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## **The U.S. – Mexico Binational Tuberculosis Referral and Case Management Project\***

In September of 2000 the U.S. and Mexico Secretaries of Health signed an agreement to increase collaboration on migrant health needs. One of the first bilateral collaborations developed was the Binational TB Referral and Case Management Project, the goals of which are to:

- 1) ensure continuity of care and completion of care for migrating TB patients,
- 2) reduce the incidence of TB in both countries and to prevent drug resistance,
- 3) coordinate the referral of patients between health systems,
- 4) provide a model for other diseases.

The project has as its centerpiece a binational TB card which has a unique identification number, toll free telephone numbers in the U.S. and Mexico, TB treatment data elements, but no patient name or mention of tuberculosis. Patients in the U.S. are eligible if they have active TB, are Mexican-born, and are “Mexico bound.” All patients traveling from Mexico to the U.S. are eligible if they have active tuberculosis. A binational project manual was developed. Training for pilot implementation began the week of World TB Day in 2003. Pilot sites include 4 sister-city regions on the U.S. – Mexico border, U.S. immigration and customs enforcement detention centers, 3 non-border U.S. states, and two Mexican border states. We report on approximately one year of pilot implementation at these sites. In the U.S. over 200 cards have been distributed. About 25% of these patients have moved to Mexico during the course of their treatment to 11 Mexican states. In Mexico over 1500 TB cards have been distributed from 350 health centers. Available outcome data on will be presented. A formal evaluation of the pilot has been designed and will be completed in 2004 addressing completion of treatment, migration patterns, data flow and intersystem coordination, patient and healthcare worker experiences. Challenges and barriers to binational project collaboration will be discussed. The TB card project has been successful in establishing a strong binational consensus for improved migrant TB patient outcomes. This model may be applicable to other infectious and chronic diseases among migrants crossing international borders.

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