

11,874,226

Confirmed cases in more than 200 countries, territories or areas¹

545,481

Deaths

69,758

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

1,353

IOM movements cancelled

\$168M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²



IOM volunteers use megaphones to disseminate key COVID-19, hygiene best practice and mental health and psychosocial support messages to those facing increased mobility restrictions in the Rohingya settlements. © IOM 2020



New funds: \$121 M; Reprogrammed funds: \$47 M.

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the disease known as 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 10 July, close to 11.9 million confirmed cases and over 545,000 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.

The impact of COVID-19 on global mobility remain disparately applied with mobility restrictions to limit the spread of the disease tightening in some areas, while simultaneously loosening in others. As of 9 July 2020, a total of 220 countries, territories or areas have issued 69,758 travel restrictions, indicating a decrease of two per cent from 71,372 restrictions recorded on 2 July. However, while there has been an increase of nine per cent in medical restrictions, there has been a simultaneous 100 per cent decrease in restrictions based solely on nationality and a decrease of eight per cent in the restrictions on passengers arriving from specific countries, territories or

areas. In parallel to existing travel restrictions, a total of 181 countries, territories or areas have issued exceptions enabling mobility despite blanket travel restrictions. Between 2 - 9 July, 22 countries, territories or areas have issued 49 new exceptions whilst 24 countries, territories or areas have removed 62 exceptions on mobility.

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 services. 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 it 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/>.

²The decrease in funding compared to last week is due to removing the [USD 25 million CERF contribution](#) which is towards NGOs rather than IOM's appeal. See [Global Crisis Response Platform](#) for more information.

SNAPSHOT OF IOM RESPONSE

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 Libya** is supporting four primary health care centres (Alawaineya, 17 February Centre, Shouhada Abduljalel and Alsiraj) with medicines, medical consumables, and risk communication materials on COVID-19. During the reporting period, a total of 234 internally displaced persons (IDPs) were provided with primary care medical consultations.
- At IOM-supported primary health care facilities in **Cox's Bazar, Bangladesh**, 11,266 consultations were carried out, 53 babies were delivered, and 20 patients were provided with emergency referral support to secondary and tertiary care outside of the camps. Construction, procurement, and recruitment are ongoing to scale up the capacity of the Leda isolation and treatment centre (ITC) to 100 beds within the next month. Camp-based health facilities received essential items and medicines, and the recruitment and training of medical staff to strengthen health teams' capacity to respond to COVID-19 continue.
- In **Indonesia**, approximately 7,800 refugees and asylum seekers are under IOM care. IOM health teams have supported more than 150 refugees who have or are at risk of contracting COVID-19 due to close contact with a confirmed case, history of travelling, or staying in an area with known local transmission.
- **IOM Myanmar** supports COVID-19 patients hospitalized in Maungdaw and Buthidaung hospitals with per diem, food, hygiene kits and transportation support. The country office is also supporting the renovation and installation of an isolation ward in Myawaddy Hospital (Kayin State).
- Major distributions are underway to support vulnerable people in the Americas. In **Brazil**, IOM delivered 1.5 tons of food for 250 stranded migrants at the borders with Peru and Bolivia. In **Colombia**, 10,414 non-food items (NFI) kits were delivered for migrants and host communities in nine different provinces, while a second tranche of food items and hygiene kits were delivered to 380 refugees and migrants from Venezuela in Chile.

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.

- **IOM Philippines** provided remote technical assistance and mentoring for camp managers at 17 sites in North Cotabato on the COVID-19 Operational Guidance. The country office also provided technical assistance to government officials on new transitory and relocation sites in Kidapawan, giving due consideration to distancing and point of entry (PoE) checks.
- IOM's camp management teams in **Somalia** are working with women's groups for the installation of handwashing stations, development of awareness raising materials and distribution of cleaning materials.
- In **South Sudan**, Camp Management teams in Wau mobilized and trained 36 women, including 14 women living with disabilities, to produce washable and reusable masks as part of COVID-19 preparedness and response.
- **IOM Bangladesh's** shelter team in Cox's Bazar is coordinating with religious leaders in the camps to identify elderly persons for NFI support, aiming to provide greater protection to vulnerable individuals by limiting their risk of exposure. A total of 15,151 eligible beneficiaries have been identified and over 1,560 individuals have received support so far.

