



Population mobility mapping exercise in Port Loko, Sierra Leone. © IOM, 2015.

## THE HUMAN MOBILITY DIMENSION

As people across the world become more and more mobile, the link between human mobility and health has become increasingly relevant, dynamic and complex. Not only is the health of migrants affected by the circumstances of their migration process along the mobility continuum – at origin, transit, destination and return locations – but movements also impact public health as people on the move and the communities hosting them interact within and across borders.

The transmission of diseases is a critical dimension of human mobility and health, as seen in recent public health emergencies such as the Ebola virus disease (EVD) outbreaks in West Africa (2014-2016) and in the Democratic Republic of the Congo (2018-2020), and the COVID-19 pandemic. The volume, rapidity and ease of travel can pose unique challenges for communicable disease control, and coordinated, system-wide and multisectoral action is required to respond.

The International Organization for Migration (IOM) plays a leading role in supporting governments and communities to build

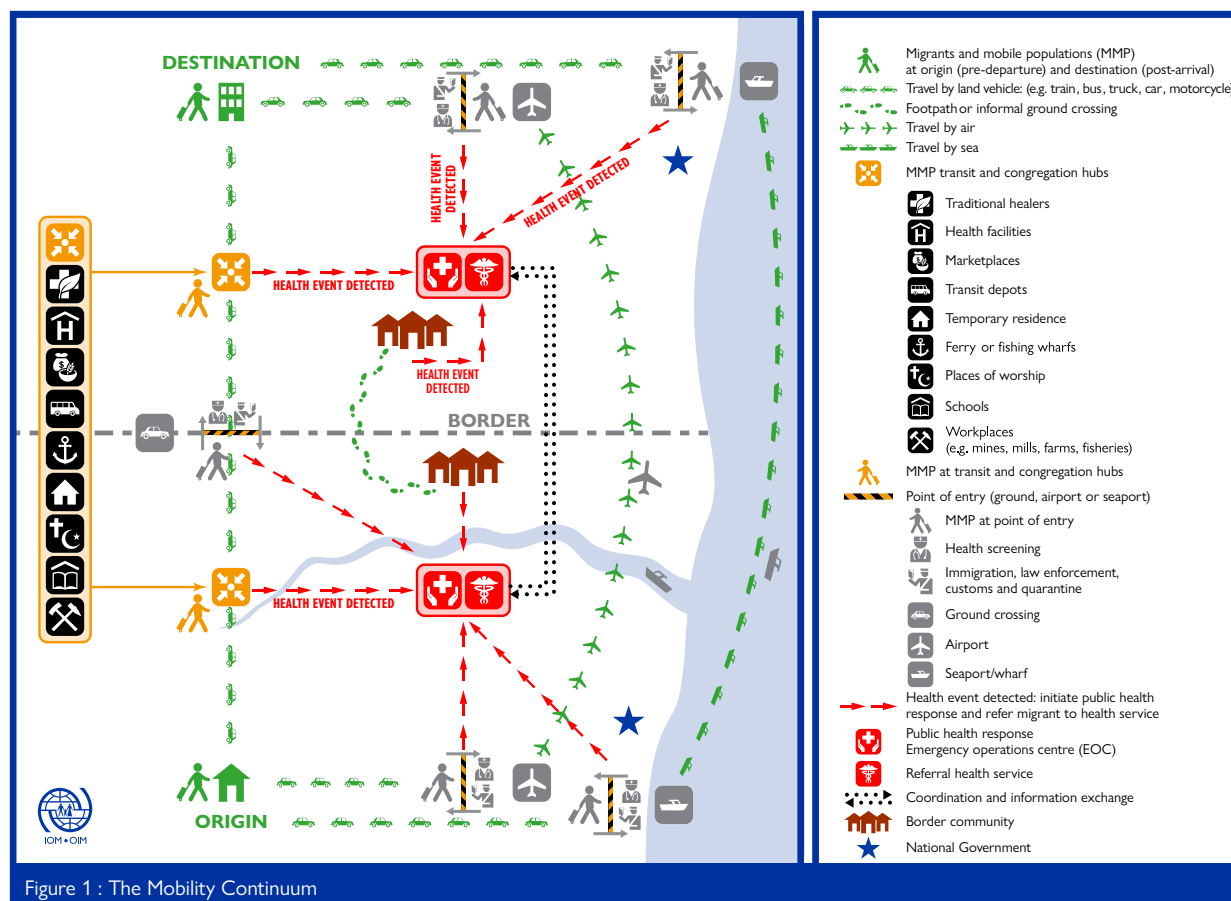
health systems that are responsive to the needs of migrants and mobile populations, and equipped to address public health concerns along the mobility continuum. In particular, by bringing a deeper understanding of mobility dynamics, IOM facilitates targeted and evidence-informed approaches to communicable disease preparedness, response and recovery, within and across borders, in line with the 2005 International Health Regulations (IHR) and, more broadly, the Sustainable Development Goals (SDGs).

