

2,883,603

Confirmed cases in more than 200 countries, territories or areas<sup>1</sup>

198,842

Deaths

52,970

Restrictions on mobility have been adopted by 217 countries, territories or areas

1,179

IOM movements cancelled

\$499 M

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



IOM launches a COVID-19 awareness raising campaign targeting homeless people in the Ombeda locality, Omdurman-Khartoum State. ©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 [28 April](#), close to 2.9 million confirmed cases and nearly 200,000 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.

As several governments and authorities across the world continue to gradually transition towards more flexible and partially restrictive measures, the impact of COVID-19 on global mobility and migration dynamics remains severe with new extensions of border closures and air travel suspensions. As of 27 April, a total of 217 countries, territories and areas have issued 52,970 COVID-19 related mobility restrictions demonstrating a 1 per cent increase from the 52,262 restrictions recorded on 23 April. At the same time, since the last reporting date, there has been a 15 per cent increase in other limitations such as new

documents required for entry, as well as a 4 per cent increase in medical restrictions and measures.

IOM missions 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 efforts to mitigate and combat the illness's impact. Recent weeks have seen evidence of concentration of COVID-19 cases among migrant workers 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 responses. In addition to the immediate health risks of COVID-19, the situation poses significant socio-economic and protection challenges for migrants excluded from or unable to access support mechanisms. There are also increasing reports of stigma and discrimination towards migrants at destination, transit and home locations upon return, due to fears around COVID-19 transmission. Devising adequate responses for migrants, refugees, IDPs, returnees and vulnerable groups remains the top priority for IOM.

## CONTACTS

COVID Response HQ  
[covid19ops@iom.int](mailto:covid19ops@iom.int)

Donor Relations Division  
[drd@iom.int](mailto:drd@iom.int)

Tel: +41 22 717 92 71

<sup>1</sup>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 **Ecuador**, IOM leads the Temporary Accommodation Sector of the Humanitarian Country Team, in coordination with the UNCT and the Ecuador National Emergency Operations Committee. IOM also works on gathering information on the needs of shelters that receive migrant populations in order to coordinate the response.
- In **Indonesia**, **Timor-Leste**, and **Ethiopia** IOM is working with governments to survey and ensure that existing and potential quarantine and isolation spaces to host migrants and/or refugees take vital public health considerations into account, in particular regarding WASH, physical distancing and proper ventilation.
- **IOM Italy** has partnered with the Local Health Authority in Rome to support health professionals and reception staff dealing with the impact of the COVID-19 outbreak. They are also training reception settings' staff on psychosocial vulnerability, stress management and burn-out prevention.
- In **Libya**, IOM is working with the World Food Programme (WFP) to supply one-month ready-to-eat (RTE) food kits for distribution through the IOM Migrant Resource and Response Mechanism (MRRM). Currently, 3,500 RTE kits are being distributed for migrants in seven locations (Tripoli, Bani Waleed, Sabha, Qatroun, Zwara, Misrata and Benghazi), with more to be distributed in the future.

### 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 an 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. IOM maintains a global mobility restrictions database based on information from IATA, WHO Situation Reports, and relevant media and official sources. This database provides daily updates on the changing travel restrictions being imposed by countries, territories, and areas in response to COVID-19, enabling interactive analysis and mapping.

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

In Somalia, for example, IOM is conducting flow monitoring across seven border crossing points (Bosasso, Buuhoodle, Cabudwaaq, Dhobley, Doolow, Harirad and Lowyacado). In March 2020, a total of 28,859 movements were observed at various flow monitoring points (FMP) across Somalia. Main countries of origin and intended destination observed were Ethiopia, Kenya, Djibouti and Yemen.

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

- In **Thailand**, IOM's Displacement Tracking Matrix (DTM) field teams are conducting flow monitoring at official and unofficial crossing points and bus stations in Ranong Province to determine the number of stranded migrants at the borders with neighbouring countries. IOM's Rapid Assessment [COVID-19-Related Vulnerabilities and Perceptions of Non-Thai Populations in Thailand](#) has been released with data collected through phone surveys between 1 – 10 April 2020.
- In **Somalia**, IOM collected information to monitor the specific vulnerabilities related to COVID-19 among migrants between 22 - 31 March 2020. 266 instances of chronic disease were self-reported. Awareness raising sessions were conducted by enumerators utilizing posters in Somali, Oromo, Amharic, Arabic and English.
- In **Mozambique**, IOM in collaboration with the National Disaster Management Agency (INGC) conducted assessments between 10-19 April 2020, across 71 resettlement sites in Manica, Sofala, Teta and Zambezia provinces. The information gathered through the assessments, which includes the types of preparedness and precautionary measures available in the Idai IDP-hosting resettlement sites, will help decision-makers plan interventions as well as recommend health and site preparation measures for outbreak prevention and containment in the central region sites.
- In **Nigeria**, **Cameroon** and the **Central African Republic**, COVID-19 tailored questions to measure the awareness, needs and impact of the pandemic on displaced populations have been added to data collection exercises conducted by IOM.

