In 2015, IOM and the U.S Centers for Disease Control and Prevention (CDC) entered into a cooperative agreement, “Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally” in response to the 2014 Ebola epidemic. This collaboration aims to build the capacities of West African states to achieve the Global Health Security Agenda (GHSA) to better prevent, detect and respond to complex communicable disease outbreaks and health threats.

IOM and CDC have worked together in seven countries: Ghana, Guinea Bissau, Guinea, Liberia, Mauritania, Senegal and Sierra Leone, addressing multiple GHSA action packages including Surveillance, Emergency Operations Centers (EOCs), Public Health and Law Enforcement, and Medical Countermeasures.

The project focuses on strengthening surveillance, bilateral and regional coordination to implement the World Health Organization’s (WHO) 2005 International Health Regulations (IHR), as well as Point-Of-Entry (POE) capacity building to bring sea, air, and land entry points into compliance with IHR standards.

IOM’s Health, Border, and Mobility Management (HBMM) framework formed the conceptual and operational framework for the project, providing a platform to develop country-specific and multi-country interventions, including cross-border, in support of the GHSA goal, emphasizing health system strengthening along mobility corridors. HBMM focuses on international border crossings including airports, ports and land crossings, whether designated as POEs or not; on travel routes and congregation points where travellers interact with each other and with the surrounding communities and their health systems; and finally, the travellers themselves.

The vision of the United States’ Global Health Security Agenda (GHSA) is “to prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact.”
ACTIVITIES OF THE HBMM FRAMEWORK

The operationalization of the HBMM framework 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.

Figure 1. IOM Health, Border and Mobility Management activity linkages

**KEY PROJECT ACHIEVEMENTS**

- Strong collaboration at national level with partners, including WHO and Ministries of Health (MoH) regarding IHR
- Enhanced cross-border coordination and surveillance, informed by participatory mapping of population mobility and identification of vulnerable sites
- SOPs developed for designated land crossings and airports to better detect and manage ill passengers who show signs and symptoms of Epidemic-Prone Diseases, in Senegal, Guinea Bissau, Guinea, Liberia, and Sierra Leone
- Support for the development of Public Health Emergency Response Plans in Guinea, Liberia, Senegal and Sierra Leone
- Support for the integration of CEBS into the national surveillance system in Ghana, Guinea, Guinea Bissau, Liberia, and Sierra Leone
- Support to EOCs in Guinea and Sierra Leone, and full-scale simulation exercises for public health emergency preparedness undertaken in collaboration with WHO and MoH in Liberia and Ghana
GHANA

- Established baseline IHR Core Capacity Assessment with CDC, WHO and Ghana Health Services at selected POEs
- PHERP developed for Kotoka International Airport
- Development of SOPs for detection, notification, management of and response to sick travelers at 5 designated POES: 4 land POEs (Aflao, Akanu, Paga and Elubo) and Kotoka International Airport
- Development of SOPs and training materials for frontline officers at 4 land POEs and Kotoka International Airport
- Development and distribution of Health Declaration cards for KIA in order to better track passengers during public health emergencies
- Launch of Community Event-Based Surveillance (CEBS) pilot, including training manual and data collection tools
- Procurement of motorbikes and computers for disease surveillance units
- Development of SOPs for cross border notification of priority disease symptoms

GUINEA

- Development of implementation guide and action plan for Public Health Emergency Operations Centre (PH-EOC)
- Formulation of Health actor’s and related sectors’ directory for PH-EOC
- Simulation exercise scenarios developed and piloted during the PH-EOC training sessions
- Strategic plan/ANSS PH-EOC guidelines.
- Fact Sheets on Lassa Fever and Dengue developed
- Development of Incident Management and Public Health Emergencies Guide

GUINEA BISSAU

- Development of a CEBS manual and piloting of CEBS
- Development of SOPs at the three designated POEs for detection, notification and management of ill passengers: two land POEs (Djegué and Fulamori) and the Osvaldo Vieira International Airport
LIBERIA

- IHR core capacity assessment completed for the four designated POE (two seaports and two airports): Roberts International Airport (RIA), J. Spriggs airport, Freeport of Monrovia and Port of Buchanan
- Development of SOPs for the detection, notification and management of ill passengers at two designated POEs (air and sea): Roberts International Airport and Freeport of Monrovia
- Public Health Emergency Contingency Plan (PHECP) developed for RIA and full-scale simulation exercise conducted
- Development of Information, Education and Communication (IEC) tools: Health messages, ring cards with emergency contacts per Port of Entry (PoE), and laminated referral pathway charts with contacts

SIERRA LEONE

- IHR Core Capacity assessments completed at designated Points of Entry including Freetown International Airport
- Development of PHERP and SOPs for Freetown International Airport
- Development of table top simulation exercise manual
- Deployment plan, SOPs and training materials for rapid escalation of POE health screening in the event of a Public Health Emergency of International Concern (PHEIC)
- Development of community based surveillance training manual and technical guidelines
- Development of Sierra Leone All Hazards Public Health Incident & Emergency Response Plan (IERP)
- Technical support to the National Cross Border Coordination Structure, including the development of an Institutional Framework for Cross-Border Disease Surveillance and Response

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