

4,258,666

Confirmed cases in more than 200 countries, territories or areas¹

294,190

Deaths

61,769

Restrictions on mobility have been adopted by 220 countries, territories or areas

1,283

IOM movements cancelled

\$499 M

Requested by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019



IOM staff receive Infection Prevention and Control (IPC) training in advance of the re-opening of the Migration Health Assessment Centre (MHAC) in Accra, Ghana. © IOM 2020

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the illness known as Coronavirus Disease 2019 (COVID-19) has spread rapidly across the globe, leading the World Health Organization (WHO) to declare it a pandemic on 11 March 2020. As of [15 May](#), over 4.2 million confirmed cases and over 294,000 deaths have been reported globally since the outbreak began. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases and countries reporting daily.

Global efforts to mitigate the spread of COVID-19 have led to containment policies – e.g. border closures and lockdown measures -- that have severely impacted mobility in complex and diverse ways. Movement restrictions, which totalled 61,769 as of 14 May, are directly shaping the lives of people all over the world. While some governments and authorities have begun efforts to ease blanket travel restrictions and develop targeted reopening plans, as evidenced by the introduction of new exceptions to enable mobility for certain nationalities or groups, stringent medical measures and requirements before, upon or after entry remain in place. However, as national and local authorities continue to adjust their border policies based on local needs, many find themselves faced with a new set of challenges and vulnerabilities, increasing their need for humanitarian support.

A key consequence of these mobility restrictions worldwide

has been the stranding abroad of people formerly on the move. To assist these stranded travellers and migrants governments and national authorities have increased their capacity to provide consular assistance to their nationals stranded abroad. In other instances, migrants have sought to return through operations facilitated by IOM or spontaneously, through official border points or otherwise. However, in many regions, stigma and discrimination towards migrants at destination, transit and return locations due to fears around COVID-19 transmission have been reported, which can lead to further exclusion from or unwillingness to access health services and risk further exacerbation of the hardships created by the pandemic.

In migrant camps, camp-like settings, reception centres and dormitories, there are increasing reports of confirmed cases and a heightened risk of contracting and spreading COVID-19 due to overcrowding, inadequate sanitation, poor nutrition, and limited access to health care facilities. These conditions greatly contribute to the risk of an infectious disease outbreak in locations that currently have no known cases and/or to increasing the risk of transmission if the disease is already present. To address these and other challenges, IOM missions around the world are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness and response efforts.

¹Source: WHO COVID-19 Situation Dashboard: <https://covid19.who.int/>.

SNAPSHOT OF IOM RESPONSE

Coordination and Partnerships

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national, regional, and global levels to support the global pandemic response, particularly in coordinating cross-border efforts.

- **IOM North Macedonia** received an award from the Ministry of Interior for its cooperation and support in the continued COVID-19 preparedness and response efforts in the country. During the COVID-19 outbreak, IOM has been assisting migrants and asylum seekers at reception sites through the provision of medical and protection support, awareness raising, and the distribution of personal hygiene items, in addition to supporting the border police with their national preparedness and response efforts.
- **IOM Kazakhstan** in cooperation with its partner non-governmental organizations (NGOs), is conducting a needs assessment among migrants from Uzbekistan stranded in the country as a result of the quarantine. In collaboration with **IOM Uzbekistan**, more than 100 migrants, including women and children, will receive tailored assistance offered by IOM's partner NGOs in nine regions of Kazakhstan within the framework of the USAID Dignity and Rights Project.
- In **Bahrain**, IOM has developed a protocol for establishing and managing Temporary Accommodation Facilities to support the governments' efforts to decongest labour camps.
- **IOM Kuwait** is using feedback collected by a growing network of NGOs, civil society organizations (CSOs), as well as country-of-origin embassies to identify migrant worker clusters in vulnerable situations and liaise with national partners to meet their immediate needs.
- **IOM Morocco** has activated the UN Migration Thematic Group to coordinate its actions on the COVID-19 response. Mapping has been conducted to identify key needs and coordinate actions.

