Health, Border & Mobility Management

IOM'S FRAMEWORK FOR EMPOWERING GOVERNMENTS AND COMMUNITIES TO PREVENT, DETECT AND RESPOND TO HEALTH THREATS ALONG THE MOBILITY CONTINUUM

International Organization for Migration (IOM)

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

Members of the IOM/CDC/WHO joint working group conduct a joint assessment of Susan's Bay in Freetown, Sierra Leone, where poverty, population density, and environmental conditions contribute to the potential spread of infectious diseases of public health significance | © IOM 2015

"... a tenuous relief would fill the voices of doctors who talked of how fortunate it was for humankind that this new killer had awakened in this most remote corner of the world and had been stamped out so quickly. A site just a bit closer to regional crossroads could have unleashed a horrible plague. With modern roads and jet travel, no corner of the earth was very remote anymore; never again could diseases linger undetected for centuries among a distant people without finding some route to fan out across the planet."

[1987 commentary on the initial 1976 Ebola Virus Disease (EVD) outbreak
by Randy Shilts in what was then Zaire (now DRC)][i]

"The ongoing Ebola outbreak is taking place in one of the most highly connected and densely populated regions of Africa. Accurate information on population movements is valuable for monitoring the progression of the outbreak, predicting its future spread, facilitating the prioritization of interventions, and designing surveillance and containment strategies"

Wesolowski, A. et al. (2014)
PLoS Currents Journal, 29 September 2014

IOM supports Sierra Leonean authorities to monitor travellers for overt signs of illness and collect mobility data at the Mange screening post, located in the Forécariah-Kambia area between Guinea and Sierra Leone, epicentre of sustained EVD transmission, along the heavily-trafficked corridor connecting Conakry and Freetown | © IOM 2015

BACKGROUND | THE HUMAN MOBILITY DIMENSION

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 travellers' medical records and history of risk exposure and detection of symptoms, carried out at formal, international ports of entry (PoE) and departure (PoD), alone, risk 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.

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, rapidity and ease of today's travel pose new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multi-sectoral responses. In the context of the recent EVD epidemic in West Africa, this is particularly relevant. Against a background of high population mobility, urbanization, unsafe cultural burial practices, and weakened health systems, EVD was able to quickly spread from one infection of a child in rural Guinea in December 2013 to over 28,600 cases and 11,300 deaths, mainly in the three most-affected countries of Guinea, Liberia and Sierra Leone, as of 20 January 2016.

Although IOM's position during the acute phase of the Ebola epidemic was in responding to 'urgent health and operational gaps in order to save lives', IOM quickly aligned its EVD response across Guinea, Liberia, Sierra Leone, and neighbouring 'ring' countries by implementing the Health, Border and Mobility Management (HBMM) framework. At the centre of this initiative is the realization that by better understanding population mobility, more targeted and evidence-informed responses can be mounted at critical locations along human mobility pathways. Enhancing national capacities to better prevent, detect and respond to any future disease outbreaks and other health threats along such pathways is also emphasised.

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. Several cases in Freetown were also linked with those in neighbouring Port Loko district, Sierra Leone. Despite the correlation between population mobility and EVD incidence, to date, there has been a scarcity of empirical research to specifically explore such associations and the vulnerability to EVD transmission along the entire human mobility continuum. Better understanding of such cross-border movements is vital.

IOM started mapping cross-border and in-country population flows between Guinea and Mali, as early as December

Core components of IOM's Health, Border and Mobility Management (HBMM) framework in action: IOM staff interact with travellers to collect mobility pattern data on mobile devices, raise awareness about infectious diseases, and institute effective infection prevention and control at a border post in Kourémalé, Mali | © IOM 2015

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 between Guinea and Sierra Leone, as well as at the Liberian-Sierra Leonean 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. In all these locations, IOM supported health screening and installation of IPC measures, boosting the surveillance and response capacity of these three worst-affected countries and their neighbours. Furthermore, in order to ensure sustainability and the integration of mobility mapping into national surveillance structures, IOM teams in each country work hand in hand with their Ministries of Health, WHO, and other partners to incorporate mobility mapping within Community Event Based Surveillance (CEBS) and/or the Integrated Disease Surveillance and Response (IDSR) mechanisms.

