

697,244

Confirmed cases in 203 countries, territories or areas<sup>1</sup>

33,257

Deaths

42,324

Restrictions on mobility have been imposed globally

1,037

IOM movements cancelled

\$116.1M

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



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## CONTEXT

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 (PHEIC). On 11 March, WHO officially declared COVID-19 a pandemic. Since the outbreak began, as of [30 March](#), more than 697,000 cases and over 33,000 deaths have been reported globally. Confirmed cases have been reported in 203 countries/territories/areas, with new cases and countries reporting on a daily basis.

The steady increase in new reported COVID-19 cases continues to impact global mobility by triggering new decisions for border closures or extensions of the duration of already existing ones.<sup>2</sup> With the exception of return for nationals, residents, humanitarian workers, diplomats and medical experts, global human mobility has come to a near standstill. Even though the number of restrictions issued have stabilized with only 1,355 new restrictions issued since the last reporting period, the

total number of restrictions reached 42,324 as of 30 March, demonstrating a three per cent increase from 40,969 restrictions reported on 27 March. New mobility restrictions are stringent and multifaceted. For example, in the span of two days, Brazil shifted from implementing partial entry restrictions (issued on 28 March) on passengers arriving from target countries, to a complete entry ban on all foreign passengers on 30 March.

Despite the many restrictions on movement, recent trends have included significant returns of migrant workers including internal and cross-border migrants from urban areas towards provincial areas or to home countries in response to public health measures or fears over COVID-19 transmission. This may have the unintended effect of driving transmission in areas with less capacity to provide testing, isolation and treatment, as well as increase the vulnerability of migrants during their journey and in their home communities. Within this context, IOM continues to prioritize the provision of support to refugees and migrants, including internally displaced persons (IDPs), returnees and other vulnerable groups.

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

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

## IOM RESPONSE

## Partnerships and Coordination

Around the world, IOM provides technical support to country-level, cross-border, regional, and global coordination mechanisms, including but not limited to country and regional task forces, UN Country Teams, UN Humanitarian Country Teams, the IASC, and various clusters, among others. Within these mechanisms, IOM is advocating to ensure that migrants as a vulnerable group are included in regional and national preparedness and public health planning, and is providing technical support for COVID-19 preparedness and response.

- In [Tunisia](#), IOM's advocacy successfully resulted in the inclusion of all migrants in the national COVID-19 response, including the establishment of a multi-lingual hotline for migrants to access information, the provision of free testing for migrants (the same as the national population), and the provision of other relevant services such as psychosocial support.
- In the [Democratic Republic of the Congo](#), IOM has supported operational needs assessments with the National Program of Hygiene at Borders (PNHF), Direction Générale des Migrations (DGM) and other government entities.
- IOM [Bangladesh](#) is enhancing coordination and partnership with national health and border authorities and providing technical support including information sharing and reporting at eight points of entry through the establishment of the PoE Task Force for which IOM serves as the secretariat.
- The Regional Office for Central America, North America and the Caribbean in [San José](#) is meeting with Immigration Detention Officers of the CARICOM Countries to review relevant procedures and address concerns related to detention and COVID-19.

Additionally, within the context of its work on disability inclusion, IOM is actively participating in inter-agency-led efforts aimed at ensuring that persons with disabilities are included in the global response to COVID-19. In particular, IOM is working on key messages with IASC Results Group 2 to highlight the importance of including disability in inter-agency and other guidance on the subject.

To ensure the safety of returning migrants, IOM is also facilitating strong coordination between sending and receiving countries before return and reintegration takes place to ensure that all movement happens in accordance with health measures. IOM is also coordinating with IOM receiving missions and relevant state agencies to provide facilities where returning migrants can safely stay while adhering to required self-isolation or quarantine measures so the health of their families and receiving communities is not compromised.

At the same time, IOM is advocating for states to postpone/halt deportations, offer temporary suspension of requirements for foreign nationals to renew their visas, provide simple online opportunities for them to do so, or provide for blanket renewals of all visas while states of emergency remain in effect. In some states, IOM has worked with governments to regularize migrants, albeit temporarily, in order to ensure access to services such as universal healthcare, while in others, IOM continues to advocate for basic migrant rights, such as safety from forced evictions.

## Risk Communication and Community Engagement (RCCE)

IOM missions are implementing RCCE activities and working together with UN and government counterparts to modify and translate RCCE messages for migrants.

- In [Sri Lanka](#), IOM has developed IEC material for migrants, such as COVID-19 and Anxiety, Travelling in the Time of COVID-19, and Domestic Violence during Curfew. Furthermore, IOM doctors and nurses in Sri Lanka have developed a hotline with interpreters and are reaching out to populations of concern for delivery of COVID-19 prevention messages, as well as following up on any significant conditions.
- In [Yemen](#), [Costa Rica](#) and many other locations, IOM is conducting awareness raising sessions, and providing information sheet posters/leaflets. IOM has also supported translation of informational materials to reach migrants, for instance in [Greece](#) and [the Bahamas](#).
- In [Germany](#), IOM has been providing information on the travel restrictions related to COVID-19, as well as information on prevention, in both German and English, and is working on translation into other languages. All are available on the website "Returning from Germany".
- IOM [Bangladesh](#) is engaging border management authorities in RCCE activities (utilizing IEC materials and awareness raising materials) at border crossing points and within border communities in coordination with UNICEF.

