

22,256,220

Confirmed cases in more than 200 countries, territories or areas¹

782,456

Deaths

83,694

Restrictions on mobility have been adopted by 219 countries, territories or areas

1,381

IOM movements cancelled

\$242 M

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



IOM Mobile Medical doctor provides emergency health assistance to an ill Ethiopian migrant stranded in Lahj Yemen. © IOM 2020



New funds: \$188 M; Reprogrammed funds: \$54 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 21 August, over to 22.2 million confirmed cases and some 782,500 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.

With the number of COVID-19 cases growing, human mobility and migration remains limited with new restrictions once again on the rise. As of 17 August 2020, a total of 219 countries, territories or areas have issued 83,694 travel restrictions indicating an increase of 4 per cent from 80,884 travel restrictions reported on 6 August 2020. There has been an increase of 7 per cent in medical restrictions and a 9 per cent increase in other limitations. In parallel to existing travel restrictions, a total of 174 countries, territories or areas have issued 703 exceptions

enabling mobility despite blanket travel restrictions. Between 6 and 17 August 2020, 15 countries, territories or areas issued 45 new exceptions whilst 9 countries, territories or areas removed 17 exceptions.

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/>.

²Funding received excludes 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

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 **Yemen**, IOM, through an implementing partner, is scaling-up the manufacturing of personal protective equipment (PPE) and COVID-19 awareness raising activities in affected communities. In the coming weeks, IOM aims to carrying out livelihood assessments across Marib, Hadramaut, Aden, Lahj, and Taizz governorates, to inform cash-for-work and livelihood interventions.
- In the framework of **IOM Chile's** engagement with the country's private sector, on 31 July, the mission launched the collaborative network "Four Winds" (Cuatro Vientos) with the Gender Equality Diversity and Inclusion Network (RED EG) and two other partners with the overall goal of facilitating socioeconomic integration of migrant communities affected by the pandemic. This initiative aims to support 250 families in three regions. As an initial step the Network will collect around USD 50,000 from companies and individuals, to assist migrant families affected by the social crisis and COVID-19 with food and health security.
- In **Mauritania**, IOM launched a survey on the socioeconomic impact of the COVID-19 crisis throughout the duration of five months, and the current situation of migrant communities. This survey will be used to assess the needs of communities and collect feedback for current and prospective assistance programmes and activities related to COVID-19. On August 4, IOM alongside the Mauritanian government, Save the Children, and UNICEF have [recently inaugurated](#) the rehabilitated Centres for the Social Protection and Integration of Children (CPISE) of Nouakchott and Nouadhibou. The CPISEs will provide shelter and protection for children in vulnerable situations including unaccompanied and separated migrant children.
- Under the slogan "Heroes of the Lockdown" (Heroes de la Cuarentena), **IOM Peru** is participating in a campaign to raise money for vulnerable families in Trujillo in which individuals can donate PEN 60 (approximately USD 17) to support these families and IOM will make a matching donation to double their impact.
- **IOM Cameroon** worked with the UN Economic Commission for Africa to develop a programme

of assistance to alleviate the socioeconomic impact of COVID-19 on remittances in Cameroon. The proposed programme includes short-term interventions such as income generating activities, as well as longer term strategies concerning money and resource management workshops, and the setting up of a technical action group on remittances with the government, the public sector, NGOs, the private sector, and other stakeholders.

- **IOM Bangladesh** assisted the Information and Communication Technology (ICT) Division of Bangladesh's Ministry of Communications and Information Technology to support the formulation of a post-COVID ICT Roadmap that focuses on service delivery through digital platforms and business creation at the local level.