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. Indeed, the notion that a better understanding of human mobility is crucial to prevent, detect and respond to health threats, including communicable diseases, is gaining momentum, which IOM, due to the nature of its mandate, has been in the best position to act upon.

In March 2015, recognizing the need to strengthen inter-organizational collaboration on cross-border health management in support of respective organizations' efforts to get to zero, IOM, CDC and WHO agreed to establish a working group. The "Cross-border Health Working Group", through its weekly discussions, aims at better understanding cross-border and internal population mobility patterns and develop technical tools to better prevent, detect and respond to health threats and contribute to strengthening of country and regional-level core capacities needed to implement International Health Regulations (IHR).

IOM believes that preparedness for, response to, and recovery from health crises need to be multi-sectoral, responsive to population mobility and cross-border dynamics, engaging multi-agencies in both response and resilient recovery, and reflective of vulnerable spaces along mobility pathways. Supporting safer human mobility for trade, work, and development is also necessary to enable community resilience and restore the positive path of socio-economic growth the affected countries were following after many years of political unrest. This should necessarily include awareness and protection of vulnerable individuals, who have lost family and social capital, resulting from the EVD crisis, such as women and youth, against the risks of exploitative and deceptive migration routes.

HBMM | HEALTH, BORDER AND MOBILITY MANAGEMENT

IOM's approach to responding to disease outbreaks and preparing for future health threats is particularly anchored upon human mobility, notably through the Health, Border and Mobility Management (HBMM) framework. The summary of the components within the HBMM framework are shown in "Figure 1:: The Mobility Continuum" and "Figure 2:: Four Pillars of the HBMM Framework". HBMM has the ultimate goal of improving prevention, detection and response to the spread of infectious diseases and other health threats along the mobility continuum (at origin, transit, destination and return points) and its spaces of vulnerability, with particular focus on border areas.

At the core of HBMM is the understanding that mobility is a continuum that extends beyond the physical or regulated border areas, such as the official Points of Entry (or PoEs, as articulated within IHR, 2005), to include pathways and spaces of vulnerability. Grounded on this understanding, the scope of HBMM ranges from collection and analysis of information on mobility patterns, to disease surveillance and health threat response mechanisms at spaces of vulnerability along mobility pathways. HBMM, therefore, ultimately contributes to health system strengthening that is sensitive to mobility dynamics, notably at the primary health care level.

1. THE MOBILITY CONTINUUM: STAGES OF MOBILITY AND SPACES OF VULNERABILITY

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 the below schematic diagram (see 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. This graphical layout also captures the spaces of vulnerability. A person may choose to travel using one or more of these routes: land, air and water to their intended destination within the green pathways, as illustrated in Figure 1.

