Final Report

2016 Regional Forum on Migrants and Mobile Population Health in South Africa

13-14 October 2016

Birchwood Hotel, Boksburg
South Africa

TAIWAN ICDF

IOM International Organization for Migration
OIM Organisation internationale pour les migrations
OIM Organización Internacional para las Migraciones

LIN
Luke International

SUMMARY

South Africa experience the high level of migration due to its political stability, abundant natural resources, well-developed regulatory systems and work opportunity within the agriculture, mining, constructions industries. Thus there is an important mobility of migrant. The mobility induces major challenges which involve health issues that are whether communicable and/or non-communicable. Among them are HIV/AIDS, STI, TB, Malaria, sexual and reproductive health and others diseases, hence regional governance on the mobility of migrant need to strengthen.

Luke International (LIN) in partnership with the International Organization of Migration (IOM) and Taiwan's International Cooperation and Development Fund (TaiwanICDF) hosted a regional forum from 13-14 October 2016, in Boksburg South Africa. The theme of the forum was "Breaking silos: Creating sustainable regional health governance system/program in the SADC region." serve as a platform for SADC member states and regional development partners to engage in inclusive and open dialogue on the assessment , progress and roadmap of each member states' migrants and mobile population health development for HIV/AIDS, TB and NCDs patients and sharing the implementation and eHealth activities from various regional development partners, and on perspectives leading to and promoting regional collaboration in the SDG era.

The forum aimed to facilitate knowledge sharing and opened discussion among member states, especially in related to the regional project implementation experiences and eHealth relate activities in managing the health of migrants and mobile populations; and a rapid assessment workshop using customized tool of routine health information system (RHIS) assessment from WHO that would allow member states to understand the progress toward achieving universal health coverage (UHC) across the borders, as well as the development progress of migrants and mobile population health rights.

Representatives from the Democratic Republic of Congo (DRC), Lesotho, Malawi, Mozambique, Seychelles, Swaziland, and South Africa, and from International Organizations including the International Labour Organization (ILO), World Health Organization (WHO), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), the Royal Embassy of the Netherlands in Mozambique, and Taipei Liaison Office in the Republic of South Africa, participated in the two day event.

2016 REGIONAL FORUM SESSION OVERVIEW

Opening Remarks

The forum was officially opened by the representatives from each host organization: the Republic of South Africa Department of Health, LIN, IOM and the Taipei Liaison Office in South Africa.

The Honorable Minister of Health from the Kingdom of Swaziland Sen. Minister Sibongile Ndlela-Simelane gave welcoming remarks to all participants of the regional forum. In her remarks, the Minister recognized the health of migrants and mobile populations as an undeniable determinant across global health. As the SADC aims to increase regional and socio-economic integration to yield greater economic growth and achieve poverty alleviation, it also leads to increased population mobility. The has the potential to worsen the spread of diseases such as HIV, TB, malaria across member states, and most especially those with limited health infrastructure and weak civil society. She mentioned the regional initiatives that were created in response to the challenges of migrant and mobile population health, such as the Global Fund supported Cross-border Initiative and the E8 program. Further, she pointed out the lack of coordination that has been observed amongst the many players in cross-border health in the East and Southern Africa (ESA) region. Therefore, the aim of the forum was to create a platform to further harmonize all effort, and fill in the gap for a scalable and sustainable solution, and explore advancing technologies and innovations that we can further utilize to achieve the set goals.

Setting the Scene: Breaking Silos

Dr. Vitalis Chipfakacha served as the chair for the proceedings for the session. To set the scene, and introduce the background objectives of the forum, he presented some facts about the current status of regional projects tackling cross border patient challenges. First, there is lack of coordination of projects at all levels, including between each Member States and at the Regional level with the Regional Economic Commissions (RECs). Information sharing is limited, with language barrier as one contributing factor. Second, migration health indicators are not well defined and systematically collected or reviewed. Third, there is a lack of harmonization of treatment regiments and guidelines within the region. Fourth, one of the key facilitator for cross-border referrals is the signing of Memorandum of Understandings (MOUs) between Member States. However, there are still restrictive policies in place that may impede the sharing of patient information or data, and for successful regional programming. All the above challenges needs to be addressed in order for the region to be able to make progress on providing better care to mobile and migrant populations.

Part 1: Presentations and Sharing from Partners

1. Regional Pilot Project Overview

Presenter: Mr. Joseph Wu, Technical Advisor, LIN

Luke international Malawi Cooperate with Malawi and South Africa governments to improve the ability of HMIS (Health Management information system) at the hospital level, to reduce default rates and increase patient survival rates on mobile populations with HIV/AIDS, TB, and hypertension.

