

Brief Guidance on the Health, Border, and Mobility Management (HBMM) Framework

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Key Outcomes

- The HBMM framework has emerged as a critical tool for integrating public health security with border management and human mobility, particularly in the Arab region. By adopting this framework, countries can better detect and respond to health threats at borders while facilitating safe cross-border movement. Key outcomes include improved disease surveillance through standardized health screening and vaccination protocols, as seen during COVID-19 and Ebola outbreaks. The framework also strengthens border infrastructure, enabling efficient health risk assessments without disrupting legitimate travel. For vulnerable populations like migrants and refugees, HBMM promotes access to healthcare at border points, reducing disparities in health service delivery.
- Regional cooperation under the HBMM framework has enhanced data-sharing and joint response capabilities, addressing challenges like inconsistent health standards and political instability. Initiatives such as the Rabat Declaration and cross-border health surveillance networks demonstrate progress in harmonizing policies across the Arab region. However, gaps remain, including resource constraints and privacy concerns, which hinder full implementation. Successful pilot projects like mobile health units in conflict zones and population mobility mapping in some of the countries highlight the framework's potential to adapt to crises. These efforts underscore



the importance of international partnerships and funding to scale up HBMM practices.

- Moving forward, the HBMM framework's success on three priorities: (1) harmonizing health protocols across borders through regional agreements, (2) investing in technology and training for border personnel, and (3) expanding tailored interventions for migrants and conflict-affected areas. By embedding HBMM principles into national policies, the Arab region can mitigate future health crises, uphold human rights, and ensure safer, more resilient border systems. The framework's holistic approach offers a blueprint for balancing health security with mobility a necessity in an era of escalating global health threats.

Abstract

The Health, Border, and Mobility Management (HBMM) Framework is a vital tool for addressing the complex intersection of health security, border management, and the movement of people across national and international borders. This policy brief provides an overview of the HBMM framework, its importance, the challenges it addresses, and actionable recommendations for enhancing its implementation within countries. Given the increasing mobility of people and the global health risks posed by infectious diseases, the HBMM framework is crucial for ensuring public health safety, facilitating efficient border management, and protecting human rights.

المستخلص

يُعدّ إطار عمل إدارة الصحة والحدود والتنقل (HBMM) أداة حيوية لمعالجة التداخل المعقد بين الأمن الصحي وإدارة الحدود وحركة الأشخاص عبر الحدود الوطنية والدولية، وبناءً على ذلك، تُقدّم هذه الورقة لمحةً عامة عن إطار عمل HBMM، وأهميته، والتحديات التي يُعالجها، وتوصياتٍ عمليةً لتعزيز تطبيقه داخل الدول، ونظرًا لتزايد تنقل الأشخاص والمخاطر الصحية العالمية التي تُشكّلها الأمراض المعدية، يُعدّ إطار عمل HBMM بالغ الأهمية لضمان سلامة الصحة العامة، وتسهيل إدارة الحدود بكفاءة، وحماية حقوق الإنسان.

Introduction

The Health, Border and Mobility Management (HBMM) Framework is a fundamental strategy for managing the delicate balance between health security, border management, and people's mobility across national boundaries. In light of the increasing movement of people and the ever-present danger of infectious diseases, the HBMM Framework provides a coordinated approach that balances public health needs with border-control efficiency while respecting human rights.

In contemporary memory, the COVID-19 pandemic served as a watershed moment in revealing ongoing vulnerabilities within global health systems and border management structures. It exposed gaps in coordination, data sharing, emergency response, and resource mobilization—particularly at Points

of Entry (PoE) and along migration routes. These gaps made it clear just how essential it is to have well-coordinated systems in place in the form of responsive frameworks that can act quickly and fairly when public health threats arise, especially in cross-border and regional contexts.

Developed by the International Organization for Migration's (IOM) Migration Health Unit, the HBMM Framework envisions both migration and health as transnational public goods ^[(1)]. It seeks to address health inequities of migrants, mobile populations and populations living in cross border-areas through systems strengthening of healthcare services, tailored policies that are responsive to infrastructure gaps in border contexts, and controlled migration management

1. International Organization for Migration (IOM). [Health, Border and Mobility Management Framework](#), Geneva, 2021. (Chapters 3 & 5)



frameworks which ensure safe cross-border mobility. This policy brief presents an overview of the HBMM Framework whilst particularly underscoring its relevance for the Arab region, outlines the main challenges to its effective implementation, and concludes with concrete policy recommendations to enhance its application across diverse contexts.

