

5,596,550

Confirmed cases in more than 200 countries, territories or areas¹

353,373

Deaths

63,381

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

1,298

IOM movements cancelled

\$114 M

Received towards IOM Global Strategic Preparedness and Response Plan: Coronavirus Disease 2019¹

\$	Received: 114M	Gap: \$385 M (Requested: \$499 M)
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New funds: \$79 M; Reprogrammed funds: \$35 M.



IOM South Africa facilitates the assisted and voluntary return to Zimbabwe of 209 Zimbabweans stranded in South Africa by challenges related to the COVID-19 national lockdown. © IOM 2020

¹See [Global Crisis Response Platform](#) for more information.

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 29 May, there are nearly 5.6 million confirmed cases and over 353,300 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.

The effect of COVID-19 on global mobility is presently in flux. Some governments and authorities are maintaining existing restrictions, while others have begun to ease blanket mobility restrictions and conditions for entry. While travel restrictions remain in place generally, there has been a slight decrease in the number of travel restrictions from 63,872 recorded on 21 May in comparison to 63,381 restrictions on 28 May, indicating a decrease of almost one per cent. Additionally, for the first time since recording travel restrictions, there is a 6 per cent decrease in measures such as medical requirements. In parallel to existing travel restrictions, a total of 174 countries, territories or areas have issued 701 exceptions which enable some mobility under the general travel restrictions. Between 21 and 28 May 2020, eight countries, territories or areas have issued 16 new exceptions whilst two countries, territories or areas have removed nine exceptions.

A key concern related to these mobility restrictions worldwide remains the stranding abroad of people formerly on the move. To assist these 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 sometimes leads to further exclusion from or unwillingness to access health services and risk further exacerbation of the hardships created by the pandemic.

The movement restrictions and measures being imposed by countries, territories and areas as a response to the pandemic are also directly impacting the daily lives and circumstances of IDPs and host communities. Livelihoods are being interrupted and access to healthcare, where it is available, remains limited. Many communities hosting internally displaced populations lack adequate investment into health, water and sanitation facilities, in addition to the issues of overcrowding, poor shelter, scarce resources and limited access to reliable information. The impact felt by these communities not only increases humanitarian need but also exasperates the existing and already complex barriers for IDPs to seek solutions.

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 Regional Office for East and Horn of Africa** in Nairobi is assisting the Intergovernmental Authority on Development (IGAD) to develop a regional strategy on “Cross-Border Management of COVID-19 in East and Southern Africa.”
- In the **Democratic Republic of the Congo**, IOM organized a training of 38 frontline workers on screening for COVID-19, reporting alerts and contact tracing. The participants were all from different government agencies working at the borders, including Ministry of Health’s National Program for Hygiene at Borders (PNHF), the Directorate of Migration (DGM), Direction Générale des Douanes et Accises (DGDA) and the Congolese National Police (PNC).
- **IOM Zambia** is the UN lead agency for the PoE response and has been working closely with the Ministry of Health in coordinating response efforts at PoEs. Furthermore, IOM has supported and participated in sub national cross-border coordination forums at Chirundu One Stop Border Post (OSBP) between Zambia and Zimbabwe where a common way forward was agreed by both countries.

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 is conducting **Mobility Restriction Mapping** for points and locations 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 in place at points of entry (PoEs) and internal transit points, globally.

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 **Niger**, IOM has produced a flow monitoring dashboard and is monitoring flows across seven Flow Monitoring Points (FMPs): Arlit, Dan Barta, Dan Issa, Magaria, Madama, Seguedine and Tahoua. During the month of April an estimated 30,663 individuals were observed. In comparison to previous years, April’s

figures are the lowest total recorded since the seven FMPs became active in Niger.

- In **Somalia**, between 17 – 21 May 2020, a total of 2,758 movements were observed across seven FMPs. During the reporting period 59% of migrants reported not being aware of COVID-19. IOM provided them with COVID-19 information.