Figure 1:: The Mobility Continuum
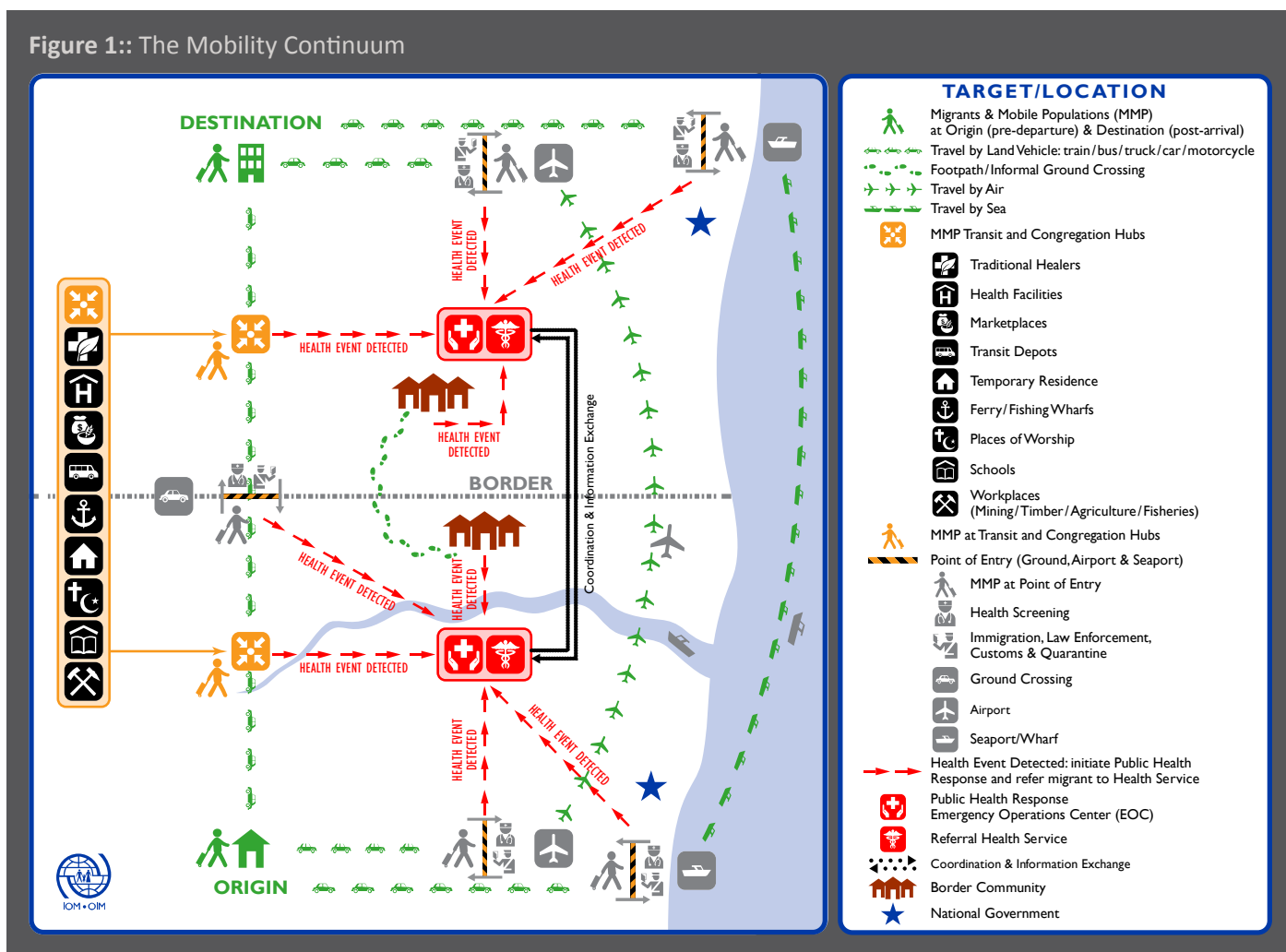
In departing from their origin or a specific place along a route, Migrants and Mobile Populations (MMPs) may pass through important transit and congregation points before reaching their final destinations. These points may include transportation/transit hubs, temporary residences, market places, ferry/fisherman landings, airports and workplaces. Each of these settings may possess specific health vulnerabilities, depending on the scale of mobility

flows, interactions between MMPs and host communities, and the potential occurrence of public health threats, such as communicable disease outbreaks. These transit and congregation points constitute spaces of vulnerability. At these spaces of vulnerability, 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, in the event of a rapidly progressing disease outbreak (or occurrence of other types of health threats). 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 event is detected.