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 **Nigeria**, mental health and psychosocial support (MHPSS) teams continue to engage project participants and host community members in positive coping activities, including tips on how to manage stress during lockdowns or movement restrictions. COVID-19-related messaging and sensitization are integrated into all MHPSS interventions, including psychological first aid, GBV case referrals, GBV sensitization, informal education and counter-trafficking sensitization.
- **IOM in Belize and El Salvador** organized their first humanitarian charter flight carrying 32 stranded Salvadorans nationals to El Salvador; the flight returned to Belize with 13 Belizeans. The groups had been waiting in Belize and El Salvador for almost four months due to COVID-19-related border and airport closures. IOM staff in both countries, prior to repatriation, provided humanitarian assistance

to the groups which included medical assistance, psychosocial support prior to departure, lodging, food, hygiene kits and protective products for COVID-19 (masks, face shields and hand sanitizer).

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 Malaysia**, in partnership with national NGOs, is providing food aid and hygiene supplies for approximately 208 migrant households – including children, the elderly and pregnant women – living on the outskirts of Kuala Lumpur. Many of these migrants come from Afghanistan, Bangladesh, Cambodia, India, Indonesia, Nepal, Pakistan, Philippines, Myanmar and Sri Lanka and have been left without jobs and income due to the COVID-19 pandemic. Additionally, IOM is providing food aid and hygiene items to 40 vulnerable migrant workers in Kuala Lumpur who are without work and income due to the COVID-19 movement control order.
- **IOM Viet Nam** is conducting a rapid assessment on the socioeconomic impact of COVID-19 on returnee migrant workers in Nghe An Province. The exercise gathers information regarding returnees' experiences before, during and after migration, and identifies the impacts, as well as specific social protection needs of returnee migrant workers and their households.
- In **Guinea**, reintegration projects impacted by the COVID-19 crisis are being technically and economically supported. For example, Economic Interest Groups (EIG) have received business-crisis management trainings to mitigate the economic impact on their ongoing activities. Through their training efforts, the soap production EIG in Tamagaly was able to reorient their product from the local market to a consortium of small associations to help bridge gaps in sales.
- To mark International Day of Family Remittances, **IOM Nepal** authored an op-ed for The Himalayan Times and My Republica. Testimonies from returnee migrants successfully running small-scale businesses were collected and shared through social media to celebrate the use of remittances. The country office also organized a webinar on "Impacts of COVID-19 on remittances and Nepali economy," and aired a related radio programme that discussed possible alternatives for remittance-receiving Nepali households. IOM is also screening returnee migrants to determine their need for financial support and is undertaking a Return Intention Survey of Nepali migrant workers planning to return to Nepal.

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.

- In **Guinea**, IOM is supporting the organization of weekly meetings of the technical Points of Entry pillar as well as cross-border collaboration in the context of COVID-19 at the national and sub-national levels, with the aim of preparing for the reopening of international borders.
- IOM is partnering with authorities in **the Democratic Republic of Congo and Rwanda** to build the capacity of 15 cross-border trader associations on COVID-19 risk communication and community engagement (RCCE), reaching over 1,800 people, including truck drivers.

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 PoEs and other key locations of internal mobility. The latest IOM COVID -19 Impact on Points of Entry Weekly Analysis can be accessed [here](#) and IOM COVID-19 Impact on Key Locations of Internal Mobility 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 **Niger**, IOM is monitoring migration flows at seven flow monitoring points (FMPs) around the country and analysing how these have been impacted by COVID-19. Between 1 and 31 May, on average, 1,355 individuals were observed crossing FMPs daily. Nationals from Niger and Nigeria accounted for 96 per cent of all the migrants recorded at the FMPs. Seasonal migration (38 per cent of the flows), short-term movements (37 per cent) and economic migration, including but not limited to long-term migration of more than six months (24 per cent) were the primary reasons for movements reported.
- In **Nigeria**, IOM, in collaboration with the WHO and the state Ministry of Health, have been conducting

monitoring of individuals moving into Nigeria's conflict-affected north-eastern states of Adamawa and Borno. Between 1 and 30 June, 766 movements were observed at 45 PoEs in Adamawa and Borno states. Of the 264 total incoming movements recorded at 17 PoEs, 251 were incoming from Cameroon (211 from Extreme-Nord, 34 from Nord, 6 from Centre), and 13 from N'Djamena in Chad. Information was collected to better understand migrants' points of departure, intended destinations, vulnerabilities, reasons for moving and modes of transport. Additional questions concerning the COVID-19 pandemic were asked to determine if travellers were exhibiting any symptoms of COVID-19 or if they had come into contact with anyone who had exhibited such symptoms.