The HBMM Framework: Key Concepts and Components

The HBMM Framework establishes a forward-looking vision for the actions that countries can take to protect public health in tandem with managing their borders. Instead of dealing with health, migration, and security in a siloed manner, the framework encourages a comprehensive and integrated approach that acknowledges the intricate interconnections between these systems. From preventing disease outbreaks at Points of Entry to ensuring that migrants are able to access essential services at all stages of the migration process, the HBMM Framework outlines a template for collaboration, preparedness, and inclusive governance. As a health-focused model, it is organized by means of five layers of response: preparedness, detection, response, recovery, and the enabling functions which facilitate the former such as coordination, communication, and legal frameworks. These five layers of response underpin the three principal components of HBMM — Health Security at Borders, Border Management, and Mobility Management

— as well as the cross-cutting enabler of community engagement:

Health Security at Borders

Global health security entails a set of measures to contain the cross-border spread of infectious diseases. These include systems of disease surveillance, Infection Prevention and Control (IPC) measures, vaccination drives, and preparedness measures instituted at the borders and along frequent mobility corridors. The Framework stresses the need for early warning systems and networked public health laboratories backed by intersectoral coordination and underpinned by unified national preparedness plans. Entailed as well is the facilitated exchange of health information and the fostering of cross-border cooperation to monitor, detect, and respond to new and emerging health threats on a timely and coordinated basis. During the Ebola outbreak, IOM supported coordination platforms and capacity-building in the Democratic Republic of the Congo and neighbouring countries, including Uganda, Rwanda, South Sudan, and Tanzania). Surveillance at Points of Entry and national coordination with International Health Regulation (IHR) focal points led to successful strengthening of early detection and response efforts. ^{[[2]]}

1. Border Management

The HBMM model promotes the integration of public health considerations into the scope of border management operations. This strategy calls for upgrading both the physical infrastructure

2. International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. p. 6

and organizational procedures at border crossing points to ensure their readiness for responding effectively to health-related threats. It also demands the development of inter-agency cooperation between health authorities, customs agencies, immigration officers, and law enforcement bodies for coordinated and effective border operations that balance security concerns with public health interests. The system also encourages the use of digital tools to improve border management and interoperable health data systems. In Guinea-Bissau, for example, IOM partnered with the US CDC to roll out the DHIS2-COVID-19 software for contact tracing and data collection at points of entry, while IOM Guinea set up surveillance systems and Standard Operating Procedures (SOPs) at borders with Côte d'Ivoire, Liberia, and Mali—helping local authorities better understand how people move and respond more quickly

to health risks that come with it. ^{[[3]]}

2. Mobility Management

Mobility Management refers to facilitating the safe, orderly, and regular movement of people, particularly vulnerable groups such as migrant workers, refugees, and displaced persons. HBMM considers health risks along the whole mobility continuum—from origin, transit, to destination and return—so that public health responses accompany migrants along their trajectory. Mobility tracking tools, such as the Displacement Tracking Matrix (DTM) created by the International Organization for Migration (IOM), enable this approach by providing close to real-time data on population movements and health needs ^{[[4]]}. This

broad view of mobility allows governments to reduce transmission risks while also ensuring migrants' rights and access to essential health services are protected. In Libya and Chad, IOM's Displacement Tracking Matrix (DTM) was used to collect data on population mobility access to health services, and their awareness of COVID-19—showing how mobility tracking can directly support more informed and effective public health responses. ^{[[5]]}

3. Cross-cutting Principle: Community Engagement

Whilst not considered a formal pillar, the HBMM highlights the role of Community Engagement as a “cross-cutting principle” ^{[[6]]}. This stems primarily from Community Engagement's role in awareness raising, particularly in border communities where the fostering of trust is crucial to enhancing compliance with health protocols. In Iraq and Libya, for example, IOM supported local health authorities and civil society groups to disseminate COVID-19 prevention messages in multiple languages and through culturally appropriate channels, strengthening local response capacities.

