

## Position Paper

### 2015 Regional Forum on HIV/AIDS, TB and Non-Communicable Diseases among Migrants and Mobile Population in the Southern Africa Region—Legal and Policy Framework for Actions toward Universal Health Coverage

Sunbird Capital Hotel, Lilongwe, Malawi: 26-27 August, 2015

## Background

### **THE CHALLENGES OF PROVIDING HEALTH SERVICES TO CROSS-BORDER PATIENTS**

International travel and economic activities are becoming more convenient and common within the Southern Africa region, including the Southern African Development Community (SADC) region, the East African Community (EAC) region and the Common Market for Eastern and Southern Africa (COMESA) region. This situation is mainly attributed to regional socio-economic integration. Since the SADC region has more than 70% of the total number of people living with HIV and AIDS (PLHIV) in the world, mobile populations (long distance drivers, migrant workers, etc.) have been identified as one of the most important target populations for disease prevention and care. Mobile populations have been recognized as one of the groups most vulnerable to HIV and TB transmission, and patient mobility might increase the difficulties of following up, seeking treatment and health care, and accessing information.

### **THE CONSENSUS FROM REGIONAL CONFERENCES ON IMPROVING HEALTH SERVICES FOR CBPs**

Luke International (LIN) and its partners started the Cross-Border Patients (CBP) Forums in 2009 recognizing the need for a knowledge-sharing platform on mobile population issues. In 2011 and 2013, the issue of CBPs and migrant health was further brought forward to a wider audience at the 16th and 17th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) held in Addis Ababa, Ethiopia, and Cape Town, South Africa. LIN participated in the 2013 UN High Level Dialogue on Migration and Development and presented a position paper on cross-border health concerns\*.

In the 2012 Cross-Border Patient Health Forum held in Johannesburg, South Africa, an advocating document, Universal Health Access to Health: Advocating for the Migrant's Health in the SADC Region, was drafted with input from 25 delegates from the ministries of health (MoH) of nine member states (Botswana, Democratic Republic of Congo, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe), the International Organization for Migration (IOM) and other partners.

The paper identified priority issues, including the difficulties encountered by migrants and mobile populations in accessing health care services across borders, and made four key policy recommendations: 1) Map and provide migrant-friendly services to address the gaps in service delivery and improve migrants' access to health care services; 2) find a solution to harmonizing different HIV treatment regimens in SADC countries; 3) strengthen the regional referral system; and 4) establish an effective monitoring and evaluation system for migrants' health.

In 2014, in partnership with the National HIV/AIDS/STI/TB Council of Zambia, Ping-Tung Christian Hospital (PTCH) and Kaohsiung Medical University, LIN hosted a regional consultative meeting in Livingstone, Zambia, inviting 10 SADC member states to engage in high-level dialogue on their positions for the post-2015 development agenda, specifically regarding the issue of HIV/AIDS and NCDs among

migrants and mobile populations within the region, to be provided as reference documents at the LIN-Oslo Conference 2014.

During the LIN Conference on Cross Border Challenges in Health Delivery hosted by LIN and the University of Oslo in Norway, the delegates highlighted the importance of developing a novel strategy to secure HIV and TB treatment for people in Southern Africa and to continue their drug treatment whenever crossing international borders and using health facilities in host countries. The conference document also highlights the issue's legal and policy framework as being one of the most important challenges needing further research and discussion. Both consultative meeting and conference documents are attached as appendices.

### **MIGRANT & MOBILE POPULATION HEALTH IN THE CONTEXT OF THE POST-2015 DEVELOPMENT AGENDA**

As the world community prepares for the UN's post-2015 development agenda to succeed the current MDG framework, it is, more than ever, imperative that migration-related health challenges are addressed holistically, based on the principles of health equity and the right to health for all. The health concerns of migrants and mobile populations should also be addressed more comprehensively, no longer limited to vertical, single-disease-based programs. As HIV is becoming a chronic-infectious disease and PLHIV enjoy longer lifespan, the burden of NCDs is also increasingly prevalent. Migration poses serious challenges for PLHIV in access to treatment, care continuity and follow-up.

The International Organization of Migration's (IOM) position paper on health in the post-2015 development agenda advocates for the inclusion of migrants in the health system so as to improve public health outcomes. For health service providers, one of the biggest challenges remaining is the lack of reliable, accurate and timely information on mobile populations to support decision-making and service delivery. At the global level, there is need for a monitoring framework that disaggregates data by gender, socio-economic status, geographic location and migration status, for use in monitoring progress in removing the underlying social determinants of health, including migration.

### **A CONCRETE PLAN OF ACTIVITY TO IMPROVE HEALTH SERVICES FOR CBPs**

LIN has already been working with the Ministry of Health in Malawi since 2009 to improve health services for CBPs through a number of approaches, including:

- 1) A joint task force organized by the MoH which works with other stakeholders to advocate the policy and legal framework for CBPs.
- 2) Strengthening the health information system (HIS) to provide better health services, especially for the mobile population.
- 3) Enhancing the sustainability of the development of the HIS in Malawi through capacity building for programmers and system users.
- 4) Connecting resources from universities and engaging in joint research to provide optimized, evidence-based solutions for health services.

To increase the benefits among greater number of the mobile population and expand the coverage of the National Electronic Medical Record System (NEMRS), LIN also invited another partner organization to join this long-term mission, commencing the joint implementation of a regional project – the Strengthening the Management of HIV/AIDS, Tuberculosis and Hypertension among Mobile Populations in Southern Africa Project – with Taiwan's International Cooperation and Development Fund (TaiwanICDF)

as of 2014.

