

## 4,904,413

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

## 323,412

Deaths

## 63,872

Restrictions on mobility have been adopted in 182 countries, territories or areas

## 1,286

IOM movements cancelled

## \$499 M

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



IOM staff use PPE to distribute food rations to vulnerable migrants in Tripoli, Libya, in partnership with WFP. © 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 [22 May](#), over 4.9 million confirmed cases and over 323,000 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.

The varied impact of COVID-19 across different parts of the world continues to engender differing responses and mitigation measures to restrict international travel and limit internal mobility. A total of 221 countries, territories or areas have issued 63, 872 travel restrictions demonstrating an increase of three per cent from the 61,769 travel restrictions recorded on 14th May 2020. Restrictions such as new documents for entry and other requirements increased by 17 per cent while measures such as medical requirements increased by 7 per cent. Alongside the travel restrictions, since 1 April, a total of 172 countries, territories or areas have issued 694 exceptions to their travel restrictions. Between 18 May and 21 May, nine countries, territories or areas have issued 31 new exceptions whilst nine countries, territories or areas have removed 18 exceptions. Even with travel restrictions remaining stringent, the planning for the reopening of some international and domestic air travel continues. This is also complemented by authorities like the European Union Aviation Agency issuing new guidelines for resuming international travel and the International

Civil Aviation Organization issuing plans to deliver global guidelines by the end of May 2020.

A key consequence of these mobility restrictions worldwide has been the stranding abroad of people formerly on the move. To assist these stranded travellers and migrants, governments and national authorities have increased their capacity to provide consular assistance to their nationals stranded abroad. In other instances, migrants have sought to return through operations facilitated by IOM or spontaneously, through official border points or otherwise. However, in many regions, stigma and discrimination towards migrants at destination, transit and return locations due to fears around COVID-19 transmission have been reported, which can lead to further exclusion from or unwillingness to access health services and risk further exacerbation of the hardships created by the pandemic.

In migrant camps, camp-like settings, reception centres and dormitories, there are increasing reports of confirmed cases and a heightened risk of contracting and spreading COVID-19 due to overcrowding, inadequate sanitation, poor nutrition, and limited access to health services. These conditions greatly contribute to the risk of an infectious disease outbreak in locations that currently have no known cases and/or to increasing the risk of transmission if it is already present. To address these and other challenges, IOM missions around the world are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness and response efforts.

<sup>1</sup>Source: 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.

- On 18 and 19 May, IOM participated in the World Health Organization's two-day [73rd World Health Assembly](#) and issued a statement [calling for the inclusion of migrants and displaced persons](#) in public health services, through COVID-19 preparedness and response efforts, as well as in any immunization and treatment solutions to be found in the future.
- IOM Regional Office for [East and Horn of Africa](#) has convened meetings with Trademark East Africa to explore cooperation related to COVID 19 at points of entry (PoEs) and enhancing an understanding of the nexus between Migration and Trade and the impact of COVID-19 on the region.
- [IOM Regional Office for Southern Africa](#) participated in a continental webinar "Integrated Corridor Approach for Infrastructure Development" hosted by AUDA-NEPAD and JICA. Presentations were made on One Stop Border Posts (OSBPs) and COVID-19 considerations for continental infrastructure.
- IOM supported the government of [Georgia](#) by hosting a live online consultation for Georgian migrants stranded abroad due to COVID-19. IOM responded to numerous questions on return opportunities and concerns about overstaying in the EU due to COVID-19.
- [IOM Mexico](#) and [IOM Honduras](#), in coordination with local authorities in both countries, recently assisted 41 Honduran citizens living in Mexico through the IOM Assisted Voluntary Return and Reintegration (AVRR) program. IOM staff arranged their travel arrangements and pre-departure medical examinations and facilitated their return to Honduras.

