

CROSS-BORDER HEALTH INTEGRATED PARTNERSHIP PROJECT (CB-HIPP)

Kenya-Uganda Cross Border Health Services Review and Joint Planning Meeting

September 5, 2019

Rock Classic Hotel, Tororo, Uganda



Meeting Report

Table of Contents

Abbreviations and Definition of Terminologies	ii
I. Introduction and Background	1
II. Welcome and Opening Remarks.....	3
III. Presentations.....	7
IV. Group Discussions and Plenary.....	7
V. Next Steps.....	11
VI. Closing Remarks.....	11
Annex I: Agenda.....	13
Annex II: List of Participants: Kenya.....	14
Annex III: List of Participants: Uganda.....	15
Annex IV: Opening and Closing Remarks	16
Annex V: Uganda Preparatory Meeting Resolutions	18
Annex VI: CB-HIPP Presentation.....	21
Annex VII: Uganda Presentation	24
Annex VIII: Kenya Presentation.....	26

Abbreviations and definition of terminologies

CAO	Chief Administrative Officer
CB-HIPP	Cross-Border Health Integrated Partnership Project
CBHU	Cross Border Health Unit
CBPE	Cross-Border Peer Educator
CHEW	Community Health Extension Worker
CLA	Collaborating, Learning and Adapting
DHO	District Health Officer
Dry border	Geographic boundary of a country on land
EAC	East African Community
HMIS	Health Management Information System
J2SR	Journey to Self Reliance
JBC	Joint Border Commission
MOH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS and STIs Control Program
NTLP	National Tuberculosis and Leprosy Program
RDC	Resident District Commissioner
UAC	Uganda AIDS Commission
VHT	Village Health Team
Wet border	Geographic boundary of a country within a water mass, e.g., Lake

1. Introduction and Background

1.1 Executive Summary

The Kenya-Uganda Cross Border Health Review and Joint Planning Meeting was held on September 5, 2019 in Tororo, Uganda. The meeting brought together over 70 participants drawn from the office of the Permanent Secretary in Uganda's Ministry of the Office of the President, Kenya and Uganda's national ministries of health (MOH), Kenya's Ministry of Interior and Coordination of National Government, county/district health teams, Kenya's Busia County Assembly and Uganda's local government, USAID/Kenya and East Africa (KEA) and USAID/Uganda and their implementing partners, civil society organizations, cross-border health unit (CBHU) teams and target population representatives.

The purpose of the meeting was to discuss the draft Kenya/Uganda Cross Border Health Services Action Plan for the Kenya-Uganda cross-border activity which had been reviewed by country stakeholders from Kenya and Uganda during June 3 and 5, 2019 preparatory meetings. The meeting was characterized by presentations, group work and plenary discussions, where participants largely endorsed the Action Plan. Among the key discussion points and recommendations were: the need to establish cross-border coordination and collaboration structures and for border districts/county to work closely with governance and policy agencies at local and national levels to secure their buy-in and approval to facilitate policy and resource mobilization discussions; develop terms of reference (TOR) to operationalize/implement the Joint Border Commission (JBC)'s recommendations on cross-border health; integration of cross border health issues in border districts/county's health sector strategic plans and HIV strategic plans; jointly identify and define priority indicators for cross-border health and develop

a protocol to support sharing of health data across Kenya and Uganda; need to harmonize treatment costs to support continuum of care and to inform portable health insurance benefits; and generate evidence to support policy and action on sustainable cross-border trans-national health services and programming in the EAC region.

By the end of the meeting, the participants agreed to finalize, cost and launch the action plan.

1.2 Project Overview

The Cross-Border Health Integrated Partnership Project (CB-HIPP), supported by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is designed to extend quality integrated health services in strategic land and wet cross-border areas and other transport corridor sites and waterways in East, Central and Southern Africa, with a focus on program learning. The Leader With Associates (LWA) Award commenced operations on September 1, 2014.

The goal of CB-HIPP is to catalyze and support sustainable and African-led regional health development partnerships to improve health outcomes among mobile populations and vulnerable communities residing along Eastern, Central, and Southern African transport corridors and cross-border sites. This goal will be achieved through three Results:

- Increased access to and up-take of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognized HIV transmission "hotspots" along Eastern, Central, and Southern transport corridors.

- Alternative health-financing models identified, implemented, and tested to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery.
- Strengthened leadership and governance by inter-governmental institutions to improve the health of mobile and vulnerable populations.

1.3 Meeting Overview

1.3.1 Background

In preparation for the Journey to Self-Reliance (J2SR) for Kenya-Uganda cross-border activity, USAID/KEA regional health team and CB-HIPP developed a draft J2SR plan of action to guide discussions during the Kenya-Uganda Cross Border Health Review and Joint Planning Meeting on September 5, 2019 in Tororo, Uganda. To familiarize respective local stakeholders with the objectives of the J2SR draft plan of action and expected outcomes of the joint technical cross-border meeting, CB-HIPP in collaboration with the border county/district health management teams (C/DHMTs) co-hosted country preparatory meetings as below:

1.3.2 Kenya Preparatory Meeting

The Kenya preparatory meeting was held on June 3, 2019, in Busia. It was attended by Busia County Government, members of Busia CHMT, sub-county AIDS and TB coordinators, facility in-charges from select facilities participating in the cross-border health units (CBHUs), CBHU representatives from the Busia, Malaba and Sio Port/Port Victoria sites, target populations representatives, and USAID/KEA implementing partners AMPATH.

1.3.3. Uganda Preparatory Meeting

In Uganda, the meeting was held on June 5, 2019 in Busia. It was attended by Busia, Tororo and Namayingo Local Government leadership (Resident District Commissioner, District Chairperson, Chief Administrative Officer), DHMT members, facility in-charges from select facilities participating in the Busia, Malaba and Majanji CBHUs as well as those identified as high-volume facilities in the islands of Namayingo District, CBHU representatives from the Busia, Malaba and Majanji sites, target populations' representatives, and USAID/Uganda implementing partners RHITES-East and RHITES-East Central.

During the country meetings, participants discussed and provided input in the draft plan of action and identified key priority focus that included need to: develop a policy framework for cross-border health; develop common unique identifiers for clients/patients in cross-border health management information system and dashboard to track services received on either side of the border; and, utilize existing governance structures such as the Kenya-Uganda Joint Border Commission recognized by EAC to address cross-border health.

1.3.4 Follow-up meetings in preparation for Kenya-Uganda Cross Border Health Review and Joint Planning Meeting

The country preparatory meetings were followed by organized meetings with national level stakeholders to debrief on the country meeting resolutions and to achieve national level buy-in for the scheduled joint meeting as follows:

(a) Kenya

- In order to establish a working relationship with the JBC, CB-HIPP held consultations with the national government representative in Busia, the County Commissioner, who is also a member of the JBC on June 20, 2019.
- On July 9, 2019, CB-HIPP in liaison with the Busia County Health Leadership and the security team led by the county commissioner apprised the Governor on the outcomes of the June 3, 2019 country preparatory meeting as well as recommended steps in preparation for the Joint Cross-Border Meeting. Among the recommendations was the need to work closely with the Ministry of Interior and Coordination of National Government where the JBC is domiciled to coordinate national representation.
- Informed by the meeting with the Governor, CB-HIPP consulted with JBC officials, including the chairperson, Secretary for Internal Security. The JBC remains an important forum for engagement and the project will use it going forward to address cross-border health at the Kenya/Uganda border.
- However, for the purposes of the Joint Cross-Border Meeting, the project worked with the ministries of Interior and Coordination of National Government and Health to ensure national and county representation.

(b) Uganda

- During the national preparatory meeting on June 5, 2019, the participants recognized the need for involvement of national government in buy-in, ownership and approval of the plan of action. Guided by the Constitution's Article

178 and Section 8 of the Local Governments Act for district cooperation, they established an inter-district joint committee for cross-border health collaboration and coordination among the three districts – Busia, Namayingo and Tororo. The committee is comprised of chairpersons, RDCs, district health officers and chief administrative officers.

- From the inter-district committee, a sub-committee was constituted to lead the consultations with national government for the scheduled Kenya-Uganda Cross Border Health Review and Joint Planning Meeting, consisting of: Namayingo RDC (chairperson of the national RDC forum); Namayingo assistant district health officer; Busia District Council chairperson; Tororo chief administrative officer; and Tororo district health officer.
- On June 11, 2019, the Namayingo RDC, on behalf of the sub-committee apprised the Permanent Secretary, Office of the President on the June 5 meeting outcomes and recommended next steps including the plan for the Kenya-Uganda JBC to co-convene the joint meeting. In Uganda, the JBC is domiciled at the Office of the President whose buy-in is vital for sustainable bilateral collaboration on cross-border health.
- On June 25, 2019, committee members held a scheduled follow-up inter-district meeting to review and debrief on actions from the country preparatory meeting. Participants reviewed the resolutions made on June 5; and the leadership present (RDCs, CAOs and chairpersons) endorsed and signed them accordingly (*see annex V*).

- To facilitate buy-in and ownership at the national level within the Ministry of Health, the Tororo DHO on behalf of the inter-district committee submitted the country preparatory meeting resolutions to the Commissioner, National Disease Control on July 3, 2019. This process was important for coordination of national representation
- CB-HIPP worked closely with the inter-district committee and the MOH on the national and districts' representation during the Joint Cross-Border Meeting.

1.3.5 Kenya-Uganda Cross Border Health Review and Joint Planning Meeting

(a) Meeting Objectives

- Create an understanding of cross-border health service model's contribution to strengthening Kenya-Uganda health service delivery in border regions around Lake Victoria;
- Discuss capacity building needs to ensure sustainable Kenya-Uganda cross-border health service delivery around Lake Victoria;

- Discuss Kenya and Uganda bilateral program interventions and opportunities of linking and creating synergy for increased impact, particularly on 95-95-95 HIV targets;
- Discuss and determine pivot points that enhance the journey to self-reliance for both national and regional activities in cross-border areas.

(b) Expected outcomes

- Reach a shared understanding of the Kenya-Uganda cross-border health model;
- Reach consensus on bilateral priorities and coordination and collaboration arrangements anchored on existing local, national, and regional government structures to address cross-border health issues;
- Reach agreement on a plan of action to integrate and/or strengthen approaches that support the journey to self-reliance for the Kenya-Uganda cross-border health interventions and bilateral J2SR.



Stella Imukutet, Tororo District Chairperson (Uganda) and Hon. Vincent Ojiambo representing the County Government of Busia (Kenya).

