved with the American Red Cross and Amnesty International. Adama holds a Master's degree in Public Administration from New York University and a degree in business administration from Baruch College.

Justin Perkinson joined the Touch Foundation in July as Director of Institutional Relations. Justin comes to Touch from McKinsey & Company, where he was a consultant to both financial institutions and media companies in the areas of strategy development, change management, and performance management. Prior to joining McKinsey, Justin spent a year in Argentina as a Rotary International Ambassadorial Scholar and produced a musical he co-composed at Davidson College, where he graduated Summa Cum Laude with a Bachelor of Arts in English.

Michael Resnick serves as the Touch Foundation's Director of Community Relations. Prior to joining Touch in June, Michael worked as Managing Director for the North American Conference on Ethiopian Jewry, operating in the United States, Israel, and Ethiopia, and consulted for Tebeka – the Center for Legal Aid and Advocacy for the Ethiopian Community. He continues to volunteer at both organizations. Michael holds a Bachelor of Arts in sociology from the University of Chicago.

Asante Supper 2006

On January 28, 2006, the Touch Foundation will hold its Asante Supper dinner-dance at the Hyatt Regency Greenwich in Old Greenwich, Connecticut. The Asante Awards (asante means “thank you” in Swahili) will be presented to Ajay Banga of Citigroup, Vik Malhotra of McKinsey & Company, and Kevin Curnin of Stroock & Stroock & Lavan, in recognition of their support of Touch. Lynne Wheat is the chairperson with co-chairs Amanda Briggs and Rev. Dr. Peter Le Jacq M.M.

The Asante Supper will feature a 10-piece band as well as a live auction that includes such exciting prizes as:

- dinner for 25 on a 100-foot yacht in New York harbor
- one week in Cabo San Lucas
- a week in a private home in Istanbul/Mexico
- a safari in Tanzania
- the services of a European portrait artist
- a world-class golf package, and
- an elegant night on the town for two in NYC that includes a custom-made designer dress, hair and make-up, dinner at one of New York’s finest restaurants, and an overnight stay at one of the city’s best hotels.

Proceeds from the night will support Touch in its efforts to address the healthcare crisis in Africa and throughout the developing world by scaling up the supply of doctors, nurses, and other medical personnel – beginning in Tanzania.

For more information on the Asante Supper, please contact Michael Resnick at (212) 446-7178 or michael_resnick@mckinsey.com.



What is a Friendraiser?

A friendraiser is precisely what its name implies – a chance to make new friends. Unlike fundraisers, where guests are expected to make donations, friendraisers are informal gatherings, usually held at the host’s home, where family, friends, and neighbors can learn about the Touch Foundation and those we seek to help. A friendraiser is really an opportunity for Touch to extend the link of friendship from the students and faculty at Bugando to all who stand with us in our mission of training healers.

Many thanks to the Sahai, Pavlovich, Conway, Cahill, and Gross families for each hosting a friendraiser and for honoring the memory of Tim Miller and Kevin Murphy by inspiring friends and

family to become involved with Touch. We are particularly grateful to Tanzanian ambassador, Augustine Mahiga, and his wife Elizabeth, for stopping by the Gross’ friendraiser to thank everyone for their interest in the medical school and the pressing healthcare needs of the Tanzanian people. We wish him strength and success as he prepares to assume the rotating presidency of the UN Security Council next month.

If you would like to help us expand our network of friends by hosting a friendraiser, please contact Michael Resnick, Director of Community Relations at Touch. Michael can be reached at (212) 446- 7178 or at michael_resnick@mckinsey.com.