THE HUMAN MOBILITY DIMENSION

Local, regional and global human mobility is a complex and dynamic phenomenon, which can amplify the spread of communicable diseases and the impact of public health events. The recent Ebola outbreak in West Africa is a reminder of this fact.

IOM’s Health, Border & Mobility Management (HBMM) is a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and its Spaces of Vulnerability (SOVs), where migrants and mobile populations (MMPs) interact with stationary, local communities. With particular focus on border areas, HBMM unifies border management with health security and ultimately supports the implementation of the International Health Regulations (IHR 2005).

HBMM also endeavours to build human mobility competent health systems at both the community and primary health care levels, which is essential for global health security. Such systems are responsive to the dynamics of human mobility and are inclusive, ensuring Universal Health Coverage (UHC) for all, including migrants and mobile populations (MMPs), regardless of their status.

“Human mobility dynamics” represents the “Who, What, Where, Why, When and How”, regarding travellers, migrants, and mobile populations. Understanding human mobility dynamics through HBMM is essential for the development of public health interventions to prevent, detect and respond to international health threats and, thereby, supports the realization of the Global Health Security Agenda (GHSA). It enables the identification and prioritization of SOVs, where public health measures need to be strengthened, and knowing the origins, routes and destinations of travellers facilitates the prediction of disease transmission patterns. Understanding mobility is an essential component of evidence-based, public health programming, which combines and correlates conventional information on epidemiology, burden of disease, and health systems capacity with the various health risks associated with human mobility.
Mobility takes place along a continuum, which encompasses points of origin and destination, as well as the multiple pathways in between. This mobility continuum, represented in Figure 1, depicts the key population movements, taking into account the various modes of travel, routes, and transit and congregation points along the way, as well as the interconnectivity between them. A person may choose to travel, using one or more routes and mode of transport via land, air or water to their intended destination along the green pathways, as illustrated in Figure 1.

Figure 1 also highlights the Spaces of Vulnerability (SOVs) – geographical areas and locations where migrants and mobile populations (MMPs) interact with stationary, local communities, such as places where MMPs live, work, transit, and originate. They represent an environment that is conducive to increased health vulnerabilities, such as communicable disease outbreaks. SOVs can include points of entry (POEs) and other ground crossings, ports and ferry landings, transport/transit stations, urban settings, temporary places of residence, informal settlements, marketplaces, health facilities, alternative/traditional medical facilities, schools, places of worship, and particularly worksites that attract migrant workers in such industries as extractive (mining), logging, construction, commercial agriculture, and fisheries.

Population mobility pattern mapping is an important activity to guide public health interventions and serve as an evidence-informed tool for installing health screening posts and referral mechanisms at SOVs, especially at international border crossing points, in the event of a rapidly progressing disease outbreak or other health threats.

Moreover, inhabitants of border communities along international land borders are often engaged in informal and unsupervised cross-border movement, as part of their daily lives. Public health and surveillance measures especially need to be put in place in border communities to prevent, detect and respond to health threats. Through identifying and prioritizing SOVs, public health responses may be initiated through close coordination between transit and congregation points, Emergency Operation Centres (EOCs), and referral health services, activated whenever a health threat is detected.
The operationalization of HBMM is guided by the four pillars of the World Health Assembly Resolution on migrants’ health, and adapted to the border, health and mobility perspective. These four pillars are further articulated through ten core activities. The scope of HBMM activities ranges from collection and analysis of information on human mobility dynamics to disease surveillance and strengthening response mechanisms along mobility corridors. Although some of these core activities may appear to be, and can be, implemented independently, they are ultimately interrelated, mutually supportive, and essential in realizing, mainstreaming, and sustaining HBMM’s ultimate goal of improving prevention, detection and response to the spread of diseases along mobility pathways.

PILLAR 1: POLICIES AND LEGAL FRAMEWORK ON HEALTH, MOBILITY AND BORDER MANAGEMENT

ACTIVITY 1: Needs assessment, operational research, and data collection
ACTIVITY 2: Surveillance, community event-based surveillance (CEBS), integrated disease surveillance and response (IDSR)
ACTIVITY 3: Data analysis and risk mapping
ACTIVITY 4: Data dissemination and reporting

PILLAR 2: OPERATIONAL RESEARCH, EVIDENCE, DATA GATHERING AND SHARING

ACTIVITY 1: Needs assessment, operational research, and data collection
ACTIVITY 2: Surveillance, community event-based surveillance (CEBS), integrated disease surveillance and response (IDSR)
ACTIVITY 3: Data analysis and risk mapping
ACTIVITY 4: Data dissemination and reporting

PILLAR 3: ENHANCED CAPACITY OF HEALTH SYSTEMS AND BORDER MANAGEMENT SERVICES

ACTIVITY 5: SOP development (IPC, Case management, and Migration management), Training manuals and curriculum, simulation of Public health emergency of international concern (PHEIC) events, and training implementation
ACTIVITY 6: Health screening and referral system
ACTIVITY 7: Health management and public health response
ACTIVITY 8: Provision of infrastructure and supplies

PILLAR 4: INTER-SECTORAL AND MULTI-COUNTRY PARTNERSHIPS AND NETWORKS

ACTIVITY 9: Social mobilization, population awareness, and behaviour change
ACTIVITY 10: Coordination and dialogues
IOM’s position during the acute phase of the Ebola response was to respond to ‘urgent health and operational gaps in order to save lives’. The Organization soon aligned its EVD (Ebola virus disease) response across the three affected countries (Guinea, Liberia, and Sierra Leone) and neighbouring ‘ring’ countries by implementing the Health, Border and Mobility Management (HBMM) framework.

Despite significant epidemiological changes suggesting the end of the EVD outbreak, virus transmission persisted in certain hotspots in Guinea and Sierra Leone, from where new cases continued to be reported. A substantial proportion of these cases shared cross-border epidemiological links, such as cases reported in Kambia in Sierra Leone with those reported in Forécariah in Guinea.

IOM started mapping cross-border and in-country population flows between Guinea and Mali as early as December 2014. This information was then mapped against epidemiological data, enabling further analysis of vulnerabilities of travellers along their mobility continuums. Similar initiatives were subsequently set up at the Forécariah-Kambia border and at the Liberian-Sierra Leone border. Mobility mapping has, since then, been expanded to include several sea landing points along the shores of Freetown and Port Loko, as well as internal movement between Kambia and Port Loko Districts in Sierra Leone. Through these mobility mapping efforts, IOM is increasingly recognized as a technical health partner, able to address a major knowledge gap: mobility and its related spaces of vulnerabilities, vis-à-vis disease transmission.

PARTNERSHIPS

In March 2015, recognizing the need to strengthen inter-organizational collaboration on cross-border health management, IOM, CDC and WHO agreed to establish a working group. The “Cross-border Health Working Group”, through its weekly discussions, aims to better understand cross-border and internal population mobility patterns, coordinate activities, and jointly develop technical tools to better prevent, detect and respond to health threats and contribute to strengthening core capacities needed to implement International Health Regulations (IHR) at both national and regional levels.

IOM believes that preparedness for, detection of, response to, and recovery from health crises need to be multi-sectoral, responsive to population mobility and cross-border dynamics, and engage multiple agencies in both response and resilient recovery. Supporting safer human mobility for trade, work, and development is equally imperative to enable community resilience and maintain a positive path toward socio-economic growth and development.