



TB Indaba (SA AIDS Conference) Cross Border Session

Mr Ramphelane Morewane
20 June 2023

Session 2: Cross border issues related to TB

- Chair: Mr Rams Morewane
- Scribe: Dr Waasila Jassat
- Objectives: To explore the challenges of patients moving across national borders. To develop recommendations to address cross-border TB control challenges including political commitment (implementation of a legal framework for TB cross-border collaboration), financial mechanisms and adequate health service delivery.

Session 2: Cross-border issues related to TB

Setting the scene: Mr Rams Morewane (20 min)

Interventions (60 mins)

Implications of cross border issues on TB care: Dr Lindiwe Mvusi NTP (15 min)

TB cross-border issues: Dr Charles Sandy SADC (15 min)

Reflections on cross border issues in TB programme: Simphiwe Mabhele IOL (15 min)

Discussion: Mr Rams Morewane (15 min)

Closing remarks and actionable points: Mr Rams Morewane (10 min)

Background

- Internal and external migration
- Size and impact of migrant TB not well documented and difficult to quantify
- Reasons for migration:
 - economic, seeking better quality care, displacement due to political instability, natural disasters
 - age 20-39 highly mobile age groups
 - median distance moved 304km
- Challenges:
 - poor access health services, stigma and discrimination, HCW attitudes, long ques and waiting times, language barriers, fear of repatriation, poor living conditions, lack of health insurance, limited understanding of health care system in destination country
 - no sharing of migrant health data, migrant health programme now defunct
- Impact:
 - late presentation, treatment interruptions, poor treatment outcomes, DR-TB, compromised adherence and continuity resulting in LTFU
 - ongoing transmission and spread, areas become hotspots (informal settlements)
- In South Africa, FS, EC, KZN, MP, LP most affected

Regional initiatives and opportunities

- SADC disproportionate contribution to regional notifications, treatment coverage and TSR low relative to global targets
- High level regional commitments
 - How to leverage political commitment to best advantage
 - SADC head of states and government declaration mining sector on TB (Maputo, 2012)
 - Implementation: Southern African TB and health systems support funded by Global Fund in Lesotho, Malawi, Mozambique, Zambia
 - Pace of implementation slow
 - Operational plan for declaration (2022), facilitate countries turns into country action plans
 - SADC 2010 minimum stds protocol approved
- Regional agreements
 - FS and Lesotho have agreement
 - MP developing agreement with Moz
 - District to district collaboration (Mussina LP and Zim Beit Bridge)
- Funding: TB in mining sector (World Bank and Global Fund)

Actionable issues

- Commitment: Move towards combatting and ending tb by 2030 as lifestyle
 - Integrate response with HIV and communicable diseases but don't lose focus on TB
- Mutisectorality and intersectorality entrenched (identify and map sectors)
- Develop formal mechanisms of collaboration, with governance framework, specific mandates, accountability mechanisms
 - Ensure regional strategies and plans are implemented
 - Parliament for enabling collaboration and accountability
 - Legal and regulatory frameworks and mechanisms
- Supportive stakeholder engagement
 - organised labour, NGOs, private sector, informal settlement leadership
 - border management authority (BMA)
- Need national strategic approach for managing TB for mobile populations (farming, climate migrants, miners)
 - Targeted strategy; workplace care and NGOs support (screening, also prevention and linkage to care);
 - Outreach services to hotspots

Actionable issues

- Develop effective cross border referral system
- Develop integrated info system across border
 - TIMS Cross border referral system (CBRS) TB in miners- expand beyond mining
 - Tool for cross border tracking should be implemented
 - Introduction of EMR may assist with tracking; will take time to implement
 - Importance of unique patient identifier
- More deliberate in setting up surveillance system for tb in mines, backed up by strong M&E
 - medical surveillance programmes and post-employment follow up systems
 - Mapping/ geolocation hotspots and migratory patterns
- Harmonisation of treatment guidelines and protocols
- Empower mobile communities, education, communication around access to services