IOM supports an understanding of the implications of mobility for communicable disease preparedness and response; contributes to the surveillance and management of outbreaks as part of a unified health and mobility management approach; and contributes to strengthening mobility-sensitive health systems durably. These interventions have been implemented in recent public health emergencies of international concern, where IOM has supported preparedness and response as a leading technical agency in the area of border management and health security – central to delivering universal health coverage for all, including migrants.

# THE MOBILITY CONTINUUM AND SPACES OF VULNERABILITY

The mobility continuum refers to the complete pathway of population movement at points of origin, transit, destination and return – within and across borders. It also includes the routes through various modes of travel and the congregation points along the way, and the interconnectivity among them. Each setting along this pathway, as depicted in Figure 1, might have specific health risks and vulnerabilities for mobile populations and host communities, depending on the scale of

mobility flows, interactions between mobile populations and host communities, and the potential occurrence of public health threats such as communicable disease outbreaks. By ensuring that the response to public health threats is well-informed by a thorough understanding of these pathways and their associated vulnerabilities, the Health, Border and Mobility Management Framework (HBMM) facilitates a more comprehensive and effective response to such threats.



## THE HBMM FRAMEWORK

The HBMM Framework articulates IOM's strategic role and objectives in the prevention, detection and response to communicable diseases in the context of widespread and multi-directional human mobility. It provides an action framework for IOM to undertake activities related to health, border and mobility management, and serves as a reference for IOM Member States and partners to understand the Organization's role and contributions in this area of work.

The overarching aim of the HBMM Framework is to ensure that:

- 1) Governments and communities have the capacity to address the mobility dimensions of public health threats.
- 2) Affected and at-risk populations benefit from appropriate and timely support, through inclusive and rights-based approaches that leave no one behind.

The HBMM Framework is organized around five strategic objectives that are operationalized through a set of interrelated and mutually supportive core activities.



Door-to-door hygiene awareness-raising sessions conducted by IOM volunteers in the Rohingya settlements of Cox's Bazar, Bangladesh, as part of the COVID-19 response. © IOM/Abdullah Al Mashrif, 2020.



