One of the challenges affecting southern Africa is the impact of population mobility on adherence to HIV and tuberculosis (TB) treatment. Migrants and mobile populations are more likely to default because of a number of challenges, including a lack of access to health facilities when they relocate and differences in treatment protocols which makes it difficult for them to get drug refills. This increases the risk of developing and passing on multi-drug resistant strains of these diseases which are costly and more difficult to treat.

In response to this challenge, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) and the International Organization for Migration (IOM) facilitated a migration sensitization workshop in March 2014 for BLC’s Migration Corridor civil society organization (CSO) partners. Under the Migration Corridor project, BLC delivers HIV prevention services to migrants and communities affected by migration through providing local CSOs with performance-based grants and strengthening the organizational and program capacity of partners delivering these services.

This workshop helped partners identify ways to improve their HIV prevention programs to cater for migrants and mobile populations. During the workshop, partners reviewed their programs, identified gaps, and developed action plans to address them. They also developed combination prevention packages for migrants, shared lessons learned, and built networks with other participants.
Collaboration bears fruit

During the workshop, IOM highlighted one of its long-standing challenges: Zimbabwean TB or HIV patients who begin treatment in South Africa but who default treatment when they return home. IOM stated that often patients only seek medical attention and resume treatment when they feel sick. The workshop participants agreed that more concerted regional collaboration is required to combat TB and HIV.

One of the participating organizations, Hospice and Palliative Care of Zimbabwe (HOSPAZ) was challenged by this discussion. “While we had agreed in principle, none of us at that time was clear on how exactly this [collaboration] should happen,” said Julieth Musengi, HOSPAZ Programs Manager.

A week after the workshop, IOM contacted HOSPAZ requesting them to follow up on a patient they had tested for TB in South Africa but had returned to Zimbabwe before starting treatment. The patient had given the clinic an address in Bulawayo, Zimbabwe, and HOSPAZ was able to identify a clinic close to the patient’s home. Through the sister in-charge at this clinic, HOSPAZ established that the patient had visited the clinic, had been re-tested for TB, and had commenced TB treatment. HOSPAZ phoned the patient, who reaffirmed that he was recovering well and adhering to his treatment.

According to HOSPAZ, this case could be the beginning of regional collaboration between Zimbabwe and its neighboring countries (Botswana, Mozambique, South Africa, and Zambia) to address adherence challenges related to TB and HIV treatment for migrants and mobile populations. HOSPAZ is a strategic partner in these efforts with a national membership of over 120 community-based organizations located in all districts of Zimbabwe. “It is a great opportunity for HOSPAZ to participate in this worthy initiative. Through networking and strengthening partnerships within the region, we can make a difference,” said Julieth.

Launched in 2010, the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) strengthens government, parastatal, and civil society entities to effectively address the challenges of the HIV and AIDS epidemic.

Throughout the Southern Africa region and with specific activities in six countries, BLC provides technical assistance in organizational development, including leadership, management, and governance in three key program areas: 1) care and support for orphans and vulnerable children; 2) HIV prevention; and 3) community-based care.

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