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

- In [Chad](#), IOM's Emergency Tracking Tool tracked a total of 69 individuals (63 Chadian and six Nigerian nationals) deported from Libya and placed in quarantine in the town of Ounianga Kébir (Ennedi-Ouest Province) on 5 July 2020. In total, 90 individuals are currently in quarantine at Ounianga Kebir, in accordance with the measures taken by the Chadian authorities to prevent and contain the spread of COVID-19.
- In [Iraq](#), between 27 June and 3 July, IOM tracked 2,182 individuals (364 families) returning to Sinjar and Al-Ba'aj districts in Neneva Governorate. This brings the total number of individuals that have returned to these districts to 6,059 (1,010 families) since data collection commenced on 8 June. Reasons for return to Sinjar included: improvements in the security situation, rehabilitation of public infrastructure, clearing of mines or improvised explosive devices and the movement restrictions put in place as a result of COVID-19.
- In [Mozambique](#), between 15 and 21 June, IOM conducted an assessment of the impact of COVID-19 and the government's preventative measures on the communities living in four provinces (Manica, Sofala, Tete and Zambezia) of central Mozambique. The resulting report provides an overview on the status of public awareness, health care provision, access to services, movement restrictions and the overall impact of the COVID-19 pandemic on employment and businesses across central Mozambique.

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 [Cox's Bazar, Bangladesh](#), IOM arranged for community members to visit an ITC to improve community perceptions of ITCs. The visits were open to imams, mahjjs, para-development committee members, youth, women's committee members, persons living with disabilities, selected individuals from at-risk groups and representatives from key community-based groups, such as the Rohingya Women's Education Initiative. Furthermore, WASH staff completed 39,310 door-to-door awareness-raising visits for a total of 143,691 beneficiaries, and IOM-trained disaster risk reduction teams disseminated key COVID-19 messages to 17,266 individuals in the camps and neighbouring host communities of Cox's Bazar.
- In [DR Congo](#), IOM organized a training for 14 leaders, including four women, of community networks from around the Ruzizi I and Ruzizi II PoEs (South Kivu Province) to enable them to lead community dialogues on COVID-19. On 4 July, IOM organized the first cluster of dialogues led by the community network leaders, which took place around PoEs in Bukavu and Ruzizi. Approximately 3,000 beneficiaries were reached, of whom 90 per cent were women. The dialogues informed the beneficiaries of false beliefs regarding COVID-19 contamination and prevention measures and shared best practices on the subject.
- In [Myanmar](#), health staff continued delivering health-care messages with loudspeakers on cars in Pauktaw Township (Rakhine State) and Maungdaw Township (Northern Rakhine State) with support from IOM.
- In [Libya](#), health awareness sessions were carried out for 33 migrants and COVID-19 information materials (1000 flyers and 100 posters) were distributed.
- [IOM Mexico](#) has supplied 60 TV screens to 51 shelters in northern cities and arranged internet access for 29 of them. These will be used to present public service announcements related to health, hygiene, and self-preservation, as well as broadcast live presentations focused on psychosocial support and socioeconomic integration with an approach to the current situation.
- In [Senegal](#), IOM produced a [video](#) for children, a [photo series](#) and [GIFs](#) to raise awareness about COVID-19 prevention measures. Street art sessions to build community resilience took place on 4, 5 and 6 June in Senegal and Guinea Bissau, following a 10-day online exhibition.

- In **Sierra Leone**, IOM supported returned migrants to produce a [video](#) encouraging their peers to adopt COVID-19 prevention measures.
- **IOM Somalia** has reached over 22,000 people living in IDP sites with COVID-19 awareness messages. Over 5,000 more people were reached with information through IOM-supported clinics.
- **IOM South Sudan** has reached nearly 4,000 people with key messages MHPSS, and an additional 7,000 were reached with COVID-19-related behavioural change communication activities. IOM and the RCCE Technical Working Group partners continue to work on [rumour tracking](#).
- **IOM Philippines** provided the Overseas Workers Welfare Administration (OWWA) with two buses to transport returning overseas Filipinos and provided the Philippines Coast Guard (PCG) with 18 vans to transport COVID-19 testing teams to quarantine facilities. Protective equipment was also provided to OWWA and PCG for frontline workers at ports and quarantine facilities.
- In **Guinea**, IOM is helping to organize weekly meetings of the technical pillar of PoE and cross-border collaboration in the context of COVID-19 at the national and sub-national levels, with the aim of preparing for the reopening of borders.
- **IOM Senegal** recently trained 491 agents (community relays and law enforcement officials) on detection, notification and preventive measures on COVID-19, provision of equipment for health screening, and assessment of public health capacities and needs at 22 land PoEs. IOM also supported the broadcasting of radio programmes on COVID-19 in two regions of the country.

