



POLICY BRIEF

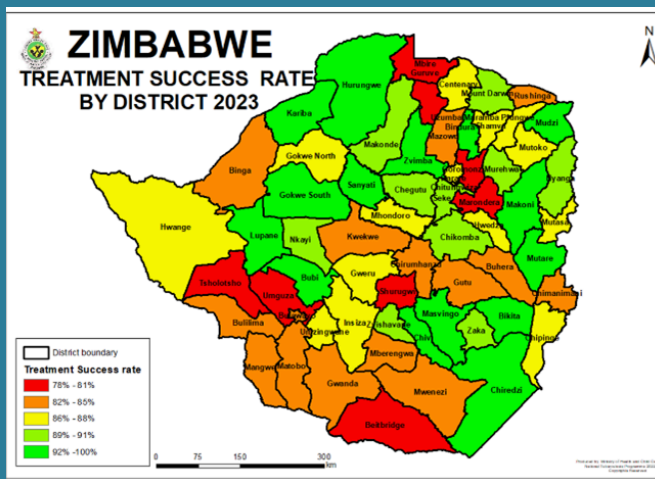
SADC TB CROSS-BORDER REFERRAL SYSTEM (CBRS)

A GAME CHANGER TO THE TB RESPONSE



INTRODUCTION

Tuberculosis (TB) remains a disease of global health concern and the leading cause of death from an infectious agent. The World Health Organization (WHO) estimates that worldwide, an estimated 10.6 million people (95% UI: 9.9–11.4 million) developed TB in 2022, up from best estimates of 10.3 million in 2021 and 10 million in 2020. The Sub-Saharan Africa contributes at least 25% of the global burden of TB presenting an untenable situation that requires robust and deliberate measures for containment. At least 9 of the Southern African countries are among the 30-constituent high TB burden countries in the world. Besides, Human Immune Deficiency Virus Infection (HIV), under-nutrition, diabetes, mining activities, and exposure to industrial (elements?) ,significantly contribute to the risk and burden of TB. With mining activities comes increased cross-border and in-country migration in search of employment. The regional CRG report notes absence of active policy frameworks that supports seamless continuation of care of migrant TB patients across national borders. This amplifies the need for an enhanced cross border collaboration.

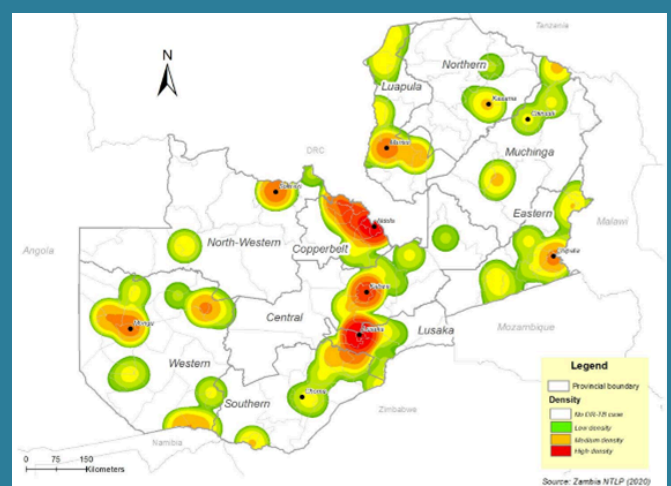


Districts bordering South Africa have lower TB treatment success rate. (Source, NTP Zimbabwe)

The current efforts for cross-border referrals are patient led and research based. This opens gaps in linkage to care of patient from one facility to another within an individual country and across borders thereby potentiating for poorer outcomes because of patients that can not be traced; wrongly assigned a treatment outcome not evaluated or lost to follow up. A review of programmatic data for, Malawi, Mozambique, Zambia and Zimbabwe provides critical insights on status of TB treatment outcomes in border areas and migrant populations.

The districts in the Southern part of Zimbabwe which shares borders with South Africa have treatment success rate of 78-81% against the inland districts which have a success rate of 86-100%.

In the case of Zambia where the National TB and Leprosy Programme conducted an in-depth evaluation of TB treatment outcomes distinguished by in country patients and cross-border patient all notified in Zambia showed a significant distinction in outcomes, cross- border patients had treatment success rate of 80% while the in-country patients had 90% treatment success rate



DR TB Predominant in border areas and the major transport corridors-Zambia: (Source, NTP Zambia)



For Malawi and Mozambique, the data from showed high variability in treatment outcomes for border districts when compared to inland districts. Further, the mortality study in the Kingdom of Lesotho showed that risk population like miners, ex miners and factory workers had lower treatment success rates compared to other risk populations. The common factors in the countries that is partly contributing to the undesirable outcomes is the migration. The data above is a surrogate marker of the effect of migration on TB treatment outcomes in the SADC region in the absence of a regional study to establish the effect of migration on TB treatment outcomes in the entire SADC.

Major routes of migration in Africa

The East, Central and Southern Africa Health Community (ECSA-HC) worked with SADC to establish the Cross Border Referral System (CBRS). The CBRS seeks to strengthen the continuum of care of TB patients in the SADC region by addressing the gaps that exist in the linkage to care of TB patients that desire to return home, migrate to a different region for various reasons among them and largely economical reasons.



The CBRS coverage in the inception phase includes 10 countries which are: Botswana, Lesotho, Eswatini, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe. All the countries have adopted the CBRS and relevant officers have been oriented on its use and functions. The Sytms is also linked to SADC servers, making it readily accessible to all SADC Member States



The revised CBRS has the following unique features:

1. Collects demographic data for easy of patient identification
2. Characterises the TB patient by disease type, site of disease and resistance in line with the WHO classifications
3. Provides treatment options in line with the latest WHO recommendations for both Drug Sensitive TB and Drug Resistant TB, thereby providing an opportunity for harmonisation of TB treatment in the SADC region as per the SADC protocols
4. CBRS facilitates for the inter-country referrals with an added provision for intra-country referrals
5. Variables for occupational lung diseases have been incorporated to collect data and support efforts on occupational related TB and lung disease
6. The reporting systems provided for in the CBRS will enable countries to report to SADC and WHO on TB in the mining sector with ease and efficiency
7. The system provides real-time reporting of data for use by the NTPs and policy makers for decision making and improved policies to enhance data management and strategies aimed at combatting TB epidemic in the SADC region.
8. The systems allow for interoperability and integration with in-country existing systems.

CONCLUSION

The CBRS is a noble regional initiative, supported by the SADC Heads of States and Government TB Declaration of 2012 which called for concerted efforts in fighting TB in the SADC region notably the mining sector. Its rollout will potentially accelerate the efforts of attaining the “End of TB Strategy Goals” of ending TB by 2030. The successful implementation of the CBRS will require political will and stewardship, collaborative approach, strong coalition with Civil Society Organizations (CSOs) and other identified communities and stakeholders to promote systems that will enhance patient data security, bold policies, system integration and innovative and easy to implement patient-centred approaches. Potentially, if optimized the CBRS can be used for any patient level data for all diseases.

Recommendations:

1. A rapid adoption and domestication of CBRS by all SADC Member States
2. Implementation of the CBRS across all TB notification centres in each Member State of SADC (full coverage of the CBRS)
3. Where there are mature TB Electronic Medical Record (EMR) systems in place linked through an interoperability approach
4. Governments within the SADC are encouraged to reaffirm their commitment through actions
5. Governments within the SADC and international donors are encouraged to invest in the CBRS for its sustainability

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