

Ten Against TB: Two Nations, One Disease, One Effort

Along the border between the United States and Mexico, many trends converge to make the prevalence of tuberculosis higher than in other parts of the two countries. There are an estimated 60 million people living in the ten border states and a substantial proportion of this population makes frequent border crossings and maintains residences in both countries. Therefore, traditional TB prevention and control practices have been difficult to implement, heightening the risk for interrupted and incomplete treatment, transmission, and the development of multi-drug resistant strains.

To meet these and other challenges posed by an international border, the ten U.S. and Mexican border-state health officers formed a binational initiative, now known as **Ten Against TB (TATB)**, during their meeting at the 1995 United States-Mexico Border Health Association (USMBHA) Conference¹. Ten Against TB was formed out of a sense of urgency about the elevated TB rates along the US-Mexico border and an admission on the part of each border-state health officer that the effectiveness of national and state TB programs is seriously compromised when an international border interferes with consistent treatment and follow-up.

TATB does not intend to interfere with or supplant any local TB-control and prevention programs, but wants to contribute to identify

¹Then Texas Commissioner of Health, Dr. David Smith, offered to lead this effort by creating a new full-time position within the Tuberculosis Elimination Division at the Texas Department of Health, to coordinate this binational tuberculosis initiative.

and address the opportunities and challenges to TB control that cannot be effectively addressed by either nation acting alone.

Health officials also underscored the fact that this binational tuberculosis initiative would lay the groundwork for building a template whereby collaborative public-private partnerships can be developed to improve the health and quality of life of people on both sides of the border.

Toward that end, the border-state health officers have enrolled a number of non-profit and corporate partners as well as both federal ministries of health into a binational Steering Council, its policy-making body². The Steering Council is presently co-chaired by the Department of State Health Services of Texas and the Instituto de Servicios de Salud

²Currently these member organizations are: State-health officers from Arizona, Baja California, California, Chihuahua, Coahuila, New Mexico, Nuevo León, Sonora, Tamaulipas and Texas; The Office of International and Refugee Health; Office of the Assistant Secretary; Department of Health and Human Services; US Centers for Disease Control and Prevention (CDC); Health Resources and Services Administration (HRSA); Department of Health and Human Services (DHHS); Dirección de Asuntos Binacionales y Regionales Americanos de Secretaría de Salud de México; Subsecretaría de Prevención y Control de las Enfermedades, Coordinación de Vigilancia Epidemiológica (CVE); Pan American Health Organization (PAHO); Project HOPE; American Lung Association; American Thoracic Society; US-Agency for International Development (USAID); United States-Mexico Border Health Association (USMBHA); US-Mexico Border Health Commission (USMBHC); Migrant Clinicians Network (MCN); Rotary International, and Texas Medical Association (TMA).

de Baja California, with future leadership to retain a US-Mexico balance. The TATB Coordinator is based in Austin, Texas but receives guidance from this binational decision-making body.

As asked by the TATB Steering Council, a Technical Committee was formed with the purpose of developing a comprehensive plan of action to make improvements in these priority areas:

1. The establishment of a binational TB epidemiology/surveillance system with the purpose of describing the status of TB, assessing TB case reporting and contact investigations and evaluating TB program effectiveness along the Mexico-United States border;
2. Enhanced laboratory capability to improve the speed and accuracy of diagnosing TB and to ensure high quality AFB smears performed in US/Mexico border laboratories;
3. Enhanced health educational activities to make the public aware of tuberculosis symptoms, the services available in the community and the importance of treatment adherence;
4. Trained health care workers and decision makers in the areas of primary, secondary and tertiary care;
5. Strengthen binational TB information systems which will include areas in epidemiology, health promotion, case management and clinical/scientific developments;
6. 100% application of directly observed therapy;

In recognition of its unique importance in the area of binational public-health collaboration, the following organizations, among others, have tendered financial support to TATB to date:

- < Texas Medical Association Foundation
- < Health Resources and Services Administration
- < Pan American Health Organization
- < Houston Endowment

On November 23, 2002 in San Diego, California, at the annual meeting of the U.S.-Mexico Border Health Commission, TATB officially became the “technical advisory group in tuberculosis” for the Commission.

The significance of Ten Against TB as an innovative model of binational, public-health collaboration and of its plan for reducing TB rates along the US-Mexico border have been formally recognized by the American Medical Association House of Delegates, the 1997 Border Governors’ Conference, the U.S. and Mexican secretaries of health, and the U.S. Department of State and Mexican foreign ministry.

For more information, please contact the TATB Secretariat: José A. Gomes Moreira, Tel. (512) 458-7436, Fax (512) 458-7787 or by email: Jose.Moreira@dshs.state.tx.us