The project concentrates in the Northern part of Malawi which counts 2 million populations. The northern part of the country has 15 hospitals that comprise (Chilumba Rural Hospital, Chintheche Rural Hospital, Chitipa District Hospital, Ekwendeni Mission Hospital, Embangweni Rural Hospital, Karonga District Hospital, Kaseye Community Hospital, Lunjika Health Centre, Mzimba District Hospital, Mzuzu Central Hospital, Mzuzu Health Centre, Nkhatabay District Hospital, Rumphi District Hospital, St. Johns Mission Hospital).

In Malawi the percentage of HIV/AIDS is 23.45%, the percentage of tuberculosis is 3.75% and Hypertension is 50.72%. To improve the burden of those diseases (HIV/AIDS, hypertension, and TB) the project aims to do fourth main activities. The fourth activities include Advocating issues, System introduction/Integration, Capacity Building, Knowledge dissemination. On the Capacity building component, two types of training are going to be available to trainers. The first training constitute on upgrading the capacity of local system developer (programmer in software and hardware) and the second training constitute on upgrading the capacity of local system developer (programmer in software and hardware). On the Advocating issues, their will do an epidemiological research studies and hold regional forums on CBP issues. On knowledge dissemination, the project aims to develop and disseminate health education pamphlets about mobile population healthcare for (HIV/AIDS, TB, and hypertension) as well as providing information about migrant-friendly hospitals. The project aims as well to make use of Electronic Medical Records (EMR) which should replace the paper record system. They will also make use of Picture Archiving and Communication System (PACS) that process photo in 1 min compare to the photo processing in the darkroom that takes 10 min up to 1hr.

To conclude, the overall goal of the project is to exchange health data in the region, make sure there are available technology and platform for regional health monitoring and care network – DHIS2, DHIS2 mobile, DHIS2 tracker, miniHIS…etc.

Others objectives of the project are to foster regional harmonization and collaboration through the network.

2. **Migration and Health: IOM's Partnership on Health and Mobility in the East and Southern Africa**
   Presenter: Dr. Erick Ventura, Regional Coordinator, IOM

1 in 7 people are migrants, thus 244 million international migrants, + 763 million internal migrants. According to the UK government statistic department, the Male life expectancy is 77.7 and female around 84.2. The world population is 52% urban and 48% of the migrant are woman. Regarding the mobility of migrant, South Africa alone receive the most of the migrant with 367550 flow including asylum seekers, strand migrant, refuges, smugglers..etc. And the migration movement is not happening only in one place, it includes the whole southern Africa region with people coming from Malawi, D.R. Congo, Somalia ,Mozambique, Ethiopia, Eritrea, Tanzania, Zimbabwe, Botswana…..etc. Those mobility have their challenges that include higher exposure to HIV/AIDS, TB, non-communicable disease. During the process the migrant can fall as well into the hands of traffickers and end up in exploitive situations. They are also highly marginalized and often lack access to health service provision and delivery (language, culture, legal status, money).

For instance, migrant coming from Mozambique have a high rate of malaria and accounted for the Malaria imported cases in South Africa, while from South Africa and Botswana, migrant tent to have the high rate of HIV which hint the higher disease care and treatment burden to the home country and hosting countries. However the health services are already overwhelmed by each countries own disease burden, from Lesotho for example, we might find only 1 gynecologist in a whole region.

On HIV for example in the East & Southern Africa area most heavily affected 25% decline in new HIV infections and AIDS-related deaths. However it's important to focus on those migrant t risk as well others since they are human being and have the right to health but also they contribute to sustainable development outcomes.

In conclusion, the large scale of migration is inevitable but it's necessary for the development of countries. Also, it's important to protect the right of migrant which remain a critical assessment. The following are needed if we are to achieve health mobility in the healthier community.

3. **The Health Implications of Large Cross-border Capital Projects**
   Presenter: Mr. Benjamin Ofosu-Koranteng

UNDP (United Nation Development Programme) does a lot of consultation with National Organisation such as IOM (International Organization for migration) and government since 2014. Whereby they began a cross-border project to build a Bridge name Kasougoula Bridge connecting 4 countries in southern Africa region, which are Botswana, Namibia, Zambia. The project studied as well the post and cons of the construction of the bridge. for the project operation, 3000 thousand young men between ages of 19 to 34 were employed, however, were the bridge was constructed right opposite to it was a girl school. Therefore UNDP did a study on the implication of such project within the community. And what UNDP observed was the vibrant sex work increasing within the site of construction, thus they start studying how the construction of the bridge would impact on the entire community.

Others Cross Border project done by UNDP included the project within mining industries and oil exploitation which involved also their downside.