### Tracking Mobility Impacts

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

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** being implemented around the world and is conducting **Mobility Restriction Mapping** for points and locations 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 in place at PoEs and internal transit points, globally. As of 14 May,

IOM has assessed 4,680 points and locations in 174 countries, territories and areas. Of the total number of locations assessed, 3,389 were PoEs, 347 were internal transit points, and 944 comprised other areas and sites of interest. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, and other measures limiting mobility. These restrictions affected populations including regular travellers, nationals, irregular migrants, returnees, and IDPs. 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 [Ethiopia](#), a total of 5,431 movements were observed by IOM across five flow monitoring points (FMPs) in the month of April. This represents a 15% decrease in daily average movement in comparison with March 2020 when an average of 247 movements per day were observed. For the first time in 27 months of flow monitoring data collection, the incoming movements (78%) are significantly higher than outgoing movements (22%).
- In [Zimbabwe](#), IOM has conducted DTM Flow Monitoring exercises at key border crossing points with South Africa (Beitbridge) to capture migration trends by analysing the inflows and outflows of movements through the border points. IOM is looking to scale up Flow Monitoring interventions to other main border posts (Forbes, Nyampanda, Chirundu, Plumtree, Victoria Falls) receiving returnees migrants from neighbouring countries, to ensure a proper registration and profiling of the vulnerabilities and conditions of returnees to provide and appropriate post-arrival humanitarian assistance.

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

- In [Djibouti](#), IOM collects data at migrant sites across the country daily. As of 14 May, 1,310 Ethiopian stranded migrants have been identified across 23 sites. Immediate needs include water, food, hygiene kits and non-food items (NFI)
- In [Libya](#), IOM is publishing a bi-weekly assessment report as part of its mobility tracking activities aimed at understanding the impact of COVID-19 related mobility restrictions and curfews on vulnerable mobile populations. The report presents the findings of assessments conducted in the last two weeks of April 2020, covering the 39 municipalities (baladiya) of Libya with significant IDP and migrant populations.
- [Mozambique](#), IOM in collaboration with the Government of Mozambique and the National

Disaster Management Agency (INGC) has conducted a COVID-19 Preparedness Assessment in Resettlement Sites. Reports published on central region sites in Sofala, Manica, Zambezia and Tete provinces, and in northern region sites in Cabo Delgado and Nampula provinces, cover a total of 76 resettlement sites, which shelter over 100,000 people. The resulting reports aim to inform the government and humanitarian partners on COVID-19 preparedness measures and to support outbreak prevention in resettlement sites that host populations displaced by Cyclones Idai and Kenneth.

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 Malawi** trained 250 volunteers on COVID-19 risk communication in Mchinji, Mwanza and Neno districts through door-to-door educational talks on preventive measures. Targeting migrants, including sex workers, the volunteers were equipped with handwashing soap, sanitizer and face masks, as well as posters and leaflets to distribute among communities.
- **IOM Zimbabwe** carried out risk communication campaigns at the provincial quarantine facilities where migrant returnees are spending seven mandatory days. Key information delivered covered: transmission prevention through physical distancing and best hygiene practices as well as early diagnosis and treatment for COVID-19.
- In **South Sudan**, between 4 and 10 May, IOM reached 48,219 persons with health and hygiene promotion messages, in Bentiu and Malakal protection of civilian sites, as well as in Wau, Twic and Juba. The information sessions were held at water points and handwashing stations, through door-to-door visits, and with megaphones.
- **IOM Mongolia** has started data collection for a knowledge, attitudes and practice (KAP) survey, which will be used to interview 500 existing and prospective migrants in the capital city Ulaanbaatar and rural areas of Mongolia. The survey will help assess the impact of the government's restrictions and the effectiveness of the information delivered by the government. The KAP survey will also help better target and increase the overall effectiveness of communication campaigns on COVID-19.

- **IOM Sri Lanka** provided the Ministry of Health with 100 PA systems and approximately 16,000 printed RCCE materials on safe shopping and quarantine practices. The mission, together with the Ministry of Health and the Health Promotion Bureau, has developed audio content to be shared through the PA systems and positive messaging to counter discrimination and stigmatization to be disseminated through social media channels.

