

International Organization for Migration Ebola Virus Disease (EVD) Crisis in West Africa

HEALTH and BORDER MANAGEMENT

A conceptual framework for action

BACKGROUND

The attempt to reduce the importation of communicable diseases is at the foundation of some of the most well-established public health measures in border management. Yet the traditional verification of medical records, history of risk exposure, and the detection of symptoms carried out in a structured way at formal international ports of departure (PoD) or entry (PoE) alone, risks becoming insufficient in the context of intense and multi-directional human mobility, linked to formal and informal cross-border trade, transnational communities, and porous borders.

Against a background of **high population mobility**, urbanization, unsafe cultural burial practices and weakened health systems, EVD was able to spread quickly from one infection of a child in rural Guinea in December 2013 to 20,206 cases and 7,905 deaths mainly in Guinea, Liberia and Sierra Leone, as of December 31st, 2014.

While migration and mobility are increasingly recognized as determinants of ill health and risk exposure (*WHA Res. 61.17, Health of Migrants, 2008*), the volume, the rapidity and ease of today's travel are new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multi-sectoral responses. In the context of the EVD epidemic, this is particularly relevant in light of the risk that regional human mobility perpetuates cross-border transmission, while at the same time the reopening of borders is essential for the resilience and eventual recovery of the affected countries.

IOM's approach to health and border management, adapted to the EVD context, aims at addressing the public health imperatives of **preventing, detecting and responding** to infections along the mobility continuum, that is, at **origin, transit, destination and return** points. The focus should not only be at the international **PoD and PoE** (i.e. airports, ports and land crossings), but also at **travel routes, flow monitoring points, hot-spots** where people gather along the way (e.g. trade and work places, travel hubs, cultural events), the surrounding **communities** and their **health systems**, and finally, the **migrants/travelers** themselves.

A targeted health response at borders as an immediate ad-hoc emergency measure — and eventually as part of a well-planned integrated health and border management system — is essential to eliminating cross-border transmission. A full consideration of the mobility patterns therefore, offers opportunity for more comprehensive and effective EVD and border health interventions. Additionally, well-managed borders that are sensitive to the health needs can facilitate health services on both sides of the border while ensuring that there is no risk of transmission.

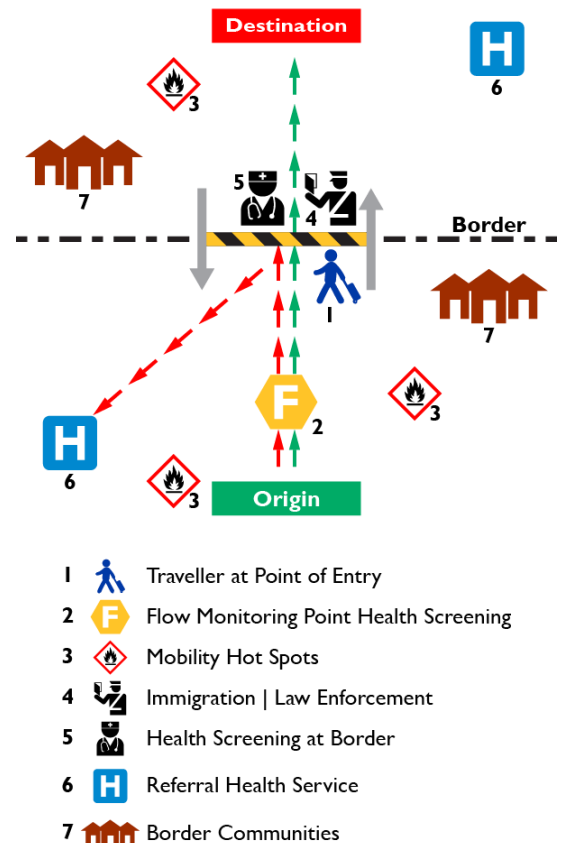


Figure 1: Components of the Mobility Continuum



In 2010, IOM, WHO and other partners developed an operational framework to implement the WHA's Resolution 61.17 on the Health of Migrants (2008). This widely-adopted framework applies well to addressing health and human mobility, including in the context of EVD and health at borders, to promote the need to merge evidence-based multi-sectoral responses, policies and inter-sector collaboration and partnership across countries for tangible results.

The framework includes four programmatic pillars (figure 2); these are used as the baseline to describe EVD and health at borders relevant actions.