The UNDP find out as well, among the project concerning communicable and non-communicable diseases, HIV tend to be more funding. Other concern raise is the fact that some project fund doesn't benefit directly the person concern, because the money sometimes goes back to the donors or end up in the pocket of the implementers.

Others issues arise by UNDP is that putting together people working in the environment and in the health sector can be sometimes problematic specifically when it's come to find a consensus on subject discuss.

According to UNDP, presently the TB in Africa is 23% and Southern-east and Southern Africa alone account 3 million of them. And the TB treatment shortest is 6 months, sometimes can go up to 9 months which is a very long.

HIV rate is also high among the mobile population and the diversity between country incidences of HIV tend to increase; some mobile migrant start the treatment but do not follow up and there is no tracking mechanism for those migrant that are at risk.

Regarding the mobility of migrant, UNDP thinks that there should be a holistic e-health care project in order to find out how to measure e-health flexibility to be fill in. also for area difficult to reach out to migrant how do we get them though eHealth project ? How can we monitor the HIV and TB though e-health?

To conclude for every partner it's important to monitor progress within country regarding the mobility of migrant in order to have better and healthier migration movement. Thus by using an electronic device friendly there is a better way to monitor the mobility of migrant.

4. Monitoring and Evaluation of TB and HIV Programs for Attainment of SDGs
Presenter: Dr. Daniel K. Kibuga, WHO

According to the World Health Organization's (WHO) statistics, the African region accounts for 28% of the global burden and 23% of globally notified TB cases in 2014, and has 74% of the estimated 1.2 million HIV infected TB patients. The African region also accounts for 1.26 million (42%) of the globally estimated 3 million TB cases that remain undetected. Sixteen Member States of the African Region are among the 30 globally identified TB high burden countries, which contribute over 90% of the global TB, TB/HIV and Multi-drug resistance TB (MDR-TB). Mobile populations (e.g. in South Africa, there are many mine workers from Southern African countries) they pose unique challenges. Similarly, the HIV burden in the African region remains high, with the Sub-Saharan Africa region accounting for 70% of all AIDS related deaths in the world and 70% of new HIV infections occurring worldwide. Tremendous progress has been achieved in the HI/AIDS response to date, with new HIV infections declined by 41% since 2000, and deaths due to HIV cut by 48% since 2005. However, more work remains to be done.

Following the adoption of a new WHO Global Health Sector Strategy on HIV/AIDS in May 2016, a regional framework was also introduced aiming to guide Member States to implement the strategy. There is a need for us to also think about how to monitor the implementation of the new framework.

Harmonization of treatment protocols is an important piece of work. The framework for management of TB in the SADC region was launched 2 years ago, but new development in diagnosis and short MDR-TB needs to be incorporated. For HIV, WHO endorsed the "treat all" policy, but there is also need to look at the different capacities of the Member States to be able to fully implement the policy.

The End TB Strategy was adopted by the Member States in 2014 with the aim to "end the global TB epidemic" by 2035. Looking back at the context and evolution of the M&E of the TB strategies, there is a obvious trends of increased number of indicators that needs to be collected, and increased number of partners or stakeholders involved. This signifies the need to re-consider the tools at hand that allow for proper M&E. For example, the evolution of the strategy on DOTS, to the DOTS expansion and HIV/TB integrated programming, then to the most recent End TB Strategy, the indicators grew from a few that can be managed within National TB Control Programs, to a list of top 10 priority indicators and additional operational indicators and targets that are spread across Ministry of Health and other ministries beyond health. The implications of the growing complexity of the M&E of TB strategies mean that tools

must evolve from paper-based, to a mixture of paper and electronic, to perhaps exclusively electronic and digital data collection.

Digital health is a crucial enable for M&E. Cloud-based solutions and the use of unique identifiers for patients is what is envisioned for the future. There must be strong advocacy to incorporate national policies to cater for patient data privacy and confidentiality to overcome some foreseen challenges of such systems.

5. E-Health Applications, technical solutions and experience for Health Management in Taiwan
Presenter: Dr. Joseph Kwong-Leung Yu, International Director, LIN

The eHealth care economics use different device that can help for the Assessment which :set up any form of information capture, the clinician: providing required level of support and integration to health care providers, the caregivers: helping caregivers to support and monitor relatives, patient data: capture data directly from medical and health care devices, goal management: setting and managing pre-defined and personalized goals, content: the right information and education content delivered in the right way and time.

So with those tools, e-health care solution aims to find a better way to assess the health care for the community. And sometimes the patient are moving from one facility to another including private club, central hospital, public hospital….etc .how could the health care providers get the information of those patients , So how could we do the remote monitoring? It's possible to do this though the used of smart phone facilities and/or others device measurement tools which provide information to the caregiver as well as the patient.