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, through mobilizing its broad range of expertise in migration management and emergency operations.

- In **Italy**, a team of cultural mediators deployed at the airport of Milan Malpensa has been supporting the national authorities in providing quarantine information to more than 2,000 extra-Schengen incoming flight passengers and also assisting them in filling domicile self-declarations. As an entry requirement to the country, all travellers arriving from extra-Schengen areas currently have to quarantine for 14 days.
- **IOM Bangladesh** is prioritizing the refurbishment of the Dhaka Cantonment railway station with the construction of two screening booths and an isolation room after members of the PoE Task Force and PoE authorities highlighted an urgent need for quick screening processes for returning passengers who are identified as particularly vulnerable due to pre-existing medical conditions.
- **IOM Micronesia** and WHO are working with the Government and other national partners to assess the preparedness of airports to receive passengers. As part of this exercise, the organizations arranged a plane landing simulation with passengers in Pohnpei in order to better analyse new processes and prevent COVID-19 transmission. IOM also participated in an SOP development workshop for passenger-processing at the airport and printed information, education and communication materials to display at the airport.
- **IOM Nepal** supports the Government in managing quarantine centres at PoEs, including with distributions of NFIs. IOM is also providing returnee migrants with an allowance for travel from quarantine centres to their villages. IOM is expecting to reach 9,500 vulnerable migrants and 1,000 quarantine and management committee members with NFIs and other forms of support over a six-month period.
- **IOM Burundi** and the Commissariat General des Migration (CGM) have organized dialogues between the community and security personnel to improve community engagement in the fight against COVID-19 and transnational crime, including smuggling of migrants and trafficking in persons. IOM is also partnering with the CGM to start the rehabilitation of waiting areas at PoEs as part of COVID-19 prevention efforts. The Ministry of Health has approved an operational plan for the installation of screening facilities between hotspots and COVID-19-free zones.
- In **Mozambique**, 10 new handwashing stations were installed at Machipanda border post between Mozambique and Zimbabwe to improve infection prevention and control (IPC) measures, particularly for truck drivers. IOM has also positioned staff to conduct risk communication for truck drivers who cross at Machipanda border post as well as Ressano Garcia border post with South Africa. A total number of 3,660 and 7,500 truck drivers were reached with key COVID-19 messages in local languages at Machipanda and Ressano Garcia respectively.
- **IOM Libya** medical teams supported national staff at Misurata Airport by providing medical check-ups and COVID-19 screenings to all passengers returning to Libya. A total of 734 travellers were screened with temperature checks and general condition assessments, and samples for COVID-19 testing were collected. Health awareness sessions were also organized for travellers at the airport.
- In **Ghana**, the first PoE Rapid Assessment Dashboard was published presenting information on the operational status and public health measures in place at 48 PoEs across the country. The purpose of this assessment is to help national authorities,

UN agencies, civil society organizations and other key stakeholders develop adequate pandemic preparedness and response interventions at PoEs.

- In **Cameroon**, a three-day training was delivered to 60 participants in the eastern city of Bertoua, co-organised by IOM and the Ministry of Health, for effective COVID-19 IPC at two targeted PoEs (Garoua-Boulai and Kentzou) along the border with the Central African Republic. In addition, much-needed screening and referral equipment and infrastructure were donated for these PoEs, including masks, gloves, thermometers, and screening tents.
- Over 4,360 travellers were screened for COVID-19 by **IOM South Sudan**. IOM continues to mobilize resources to establish additional screening sites for integrated services at Juba International Airport and in other areas.

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.

- In **Nairobi, Kenya**, COVID-19 testing continues to be performed by IOM with more than 160 migrants and UN staff tested to date.
- Testing supplies have been delivered to **Nigeria** for the Abuja and Lagos IOM laboratories and testing is due to start in the coming week.
- IOM seconded a laboratory technologist to UNSOS (United Nations Support Office for the African Union Mission to Somalia, AMISOM) to set up a conventional COVID-19 PCR testing laboratory in **Mogadishu, Somalia**. Two IOM laboratory staff deployed from Nairobi will run this laboratory, set to open at the end of July, for an initial three-month period with a possibility of extension to six months.
- In **Bujumbura, IOM Burundi**, in collaboration with WHO, is preparing a facility for conventional PCR implementation. The mission is also working with UNHCR to provide COVID-19 testing for returnees from Tanzania under the “VolRep project”.
- **IOM in Niger** has set up a partnership with the national laboratory CERMES to strengthen its capacities, including the testing of migrants before they return to their countries of origin.
- **IOM Bangladesh** is collecting samples for COVID-19 testing from four primary health care facilities for laboratory testing of suspected and acute respiratory infection cases. In the past two weeks, 86 samples have been collected and transported to laboratories. Laboratory staff working at IOM-run ITCs attended a training on biosafety and IPC during COVID-19 sample collection and transportation.

