

900,306

Confirmed cases in 205 countries, territories or areas¹

45,692

Deaths

44,397

Restrictions on mobility have been imposed globally

1,037

IOM movements cancelled

\$116.1M

Requested by IOM for the Strategic Preparedness and Response Plan for COVID-19



Host community members make face masks for community mobilizers in Cox's Bazaar, Bangladesh. @IOM 2020

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 30 January 2020, the World Health Organization's (WHO) Emergency Committee declared the illness known as Coronavirus Disease 2019 (COVID-19) a Public Health Emergency of International Concern. On 11 March, WHO officially declared COVID-19 a pandemic. Since the outbreak began, as of [02 April](#), more than 900,000 cases and over 45,000 deaths have been reported globally. Confirmed cases have been reported in 205 countries/territories/areas, with new cases and countries reporting daily.

As the global number of COVID-19 cases reported by the World Health Organization continue to increase, governments and authorities across the world have fostered stronger measures to combat the pandemic. The impact of this world-wide health emergency on global mobility has led to approximately three billion people, or 39 per cent of the world population, to live in countries, territories and areas with complete border closures for foreigners and non-residents. The total number of restrictions issued has increased from 43,781 restrictions on 01 April 2020 to 44,397 restrictions on 02 April 2020 with 616 new restrictions issued in one day, making it overall the second lowest daily increase of mobility restrictions since the monitoring began. Medical-based restrictions indicated a six per cent increase and restrictions based on passenger arrival country increased by two per cent

within 24 hours. While there may not be a sharp increase in the daily number of new restrictions, the number of new COVID-19 cases continues to directly impact the stringency of the mobility restrictions applied by countries, territories and areas.

With few new restrictions imposed on global mobility, however, restrictions limiting internal movements have seen a continual increase. After lockdowns recently imposed by South Africa, Zimbabwe and Nigeria, for example, Uganda and Viet Nam have also announced 14-day, nation-wide lockdowns to subdue the emergence of new COVID-19 cases. With numerous restrictions on global mobility already in place, the main focus of governments and authorities has shifted towards permitting movements on exceptional grounds and repatriation of nationals.²

In addition to restrictions related to exit and entry, governments are reassessing existing residence and foreign employment arrangements. In a number of countries, a positive trend has been observed in extending visas and residence permits to foreigners, including migrant workers, and waving administrative responsibility for possible overstays due to the current situation. In other countries, however, trends in other directions are also observed, highlighting the importance of a more careful consideration of potential impact of any regulative changes on the situation of migrants and their well-being.

¹WHO Sitrep: <https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>.

²Mobility Restrictions COVID 19 (IOM): <https://migration.iom.int/>.

SNAPSHOT OF IOM RESPONSE

The aim of IOM's COVID-19 activities, in line with the overall objective of [IOM's COVID-19 Global Strategic Preparedness and Response Plan](#), is to support countries, and affected populations, that may need additional resources – financial, technical or operational – for preparedness or response efforts to help ensure further infections are prevented, and to assist health systems so they have the capacity to cope with COVID-19 from a mobility perspective. In addition, efforts are directed towards mobilizing the attention to more longer-term issues such as the broader socio-economic impact of the on-going crisis and economic disruptions on the situation of migrants, their communities and broader societies.

Partnerships and Coordination

IOM is providing technical support to country-level, cross-border, regional and global coordination mechanisms. Within these mechanisms, IOM advocates to ensure that migrants, including vulnerable groups, are included in regional and national preparedness and public health planning, and providing technical support for COVID-19 preparedness and response.

- [IOM Thailand](#) is supporting a national working group on migrants and COVID-19, working with the Thai Immigration Bureau and Ministry of Social Development and Human Security to conduct needs assessments of migrants in detention centers and shelters.
- IOM, as part of the Regional R4V Health Sector regional platform for [Venezuela](#), has aided in the drafting of key recommendations on the COVID-19 response for refugees and migrants that were distributed to regional and national sectors.
- In [Algeria](#), IOM has created a working group with WHO and UNICEF to coordinate efforts in the COVID-19 response. The working group will develop a joint workplan that will support liaison and coordination with government counterparts, including strengthening the capacities of frontline officials at points of entry (PoE).
- [IOM Jordan](#) is participating in four Working Groups newly established by the Jordanian Ministry of Health and the Jordan Health Partners Forum and co-chaired by USAID and WHO to support the implementation of the national response plan (NRP).
- [IOM Sudan](#) is meeting with various national counterparts from the newly established government to collaborate on health-border assessments and develop contingency standard operating procedures (SOPs).