Tracking Mobility Impacts

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response.

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** being implemented around the world and mapping and monitoring **Points of Entry (PoEs)** that have been impacted and are applying restrictions locally. IOM has developed a global mobility database to map and gather data on the locations, status, and different restrictions at PoEs and internal transit points, globally.

As of 7 May 2020, IOM has assessed 3,667 locations in 173 countries, territories, and areas. Of the total number of locations assessed, 3,321 were PoEs, 346 were internal transit points, and 921 comprised of other areas and sites of interest. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, and other measures limiting mobility. These restrictions affected populations including regular travellers, nationals, irregular migrants, returnees, and internally displaced persons (IDPs). IOM COVID -19 Points of Entry Weekly Analysis can be accessed [here](#).

IOM tracks and monitors **in-country and cross border flows** in order to understand population mobility trends within and between certain areas, which in turns helps to inform public health preparedness and response strategies.

- In the **West and Central Africa** region, IOM has been working to analyse flow monitoring data collected at 35 key transit points to better understand the ways and the extent to which the COVID-19 crisis is impacting mobility in the region. A recent report focuses on data collected between January to April 2020 (using 2018 and 2019 data as barometers of comparison) at Flow Monitoring Points (FMPs) in Cameroon, Mali, Niger, and Nigeria. The report notes that the volume of travellers has decreased by 48 per cent in comparison with previous years, with a weekly analysis of registered movements showing a striking acceleration in the decrease in flows over the second half of the month of March.
- In **Uganda**, IOM has been monitoring movement flows across the Uganda-DRC border and the Uganda-South Sudan border. Flow monitoring dashboards have been published for data collected in March including data on 145,591 movements tracked at 19 FMPs.

IOM is also tracking and monitoring the impact that COVID-19 is having on IDPs and migrants.

- In **Somalia**, IOM is conducting awareness raising among migrants crossing the border at seven FMPs. Between 3 – 9 May, 2,964 individuals entering and exiting Somalia were reached. 67 per cent reported that they were unaware of COVID-19.
- In **Zimbabwe**, a returnee assessment was conducted covering 196 villages across Chipingue Chimanimani, and Buhera districts in Manicaland province. The exercise covered 41 wards with IDP presence. Data collected includes current vulnerabilities and needs of IDPs, including exposure to health risks during COVID-19.
- **IOM's Regional Office for East and Horn of Africa** has published a report on COVID-19 impacts on migrants along the Eastern Corridor. As of 30 April 2020, Ethiopian migrants crossing to Yemen from the

Horn of Africa decreased by 74% between March (6,753) and April (1,725). Migrant arrivals from Djibouti to Yemen decreased by 96% while those arriving from Somalia decreased by 65%.

A dedicated landing page on the [IOM Flow Monitoring Portal](#) has been developed to act as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs produced at country, regional and global level in relation to COVID-19.

Risk Communication and Community Engagement (RCCE)

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, and correct information.

- **IOM Senegal** has distributed 1,500 posters and flyers on COVID-19 risk mitigation at key points of entry and other priority locations (e.g. health centres, markets).
- **IOM Nigeria** has mainstreamed the 'Health Belief Model' into its community awareness initiatives. This model focuses on people's perceptions of the risks and benefits of taking cues to action, including the use of facemasks and self-quarantine. A dedicated team was also trained and deployed to Bakasi camp, in the conflict-affected north-east to implement this model, following stigmatization incidents related to a confirmed case.
- In **South Africa**, through the "Sexual and Reproductive Health and Rights - HIV Knows No Borders" project, IOM has developed and disseminated COVID-19 messages in the provinces of Gauteng and Mpumalanga.
- **IOM Germany** hosted the first joint virtual information session with TANG e.V., the largest umbrella organization for African Diaspora associations in Germany, on the COVID-19 outbreak and applicable measures. In total, 30 diaspora community leaders from across Germany received valuable information on the medical aspects of COVID-19, as well as on the prevention and control measures in place at migrant accommodation centres.
- **IOM Myanmar** is collaborating with basic health staff to distribute 260,000 flyers, 32,000 pamphlets and 17,300 posters with COVID-19 prevention messages. The mission is also distributing educational materials in local languages to quarantine centres with returning migrants. Since 1 April, the mission reached an some 274,000 returning migrants and community members.

