SADC Region Forum of HIV Cross Border Patient Challenges 2009 Report

Fairmont Zanzibar Hotel, Zanzibar, Tanzania

20\textsuperscript{th} - 22\textsuperscript{nd} August, 2009
2009 SADC Region Forum of HIV Cross Border Patient Challenges

Coordinator:
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</table>

Important Dates:
- Date of HIV CBP forum: 20-22 Aug. 2009
- Date of draft report dissemination: 11 Sept. 2009

Acknowledgement:
We sincerely acknowledge the Department of Health, Taiwan (ROC) for the support and contribution for providing the funding to hold the forum in Africa.
1. Executive Summary

The first international meeting to discuss HIV cross border patient (CBP) topic in SADC region was held in Zanzibar, Tanzania, in August of 2009. The attendants included the HIV/AIDS and health information programme managers, coordinators, system developers and HIV and AIDS specialists from ministry of health, academic institutions and international organizations. They came from various countries that included Tanzania, Malawi, Botswana, South Africa, Swaziland, Mozambique, Zambia, and Taiwan. With the three days meeting members gathered together to share the experience, knowledge and brainstorming on HIV CBP issues.

The aims of the meeting were to identify current HIV CBP situation in SADC region, sharing preliminary findings of HIV CBP and to discuss possible solutions and plans for future HIV CBP services, patient monitoring and evaluation.

During the meeting, all participants presented current HIV antiretroviral therapy service program and preliminary finding of CBP issue from their countries. Conceptually there are two major categories of CBP: 1. ART client lives close to the country border and receive treatment from other side; 2. ART client live aboard due to various reasons but receive treatment from original resident country. The presentations provided valuable information as foundation for following discussion on the CBP challenges and future plan.

The most challenge for attendant countries is lack of scientific data to provide sufficient information of current CBP status. Thus through the discussion, fellows proposed the following activities to move forward:

1. Short term plan:
   
   There will be two major activities including 1. development of protocol and implementation it for research and quick CBP survey and 2. dissemination CBP meeting results to health authorities in each country and SADC region and identify supports from WHO and Taiwan.

2. Mid term plan:
   
   After the CBP quick survey, the protocol, guideline and standards should be revised and conduct comprehensive CBP survey. The care and treatment guideline for CBP also should be initiated in this period.

3. Long term plan:
   
   We should develop regional strategic plan for HIV CBP including indicators, outcome and drug resistance surveillance. The program should be scale up to all SADC countries and other regions.
2. Background

With convenient international transportation and business activities, infectious diseases control and prevention no longer be considered as country owned responsibility. It requires more international society to do cross-border cooperation and collaboration.

In Europe, the European Commission had unveiled cross-border healthcare package to make it easier for patients to get medical treatment elsewhere in the EU in 2008. The concept also provides health care workers to follow up patient’s status, chronic diseases control and infectious disease surveillance. The Southern African Development Community (SADC) also stared cross-border malaria elimination plan in 2009 called “Elimination 8” project. The U.S.-Mexico border infectious disease surveillance project focused on active and sentinel surveillance of specific diseases. These projects indicated that cross-border patient (CBP) was a growing concern for all aspects of health sector.

International traveling and economic activities are getting more convenient and common within Southern African Development Community (SADC) area. Since the SADC is the world’s most affected region with HIV and AIDS, related health issues draw attention for patient care, treatment and follow-up. However there is no adequate mechanism and system for health care facilities to easily provide services for these cross border patient (CBP).

CBP care is an important issue that hits on migrant mine workers, people from poor health system country and refugees in sub-Sahara area. Some studies already addressed the importance of cross border patient contributing to disease transmission and difficulties for M&E. Tuberculosis with HIV CBP also developed more drug resistance compare to other group of patient. Suggestion it is necessary to follow up HIV CBP with more comprehensive surveillance, care and treatment.