Risk Communication and Community Engagement (RCCE)

IOM is working with RCCE counterparts on global, regional and national levels to ensure which mobility is included in public health messaging, and that information is communicated to migrants and mobile populations.

- [IOM's Coordination Office for the Mediterranean](#) has produced an information leaflet on COVID-19 which has been translated into 26 languages. The leaflet has been disseminated to Italy's largest migrant communities to inform them of how to defend themselves against the transmission of the virus.
- [IOM in Afghanistan](#) is supporting publication of government and WHO information, education and communication (IEC) materials and hosting health education sessions and focus group discussions to raise community-level awareness.
- [IOM Viet Nam](#) is developing and disseminating IEC materials, such as posters and a health education video, and is publishing public health messages on COVID-19 prevention through existing social media sites, migration resource centers, Canadian Visa Application Centers and IOM Health Assessment Programme (HAP) clinics. The mission is also assisting the Ministry of Health by translating communication materials for COVID-19 case finding into seven languages.
- In [Vanuatu](#), IOM is translating COVID-19 materials into Bangla to assist stranded Bangladeshi victims of trafficking, and is advocating for solutions as travel restrictions hinder their return home.
- The [IOM Regional Office in San José](#) has developed various RCCE products for the COVID-19 response, for migrants in English, Spanish and French, to disseminate security information and share the local governments' COVID-19 hotline. The Regional Office has also developed a leaflet, ["Recommendations for migrants: how to cope with stress during coronavirus COVID19 outbreak"](#), which is currently available in English and Spanish, with translation into other languages including Arabic, French and Nepali underway.
- [IOM Iraq](#) is working to utilize existing networks and programming to disseminate information on the crisis. For example, a Community Policing program which often serves remote communities will now also be activated to aide in communication on the national COVID-19 response.

Disease Surveillance

IOM is working to enhance existing national-level disease surveillance systems by linking mobility information to surveillance data, particularly among border communities and in migrant-dense areas. IOM is also conducting population mobility mapping in some locations to apply preparedness measures in a strategic and prioritized manner.

- In the **Democratic Republic of the Congo**, POE stakeholders under the leadership of the National Program of Hygiene at Borders (PNHF) and IOM have begun development of a national population mobility mapping; the collection of information kicked off in various locations including Kinshasa, Beni and Butembo.
- In **Uganda**, IOM has supported surveillance activities through the provision of personal protective equipment (PPE), sanitizers and logistical support in form of vehicles (ambulances) for contact tracing of people who had come in contact with COVID-19 patients.
- Similarly, in **Sri Lanka**, IOM has supported the surveillance activities of the Disaster Management Center through the provision of PPE and sanitizers, which will be used by 117 ambulance staff during their interactions with suspected COVID-19 patients.
- **IOM Sri Lanka** has also partnered with the Department of Immigration and the Information Communication Technology Agency of Sri Lanka to develop an ICT solution to enable migrants in Sri Lanka to connect with health authorities in a secure manner to aide in disease surveillance.

Points of Entry (POEs)

IOM is supporting Ministries of Health (MOH), border authorities and partners to enhance preparedness of prioritized POEs.

- In the **Democratic Republic of the Congo, Ethiopia, Senegal, Somalia, Rwanda**, and many other missions, IOM staff are working with local authorities to educate screeners on the signs and symptoms of those affected by COVID-19, and to strengthen screening measures at POEs.
- In **Senegal**, IOM is supporting the Ministry of Health and Social Action (MSAS) through an ongoing CDC-supported project to increase epidemiologist support and interventions at land POEs with Gambia, Guinea and Mali. Additionally, IOM has conducted capacity building of law enforcement officers and community leaders, provided support for 35 community-based health workers, and worked to implement a detection and notification procedure at the border.

- **IOM Myanmar** is providing health screening and logistical support at the Myawaddy border crossing point in Kayin State and is providing PPE sets, hands sanitizers and contactless thermometers at three China-Myanmar border crossing points in Kachin state. IOM is also distributing risk communication information at border crossing points in Kachin and Kayin states.
- **IOM in the Western Balkans** has recently launched MiTA – the Migration Translation Application – which is a tailor-made mobile application that enables basic communication between border officials and migrants in situations of first contact. It contains 52 questions in 11 languages, that help to determine the migrant's identity and understand their immediate protection needs. IOM in the Western Balkans is currently updating MiTA to include questions related to COVID-19, in order to assist border officials inquiring about migrants' travel history and any symptoms that they may be feeling. The release of the new version is expected by mid-April 2020.

