Cambodia

The International Organization for Migration

In northwestern Cambodia, every day hundreds of Cambodian migrants are deported by authorities in Thailand. Many of the migrants lack basic access to health care and live in difficult conditions, which put them at high risk for developing tuberculosis. The International Organization for Migra¬tion (IOM) TB REACH project, is setting up systematic TB screening for these people while they are deported back to Cambodia in the border district of Poipet in Banteay Meanchey Province.

Most of the families residing in the Poi¬pet area were originally resettled from refugee camps along the Thai border since the official opening of this interna¬tional border to Thailand in 1994, or have migrated in the last 10 years from other parts of Cambodia to take part in the ex¬pansion of economic cross-border activ¬ities. A majority of this population choose to migrate illegally beyond the border to find work in neighboring Thailand and are subsequently deported back to Poipet with great frequency. Unemployment, household debt, loss of land, healthcare expenses and food insecurity in home provinces are major push factors for the irregular mi¬gration of poor irregular migrant house¬holds to cross-border areas and across international borders in search of work. In 2011, there were about 98,000 irregu¬lar migrants returned to Poipet border.
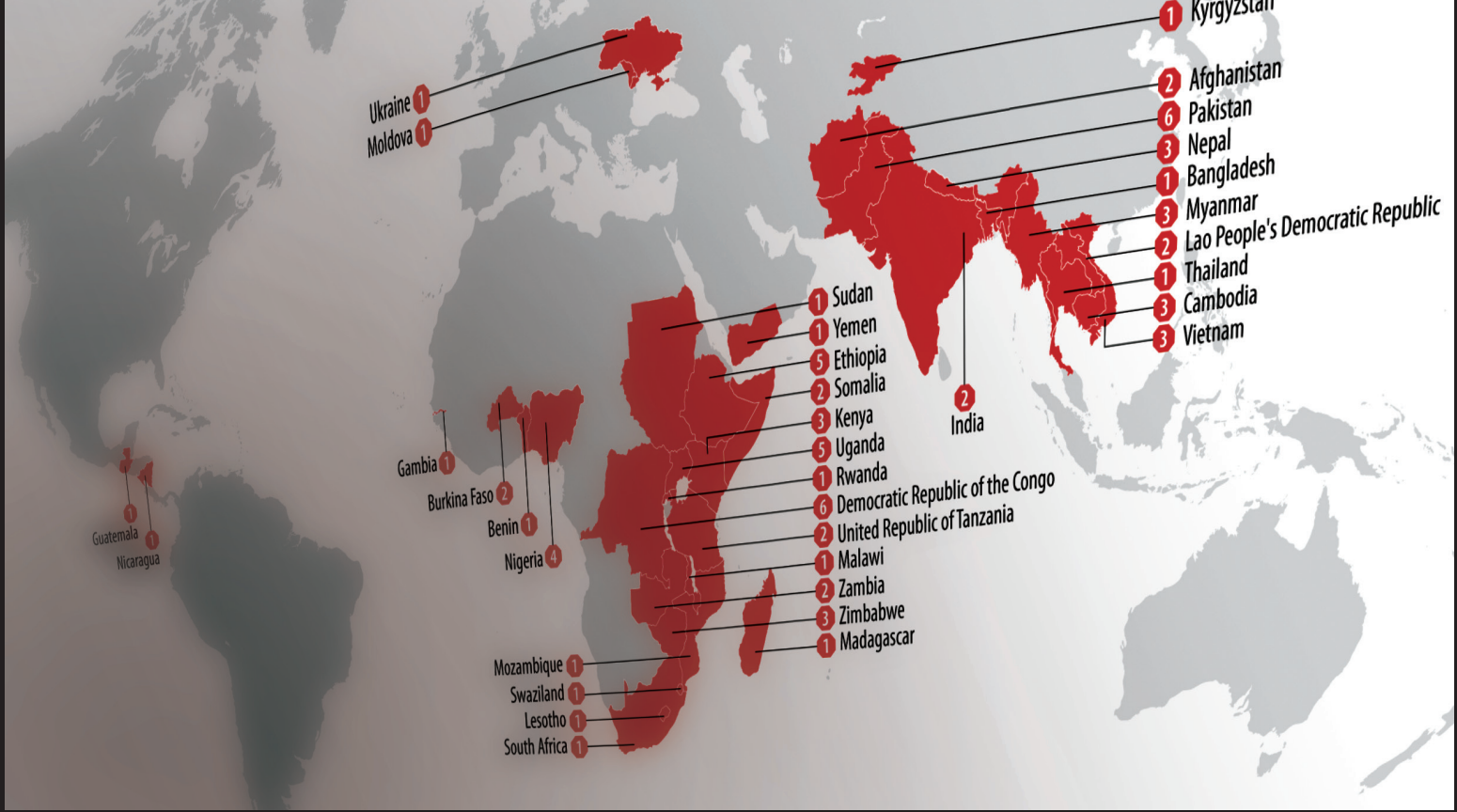