Importance and Relevance of the HBMM Framework Across Contexts

The HBMM Framework is of great significance in today's interconnected environment where there has been an increased mobility of populations that has increased in volume and complexity. The

3. International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. p. 22.

4. International Organization for Migration (IOM). DTM Global Infosheet 2023. International Organization for Migration (IOM), January 2023.

5. International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. pp. 21-22.

6. International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. (Chapters 3 & 5)



heightened level of international travel, business, migrant labour, and forced population movement due to conflicts or climatic factors increases the risk of disease spread beyond boundaries [(7)]. The HBMM Framework offers a foundation for enhancing global health resilience through the integration of health procedures into border management systems. Global public health emergencies like COVID-19 have exposed the necessity for more surveillance and readiness activities at the nation's borders [(8)]. Irregular procedures, saturated infrastructure, and a lack of coordination continue to afflict many nations—gaps that the HBMM Framework addresses by ensuring multisectoral coordination and interoperable health systems at points of entry. Marginalized groups, especially refugees, IDPs, and irregular migrants, are usually excluded from adequate assistance by national health systems. The HBMM Framework remedies this issue by taking a people-centered approach that ensures access to healthcare services irrespective of legal status. It also enhances national security and economic stability by avoiding possible health hazards that would interfere with important sectors such as trade and tourism, as well as enhancing public confidence in government institutions.

It must be noted as well that HBMM is not a tool reserved only for emergency preparedness, it is also designed to build national health resilience. An illustrative example of this can be found in Paraguay

where capacities for combatting malaria were reinvigorated by first eliminating indigenous cases of the illness in 2012 through the use of community-based malaria diagnosis units, 24-hour case reporting, and targeted health training. These efforts were then devoted to combatting cases of malaria among migrants, notably along border regions, which led to the country being declared malaria free by 2018 [(9)].

Within the Arab world, the relevance of the HBMM Framework is particularly clear. Many countries experience high volumes of cross-border mobility that is driven by reasons like trade, labour migration, tourism, religious pilgrimages, and conflict-induced displacement. The region's geographic proximity to major migratory routes—combined with differing political and economic environments—allows for an intersection of mobility and health-related exposures. The Arab region is characterized by extensive border peripheries and several conflict areas, which requires harmonization of border management policies with health measures in a bid to prevent the spread of communicable diseases, including HIV, MERS-CoV, and tuberculosis. The absence of a concerted strategy on health management at the borders has generated diverse screening and response frameworks, thereby undermining the efficacy of health containment initiatives across the region.

Moreover, the Middle East and North Africa region has significant populations of migrants and refugees, who frequently travel through irregular or informal channels with minimum access to health care services. The HBMM Framework allows for a systematic

7. International Organization for Migration (IOM). *Mainstreaming the Health of Migrants in the Implementation of the Global Compact for Safe, Orderly and Regular Migration*, 2 January 2020.
8. International Organization for Migration (IOM). *Cross-Border Human Mobility Amid and After Covid-19*, 17 June 2020.

9. International Organization for Migration (IOM). *Health, Border and Mobility Management Framework*, Geneva, 2021. p. 10

process to respond to these people's health and protection needs while guarding their rights. Lastly, the convergence of border management and health security is key to ensuring public order and national security. Health threats can disrupt economic activity, undermine governance structures, and precipitate large-scale public health emergencies. The HBMM Framework assists states in responding proactively to these threats at their borders, thus enhancing both national resilience and joint regional preparedness, and providing a timely and practical response to the interrelated challenges of mobility, health, and border security in the Arab region.

Challenges in Implementing the HBMM Framework

Despite its benefits, the implementation of HBMM has faced several types of barriers. Principal among these barriers are low or non-existing capacities among states, border actors and other stakeholders on the ground, whether in the form of funding, technical knowhow or expertise as well as medical resources. Other notable barriers include the ongoingly fragmented nature of governance at both country and regional levels which are further exacerbated by cultural, political, and regulatory differences. This furthermore is not conducive to coordination between health and border authorities or towards mainstreaming health considerations within migration and security policies.¹⁰

10 International Organization for Migration (IOM). Integrating Migration into Health Interventions: A Toolkit for International Cooperation and Development Actors, 2022.

