

3,726,292

Confirmed cases in more than 200 countries, territories or areas¹

257,405

Deaths

60,771

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

1,278

IOM movements cancelled

\$499 M

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



IOM Sudan donates PPE and IEC material to the State Ministry of Health in Khartoum to aid their COVID-19 response. ©IOM 2020

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the illness known as Coronavirus Disease 2019 (COVID-19) has spread rapidly across the globe, leading the World Health Organization (WHO) to declare it a pandemic on 11 March 2020. As of [8 May](#), over 3.7 million confirmed cases and almost 260,000 deaths have been reported globally since the outbreak began. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases and countries reporting daily.

Global mobility continues to be severely impacted by the COVID-19 pandemic with sustained border closures, restrictions on air travel and limitations on internal mobility across the globe. As of 7 May, a total of 219 countries, territories or areas have issued 60,771 restrictions, indicating an increase of 12 per cent from the 54,379 restrictions recorded on 30 April. Restrictions requiring new documents for travel have almost doubled, and medical requirements for travel have increased by 57 percent since 30 April 2020. In parallel to the tightening of travel restrictions in some parts of the world, there is a new

and emerging trend among governments and authorities for developing so called 'travel bubbles,' permitting cross border movements between neighbouring countries.

IOM missions are working with governments and partners to ensure that migrants, regardless of their migratory status, returnees and forcibly displaced persons are included in efforts to mitigate and combat COVID-19's impact. Recent weeks have continued to see evidence of concentration of COVID-19 cases amongst migrants in some locations, highlighting existing inequalities between migrants and host communities and further confirming the critical need for specific outreach and inclusion of migrants in all aspects of preparedness and response. There are also continuing reports of stigma and discrimination towards migrants at destination, transit, and home locations upon return due to fears around COVID-19 transmission. These may lead to further exclusion from or unwillingness to access health services. Devising adequate responses for migrants, refugees, IDPs, returnees and vulnerable groups remains the top priority for IOM.

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.

- In **Tunisia**, IOM is a member of the Tunisian government's migrant monitoring committee. IOM advocated for the inclusion of migrants in the pandemic strategy, which resulted in the suspension of irregular residence penalties, the inclusion of migrants in health care, and the inclusion of migrants in food and financial aid.
- **IOM Mongolia** is supporting the Health Cluster in setting up alternative quarantine and healthcare facilities in the sub-regions. IOM is actively consulting with the Deputy Prime Minister's Office (Chair of the State Emergency Commission), Ministry of Foreign Affairs, General Agency for Specialized Inspections, National Emergency Management Agency, and Governor's Office of the Capital City to improve the coordination of the COVID-19 response.

Tracking Mobility Impacts

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

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** being implemented around the world and mapping and monitoring **Points of Entry (PoEs)** that have been impacted and are applying restrictions locally. IOM has developed a global mobility database to map and gather data on the locations, status, and different restrictions at PoEs and internal transit points, globally. As of 30 April 2020, IOM has assessed 4,437 such transit points in 173 countries, territories, and areas. The restrictive measures observed across these locations include restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, and other measures limiting mobility. IOM COVID-19 Points of Entry Weekly Analysis can be accessed [here](#).

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

- In **Afghanistan**, flow monitoring activities started in Nimroz, Farah and Islam Qala. In addition, IOM is conducting baseline mobility assessments in 25 provinces and 9,441 communities, to generate essential information on targeting needs and gaps both in communities and in facilities, for use by agencies responding to the crisis.

- Along the **Haiti-Dominican Republic** border, IOM is conducting flow monitoring at 50 land border crossing points (46 unofficial and four official points) in collaboration with the Support Group for the Repatriated and Refugees (GARR), Jesuit Services to Migrants (SJM) and Jano Siksè Border Network (RFJS). Between 19 – 26 April 2020, 15,560 movements were observed.
- In **Mongolia**, IOM is cooperating with the municipality of Ulaanbaatar to implement Displacement Tracking Matrix (DTM) flow monitoring at seven checkpoints around the capital city, and the team has monitored more than 2.2 million movements since this activity started on 27 February. This activity at city checkpoints was also instrumental in identifying the first and only case of COVID-19 community transmission in Mongolia. The DTM Flow Monitoring exercise is now extended until 1 June, mirroring the extended state of heightened alert declared by the Government.
- In **Nigeria**, flow monitoring points (FMPs) were established in March 2017 at several important transit locations in the cities of Sokoto and Kano to monitor the movements of passenger buses to and from Niger. IOM has produced a dashboard overview of data collected at these FMPs in March 2020. Results show that the average daily number of individuals observed in March at the FMPs was 1,069, which represents a 15 per cent decrease compared to the daily average in February 2020. Nigeria, Niger, Chad, and Cameroon were the main countries of departure and intended destination for individuals passing through the FMPs.