### 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 **Djibouti**, IOM has trained over 30 police officers on COVID-19 surveillance and prevention measures along the migration route and in Djibouti city, with a special focus on taking vulnerable migrants into account.

### 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 Haiti**, WHO and the Ministry of Public Health and Population undertook field visits to the official border crossing points (BCPs) of Ouanaminthe, Belladere and Malpasse between Haiti and the Dominican Republic to start implementing the COVID-19 protocol for detection, referral and monitoring of COVID-19 cases.
- **IOM Uganda** is assisting the Ministry of Health in drafting the PoE public health emergency response plan, while continuing to actively engage in various coordination platforms including the PoE Working Group, National Task Force and Joint UN Emergency Coordination Team.
- **IOM Libya** conducted a series of assessments at Misrata Airport, Ras Ajidir and Wazin border crossing points and Zliten detention centres to identify locations for isolation rooms for COVID-19 cases.
- **IOM Belarus** and the State Border Committee have developed a leaflet targeting incoming migrants to promote COVID-19 prevention measures, including self-isolation and hygiene recommendations. It is planned to disseminate about 1,500 leaflets daily at all acting PoEs – both land and air.
- **IOM Ukraine** provided additional personal protective equipment (PPEs) to the State Border Guard and the State Migration Service of Ukraine. In total 10,000 surgical masks, 2,550 filtering facepiece 2 respirators, 6,000 pairs of gloves, more than 100 liters of handwash disinfection liquids, 45 contactless thermometers and 386 protective visors were purchased with funding



from the European Union to help address the threat of COVID-19 at border crossing points and migrant accommodation centres.

- **IOM Burundi** conducted a handover ceremony of basic health, hygiene, protection and communication equipment for the General Commissioner of Migration particularly for immigration officers based at the central level and priority PoEs. The donated equipment will help build their capacity to manage cross border movements and respond to COVID-19 challenges.
- **IOM Bangladesh** hosted two PoE Task Force meetings at Benapole and Darshana land ports. Since March 2020, IOM has completed rapid needs and capacity assessments at eight PoEs across the country. IOM has also convened seven Health Border Mobility Management PoE Task Force meetings attended by 155 participants from relevant PoE authorities. To help the Government build capacity at PoEs, IOM is training PoE personnel to identify, screen and refer ill travellers, procured one ambulance, engaged medical support staff to assist with screening at Chittagong Airport and donated equipment to Centres for Disease Control (CDC) staff in Dhaka to meet data entry and information sharing needs.
- **IOM Marshall Islands** has rolled out the training, "Management of Ill Travellers in the Context of COVID-19 Outbreak," with all Division of Immigration staff. In Majuro, IOM is working with the PoE group to improve WASH facilities at relevant locations.
- In the **Democratic Republic of the Congo**, in collaboration with the Programme National d'Hygiène aux Frontières (PNHF) of the Congolese Ministry of Health, between 11 and 16 May, IOM has trained 66 communicators and 20 data managers deployed at PoEs and other points of control in Kinshasa. The goal is to enhance accurate and reliable knowledge of COVID-19, bolster screening and detection, and collect contact tracing data with tablets.
- **IOM Myanmar** is distributing crucial surveillance materials and infrastructure, such as testing booths, with the goal of covering every official PoE in Kachin State, reinforce the government's health capacities and facilitate more testing.
- In **Somalia**, IOM has screened over 900 people arriving across the Somali-Ethiopian border. IOM is also delivering hygiene promotion at PoEs at the border with Ethiopia.
- **IOM Seychelles** is discussing the safe re-opening of border crossing points with the Department of Foreign Affairs (DFA) and Immigration Services, through re-focusing its border management activities towards health security and strengthening of operational guidelines. Online consultations will take place with relevant government stakeholders.