Case Management and Continuity of Essential Services

IOM is providing technical and operational support to governments, as well as life-saving primary health care, essential health services, and critical medicines, personnel, diagnostics, medical supplies and infrastructure support.

- Migration health staff in Health Assessment Programmes (HAP) have been called upon to contribute to national COVID-19 response activities in some locations. To date, 39 have been deployed, with more planned. Additionally, 20 HAP sites are now liaising with Member States to provide supplies and services to support local COVID-19 response initiatives.
- **IOM Brazil** is providing technical assistance to the Brazilian army to establish a field hospital to serve Venezuelan migrants in the border area.
- **IOM Portugal** is providing technical advice to providers on how to “Do No Harm” in remote support, particularly in the context of AVRR. The mission has organized a series of online MHPSS sensitization sessions under the project COMMIT, a project which aims to support the integration of resettled refugees.
- Meanwhile, **IOM Libya** is organizing remote Skype discussion groups with a psychologist for stranded returnees, conducted in both French and English.
- IOM's global IDiaspora.org platform has been updated and now includes a [dedicated page](#)³ related to COVID-19 response, offering a possibility for diaspora members and affected communities to engage in collaboration and partnership to mitigate impacts of the crisis.

³ <https://idiaspora.org/emergency-response/response-covid-19-pandemic>

Logistics, Procurement and Supply Management

IOM is engaging in the procurement and supply of critical medical supplies to protect frontline health-care workers.

- In [Turkey](#), IOM health experts conducted an assessment of the transshipment zone in Reyhanli. Based on its results, the Logistics Cluster will begin monitoring COVID-19 symptoms of those working at and wishing to enter the hub. The aim is to ensure continuation of UN operations while maintaining the highest level of security for staff and affected populations.
- In [the Philippines](#), IOM has procured pipelines and water pumps to support local government and other humanitarian actors' interventions to increase access to water. Together with implementing partner, Plan International, IOM Philippines has distributed 1,300 hygiene kits (two-month supply per family) in Camarines Sur and Donsol.
- [IOM Kenya](#) has provided a one-month supply of infection prevention and control supplies to 27 points of entry/exit for frontline immigration officers at border entry points. Similarly, IOM Honduras distributed PPE to three reception centers for returning migrants.
- [IOM Libya](#) is assisting national authorities in the procurement and delivery of PPE for migrants and officials working in detention centers and at disembarkation points as well as conducting COVID-19 awareness raising and sanitation campaigns.

Displacement Tracking Matrix (DTM)

In an effort to provide a global overview of the restrictions to mobility being implemented around the world, IOM has developed a global mobility restrictions database based on the information from IATA, WHO Situation Reports and relevant media and official sources. This database provides daily reporting on the rapidly changing travel restrictions being imposed by countries in response to the COVID-19 crisis, allowing for interactive analysis and mapping. The database can be viewed on the [Mobility Restrictions COVID-19 website](#).

IOM has developed an online tool to register points of entry and transit that are impacted and applying

restrictions locally such as land border points, blue border ports, and airports. The country level **Mobility Restriction Mapping of Ports of Entry** provides a real time snapshot of the types of mobility restrictions being put in place including the varied and complex forms of mobility restrictions being enacted at the location level. Primary data collection at the country level was initiated on 13 March 2020, with mapping and analysis conducted at the global level. Phase 1 of the global mapping exercise was completed on 2 April 2020 with 146 countries/territories/areas, providing baseline information on 2,299 points. These points of entry consist of 1,339 land border points, 509 airports, and 294 sea/blue border ports and 157 internal transit points. Of the 2,299 POE assessed, 857 are in Europe, 609 in Asia, 594 in Africa 149 in North America, 81 in South America and 9 in Oceania (1,085 were closed for entry and exit, 739 were partially closed, 137 were closed for entry, 24 were closed for exit and for the remaining 95 the status was unknown). The second analytical report based on the data collected on PoE between 8 and 31 March 2020 can be accessed [here](#). On 2 April 2020, the roll out of phase 2 of the data collection exercise at country level started and will collect more detailed information on PoE.