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

- In coordination with local authorities in **Chad**, IOM's Emergency Tracking Tool (ETT) tracked a total of 229 individuals deported from Libya and quarantined in the town of Ounianga Kébir (Ennedi-Ouest Province) between 16 - 28 April. ETT reporting includes information on the profiles, characteristics, migratory experiences, and intentions of these travellers, in order to get a better understanding of their backgrounds and to better target the assistance provided to them.
- In **Nigeria**, IOM's ETT recorded 1,110 movements between 20 - 26 April 2020 in Borno and Adamawa States. ETT assessments identified the following movement triggers: voluntary relocation (42.4%), improved security (29.4%), poor living conditions (27.1%) and involuntary relocation (1.1%).
- In **Libya**, IOM has published preliminary findings of a food security assessment conducted between 1 - 23 April 2020. The recently released [Libya Migrant Emergency Food Security Assessment](#) in coordination with WFP, highlights how measures implemented to curb the spread of COVID-19 have

resulted in a rise in food prices and scarcity of some types of food, negatively impacting the food security, safety, and wellbeing of migrants, refugees, and IDPs.

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

Risk Communication and Community Engagement (RCCE)

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

- **IOM Tunisia** has disseminated information and prevention messages through phone calls and SMS to all of IOM Tunisia's beneficiaries. In partnership with the Tunisian Ministry of Health (MoH), IOM Tunisia is also raising awareness among migrants on how to reduce the risk of COVID-19 for oneself and others. This awareness-raising is conducted in the context of distributions of assistance to beneficiaries, as well as through visits to locations that accommodate groups of migrants, such as student hostels and shelters.
- In **Cox's Bazar, Bangladesh**, IOM surveyed 890 households in 13 camps regarding the reach of COVID-19 messaging. Findings from the survey indicate that 96 per cent of households have received information on how to prevent the transmission of the virus, while 86 per cent of respondents could recall at least three measures to protect themselves and others from COVID-19 transmission.
- Through coordination with the COVID-19 Rapid Response Team in Battambang, **IOM Cambodia** has supported RCCE capacity-building with 402 government partners, including 116 participants from the COVID-19 response team, 82 health workers on the Rapid Response Team, and 204 non-health workers. The mission is also distributing informational materials developed by UNICEF – including 1,500 pieces on prevention and 1,500 on hand-washing – to quarantine centres and border officials and within communities. The team is adapting additional materials from MoH, WHO, UNICEF and IOM to distribute to returning migrants at the border.
- **IOM Timor-Leste** is supporting the MoH to print and distribute materials, including 2,000 posters and 1,200 stickers, to reach 35 villages and 242 sub-villages.
- The **IOM Coordination Office for the Mediterranean** has produced a [video](#) on how to protect oneself during COVID-19. The video has been dubbed in 10 languages, including Italian, Arabic, Bambara, Farsi, Hausa, Pashtu, Pidgin English, Punjabi, Soninke, and

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** is supporting MoH surveillance activities and raising awareness of Mozambican migrant workers who recently returned from South Africa through its network of community health workers and workers associations. So far, community health workers have called over 3,000 migrants, and spoken with the family members of each migrant, inquiring about the health of over 17,000 relatives. A total of 31 people have reported symptoms and have been referred for further assessment. Health authorities have followed up with each case and conducted tests for malaria, tuberculosis and other diseases; none so far have required a test for COVID-19.
- In **Kenya**, IOM has deployed over 35 medical staff to support the government's COVID-19 disease surveillance and data collection at seven national quarantine sites. The staff consists of doctors, nurses, and laboratory technicians.
- In **Ethiopia**, IOM has deployed 17 medical doctors and nurses to assist in government-led quarantine centres in the capital, Addis Ababa. IOM is also working on post-quarantine disease surveillance assistance for migrants.
- **IOM Nepal** is working with the UN Resident Coordinator's Office to assess quarantine facilities in different provinces. The mission also joined the Ministry of Health and Population to develop a phone survey that is to be conducted in all 753 administrative divisions of Nepal to gather information on migration and migration health.
- Jointly with Provincial Health Departments, **IOM Cambodia** is mapping quarantine centres in five provinces and assessing the needs of migrants who are placed in them.

Points of Entry (POEs)

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

- **IOM Thailand**, in synergy with WHO and the Ministry of Public Health, is adapting the IOM standard operating procedures (SOPs) to the national guidance for frontline immigration officials at Points of Entry (PoEs). The SOPs provide operational advice on responding to COVID-19 related issues, including referral and treatment of ill travellers and suspected cases, and incorporate recent international guidance from WHO in alignment with the Government of Thailand's standards for endorsement.