## National Laboratory Systems

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM continues to support the enhancement of national capacity for detection of COVID-19.

- In **Cox's Bazaar**, **IOM Bangladesh** is collecting samples for COVID-19 testing from four primary health care facilities; between 9 and 18 May, 47 samples were collected and transported to testing laboratories.
- **IOM Ethiopia** has seconded Laboratory Assistants to support COVID-19 testing in various government-led quarantine facilities.

## 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 Rwanda** is providing capacity building to over 350 frontline health workers responsible for screening at PoEs.
- In **Bosnia and Herzegovina**, the quarantine capacity needs at temporary reception centres (TRCs) are rising as more migrants attempt and often fail to cross borders and move ahead on their journeys. On 18 May, 1,224 migrants were accommodated in TRC quarantine areas and supported by IOM.
- In **Cox's Bazar, Bangladesh**, IOM distributed 40,588 cloth masks, 4,665 bottles of sanitizers, 4,855 soaps, 128 thermometers, and five waste bins to the local government, camps, and law enforcement agencies. In addition, 22 ambulances were disinfected at the IOM-managed Ambulance Disinfection Centre in Cox's Bazar, which is open 24 hours a day and has 12 volunteers working in shifts to ensure uninterrupted service. IOM also installed 135 handwashing devices in communal areas, and WASH teams finalized a beneficiary satisfaction survey of handwashing devices in 13 camps. The survey showed that 86 per cent of beneficiaries were satisfied with availability and function of handwashing devices, while 14 per cent listed concerns, such as water and soap availability, waiting times/overcrowding, timely repairs, height of taps and water overflow into nearby roads and footpaths. IOM teams are working to address these concerns.
- **IOM Myanmar** is distributing liquid soap and hand sanitizers to local counterparts, targeting more than 20,000 beneficiaries from 35 IDP camps in Kachin, including a large influx of returning migrants due to COVID-19. IPC efforts are also supported in

three camps and a market in Buthidaung (Northern Rakhine State).

- In **Nigeria**, IOM identified elderly persons in camps and camp-like settings to protect them from risks of infection by providing individual shelters where possible. So far, 3,722 elderly persons (above the age of 54) across 49 sites in 10 locations have been identified. In addition, 128 handwashing stations have been installed, and IOM is supporting the construction of 90 quarantine shelters. In Nigeria, where camp decongestion remains a major challenge, IOM is rehabilitating buildings to accommodate residents of overcrowded camp sites.
- In **Tanzania**, in the context of the voluntary repatriation of Burundian refugees (VOLREP), IOM has provided extra nurses to ensure proper hygiene measures are observed during repatriation processes, including temperature checks for returnees, spraying of vehicles and physical distancing.
- **IOM Libya** conducted several sterilization fumigation and cleaning campaigns in various locations such as urban shelters, disembarkation points and detention centres.

### 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 **North Macedonia**, 154 COVID-19 related medical screenings have been conducted by IOM medical teams in the reception centres.
- In **Mozambique**, IOM is supporting the Provincial and District Health Department in Montepuez district to upgrade an old health facility to serve as a COVID-19 isolation and treatment centre. This centre is expected to have between 25 to 50 beds. In addition, IOM is upgrading a treatment facility in Pemba to strengthen preparedness and response capacities.
- **IOM Myanmar** staff support a 20-patient bed isolation ward for the COVID-19 patients in Buthidaung Hospital, Northern Rakhine State.
- In **Bangladesh**, 8,456 consultations were conducted at IOM-supported primary health care facilities between 9 and 18 May. IOM also conducted a rapid needs and capacity assessment of the Government-run isolation and treatment centres in Ramu and Chakoria hospitals in Cox's Bazar district. Also in Cox's Bazar, IOM's dispatch and referral unit coordinated 33 requests for isolation bed capacity management and ambulance dispatch. Five additional ambulances have been added to the common pool

and seven have been assigned to transport potential COVID-19 patients. Intensive care equipment has been installed in two ambulances. A new hotline has been set up to provide direct telemedicine advice and COVID-19-related health information especially for Bangladeshi migrants abroad. The new hotline has 20 WhatsApp-based phone connections and a total of 2,644 migrants have been supported.