1. Inconsistent Health Protocols

Marked divergences in national public health and screening protocols can hinder the effectiveness of regional cooperation. This was most glaringly demonstrated during the COVID-19 pandemic where some countries enforced strict health, screening and quarantine protocols, whilst others did not even undertake basic temperature checks at points of entry. The marked disparity eroded trust, created confusion for travellers and weakened collective responses. In Europe, Sweden's "free range" non-interventionist response vis-à-vis France and Italy's is a case in point. In the Arab region, such inconsistencies were evident between neighbouring countries despite shared mobility corridors and public health risks.

2. Political and economic instability

Chronic political instability, economic fragility, and armed conflict can hinder effective border health activities by devastating infrastructure, dislocating professionals, and lowering investment priorities in health. War in Syria, Sudan and Yemen, for instance, has catastrophically ruined national health systems, rendering most border posts non-functional or deserted. This impedes the application of HBMM approaches, particularly where access by humanitarian agencies is limited or where border regions remain under the control of non-state actors.

3. Data Protection and Sharing

The sharing of data in a timely manner is essential for rapid detection and joint cross-border responses to health crises. Yet, sovereignty concerns, national security, and personal privacy issues routinely hold up exchange of crucial mobility and



health information. Lack of regional legal arrangements or bilateral agreements compounds such delays. During the Ebola epidemic in West Africa, delays in cross-border notification aggravated the spread of the disease. In the MENA region, data protection sensitivities have similarly hindered the establishment of interoperable disease surveillance systems, consequently impeding coordinated efforts at preparedness.

4. Resource Constraints

In numerous contexts—especially those gripped by crisis or economic hardship—a scarcity of adequate health infrastructure, qualified personnel, and secure funding severely limits HBMM implementation. For instance, many of Libya, Sudan and Mauritania's land borders lack any stable electricity, clean water, or basic health screening facilities. Even in situations where resources are adequately mobilized during an emergency, the lack of long-term planning mechanisms leads to short-term, unsustainable gains.

5. Societal Trust and Compliance

Distrust and disinformation can severely undermine community compliance with border health measures. The COVID-19 pandemic illustrated a global proliferation of disinformation—via social media, political channels, and word of mouth—that made it challenging to promote health protocols. This was not a phenomenon limited to fragile states: in developed regions like North America and Europe, there was diffuse resistance to public health measures like mask-wearing, vaccination, and quarantine orders rooted in deep-seated mistrust of institutions. In the Middle East, in areas of

Lebanon ^[(11)]^[(12)] and Iraq ^[(13)], rumour and low health literacy fuelled community resistance to contact tracing or quarantine measures. Such patterns frequently arise from deep-seated grievances, past exclusion, or poor access to open and inclusive discussion backed by state governments. The HBMM Framework reiterates the need for community participation, inclusive risk communication, and local partnerships based on trust.

Policy Recommendations for Strengthening the HBMM Framework

The following recommendations aim to address the primary challenges that hinder the effective implementation of the HBMM Framework. Their goal is to bridge gaps in policy, promote best practices as encapsulated in case studies and enhance the operationalization of HBMM in both general and Arab region-specific contexts.

1. Harmonize Health Standards and Practices

Countries must cooperate to develop subregional health screening procedures, disease surveillance, and in exchanging information. This can be more

11 Semaan, Juliette et al. "Tackling the COVID-19 infodemic among Syrian refugees in Lebanon: Development and evaluation of the «Wikaytek» tool." *Digital health* vol. 9 20552076231205280. 30 Oct. 2023, doi:10.1177/20552076231205280

12 El-Masri, Azza, et al. «Audio misinformation on WhatsApp: A case study from Lebanon.» Harvard Kennedy School, 28 July 2022.