Cross-border MMPs will subsequently cross international borders, either by land, air or water. At these international border crossing points, health screening and immigration, customs and quarantine procedures are applied, from where public health response and health referrals can also be activated. Moreover, along international land borders there are human settlements with border communities, many of which are engaged in informal and unsupervised cross-border movement, as part of their daily lives. In these border communities, public health measures also need to be put in place to prevent, detect and respond to health threats.
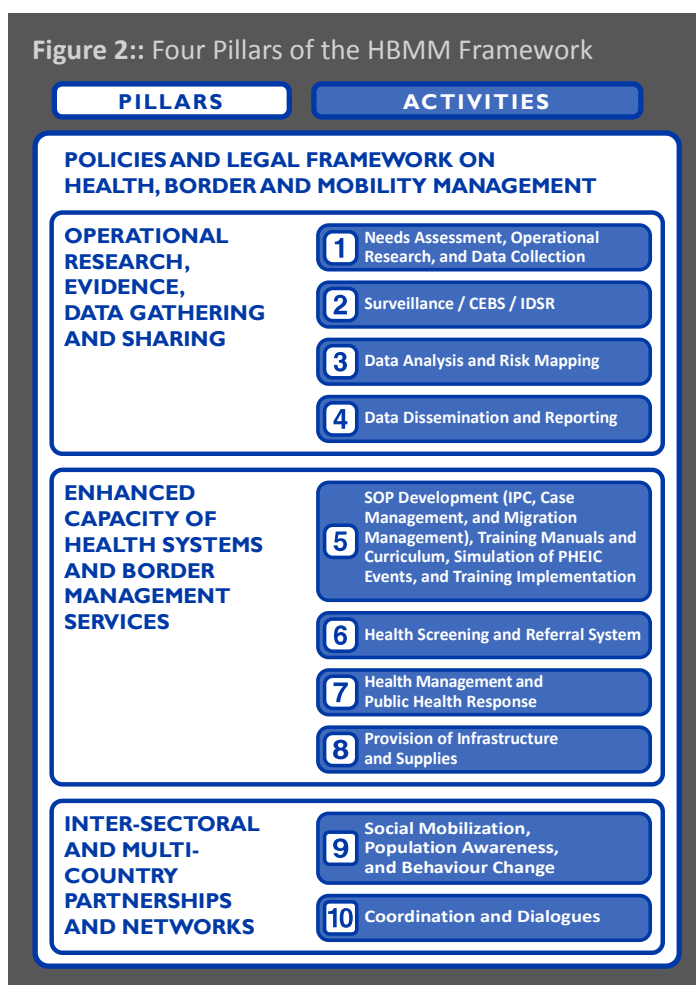
2. THE FOUR PILLARS OF THE HBMM FRAMEWORK

The operationalization of HBMM is guided by the four pillars of the World Health Assembly Resolution on migrants' health,[1] and adapted to the border, health and mobility perspective:

- Pillar 1: Policies and legal framework on health, border and mobility management

- Pillar 2: Operational research, evidence, data gathering and sharing

- Pillar 3: Enhanced capacity of health systems and border management services

- Pillar 4: Inter-sectoral and multi-country partnerships and networks

These four pillars are further articulated through ten core activities (see Figure 2). 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 the goal of HBMM. Within EVD recovery efforts, IOM needs to embrace the totality of HBMM and work towards its full operationalization. Although the implementation of all ten core activities may not happen simultaneously, the comprehensive HBMM mindset needs to be built, main-streamed, and sustained to ensure the realization of all the components of HBMM.

Moreover, the operationalization of HBMM will be influenced by the stage of infectious disease outbreak/

Figure 2:: Four Pillars of the HBMM Framework

PILLARS | ACTIVITIES

POLICIES AND LEGAL FRAMEWORK ON HEALTH, BORDER AND MOBILITY MANAGEMENT

OPERATIONAL RESEARCH, EVIDENCE, DATA GATHERING AND SHARING
1. Needs Assessment, Operational Research, and Data Collection
2. Surveillance / CEBS / IDSR
3. Data Analysis and Risk Mapping
4. Data Dissemination and Reporting

ENHANCED CAPACITY OF HEALTH SYSTEMS AND BORDER MANAGEMENT SERVICES
5. SOP Development (IPC, Case Management, and Migration Management), Training Manuals and Curriculum, Simulation of PHEIC Events, and Training Implementation
6. Health Screening and Referral System
7. Health Management and Public Health Response
8. Provision of Infrastructure and Supplies