- In **South Sudan**, IOM has supported the screening of over 4,600 travellers arriving at Juba International Airport for COVID-19.
- **Ethiopia** continues to receive returnees at various PoEs, despite the closure of borders, including more than 10,000 Ethiopians returning to the country from the Gulf. IOM is also supporting the government to develop SOPs on the management of returnees from PoEs to their places of origin.
- In **Somalia** IOM has screened over 960 people crossing the Somali-Ethiopia border at Doolow for COVID-19 symptoms.
- **IOM Regional Office in Vienna**, in close collaboration with **IOM Regional Office Brussels**, has developed a five-module health training curriculum for border officials at PoEs. The curriculum covers basic information about COVID-19, occupational health (use of Personal Protective Equipment), management of ill travellers at PoEs, well-being and psychological first aid, and finally, migrants' rights and vulnerabilities during the COVID-19 outbreak.
- **IOM Ecuador** is assisting nearly 90 stranded vulnerable migrant families by providing them with accommodation in hotels and houses in the border areas.
- At the **Venice International Airport in Italy**, IOM is supporting incoming and outgoing foreign passengers by providing information on national measures in effect and translating the newly introduced self-declaration forms into several languages.
- IOM Zimbabwe conducted an assessment of border crossing points and quarantine facilities in Beitbridge, Plumtree and Chirundu, in order to scale up support so returning migrants have access to basic services.
- IOM Zambia provided training sessions to national authorities at four PoEs in the Eastern Province.

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 Kenya** is expecting 8,000 GeneXpert COVID-19 testing kits which will be used to test frontline health workers and potentially truck drivers at PoEs. In the East and Horn of Africa region, IOM has procured 31,000 COVID-19 kits which will be available to migrants and frontline health and humanitarian workers. IOM's Health Assessment Programme (HAP) is leading the roll-out of COVID-19 laboratory testing across IOM and partner laboratories, particularly in the sub-Saharan African region.
- **IOM Afghanistan**, in coordination with the Public Provincial Health Directorates, is seconding laboratory technicians and information management

staff to increase capacity at four laboratories in border provinces. IOM is also supporting testing teams with staff, vehicles, and IT equipment.

- **IOM in Cox's Bazar, Bangladesh**, in partnership with WHO, organized a training for 22 medical staff (medical officers, nurses, medical assistants, and lab technologists) on COVID-19 sample collection and transport. This training will increase capacity among frontline responders to facilitate COVID-19 testing and improve their understanding of the scale and impact of the illness on the ground.

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.

- **IOM Libya** delivered sets of personal protective (PPE) to the headquarters of the Directorate for Combatting Illegal Migration for distribution to migrants in all active detention centres. At the same time, intensive fumigation and disinfection campaigns in detention centres and at disembarkation points have continued. Assessment visits and a COVID-19 awareness campaign were performed at Misrata Airport and Ras Jder border crossing point to prepare for the potential opening of facilities for passenger traffic.
- In **Mozambique**, IOM teams provided materials at 20 resettlement sites in Sofala and Manica provinces for the set-up of 600 handwashing stations at different locations in the sites. At these sites, IOM health teams conducted health education and awareness raising sessions around COVID-19 prevention and mitigation measures reaching more than 500 community influencers (government staff, activists, community leaders, and traditional birth attendants).
- In **Somalia** 385 households in Afmadaow District were provided with hygiene supplies and handwashing points were installed in Kismayo and Baidoa. Additionally, 33 hygiene promoters have been recruited in Jubaland and South West State, and awareness messages on COVID-19 prevention have been broadcast on radio in Baidoa.
- In **Bosnia and Herzegovina**, 883 migrants were recently accommodated in the isolation areas set up in five IOM-managed temporary reception centres (TRCs).

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.

- 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 1 May, 127 staff from 17 HAP sites have been deployed to support COVID-19 related programmes, both internally within IOM programmes and to government efforts. Discussions are in progress for additional staff to be re-allocated. In addition, 29 HAP sites have started providing supplies and services to support national and local responses, including, among others, screening for the disease at PoEs, provision of primary and acute care services, and provision of personal protective equipment and supplies.
- During the past week, IOM Afghanistan's Mobile Health Teams (MHTs) served 5,483 patients with basic health services and screened 10,904 undocumented Afghans in IOM transit centres. Three IOM MHTs are operating in Herat at an IDP camp at Sharak Sabz and in Kandahar at the Zhari IDP site. These teams have trained over 250 community health workers on COVID-19 awareness, prevention, detection and referrals, and more trainings are planned for other provinces.
- In Rwanda, IOM's clinic has resumed operations checking temperatures, travel history and COVID-19 signs and symptoms of all clients, while in Burundi, IOM's clinic has re-opened for medical exams with adapted protocols in light of COVID-19, such as physical distancing.
- In Cox's Bazar, Bangladesh, remote clinical supervision sessions have been carried out with all mental health and psychosocial support (MHPSS) counsellors providing direct service.