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 Burkina Faso** is undertaking RCCE activities in Barsalogo (Centre Nord) and Djibo (Sahel) after having organized awareness raising sessions and trainings of community leaders in the Nord region. 400 posters were displayed across the towns to help raise awareness on COVID-19.
- In **The Gambia**, IOM has conducted awareness raising sessions for 449 community leaders along 41 border communities. Additionally, IOM has donated over 6,000 Information, Education and Communication (IEC) materials to the Ministry of Health and local authorities, and is producing videos which aim to counter migrant stigma and discrimination. IOM has made region-specific community engagement materials on COVID-19 that are accessible to practitioners through the platform [www.coronawestafrica.info](http://www.coronawestafrica.info).
- **IOM Hong Kong SAR China** will launch a social media campaign from May to August targeting current migrant domestic workers with information necessary to continue exercising their labour rights and to access support and help if they need it.
- **IOM Germany** is using its communication channels, including Facebook, Twitter and the AVRR information site [returningfromgermany.de](http://returningfromgermany.de) to reach out to migrant communities and inform on hygiene measures, prevention, and COVID 19 impact on movements.
- In **Egypt**, IOM distributed 3,000 Flyers and 200 posters on COVID-19 prevention measures in six languages (Arabic, English, Amharic, Oromo, Somali and Tigrinya) covering the main languages of migrant communities in Cairo and Alexandria. The flyers were designed to raise awareness on COVID-19 prevention and referral pathways that have been developed in collaboration with the Ministry of Health and Population in Egypt.
- In **Bangladesh**, the **Marshall Islands**, **Yemen** and **Turkey** hotlines have been set-up in partnership with public authorities to facilitate outreach and two-way communication.

### 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.

- In **North Macedonia**, IOM medical teams in two temporary transit centres are performing medical screenings of each new arrival, and leading efforts to improve disinfection and epidemiological control.
- In **Vanuatu**, IOM is mapping migrant and displaced populations to ensure they are included in public

health messaging. The country office is also helping migrants to access services and is advocating for the inclusion of migrants in on-going preparedness and response plans.

### 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.

- In **Italy**, while supporting the Italian authorities in carrying out identification procedures at disembarkation and land border crossing points, IOM staff inform migrants and asylum-seekers in several languages of COVID-19 related health and hygiene precautions in line with the WHO recommendations and measures adopted by the Italian authorities to reduce the risk of infection.
- **IOM Afghanistan**, together with WHO and UNHCR, is holding weekly PoE Working Group meetings to discuss and improve the screening and other services at the PoE, inclusive of registration of returning Afghans.
- **IOM Moldova** was chosen by the Resident Coordinator's Office in Moldova to upgrade standard operating procedures (SOPs), personal protective equipment (PPE) and WASH and isolation facilities at PoEs as part of the response funded by the UN's COVID-19 Response and Recovery Multi-Partner Trust Fund (COVID-19 MPTF). IOM Moldova has also facilitated the procurement and delivery of protective shields and antiseptic spray to the Moldovan Border Police.
- In **Haiti**, a protocol for PoEs is being developed with the Ministry of Health, WHO and other UN agencies. The document will serve as guidance to actors at the main border points as hundreds of Haitian migrants return to Haiti every day.
- IOM teams in **Bangladesh** completed assessments at three PoEs: Hazrat Shahjalal International Airport, Dhaka, Shah Amanat International Airport in Chattogram, and Chattogram Port.
- **IOM Cambodia** continues to support several hundred returning migrants at the various points of entry with hygiene kits, sleeping materials and meals as well as with health screening and disease prevention measures. Due to the COVID-19 pandemic, more than 90,000 Cambodian migrants have returned to the country.
- In **Mauritania**, IOM has provided 10 isolation units at nine of the 11 entry points that remain open for commerce, and has provided training to border agents on SOPs to manage sick travellers as well as procedures to help facilitate prevention and control at border points. PPEs have been distributed to border officials at seven entry points.

## 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 Myanmar** is providing transportation support for COVID-19 nasal/nasopharyngeal swab tests taken in Kachin and Rakhine States for the National Laboratory in Yangon.
- **IOM Cambodia** has deployed an IOM lab technician to support the Poi Pet Lab Room for the collection of specimens from suspected COVID-19 cases among migrants.