## 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 (PMM) in some locations to anticipate preparedness measures to be implemented in a strategic and prioritized manner, and engaging in community event-based surveillance (CEBS).

- In the [Democratic Republic of the Congo](#), IOM is participating in PMM to inform the establishment of points of control (POC) across current hotspots in Kinshasa. IOM has also assisted Ministry of Health officials in North Kivu to establish lists of mass returnees following the closure of borders on 22 March to support 14-day surveillance and follow-up.
- IOM [Somalia](#) is supporting referral systems (ambulances) and assisting in contact tracing in coordination with the Ministry of Health (MOH) and partners involved in the response.
- In [Syria](#), the surveillance team is developing a risk scale for the severity of the COVID-19 pandemic. IOM is also translating and disseminating global surveillance guidelines from WHO and regularly updating them.

## Points of Entry (POE)

IOM is supporting Ministries of Health and border authorities and partners to enhance preparedness at prioritized POEs.

- IOM is supporting [Afghanistan](#) in addressing preparedness and emergency coordination actions. Support includes coordination on the Islam Qala border, deployment of additional staffing to areas in need, and

secondment of staff to cross border surveillance, among others. Due to the current COVID-19 situation in Iran, spontaneous returns from Iran have reached record levels with 62,341 returns from Iran to Afghanistan between 15-21 March. IOM has provided post-arrival humanitarian assistance to 1,640 (5%) undocumented Afghans at its Transit Centers, including unaccompanied migrant children, medical cases, single parent families, physically disabled persons and unaccompanied elderly persons.

- In [Burundi](#), IOM is supporting procurement and structure rehabilitation for POEs, as well as conducting cross-border training. IOM Burundi is also conducting flow monitoring at four key points of entry and will report on informal flows due to border closures.
- [IOM Uganda](#) is providing support to active health screening, referral and data collection at three critical PoEs and designated points of control (POCs). The mission has supported the Ministry of Health in developing a COVID-19 PoE toolkit and is providing trainings to screeners.
- [IOM Kenya](#) is currently conducting a health and border assessment jointly with national authorities at the main PoEs linked to migration and trade routes.
- [IOM Bangladesh](#) is providing “PoE kits” including non-contact thermometers, personal protective equipment, hand sanitizers, chlorine, and water quality tests where necessary. IOM is also delivering training for the PoE personnel on the preparation of chlorine mixtures and the establishment of handwashing stations at PoE.
- IOM has led the development of a methodology for points of entry data collection which feeds into the [IOM portal on mobility restrictions](#). The data set to be collected also includes ‘positive measures’ adopted by countries, such as temporary opening of borders to facilitate the return of stranded migrant workers.

### Infection Prevention and Control (IPC)

IOM continues to provide the means to support prevention and control, including through the provision of trainings and capacity-building for health workers.

- [IOM Kenya](#) conducted a training on IPC and COVID-19 screening for health workers in an urban area of Nairobi with a dense migrant population.
- In [Djibouti](#), IOM is ensuring IPC measures by providing water to migrants who are currently living in the Government-led Masgara site, outside Obock town.
- [IOM Bangladesh](#) is initiating IPC capacity building activities for health-care workers, as well as logistics support for designated COVID-19 hospitals.

### Case Management and Continuity of Essential Services

IOM also continues to support COVID-19 case management and the provision of essential services related to the pandemic.

- 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, 25 people have been deployed, including 22 in Kenya to support Ministry of Health surveillance activities at quarantine centers.

- 18 HAP sites are now liaising with Member States to provide supplies and services to support local COVID response initiatives.
- IOM health teams in [Cox's Bazaar](#) are rapidly repurposing existing health facilities to become isolation and treatment facilities, as well as urgently seeking supplies and equipment to establish two 200-bed isolation and treatment facilities in refugee camps in Cox's Bazaar. IOM is also establishing two inter-agency ambulance decontamination stations where patient transport vehicles from all organizations serving the Rohingya refugee population can be disinfected following transport of suspected or confirmed COVID-19 cases.
- [IOM Kenya](#) is coordinating with local partners to increase mental health and psychosocial support (MHPSS) programming, with support with training at all levels of health staff on basic counselling for patients, i.e. direct counselling for health workers/first responders.
- [IOM Burundi](#) has trained 60 health volunteers in psycho-social support for COVID-19 in the province of Rumonge.

### Logistics, Procurement and Supply Management

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

- In [North Macedonia](#), IOM is engaging with national authorities and UN partners to support the procurement, storage and distribution of personal protective equipment (PPE), disinfectants, test kits and equipment, such as thermal scanners and ventilators for hospitals.
- In [Myanmar](#), IOM has been distributing pandemic supplies, including PPE sets, to Kachin and Rakhine State Health Departments and is collaborating with the Ministry of Health and Sports to procure PPE for MoHS staff.
- [IOM Turkey](#) visited the Reyhanli Transshipment Hub at the Turkish–Syrian border to conduct a preparedness assessment of the Hub related to COVID 19. Findings and recommendations will be presented to the Logistics Cluster.