INTER-SECTORAL AND MULTI-COUNTRY PARTNERSHIPS AND NETWORKS
9. Social Mobilization, Population Awareness, and Behaviour Change
10. Coordination and Dialogues

epidemic or the occurrence of other health threats. An epidemic curve provides a graphical display of cases in an outbreak, plotted over time (see Figure 3). Note, however, there are multiple classes of epidemic curves that vary according to epidemiological gradients and pathogenicity. The three stages, depicted in Figure 3, are arbitrarily defined for the purpose of tailoring intervention strategies. In the event of an actual outbreak, official national disease surveillance reports and international epidemiological alert systems, such as those from WHO, should always define the appropriate epidemic curve and guide the "staging" of the outbreak.

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1   World Health Organization. (2010). Health of migrants: the way forward: report of a global consultation, Madrid, Spain, 3-5 March 2010.

3. UNPACKING THE 10 COMPONENTS OF THE HBMM FRAMEWORK

The following sections describe the 4 pillars and 10 core activities of the HBMM framework. Figure 2 maps these ten core activities against the four pillars of the HBMM Framework within the mobility continuum, with a focus on known spaces of vulnerability. Both the narrative and Figure 2 will serve to guide IOM missions in implementing the HBMM programme.

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

Pillar 1, Policies and Legal Framework, over-arches the three other pillars of HBMM, in the view that all aspects of HBMM operationalization have definitive policy and legal implications. IOM mainstreams advocacy on migrants' rights and better management of migration challenges in all of its programming, and therefore supports the implementation of Pillar 1. Additionally, Pillar 1 is directly related to the fifth Strategy for Ebola Recovery on addressing structural factors of systems and governance, more specifically within the spheres of migration and health sector.

Figure 3:: Epidemic curve of a common source outbreak
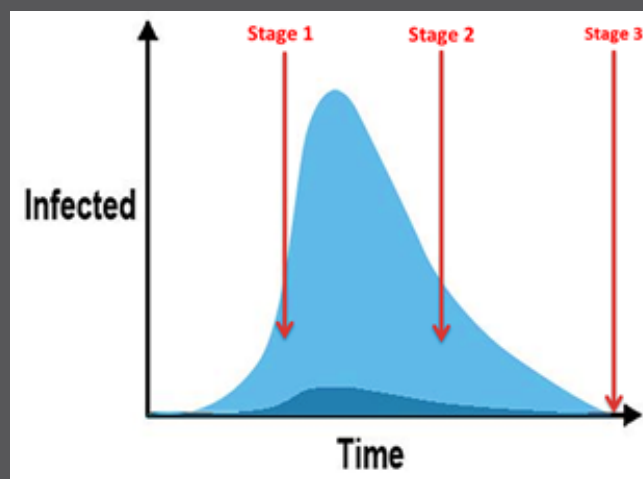
Through participatory mapping, busy markets, like this one in Tintafor, Sierra Leone, are identified as priority locations for HBMM interventions, due to accentuated health vulnerabilities, as a result of human mobility | © IOM 2015

Places where international travellers, fishermen, and local populations mix, such as Konakridie Wharf in Sierra Leone, are also identified as more vulnerable to the spread of infectious diseases, due to human mobility | © IOM 2015

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

Despite recognition of the direct contribution of human mobility to the spread of communicable diseases, empirical evidence supporting this correlation is scarce. Moreover, knowledge of human mobility dynamics is, so far, limited, notably on the behavioural aspects of those engaging in mobility themselves. Four core activities fall under Pillar 2:

- Activity 1: Needs assessment, operational research and data collection
- Activity 2: Surveillance / CEBS / IDSR
- Activity 3: Data analysis and risk mapping
- Activity 4: Data dissemination and reporting