Some of the support devices for patient and caregiver are among others wearable devices, temperature,SOP2, pressure, glucose, fingerprint management, UPIS(Unique patient identification system),PRH(Personal health record)....etc.

To conclude, eHealth care solution is developing amazing tools for health practitioners in their daily work. It also developing a lot of devices that can help in track mobile migrant which should ensure better migrant movement.

6. Information and Experiences of Regional ILO Projects
Presenter: M. Redha Ameur, Regional Specialist on HIV and AIDS in Africa, ILO

The International Labour Organization (ILO) is devoted to promoting social justice and internationally recognized human and labor rights, pursuing its founding mission that social justice is essential to universal and lasting peace. Migrant doesn't have access to healthcare and are stays in informal settlement most of the time. 90% of men and women living with HIV are in their most economically productive period of their lives working as well sometimes in formal and informal economies, including small and medium enterprises (SMEs). Migration today is linked, directly or indirectly to the world of work and the quest for decent work opportunities. However, they rarely have access to health insurance schemes in their work environment.

Also, for migrant other issues face is not being able to have an HIV testing and other forms of screening for HIV. Other combat of ILO is to fight force marriage of a girl, for example in Mozambique half of the girls are being married before the age of 18 and 50% to the older man.

In all ILO would like to figure out how to face some of these challenges face by mobile migrant and on cross-border health challenges.

Lesson learned:

ILO witness every day in the field a continue discrimination towards the mobile population. And for some mobile migrant even if they have medical record document from their country of origin these documents are not recognized sometimes by laboratory assessment of country of migration, thus they have to pay user fees.

The good news is that in Mozambique for example, the government ratify the right of all worker migrant and it has to be approved now by the assembly so all migrant can have access to the health in Mozambique This is one good example ILO would like to see other country doing for their migrant.

In conclusion, the role of the government is to offer a social protection schemes for both contributory and non-contributory. The role of private sector as well is to reduce the pressure on health institutions by developing HIV and AIDS program for their staff and families and understanding the importance and specificity of the informal sector where most of the migrant are living.

7. The Partnership on Health and Mobility in East and Southern Africa (PHAMESA II)
Presenter: Ms. Paola Pace, Migration Officer, IOM

Migration is a global phenomenon, 1 in 7 people are migrant and the health of migrant is essential because those who migrate involuntarily, fleeing natural or man-made disasters have

higher exposure to ill such as HIV, TB, malaria.etc also it can be difficult to reach some migrants due to their rapid mobility or due to reluctance (no money, no time, etc.) to access VCT, HIV prevention/health care services. To help with those challenges IOM develop the PHAMESA II (Partnership on Health and Mobility in East and Southern Africa program) which is a 4-year initiative in 11 countries. The aims of PHAMESA II, IOM is to respond to the public Health need of migrants and communities affected by migration. The program implements a holistic, multi-stakeholder approach that addresses various factors that mediate health outcomes of migrants and migration-affected communities at individual, environmental and institutional levels. IOM develop in the same context a PHAMESA II for Cross Border Health related priority interventions Regional Mapping of services along major transport corridors in EAC(East African Community).

The study objectives are to compile reliable and up-to-date data on available health services along transport corridors in the EAC (focusing on key and vulnerable populations). Generate evidence-based, strategic information to inform the EAC Regional Task Force on Integrated Health and HIV and AIDS Programming along Transport Corridors.

The goal of the program is to provide a regional framework that will guide the delivery of comprehensive integrated health and HIV prevention, treatment, care and support services for migrants and communities along EAC transport corridors, inclusive of borders, ports and transport hotspots. IOM's main migration health objectives, largely realized through PHAMESA II program, complement CB-HIPP (Cross-border Health integrated Partnership project) goals and ultimately contribute to the implementation of the 2008 World Health Assembly (WHA) Resolution on the Health of Migrants.

Another major project done by IOM is the collaboration with Makerere University in Uganda on various research initiatives among them the 2015 study on HIV vulnerability among migrant and local community members in the mining sector in Uganda. The 2014 mapping of existing health services, service providers and actors along major transport corridors in the East African Community, The 2014 Uganda Migration Profile…..etc

To conclude, there are potential benefits in Cross-border regional collaboration within the health sector and those collaboration should help in improving access health services and better health care to migrant, to improve as well disease surveillance (communicable diseases & emergency preparedness) and better use/leveraging of available resources.