## 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 **Sudan**, IOM provided IPC guidance and messages for home and community care providers in local languages and using relevant communication channels in Khartoum, Gadaref, North Darfur, West Kordofan and Abyei. Beneficiaries were migrant communities (mainly Ethiopian, Nigerian and Somali), migrants at community safe houses and migrants in administrative detention. In addition, IOM supported access to WASH services in public places and community spaces most at risk including isolation and treatment centres in Khartoum.
- **IOM Chad** is currently assessing the needs at land border crossings to support the authorities with health screenings and border management. At the N'Djamena International Airport, IOM is assessing the need to increase and rehabilitate WASH facilities in areas facilitating entry/departure of Assisted Voluntary Return (AVR) beneficiaries.
- In **Cameroon**, IOM is providing technical assistance to the Ministry of Health on the management of suspected COVID-19 cases and is organizing infection prevention and control (IPC) training for border officials and other agencies including police, army and health personnel.
- **IOM Nigeria** is supporting health actors to construct 90 quarantine shelters across Borno, Adamawa and Yobe states to decrease the risk of COVID-19 spreading in densely populated camps and host communities of the conflict-affected north-east.

- **IOM Mongolia** is working with national and local authorities to repurpose some existing social infrastructure for eventual use as quarantine space and COVID-19 patient care facilities.
- In **South Sudan**, IOM has developed COVID-19 IPC protocols for IOM offices, guest houses, humanitarian hubs, and community-based activities, including hygiene promotion.
- In **Libya**, IOM completed a training for health-care providers on IPC including fumigation, disinfection, cleaning and sterilization at four detention centres and three disembarkation points.
- In many countries, such as **Ecuador, Chile, Morocco** and **Nigeria**, hygiene kits continue to be distributed. In **Myanmar**, 12,500 migrants, primarily returning migrants from Thailand and China, recently benefited from such distributions.
- In **Argentina**, family and individual kits with food, personal hygiene and COVID-19 prevention items have been distributed, reaching a total of 1500 vulnerable migrants of several nationalities, including the LGBTI population. This activity was implemented in the City of Buenos Aires and its metropolitan area jointly with the Argentine Red Cross.
- Personal protective equipment (masks, gowns, gloves and more) and surveillance equipment (thermometers) have been donated to local authorities in **Bangladesh, Colombia, Ukraine, North Macedonia, Lebanon, Kenya**, and **Eritrea**, among others, to help prevent the spread of the disease, in particular at points of entry and in medical 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 **Yemen**, IOM is working with WHO to ensure public health services to migrants by equipping and supporting migrant clinics and mobile medical teams through all phases of a potential COVID-19 pandemic. Overall, migrant response activities in the southern governorates (Lahj, Aden, Shabwah) are being maintained through IOM mobile teams who are providing health assistance and referrals.
- In **Tanzania**, IOM donated two tents for the Mwandiga Health Dispensary, identified as the COVID-19 Treatment Centre for Kigoma district.

## 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.

- In **Nigeria**, IOM has drafted a containment plan for Bakasi camp with the aims of enabling contact tracing, ensuring the presence of sufficient facilities to prevent the spread of COVID-19, and ensuring adequate health screening, reporting and referrals in the camp. The plan, which includes elements of physical containment/control, temperature screening, RCCE, and scaled-up health activities, is currently being finalized in collaboration with the National Emergency Management Agency/State Emergency Management Agency and the Health Sector.
- **IOM Cameroon** distributed NFI/shelters to beneficiaries and provided capacity building sessions on how to build emergency shelters within the COVID-19 context. This included physical distancing, distribution gatherings in smaller groups, installation of hand washing stations at distribution sites, and sensitization on COVID-19 for affected communities and beneficiaries.
- In **El Salvador**, IOM is leading the national CCCM Working Group that was activated to coordinate the assistance and protection of migrant returnees. About 25 humanitarian actors are participating in weekly meetings to monitor gaps, share information about service provision, discuss issues emerging in existing collective centers, and seek solutions. As of 27 April, there are 92 active quarantine centers accommodating 3,899 people. 4,646 people have already finished the quarantine period.

## Protection

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age and disability, but also nationality, status or ethnic origin. IOM is committed to ensuring the protection of migrants, displaced persons and other vulnerable populations remains at the centre of its COVID-19 response.