Activity 1: Needs assessment, operational research and data collection

Within HBMM, the first step of evidence building is data collection, which is the foundation of Activity 1. It comprises various methods and modalities used to: 1) collect information on mobility patterns, migration intentions, availability and quality of border health legal frameworks; and 2) assess national and cross-border capacities (IHR, health system, preparedness, contingency, and emergency response plans). These include structured needs assessment, operational research, and other data collection methods, such as mobility-related surveys and flow monitoring. Subsequently, this core activity encompasses the development and strengthening of health and mobility related information systems. During periods of high disease transmission (Stage 1 on the epidemic curve in Figure 3), surge capacity for data collection on mobility patterns will serve to guide public health response, addressing specific health vulnerabilities resulting from human mobility. In such scenarios, data collection will be implemented together with health services under Pillar 3, notably under health screening and referral system (Activity 6).

Scope of implementation: This core activity can be implemented throughout the mobility continuum with a focus on spaces of vulnerability, such as congregation and transit hubs and landing and crossing points. During periods of high disease transmission, this activity will be done conjointly with Activity 6.

Activity 2: Surveillance / CEBS / IDSR

Strengthening disease surveillance capacities was and remains critical in bringing down the Ebola epidemic and maintaining zero infections. These capacities will also determine how future outbreaks will be detected and responded to. Cross-border disease reporting mechanisms have particularly been the focus of the EVD response.

IOM has taken a proactive role in linking mobility information to surveillance data, and vice versa, and continues to advocate for the inclusion of mobility information into formal surveillance systems, either as part of Community Event Based Surveillance (CEBS) or the Integrated Disease Surveillance and Response (IDSR) mechanisms, both of which IOM contributes to within current and future programming. Within the scope of EVD recovery and beyond, capitalizing on its active role in cross-border health management throughout the EVD response, IOM needs to strategically contribute to the development, improvement and formalization of national surveillance protocols, including CEBS and IDSR.

Scope of implementation: IOM is particularly well-positioned to influence and strengthen surveillance mechanisms at border communities and migrant-dense areas.

Activity 3: Data analysis and risk mapping

Disease surveillance and mobility pattern mapping will only reach its intended outcome within HBMM, if information collected from both initiatives are jointly analysed. In order to identify, locate and map spaces of vulnerability within the mobility continuum and assess their associated public health risks, data analysis of both epidemiological and mobility information needs to be done conjointly and focus on the correlation between the two. The result of such analysis will provide a better understanding of where health risks may be accentuated, as a direct consequence of human mobility, and where health system capacities are still lacking.

Scope of implementation: This activity is implemented in all locations where Activity 1 and 2 are implemented.

Activity 4: Data dissemination and reporting

Comprehensive strategies for reporting and disseminating analysed information on health and mobility need to be clearly defined, including reporting mechanisms and dissemination channels for the purpose of directing public health interventions, as well as advocacy.

Scope of implementation: This activity is implemented in all locations where Activity 1, 2 and 3 are implemented, as

well as at national, regional and international fora.

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

Information on health and mobility needs to be subsequently translated into better health and border management services. Pillar 3 encompasses the different components needed to improve delivery of these services, which are articulated in the following four core activities:

- Activity 5: SOP development (IPC, case management, and migration management), training manuals/curriculum, simulation of 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

Activity 5: SOP development (IPC, case management, and migration management), training manuals/curriculum, simulation of PHEIC events, and training implementation

At the foundation of quality service delivery are sound procedures and trained providers. This core activity encompasses initiatives ranging from the development of training manuals, curricula and SOPs, to the implementation of such trainings, including desktop and field simulations of response to PHEIC events (see Figure 4).

Scope of implementation: This activity is normally implemented at national levels, but training may be expanded and adapted to local administrative levels, in which case IOM is well-positioned at border areas.

Activity 6: Health screening and referral system

Capacities for health screening and referral are built through Activity 5. In the event of a health threat, a health screening mechanism may be put in place at vulnerable spaces, where transmission risks and spread of health threats are highest, taking into consideration mobility dynamics. Screening procedures need to be adapted to the specific characteristics of an individual disease or health threat and linked with a competent referral system, which is connected to Ministries of Health structures and Emergency Operations Centres (EOCs) or other coordination mechanisms. Both health screening and referral services can be directly provided by IOM or in support to the Ministries of Health, where IOM only covers certain technical/operational gaps. Regardless of the scenario, these services need to be provided with the vision of strengthening health systems, sustainability, and building the capacity of Ministries of Health.

