As the world becomes increasingly interconnected, there are many benefits as there are drawbacks relating to disease spread, prevention and control. Diseases, Infectious Organisms and Agents know no borders exacerbating spread more so, in this increasingly interconnected world. Transmission of diseases from one country to another and beyond is evident; Bubonic plague in the 14th century, Cholera pandemics in the 19th century, Severe Acute Respiratory Syndrome (SARS) in the 1990s, Influenza H1N1v in 2009 to 2010, HIV/AIDS still on going and most recently the devastating Ebola outbreak in west Africa are some examples.

Cholera
As far back as 1817, the first cholera pandemic which started from its original reservoir in the Ganges delta in India, South-East Asia, spread across the world. More epidemics of cholera have occurred since killing millions of people globally. According to WHO, the 7th and current pandemic began in Indonesia in 1961 spreading rapidly to other countries in Asia, Europe, Africa and finally in 1991 to Americas which had been free of cholera for more than one century [1] We are still groping with cholera which has now become endemic in many countries; WHO in 2016 reported 132,121 cholera cases and 2,420 deaths worldwide. Outbreaks continue to affect several countries. Currently in the WHO East and Southern Africa Region, 9 of 21 countries including Angola, Kenya, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Zambia and Zimbabwe have reported over 5,796 cholera / acute watery diarrhoea cases and 74 deaths since the beginning of 2018. Off these 9 countries, 7 (Kenya, Tanzania, Angola, Malawi, Mozambique, Zimbabwe and Zambia) have active transmission of cholera. Zambia between 6th October and 27th February 2018 has recorded a cumulative 4,371 cases with 89 deaths nationwide [2]. Although Zambia is recording a downward trend and the situation seems under control, it is surrounded by 5 of the countries, Tanzania, Angola, Malawi, Mozambique, Zimbabwe reporting active transmission [3]. With the porous borders, increased cross border trade, access to medical facilities and families across borders, risk of further outbreaks in the border areas is of high probability.

Bubonic plague
Although available information to date indicates that the risk of international spread of plague appears very low [4], history indicates that the largest recorded pandemic is the Bubonic plague commonly referred to as the “Black Death” that wiped up-to 200 million people within a number of European countries between 1347 and 1352 [5]. Reports from WHO on plague between 1989 and 2003 show an increased incidence of human plague observed, especially in Africa, with at least three geographical areas experiencing outbreaks of human plague after silent periods of about 30-50 years: India - 1994, 2002, Indonesia – 1997 and Algeria – 2003. Between 2002 and 2003, 6 countries Congo, Madagascar, Malawi, Mozambique, Uganda and the United Republic of Tanzania have reported outbreaks of plague. [6]. Recent outbreaks varying degrees of plague are recorded, with 3,248 cases reported worldwide, including 584 deaths from 2010 to 2015. Zambia, which recorded plague for the first time in 1917 has had subsequent outbreaks including one in Namwala District, Southern Province in 1997 that led to 264 cases and 30 deaths, another in Nyimba District, Eastern Province resulting in 21 cases and 3 deaths are among the recorded evidence of plague in Zambia [7].

Influenza H1N1v
In April 2009 an outbreak of H1N1 Influenza A virus infection was detected in Mexico and by June 2009 a widespread community transmission affecting at least two continent was noted triggering WHO to raise a pandemic alert, phase 6, the highest alert level. [8]. The pandemic which was declared to be over in August 2010 had affected an estimated 200 million people with 18,500 deaths reported globally; 21 countries in Africa were affected by the pandemic, with Zambia confirming 41 cases and 1 related death between July 2009 and July 2010 [9].
This could be an underestimation owing to different reporting structures and systems [10].

**HIV/AIDS**

In the modern times, AIDS which was first identified in 1981 in the United States is now a global pandemic with close to 37 million people living with HIV/AIDS by the end of 2016[11]. According to UNICEF data, in 2016, approximately 5,000 people were newly infected with HIV and approximately 2,800 people died from AIDS daily [12]. Januaris Saint Fores a social science researcher determined immigration and movement of populations as one of the 10 top drivers in the spread of HIV/AIDS [13].

**Ebola**

Most recently Africa experienced the worst spread and devastating outbreak of Ebola in history, affecting mainly Guinea, Sierra Leone and Liberia between 2013 and 2016. The outbreak which started in December 2013 in Guinea spread to mainly Sierra Leone and Liberia and at a lower rate to other countries including Nigeria and Mali. Isolated cases were recorded in Senegal, the United Kingdom and Sardinia [14]. The World Health Organization (WHO) and respective governments reported a total of 28,616 suspected cases and 11,310 deaths (39.5%) by 8 May 2016[15]. The end of outbreak was declared on 9th June 2016, 42 days after the last case tested negative in Monrovia [16]. Globalisation more so in with the porous borders in most countries has facilitated the spread of diseases by travelers between countries. According to Fairooz Hamdi, “Due to increased trade and travel, many diseases like HIV/ADIS, Swine Flu, Bird Flu and many plant diseases, are facilitated across borders, from developed nations to the developing ones” [17]. The 2013 yellow fever risk assessment in Zambia indicated travel to Angola as a significant factor associated with Dengue virus fever infection [18].

**The Way Forward – Cross-border surveillance**

It has been determined by organisations such as the East, Central & Southern Africa Health Community and the world Health organisation that Factors contributing to cross-border problems in health include migration, inadequate and inefficient health delivery, and lack of coordination in the implementation of control strategies. Migration of population vis-à-vis cross-border movement has been determined as a major social determinant of health associated with the disease transmission. [19]. With evidence of transmission of diseases through borders, it is imperative that countries form or strengthen cross-border relations, develop clear strategies and comprehensive frameworks followed by implementation of measures that will help control transmission of diseases across borders and preventing spread of outbreaks and epidemics. Cross-border initiatives will create a platform for enhanced surveillance, information sharing and collaborative response utilizing joint resources. As the communication between the countries becomes open, sharing of information becomes easier due to globalization. Countries are encouraged to develop or enhance existing cross-border initiatives.
# LIST OF REFERENCES