2. Welcome and Opening Remarks

2.1 Introductions, Welcome and Opening Remarks

The meeting moderator Dr. Patrick Tusiime, Commissioner, National Disease Control – Uganda MOH led participants in an introduction session. The meeting brought together over 70 participants drawn from the office of the Permanent Secretary in Uganda's Ministry of the Office of the President, Kenya and Uganda's national ministries of health (MOH), Kenya's Ministry of Interior, county/district health teams, Kenya's Busia County Assembly and Uganda's local government, USAID/KEA and USAID/Uganda and their implementing partners, civil society organizations, cross-border health unit (CBHU) teams and target population representatives. The leaders representing national and local/county governments brought diverse insights into the importance of the Kenya-Uganda pivot to cross-border health programming.

2.1.1 Tororo District, Uganda

The Deputy Chairperson, Were Yahaya acknowledged USAID/KEA's support for the cross-border health program and lauded the efforts and partnership between the governments of Kenya and Uganda and all local partners in addressing cross-border health. Yahaya assured the meeting of the district's support for cross-border health programming, and further noted the significance of the meeting given disease outbreaks such as cholera on the Kenya-Uganda border.

2.1.2 Busia County, Kenya

The County Commissioner for Busia, Jacob Narengo, stressed on the need to ensure cross-border health issues are addressed and a good referral system put in place, noting that for example many Ugandans access services at the Busia County Referral Hospital. He informed the meeting of the establishment of Kenya's Huduma Number and suggested that an adoption of a similar mechanism by Uganda could ease services for mobile/cross-border populations.

2.1.3 Tororo District

The Chairperson, Stella Imukutet welcomed participants to Tororo and observed that the region borders four counties in Kenya – Busia, Bungoma, Homa Bay and Migori and Rorya district in Tanzania. Ms. Imukutet noted the recent joint border security meeting had discussed issues of cross-border health, including the decision for Uganda MOH to provide vaccines and train staff for yellow fever vaccination services to address complaints of high costs for Ugandans accessing the service in Kenya considering that countries have national efforts to address cross-border health. She further observed the existence of collaboration challenges and the need to streamline communication flow, as well as the role of political leaders in mobilizing available resources to support efforts spearheaded by partners.

Other political leaders in attendance recognized the on-going collaboration on the Kenya/Uganda border and wished for fruitful deliberations at the meeting including Uganda's Busia District Chairperson Geoffrey Wandera, Uganda's Namayingo District Chairperson Ronald Sanya, and Kenya's Member of the County Assembly of Busia Hon. Vincent Ojiambo representing the County Government of Busia.



Jacob Narengo, Busia County Commissioner.

2.2 Technical Remarks

2.2.1 Ministry of Health, Uganda

Dr. Patrick Tusiime, Commissioner, National Disease Control, reflected on the World Health Organization's (WHO) definition of health noting that beyond disease, other non-medical determinants including lack of income and education opportunities make individuals unhealthy. Therefore, a multisectoral approach is critical to address cross-border health because similar issues affect populations on either side of the border. Noting the need for taking personal responsibility, Dr Tusiime reiterated that individuals should be responsible for their health. He observed the increasing incidences of zoonoses such as Ebola, hemorrhagic fever, anthrax and rabies, require health needs to be addressed holistically to ensure that as people and animals cross borders, diseases don't cross with them.



Dr. Patrick Tusiime, Ministry of Health, Uganda.

2.2.2 Ministry of Health, Kenya

Dr. Emmanuel Okunga, from the Division of Disease Surveillance and Epidemic Response noted that health challenges are societal requiring enormous levels of financing and innovative ways to prioritize resources. He acknowledged USAID's support in Kenya and Uganda and recognized the current programming by CB-HIPP as an innovative way that can be utilized to target high risks and diseases with highest burden through coordination by countries.

Dr. Okunga expressed his hope that the innovation will be utilized for cross border health service delivery across all diseases beyond HIV and TB. He recommended that CB-HIPP lessons learned should be integrated to such issues as health management information systems (HMIS) to monitor cross-border health service delivery, and hotspot analysis can improve reach and service delivery for mobile population networks. This analysis can be applied to other health issues including hygiene and sanitation and tracking lost to follow-up clients. Dr. Okunga was keen on how to make services more comprehensive and how they can be innovatively financed. He also called for suggestions on how the countries can share health information, and the legal and policy framework to support this sharing.



Dr. Emmanuel Okunga, Ministry of Health, Kenya.

2.2.3 USAID/Kenya East Africa



Wairimu Gakuo, USAID/KEA.

The USAID/KEA Deputy Chief in the Office of Health, Population and Nutrition, Wairimu Gakuo appreciated the level of representation at the meeting and acknowledged the national and county/district officials, health care workers, civil society, USAID/KEA and USAID/Uganda and their implementing partners and target population representatives.

She observed that the stakeholders realize approaches for mobile populations differ from those of resident populations. Appreciating developments in the region that facilitate movement across borders, Ms Gakuo challenged participants to consider the implications in the health context. Noting that health outcomes are beyond statistics, Ms Gakuo emphasized the need for a multisectoral approach, recognizing the high investments made on diseases such as HIV and the losses incurred when patients on treatment are lost and/or cannot be traced.

Building on CB-HIPP's predecessor Regional Outreach Addressing AIDS through Development Strategies (ROADS) project that focused on transport corridors Ms Gakuo observed that cross-border issues require collaboration with multi-sectoral stakeholders and governments.

She informed the meeting that USAID as a partner in health is assessing how countries and the region are addressing issues and innovative solutions including mobilizing the necessary resources on their journey to self-reliance. She urged all to actively participate in identifying local solutions to address cross-border issues for the people of East Africa.

2.2.4 Ministry of Interior and Coordination of National Government, Kenya



Anne Ng'etich Western Regional Commissioner.

The Regional Commissioner-Western Kenya, Anne Ngetich observed that mobile communities have not been fully factored in national planning and thus missed out on key services, including health, leading to over-stretched border health systems. Ms. Ngetich noted that Kenya has an implementation coordination structure at three levels that encompasses programs initiated by partners and the President. At the county level, County Implementation Committees are chaired by the County Commissioner. At the regional level, there are eight Regional Implementation Committees chaired by a Regional Commissioner. The national level has two committees – one that brings together all permanent secretaries under the chairmanship of the Permanent Secretary in the Ministry of Interior; and a cabinet secretaries' committee chaired by the Cabinet Secretary in the Ministry of Interior.

She reiterated the importance of a multi-sectoral, multi-agency approach in Kenya and encouraged good planning and development of a good implementation framework that will facilitate resource mobilization. Reiterating Kenya's national government engagement through the afore-mentioned committees, she appealed for alignment for coordinated collaboration. She observed that JBC is active and members rotationally meets annually in the two countries. As JBC members, she assured the technical teams of their support on health matters and pledged support towards the cross-border health initiatives. Ms. Ngetich challenged the restriction of programming to border areas, noting that mobility extends to countries' hinterlands including transport highways and that there are structures for buy-in and ownership in Kenya.

“...there is need for a multisectoral approach, recognizing the high investments made on diseases such as HIV and the losses incurred when patients on treatment are lost and/or cannot be traced...” Wairimu Gakuo, USAID/KEA.

2.3 Keynote Address



Major Martha Asiimwe, Presidential Advisor, Ministry of the Office of the President, Uganda.

Major Martha Asiimwe, representing the Permanent Secretary in the Ministry of the Office of the President, welcomed participants to the Kenya-Uganda Cross Border Health Services Review and Joint Planning Meeting which she noted was timely towards resolution of cross-border issues affecting Kenya and Uganda. Noting that the two countries share much in terms of their history, geography (roughly half of the estimated 30 million people in the Lake Victoria Basin are in Kenya and Uganda), security, kinship, trade and livelihoods especially drawn from sharing trans-boundary resources such as Lake Victoria.

Major Asiimwe lauded the spirit of joint and cordial resolution of challenges facing Kenya and Uganda, especially around the lake and across the borders that is well within the framework of the region's pursuit of friendly neighborliness and promotion of the EAC integration agenda for the common good of the East Africa Community citizens. She observed that the cross-border health intentions are in line with the aspirations of the 12th Uganda/ Kenya JBC Meeting held in August 2018

at Hotel Ridar, Seeta in Kampala. The 12th JBC had specifically recommended that 'both countries should continue synchronizing operations and linkages of disease surveillance teams especially on epidemiological mechanism to strengthen cross-border health services for communities'. It is for this consideration that she commended the USAID regional health team for spearheading the development of the draft J2SR plan of action to inform discussions during this joint and review planning meeting.

Major Asiimwe reviewed the objectives and expected outcomes of the meeting, noting that they are noble and are in line with the two countries' aspirations. However, she proposed that the technical team in charge of preparing the draft action plan should consider including in the plan mechanism of addressing mindset issues among those intended to be served; noting that negative mindsets have hindered implementation of some past interventions. Major Asiimwe observed that a stakeholder analysis could be useful, but that there is also need to ensure that those consulted represent those affected by the problem.



Meeting participants listening to the keynote address

“ The cross-border health intentions are inline with the aspirations of the 12th Uganda/ Kenya JBC Meeting (2018) which recommended both countries to continue synchronizing operations and linkages of disease surveillance teams... to strengthen cross-border health services for communities” - Major Martha Asiimwe.

3. Presentations

The first presentation made by the CB-HIPP chief of Party, Dorothy Muroki, provided an overview of CB-HIPP (goal/mandate, objectives, learning sites, key project milestones, implementation milestones) and a brief discussion on the components and implementation of the cross-border health service model. See the PowerPoint presentation, annex VI.

Uganda's presentation by Mathias Mangeni on behalf of Uganda provided a background on HIV data and national response strategies in the country; an update on health and cross-border interventions implemented in collaboration with USAID/Uganda bilateral implementing partners and USAID/KEA-funded CB-HIPP; as well as challenges, priorities and opportunities in the implementation of the cross-border health programming. See the PowerPoint presentation, annex VII.



Cross-section of meeting participants listening to the presentations

Kenya's presentation by Dr. Melsa Lutomia, County Director of Health (Preventive), provided a population and health statistics of Busia county; the collaboration and achievements in cross-border health programming; the rationale and challenges for the cross-border health services model; and recommended priority actions. See the PowerPoint presentation, annex VIII.