- Health services continue to be provided to vulnerable Venezuelan migrants in Aruba, Colombia, Costa Rica, the Dominican Republic, Guyana, Mexico, Panama, and Uruguay. Health services provided include preventive and emergency medical assistance as well as psychological first aid.
- In North Macedonia, IOM's reception centre medical teams have performed a total of 140 medical examinations to migrants/asylum-seekers, which include COVID-19 screening and regular follow-ups.

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.

- As group MHPSS activities are on hold for COVID-19, IOM Libya has been providing individual counselling services, psychological first aid (PFA), and awareness sessions on COVID-19 that include MHPSS key messages on stress management to migrants from different nationalities.
- In Cox's Bazar, Bangladesh, a training curriculum was developed for a five-day intense training for MHPSS volunteers and community health workers on basic MHPSS services, PFA and stress management specific for people staying in quarantine or isolation facilities. In addition, two training sessions on "mental health, well-being and prevention of COVID-19" taught 12 IOM medical staff how to manage anxiety and stress during the pandemic, promote staff well-being and disseminate key MHPSS messages, while promoting new tele-counselling service.



IOM's CCCM outreach team in Baidoa, Somalia uses diverse approaches, including small group sessions, door-to-door information dissemination, and megaphones, to ensure that all members of the community are aware of COVID-19 prevention measures. © IOM 2020.

OPERATIONAL UPDATES

Operational Challenges

Based on local epidemiological realities and government decisions, IOM has had to scale back its pre-migration health activities and movement operations temporarily to guarantee the safety of migrants as well as staff. As of 8 May, 57 per cent of IOM Migration Health Assessment Centres (MHACs) remain temporarily closed; however, efforts are being made to ensure that essential services are still being provided to migrants with significant medical conditions in 19 per cent of MHACs, and more are gradually reopening to deliver some services (24 per cent as of 8 May).

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 31 May, 1,278 movements have been cancelled, affecting 11,248 individuals, the majority of whom are resettlement cases.

Guidelines and Guidance Documents

IOM collaborated in the drafting of the [IASC Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#).

Information Sharing and Communications

IOM United Kingdom launched a webinar on "Engaging Migrant Communities in the Context of COVID-19: Lessons from the Field" which targeted UK frontline staff working on the COVID-19 response at the community level. Utilizing best-practices learned from the humanitarian response to the Ebola pandemic, the webinar provides an overview on how to engage migrant communities, diaspora leaders and migrant-led community organisations in a partnership approach to develop and communicate successful and inclusive response measures.

[IOM's COVID-19 Analytical Snapshots](#) summarize the latest information and analysis covering migration and mobility related impacts of Covid-19 from around the world. New snapshots include: "diaspora engagement", "people with disabilities", "stigmatization and discrimination" and "combating xenophobia and racism". Snapshots are available in [English](#), [Spanish](#) and [French](#). Translation into Arabic is now underway.

IOM's African Capacity Building Centre (ACBC) in Moshi, Tanzania hosted a webinar on "Detention and Alternatives to Detention" on 6 May, joined by IOM experts from HQ and the Regional Office in Pretoria as guest speakers. The latest webinar provided an update on the principles of alternatives to immigration detention, specifically related to the African continent, and looked at legal and operational issues. There will be a follow-up webinar on 12 May, which will discuss issues surrounding the impact of COVID-19 and alternatives to detention.

IOM's Director General hosted a virtual press conference on 7 May on the impact of the COVID-19 pandemic on global migration and the important role that migrants will play in ensuring a strong socio-economic recovery. The DG addressed the danger to society posed by misinformation which is leading to xenophobia and the stigmatization of migrants and other vulnerable groups, the situation of migrants and displaced populations in key regions of concern, and the socio-economic impacts on migrants of economic recession, as well as their potential contribution to future economic recovery. The press conference can be viewed [here](#).

IOM published an article on the organization's work mitigating the effects of COVID-19 in camps and displacement settings. The piece is entitled, "[Keeping Displaced Communities Safe and Healthy as the COVID-19 Pandemic Takes Hold](#)."

IOM has also produced a series of videos on IOM's operations and response to COVID-19 which can be found [here](#).



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