### 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 center of its COVID-19 response.

- **IOM Armenia** is launching a study among the largest migrant groups to highlight the most pressing human rights issues, such as access to information and health-care services under the State of Emergency triggered by the pandemic, and to develop practical recommendations on short and middle-term assistance required.
- **IOM Burundi** conducted a three-day training on psychological first aid in Bujumbura Rural, with members of the Ministry of Health engaged as trainers for 30 community volunteer health agents.
- In **Cox's Bazar, Bangladesh**, the IOM mental health and psychosocial support (MHPSS) team has facilitated 12 trainings on "mental health well-being and prevention of COVID-19" in different camps. The 74 participants were community leaders such as imams, majhi, teachers, volunteers, community support group members and MHPSS volunteers.
- In **Libya**, IOM has provided individual counselling services to migrants, psychological first aid, and awareness sessions on COVID-19.
- In **Lebanon**, many migrants are facing severe challenges which include a lack of access to food and shelter. Victims of trafficking are particularly vulnerable. IOM teams recently distributed personal hygiene kits and helped provide food, shelter, and other assistance thanks to IOM's Emergency Victim Assistance Fund (EF).

### 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 released a [new Issue Brief](#) that highlights the socioeconomic implications that the ongoing pandemic exerts on developing countries. The brief outlines how the fall of remittances and increased flows of migrants returning back home unable to continue earning abroad, threatens to bring many to the brink of poverty and significantly worsen their ability to access quality education, nutrition and, health services. IOM has joined a global [Call to Action](#) supported by the World Bank, the United Nations Capital Development Fund (UNCDF), the United Nations Development Programme (UNDP), the International Association of Money Transfer Networks (IAMTN) and the International Chamber of Commerce (ICC) to draw the attention of the

international community to the socio-economic strain that COVID-19 will place on migrants and their families.

- [IOM's Regional Office for the East and Horn of Africa](#) is launching a series of Instagram briefings @ UNMigration on major issues related to the socio-economic impacts of the COVID-19. The first briefing was on COVID-19's impact on remittances in the region.
- [IOM Uganda](#) is contributing to an in-depth analysis on the socioeconomic impact of COVID-19 in Uganda. So far, IOM shared its preliminary findings on the impacts of COVID-19 on IDPs, migrant workers and undocumented migrants with the UNCT.

## OPERATIONAL UPDATES

The [Humanitarian Booking Hub](#) is now launching a new booking service (for passengers) and IOM with 4 other UN agencies (WFP, UNHCR, UNICEF, FAO) will be testers given IOM's lead role in travel management. The new booking hub will be online which should make the process more user friendly and request handling more efficient.

### Operational Challenges

[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, 1,286 movements have been cancelled, affecting 11,257 individuals, the majority of whom are resettlement cases.



IOM's MHPSS staff and volunteers travel on foot, by bicycle and by rickshaw through the refugee camps in Cox's Bazar, Bangladesh to bring awareness raising messages to the community. Key messages were developed according to UN guidelines and recorded in a professional studio by BBC Media Action, and include information about COVID-19, mental health maintenance and MHPSS hotline information. © IOM 2020

### New Programmatic Approaches

The latest findings from [IOM's Immigration and Border Management COVID-19 Emerging Immigration, Consular and Visa Needs and Recommendations](#) initiative highlights a shift from the immediate immigration-related responses to containment measures undertaken by Member States, to the ongoing management of limited mobility pathways during the past month. In a [second Issue Brief](#), analyzed trends include the planning and implementation of mobility corridors, the merging of public health imperatives within immigration procedures, and the expansion of flexible visa schemes. These findings are closely linked to socio-economic recovery measures while serving to inform discussions about developments in global mobility systems.



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