4. Group Discussions and Plenary

Summary

Cross-border coordination and collaboration

- Develop terms of reference (TOR) for operationalizing/implementing the Joint Border Commission (JBC)'s recommendations on cross-border health, and against which progress will be measured
- Establish inter-district/inter-sub county joint implementation committees to provide site-level oversight for cross-border health coordination and collaboration and report to JBC and policy structures at the local levels, County Assembly (Kenya)/District Council (Uganda) and to national and regional/EAC structures as appropriate.
- Border districts/county to work closely with the governance and policy structures at local and national levels to secure buy-in and approval of the cross-border coordination and collaboration structure, and to facilitate policy and resource mobilization discussions



Mathias Mangeni, Assistant District Health Officer, Namayingo, Uganda

Cross-Border Service Delivery and Referral

- To address sustainability, the participating districts/county to integrate cross border health issues in their health sector and HIV strategic plans
- Recommend re-definition of implementation areas ('cross-border site' versus 'cross-border area') to contextualize programming reflective of the mobility dynamics and inter-relationship between land and wet borders
- Develop Standard operating procedures (SOP) to guide referrals/follow-up across the border

Cross-Border Digital Health Information System

- A key step in cross-border HMIS is a jointly coordinated effort to identify and define priority indicators for cross-border health; and development of a protocol to support sharing of health data across Kenya and Uganda

Health Financing/Portable Health Insurance Options

- Need to harmonize treatment costs in Kenya and Uganda to support continuum of care and to inform, for example, harmonized national health insurance schemes for portable health insurance benefits

Collaborating, Learning and Adapting (CLA)

- Evidence generated through the implementation of the cross-border health model on the Kenya-Uganda border will build the evidence to support policy and action on sustainable cross-border transnational health services and programming in the EAC region.

In the group sessions, participants reviewed the draft action plan to identify any missing actions, prioritize actions/strategies as detailed below:

Group 1: Members constituted national MOH, AIDS control councils, county/local government and county/district health teams

Cross-Border Collaboration and Coordination System

i. Identify existing structures to establish a cross-border coordination and collaboration mechanism

- Adopted the proposed utilization of the Joint Border Commission (JBC) which is an existing cross-border collaboration structure that meets annually
- Recommend development of terms of reference (TOR) for operationalizing/implementing JBC's recommendations on cross-border health, and against which progress will be measured

ii. Define operational modalities for cross-border health coordination and collaboration

- Adopted establishment of the inter-district joint implementation committee to provide oversight on cross-border health issues in Uganda's Busia, Tororo and Namayingo districts; and noted that currently, the districts still need endorsement by the district MOH and the Office of the Presidency

—Consider establishment of an inter-sub county joint implementation committee in Kenya's Busia County to provide oversight on cross-border health issues, and report issues to the County Assembly

—Include cultural and religious leaders in the cross-border committees

—Cross-border committees to meet quarterly or when need arises

—The operational committees' recommendations will be reported to the JBC

- Adopted development of Busia County's integrated health sector strategic paper for cross-border health

—Consider development of an integrated health sector strategic paper for cross-border health by the three Uganda border districts by December 2019

—Recommend that the districts/county integrate cross border health issues in their health sector and HIV strategic plans by December 2019

- Adopted working closely with Kenya's Busia County Assembly for relevant policy and budget allocation deliberations

—Uganda districts to consider working with MOH (who will co-opt other relevant sectors) to discuss policy and budget allocation for cross-border health by December 2019, noting that the country's budget consultation process will begin soon

iii. Adopted securing of buy-in and approval of cross-border coordination and collaboration structure through relevant local and national governance and policy structures

- Recognizing the recommendation to develop terms of reference for the coordination and collaboration mechanism, this action should be immediate

iv. Additional priority recommendations on the action plan:

- The current project to continue supporting the cross-border health programming as local government and other partners plan to integrate these activities in their programs
- Conduct a broader mapping of other partners in the cross-border health space for sustainability
- Uganda AIDS Commission to take lead in coordination of HIV activities across the Uganda border, incorporating cross-border health issues in the current mainstreaming agenda.

Group 2: Members constituted county/district health teams, CBHU teams including cross-border peer educators, civil society and implementing partners

Cross-Border Service Delivery and Referral

i. Redefine implementation areas ('cross-border site' versus 'cross-border area') to contextualize programming reflective of the mobility dynamics and inter-relationship between land and wet borders

- Expand target populations to include all mobile populations
- Reconsider the 5-10 km radius for cross-border health programming scope, because clients access services at facilities further inland beyond the border areas and retention is a challenge



Meeting participants in a group discussion.

ii. Develop coordinated approaches to facilitate CBPEs/CHWs/VHTs/linkage facilitators and any other equivalent to provide index case finding, contact tracing and defaulter tracing through the CBHU; and link these with bilateral SURGE strategies

- Recommend development of standard operating procedures (SOP) to guide referrals/follow-up across the border including facilitation for CHEWs, VHTs/linkage facilitators/CBPEs

iii. Action **iii** *adopt/adapt tools to be used by health care workers to capture cross-border health data, e.g., client profile form and inter-facility referral form* and **iv** *develop an approach for accurately estimating mobile and cross-border health service clients through continuous documentation of the proportion of non-nationals and non-resident clients in border facilities...* on the plan of action to be addressed through cross-border digital HMIS

- Noted that complete linkage and referral is a challenge due to the limitation of national MOH tools

iv. Expand CBHUs and update site directories to include contact details for other identified high-volume health facilities including those in the Lake Victoria islands and shores that serve mobile and cross-border populations

- Consider recommendation under action **i** above *redefine implementation areas ('cross-border site' versus 'cross-border area')* to contextualize programming reflective of the mobility dynamics and inter-relationship between land and wet borders
- Update cross-border site contact directories frequently, cognizant of staff turnover in health facilities
- Set up of a toll-free hotline to support coordinated referral

v. Harmonize/standardize services in border areas

- Consider recommendations under action **ii** above *recommend development of standard operating procedures (SOP) to guide referrals/follow-ups across the border including facilitation for CHEWs, VHTs/linkage facilitators/CBPEs; and, identify a coordinator for referrals and follow-up on both sides of the border*



A participant leading a group discussion on cross-border digital HMIS.

- Integrate services in drop in centers (DICs) and CBHUs for uninterrupted access, e.g., serve all mobile populations, flexible work hours (24 hours), etc.
- Facilitate regular meetings for all players at all levels
- Recommend a jointly coordinated effort to identify and define priority indicators for cross-border health

vi. During a plenary question on the benefits package for cross-border health, participants recommended that focus continues on HIV and TB and gradually expand to broader disease burden

Capacity Strengthening for Migration Health

i. County/district health teams to support human resources for health (HRM), infrastructure, logistics/health commodities, etc in border areas to ensure smooth access and referral

Group 3: Members constituted mainly county/district/sub-county health information and records officers

Cross-Border Digital Health Information System

i. Appropriately package and report cross-border health data to key stakeholders to provide up-to-date health status of Kenya-Uganda border areas

ii. Update and document knowledge of existing bilateral digital HMIS and any other regional data warehouse that supports the sharing of health data across EAC partner states

- Kenya to revise HMIS tools to include 'nationality'

iii. Cognizant of on-going in-country and regional efforts for digital HMIS with unique identifiers:

- Recommend identification and adoption of globally recognized standards to enable unique identification of clients across Kenya and Uganda
- Develop and adopt a protocol to support sharing of health data across Kenya and Uganda.

Group 4: Members constituted mainly national MOH and county/district health leadership

Health Financing/Portable Health Insurance Options

i. Highlighted the need to cost and harmonize the cost of treatment in the two countries. Uganda currently has a free treatment policy in all public health facilities although stock-outs are common while Kenya has free treatment in level 2 and 3.

ii. Recommend Uganda to accelerate/speedup the process of enacting the National Health Insurance Act to be at par with Kenya which has NHIF. The two respective national health insurance schemes could be harmonized to respond to migration health and to make them portable, noting that the Kenyan NHIF is not universal

iii. Uganda could collaborate with Kenya to conduct benchmarking activities on the Kenyan NHIF

iv. Recognized the need for regulatory framework within the East African Legislative Assembly's mandate to avoid illegal dual citizenship and to enable data to be obtained that can be used to determine the cost of cross border health

v. Uganda could emulate Kenya and adopt tailored management training programs – by the National Civil Service College – similar to the Kenya School of Government model for health facility managers. Additionally, health facilities should adopt agency banking to save money to improve quality

Group 5: Members constituted Uganda's national Ministry in the Office of the President Kenya's Ministry of Interior, MOH, county/local government and county/district health leadership

Collaborating, Learning and Adapting (CLA)

i Prioritized action **ii** in the action plan: *establish consensus on technical assistance needs to border counties/districts and bilateral IPs and local partners operating in border areas. Cross-border health programming experiences can inform this, and lessons learned to highlight existing gaps in service delivery and referral*

ii Merged action **iv** in the action plan *utilize cross-border health resources, e.g., cross-border health compendium, a compilation of learning (strategies, approaches, tools) from cross-border health programming in the EAC region, as a useful guide for the design, implementation, and monitoring of effective and sustainable cross-border health programming; with action **v** establish joint performance review meetings with border HMTs*

Policy and Regulatory Support

i. Merged action **i** in the action plan: *cognizant of the devolved government system in Kenya and the decentralized government system in Uganda, identify and engage high-level discussions with relevant government and line ministries' authorities on identified priority actions that need buy-in and approval/authorization for implementation, including county assembly in Kenya and district council in Uganda; with action **v** evidence generated through the implementation of the cross-border health model on the Kenya-Uganda border will build*



Captain Mike Okiria, Busia RDC and Sylvester Opira, Namayingo RDC during group discussions.

the evidence to support uptake and scale-up of sustainable transnational health approaches, and, development of evidence-informed policy for effective and sustainable cross-border health services and programming in the EAC region.

ii Merged action **ii** in the action plan *develop a policy framework for cross-border health priorities; with action **iii** identify feasible policy formulation at local level, e.g., 'digitizing' CBHU operations for tracking and contact tracing for HIV and TB patients*

5. Next Steps

During the meeting, the two partner states committed to cost the Action Plan for broader resource mobilization which is critical in addressing cross-border health. This will contribute towards improved health outcomes of mobile and cross-border populations within the EAC region, and more specifically on the Kenya-Uganda border.

6. Closing Remarks

6.1 Local Government, Uganda

In his closing remarks, the Namayingo Resident District Commissioner, Sylvester Opira, noted that the Kenya/Uganda border collaborations have been ongoing and have involved several border areas beyond Busia County including Mount Elgon, Karamoja and Turkana areas. He lauded the progress made in cross-border health programming on the Kenya-Uganda border and the engagement of stakeholders at the county/local and national levels and encouraged commitment to and support for the actions agreed upon at the meeting.