- Testing booths supported by **IOM Myanmar** have played a crucial role in collecting swabs in Kachin State and have allowed an increase in testing of suspected COVID-19 patients.

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 **Nigeria**, IOM installed 10 handwashing stations in camps in Dikwa, Borno State, bringing the total number of handwashing stations installed under the COVID-19 response to 321. In addition, 13.3 million litres of clean water were supplied from 60 solar boreholes and 25 handpumps for people living in 41 camps across Borno State.
- **IOM in Ghana** donated personal protective equipment (PPE) to the government-run Prampram quarantine centre, in the Greater Accra region, to support the facility in delivering services to returning migrants in a safe manner, and to ensure that returnees can protect themselves and others once they leave the centre. Furthermore, capacity-building was offered to the 72 staff of the quarantine centre to enable them to identify psychosocial needs of returning migrants, offer psychological first aid (PFA) and refer the most serious cases for help.
- In **Cox's Bazar, Bangladesh**, IOM has started to construct temperature screening points (TSPs) in Camps 22, 24 and 25; TSPs are already operational in Camps 19 and 14. 15,490 washable face masks were distributed in Camps 8E, 8W, and 16 together with awareness messaging on utilization and cleaning. In Camps 9, 10, 13, and 24, approximately 9,100 beneficiaries received household handwashing kits to reduce the need to visit communal facilities or handwashing points.



IOM conducts health promotion and immunization activities in Brazil. © IOM 2020

- **IOM Indonesia** is providing refugees and asylum seekers with tools and materials to produce cloth masks as a means of utilizing their tailoring and sewing skills and contributing to IPC efforts. Close to 6,690 cloth masks have been distributed among refugees, asylum seekers, and surrounding host communities in Medan, Pekanbaru, Semarang, Batam, Tanjungpinang and Kupang.
- In **Chuuk, Micronesia**, IOM delivered five portable handwashing stations to communities in the Lower Mortlocks and 11 portable handwashing stations within the Chuuk lagoon. IOM in Pohnpei installed a handwashing station at the dispensary in Sokehs.
- **IOM Somalia** has reached 30,000 people with hygiene promotion activities and established 10 handwashing points. Over 300 households in one area have been provided with soap and hygiene kits.
- In **South Sudan**, IOM supported programme beneficiaries in producing 32,954 reusable masks.

OPERATIONAL UPDATES

Operational Challenges

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis, although some limited resettlement movements have resumed. Of departures scheduled for between 11 February and 31 July, 1,353 movements have been cancelled, affecting 11,486 individuals, the majority of whom are resettlement cases.

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 3 July, 31 per cent of IOM's migration health assessment sites remain temporarily closed, though 19 per cent of MHACs are offering essential services to migrants and refugees with significant medical conditions. In addition, as some travel restrictions are being lifted, more are gradually reopening to deliver services (50 per cent as of 3 July).

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 3 July, 128 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 28 HAP sites have been 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.



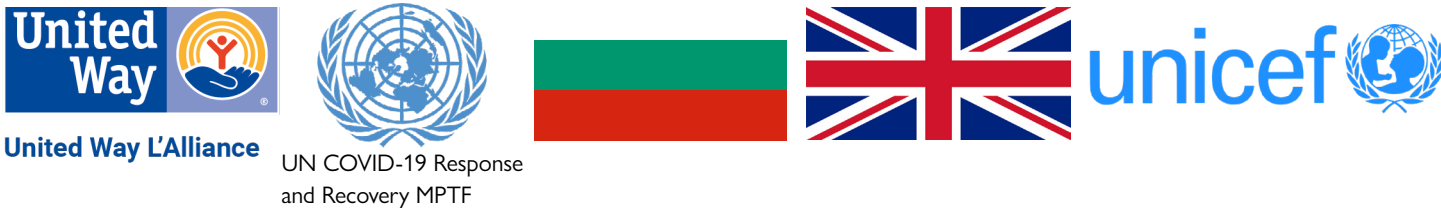
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As part of a livelihoods project, migrant beneficiaries in Bangladesh produce cloth-made washable masks for distribution to those providing essential services to the public during COVID-19. © IOM 2020

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