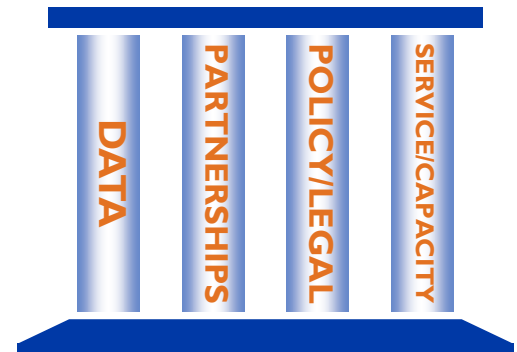


Figure 2: Four programmatic pillars of IOM's border health strategic framework on EVD in West Africa

OBJECTIVES OF THE BORDER HEALTH FRAMEWORK ON EVD IN WEST AFRICA

Since September 2014, the International Organization for Migration (IOM) has been working closely with partners in the West Africa region to strengthen the capacity of national health and border management structures to prevent and contain EVD transmission. With improved health control and surveillance systems at borders, the promotion of healthy behaviors, case isolation and increased referral capacity, the prevention of cross-border transmission has been identified as a crucial element to finally bring the epidemic to a conclusion. *IOM's BORDER HEALTH STRATEGIC FRAMEWORK ON EVD IN WEST AFRICA* is meant to aid in the development of country or multi-country strategies and initiatives that will contribute to reducing the risk of cross-border EVD transmission in West Africa and has the following objectives:

In August 2014, the World Health Organization (WHO) Emergency Committee identified **“high mobility of populations and cross-border movement of infected travelers”** as a key challenge facing governments in their efforts to contain the spread of EVD in West Africa .

1. To provide a common framework for action that moves from a solely PoD/PoE concept of health and border-management to a more holistic and systemic approach better adapted to the scope of more complex land-border management, addressing also patterns of regional and extra-regional mobility, cross-border communities, and local health systems;
2. To assist in the identification of core action components for country-specific, border-specific operations that refer to a common conceptual framework for action, allowing for the consolidation of achievements in a result-based approach, enhancing partnership and synergies and avoiding the duplication and waste of resources;
3. To identify actions along a human mobility continuum, at origin, transit, destination and return, specific to the context of the EVD epidemic in West Africa.

This framework builds upon:

- ◆ WHA resolution 61.17, Health of Migrants, 2008
- ◆ Consolidated EVD Preparedness Checklist, 2014
- ◆ WHO International Health Regulations (IHR), 2005
- ◆ UNMEER Technical Meeting, Cross-Border Collaboration on the Prevention and Control of Ebola (December 2014, Monrovia)
- ◆ Global Health Security Agenda, United States' Centers for Disease Control and Prevention (CDC), 2014

BORDER HEALTH FRAMEWORK FOR ACTION

1. Health and Border Management: Evidence, Data Gathering and Sharing, Surveillance

Strengthen knowledge on EVD-related health and cross-border issues to ensure evidence-based programming, early detection and response, and policy development

Prevention	<ul style="list-style-type: none"> ◆ Mapping of mobility pathways, hot spots of congregation (communities, trade, mining sites, transport hubs, etc.), and risk of transmission venues ◆ Assessment of skills, resources, practices and needs at PoE/PoD and at referral health facilities ◆ Assessment of EVD-KAP (knowledge, attitudes and practices) of immigration, law enforcement, health personnel, and decision-makers at borders and facilities of border health and immigration authorities ◆ Identify human resources for cross-border surveillance (NGOs, traditional healers, leaders)
Detection	<ul style="list-style-type: none"> ◆ Establish a health-adjusted border data management system such as IOM's MIDAS (Migration Information and Data Analyses System) program; where appropriate, use other tools such as IOM's DTM (Displacement Tracking Matrix) tool ◆ Improve infrastructure, technological resources, and basic equipment to facilitate cross-border health data gathering ◆ Enhance health surveillance system in border areas, including PoE/PoD, flow points and hot spots
Response	<ul style="list-style-type: none"> ◆ Share positive findings statistics, significant exposure trends, and population flow data with national and cross-country designated parties. ◆ Link data to national and regional responses, as well as epidemiological surveillance systems, and report under International Health Regulations (2005) mechanism

2. Enhanced Capacity of Health and Border Management Services

Enhance the technical and operational capacity of governments and partners at points of entry and exit communities and actors along mobility pathways