6.2 National AIDS Control Council, Kenya

In his closing remarks, Kenya's National AIDS Control Council representative Mr. Stephen Kathaka, highlighted the strategic importance of key and priority populations in the fight against HIV and AIDS and the need for contextualized interventions/approaches to reach them.

He also noted the role of faith leaders in accessing a critical mass of individuals with HIV messaging and linkage to services; and the important role of male engagement in health programming and especially in HIV service delivery.

6.3 Uganda AIDS Commission

Lilian Tatweba, Uganda AIDS Commission representative encouraged stakeholders to consider regional integration beyond HIV and TB to also include reproductive health. Noting that Uganda has worked with regional inter-governmental bodies including EAC and IGAD, she called for crystallization and harmonization of strategies/policies for a united commitment to making a difference in health. Ms. Tatweba highlighted the critical role of a communication and advocacy platform for cross-border health and the need for continuous updates on progress.

6.4 Ministry of Office of the President, Uganda

Major Asiimwe made the final closing remarks at the meeting by commending the implementation of an innovative cross-border model across the two countries noting it's the best in Africa, if not the in the World. She added that through the rich and engaging discussions, the delegates reached a consensus on bilateral priorities and coordination/collaboration arrangements anchored on the existing local, national and regional government structures to address cross border health issues.

Major Asiimwe lauded the presence of political and technical representatives from the ministries of Interior (Kenya) and Health (Kenya and Uganda) whose contributions will spearhead a plan to integrate/strengthen approaches that sup

port the journey to self-reliance for Uganda-Kenya cross border health interventions and bilateral J2SR. She added that the innovative cross-border health services model is such an approach as was recommended by the Heads of State during their meeting in February 2018, where they directed the council of Ministers to "...develop comprehensive strategies to combat cross-border health challenges..." in order to provide better health services to communities across regional borders. She assured the meeting of the Government of Uganda's continued collaboration with the Government of Kenya and called for harmonization of policies that address equity and access between the two countries and the region in the spirit of regional integration. She concluded by calling on the respective ministries and leaders to adopt/adapt this model in order to serve EAC communities better.

Picture Speak



Dr. Janerose Ambuchi and Dr. Immaculate Nabukenya.



Ann Ng'etich and Dorothy Muroki.



Wairimu Gakuo, Dorothy Muroki, Dr. Patrick Tusiime, Dr. David Okumu and Yahaya Were (partly hidden).



Jacqueline Calnan and Suzie Jacinthe.

Annex I: Meeting Agenda

Time	Activity
08.00 - 08.15	Arrival and registration
08.15 - 08.30	Welcome and opening remarks
	Government of Uganda representatives
	Government of Kenya representative
08.30-08.45	Remarks by USAID/KEA
08.45 - 9:15	CB- HIPP presentation: Cross-Border Health Service Model
9.15 - 10.15	Country presentations: Kenya-Uganda cross border health service delivery priorities and opportunities
	Uganda
	Kenya
10.15 - 10.30	Break
10.30 - 11.30	Thematic group discussions: What needs to be done, way forward, time frame
11:30 - 12:30	Plenary report: Priorities and specific strategies/actions to strengthen cross-border health interventions and collaboration
12.30 - 13.00	Next steps and closing remarks
13:00 - 14:00	Lunch and Departure

Annex II: List of Participants: Kenya

Name	Designation	Organization
National Government		
Ahmed Fidhow	Program Officer, National AIDS and STIs Control Program	MOH
Steve Kathaka	National AIDS Control Council	MOH
Abdille Nur Farah	Programme Manager, National Tuberculosis, Leprosy and Lung Disease Program	MOH
Patrick Warutere	Senior Health Management Information Officer	MOH
Dr Emmanuel Okunga	Assistant Director Medical Services, Division of Disease Surveillance and Epidemic Response	MOH
Erastus Karani	Coordinator, Department of Intergovernmental Relations and Regional Coordination	MOH
Ann Ngetich	Western Regional Commissioner	Ministry of Interior
Jacob Narengo	Busia County Commissioner	Ministry of Interior
Busia County Government		
Dr Isaac Omeri	Chief Officer, Health	Busia
Hon Vincent Ojiambo	Busia County Assembly Committee on Health/MCA	Busia
Hon. Patrobus Odhiambo	Busia County Assembly Committee on Health/MCA	Busia
County Health Management Team		
Dr. Melsa Lutomia	County Director of Health (Preventive)	Busia
Dr Janerose Ambuchi	County Director of Health (Medical)	Busia
Constance Were	County AIDS and STIs Coordinator (CASCO)	Busia
Bernard Bosire	County TB and Leprosy Coordinator (CTLIC)	Busia
James Kuya	County Health Records and Information Officer (CHRIO)	Busia
Betty Okunyi	County Laboratory Coordinator	Busia
CBHU		
Nelson Andanje	County focal person	Busia CBHU
Dr. Brian Masitza	Sub-County MOH	Teso North
Alfayo Ogecha	CHEW	Busia County
Ruth Ouma	Peer educator	Malaba
Wilson Oduor	Peer educator	Sio Port
Jesca Mukangai	DSCHRIO	Samia
Civil Society/Partners		
Canon Zacchaeus Masake	CEO	Transcom
Stephen Wanyee	Digital Health Consultant	Intelsoft
USAID		
Wairimu Gakuo	Deputy Office Chief, HPN	USAID/KEA
Dr. Salome Okutoyi	HIV Clinical Sub-Team Leader	USAID/KEA
Dr. Leonard Soo	Biomedical Specialist	USAID/KEA
Vincent Ojiambo	USAID HIV/AIDS, Prevention, Youth Behavior Change Communication Specialist	USAID/KEA
USAID IP		
George Jorum	STO	Ampath
CB-HIPP		
Dorothy Muroki	Chief of Party	FHI 360
Missie Oindo	Senior Policy Analyst	FHI 360
Leanne Kamau	Technical Officer, Knowledge Management	FHI 360

Annex III: List of Participants: Uganda

Name	Designation	Organization
National Government		
Major Martha Asiimwe	Presidential Advisor	Office of the President
Dr. Patrick Tusiime	Commissioner, National Disease Control	MOH
Dr. Immaculate Nabukenya	Senior Program Manager	MOH
Dr Issa Makumbi	Head, Equal Opportunities Commission	Commission
Ms. Lilian Tatwebwa	Uganda AIDS Commission	Office of the President
Local Government		
Capt. Mike Okiria	Resident District Commissioner (RDC)	Busia District
Anthony Egesa	Rep. Chief Administrative Officer (CAO)	Busia District
Geofrey Wandera	District Chairperson	Busia District
Bena Nanyama	Ag. District Health Officer (DHO)	Busia District
Robert Mulimba	FP/Health Educator	Busia District
Sylvester Opira	Resident District Commissioner (RDC)	Namayingo
Joyce Nambozo	Chief Administrative Officer (CAO)	Namayingo
Ronald Sanya	District Chairperson	Namayingo
Idah Kasoga	Rep. District Health Officer (DHO)	Namayingo
Mathias Mangeni	Assistant DHO	Namayingo
Were Yahaya	D/Resident District Commissioner (RDC)	Tororo
Sabano Samali	Rep. Chief Administrative Officer (CAO)	Tororo
Stella Emukutet	District Chairperson	Tororo
Dr. David Okumu	District Health Officer (DHO)	Tororo
Edeet Lamu	District TB Officer	Tororo
Willy Mungoma	District Health Educator/Focal person	Tororo
Ali Mugerwa	District Biostatistician	Tororo
Dr Augustin Mulwezi	DCOP	RHITES EC
Emmanuel Kayongo	Director, Community Systems	RHITES EC
Andrew Ndawula	District Program Officer	RHITES EC
Carol Karutu	COP	RHITES E
Dr. Moses Arinaitwe	Director, HSS	RHITES E
Stephen Ochieng	District Program Officer	RHITES E
Civil Society		
Eva Mwai	Regional Director	North Star Alliance
Aramanzan Mulira	In-Charge	ATGWU
Sarah Asiimwe	Peer educator	Malaba
Benjamin Onyango	HTS	North Star Alliance
Charles Ojullo	Coordinator	North Star Alliance
USAID		
Jacqueline Calnan	PMS	USAID/Uganda
Suzie Jacinthe	Health Officer	USAID/Uganda

Annex IV: Opening and Closing Remarks by Major Martha Asiimwe

Opening Remarks

The Head of Delegation – Republic of Kenya
Regional Coordinators,
The Resident District Commissioners
The USAID KEA Regional Health Team
Distinguished Participants
Ladies and Gentlemen

Welcome to this important meeting whose overall purpose is to guide discussions during the Uganda – Kenya cross border Health Review and Joint Planning. This meeting, as well as others which have gone before it, is a timely intervention towards resolution of several cross – border issues affecting our sister countries.

Uganda and Kenya share much in terms of their history, geography, blood relations, trade, livelihoods (especially on sharing trans-boundary resources such as Lake Victoria) and, security among others. For example, no less than 54 buses travel between Kampala and Nairobi on a daily basis; while the Lake Victoria Basin is estimated to have around 30 million people, roughly half of which are in Kenya and Uganda. This is a huge resource which, if well utilized, could bring about major progress to the region and the two countries.

Therefore, the spirit of joint and cordial resolution of challenges facing our two countries, especially around the lake, is well within the framework of our pursuit of friendly neighborliness and promotion of the EAC integration agenda for the common good of our people.

Indeed, these intentions are in line with the aspirations of the 12th Uganda / Kenya Joint Border Commissioners' (JBC) Meeting held in August 2018, at Hotel Ridar, Seeta in Kampala. The 12th JBC had specifically recommended that, "both Countries should continue synchronizing operations and linkages of disease surveillance teams especially on epidemiological mechanisms to strengthen cross-border health services for communities"

It is for this consideration that I wish to commend the USAID KEA Regional Health Team for spearheading the development of the Draft J2SR Plan of Action to inform our discussions during the Uganda – Kenya border Health Review and Joint Planning meeting.

A quick review of the Objectives this cross-border Health review and joint planning meeting indicates that, both countries are committed to:

1. Creating an understanding of cross-border health service model contributing to strengthening the Uganda-Kenya health service delivery around Lake Victoria;
2. Discussing the capacity building needs to ensure sustainable Uganda – Kenya cross-border Health service delivery around Lake Victoria;
3. Discussing current and potential funding commitments to support the implementation of the of the Uganda – Kenya cross-border interventions around Lake Victoria;
4. Determining the pivot points to enhance the journey towards self-reliance for both National and regional activities in the cross-border areas;
5. Reaching a consensus on cooperation, coordination and collaboration arrangements anchored on existing local, regional and National structures;
6. Providing respective Countries' input to inform finalization of the JSR Plan of Action through which CB-HIPP will support the countries' efforts in disease preparedness and surveillance with specific focus on infectious diseases including HIV and TB, and contribute to the implementation of the International Health Regulations (IHR) 2005, through the National Taskforce, chaired by the Ministry of Health.