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

- In **Nigeria**, between 16 April to 6 May, IOM collaborated with NEMA, SEMAs and the Nigerian Red Cross Society to conduct an assessment in six north-eastern states (Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe), covering 2,387 locations. In this assessment, 86,657 respondents were interviewed for a range of COVID-19 related indicators. The primary results indicated that 99 per cent of all assessed IDPs in the six North-eastern States were aware of COVID-19. 74 per cent of respondents said they were not taking any mitigation measures to prevent infection, 98 per cent said there have been no threats of evictions, and 49 per cent said that services including food markets, health, education, protection, and water trucking had been affected by the pandemic.
- In **South Sudan**, IOM conducts weekly assessments of mobility and COVID-19 preparedness at eight displacement sites and 47 points of entry/transit hubs, including those prioritized by the Points of Entry Technical Working Group (PoE TWG). DTM joined a multi-sector IOM assessment mission to Renk in Upper Nile -- a location prioritized by the PoE TWG – in order to evaluate population movements and COVID-19 preparedness activities in the area.

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.

- In **Mozambique**, IOM is conducting risk communication activities targeting truck drivers. Through volunteers positioned at key transit hubs close to the major trade borders of Machipanda (Beira corridor) and Ressano Garcia (Maputo corridor), IOM is educating drivers on COVID-19 prevention measures, including social

distancing, frequent hand hygiene and mandatory quarantine.

- **IOM Belarus** and the State Border Committee have developed a leaflet targeting incoming migrants to promote COVID-19 prevention measures, including self-quarantine and good hygiene practices. About 1,500 leaflets are to be disseminated daily at all acting PoEs.
- **IOM in Ethiopia** has reached over 98,600 people with COVID-19 hygiene awareness messages through door to door campaigns, mass mobilization and leaflet distributions. It has also trained 57 hygiene promoters on COVID-19 prevention messaging.
- **IOM Kenya** and the International Rescue Committee have conducted a joint training for security guards in Kakuma to improve their knowledge of COVID-19 infection prevention and control as well as standard operating procedures for responding to the disease.
- **IOM Somalia** has reached over 3,000 households with hygiene promotion activities while its health teams have reached over 3,300 people through health clinics. Hygiene promotion messages have been regularly broadcast on two radio stations. Thousands of IDPs have been reached through camp coordination and camp management (CCCM) and water, sanitation and health (WASH) teams from IOM.
- **IOM Malaysia** produced the first issue of the 'Let's Talk Facts' poster series in four languages (English, Malay, Mandarin, Tamil) to address hate speech, xenophobia, stigma and discrimination against migrants and vulnerable populations.
- **IOM Sri Lanka** is managing a 24/7 hotline to support refugees and asylum seekers in coordination with UNHCR, with hotline staff sharing risk communication messages in line with recommendations from the MOH. In addition to providing health advice, referrals are made to government sector hospitals for outpatient or inpatient care. Interpretation is provided for health consultations as necessary. With the recent lifting of the curfew, IOM has gradually been able to resume reintegration assistance to returnees.

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.

- In the **Democratic Republic of the Congo (DRC)**, between 19 and 26 May, in Matadi – the capital of Kongo-Central and the most COVID-19-affected city in DRC – IOM conducted a population mobility mapping exercise to determine the location of six health screening points. In the first two days following the establishment of these health screening points, a total of 16,826 travellers were screened, and one

alert was reported, which was validated to be a suspected COVID-19 case for further investigation. IOM also provided the equipment for and installed 18 handwashing stations at the health screening points. To date, 72 frontline workers have been trained by IOM on health screenings, 60 of whom have already deployed to the six established health screening points.

- **IOM Bangladesh** is supporting WHO-led contact tracing for COVID-19 surveillance in Cox's Bazar. An additional 35 volunteers have been identified for contact tracing training, bringing the total number of volunteer contact tracers to 165. This intervention ensures capacity to respond as the first cases of the disease have been noted within the refugee community during the last week. 6,772 people were screened while accessing services from Government offices in the district.
- **IOM Mongolia** is providing equipment to the National Emergency Management Agency to strengthen data management as part of the COVID-19 response measures.