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 **Egypt**, IOM contributed to a study that explored population knowledge, attitudes, and practices related to COVID-19. The study was conducted alongside the Ministry of Public Health, WHO, and other UN agencies. IOM's engagement ensured that relevant data was collected to adapt the COVID-19 response to migrants' needs.
- In **Mauritania**, IOM is leading the Points-of-Entry (PoE) pillar and coordinates with more than 10 partners contributing to this specific area of intervention. Efforts include organizing trainings for the benefit of security forces deployed at PoEs, as well as border community engagement in COVID-19 prevention measures and referrals to epidemiologists.
- The **IOM MENA Regional Office** and the World Health Organization (WHO) Eastern Mediterranean Regional Office issued a [joint statement](#) to ensure the safety and health of migrants and displaced populations in the context of COVID-19. The statement emphasized that universal health coverage needs to include all migrants and displaced persons, regardless of their legal status, to effectively tackle COVID-19 and other public health threats. They also appealed to governments to create the necessary conditions for migrants and returnees to be able to seek health care without fear of legal repercussion.

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 impacted by local restrictions on mobility. 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. As of 8 August 2020, IOM has assessed 3,835 PoEs (including 936 airports, 2,302 land border crossing points and 597 blue border crossing points) in 173 countries, territories, and areas and 1,503 other key locations of internal mobility (internal transit points, areas of interest, and sites with populations of interest) in 135 countries, territories and areas. Of the total number of locations of internal mobility assessed, 383 were internal transit points, and 1,120 comprised 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, medical certificate requirements, and other measures limiting mobility. These restrictions impact populations including regular travellers, nationals, irregular migrants, returnees, migrants, IDPs, and refugees. 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 **Burkina Faso**, since April 2020, IOM has been carrying out cross-border mobility monitoring in relation to the closure of borders by the Government in response to the COVID-19 pandemic. Between 20 and 26 July, through its Event Tracking Tool IOM observed 2,716 individuals bypassing official checkpoints at the borders with Côte d'Ivoire, Mali, and Niger risking potentially bypassing any COVID-19 protection measures in place.
- In **Chad**, through its Flow Monitoring activities, IOM has registered a significant drop in the average daily number of travellers observed at the Flow Monitoring Points (FMPs) of Faya, Zouarké (since April 2020) and Ounianga Kébir, in northern Chad, due to imposed travel restrictions and bans put in place to contain and limit the spread of COVID-19. From February to May 2020, this number went from 812 to 337, decreasing by 58 per cent and reversing the upward trend in population flows observed since December 2019 (which was due to both an upturn in the gold-mining activity in the site of Miski, and increasing flows of gold miners returning to their localities of origin at the request of authorities). However, following the easing of certain restrictive measures, and notably

the end of the ban on movements between the capitals of provinces and other localities, has led to an increase in flows in June 2020 (94 per cent increase in comparison with April-May figures).

- IOM has released its fifth report analysing the impact of COVID-19 on migration **along the Eastern Corridor**. The report provides a snapshot on mobility restrictions and current migration trends along this migration route, in addition to providing an analysis of the impact that movement restrictions have had in Djibouti, Ethiopia, Somalia, and Yemen. Moreover, it provides information on the main protection concerns for migrants, assistance provided and COVID-19 risk mitigation measures.
- In **Somalia**, between 9 and 15 August 2020, a total of 3,195 movements were observed across 7 FMPs, of which 66 per cent were incoming flows and 34 per cent were outgoing flows. During the reporting period, 41 per cent of migrants reported not being aware of COVID-19. In response, IOM conducted awareness raising sessions.

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

- In **Djibouti**, following border closures in Ethiopia and stricter border management policies in Yemen in part due to COVID-19, some migrants transiting through Djibouti on their way to or from the Arabian Peninsula have found themselves stranded in country. IOM is monitoring migrant sites across the country. As of 13 August, 843 stranded Ethiopian migrants have been identified across 20 sites, identifying their immediate needs of water, food, hygiene kits and NFIs.
- IOM, in partnership with the Direction Nationale du Développement Social (DNDS) in **Mali**, is preparing a COVID-19 impact assessment on IDPs. The exercise will contribute to a better understanding of the various socioeconomic impacts COVID-19 has so far had on displaced populations in Mali. Indicators looking at remittances, access to income generating activities, social cohesion have been added to this exercise.