Without doubt, the above objectives are noble. They signify the direction into which both Uganda and Kenya would wish to go.

However, all said and done, permit me to propose to the Technical working group in charge of preparing the Draft J2SR Plan of Action, to consider including into the Plan, mechanisms of addressing mindset issues among those we seek to serve.

In many times, wonderful interventions have not been able to fully deliver on their intended targets simply because no deliberate effort has been made to understand and address adverse mindsets of the intended beneficiaries. Stakeholder analysis could be useful in this regard, but there is need to ensure that those consulted represent those most affected by the problem.

With those few remarks, allow me to wish delegates present here, fruitful discussions and a wonderful stay in Tororo.

Karibu Sana.

For God and My Country

Martha Asiimwe (Maj.)
HEAD OF THE UGANDAN DELEGATION

Closing Remarks

I take this opportunity once again to salute USAID KEA the conveners of this Uganda- Kenya cross border health service review and joint planning meeting and also choosing Tororo Uganda.

As office of the President which I am representing today, I am happy we have a cross border model which we have shared and both countries appreciated to me it's the best in Africa if not in the world.

I am convinced that in our discussions we have reached a Consensus on bilateral priorities and co-ordination / collaboration arrangements anchored on the existing local, National and regional government structures to address cross border health issues.

As we conclude this meeting I am more excited with the presence of representatives from the Ministries of Interior Kenya and Health Uganda with powerful and highly informed people who are both (political and technical) on a plan to integrate/ strengthen approaches that support the journey to self reliance for Uganda- Kenya cross boarder health interventions and bilateral J2SR.

To the pioneers of this very good programme for our cross border communities you deserve medals for the commendable work and the journey so far.

My assumption is that Heads of states in the quest for providing better health services to communities across our borders needed such approaches the reason during their Bilateral talks in February 2018 directed the council of Ministers on the issues of planning for the health of our cross border communities.

In conclusion I am requesting our responsible Ministries and leaders present here to engage and take on this model in order to serve our communities better.

ASANTE SANA NA MUBARIKIWE

I declare THE UGANDA – KENYA CROSS BORDER HEALTH REVIEW AND JOINT PLANNING MEETING ON THE DRAFT J2SR Meeting closed.

Annex V: Uganda Preparatory Meeting Resolutions

RESOLUTIONS OF THE INTER-DISTRICT UGANDA COUNTRY PREPARATORY MEETING FOR THE KENYA-UGANDA CROSS BORDER HEALTH SERVICE REVIEW AND JOINT PLANNING MEETING HELD AT 12 PEARLS HOTEL, BUSIA, UGANDA ON JUNE 5, 2019.

In preparation for the Kenya-Uganda Cross Border Health Service Review and Joint Planning Meeting to be held on June 27, 2019, district leadership and stakeholders from Busia, Namayingo and Tororo met in Busia on June 5, 2019. District representation included District Chairpersons, Resident District Commissioners, Chief Administrative Officers, District Health Officers and key technical officers, community and civil society organizations (CSO) representatives, USAID implementing partners RHITES – East and East Central, Cross-Border Health Integrated Partnership Project (CB-HIPP) and USAID/Kenya and East Africa KEA;

Noting that diseases know no borders; and that diseases move with people;

Furthermore, noting that HIV epidemic control and ending tuberculosis by 2030 as well as realizing the HIV 95-95-95 targets will not be achieved unless mobile and cross border populations are supported with consistent health services and systems;

Acknowledging that border health facilities report lower HIV and TB retention rates and higher loss to follow-up with a highly mobile population accessing services;

Aware that communities around Lake Victoria Islands and its shores move across national boundaries and live in isolated difficult to reach areas serving as incubation pockets for spread of infectious diseases;

Noting that the unique health challenges faced by mobile and cross-border populations cannot be addressed by national health systems alone and require regional solutions;

Recognizing the need for an operational regional health policy and programming focused on cross-border health for HIV and TB epidemic control, disease surveillance, prevention and management, disease outbreak preparedness and response;

Recognizing that at the Kenya/Uganda border areas: there are limited formal structures to coordinate and collaborate on health issues; there is no operational policy framework to address cross-border health service provision and delivery including cross-border referrals standard user fees, unique identifiers, common indicators to track services provided and facilitate defaulter tracing and loss to follow-up; there are no portable social health protection options/products; there is limited migrant-sensitive capacity among health care workers to provide and track services to mobile and cross-border populations.

Cognizant of the investments by USAID/KEA on cross-border programming at select border areas in East African Community (EAC) region including Uganda through the cross-border health integrated partnership project (CB-HIPP) and innovative programming for learning which includes the Cross-Border Health Unit, a coordination and collaboration platform for border health systems;

NOW THEREFORE THIS MEETING RESOLVES THAT:

1. The cross-border health services action plan is endorsed. The action plan identifies priority joint cross-border health actions including:
 - o Development of a policy for cross-border health service delivery to include: cross-border referrals, advocate for non-discrimination of Uganda nationals accessing health services in Kenya; common unique identifiers; data sharing; common select indicators to track services provided to mobile and cross-border populations; and facilitate defaulter tracing and loss to follow-up;
 - o Harmonized migration-sensitive curriculum for joint health care workers capacity strengthening at the border areas;
 - o Harmonization of social health protection and insurance options/products in the region, thereby contributing to achievement of the 95-95-95 HIV targets;
2. A formal coordination and collaboration mechanism to be established with national buy-in, ownership and approval of the Kenya-Uganda cross-border health services action plan. Given the policy implications, there is need to work closely with the Office of the Minister of the Presidency, ministries of Health, Local Government, East Africa Community Affairs, Foreign Affairs and Internal Affairs whose involvement is critical for successful implementation and enactment of policy actions to support service delivery in border areas.
3. Anchored in the Constitution of the Republic of Uganda 1995 as amended and the Local Government Act CAP 243 as amended (Article 178 and section 8 of the Local Governments Act) which provides for establishment of a Joint Implementation Committee to provide oversight on cross-border health issues in the three districts on the Uganda-Kenya border – Busia, Namayingo and Tororo composed of: respective district chairpersons, resident district commissioners, chief administrative officers, district health officers and other identified/co-opted technical officers;
4. The Joint Border Commissioners Committee recognized by East African Community (EAC) domiciled at the Ministry of the Office of the Presidency is recommended to host the Joint Kenya/Uganda Meeting co-convened with the Kenya Busia County counterparts to discuss the plan of action.
5. A two-pronged approach to be adopted in addressing cross-border health issues: At the local level, the Joint Border Commissioners Committee to coordinate issues requiring collaboration on the two sides of the border. The established joint implementation committee to develop structures to operationalize implementation of cross-border health actions and policies agreed on. Resolutions passed to be presented to respective district councils for approval; and at national level, district councils to present resolutions requiring policy advocacy to national government; and the national government to sponsor the presentation of the resolutions and policy recommendations to EAC/EALA as appropriate.
6. The Joint Border Commissioners Committee meeting convened under the auspices of the office of the presidency where the Uganda AIDS commissions is also domiciled will convene

the meeting focusing on health to operationalize a joint health plan. To support this process the technical team led by the DHOs will develop plan of action and provide data to prove case.

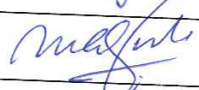
7. The meeting agreed on a communique to be signed by the three district Resident District Commissioners, District Chairpersons, Chief Administrative Officers and District Health Officers on stepping up cross-border health advocacy and collaboration between the three districts as well as Kenya counterpart counties.

SIGNATURES

Busia District

Name	Title	Contacts	Signature
Geoffrey Wandera	District Chairperson	0772362615	
Walter Iriama	Chief Administrative Officer		
Capt. Mike Okiria	Resident District Commissioner	072833325	
Bena Nanyama	District Health Officer	0782-823379	

Namayingo District

Name	Title	Contacts	Signature
Ronald Sanya	District Chairperson	0772418182	
Joyce Nambozo	Chief Administrative Officer	0772-524517	
Sylvester Opira	Resident District Commissioner	077251489	
Dr. Patrick Magoola	District Health Officer	0773800202	

Tororo District

Name	Title	Contacts	Signature
Stella Emukutet	District Chairperson		
Dunstan Balaba	Chief Administrative Officer	0782905157	
Nixon Owole	Resident District Commissioner	0772362292	
Dr. David Okumu	District Health Officer	0772457360	

Annex VI: CB-HIPP Presentation

September 5, 2019

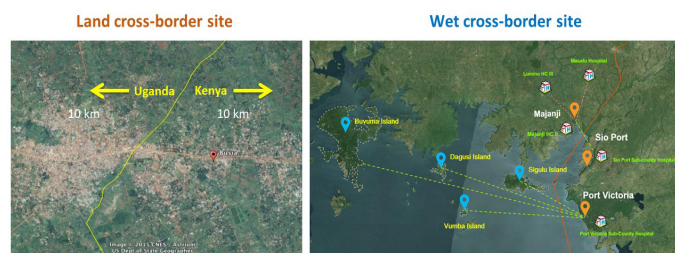
Cross-Border Health Model

Kenya-Uganda Cross Border Health Service Review and Joint Planning Meeting

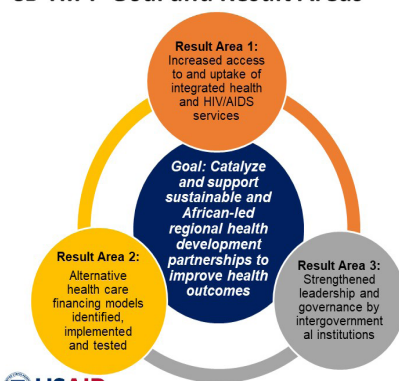
CB-HIPP Team



Geographic Scope of a Standard CB-HIPP Cross-Border Site



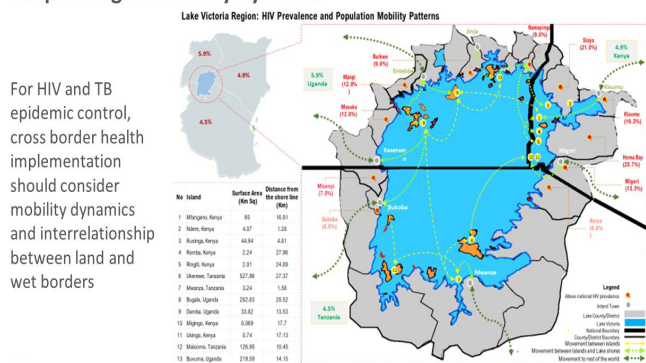
CB-HIPP Goal and Result Areas



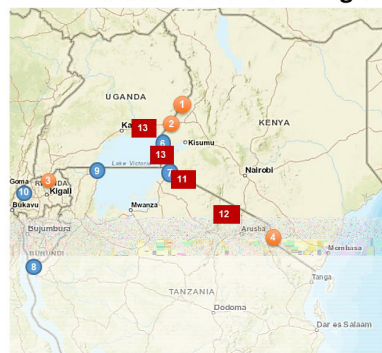
Mandate:

USAID in consultation with EAC mandated CB-HIPP to define, implement, document and disseminate lessons learned on sustainable models for cross-border health service delivery to meet the unique needs of cross-border mobile key and priority populations living and traveling along major cross-border regions of Eastern Africa.