Although there is coverage for public health services in Cambodia in¬cluding tuberculosis control, migrants must recognize symptoms and seek care, which means that many TB cases can be missed and those that are found are detected only after considerable de¬lay, leading to continuing transmission in their communities. Similarly, there are limited diagnostic capacities of the staff to perform smear microscopy, culture, x-ray and counseling, which remain major challenges to detecting and treating TB earlier, particularly in remote and under developed provinces.

Through the TB REACH project, IOM is expecting to screen 75,000 returnees at the Immigration Centre and at Poipet Referral Hospital in collabo¬ration with existing local Government TB health services as they come through the border. In addition to the general services offered to all TB suspects, this innovative project is using new diag¬nostic proce¬dures such as symptom as well as chest X-ray screening followed by Xpert MTB/RIF testing. Through these case find¬ing activities the project aims to detect 1,100 TB cases above what were found last year. . The IOM project will strength¬en the existing laboratory infrastructure, introduce better, faster diagnostic meth¬ods and ultimately lead to reduced trans¬mission and better health outcomes.

Through the TB REACH project, IOM is expecting to screen 75,000 returnees at the Poipet Referral Hospital in collaboration with existing local Government TB health services as they come through the border.

The map shows TB REACH project locations with number of projects per country:

- Kyrgyzstan 1
- Afghanistan 2
- Pakistan 6
- Nepal 3
- Bangladesh 1
- Myanmar 3
- Lao People's Democratic Republic 2
- Thailand 1
- Cambodia 3
- Vietnam 3
- India 2
- Ukraine 1
- Moldova 1
- Sudan 1
- Yemen 1
- Ethiopia 5
- Somalia 2
- Kenya 3
- Uganda 5
- Rwanda 1
- Democratic Republic of the Congo 6
- United Republic of Tanzania 2
- Malawi 1
- Zambia 2
- Zimbabwe 3
- Madagascar 1
- Gambia 1
- Burkina Faso 2
- Benin 1
- Nigeria 4
- Mozambique 1
- Swaziland 1
- Lesotho 1
- South Africa 1
- Guatemala 1
- Nicaragua 1

TB REACH

FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

The first wave of projects increased case detection by an average of 33% compared to the previous year.

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug-resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to projects with a very short turnaround time.
- TB REACH has committed nearly $50 million to 75 projects in 36 countries covering a wide range of interventions.
- Wave 1 projects are covering a population of about 65 million people. Preliminary analysis shows that in the first 12 months, projects delivered a 33% increase in case detection, while some have seen increases of more than 100%. The average cost per person covered is US $0.22.

Stop TB Partnership Secretariat
World Health Organization
HTM/STB/TBP
20, avenue Appia CH-1211 Geneva 27
Switzerland

Email: tbreach@who.int
Phone: + (41) 22 791 46 50
Fax: + (41) 22 791 48 86

Canadian International Development Agency
Agence canadienne de développement international

Stop TB Partnership
TB REACH