Disease Surveillance

Migration and mobility are increasingly recognized as determinants of health and risk exposure; IOM plays a key role in linking an understanding of population mobility with disease surveillance.

- **IOM Chad** is supporting regional health authorities in the city of Ounianga Kebir with the monitoring of 329 migrants returning from Libya. The IOM health clinic in Farcha is also being assessed to become a potential isolation and treatment site for COVID-19 patients.
- In **Zimbabwe**, IOM has developed a rapid mechanism to provide immediate humanitarian assistance (including food and non-food items) to returning migrants, as well as transportation to quarantine facilities in their places of origin.
- **IOM Nepal** has assessed 134 quarantine sites established by the Government of Nepal to ensure they are adequate. Additionally, in the **Solomon Islands**, **El Salvador**, and **Yemen**, IOM is assisting in the identification and establishment of appropriate spaces and standards for quarantine spaces for migrants.

Logistics, Procurement and Supply Chain

In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell and the relevant clusters, IOM supports the procurement, storage, and distribution of critical supplies.



IOM health staff at the Migration Health Assessment Centre (MHAC) in Egypt protect themselves and patients through the use of PPE. © IOM 2020

- In **Panama**, two multipurpose tents, 400 pieces of tarpaulins and 200 rolls of rope were distributed from IOM's Global Prepositioning Stocks in Panama City to a site in Lajas Blancas, Panama. These supplies are being utilized to set up quarantine areas to host 1,666 people in Peñitas in response to COVID-19. This region has been marked as one of the most important transit points for extra-regional migrants (migrants from other continents such as Asia, Africa as well as the Caribbean) with a current reported number of 1,900 stranded migrants.
- **IOM Djibouti** deployed mobile storage units and multipurpose tents at the request of the Government of Djibouti, to set up health clinics, warehouses, and on-site offices in the city of Ali-Sabieh.

Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry, with its broad range of expertise in migration management and emergency operations.

- **IOM Côte d'Ivoire** is supporting border authorities' capacities at ten PoEs. Activities carried out include: the distribution of 7,500 pairs of gloves; 10,000 masks; 2,000 bottles of liquid hand soap; 3,000 rolls of paper towels; 1,500 bottles of hand sanitizer; 50 infrared thermometers; and 100 handwashing stations.
- In **Senegal**, 79 border agents across five priority land border crossings have received training from IOM on health screenings and other COVID-19 prevention measures.
- In priority PoEs, **IOM Guinea** has carried out awareness raising activities and reached 24,714 people.
- In the **Republic of the Marshall Islands**, IOM hosted a training with the Division of Immigration on "Management of Ill Travellers at Points of Entry in the Context of COVID-19 Outbreak" and "Infection Prevention and Control (IPC) for Novel Coronavirus". IOM procured safety and communications equipment to improve PoE surveillance and monitoring, particularly at seaports.
- **IOM Sri Lanka** is part of the high-level task force for assessing the needs at PoEs convened by the Government of Sri Lanka, through the National Border Management Committee chaired by the Ministry of Defence (MoD). MoD requested IOM to support procurement of urgently needed items for COVID-19 preparedness and response at Sri Lanka's Bandaranaike International Airport.
- **IOM Djibouti**, in collaboration with the National Immigration Police, carried out a rapid needs assessment at PoEs including airports, ports and ground crossings in order to measure the preparedness and response capacity and also identify

needs and gaps to promote effective preventive measures for the spread of COVID-19.