IOM continues to track 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. With the historical Flow Monitoring data, IOM is producing information products for movements of "outgoing" and "incoming" individuals, with an emphasis on movements from countries and regions with a higher prevalence of COVID-19. Utilizing data from its central data repository of IDP data and mobility tracking, IOM also continues to monitor and map global presence of internally displaced persons into confirmed COVID-19 affected countries to support preparedness efforts and inform response. As of 25 March 2020, IOM additionally began tracking information on stranded migrants whose situation is being exacerbated as a result of COVID-19. Information collected includes numbers of migrants in need, locations where migrants are stranded, and countries of origin.

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.

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 the migrants as well as staff. As of 1 April 2020, 76% of IOM Migration Health Assessment Center (MHAC) sites have temporarily ceased main

Health Assessment Program (HAP) activities; however, efforts are being made to ensure that essential services are still being provided to migrants with significant medical conditions. The remaining 24% of MHACs have reduced their HAP services.

IOM's Resettlement and Movement Management (RMM) operations have also been severely impacted

by the current crisis. Of departures scheduled between 11 February and 30 April, 1,037 movements have been cancelled, affecting 9,513 individuals, the majority of whom are resettlement cases. Related services on pre-departure orientation have been similarly affected and interrupted, with some consideration, however, made how to start offering alternative counselling and support utilizing digital communication platforms and alternative learning formats.

IOM's immigration and visa processing programmes have reduced activities in adherence to health and local government directives. As of 31 March 2020, 10% of centers continue to operate and are assisting migrants at full capacity, while 16% have temporarily reduced operations and 74% have temporarily closed.

The limited availability of PPE in some local markets as well as drastic increases in prices of medical supplies and surveillance items such as thermal cameras, is fueling the need for additional procurement support in many countries.

Guidelines and Guidance Documents

IOM continues to work to develop both internal and external guidance to provide support to staff, partners and governments in providing effective, timely, and principled services in the face of the COVID-19 crisis.

The global Camp Coordination and Camp Management (CCCM) Cluster launched its online webinar series on 2 April with a discussion on standards and camp management in response to COVID-19. The webinar was attended by over 1,000 people. Jointly organized by the Working Groups under the global CCCM Cluster, this new series will provide the opportunity for camp management operations to share operational examples and exchange best practices for adaptation in order to ensure continuing assistance and protection to the displaced population. Up-to-date details on all CCCM Cluster related events, including the webinars, can be found [here](#).

IOM is also engaged in multiple inter-agency efforts related to gender and protection issues in the COVID-19 response, and has contributed/is contributing to the following:

- A UNICEF and inter-agency technical guidance on COVID-19 and children in detention.
- UAC/Alternative Care Guidance for the COVID-19 Situation, developed with the Iraq Child Protection Sub-Cluster.
- A guidance note on remote protection and case management.
- A technical guidance note developed with the Child Protection Alliance for COVID 19.

- A child labour annex to a technical note, developed with the Child Protection Alliance Child Labour Task Force.

Information Sharing and Communications

- IOM's MHPSS Global Section organized a consultation with MHPSS focal points from 22 missions on 30 March 2020 where ideas, concerns and best practices were exchanged.
- IOM is advocating with countries to begin identifying sectors of their economies where migrant workers' labor might be needed to support post public health crisis development, emphasizing non-discrimination and access to rights and services based on the principle of equality. At the current stage, migrant workers who have suspended their employment due to the crisis could support the sectors of the economy that suffer a lack of supply.
- IOM is producing regular "[COVID-19 Analytical Snapshots](#)", which provide a brief thematic review on the latest migration and mobility related impacts of Covid-19 from around the world. These snapshots draw upon the latest outputs being produced by researchers, analysts and organizations as the COVID-19 pandemic unfolds. Snapshots currently available online include: Tools and Resources, Modern Mobility Systems and Pandemics, Travel Restrictions and Mobility, Consular and Other Assistance for Stranded Migrants and Travelers, Migration Research and Analysis, and Reports of Stigmatization and Discrimination.

Resources

IOM's Global Strategic Preparedness and Response Plan for Coronavirus Disease was released on 19 March and can be found [here](#). The geographic prioritization of the appeal, which totals 116.1 million, is based on existing national and IOM capacities.

IOM has received a 2.7M USD allocation from the Central Emergency Response Fund (CERF) for COVID-related interventions in countries covered by the COVID-19 Global Humanitarian Response Plan. IOM is planning to focus its funding on points of entry and CCCM for site improvements and risk mitigation in Burundi, Somalia, Libya and Nigeria.



www.iom.int/donate/



CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71