### Displacement Tracking Matrix (DTM)

In an effort to provide a global overview of the types of mobility restrictions as well as capture the multiple and complex forms of mobility restrictions, IOM is mapping and monitoring types of travel restrictions imposed by countries which can be viewed in the [Mobility Restrictions COVID-19 website](#).

IOM has developed an online tool to register points of entry and transit that are applying restrictions locally such as land border points, seaports, and airports. **The Country Level Mobility Restriction Mapping** provides a real time snapshot of the types of mobility restrictions being put in place, as well as the varied and complex forms of mobility restrictions being enacted at location level. On 13 March 2020, primary data collection started at country level, with mapping and analysis conducted at global level. As of 29 March 2020, data collection has taken place in 133 countries/territories/ areas, providing baseline information on 1,831 points and 184 areas with more countries expected over the coming days. These points of entry consist of 381 airports, 132 internal transit points, 1,075 land border points and 243 blue border points.

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 began **tracking information on stranded**

**migrants** as well, including 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 acting as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs in relation to COVID-19 produced at country, regional and global level.

## OPERATIONAL UPDATES

### OPERATIONAL CHALLENGES

Based on local epidemiological realities and imperatives, and government decisions, IOM has had to scale back or suspend some pre-migration health activities and movement operations temporarily to guarantee the safety of the migrants as well as staff. As of 27 March 2020, 64 per cent of **IOM Migration Health Assessment Centre (MHAC)** sites closed, while 33 per cent have reduced their Health Assessment Programme (HAP) services. The closure of MHACs means all appointments have been cancelled, though core staff continue to perform essential functions, including tuberculosis management, care of clients with serious medical conditions and vaccine monitoring.

**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. Missions sending resettled individuals as part of the US Refugee Admissions Program (USRAP) have been requested to cancel all USRAP movements scheduled to travel in April which cannot depart due to airline cancellations and/or airport closures.

The assistance provided to vulnerable migrants for the reunification process to Germany through **IOM's Family Assistance Programme (FAP)** is operating via remote channels. Besides email support in all countries, call centre support has been centralized for all Arabic and Dari/Pashto speakers in Istanbul, where the programme is operational on Tuesdays and Thursdays, while for Somali, Tigrinya and Amharic speakers the call centre is available daily in Addis Ababa.

**IOM's immigration and visa processing programmes** have reduced activities in adherence to health and local government directives. As of 27 March, 14 per cent of centres continue to operate and are assisting migrants at full capacity, while 19 per cent have temporarily reduced operations and 67 per cent have temporarily closed. IOM missions also continue to face access constraints for Migration Response Centers (MRCs) with travel restrictions and confinement in place.

Due to urgent restrictions going into place across a large variety of IOM programming contexts, IOM missions are looking at how they can **respond differently based on state and localized restrictions, staff capacity and health, flexibility of donors to reprioritize funding, and the context of the crisis**. For example, IOM Bangladesh has started revising workplans and realigning program activities such as those contributing to livelihoods and durable solutions for displaced people and communities. As much as possible, staff are being positioned to help also with essential services. In other crisis contexts such as Ukraine, IOM is delaying their transition and recovery programming, but continues to work on a more integrated approach to non-lifesaving but important interventions.

### GUIDELINES AND GUIDANCE DOCUMENTS

The global CCCM Cluster is organizing a series of webinars that will start on 2 April with a discussion on standards and camp management in response to COVID-19, and will continue every

Tuesday thereafter. Jointly organized by the Working Groups under the global CCCM Cluster, the webinars 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 continues to engage in multiple child protection inter agency technical guidance notes related to COVID response.

In coordination with IOM immigration and border management experts, the Regional Office for Asia Pacific in Bangkok developed “Standard Operating Procedures for Front-line Border Officials at the Point of Entry in Response to COVID-19 Outbreak”.

The Regional Office for Central America, North America and the Caribbean in San Jose is currently developing an expanded protocol for the protection of migration officers. The Regional Office is mobilizing its expertise and coordinating with national authorities with the ultimate objective of advising how border management authorities can cautiously resume activities at the appropriate time.

### FURTHER RESOURCES

Internally, the IOM Africa Capacity Building Centre (ACBC) teamed up with health and border management specialists to launch its **first webinar series on Migration, Health and Borders** on 20-24 March 2020. With 138 participants, the webinar aimed to provide an update on the COVID-19 situation on the African continent, and placed emphasis on the need to not overlook the complementarity between human mobility and health in project development, with a view to sustainably accompanying and supporting government response plans to the ongoing crisis.

IOM is currently creating a **playlist of videos and audio clips** with insights from IOM experts who are tackling the spread of COVID-19 worldwide. Here is Michael Newson from IOM Vienna on Labour Migration: <https://youtu.be/Wj9Fz6vGOL8>

**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 Africa.



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