- Under the EU funded cross-border project, "Secure Cross-border Social, Economic and Commercial Activities in the Great Lakes Region," and in partnership with Trademark East Africa, **IOM Rwanda** and **IOM DRC** are conducting an assessment at PoEs to identify specific needs related to COVID-19. This includes the development of PoE specific standard operating procedures (SOPs) and RCCE for border communities and truck drivers.

National Laboratory Systems

The provision of safe water, sanitation and hygiene (WASH) is an essential part of prevention efforts during infectious disease outbreaks, including COVID-19. Combined with improved access to WASH services, IOM continues to support national capacity to implement infection prevention and control measures as these are an effective way to prevent or limit the transmission of the disease.

- In **Mauritania**, medical equipment was provided to a regional hospital in the city of Sélibaby, located near the border with Senegal. Hydroalcoholic gels and masks were also included in the distribution.
- In **Zimbabwe**, IOM has reprogrammed its J-Tip counter-trafficking programme to procure IPC materials (hand sanitizers, bins, disinfectant, soap, thermometers) to support prevention activities at Beitbridge border post and quarantine facilities, and to improve basic services for returning migrants.
- In **Bangladesh**, WASH teams in Cox's Bazar developed an assessment tool to gauge levels of beneficiary satisfaction with handwashing devices and identify any needs for improvements. Furthermore, teams coordinated 25 ambulance support requests and distributed 29,809 soap kits to beneficiaries, including 2,515 to vulnerable households in host communities. In communal areas, 109 handwashing devices and 310 tippy taps have been installed, and an additional 36 backpack sprayers have been deployed for disinfection.
- **IOM Myanmar** has been distributing hygiene kits and WASH supplies to quarantine facilities, reaching an estimated 27,617 returning migrants primarily from Thailand and the People's Republic of China.
- **IOM El Salvador** is supporting the Minister of Governance and the Director General of Migration in the provision of humanitarian assistance to the 90 quarantine centres established in country. This week, IOM provided 1,481 PPEs, 2,500 food kits and 134 supermarket cash vouchers for food purchases. It is expected that two new quarantine centres will be set up in the coming days to host new entries in the country.

Case Management and Continuity of Essential Services

IOM continues to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19 in order to reduce morbidity and mortality rates. In particular, IOM focuses on countries and regions suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases.

- In **Bosnia and Herzegovina**, 877 migrants have been accommodated in the isolation areas set up in the temporary reception centres (TRCs) and the emergency tent camp in Lipa. In the Bira TRC, the capacity in the isolation area has been increased from 122 to 291 beds, to address the rising need linked to more migrants attempting to cross the border into Croatia as weather conditions improve.
- **IOM Guinea** donated an ambulance to the Civil Protection Unit to transport COVID-19 patients and helped develop SOPs for IPC and surveillance of the COVID-19 treatment centre in Donka.
- IOM teams in **Cox's Bazar, Bangladesh**, upgraded triage and waiting areas at IOM-supported clinics in Camps 3 and 9 and worked with Health Cluster partners to establish community quarantine facilities in Camp 25.
- In **Yemen**, 29,481 people have been provided with access to health services through 32 IOM-supported health facilities and nine mobile health teams. Additionally, IOM has trained 80 health workers on COVID-19 prevention and management protocols and, as lead of the sub-national Health Cluster in Marib governorate, established an isolation and treatment centre (inclusive of an ICU) in Marib city.

Camp Coordination and Camp Management

As co-lead of the global CCCM cluster, IOM works to support regional, national, and local authorities to develop contingency and response plans, and to ensure the continuation of services in existing displacement sites at risk.