In order to understand the current situation of HIV program and CBP related issues in SADC region, LIN and PTCH applied for funding from Taiwan to hold the regional meeting to get recent situations. Taiwan has modern health insurance system, health information technology and related ICT resource. The Taiwanese government has the willing and commitment to provide practical knowledge and experience to SADC region facing cross border patient challenges.
3. Forum Program Results

- **Day 1: The Current HIV/AIDS Situation and CBP Related Information**

The meeting officially opened with the opening remarks from Prof. Nyasulu and delegates from Taiwan. Participants presented each country status on the update on HIV status, ART national program as follows:

<table>
<thead>
<tr>
<th>No</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2009 SADC Regional Forum of HIV Cross Border Patient Challenges – Tanzania Report</td>
<td>Dr. Peter Mgosha, Ministry of Health Social Welfare (NACP), Tanzania</td>
</tr>
<tr>
<td>2</td>
<td>2009 SADC Regional Forum of HIV Cross Border Patient Challenges – Malawi Report</td>
<td>Mr. Mtika, Mzuzu Central Hospital, Malawi</td>
</tr>
<tr>
<td>3</td>
<td>2009 SADC Regional Forum of HIV Cross Border Patient Challenges – Mozambique Report</td>
<td>Dr. Bertur Alface, Tete Province, Ministry of Health, Mozambique</td>
</tr>
<tr>
<td>4</td>
<td>National ARV Program HIV Cross Border Patients Zambia</td>
<td>Dr Mwango A, Ministry of Health, Zambia</td>
</tr>
<tr>
<td>5</td>
<td>CROSS BORDER PATIENT M&amp;E – South Africa</td>
<td>Dr MN Ntlangula, National Department of Health Medical Advisor, South Africa</td>
</tr>
<tr>
<td>6</td>
<td>HIV CROSS BORDER PATIENT CHALLENGES SWAZILAND PRESENTATION</td>
<td>Dr. Velephi Okello, National ART Coordinator, MOH, Swaziland</td>
</tr>
<tr>
<td>7</td>
<td>HIV Cross Border Patient Challenges - Botswana</td>
<td>Ms. H.N Matumo, Ministry of Health, Botswana</td>
</tr>
<tr>
<td>8</td>
<td>Current HIV/AIDS Epidemiology and Control Strategy in Taiwan</td>
<td>Dr. Chi-Chun Tsai, Kaohsiung Medical University Hospital, Taiwan</td>
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</table>

With the presentation we concluded that each countries has good national ART scale up program to provide service to HIV patients. However there are existing known challenges for HIV cross border patients that include:

1. Lack of adequate HIV CBP related policy and guideline for care and treatment,

2. Each country has different regimen for first line ART
(3) No unique international ID system for patient identification,

(4) The situation and figures are unknown for taking care of CBP and doing resource forecast,

(5) No adequate supply for CBP ART delivers,

(6) Need to monitor HIV drug resistance virus and CBP drug adherence and

(7) Language barrier to provide suitable clinical care and follow up.

The current HIV ART program and CBP policy situation are shown as the following table.

<table>
<thead>
<tr>
<th>Country</th>
<th>ART Initiation CD4 Count Level</th>
<th>Major Screening Tool</th>
<th>First line ART regimen</th>
<th>VL Test Facilities</th>
<th>Viral sequential (genotyping)</th>
<th>Border Country Number</th>
<th>ART CBP Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>200</td>
<td>Cd4, clinical stage, Infant PCR (DBS)</td>
<td>1. AZT+3TC+NVP or EFV 2. d4T+3TC+NVP 3. d4T+3TC+NVP or EFV</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>None</td>
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<tr>
<td>Malawi</td>
<td>250</td>
<td>Clinical stage</td>
<td>d4T+3TC+NVP</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>None</td>
</tr>
<tr>
<td>Mozambique</td>
<td>200 (non-TB patient), 350 (TB patient)</td>
<td>Cd4, clinical stage</td>
<td>1. AZT+3TC+NVP 2. d4T+3TC+EFV 3. AZT+3TC+ABC</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>None</td>
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<tr>
<td>Zambia</td>
<td>350 (regular), &gt;350 (pregnant), 200-350 (clinical judgment), Cd4, Clinical stage</td>
<td>TDF+FTC+NVP or EFV</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Yes (weak)</td>
</tr>
<tr>
<td>South Africa</td>
<td>&gt;200 (regular), &gt;200 (TB patient)</td>
<td>cd4, ELISA, complete lab test, clinical stage</td>
<td>d4T+3TC+EFV</td>
<td>19</td>
<td>1</td>
<td>global</td>
<td>Yes</td>
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<tr>
<td>Swaziland</td>
<td>350</td>
<td>cd4, Clinical stage</td>
<td>AZT+3TC+NVP or EFV</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>Botswana</td>
<td>250</td>
<td>cd4, clinical stage</td>
<td>TDF+3TC+EFV or NVP</td>
<td>9</td>
<td>-</td>
<td>4</td>
<td>developing</td>
</tr>
<tr>
<td>Taiwan</td>
<td>&lt;350 (Regular), 350-500 (Pregnant or clinical judgment)</td>
<td>cd4</td>
<td>Depend on clinical presentation</td>
<td>41</td>
<td>5</td>
<td>global</td>
<td>none</td>
</tr>
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</table>
Day 2: Cross border patient challenges and possible solutions