Prevention	<ul style="list-style-type: none"> ◆ Increase awareness on EVD and relevant communicable diseases transmission and prevention, hygiene and infection prevention and control (IPC) amongst immigration and law enforcement personnel and other staff, health personnel, community leaders, opinion makers, and travelers at PoE/PoD, border communities, and 'hot-spots' of mobility. ◆ Provide PoE/PoD and health facilities with equipment and skills to implement basic hygiene, sanitation, disinfection/personal protective equipment/IPC procedures. ◆ Promote social mobilization and preventive healthy practices at the border community level.
Detection	<ul style="list-style-type: none"> ◆ Help establish comprehensive well-trained PoE/PoD EVD-specific screening and surveillance teams. ◆ Train and strengthen the capacities of immigration, law enforcement and health personnel at PoE/PoD to identify probable EVD cases and proceed according to well-conceived procedures and contingency plans. ◆ Enhance community participation in early alert through ad-hoc well-informed committees, using culturally-appropriate, anti-stigma, rights-based approaches.
Response	<ul style="list-style-type: none"> ◆ Ensure that a health emergency contingency plan is in place at PoE/PoD and reference health facilities. ◆ Provide PoE/PoD with an observation/isolation room to manage potential cases prior to referral, and establish health reference facilities with full isolation capacity and case-management arrangements; stockpile both with PPEs (Personal Protective Equipment), and other IPC supplies. ◆ Establish an EVD-specific referral system and trained rapid response teams at borders, with clear procedures and transport capacity for deployment and transfer of patients to health facilities, across borders if necessary.

BORDER HEALTH FRAMEWORK FOR ACTION

3. Policy/Legal Frameworks on Health and Borders

Ensure that policies, legislative frameworks, relevant regulations, and overall resources mobilization are conducive and enable the inter-sector and inter-country adoption and implementation of effective health at borders measures

Prevention	<ul style="list-style-type: none"> ◆ Provide authorization and access for the assessment, refurbishment and capacity enhancement of health facilities, as well as of relevant structures, responders, and community actors at 'hot-spots' of transmission along population mobility pathways ◆ Ensure by means of regulation a community-inclusive participatory mechanism in raising awareness and compliance with cross-border and health measures
Detection	<ul style="list-style-type: none"> ◆ Strengthen policies/legal frameworks to improve disease detection and relevant data-management and distribution in the context of cross-border mobility and EVD, and other International Health Regulation (IHR)-compliant diseases of public and international concerns ◆ Ensure that practices to detect and manage EVD cases are rights-based, non-discriminatory, culturally and gender-appropriate, and aligned with immigration protocols
Response	<ul style="list-style-type: none"> ◆ Review relevant policy and legislative frameworks to ensure that EVD case management within a border and trans-border system is existing, adequate, and coherent with relevant national and international health strategies and IPC principles, irrespective of the immigration status of the person/s concerned ◆ Ensure that immigration, law enforcement, health personnel and decision-makers are aware and informed on policies/legal frameworks and principles adopted on cross-border health issues and effective response to EVD (IHR/ECOWAS) ◆ Establish conducive immigration and health protocols for the transfer of patient, biological specimens, equipment and human resources for trans-border responses ◆ Increase knowledge and implementation of International Health Regulations ◆ Identify funding resources, including allocation of domestic resources, and develop templates for resource mobilization for sustainable health and border management practices

4. Inter-Sectoral / Multi-Country Partnerships and Networks

Promote multi-sectoral and inter-country dialogue, participation, coordination, pooling of resources, and support through partnership and networks that include communities

Prevention	<ul style="list-style-type: none"> ◆ Engage in border communities and mobility-related hot spot with influential key actors/mobilisers, such as community and religious leaders, politicians, traditional healers, employers and employee organizations, and the media for harmonized cross-border prevention and information campaigns and interventions
Detection	<ul style="list-style-type: none"> ◆ Identify and establish mechanisms for engagement with local health systems and national networks of social mobilization for effective surveillance and early alert ◆ Identify focal entities at the government level for the sharing of EVD-data, including for cross-border contact tracing and case management, respecting the confidentiality and best interests of the patient
Response	<ul style="list-style-type: none"> ◆ Establish inter-sectoral and multi-country procedures for command and control, coordination mechanisms, and clearance of key technical and information products ◆ Facilitate and maintain inter-country dialogue to harmonize policies and entry - exit health requirements ◆ Ensure coordinated and safe transport of EVD patients and laboratory samples across borders. ◆ Facilitate dialogue and strengthen partnerships between Ministries of Health, Immigration and Foreign Affairs, as well as the international responders involved, communities and other parties on Health and Border issues.