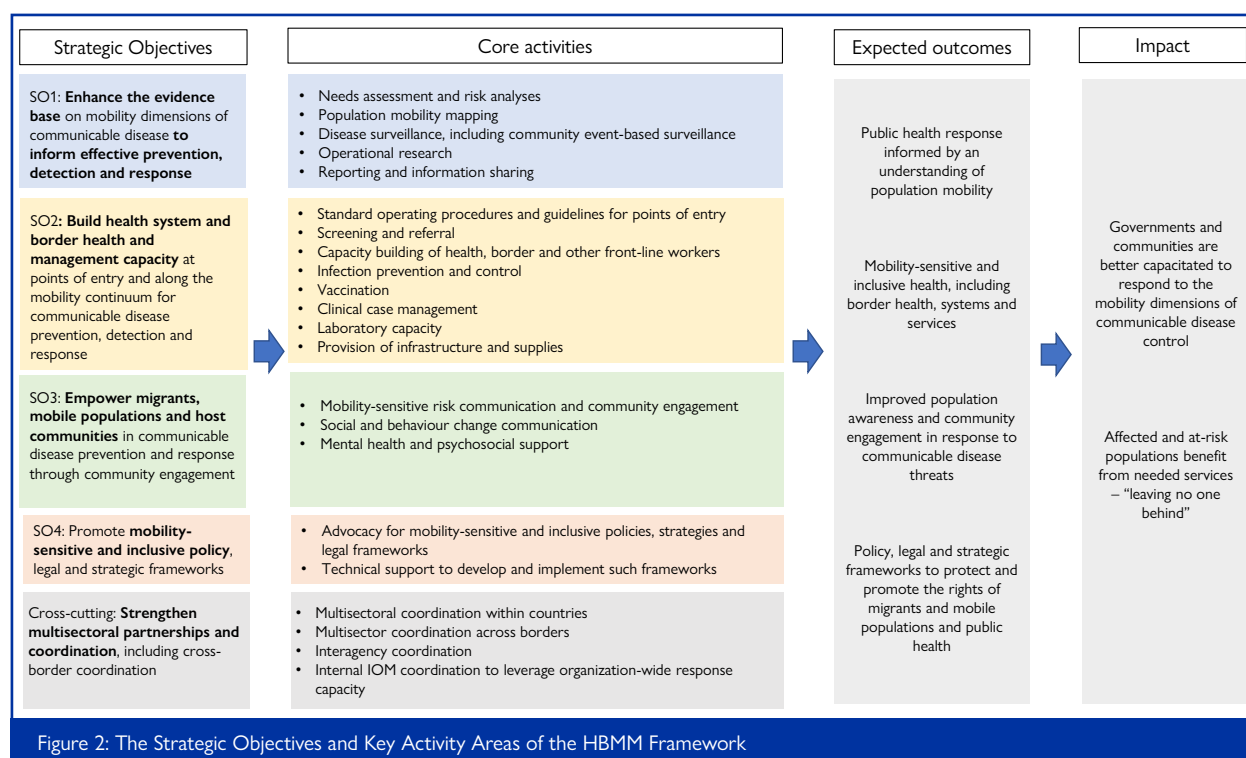


Figure 2: The Strategic Objectives and Key Activity Areas of the HBMM Framework

**Strategic Objective 1: Enhance the evidence base on mobility dimensions of communicable disease to inform effective prevention, detection and response:** This objective comprises various methods and modalities to: gather information on mobility patterns and vulnerabilities, including population mobility mapping (PMM) to understand human mobility dynamics and identify priority communities and locations that may be vulnerable to infectious disease outbreaks and other health threats; assess national and local capacities; engage in disease surveillance activities, including community event-based surveillance (CEBS) and health screening, among other interventions; and support joint analyses and sharing of information, including mobility and disease transmission data.

**Strategic Objective 2: Build health system and border health and management capacity at points of entry (PoEs) and along the mobility continuum for communicable disease prevention, detection and response:** This objective is supported by a range of activities to enhance the technical and operational capacity of health systems to deliver mobility-sensitive health services as well as border health capacity. It includes the direct delivery of and support to prevention, screening, referral, case management and laboratory services during a public health emergency, in particular at PoEs and health facilities along the mobility pathway, as well as activities to build longer-term readiness and capacity, such as developing standard operating procedures (SOPs) and guidelines for management of public health events at PoEs, provision of infrastructure and supplies and training of both health and non-health personnel. It also includes other preventative interventions including infection prevention and control (IPC), such as offering water, sanitation and hygiene (WASH) services, as well as vaccinations.

**Strategic Objective 3: Empower migrants, mobile populations and host communities in communicable disease prevention and response through community engagement:** This objective is supported by community-based activities to engage migrants, mobile populations and host communities in the response to communicable diseases. They aim at strengthening community awareness and participation through risk communication and community engagement (RCCE); building resilience; engaging communities in monitoring mobility and risks in their surroundings; supporting their health needs – including mental health and psychosocial support (MHPSS) to address emotional and social suffering related to health threats and prevent long-term consequences on health, social and economic systems, while ensuring that vulnerable migrants including refugees, other displaced populations and returnees have equitable access to services and supports; and supporting positive behaviour change.

**Strategic Objective 4: Promote mobility-sensitive and inclusive policy, legal and strategic frameworks:** This objective comprises advocacy and direct technical support to ensure that local, national and regional policies, legislative frameworks, regulations and strategies are in place to support mobility-sensitive health systems and responses that are inclusive of migrants and mobile populations – including both health and migration frameworks. It includes efforts to raise awareness on the importance of mobility-sensitive frameworks from the perspectives of public health and human rights; sharing data, research and experiences; and sensitizing policymakers, lawmakers, law enforcement personnel and other key stakeholders on such policies. IOM mainstreams advocacy on migrants’ rights and better management of migration challenges in all programming, including its work as part of the HBMM Framework.

**Strategic Objective 5: Strengthen multisectoral partnerships and coordination, including cross-border coordination:** This objective cuts across the other four strategic objectives and is integral to the design and implementation of all core activities. It includes promoting and strengthening multisectoral coordination within and across borders, inter-agency as well as internal coordination. An effective HBMM approach needs to bring together relevant sectors and partners such as health, border management, immigration, transport (civil aviation, maritime, etc.), trade and labour, to name a few. In particular, IOM plays a key convening role in promoting multilateral and regional cross-border coordination, to respond effectively to public health threats. Internally, this cross-cutting objective ensures that HBMM-related activities are well-coordinated across areas of work to leverage IOM’s multisectoral, wide-ranging response capacity.