13 International Organization for Migration (IOM). *Piloting community-based surveillance among internally displaced populations in Iraq in response to the COVID-19 pandemic*. International Organization for Migration (IOM), 29 November 2023.

comprehensively facilitated under the umbrella of expert organizations such as WHO and IOM, and other regional bodies. This has been demonstrated as practicable in the Greater Mekong subregion, where coordinated surveillance and health certification improved cross-border outbreak detection ^{[(14)][(15)]}. Efforts must also be aligned with International Health Regulations (IHR 2005) so that they are aligned globally ^[(16)]. In the Arab world, such harmonization would enhance coordination on common land and sea borders and facilitate swifter coordinated action on regional epidemics, especially during mass movement events like the Hajj.

2. Strengthen Border and Health Management Infrastructure and Digital Surveillance Systems

Governments must invest in the upgrade of border facilities with appropriate equipment, sanitation, and information technology infrastructure. For example, IOM helped Liberia construct border health facilities at ten border crossing points, enhancing their ability to contain Ebola as well as other health emergencies. Frontline workers' training in emergency response and infection prevention must also be continued as a component of long-term institutional preparedness and emergency readiness. Field simulation-led health training and after-action reviews, such as witnessed in Ethiopia, also enhance readiness and institutional

capacity ^[(17)]. In addition, online platforms such as IOM's Displacement Tracking Matrix (DTM) can be adopted to support real-time mobility tracking and health surveillance. The integration of interoperable digital platforms across ministries and borders can facilitate early warning systems, enhance transparency, and support response coordination. Community Event-Based Surveillance (CEBS) reporting systems can also be built into national health structures to help spot unusual health events early and ensure that local concerns quickly reach the right authorities for action ^[(18)] ^[(19)]. In the Middle East region, where digital fragmentation is present, investment in shared data platforms and digital health tools will be required to enhance border health governance^[(20)].

3. Promote Regional and International Cooperation

Cross-border coordination mechanisms such as mutual task forces, simulation exercises, and regional contingency planning can significantly increase readiness. In both Western and Central Africa, IOM provided cross-border coordination mechanisms for the Ebola epidemic that became essential for coordinated health interventions. Regional bodies such as the Arab League

14 International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. p. 25

15 International Organization for Migration (IOM) & the Asian Development Bank (ADB). Population Mobility Mapping - Tracking Human Mobility Dynamics to Inform Public Health Interventions in Cambodia and the Lao People's Democratic Republic, 2024.

16 World Health Organization. International Health Regulations (Third Edition), 2005.

17 International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. p. 26

18 International Organization for Migration (IOM). Health, Border and Mobility Management Framework, Geneva, 2021. p. 21.

19 International Federation of the Red Cross (IFRC). Community-Based Surveillance: guiding principles. International Federation of the Red Cross (IFRC), March 2017

20 Buback, Laura et al. "Using the WHO building blocks to examine cross-border public health surveillance in MENA." International journal for equity in health vol. 24,1 38. 6 Feb. 2025, doi:10.1186/s12939-025-02393-7



and African Union should be leveraged to make such practices institutional. In the Arab setting, regional health taskforces organized through the League of Arab States or Gulf Cooperation Council (GCC)^{[[21]]} can regularize cooperation and deal with improved common health and mobility concerns.

4. Ensure Inclusive Access to Health Services and Protect Vulnerable Populations

Migrants, refugees, and other mobile populations should be provided access to health care services, whether at or near borders via inclusive approaches such as mobile clinics, multilingual health communication^{[[22]]}, and coordinated referral pathways. A case in point is IOM's deployment of mobile health teams in Yemen and Afghanistan which provided continuity of migrant health care along migration routes, and which can be replicated and adapted to local conditions^{[[23]]}. In the Middle East context, where displacement and migration are widespread in informal settings, similar practices can improve access and service provision. Health mapping along migration corridors as practised in West African states can also facilitate planned coordination^{[[24]]}. Public health programs must also be gender-sensitive, age-sensitive, and disability-friendly. In Armenia, IOM

incorporated gender-sensitive methods into cross-border readiness training to improve care for vulnerable individuals. Mental health and psychosocial support (MHPSS) should also be fully integrated into border health programming, particularly given the trauma and stress experienced by many migrants in transit or displacement. Ensuring access to culturally appropriate MHPSS services at points of entry or along migration routes can contribute to individual well-being, social cohesion and reduce tensions^{[[25]]}^{[[26]]}^{[[27]]}. Finally, the deployment of designated cultural mediators with relevant linguistic profiles, or at the very least cultural sensitization of health and border officials should be considered as a means of improving communication. This has the added benefit of building trust, improving detection of particularly vulnerable individuals and integrating community engagement.^{[[28]]}