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 **Lesotho**, two health information sessions were held for 19 adolescent and young people to discuss and dispel myths about COVID-19. Young people gathered to discuss ways to protect one another from the virus. Proper mask wearing and handwashing were demonstrated.
- The **IOM Mozambique** health team trained 67 community leaders to conduct COVID-19 awareness at five resettlement sites in Chibabava district. In central Mozambique 176 people (105 women) in resettlement sites in Dondo, Nhamatanda and Buzi districts were reached with health education and counselling health services on COVID-19, hypertension and diabetes.
- In **Zimbabwe**, IOM set up 10 billboards in five POEs (Chirundu, Nyampanda, Plumtree, Beitbridge, and Forbes) and key migrant areas (Bulawayo and Mutare city) for dissemination of COVID-19 prevention and safe migration messages.
- In **The Gambia**, the second phase of the border community engagement initiatives reached 663 community leaders in 58 communities. In addition, 21 community action plans (CAPs) were developed. In addition, a nationwide broadcast of a myth-busting video by migrant volunteers was launched on 7 TV stations, 8 radio stations and 10 community radios. The videos and other content developed by returnees are available in [English](#), [Fula](#), [Madinka](#) and [Wolof](#) language.
- In **Liberia**, returnees participated in the “Mask Challenge” to raise awareness through two videos ([part 2](#) and [part 3](#)) on COVID-19 preventive measures. Returnees also shared recorded videos showcasing their future aspirations. Videos [here](#) and [here](#).
- **IOM Haiti** is reinforcing its support to the border communities by delivering sensitization activities with the Sanitary Office of the Center and West departments. Community engagement is ongoing with the production of a second mural to disseminate information on preventive measures related to COVID 19.

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 Mozambique** continues its support to Ministry of Health’s surveillance activities, through health screening and awareness raising of Mozambican migrant workers who continue to return from South Africa to southern provinces, through its network of community health workers and workers associations. Since early April, IOM community health workers

called over 10,700 migrants, and spoke with 52,500 family members.

- In **Cameroon**, IOM is planning a participatory mobility mapping exercise for the East region of the country on 25 August. In partnership with the Ministry of Health, this collective exercise will allow to map and prioritize locations of intervention for COVID-19 response and enhance preparedness for future health crises.
- In **Ethiopia**, 1,830 returnee migrants are currently completing their mandatory quarantine in 34 IOM-supported facilities across the country. IOM has screened 2,601 persons for COVID-19 in quarantine facilities and government health posts.

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 **Libya**, IOM medical teams supported the national disease control staff at Misurata Airport by providing medical screenings to all passengers returning to Libya. A total of 62 travellers had their temperatures checked, and samples for COVID-19 PCR tests were collected. The medical team supported the migrants rescued at sea at different disembarkation points and screened 389 migrants for health issues, including COVID-19. During the screening, 57 migrants were provided with specific medical consultations.
- In the **Democratic Republic of the Congo (DRC)**, following the reopening of international borders on 15 August, IOM visited the international airport in Kinshasa, Ndjili, to assess the readiness of the PoE. Procedures and solutions were discussed to improve the quality of the screening activities. Additionally, IOM provided COVID-19 prevention and detection materials to the hygiene-at-borders national programme for use at the airport. The materials included: 800 masks and 200 pair of gloves as personal protection equipment (PPE) for the frontline workers; as well as 96 digital thermometers, liquid soap, disinfecting gel, and seven 500 litre water tanks to facilitate screening and handwashing at the airport.
- In **Mozambique**, IOM social mobilizers in Machipanda, the border post with Zimbabwe, reached out to nearly 2,000 truck drivers crossing the border with COVID-19 risk communication messages. Since early June, over 12,000 truck drivers, crossing through Ressano Garcia or Machipanda borders, were reached with prevention messages in local languages, with a focus on practical tips for handwashing and physical distancing during their stay in the country.