8. Regional Program for HIV in Southern Africa
Presenter: Mr. Monique Kamphuis, Embassy of the Netherlands in Mozambique

The government of the Netherlands has supported a number of regional programs for Sexual and Reproductive Health and HIV in the Southern African Region. The programs are specifically targeted at often marginalized populations, including adolescent girls, migrants and mobile populations and other key populations such as the LGBT community, sex workers, prisoners and drug users. They also place a strong emphasis on adopting a multiple layered approach, covering different levels (regional, country and community) as well as different prongs of interventions (policies, legal reforms, local implementation and community participation).

What the programs aim to achieve is 1) informed young people to enable healthier choices 2) Increased access to ARVs, condoms, modern contraceptives and safe abortions 3) Increased access to private and public integrated sexual and reproductive health services and 4) improved respect for rights of adolescents, key populations and mobile populations.

The embassy is currently is currently supporting 9 regional projects, including 2 that is related to migrants and mobile populations. From 2016 to 2020, a number of new regional HIV programs are also launched. The project "HIV & SRHR Knows no Borders" awarded to IOM, Save the Children and the Wits School of Public Health, operating in six countries (Mozambique, Malawi, South Africa, Swaziland, Zambia and Lesotho) will cover 11 border towns and migrant affected areas. It is targeted to benefit at least 265,000 migrants, youths and sex workers.

9. Regional Corridor Project
Presenter: Ms. Caroline Rose, Corridor Regional Coordinator, Médecins Sans Frontières (MSF)

MSF shared the experience working with key and mobile populations along the transport corridor in Malawi and Mozambique. The corridor project started in 2014 and is being implemented in Beire, Tete in Mozambique and Mwanza/Zalewa/Dedza and Nsanje in Malawi. Within these areas, there are various and complex flows of mobile populations between Zimbabwe, Malawi and Mozambique.

MSF works with sex workers, men who have sex with mean, long distance truck drivers, youth and the general population; but the focus of the presentation is mainly on sex workers and truck drivers. The main reason why we need to work with these key populations is because they are disproportionately affected by HIV. Sex workers, in many instances, are both key and mobile populations, with an increased risk for HIV infection. It is estimated that 28.7% of new HIV infections are attributed to the practices and the risks associated with key population in Mozambique, and that 30% of new HIV infections occur among women sex workers, clients of women sex workers and partners of women selling sex.

Key population face serious barriers to access to HIV testings, health services due to stigma and discrimination they are subjected to and are also difficult to identify, follow-up and retain in health services. Mobile population have a lower access to HIV testing, antiretroviral care due to, in many instances, their illegal status and high mobility.

The main objective of the corridor project is to support the Ministry of Health in writing and implementing Key Population national policies, to provide adapted and friendly services and care for STI, HIV, TB, family planning…etc, and to advocate for the access to care of these populations. MSF is experimenting the different models of care, including the provision of different packages of care, number of peer educators, and supporting the different MOH health structures. Results from the project show that introducing peer educators helps in re-contacting and re-testing defaulters of care among sex workers. The migrant and key population friendly services that are provided also add value in supporting MOH structures as sex workers are less discriminated and are keener to visit health centers.

A paper-based health passport targeting patients in mobility in the region and two hotlines numbers for sex workers will be implemented soon to improve access to medical information and linkage to care. An ehealth System (Corridor Application) will also be implemented soon to improve the follow up of the sex worker by keeping the medical information of patients with multiple visits records and using a unique ID number on the barcode.

Several lessons are learned: there remains a huge barrier for mobile populations to access and received continued care. The health services have no clear framework for providing care to mobile populations. As a result, access to care is still often denied to mobile populations (regular or irregular). Lab results or medical prescriptions are not always recognized by neighboring countries (or are in different languages) and emergency refill for people in transit is poorly accessible. Finally, as mobility poses challenges on classical approaches in M&E, eHealth solutions can be utilized to address these unique challenges.

National governments should continue to ensure equal access to health services for all, implement guidelines that ensure access to treatment and care for mobile populations and reflect mobility into national health plans. The government of Mozambique did a big step to ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families (ICRMW), but it is not yet in action.

On the side of multilateral organizations, it is recommended that they should include the “mobile dimension” and strengthen rights-based approach in relevant program and advocate for the inclusion of mobility in national policies and practices and the strengthening of the

normative framework. To achieve further results, donors such as PEPFAR and Global Fund should reflect aspects of mobility in its HIV programmes and advocate for governments to provide ARVs to everybody, regardless of their origin, occupation or migratory status.