- In **Sudan**, IOM together with UNHCR is leading the establishment of the COVID-19 IDP Camp Coordination Task Force. To ensure a harmonized and predictable approach to COVID-19, the Taskforce will use CCCM principles to coordinate the COVID-19 prevention, preparedness and response across pillars and sectors in the camps and settlements.
- In **Syria**, IOM is providing additional water and soap bars to nearly 60,000 living in camps and informal settlements in North West Syria and is funding partners to conduct disinfection activities in camps. IOM has also provided tents to support the establishment of 72 triage stations in coordination with health partners.

- **IOM Yemen** is maintaining site management and coordination activities in 63 sites in Ibb, Taizz and Marib, and is ensuring that site activities and distributions are carried out in-line with COVID-19 prevention guidelines. IOM has trained 144 site focal points on COVID-19 preparedness.
- The CCCM Cluster in **Somalia** finalized a Risk Communication and Community Engagement assessment in IDP sites to understand the successes and failures of RCCE campaigns within IDP communities. The assessment looks to provide details on initial trends in information consumption habits that may prompt agencies to adjust their methods to be better received by IDP communities. Additionally, the IOM CCCM team has started implementing new Women's Participation Project activities in Baidoa, Dollow and Kismayo. The purpose is to ensure women contribute to risk communication and community engagement (RCCE) in the response to Covid-19 and that they are able to support their communities in containing the spread of the virus through activities such as identification and set-up of hand-washing points and production of non-medical masks for the camp population.
- In **South Sudan**, the IOM CCCM team is rolling out a monitoring tool as part of its transition to remote camp management and has acquired communication materials to increase data collection capacity and to ensure basic communications in Wau PoC.

Protection

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age, and disability, but also nationality, status or ethnic origin. IOM is committed to ensuring the protection of migrants, displaced persons and other vulnerable populations remains at the centre of its COVID-19 response.

- In **Tunisia**, IOM has launched a series of discussions with authorities to include migrants in its mechanisms to combat the spread of COVID-19. A monitoring committee on the situation of migrants has been set up by the Ministry of Human Rights to meet the needs of migrants in partnership with international organizations and civil society.
- **IOM Greece** has created a service via WhatsApp for the Long-Term Accommodation sites across the country to provide relevant information updates while keeping parallel two-way communication channels with beneficiaries during the COVID-19 pandemic. Messages are translated and broadcast in all beneficiary languages, including minority languages, and are sent by voice message to reach people with low literacy skills. The messages cover a wide range of topics, including health protection measures, coping

strategies to deal with COVID-19 and quarantine, prevention of social stigma, legal processes and asylum services, and key protection information and updates (especially on gender-based violence issues and prevention of domestic violence).

- **IOM Indonesia** is providing MHPSS services through online counselling to refugee and asylum seekers, addressing pre-existing mental health challenges, as well as stress brought on by the pandemic, such as quarantine situations.

Addressing Socio-Economic Impacts of the Crisis

Recognizing the importance of including migrants and other mobile population groups in UN development responses, IOM is actively engaging with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socio-economic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- **IOM Albania** is reaching out to Albanian diaspora health professionals living in Italy to engage the community as a way to share their experiences through video and media interviews. This work is carried out through the repurposing of an programme and aims to both emphasize the impact of COVID-19, as well as showcase the support of Albanian diaspora during the COVID-19 pandemic.

- **IOM Armenia** is supporting the “Investing in Entrepreneurship” program to mitigate the immediate economic impacts on local remittance-dependent populations by prioritizing livelihoods and job creation through financial support to small enterprises. As sectors of the economy gradually re-open, this programme will help accelerate the establishment or resumption of operations and creation of sustainable jobs.
- In **Israel** IOM participated in a panel presentation for a virtual workshop on the impact of COVID-19 on migration and the future of labour migration. The workshop included high level representatives from the Israeli Ministries of Foreign Affairs and Labour and the Population, Immigration, and Border Authority.
- In **The Gambia**, to enhance the availability of basic medical supplies in country, IOM is mainstreaming COVID-19 related activities into existing initiatives. As part of its reintegration assistance, 20 migrant returnees are producing up to 2,000 protective suits and shoe coverings to be donated to the Ministry of Health for use by immigration and border officials.
- **IOM Tunisia**, in collaboration with the Municipalities of La Goulette, Sfax, Sousse and Zarzis, distributed hygiene, food, and non-food items to migrant communities, reaching a total of 7,002 migrants. Additionally, IOM provided vouchers to 5,856 vulnerable migrants to support them in addressing their socio-economic needs resulting from the COVID-19 pandemic.