- In **Mauritania**, IOM supported the Government in improving the preparedness of entry points: approximately 77 per cent of all active entry points have been assisted and are able to be part of the national response. Assistance consisted in the implementation of health and safety measures, the provision of a local quarantine system and an isolation zone, the training of personnel, screening services to be carried out by health personnel, availing an ambulance, PPE provision, and the development of health-care coverage procedures.
- **IOM Cameroon** conducted a mission to the Far-North region to assess the preparedness and response capacities of two PoEs for effective screening and referral of suspected COVID-19 cases, as well as assess infrastructure/equipment needs such as screening tents, masks and hand washing stations. Based on this mission, a training on effective infection prevention and control (IPC) measures will take place for approximately 25 border officials and ministry representatives, all in partnership with the Ministry of Health.
- In **Guinea-Bissau**, IOM finalized the construction of temporary isolation structures in the Burumtuma, Pirada, Cuntabane and Bubaque PoEs in the regions of Gabu, Tombali, Bolama Bijagos. In addition, 3,306 reusable locally produced masks were distributed to the Regional Directorate of Migration and Borders for all border officials deployed at PoEs in the country. IOM also supported national authorities with the creation of a roadmap for the reopening of the land and air borders.
- **IOM Burundi** has finalized plans for COVID-19 PoE capacity assessment for Burundi's borders with the Democratic Republic of Congo and Rwanda. IOM, the Ministry of Health and airport authorities visited Melchior Ndadaye International Airport in Bujumbura to assess the state of preparedness for a COVID-19 response before the airport can reopen.
- **IOM Kenya** is providing PPE, including masks, gloves, disposable surgical gowns and sanitizers to frontline officers at the Jomo Kenyatta International Airport and at 27 other PoEs in the country.
- **IOM South Sudan** is continuing with COVID-19 screening, IPC/WASH and RCCE activities at three PoEs including Juba International Airport, Wau Airport and Nimule Ground Crossing. Over 260,000 travellers have been screened for COVID-19 at these sites since February.
- In **Sudan**, IOM conducted a joint needs assessment mission in Red Sea State in coordination with the Federal Ministry of Health and WHO. The assessment aimed to evaluate Port Sudan Airport and Sawakin Sea Port for COVID-19 mitigation measures. Additionally, a training was conducted, and PPEs were distributed for staff at the 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.

- In the **Dominican Republic**, IOM, together with the Pan-American Health Organization and the Ministry of Public Health, carried out a COVID-19 seroprevalence survey of the migrant population. Some 400 rapid samples were taken.
- In **Yemen**, using GeneXpert technology in Aden and Marib, IOM will provide test kits and trainings for laboratory staff in Aden and aims to establish a new laboratory in Marib where there is currently no testing capacity. In the meantime, IOM has deployed 500 tests to support frontline workers in Aden, and the procurement of 10,000 tests is ongoing for Marib.

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 **DR Congo**, IOM has been distributing handwashing kits and soap adequate for three months per person in the 59 displacement sites managed by IOM in eastern DRC.
- Between 1 and 15 August, **IOM Haiti** distributed 449 kits that included soap and masks in the north-eastern department of Haiti, Ouanaminthe.
- In **South Sudan**, IOM continues to support the provision of WASH services with the 18 handwashing stations that IOM has installed benefitting more than 38,800 individuals. In addition, IOM distributed WASH items in Magwi to 116 households, and distributed dignity kits in Magwi and Wau, to 642 women and girls. Finally, close to 7,200 reusable masks were produced by IOM project beneficiaries.
- In **Bangladesh**, to prevent infections, 400 boxes of gloves and 500 bottles of hand sanitizer were distributed to IOM-supported health facilities.

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 **Nicaragua**, IOM contributed to a second donation of case management supplies to the Ministry of Health, in partnership with the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA), and the Pan-American Health Organization (PAHO/WHO). The delivery included 274 tracheal suction equipment to be used in intensive care units for the care of COVID-19 patients. In addition, through the NGO Global Links, beds were delivered for ICU wards as well as hospital stretchers.
- **IOM Libya**, through its support to four primary health care centres, delivered medical consultations for 487 IDPs and supported these centres with medicines, medical consumables, and information materials on COVID-19.