10. SADC E8 Malaria Elimination: Progress, challenges and opportunities
Presenter: Mr. Bongani Dlamini, E8

The E8 is primarily an organization of member states. It's is also supported by technical and funding partners who play an integral role in the strategy. Among them are SADC, world health organization, Clinton health access initiative, university of Swaziland…..etc. The E8 is governed and coordinated through three institutions – the Ministerial Committee, the Technical Committee, and the Secretariat. Elimination E8 is an initiative aims to eradicate Malaria in 8 countries within southern Africa region comprising Botswana, Namibia, South Africa, Swaziland, Angola, Mozambique, Zambia, and Zimbabwe.

Southern Africa recorded more than 4 million formal migrants crossing the region. During their journey high volume of informal/undocumented travel through the region's porous borders, increasing the magnitude of disease importation. For E8 how will countries share or upload data to the system in order to reduce disease spreading while migrant are in mobility. For that, E8, developed some core interventions in its strategic plan in order to help countries track properly disease for migrant in mobility.

Among them are early diagnosis and treatment in the border areas for (i) mobile and migrant populations, and (ii) underserved residents of border districts. The E8 deployed coordination of a regional strategy for elimination, through the platform for negotiation, joint programming, and accountability. The regional platform serves functions for harmonization of quality-assured diagnosis, including external quality assurance, and national capacity-building.

Furthermore, elimination 8 wants to inform decision-making procedure between countries for reducing malaria disease because the risk is central for all. And for that elimination 8 suggest for a country to agree on Monthly malaria data elements, to agree on the timeline for data export after validation at the national level, to agree as well on Data report shared with E8 key point of contact…etc.

Also to see how the country target is making progress there is a tools for malaria improvement which is measure though 3 colors code (green, red , or yellow). Green which means country is on track in tackling the disease, Yellow moderate, and red not on track.

Furthermore, to combat malaria disease, Elimination 8 would like from countries to measure progress thought sharing of lessons and experiences during peer review, to identify gaps or

policies that can be used to reduce malaria and to encourage joint accountability in the region. The overall objective of 8 elimination is to place 35 malaria posts within borders, these will provide access to malaria diagnosis and treatment. They will also do primary health care package, diagnosis, treatment, reporting and follow-up.

In conclusion, the Success for the project will depend on the endorsement of E8 agreement by countries committing to regional collaboration. Also, the success will depend on the country to agree on adoption of certain policy or guideline for malaria disease improvement. And the challenges of such realization will depend on the different level of technology available within each country concern.

11. Regional Project Implementation Country Experience from Malawi: Progress, challenges and opportunities
Presenter: Mr. Joseph Wu, Technical Advisor, LIN

To discuss on the report of the Malawi northern region project base on the fourth main activities as state before:

Discussion and collusion of the study:

Outcomes: The patient can have up to 1 year's treatment when they have proper documentation according to the Malawi national HIV care and treatment guidelines.

Challenges: some of the challenges is the properly implement technology, specifically if we don't have a good environment. Others challenges are related to the fact that some of the patients don't know their right in term of accessing the health care service. Other issues are the UNIX identifier of the client that technology will not be able to solve for each individual.

In conclusion, available technology and platform for regional health monitoring and care network – DHIS2, DHIS2 mobile, DHIS2 tracker, miniHIS, etc. is important and also available for further implementation and expansion. Increasing awareness and stronger political will in the region for health partnership is important. It’s important to share the diseases burden and take care of all the people as one regional harmonization and collaboration through a network.

Discussion and Feedback

During the plenary session, participants provided feedback to the presentations made, and several key issues were discussed and highlighted.

1) Lack of coordination for regional project implementations

Participants agree that regional projects addressing mobile and migrant population health issues within the regional economic commissions (SADC, EAC and COMESA) and in individual Member States lack coordination. While the SADC Secretariat and Member States have dedicated coordinators appointed for each project, but they have not been able to bridge the communication gaps as expected. It is also observed that there is a gap between the high level meetings that engage decision makers at the ministerial level, and the local level technical working groups that provide detailed technical guidance on programs. The participants acknowledged that the current regional forum may serve as a bridging and cross-cutting platform for program coordination, knowledge and information sharing. The participants of the forum are able to achieve better synergy through the networking and collaboration, giving any initiative a better chance of sustainability and scale-up.

2) Limited Information Sharing

Language barriers that exist between Member States to some extent still impeded knowledge exchange, sharing of indicator outcomes, reports and patient level data. Additionally, there is no formal information sharing platforms that exist. The participants recommended for the establishment of an online platform, building on information system infrastructure that are already in place (e.g. DHIS2) to promote health information sharing and integration within the region.

3) Mobile Population Health should be more than just "Cross-Border" Projects

Mobile population and migrant health should not be limited to "corridor" or "cross-border" projects, but also put into the context of a country's health system strengthening work. Each Member State can also works towards enabling migrant friendly health services and care environment through training of health workers, strengthening information systems and promoting inclusive policies and legal frameworks.