- In **Chile**, in addition to food and hygiene item distributions, four shelters have been equipped to receive migrants who have become homeless due to recent unemployment. IOM is taking actions to provide temporary accommodation and food for families and special cases.
- In **Bangladesh**, IOM has helped develop awareness facilitation guidelines on COVID-19 for children and adolescents, as well as guidelines for case workers and caregivers on how to take care for children in alternative care systems. In addition, four training sessions on "Mental health, wellbeing and prevention of

COVID-19" have been carried out to help participants deal with anxiety and stress during the pandemic, promote staff wellbeing and disseminate key mental health messages, while informing about a new tele-counselling service that was recently launched.

- In **Kazakhstan**, 393 stranded migrants affected by COVID-19 have been provided with humanitarian assistance.
- In **Egypt**, IOM supported 3,500 vulnerable migrants in Cairo, Alexandria, and the North Coast through the distribution of food boxes and hygiene kits to as part of the "We Care" campaign in collaboration with Caritas and the Egyptian Red Crescent

## Addressing Socio-Economic Impacts of the Crisis

Recognizing the importance of including migrants and other mobile population groups in UN development responses, IOM is actively engaging with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socio-economic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- **IOM in The Gambia** is supporting returnees' reintegration through a tailoring project to produce hazmat suits, for which the prototype has been approved by the Gambia Standards Bureau.
- **IOM Malta** is developing guidance and leaflets that contain consolidated information on the benefits available to migrants who are currently unemployed or may become unemployed, complete with websites and additional hotlines that migrants can contact for more information.
- **IOM Algeria** started a pilot cash assistance intervention for 50 migrants in urgent need in six different provinces. A further 200 migrants are expected to be assisted in the next week.



A local woman utilizes IOM's hand-washing facility in the Bagong Evacuation Centre, Kidapawan, Cotabato Province, southern Philippines. © 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 the migrants as well as staff. As of 24 April 2020, 69 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 (12 per cent as of 24 April).

[IOM's Resettlement and Movement Management \(RMM\)](#) operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 30 April, 1,179 movements have been cancelled, affecting 10,551 individuals, the majority of whom are resettlement cases.

### New Programmatic Approaches

[IOM Germany's virtual counselling project](#) allows migrants in Germany to connect with IOM staff in 16 countries of origin in order to inquire about reintegration support and to learn about the impact of COVID-19 in their countries of return. Additionally, IOM Germany conducts targeted outreach via social media to inform migrants about the possibility of virtual counselling and receiving reliable information on AVR during COVID-19. In total, more than 40,000 people were reached by the Facebook ads.

[IOM's Immigration and Border Management \(IBM\)](#) monitoring and analysis initiative has identified more than 870 situations where immigration, consular and visa related assistance is needed as a result of COVID-19. Derived from initial findings, IOM has developed the following recommendations: Facilitation of immigration and visa procedures for health-care workers; Expansion of remote consular support; Adaptation of regulations; Rethinking of existing immigration processes and programmes. More information can be found on this [brief of COVID-19 Emerging Immigration, Consular and Visa Needs](#).

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 24 April, 76 staff 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 and assist in the COVID-19 response. In addition, 30 HAP sites have started providing supplies and services to support national and local responses, including, among others, screening for the disease at POEs and elsewhere, provision of primary and acute care services, and provision of personal protective equipment and supplies.

### Guidelines and Guidance Documents

- IOM contributed to a guidance and resource package for cities and local/regional governments on COVID-19 issued through the Global Forum on Migration and Development (GFMD) Mayors' Mechanism (MM) and will be contributing to two GFMD webinars on 28 and 30 April.
- The second version of [Mental Health and Psychosocial Support in the COVID-19 Response- Guidance and Toolkit for the use of IOM MHPSS teams](#) was published with updates including new best practices from the field, multi-language translations of relevant tools, and more.

### Information Sharing and Communications

The global CCCM Cluster has extended its Tuesday webinar series through the month of May. Jointly organized by the Working Groups under the Cluster, the webinars provide the opportunity for camp management practitioners to share operational examples and exchange best practices for adaptation in order to ensure continuing assistance and protection to the displaced population. The next session, on 5 May, will be on 'Remote Management Challenges in Engaging with State and Non-state Actors.' Up-to-date details on all CCCM Cluster-related events, including the webinars, can be found [here](#).

IOM launched a global social media campaign against xenophobia and discrimination in the context of COVID-19, and hosted a 30-minute social media live broadcast on 28 April that included a Q&A with youth on migrants' health.

[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. These 2 - 3 page briefs are an accessible tool that enable readers to quickly grasp the implications of the pandemic. New snapshots include: "gender dimensions", "travel restrictions and mobility", "cities and local authorities", "technology to support analysis and responses".



[www.iom.int/donate/](http://www.iom.int/donate/)