In the Middle East region, attention to the needs of migrant women, unaccompanied children, and older people is also required at over-stretched border points. The “firewalling” approach, where access to health services is decoupled from immigration enforcement, should be adopted to allow irregular migrants to access care without fear. This safeguards public health

21 National Guard Health Affairs (Gulf Cooperation Council, GCC). *Infection Prevention and Control Manual* (Second Edition), 2013.

22 International Organization for Migration. *Practical Guide for Communicating in the Context of Migratory Crises*, 2021.

23 International Organization for Migration (IOM). *Health, Border and Mobility Management Framework*, Geneva, 2021. p. 29

24 Africa Centre for Disease Control and Prevention (AfricaCDC). *Strengthening CrossBorder Surveillance and Information Sharing in Africa Strategic Framework*, July 2024.

25 International Organization for Migration (IOM). *IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement*. International Organization for Migration (IOM), 2022.

26 The Mental Health and Psychosocial Support Minimum Service Package. *Multi-sectoral mental health and psychosocial support assessment toolkit*, May 2024.

27 Danish Red Cross. *Guidelines on mental health and psychosocial support in migration and displacement*, 2022.

28 International Organization for Migration (IOM). *Cultural mediation bridges the world of one individual to the world of another individual*, 10 January 2022.

while respecting human rights ^{[(29)] [(30)]}. In the long term, countries can also consider instituting Universal Health Coverage (UHC) based on country priorities and resources, to ensure everyone in receives equitable care within their territory. ^[(31)]

5. Bolster Emergency Preparedness in Conflict-Affected and Fragile Border Areas

Where conflict has taken its toll, infrastructure along the border and in the health system is frequently worn down or rendered completely non-functional. Solutions to emergency preparedness in these areas must be mobile, flexible, and contextually aware. Appropriate measures would involve for instance the speedy establishment of modular health units, mobile health teams, and field-based coordination cells that can operate in the face of instability. IOM operations at the Syria–Iraq border showcase how emergency isolation units and local responders who were trained were able to contain disease risks in a very unstable region. Likewise, mobile health units in South Sudan ensured continuity of service in the context of displacement due to conflict. In the Arab region, nations in conflict such as Libya, Syria, and Yemen would greatly benefit by including such mechanisms within national HBMM plans. This would allow for quicker responses to newly arising health emergencies and provide lifelines to groups with limited access to national health systems.

29 Office of the High Commissioner for Human Rights (OHCHR). COVID-19 and the Human Rights of Migrants: Guidance, 7 April 2020.

30 International Organization for Migration. Guideline for border management and detention procedures involving migrants: A public health perspective, 31 December 2010.

31 International Organization for Migration (IOM). Universal Health Coverage “Leave No Migrant Behind” (infosheet), December 2022.

Conclusion

The Health, Border, and Mobility Management (HBMM) framework is a vital outline and blueprint for strengthening health systems and migration governance in the face of ongoing or potential global health threats. Successful implementation of its key components and proposed measures will however require dedicated political willingness, enhanced regional collaboration and sustained investment in capacity-building. For countries in the Arab region in particular, adopting the HBMM approach offers the prospect of tailored solutions to long-standing challenges. With the region's countries serving as major hubs for transit, destination or displacement – including from protracted crises which act as pressures on national health systems – the HBMM framework both with its existing package of proposed measures and as a set of guiding principles can offer robust and context-sensitive border health strategies. Important prioritizations for a region often marked by political fragmentation and glaring uneven health capacities would be implementing the establishment of interoperable surveillance at points of entry, the facilitation of continuity of care along high-traffic migration corridors and the fostering of cross-border cooperation. As countries reflect on the effects of the most recent COVID-19 global pandemic, and prepare for future emergencies, the HBMM framework therefore remains more relevant than ever as a guiding blueprint for resilient,

inclusive and secure border governance.



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