4) Need for mobile population health related health indicators for M&E

Most Member States still lack M&E frameworks and systems in place to monitor migrant and mobile population health status and access to care. Most have not adopted any indicators on migrant and mobile population information in the national core indicators and reporting. Programming and service provision of mobile population and migrant health needs to be informed by putting in place such M&E frameworks.

5) Harmonization of treatment regimens

While most of the HIV and TB technical working groups within the different RECs have started on harmonizing the treatment regimens and guidelines within their region, however, the harmonization has not been implemented in practice. With the majority of HIV and TB drugs being procured with Global Fund support, it may be possible to agree on a pooled drug mechanism in the region. This can potentially reduce the possibility of emergence of drug resistance caused by interrupted treatments due to the differential treatment regimens. TB treatment regimens and clinical guidelines have generally been harmonized and standardized; but further attention is needed to tackle drug resistance TB and cross-border follow-up, especially in the mining sector.

6) Policies and legal frameworks for cross-border patient referral and follow-up

According to the forum's rapid assessment, Member States have felt that the policies and legal frameworks for cross-border patient referral and follow-up need a lot of strengthening. While most Member States have introduced National IDs, it is still not clear how cross-border patients can be identified. Regulations around patient data protection and data security issues are still not fully implemented or defined. Unique patient identifiers is one of the most important components for tracking and ensuring continuation of care for mobile populations – this would require coordination and agreements between different regional bodies to forge the way forward on how unique patient identifiers across regions may be developed.

7) Patient data protection and data exchange limitations

It is recognized that each SADC Member State have various patient data management and privacy protection laws. For example, in South Africa, even aggregated level health data are strictly protected by the government in terms of use and publication. Therefore, even if patient data exchange across different countries and information system is technically feasible, it would not happen unless the country's policies and regulations make provisions. However, if considering the fact that patient also has the ownership to their own information, data should be able to be shared following the individual's informed consent and under the condition that the personal health record is only accessible when the individual is present.

8) Sustainability of Regional Forum on Mobile Population and Migrant Health

The Cross-Border Forum was initiated in 2009 by LIN in collaboration with IOM. The initial purpose of forming an action-network and formulate partnerships across different development partners has been successful. It may well be considered if the forum may be formalized as an institutionalized platform for cross-country dialogues and coordination body for the further development of mobile population and migrant health.

Part 2: Rapid Assessment of 2015 forum recommendations of implementing SADC's "Policy Framework for Population Mobility and Communicable Diseases in the SADC Region"

The delegations from each SADC members states actively involved in the rapid assessment activity during the forum. Through the guidance from the forum chair, Dr. Chifakacha and the Technical Advisor of LIN, Mr. Joseph, participants were assigned to different country group for intensive discussion and assessment affairs. The results were shown in Annex 1 using score card method.

From the policy and planning aspect, each country recognized the deficiency of legislation were not up to date to cope the migrants and mobile population health issues hence urged actions to be taken to formulate such reforms. From the monitoring and evaluation aspect, lack of relevant indicators was the biggest challenge at present and also need to have further harmonization and development.

Concerning about patient referral network, patient's privacy and confidentiality issue were relatively well taking care. However the health information infrastructure and unique patient identification were the obstacles to enhance the regional patient referral network.

Surveillance was the major concern amid the current post-Ebola era and each country were obligated to fulfill the updated International Health Regulation (IHR). However the population mobility and diseases morbidity were not well captured through the current system and required further attention. Finally, each country started advocacy for regional harmonization and coordination of HIV regiments and treatment as part of the health care system strengthening activities for CBP.

In conclusion, cross-border health issue targeting migrants and mobile population was gaining increasing considerations from the local and regional authorities and progressing toward more international cooperation either through bilateral or multilateral engagements.

Conclusion

During the regional forum, the ministries and international development organizations were able to demonstrate the progress about cross-border health relevant projects progress and extensively identified challenges and gaps to be filled.

Utilization of the available health information infrastructure and novel technologies were the consensus from the participants to break the silos of vertical programmes and standalone country health care system to share the burdens of cross-border patients. The well adopted DHIS2 had been recognized as a potential platform to facilitate regional health information exchange and sharing. The cloud medical health record system can be the solution to take care of individual health records across the country borders and a reliable custodian to such system was required for further identification and explored.

Participants will continue advocate the cross-border health issue in local, regional and global context to benefit the migrants and mobile population to healthy and freely move within the region, as well as to contribute to the economic and social developments.

It is critical to create enabling and friendly health care environment in the region and education to the target population, health care workers and policy makers were the essential components to achieve the aim.