Responding to Mobility Dynamics



CB-HIPP Cross-Border Learning Sites



Land Cross-Border Learning Sites

1. Malaba, Kenya/Uganda
2. Busia, Kenya/Uganda
3. Gatuna/Katuna, Rwanda/Uganda*
4. Holili/Taveta, Tanzania/Kenya
5. Rusumo, Rwanda/Tanzania

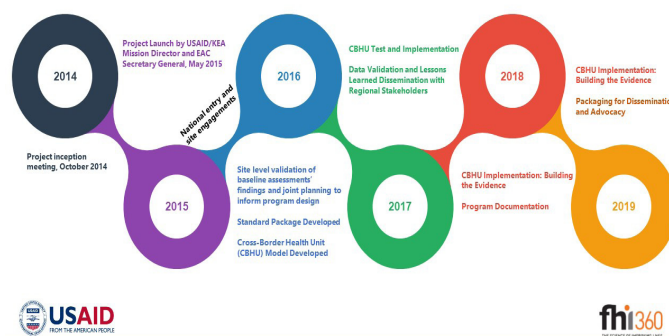
Wet Cross-Border Learning Sites

6. Sio Port/Victoria/Majanji, Kenya/Uganda
7. Muhuru Bay/Kirongwe, Kenya/Tanzania
8. Kabonga/Kigoma Region, Burundi/Tanzania
9. Kasensero/Kagera Region, Uganda/Tanzania
10. Gisenyi/Goma, Rwanda/DRC **

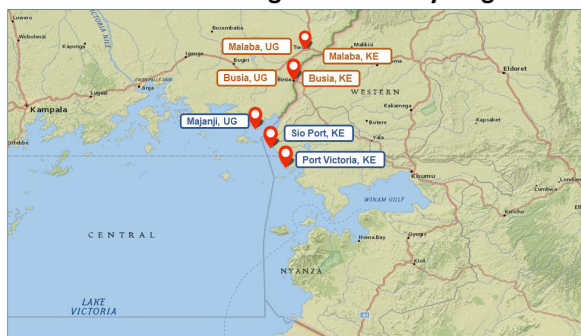
Comparison Cross-Border Sites (TB and TB/HIV assessment)

11. Sirare/Isebania (Kenya/Tanzania)
12. Namanga (Kenya/Tanzania)
13. Mbita/Namayingo (Kenya/Uganda)

Key Project Milestones



CB-HIPP Cross-Border Learning Sites on Kenya-Uganda Border



CB-HIPP Baseline Assessment Findings

Common health concerns

Cholera, typhoid, bilharzia, malaria, STIs, TB, unintended pregnancies, unsafe abortions, HIV and AIDS, perceived side effects of FP commodities, poor hygiene and sanitation

Factors influencing access

- Stigma and discrimination e.g. KP
- Perceived lack of confidentiality at HFs
- Distance e.g., Majanji/Sio Port, landing beach
- Perceived quality of services
- Higher level facilities across borders
- Perceived or real cost of service
- Lack of specialized services/staff at HFs e.g., psychosocial support for PWIDs, lubricants for MSM

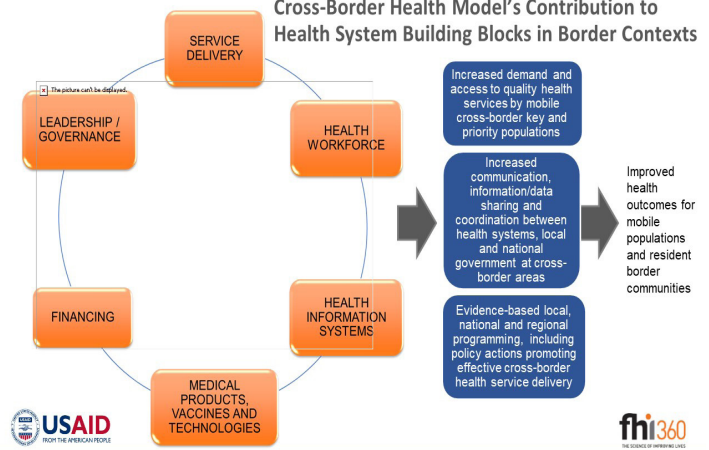
Implications

Poor health seeking behavior – delayed treatment, poor compliance/adherence, self-medication
Preference for private and further off facilities
Transnational access of health services
Loss-to-follow up
Uncoordinated cross-border health service delivery e.g., lack of facility-facility cross-border referral, facility-community linkages, etc

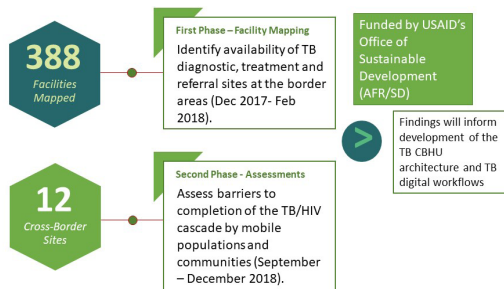
Health facilities concerns

- Inadequate staff and capacity to provide services to KVP
- Frequent stock out or inadequate supply of essential medicines and other supplies (test kits, reagents etc.) at border facilities
- Delays in getting results for viral load tests
- Limited tailored services for KPs and VPs
- Limited access to post abortion care services
- Limited and sometimes lack of youth/adolescent friendly services
- Overwhelmed by the high number of HIV+ clients including those tested elsewhere (possibly across the border)

Cross-Border Health Model's Contribution to Health System Building Blocks in Border Contexts

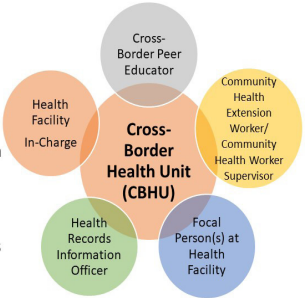


Assessment and Mapping of TB Services across CB-HIPP Sites in East Africa Border Areas



Implementing the cross-border CBHU

- The CBHU is an innovative model for cross-border health direct service delivery and referral across the HIV and other treatment cascades.
- Facilitates a formal process for cross-border health access
- Strengthens community-facility linkages for service delivery and access
- Provides a platform for collaboration and coordination across border health facilities and C/DHMTs; capacity strengthening for HCWs, community volunteers; etc.
- Documents and tracks cross-border service delivery
- ❖ Kenya-Uganda border has 3 of the 6 functional CBHUs
 - 14 facilities directly participating in the 3 CBHUs
 - 80 facilities linked to a cross-border referral system on the Kenya-Uganda border



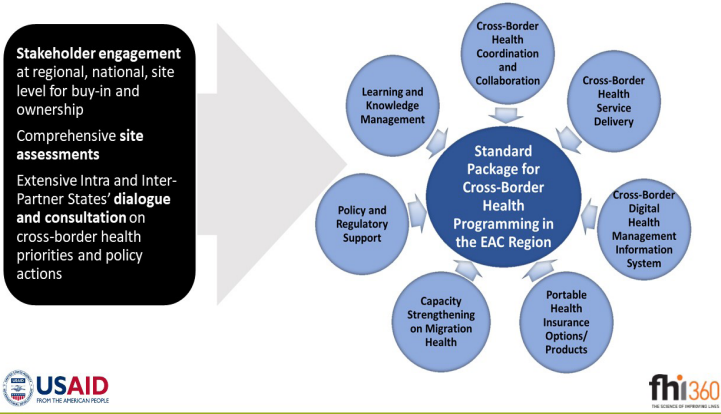
Assessment and Mapping of TB Services across CB-HIPP Sites in East Africa Border Areas

- Over one-third of the TB patients (30% at the land border, and 39% at the wet cross-border sites) were also infected with HIV
- Mbita-Mfangano/Namayingo, KE/UG (59%) and Kasensero/Kagera, KE/TZ (48%) were among the sites with the highest percentage of co-infected patients at the wet cross-border sites; while Katuna, UG (42%) had the highest percentage of those co-infected at land border sites
- Nearly 1/3 of the HCWs interviewed reported they had referred patients to health facilities in another country (44% and 23% of HCW at the land and wet cross-border sites respectively)
- On referrals, about half (50% at the land, and 49% at the wet cross-border sites) reported they call the facility to confirm if the referral was completed;
- IDIs with HCWs showed tracking and follow-up of TB/HIV patients who seek services across the border was a challenge; which may result in delayed access to TB/HIV services or potential drop out from treatment.