During the day-2 session, some preliminary findings of CBP from northern zone of Malawi were presented. Presenter from Zambia, Taiwan and international NGO shared the experiences and possible solutions on CBP issue. The presented topics are shown in table 3.

<table>
<thead>
<tr>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Cross Border Patient Challenges – Malawi Experiences</td>
<td>Dr. Nicodeme E. Mubiala, Northern Zonal Office, Ministry of Health, Malawi</td>
</tr>
<tr>
<td>2</td>
<td>HIV Cross Border Patient at Facility Level – Malawi Experience</td>
<td>Mr. Mtika, Mzuzu Central Hospital, Malawi</td>
</tr>
<tr>
<td>3</td>
<td>Research experience on cross border patient: Zambia</td>
<td>Dr. Mabvuto Kango, Ministry of Health, Zambia</td>
</tr>
<tr>
<td>5</td>
<td>Health Data Standard for Patient Data Exchange</td>
<td>Mr. Joseph TS Wu, Luke International Norway, Malawi</td>
</tr>
<tr>
<td>6</td>
<td>Dependable &amp; Pervasive Health Monitoring Systems and Services - Tele-care in Taiwan</td>
<td>Dr. Donald TF Shang, Department of Health, Taiwan</td>
</tr>
</tbody>
</table>

According to the preliminary results on CBP from northern zone of Malawi, the crude CBP proportion out of alive and on ART was about 4% (286/7,794) with two major types:

1. ART client lives close to the country border and receive treatment from other side: it may be due to the transportation convenience or tend to hide their record from original country.

2. ART client live aboard due to various reasons but receive treatment from original resident country: the reasons include working, study, migration and frequently business trips.

The international experience presentations included electronic data system usage, apply international health data standard (unique patient ID) to monitoring CBP and distance health assistant.

After the presentation, all participants were divided into two working groups to discuss the challenges and possible solutions.
Day 3: Future direction for cross border patient service improvement
The main task for day-3 was to discuss and generate the practical action plan for CBP related program. Participants continued with two working group and brainstorming to come up with short, mid and long term strategies.

4. Questions for group discussions
During the day-2 and day-3 discussion sessions, we invited all participants to discuss the following questions and got abundant results through group discussion:

1. What is the definition of cross border patient?
Definition took note of the following:
- the type of services that needed to be addressed
- non-discrimination (article 12 of the International covenant on economic, social and culture rights.)
- considering provision of HIV services but take ART as an entry point
As a result, the cross border patient (CBP) was defined as follow:
   Group 1:
   An HIV Cross Border Patient is a citizen of any country who is legally or illegally in a foreign country who is in need of care and treatment.
   Group 2:
   An HIV Cross Border Patient is an HIV patient who crosses the border for any reason and seek care in another country.

2. Please write down the main issues drawn from the presentations about cross border patient.
   Policy
   Due to different M&E systems in SADC countries and different regimens, HIV treatment guidelines, it is important to have political will and harmonize policy guidelines and regional CBP coordination that includes CBP clause
   
   Scarce resources
   Communication - due to different languages becomes a barrier for people to get treatment and access ARVs and Opportunity Infections (O.I) drugs especially in rural areas. Currently there is no resource to follow-up therefore it is difficulty to follow up
cross border patients and continuity of care.

3. **What will be the suggested treatment guidelines to deal with CBP, including regimen, drug supply, OI prevention, etc.?**

   We can try to harmonize or review the regimen across the region; however, changing to one regime for all countries is not feasible now. We can however provide alternative treatment for CBP, but this involves willingness of member states.