We had commitments to tackle the migrants and mobile population health issues together with the government authorities and development partners. Further collaborations are needed and adequate resources are required for the global society to work closely and to fulfill the sustainable development goals in the world.

Annex. 1: Rapid Assessments Results of implementing SADC's "Policy Framework for Population Mobility and Communicable Diseases in the SADC Region

DRC: Democratic Republic of Congo	**MW:** Malawi	**MZ:** Mozambique	**LS:** Lesotho	**SZ:** Swaziland	**RSA:** Republic of South Africa	**SC:** Seychelles	**ZM:** Zambia	**ZWE:** Zimbabwe

Code	Migrant and Mobile Population Health Care System Rapid Assessments Items	Response: 0 = No answer/Not Applicable; 1 = Not present, needs to be developed; 2 = Needs a lot of strengthening; 3 = Needs some strengthening; 4 = Already present, no action needed								
1. Policy and planning		**DRC**	**MW**	**MZ**	**LS**	**SZ**	**RSA**	**SC**	**ZM**	**ZWE**
1.1	The country is advocating within policy making process to create an enabling environment for migrants and mobile population to access quality care across the country.	2	2	2	2	1	3	4	2	2
1.2	There is up-to-date legislation and detailed regulations for caring migrants and mobile population health at all levels	2	1	1	2	1	4	1	3	1
1.3	The national authority enforces the legislation or regulations related to migrant and mobile population health.	2	1	1	1	0	4	1	3	1
1.4	The country has conducted policy reviews on migrant health to create and strengthen opportunities for community sensitization and empowerment of migrants in their right to health care.	2	1	1	2	0	3	1	2	1
1.5	The country has multi-sectoral coordinating mechanism in place to address the cross-sectoral nature of migrant and mobile population health issues.	3	2	1	3	3	4	1	2	1

2. Monitoring and evaluation system of CBP in country		DRC	MW	MZ	LS	SZ	RSA	SC	ZM	ZWE
2.1	The country has M&E frameworks and systems in place to monitor migrant and mobile population health status and access to care.	2	2	2	3	1	2	1	2	1
2.2	The country has adopted indicators on migrant and mobile population information in the national core Indicators and Reporting Systems.	2	1	1	1	2	2	1	1	1
2.3	The indicators on migrant and mobile population information are harmonized among donors and implementing partners.	1	1	1	2	2	1	1	2	1
3. Regional referral network		**DRC**	**MW**	**MZ**	**LS**	**SZ**	**RSA**	**SC**	**ZM**	**ZWE**
3.1	The country has robust Health Information Infrastructure to form a Patient Referral Network within and across countries.	2	2	2	1	2	2	1	2	2
3.2	Method for Patient Identification (unique or non-unique) is available and used in routine health services at the national level.	2	2	3	2	2	3	1	3	3
3.3	There are health information sharing protocols and standards adopted at a national level.	2	2	3	4	3	4	1	3	3
3.4	There are Electronic Data Systems for HIV, TB and/or NCDs implemented at a national level.	2	3	2	4	2	3	3	2	3
3.5	Patient confidentiality and privacy is protected through privacy and ethical regulations and incorporated into information exchange protocols.	2	3	3	4	3	3	3	3	3

4. Public health surveillance and epidemic preparedness		DRC	MW	MZ	LS	SZ	RSA	SC	ZM	ZWE
4.1	The country has adequate capacity to diagnose, record, report timely and complete data for notifiable diseases.	2	2	2	3	2	4	3	3	3
4.2	The country has adequate capacity to analyze and act upon the data for outbreak response and planning of public health interventions.	2	2	2	4	4	4	4	3	3
4.3	The country has the regular and updating data of the situation of population mobility and diseases morbidity.	2	1	1	3	1	3	4	1	3
4.4	The country has identified the IHR focal point to raise the concern to the migrant and mobile population public health surveillance needs.	0	2	1	3	4	4	4	2	1
4.5	The country has a national platform for data management and sharing to provide information to the regional platform (i.e. SADC Health Ministers Meetings) on public health surveillance.	2	3	3	4	3	4	4	2	3
5. Health care system strengthening for CBP		**DRC**	**MW**	**MZ**	**LS**	**SZ**	**RSA**	**SC**	**ZM**	**ZWE**
5.1	The country is advocating for regional harmonization and coordination of HIV regiments and treatment.	2	2	3	4	2	4	0	3	4
5.2	The country is implementing training and policy advocacy for health workers to be migrant sensitive and cross-border patient friendly at all levels of health system.	2	2	2	2	2	4	1	3	2
5.3	The country has produced and disseminates IEC material in related to migrant and mobile population health to the public.	2	2	2	2	2	2	1	3	2