Furthermore, health screening posts can also serve as locations for surge data collection on mobility, notably flow monitoring, which can in turn strengthen the response to health threats. Within its EVD response, IOM utilized a network of 'flow monitoring points', set up in tandem with health screening posts in transit and congregation hubs

Figure 4:: Disaster management skills of local authorities are evaluated and reinforced, through simulation exercises conducted by IOM at Lungi Airport in Sierra Leone | © IOM 2015

UN Secretary General Ban Ki-moon undergoes health screening at Lungi Airport in Sierra Leone | © IOM 2014

along mobility pathways and in cross-border areas. Additionally, IOM supported the implementation of early detection and referral of cases at PoEs, through the implementation of primary and secondary screenings.

Scope of implementation: The implementation of Activity 6 is tailored, according to the phase of disease transmission within an epidemic and health threat occurrence. In the context of high disease transmission with a high burden of cases, a full range of interventions, including scale up of flow monitoring, are undertaken conjointly with health screening procedures.

Activity 7: Health management and public health response

Clinical case management and public health response are critical services that follow health screening and referral. Both are to be guided by formal protocols, such as those developed by WHO and Ministries of Health. This core activity represents a critical function of health systems. During the acute phase of its EVD response, IOM intervened directly in both areas by setting up and operating three ETUs Liberia and supporting the coordination and response mechanisms of the Guinean EOC network. Within EVD recovery efforts, these service delivery capacities need to be transferred to the national health systems, through capacity building (Activity 5).

Scope of implementation: The implementation of Activity 7 is pronounced, during stages of intensive disease transmission. IOM is well-positioned to intervene and provide direct services and operations anywhere where gaps are present, but its unique strength will once again be at borders and migrant-dense areas.

Activity 8: Provision of infrastructure and supplies

Underlining the quality of services provided through Activity 6 and 7 is the issue of infrastructure and supply chain. IOM is well-known for its logistical and field operational capacity, which are essential in the implementation of Activity 8. Throughout the EVD response, IOM procured, distributed and administered IPC materials in the three most-affected countries and three of their neighbours – at ETUs, health screening posts and EOCs. IOM also established the communication systems for the EOCs it supported and at all flow monitoring points. Within the recovery phase, IOM is well-positioned to support supply management systems and contingency stock-piling, as well as to strengthen communication systems in all affected countries and beyond.

Scope of implementation: This core capacity can be implemented at locations where all other core activities are implemented – at vulnerable spaces, where transmission risks are heightened, and at primary health care structures, notably at border and migrant-dense areas.

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

HBMM requires multi-sectoral and multidisciplinary partnerships to: 1) engage target populations and communities in adopting healthy behaviours, and 2) ensure understanding and buy-in from partners outside of the health sector and partners across the border. The following two core activities are part of Pillar 4:

- Activity 9: Social mobilization, population awareness, and behaviour change; and
- Activity 10: Coordination and dialogue.

Activity 9: Social mobilization, population awareness, and behaviour change

This core activity targets migrants and mobile populations, as well as host communities, notably those residing along borders and in migrant-dense areas. Within its EVD response, IOM carried out large social mobilization initiatives, aimed at building community participation in curbing the spread of Ebola, including adoption of safe burial practices, safe meal preparation practices, notification of suspect cases, contact tracing, and self-quarantine. Within the recovery phase, IOM has started directing its social mobilization and awareness raising efforts to build community participation in CEBS and monitoring mobility in their surroundings.

Scope of implementation: Throughout the mobility continuum from origin to destination, at host communities, and notably at border and migrant-dense areas, in conjunction with the implementation of Activity 1 and 2.