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.

- In **Zambia**, IOM conducted a rapid assessment at the Nakonde-Tunduma One Stop Border Post, which is Zambia's epicentre of the pandemic, to support the Government's COVID-19 preparedness and response efforts. IOM also supported two parallel capacity-building trainings on COVID-19: one for health workers, focused on infection prevention and control, and a multi-sectoral one which brought together all other PoE agencies and stakeholders such as immigration, customs, port health, security, clearing agents and truck drivers' associations. IOM also donated equipment and supplies to the Ministry of Health to support effective response in Nakonde.
- In **Mozambique**, IOM is supporting the government in the reception of returning migrants from South Africa, both in regular and irregular situations. In May, over 600 returnees were hosted at the Magwaza transit centre in Moamba district, before they could proceed with their travel to their homes mainly in the southern provinces. At the transit centre, they received counselling and information on COVID-19 prevention, detection and quarantine measures. IOM is providing logistical support to ensure good infection prevention and control conditions at the Magwaza transit centre.
- **IOM Malawi** is supporting the reception of Malawian nationals who came from Zimbabwe through the Mwanza border. Interventions have included the screening of 91 returnees to establish vulnerabilities,

the provision of onward transport for returnees to their final destinations, the provision of personal protective materials such as masks and hand sanitizers to returnees and immigration officials, and the rapid assessment of Kamuzu stadium, which is being used as a quarantine site.

- **IOM Rwanda**, in partnership with Programme National d'Hygiene aux Frontières, conducted a specialized training for port health officials as part of a broader effort to bolster disease surveillance capacity at PoEs.
- **IOM Somalia** is assisting the Ministry of Health with COVID-19 screening at land border PoEs. Nearly 2,000 people have been screened and IOM is handing over PPE and health supplies, including oxygen concentrators – a medical device used for delivering oxygen to individuals with breathing-related disorders. The materials will be used at isolation facilities and PoEs.
- **IOM Solomon Islands** is providing technical guidance for management of quarantine spaces for migrants at PoEs.
- **IOM Myanmar** distributed 215 medical-grade PPE to three PoE townships in Kachin State, as well as to healthcare providers from Township Health Departments in Buthidaung and Maungdaw, Northern Rakhine State. IOM has also partnered with Save the Children to distribute surgical masks and hand gel in Kayin and Mon States.
- **IOM Bangladesh** completed a rapid needs and capacity assessment at Akhaura PoE, which was prioritized due to high mobility – the PoE had the flow of approximately 1,000 daily travellers prior to the COVID-19 outbreak. IOM is also working with the Government of Bangladesh to strengthen surveillance and response systems at busy border points. IOM participated in several workshops to develop standard operating procedures for handling ill travellers on aircrafts as well as at airports. Participants included the Communicable Disease Control Unit of the Directorate of General Health Services, WHO, the Institute of Epidemiology Disease Control and Research, and the Hazrat Shahjalal International Airport Authority.
- **IOM Timor-Leste** is supporting the Government to improve COVID-19 interventions and preparedness plans at PoEs through data-related technical assistance and flow monitoring in border sukus (villages) and aldeias (sub-villages) in Bobonaro and Covalima, in coordination with immigration authorities, border police and Chefe Suku's (village leaders). These mapping exercises will be used to inform regional and national preparedness and response plans.
- **IOM Madagascar** is in discussion with the Ministry of Transportation and other lead ministries including the Ministry of Health to assess technical support and capacity building needs in implementing Health

Screening Points (HSPs). This is needed to ensure a resumption of daily life activities and movement of persons, while enabling the maintenance of disease surveillance and control in areas of high congregation and population mobility (e.g. bus stations, markets).

- **IOM Belarus** provided support to the State Border Committee through the procurement of PPE (respirators, hand sanitizers, disinfectant) to organize work at PoEs.

National Laboratory Systems

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM continues to support the enhancement of national capacity for detection of COVID-19.