   • Alternative treatment:
      1. If they are on the same regime as the local one, continue
      2. If they are on different regime then continue what the CBP is already taking
      3. If it is unknown, work out the regime according to local guidelines
      4. It should be treated according to local guidelines

   It was recommended to review the procurement supply chain management in the region and establish regional health insurance. Member of state should start research about regional health insurance as a long term plan.

4. **How can we deal with CBP in terms of drug supply, follow-up, cooperation (drug stock, research, etc.), politician involvement, resource support, etc.?**

   **Drug supply**
   - There is need for buffer stocks
   - CBP Workers should be given ART in workplace (Host country)
   - Pool procurement to minimize the cost (to work with PEPFAR, Clinton Foundation, MSF and etc.)
   - Review country quantification and forecasting (PSM chain)
   - Improve the regional cross border referral system
   - We need to improve cooperation between member states with effective inter-programme/provider communication

   **Research**
   There is need to conduct a multi country study on CBP to understand the magnitude of the problem and develop a regional action plan.

   **Political involvement:**
   ♦ Workshop recommendations should be shared with WHO, CDC, SADC Secretariat and to be discussed during the SADC Ministers of Health meeting.
Research protocol for CBP need to be shared among SADC countries for ethical clearance.

5. Where and how can we deliver the CBP results and information to the SADC region members?

- Through publication of best practice of CBP from SADC state member.
- Conducting informative workshops, meeting and symposia between the SADC state members and report
- Give the feedback to the Ministries of Health.
- Communicate with the SADC Secretariat for Ministers of Health meeting.
- Create a website for information sharing on CBP.

5. Way Forward

Considering the health authorities and resources, the participants congregated the discussion results and made future plan with different time schedule.

- Short term activities:
  - CBP research protocol development
  - Discussions with national coordinating bodies – during routine meetings
  - Suggestion to have University of Zambia to co-ordinate drafting of research protocol to be ready by end of Sept 09
  - Need to contact SADC countries input on CBP activities by end of Oct ‘09
  - Response from WHO ICST Harare Office by 15th Nov ‘09 – Technical adviser
  - Mobilization of funding from WHO or Taiwan
  - Zanzibar Fairmont meeting as Action Points of CBP related program
  - Conduct CBP Survey: rapid assessment
  - Dissemination of the results prior to the SADC Ministers of Health meeting.

- Mid term activities:
  - Review of Guideline and International Standards for CBP.
  - Initiate treatment care and support program for CBP.
  - Conducting of comprehensive CBP survey – 3 months
    - Phase 1 – short survey - desk review, baseline information
      - Development of CBP tools for SADC region – TZ to co-ordinate
      - Involvement of NGOs - LIN
      - Results to be ready by April before SADC Ministers Meeting – for endorsement
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- Meeting of CBP focal persons with SADC and WHO – RSA being the convener as Troika leader, Taiwan to fund the meeting
  
  2. Phase 2 – longer survey to understand seasonal variation in CBP

- Long term activities: (after collecting result from survey)
  
  i. Development of regional strategic plan for CBP
  
  ii. Development of indicators for CBP – Malawi to lead
  
  iii. Agree on output, outcome, indicators and standards
  
  iv. Inclusion of CBP in HIV surveillance and monitoring – studies to be done with other partners and donors
  
  v. Implementation of Early Warning Indicators for CBP
  
  vi. Scale up to all SADC countries
  
  vii. Collaborate with other regions in Africa.
### 6. Participant List

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<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
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<td>2</td>
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<td>7</td>
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<td>Ms. Elizabeth Tsai</td>
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<td>Dr. Gordon Wen-Hsien Chen</td>
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<td>16</td>
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<td>Dr. Peter C. Mgosha</td>
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<td>20</td>
<td>Dr. Selestine Haangwaze Nzala</td>
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<td>21</td>
<td>Dr. Velephi Okello</td>
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<td>Dept. of Health, Swaziland</td>
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<tr>
<td>22</td>
<td>Prof. Yohane Nyasulu</td>
<td>Dean of Faculty of Health Sciences</td>
<td>Mzuzu University, Malawi</td>
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7. References