Improving the Treatment Cascade in Border Areas - CBHU Linkage to Treatment for Mobile and Cross-Border Populations (As at April 2019)

Mobile and cross-border population	Reporting cross-border mobility	Reporting inter-county/district mobility
Identified HIV+ 1,580	Identified HIV+ 1,491	Identified HIV+ 1,517
Enrolled on ART 721	Enrolled on ART 669	Enrolled on ART 697
Retained (12 months) 374	Retained (12 months) 347	Retained (12 months) 358

The Cross-Border Health Services Model



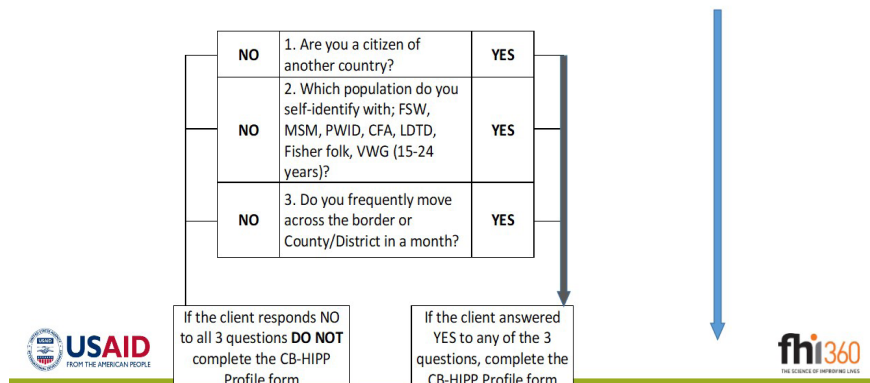
Estimation of mobile populations enrolled on ART at selected facilities on the Kenya/Uganda Border

Country, Site, Facility	Ever on ART Treatment	Current on ART Treatment			Loss To Follow up (LTFU)			Defaulters			Confirmed Dead	Transferred Out	Unknown Status
		Total	Mobile	Non-Nationals	Total	Mobile	Non-Nationals	Total	Mobile	Non-Nationals			
Kenya and Uganda	68,219	27,309	2,217	679	3,926	219	63	1,511	277	130	94	903	35,850
Kenya	28,623	14,415	1,563	392	659	24	9	1,462	69	45	10	391	12,951
Uganda	39,596	12,894	654	287	3,267	195	54	49	208	85	84	512	22,899

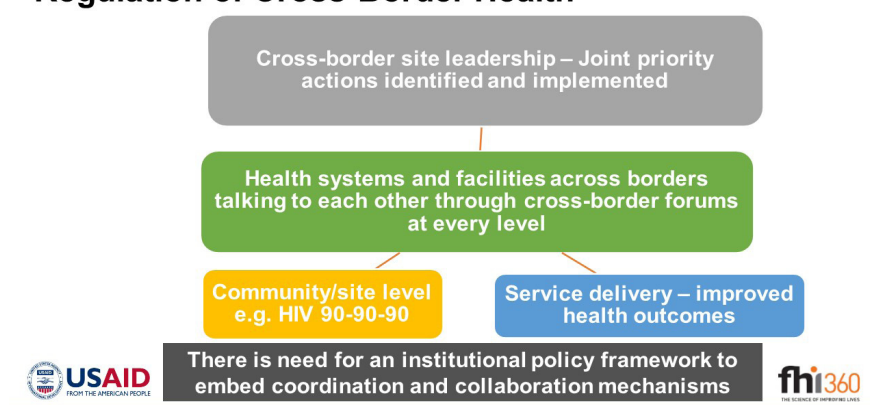
- 33% of EVER enrolled on ART are currently on treatment (TX_CURR)
- Of the 27,309 TX_CURR patients; 2,217 (8.1%) are mobile of whom 679 (30.6%) are non-nationals
- of the 3,926 LTFU patients; 219 (5.6%) are mobile of whom 63 (28.7%) are non-nationals
- Of the 1,511 defaulters missing appointments for 27 days; 277 (18.3%) are mobile of whom 125 (46.9%) are non-nationals

Checklist to determine mobility of priority populations in cross-border areas

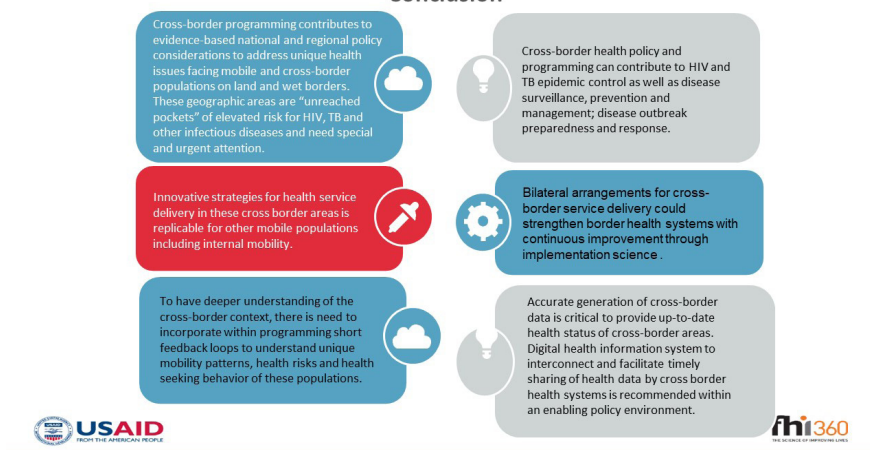
How to be reasonably sure a client is mobile: Ask questions 1 to 3, as soon as the client answers YES to any of the questions, stop and follow the instructions



Leadership/Governance: Coordination and Regulation of Cross-Border Health



Conclusion



Acknowledgements:

- EAC: Secretariat Health Unit and East African Health Research Commission (EAHRC), Partner States
 - Burundi: National AIDS and STI Control Programme (PNLS), National TB Control Programme (PNLIT), Office of the President responsible for EAC Affairs
 - Kenya: MOH/National AIDS and STI Control Programme (NASCOPI), National AIDS Control Council (NACC), Tuberculosis, Leprosy and Lung Disease Program (NLTP), Ministry of EAC and Regional Development, Busia County Government
 - Rwanda: MOH/Rwanda Biomedical Center (RBC), Ministry of Trade, Industry and EAC
 - Tanzania: MOH/Tanzania Commission for AIDS (TACAIDS), National AIDS Control Programme (NACP), Ministry of Foreign Affairs and East African Cooperation
 - Uganda: MOH, Uganda AIDS Commission, Busia and Tororo District Local Governments
- Technical assistance partners
 - Abt Associates, North Star Alliance (NSA), Medic Mobile, Federation of East African Freight Forwarders Associations (FEAFFA), African Institute for Development Policy (AFIDEP), International Organization for Migration (IOM), National Organization of Peer Educators (NOPE)
- Technical experts from:
 - University of Bujumbura, Burundi
 - University of Nairobi, Kenya
 - University of Rwanda
 - Makerere University, Uganda
 - Muhimbili University of Health and Applied Sciences, Tanzania

Cross Border Health Programming Uganda County Presentation

Kenya-Uganda Cross-Border Health Services
Review and Planning Meeting
Tororo, Uganda, September 5, 2019

1

CB-HIPP INTERVENTIONS

- Uganda is implementing a district-led cross-border health programming in collaboration with Cross-Border Health Integrated Partnership Project (CB-HIPP).
- Cross-border health programming sites on the Kenya-Uganda border include Busia, Malaba and Majanji located in Busia and Tororo districts; Namayingo District was included recently in recognition of its importance for Lake Victoria wet border /Islands populations on Kenya-Uganda border

5

Introduction

- Uganda Population based HIV Impact Assessment (UPHIA) revealed that the national adult HIV prevalence is at 6.2% among adults, with women more disproportionately affected (7.5% Females : 4.3% Males) The prevalence rate for Busoga Sub-region were Busia and Namayingo districts are categorized is at 4.7% (UPHIA, 2017)
- Uganda has made significant progress in implementing effective HIV prevention and treatment services, hence reducing new HIV infections and AIDS-related mortality.

2

Key activities implemented with CB-HIPP Support

- Training, Mentorship and Coaching of DHTs, facility teams and community volunteers/peers
- Establishment of cross-border health units (CBHU)
- Integrated community outreaches
- Systematic linkages, care and support services.
- Cross-Border Health Unit directory with Telephone contacts and E-mail addresses of the in-charges of all participating facilities.
- Data review and profiling of all HIV/AIDS/TB clients
- Performance review meetings targeting health facility teams, District Health Teams and District leadership.
- Routine and periodic data validation and utilization.

6

Introduction cont-

- Uganda has assented to the UN political declaration on the FastTrack and to end AIDS by 2030 and
- His Excellency the President of Uganda launched the Presidential Fast Track to end AIDS by 2030 in July 2017 with ambitious targets for HIV prevention and treatment including the triple 90-90-90 by 2020 that were recently elevated to 95-95-95 by 2020.

3

Selected mobility indicators for CBHU

District	Ever Enrolled on ART			Current on ART Treatment			Loss to Follow up		
	Total	Mobile	Non Nationals	Total	Mobile	Non Nationals	Total	Mobile	Non Nationals
Tororo	13,819	489 (5.5%)	77 (0.6%)	6,212	255 (4.1%)	44 (0.7%)	573	159 (27.7%)	27 (4.7%)
Busia	17,731	132 (0.7%)	2 (0.01%)	3,326	130 (0.4%)	2 (0.06%)	344	2 (0.6%)	-
Namayingo	8,046	380 (4.7%)	335 (4.2%)	3,356	269 (8%)	241 (7.2%)	2,350	28 (1.2%)	27 (1.1%)

7

Challenges cont...

- Poor health infrastructure in border areas
- High numbers of mobile and Most at Risk Populations (e.g. fisherfolk, mobile business populations, sex workers, gold miners/traders) put a stress on available services and require unique interventions that are expensive to implement and sustain
- Lack of a standardized financing mechanism
- Other emerging and competing health priorities

4

Challenges that are Unique to CBHU

- Lack of a coordinated policy framework; some countries lack specific policies and protocols on cross border—one health
- Poor retention of clients in care attributed to mobility, lifestyles of MARP, etc.
- Lack of a unique identifier; some clients hide their identities due to fear of victimization so locator information is unreliable

8

Challenges cont...

- Poor health infrastructure in border areas
- High numbers of mobile and Most at Risk Populations (e.g. fisherfolk, mobile business populations, sex workers, gold miners/traders) put a stress on available services and require unique interventions that are expensive to implement and sustain
- Lack of a standardized financing mechanism
- Other emerging and competing health priorities

9

Priorities and opportunities in the cross-border health service model...contd.

- **Ethnic and historical differences both at macro and micro levels within the East African Community**

These influence the behavior of organizational and individual actors – hence influencing inter-organizational collaborations, to the extent that some regions seem to respond to cooperation practices more than others (e.g. comparison of integration of care within different countries). There are also no clear incentives to inter-organizational collaboration – e.g. additional financing to collaboration between cross border health units and other health service providers

Opportunities: i) East African Member states have an opportunity to harmonize the regulatory framework through EAC structures to mitigate Ethnic/historical differences and in addition motivate cross border collaboration.

13

Priorities and opportunities in the cross-border health service model

- **Coordination and collaboration of border health systems**

- Boundaries/border lines may work as barriers to the integration of care in inter-district settings, especially administrative and/or regulatory differences due to different government and healthcare systems in border countries
- Poorly harmonized regulations that impede inter-organizational collaboration make the implementation process extremely complex, bureaucratic, costly and time-consuming for the partners and agencies involved

Opportunity: Develop clear leadership and coordination mechanism for inter-state and inter-organizational collaborations in service delivery for mobile and cross-border populations

10

Other opportunities

- Good working relationship with Kenya counterparts
- Formal and Informal working relations
- Political will and support from national and local political leaders
- Existing protocols within the East African Community

14

Priorities and opportunities in the cross-border health service model...contd.