Activity 10: Coordination and dialogue

To effectively enable disease prevention, detection and control, in addition to health transportation authorities, multi-sectoral interventions, involving border management authorities, law enforcement, military, trade, and commercial actors, are needed. IOM has already facilitated such coordination and dialogue within countries and cross-border, in conjunction with mobility mapping efforts, CEBS, and health system support. Within the recovery phase, such initiatives need to be further expanded to strengthen preparedness capacities in the event of another epidemic or health threat.

Scope of implementation: Throughout the mobility continuum from origin to destination, at local, national and regional levels.

Table 1:: HBMM Scope of Activities in Relation to Locations within the Mobility Continuum

OVER-ARCHING PILLAR	PILLAR	CORE ACTIVITY	ACTIVITIES AT DIFFERENT LOCATIONS WITHIN THE MOBILITY CONTINUUM						
			Place of origin	MMP Congregation hubs	International ground crossings, airports and seaports	Emergency Operations Centers (EOCs)	Referral health services	Border communities	Place of destination
A. Policies and legal framework on health, border and mobility management	B. Operational research, evidence, data gathering and sharing	1. Needs assessment, operational research and data collection	Migration intention, disease profiling	Mobility surveys, flow monitoring, health services capacity assessment	Flow monitoring, mobility assessment, IHR core capacity assessment at PoE	Preparedness and response capacity assessment	Preparedness and response capacity assessment	Mobility surveys, flow monitoring, health services capacity assessment	Disease profiling
		2. Surveillance / CEBS / IDSR	Regular surveillance	Linkage of mobility information into CEBS / IDSR	Linkage of mobility information into CEBS / IDSR	IDSR	IDSR	CEBS	Regular surveillance
		3. Data analysis and risk mapping	✓	✓	✓	✓	✓	✓	✓
		4. Data dissemination and reporting	✓	✓	✓	✓	✓	✓	✓
	C. Enhanced capacity of health systems and border management services	5. SOP development (IPC, case management, migration management), training manuals/curriculum, simulation of PHEIC events, and training implementation	Migration management, IPC, primary health care	IPC, CEBS, health screening and referral during periods of high disease transmission	IPC, health screening and referral during periods of high disease transmission	IPCs, emergency response plan and SOPs, contingency plan	IPC, case management SOPs, emergency response plan and SOPs, mass casualty management SOPs	IPC, CEBS	Migration management, IPC, primary health care for migrants
		6. Health screening and referral system	Travel health assessment	Embedded during periods of high disease transmission	Embedded during periods of high disease transmission	Response activation	Triage, ambulance operation	Embedded during periods of high disease transmission	Health screening for migrants
		7. Health management and public health response	Primary health care	Response activation	Response activation	Response team deployment	Case management	Response activation	Primary health care
		8. Provision of infrastructure and supplies	✓	✓	✓	✓	✓	✓	✓
	D. Inter-sectoral and multi-country partnerships and networks	9. Social mobilization, population awareness and behaviour change	Health behaviour change, safe migration	Health behaviour change, safe migration, CEBS	Health behaviour change, safe migration	Information campaign, IEC development	Information campaign, IEC development	Health behaviour change, safe migration, CEBS	Health behaviour change, safe migration
		10. Coordination and dialogues	Dialogue with places of destination	Coordination with MOH, EOCs, law enforcement authorities	Coordination with Port Health and MOH, Customs / Immigration / Quarantine	Coordination with health facility	Coordination with EOC	Coordination with MOH, EOC, law enforcement authorities	Dialogue with places of origin

Established in 1951, IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners.

With 162 member states, a further 9 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants.

IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people.

The IOM Constitution recognizes the link between migration and economic, social and cultural development, as well as to the right of freedom of movement.

IOM works in the four broad areas of migration management:

• Migration and development
• Facilitating migration
• Regulating migration
• Forced migration.

IOM activities that cut across these areas include the promotion of international migration law, policy debate and guidance, protection of migrants' rights, migration health and the gender dimension of migration.

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Department of Migration Management
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