- **IOM Timor-Leste** is coordinating with the National Health Laboratory to increase capacity for COVID-19 detection through the provision of essential laboratory equipment. This effort aims to help the national laboratory systems meet the demands of responding directly to the COVID-19 outbreak, while simultaneously maintaining existing national laboratory services.

Infection Prevention and Control (IPC)

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 **Bosnia and Herzegovina**, as of 25 May, 2,192 migrants have been accommodated in the COVID-19 quarantine areas for asymptomatic people, set up at the IOM temporary reception centres (TRCs). In addition, 33 migrants with symptoms were placed in isolation to receive care.
- **IOM Somalia** has provided soap and hygiene kits to 150 households, installed ten handwashing stations in Baidoa, and has continued with hygiene promotion activities reaching over 3,000 households.
- In **Cox's Bazar, Bangladesh**, IOM distributed 40kg (65 per cent) High Test Hypochlorite chlorine to agencies to prepare 5,195 litres of 0.5 per cent chlorine solution for the disinfection of communal areas and health centres. IOM also distributed two backpack sprayers for disinfection, installed 52 handwashing devices in communal areas and distributed 4,230 masks to 2,115 people. The masks were produced by Rohingya women engaged in IOM's livelihood programmes.
- **IOM Micronesia** constructed five handwashing stations in Pohnpei, as well as 75 stations in Chuuk, Yap and Kosrae. IOM is also distributing pre-positioned supplies for cleaning solutions to hospitals in Yap and

Chuuk, as well as in Majuro, [Marshall Islands](#).

- [IOM Myanmar](#) donated 1,000 bottles of liquid soap to Kachin State Public Health Department for IPC and have modified operations in IOM HIV clinics in Kayin State to follow IPC guidance for COVID-19 in accordance with government recommendations.
- [IOM Zimbabwe](#) has reprogrammed activities and procured – under the J-TiP Trafficking in Persons (TiP) Programme – IPC materials including hand sanitizers, bins, disinfectant, soaps and thermometers, which have been redirected to support preventive measures at Beitbridge border crossing point and quarantine facilities as well as improve basic services for returning migrants.

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.

- [IOM in South Sudan](#) has constructed a case management centre with a medical staff member offering case identification and personal protective equipment. IOM is also supporting the rehabilitation of a teaching hospital to include case management for COVID-19.
- In [Cox's Bazar, Bangladesh](#), while the number of confirmed cases remains low, IOM and partners are scaling-up efforts to construct treatment and isolation centres, repurpose existing health facilities, and procure high-grade PPE to protect health staff. The ambulance Dispatch and Referral Unit coordinated 60 requests for isolation bed capacity management and ambulance dispatch. IOM has also arranged transport for family members and other contacts of COVID-19 patients to quarantine facilities and back home once they have completed their quarantine.
- In [Iraq](#), as part of the ongoing response to COVID-19 in formal camps settings, IOM is working with camp managers to identify areas in each camp to be utilized as isolation points should any cases be confirmed. IOM will supply necessary items, such as beds and fans, for these areas.

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 [Burundi](#), the IOM mental health and psychosocial support (MHPSS) team visited two displacement sites (Kininya and Kingamango) in Gatumba following last month's torrential rains and flooding, to determine how the MHPSS team will support the protection sector and provide counselling and case management. A referral pathway mechanism will be established along with sensitizations on COVID-19 prevention measures.
- In [Cox's Bazar, Bangladesh](#), the MHPSS team conducted six training sessions on "Mental health, well-being and prevention of COVID-19" with the IOM medical team. The training aimed to help participants deal with anxiety and stress related to the pandemic. In total, 35 community influential persons such as imams, majhis and teachers were present in these sessions. In addition, a training on psychological first aid was delivered to 16 mobile medical team (MMT) members. Mental health needs assessments across the camps are ongoing.
- In [Sudan](#), IOM provided emergency food support and COVID-19 awareness raising materials to 100 vulnerable Ethiopian and Nigerian migrants in Gedaref.