- Limited skills among the frontline teams, especially health facilities on cross border health and the One Health concept.

Opportunities: i) Utilize the CBHU platform to: expand coverage and access by mobile and cross-border populations; facilitate capacity strengthening for border facilities and frontline healthcare workers on migration health; facilitate use of standardized tools/indicators; enhance collaboration and communication by border health teams and facilities for improved performance across the HIV and TB treatment cascades; etc.

ii) Policy advocacy through in-country mechanism and East African Health Research Commission or other relevant EAC institutions/ organs on harmonized services including management of cross-border health data, training of health care workers and managers, etc.

11

END

Priorities and opportunities in the cross-border health service model...cont.

- **Resource mobilization and allocation**

Perceived or real power asymmetries in resource mobilization, allocation and management:

- Most times, districts lack resources needed to initiate, develop and sustain inter-state/ organizational collaboration
- Districts have most often failed to implement key priorities due to unfair decisions made by other stakeholders who have influence over resources since such resources come either conditioned grants donor funds through IPs who have specific project targets.

Opportunities: i) Revision of the resource allocation formula for border health facilities in Uganda to factor in the mobile and cross border populations and their unique health needs; **ii)** EAHRC or other relevant EAC institutions/ organs to champion enactment of policies for a harmonized cross-border health service delivery under the One Health concept.

12

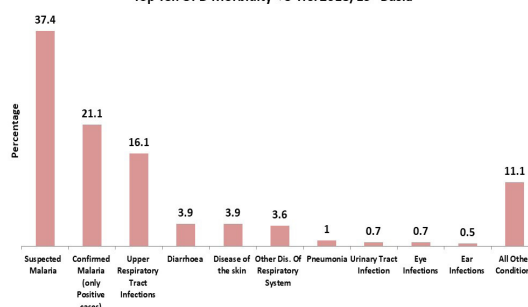
Annex VII: Kenya Presentation



Kenya-Uganda Cross-Border Health Services Review and Joint Planning Meeting

Busia County -Kenya
at
Rock Classic Hotel,Tororo.
5th Sep 2019

Top Ten OPD Morbidity < 5 Yrs. 2018/19 - Busia

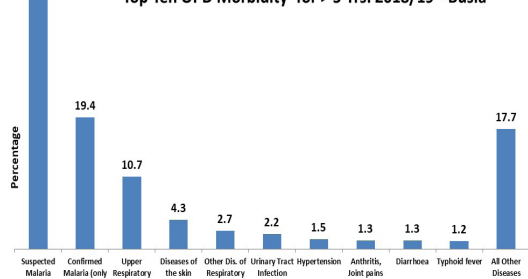


Introduction

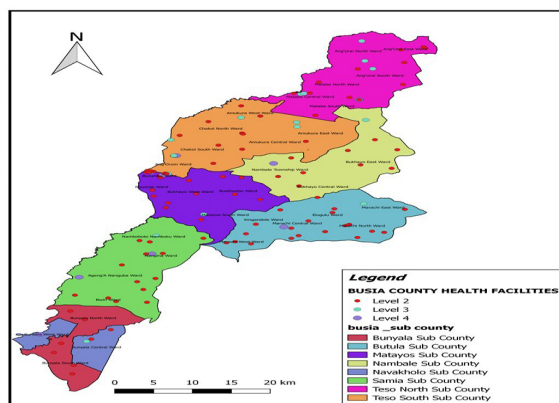
- Busia County is bordered by the Republic of Uganda to the West and North, Bungoma County to the North East, Kakamega County to the East and Siaya County to the South.
- Through its borders with Uganda the county serves as the gateway to the other countries like Rwanda, Burundi, DRC and South Sudan.
- The County is divided into seven Sub-Counties namely:- Bunyala, Matayos, Butula, Nambale, Samia, Teso North and Teso South.



Top Ten OPD Morbidity for > 5 Yrs. 2018/19 - Busia



Busia county sub counties



		Public				Faith Based & NGOs					Private				
Org. Unit	Hosp	HC	Disp	Total	Hosp	HC	Disp	Med. Clinics	Total	Hosp	NHs	Med. Centres	Med. Clinics	Total	
Bunyala	1	2	6	9	0	0	1	0	1	0	0	0	0	0	
Butula	1	3	11	15	0	1	3	1	5	0	0	3	0	3	
Matayos	1	2	10	13	0	0	0	0	0	3	2	10	11	26	
Nambale	1	2	7	10	0	1	0	0	1	0	0	1	1	2	
Samia	1	1	9	11	1	1	1	0	3	1	1	0	1	3	
T. North	1	2	7	10	0	1	3	0	4	1	1	4	5	11	
T. South	1	2	11	14	0	1	0	3	4	0	0	3	6	9	
County	7	14	61	82	1	5	8	4	18	5	3	21	24	53	



County Population Data

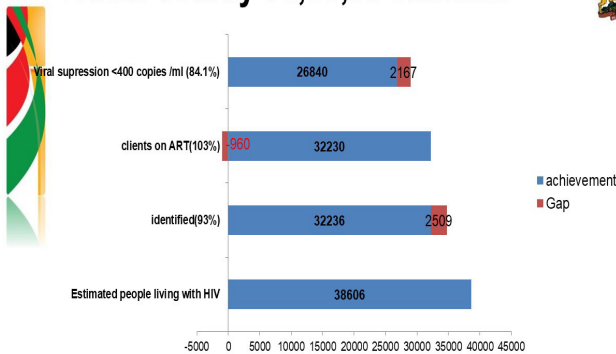
Description	Population segment estimates	County projected population
Total population in the county		877,967
Under fifteen-year population	47.79%	419,580
Women of child bearing age (15 – 49 years)	22.79%	200,089
Estimated number of pregnant women	3.80%	33,363
Number of adolescents (15-24)	20.12%	176,647
Adults (25-59)	27.41%	240,651



BUSIA COUNTY 2018 HIV ESTIMATES

INDICATOR	KENYA (2018)	BUSIA (2016)	BUSIA (2018)
HIV Prevalence	4.8%	6.7%	7.7%
Incidence (per 1000)	1.8%	0.3%	3.1%
MTCT rate	11.5%	9.3%	13.1%
Persons living with HIV	1,493,382	38,549	38,606
New infections	52,767	1,557	1,601
HIV related deaths	28,214	829	720
Children ART Coverage	82%	82%	78%
Adults ART coverage	75%	92%	95%

Busia county 90,90,90 cascade



Busia County CB HIPP Collaboration



- Busia County is collaborating with the Cross border health integrated partnership project (CB-HIPP) in seeking to address some of the challenges affecting cross border and migrant populations
- In Busia the project is supporting implementation in 5 out of 7 sub counties: Bunyala (port Victoria), Samia (Sio Port), Teso North (Kocholia, Malaba & Appex), Teso South (Alupe) and Matayos (BCRH, Tanaka & Trailer Park)
- The project targets the communities and health facilities around the border crossing points and beach landing sites through and supports defaulter tracing and referrals through peer educators at CBHUs



TB DATA JULY 2018 TO JUNE 2019

INDICATOR	VALUE
TOTAL TB PATIENTS	1,173
MDR TB CASES (2018)	8 (0.7%)
PAEDIATRIC TB	106 (9.0%)
TB PATIENTS TESTED FOR HIV	1,157 (98.6%)
TB/HIV COINFECTION RATE	449 (38.8%)
ART UPTAKE AMONG TB/HIV CO-INFECTED	98%
TB TREATMENT SUCCESS RATE (2018)	86%



Cross border population on HIV treatment as at July 2019



Sub County	Total	Mobile	Non-Nationals
Teso North.	3,111	364	183
Bunyala .	4,908	2,508	472
Samia.	4,465	655	163
Teso South.	3,596	243	102
Matayos.	8,145	2,135	1,037
Total	24,225	5,905 (24%)	1,957 (33% of mobile pop.)



Types of Cross Border Populations Served at our Facilities



- Traders
- Local community
- Students
- Sex workers (male and female)
- Truck drivers
- Passengers on transit
- Worshippers
- Fisher folks
- Clearing and forwarding agents
- People on holiday and leisure.



Achievements with CBHIPP support



- Trained healthcare workers on Key population friendly services from selected sites.
- Trained peer educators among female sex workers, truckers, IDUs, clearing and forwarding agents, fisher folks and traders in the four sites to strengthen referrals and networking.
- Developed project data collection tools to capture data on Key and migrant populations.
- Organized joint cross border meetings between Kenya and Uganda to strengthen collaboration
- Established cross border health units (CBHU).
- Supported harmonization of HIV/TB guidelines and regimens.
- Strengthened community/Facility linkage through peer educators
- Established a directory to link facilities across the border.



Health services offered to cross border population



- HIV prevention and care services
- Maternal and child health services (ANC, Immunization)
- TB services
- STI services
- Specialized diagnostic services eg Gene Xpert.
- General in and out patient services



Rationale for cross-border health service model



- Lack of a cross border health coordination mechanism
- There was no data for cross border health planning and budgeting.
- Lack of continuity of care for HIV/TB clients
- Defaulter tracing and referral system was poor.
- Lack of harmonization of guidelines and interventions in terms of Prevention, care and treatment for TB and HIV





General challenges facing the Health sector

- Inadequate budgetary allocation for the Department of Health
- Inadequate infrastructure, transport and equipment
- Staff shortages
- Inadequate drugs and medical supplies

Challenges in service delivery for mobile and cross-border populations



- ❖ Lack of policy and legislation on cross border health issues.
- ❖ Health services user fees.
- ❖ Health insurance portability.
- ❖ Lack of cross border health data collection tools from the MOH.
- ❖ CB Health activities are still donor dependent
- ❖ Follow up and defaulter tracing of TB/HIV clients across borders.
- ❖ Quantification of drugs and other supplies affected by lack of accurate data on CB Population.
- ❖ Client unique identifier numbers not harmonized across countries.
- ❖ Inadequate capacity among healthcare workers on CB health.

PRIORITY ACTION POINTS



- Develop policy guidance and legislation on cross border health services
- Establish across border coordination mechanisms
- Review and implement health policy on user fees for foreigners in Kenya
- Advocate for free use of health insurance across the border through EAC
- Advocate for integration of cross border health data collection tools into the HMIS
- Inclusion of CB health program activities in annual county work plans
- Strengthen CBHUs activities to improve defaulter tracing and cross border referrals
- Develop a uniform system of client unique identification numbers.
- Advocate for capacity building for health workers on CB health.



Ahsanteni