## THE HBMM FRAMEWORK IN ACTION

HBMM should be primarily applied in the context of outbreak-prone communicable diseases including, but not limited to, those that result in a declaration of a public health emergency of international concern under the IHR, such as yellow fever, cholera, plague, EVD, COVID-19 and other similar threats.

Certain HBMM activities, such as those that aim to improve the understanding of population mobility patterns in relation to disease spread, may also be applied in other contexts of communicable disease transmission across borders, such as in the case of elimination efforts for malaria, polio and measles, where population mobility may result in re-introduction of previously eliminated diseases in host communities.

In all contexts, HBMM emphasizes equity and inclusiveness for migrants along the entire mobility continuum. In other words, it is not only focused on communicable disease threats at physical or regulated borders or PoEs (such as airports, ports and ground

crossings), but also includes locations where informal cross-border movements take place, travel routes and spaces of vulnerability, such as congregation points where mobile populations interact with local communities – i.e. places where the risk of disease transmission may be high and public health interventions would be necessary.

Although some of the core activities of the HBMM Framework can be implemented independently, they are ultimately interrelated and mutually supportive in realizing the expected outcomes. While all core activities need not be implemented simultaneously – the timing may for example be determined by the stage of the outbreak, country-specific needs, other partners' contributions and other factors – it is important that activities are planned and delivered as part of a comprehensive and sustainable approach, in collaboration with national stakeholders and international partners, with the ultimate aim to build long-term national capacities for a mobility-sensitive public health preparedness and response.

## IOM'S ACTION IN PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN

IOM's Migration Health Division played a critical role in the international effort to address the 2014-2016 EVD outbreak in West Africa by bringing together border management and health security. Through a cooperative agreement with the United States Centers for Disease Control and Prevention (CDC), from 2015, IOM implemented a five-year regional project in seven countries (Ghana, Guinea Bissau, Guinea, Liberia, Mauritania, Senegal and Sierra Leone) to build the core capacities of countries at PoEs to prevent, detect and respond to the outbreak — including developing SOPs and emergency response plans, improving surveillance with an understanding of cross-border population mobility patterns, convening multisectoral coordination mechanisms for border management and health security and establishing Emergency Operations Centres.

During the 2018-2020 EVD outbreak in the Democratic Republic of the Congo (DRC), the Organization deployed over 1,500 workers across 169 locations in DRC, South Sudan, Burundi and Uganda to screen travellers and strengthen the capacity of front-line workers, thereby improving surveillance, contact tracing, flow monitoring and hygiene promotion, as part of the national response. IOM also engaged in displacement tracking to gather data on internally displaced populations and people crossing the Congolese borders with Burundi, South Sudan, Rwanda and Uganda, including demographics, areas of origin, locations where they take refuge and where humanitarian assistance may be required. IOM moreover contributed to national EVD preparedness efforts in neighbouring countries in East Africa, namely Burundi, South Sudan, Rwanda, Uganda and the Tanzania, through various interventions, including but not limited to: surveillance, screening and capacity-building at PoEs; population mobility mapping; elaboration of SOPs, manuals and training curricula; strengthening health facility capacity around border areas; and supporting cross-border coordination.

In 2020, in response to the COVID-19 pandemic, IOM helped strengthen of capacity of countries around the world to prepare for and better respond to the impact of the disease, so it can be contained, using a mobility perspective. Interventions supported by IOM have included, among others: cross-border coordination; advocating to ensure migrants as a vulnerable group were

included in national preparedness and public health planning, had access to health services and were reached with communication and messaging, regardless of their status; capacity-building at PoEs; strengthening surveillance, including at the community level; enhancing RCCE; provision of WASH services and other IPC efforts at PoEs, health facilities, camps and camp-like settings as well as other vulnerable locations; PMM to anticipate preparedness measures to be implemented in a strategic and prioritized manner; monitoring global travel restrictions; engaging in secondment of medical personnel; providing MHPSS to vulnerable migrants, including those in quarantine, stranded and in displacement camps; and procuring and distributing critical supplies, including personal protective equipment and medical and hygiene supplies.



IOM health screening point established at a busy transit location on the road from Butembo to Goma, as part of the EVD response in DRC. © IOM/Angela Wells, 2019.

For more information on the above activities please contact the Migration Health Division (MHD) at [mhddpt@iom.int](mailto:mhddpt@iom.int)