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 Bahamas** led an online CCCM training for 48 government officials in preparation for the hurricane season. This training integrated COVID-19 mitigation and response measures into the standard CCCM training package.
- In **South Sudan**, Protection of Civilian (PoC) camp management teams continue to adopt COVID-19 approaches to deliver CCCM functions by chairing virtual bi-weekly and monthly PoC coordination meetings with sector partners and camp authorities to address needs, identify gaps in service delivery, and ensure timely and relevant information sharing with the humanitarian community amidst the COVID-19 response.
- In **Yemen**, IOM continued to lead an integrated response in Marib to address the needs of newly displaced households, while coordinating multi-sectorial partner support targeting more than 10,000 displaced families. In coordination with IOM's WASH teams, RCCE and IPC activities have been scaled up in IDP hosting sites, and IOM is working with CCCM partners to map out available health and basic services to inform site level interventions. To identify persons at high risk, 16,376 IDP households were surveyed across 28 IOM-supported IDP hosting sites in Marib. IDPs (90 women) are being supported through trainings and assistance to weave 31,500 masks for IDPs, and IOM is launching community shielding activities that will include providing displaced families with 800 infection prevention and control (IPC) kits, starting with Marib.

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.

- **IOM Ethiopia** facilitated and supported the Mental Health and Psychosocial Support (MHPSS) team with data collection and awareness raising sessions on mental health at the youth centre and water office sites in Deder.
- In **central Mozambique**, the IOM MHPSS team reached 267 people with mental health psychoeducation and counselling health services on stress management in the face of the COVID-19 pandemic, and on epilepsy, depression, and GBV.
- In **Libya**, the MHPSS team joined the IOM outreach mobile clinic in Janzour and offered group counselling on COVID-19 and "coping with stress" to migrants from Niger and Sudan.
- In **Cox's Bazar, Bangladesh**, MHPSS awareness raising campaigns continued using pre-recorded key messages spread via megaphones. A total of 73,762 persons were reached. Additionally, MHPSS awareness raising was provided to 575 persons in the triage areas of health facilities.
- **IOM Argentina**, in collaboration with UNHCR, brought together key government counterparts to discuss the protection of indigenous refugees and migrants in the COVID-19 context in a live transmission that was viewed by more than 750 viewers.



Practitioner working in modified clinic to reduce congestion and prevent Covid-19 Transmission in South Sudan. © IOM 2020

OPERATIONAL UPDATES

Operational Challenges

- Due to the pandemic and related travel restrictions, IOM has had to scale back its **pre-migration health activities** since March to guarantee the safety of migrants as well as staff. As of 14 August, out of 75 migration health assessment centres (MHACs), 21 per cent remain temporarily closed, though 17 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 (61 per cent as of 14 August).
- IOM's immigration and visa processing programmes have reduced activities, in adherence with health and local government directives. As of 19 August, there are no centres operating and assisting migrants at regular capacity, with 40 per cent having temporarily reduced operations and 60 per cent having temporarily closed.
- IOM's resettlement and movement management 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 August, 1,381 movements have been cancelled, affecting 11,536 individuals, the majority of whom are resettlement cases.

New Programmatic Approaches

- Migration health staff from IOM's **Health Assessment Programme (HAP)** have been called to contribute to national COVID-19 response activities in some locations. As of 14 August, 137 staff have been deployed, both within IOM programmes and with government efforts. In addition, 20 HAP sites are currently providing Member States with supplies and services to support local COVID-19 response initiatives, including COVID-19 screening at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of PPEs and supplies for COVID-19 response.
- IOM has entered into an agreement with the rest of the UN system to provide health services to eligible UN personnel, dependents, and other persons in need of care referred by the UN. Through this project titled **"First Line of Defence"** IOM will be providing health services so the UN personnel can continue to deliver services amid the pandemic. The programme will initially be launched in 21 countries. Activities encompass a range of clinical care services including monitoring and treatment of COVID-19 patients through tele-medicine and out-patient visits, primary care for non-COVID-19 conditions, establishment and management of isolation and holding facilities, COVID-19 testing, referral for a higher levels of care including, if necessary, hospitalization and medical evacuation. Services are due to start in Ghana and Cambodia by the end of August.



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IOM Staff train local hygiene promoters to disseminate COVID-19 information to displaced persons living around Mogadishu, Somalia © IOM 2020

IOM ACTIVITIES ARE SUPPORTED BY

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