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.

- In [Georgia](#), IOM conducted a rapid needs assessment that confirmed high vulnerability and disproportional exposure of migrants in Georgia due to COVID-19 related risks. Findings gathered from this assessment earmark migrants as having lost their jobs due to COVID-19, both in the formal and informal sectors, as well as financial support from families abroad. Here is a comprehensive report of the survey findings.
- In [Kazakhstan](#), IOM, in cooperation with civil society partners, provided direct assistance to 677 migrants in vulnerable situations affected by COVID-19 and originating from Uzbekistan, Moldova, Tajikistan, and the Russian Federation. An assessment is underway by IOM to discern opportunities for decent employment among the youth facing long-term exclusion from labour markets due to COVID.
- In the [Pacific Region](#) (Fiji, Tuvalu, RMI, Vanuatu and Tonga), IOM is carrying out a rapid assessment of the socio-economic impacts of COVID-19 on labour mobility to contribute to the joint-UN assessment.
- In [Bangladesh](#), the Ministry of Expatriates' Welfare and Overseas Employment organized the first

working committee on “welfare and re-integration of returnee Bangladeshi workers from different countries due to the coronavirus pandemic.” IOM serves as the secretariat for the working committee and the Bangladesh UN Network on Migration and will provide support for an upcoming database to

capture information on migrants registered with High Commissions in countries of destination and those returning through POEs in Bangladesh. Through a helpline, IOM will also be engaging with diasporic communities to assist stranded migrants.

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 29 May, 48 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 and refugees with significant medical conditions in 19 per cent of MHACs, and more are gradually reopening to deliver some services (33 per cent as of 29 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 30 June, 1,298 movements have been cancelled, affecting 11,274 individuals, the majority of whom are resettlement cases.

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 29 May, 135 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 26 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.

Guidelines and Guidance Documents

- The IOM published [the Integrating Migration into COVID-19 Socio-economic Response: A Toolkit for Development Partners](#) which aims to help the development community in ensuring comprehensiveness of their responses to the current pandemic and ensure that migrants and related population groups are not left behind. The Toolkit features plans, programmes and projects meant to enable applicable development goals across multiple sectors based on relevant UN and EU Frameworks. The toolkit is a deliverable of the Mainstreaming Migration into International Cooperation and Development (MMICD) Project, which is funded by the EU and implemented by IOM.

- The IOM's Joint Global Initiative on Diversity, Inclusion and Social Cohesion (DISC Initiative) has developed COVID-19-related information and communication materials to shed light on the emerging and cross-cutting issues of migrant inclusion and social cohesion amid the pandemic. The [Special Edition of the DISC Digest, No Social Exclusion in 'Social' Distancing: Leaving No Migrants Behind](#), explores the risks of social exclusion caused by inequities faced by different migrant households and groups (i.e. women, children, persons with disabilities, LGBTIQ+) in the COVID-19 response, and showcases best field practices and assessment reports for developing a more differentiated, appropriate, and migrant-friendly response to the pandemic. The [COVID-19 Resource Bank on Ensuring Migrant Inclusion & Social Cohesion](#), also complements the Digest, by offering an easily accessible and issue-based repository of tools for the reformulation of existing projects, programmes and communication materials to support operational and policy responses.

Information Sharing and Communications

[IOM's COVID-19 Analytical Snapshots](#) summarize the latest research, information and analysis covering migration and mobility related impacts of Covid-19 from around the world. These 2-3 page research highlights are an accessible tool that enable readers to quickly grasp the implications of the pandemic. New snapshots include: “returning migrants”, “international students”, “human rights impacts throughout the migration cycle” and “global talent mobility”. Snapshots are available in [English](#), [Spanish](#), [French](#) and [Arabic](#).



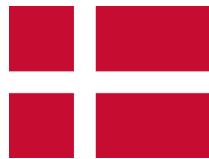
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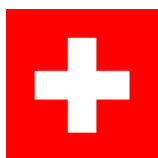
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and internal funds

CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71