The overall objective of the project is to work with the governments of Malawi and South Africa in improving the management of mobile patients and reducing associated mortality rates. Specifically, this involves implementing the following four components:

- 1) System Introduction and Integration: Strengthening and integrating the HIS in three districts and two countries within the Southern African region;
- 2) Knowledge Dissemination: Providing services and information to mobile populations;
- 3) Capacity Building: Building capacity for tracking mobile populations and creating a care network;
- 4) Advocacy: Advocate health promotion issues among cross-border patients and mobile populations.

### **2015 Regional Forum on HIV/AIDS, TB and Non-Communicable Diseases among Migrants and Mobile Population in the Southern Africa Region—Legal and Policy Framework for Actions toward Universal Health Coverage**

In the 2015 forum, 32 delegates comprised from the Ministries of Health, National AIDS Councils, of 5 Member States (Democratic Republic of Congo, Malawi, Swaziland, Tanzania, Zimbabwe), International Organization for Migration (IOM), Malawi Consulate in the Republic of South Africa, Partners in Hope, Luke International (LIN), TaiwanICDF and the Taipei Liaison Office in the Republic of South Africa participated at the meeting. During the meeting, delegates actively share knowledge and discussed issues related to national policy and legal frameworks on HIV-, TB- and NCD-related care, the treatments and challenges involved in managing the health of migrants and mobile populations, and the gaps in current programs or health systems, and brainstorming of how to form a network of migrant-friendly hospitals that would allow for patient referrals and cross-border tracking.

Following recommendation from the SADC Secretariat, the “Policy Framework for Population Mobility and Communicable Diseases in the SADC Region” published in April 2009, was used as the main reference document and primary discussion framework for the review of policy adoption and implementation among Member States. It was agreed that necessary policy framework at the regional level is available; however, challenges remain in monitoring progress towards the implementation of regional harmonization and coordination, and the differential level of adoption of the policies among Member States due to “ability to pay,” among other constraints.

The 2015 Forum focused on two key issues to formulate the final action plan recommendation in this position paper.

**(1) Regional harmonization and coordination:** This includes the harmonization of case management guidelines, case definitions, reporting mechanisms, and notification systems across the regions; and forming a regional network for cross-border patient referral, follow-up and providing ongoing care and treatment for HIV, TB and hypertension (NCDs).

- a. The use of different ART drug regimens and variation in adoption of WHO case management guidelines among Member States depend on “ability to pay” and requirements from different donor bodies.

*Recommendation 1.1a*

*Member State should advocate and follow up through their Ministries of Health to ensure the adoption of regional pooled procurement for ART drug regimens within three years.*

*Recommendation 1.2a*

*The SADC Secretariat should monitor progress towards the adoption of harmonized ART regimens and implementation of standard case management guidelines among Member States within the SADC region.*

*Recommendation 1.3a*

*The SADC Secretariat should facilitate the implementation of pooled procurement for ART drugs and supplies and advocate for prioritization for MS facing funding challenges.*

b. Reporting

*Recommendation 1.1b*

*Include variables such as client's nationality, occupation, country/place of work in global reporting forms within the SADC Region to capture indicators on migrant information to allow for monitoring and evaluation of migrant health.*

*Recommendation 1.2b*

*The SADC Secretariat should coordinate the regular meeting and taskforce for the decision to including additional data elements in global reporting forms within the SADC region related to population mobility.*

c. Regional Referral Network

*Recommendation 1.1c*

*Recognizing TB has the regional referral and harmonization protocol, MS should include activities for harmonized HIV patient referral system.*

*Recommendation 1.2c*

*Member States should advocate accepting "Health ID Cards" or "National ID Cards" to replace the requirements of passports as identification for health service access from foreign nationals.*

*Recommendation 1.3c*

*Member States should consider the introduction of regional "Health ID Card" that may be requested by clients who intend to travel abroad.*

*The "Health ID Card" may contain agreed set of essential clinical information to ensure continuity of care and facilitate patient referral, and it can be in paper or electronic format.*

*Recommendation 1.4c*

*Member States should advocate and monitor progress for completion of setting up National ID systems within their country.*

*Recommendation 1.5.c*

*Member States should consider piloting electronic health information systems that can be regionally connected.*

*Recommendation 1.6c*

*Member States should identify pilot sites for cross-border clinical referral networks.*

d. Health Promotion and Policy Advocacy

*Recommendation 1.1d*

*Member States should advocate within policy making process to create an enabling environment for access of quality care across the region.*

*Recommendation 1.2d*

*Member States should implement training for health workers to be migrant sensitive and cross-border patient friendly.*

*Recommendation 1.3d*

*Member States should conduct policy reviews on migrant health to create and strengthen opportunities for community sensitization and empowerment of migrants in their right to health care.*

*Member States should encourage the education of to access health service with provision of regional standardized information at the location or hot spot of migrants/mobile population reside. IOM can serve as key partner to assist in identifying migrant location and hot spots.*

*Recommendation 1.4d*

*Member States should identify key stakeholders, with Ministry of Health to take leadership, in forming a multisectoral approach to integrate migrant health issues into existing programmes and adding on the agenda for stakeholder meetings under existing platforms.*

- (2) Coordinated Regional Public Health Surveillance and Epidemic Preparedness:** How can we strengthen the implementation and enforcement of International Health Regulations among different Member States in the SADC region?

*Recommendation 2.1*

*MS to identify the IHR focal point to raise the concern to the migrant and mobile population surveillance needs.*

*Recommendation 2.2*

*Each MS shall generate the baseline data of the situation of population mobility.*

*Recommendation 2.3*

*Need to have national forum for data management and sharing to provide information to the*

*regional forum on public health surveillance.*