IOM launches a sensitization campaign on the risks of COVID-19 in the Arihba neighbourhood of Djibouti City, Djibouti. © IOM 2020.

OPERATIONAL UPDATES

Operational Challenges

Due to local epidemiological realities and ongoing mobility restrictions, IOM has had to scale back its **pre-migration health activities** temporarily to guarantee the safety of migrants as well as staff. As of 15 May, 56 per cent of IOM's migration health assessment sites remain temporarily closed; however, efforts are being made to ensure that essential services are still being provided to migrants with significant medical conditions in 19 per cent of MHACs, and more are gradually reopening to deliver some services (25 per cent as of 15 May).

IOM's **Resettlement and Movement Management (RMM)** operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 31 May, 1,283 movements have been cancelled, affecting 11,254 individuals, the majority of whom are resettlement cases.

IOM's new **Migration Translation App – MiTA** – has completed its upgrade to respond to COVID-19 related challenges facing migrants in the **Western Balkans**. A new section of the app is designed to help border officials identify persons at risk and refer them for medical screening through asking questions related to basic symptoms, recent travel history and travel companions. MiTA is a free, custom-built offline application which contains 52 simple questions relating to the identity, mode of travel, health and immediate protection needs of the migrants. The question and answer options are translated into 12 languages (Albanian, Arabic, Bosnian/Montenegrin/Serbian, English, Farsi, French, Kurdish, Macedonian, Pashto, Somali, Turkish and Urdu). MiTA is available for Android devices on the [Google Play Store](#), and for iOS devices on the [Apple App Store](#). The app was developed with support of the European Union.

New Programmatic Approaches

- Migration health staff from IOM's **Health Assessment Programme (HAP)** have been called upon to contribute to national COVID-19 response activities in some locations. As of 15 May, 124 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 24 HAP sites are providing Member States with supplies and services to support local COVID-19 response initiatives, including, among others, screening for COVID-19 at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of personal protective equipment and supplies for COVID-19 response.
- Building upon the functionalities and scope of the IOM supported **Global IDiaspora.org platform**, IOM South Africa has launched a Zimbabwe Diaspora appeal to facilitate support to the 4,500 Zimbabweans living in South Africa under the COVID-19 related national lockdown.

Guidelines and Guidance Documents

- **IOM Regional Office for the Middle East and North Africa**, in collaboration with IOM Country Offices in **Iraq, Kuwait, Lebanon** and **Sudan**, has completed the Arabic translation of IOM's "Standard Operating Procedures for Front-line Border Officials at the Point of Entry in Response to COVID-19 Outbreak" to assist front-line officials with the COVID-19 response efforts in Arabic speaking countries.
- IOM's WASH team produced and released an **internal technical guidance note on handwashing** during disease outbreaks which can be accessed by IOM staff on the COVID-19 portal and the IOM WASH Community of Practice page in SharePoint.

Information Sharing and Communications

IOM's COVID-19 Analytical Snapshots summarize the latest information and analysis covering migration and mobility related impacts of Covid-19 from around the world. New snapshots include: "combating xenophobia and racism", "environmental migration and displacement", "civil society responses", "socioeconomic impacts" and "social protection of migrants globally". Snapshots are available in [English](#), [Spanish](#), [French](#) and [Arabic](#).

A new **IOM Migration Research Series** paper provides an early assessment of the COVID-19 impacts on migrants: **MRS No 60 – Migrants and the COVID-19 pandemic: An initial analysis**.



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CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71