The COVID-19 outbreak has hit 52 African countries, among which 23 are in West and Central Africa. At least 5,100 positive cases and over 120 deaths have been confirmed.

As of 15 April, Cameroon reported the highest number of cases in West and Central Africa Region with 855 confirmed cases. Over the past two weeks, there was a sharp increase (+ 300%) in Niger and Guinea. Burkina Faso still has the highest mortality rate (5.4%), which is above the average (4.6%) on the African continent.

Several countries in the region are now experiencing local transmission, suggesting that the number of positive cases is likely to increase dramatically in the coming weeks. It is crucial to prevent local transmission from evolving into a widespread community transmission.

Increased community awareness of the disease is needed to ensure that communities understand the disease as a concrete risk for them (as opposed to "imported" cases.)
Seven countries in the Sahel and Lake Chad Basin (LCB) are affected and at least 2,500 positive cases and over 80 deaths have been confirmed.

Both regions present specific fragilities related to the weakness of basic social services including health care, low-income economies and informal sector which limits livelihoods options. These fragilities are compounded by growing security challenges such as frequent riots and violent extremism, in a context of climate change, land degradation and water scarcity.

Due to the upsurge of violence in parts of Burkina Faso, Chad, Mali, Niger, and Nigeria (over 800 security incidents recorded in Burkina Faso only in 2019), health centres are either closed or not fully functioning, leaving millions of people without access to adequate basic services.

Measures taken by governments to prevent the spread of COVID-19 in the regions have left more than 5,000 migrants stranded at borders or waiting in transit centers across the region. The closure and/or tightening of borders further limits regular migration options. The situation can be exploited by smugglers, traffickers who may seize the opportunity to exploit, rob and abuse migrants.

Although no cases of COVID-19 have yet been reported among displaced communities or in transit facilities, prevention and protection remain essential to avoid possible spread of the virus in these locations.

However, in IDP sites, camp-like settings or transit centers, the recommended preventive measures such as social distancing and hygiene measures e.g. handwashing with soap are challenging in overpopulated areas with limited access to water.

Additionally, the socio-economic side effects of the measures taken by governments to prevent the spread of COVID-19 could become a major contributing push factor in the region, increasing the likelihood of (re)migration. The closure of border posts already has a heavy impact on border communities’ economies which may lead to the crossings at non-official points of entry, especially small-scale border traders, who have potentially lost their income.

The direct impact of measures to slow down the spread of the disease such as the closure of markets, quarantines or curfews will further impact livelihoods and access to food, aggravating an already existing food insecurity.

Additionally, with the restrictions in place in several countries, travelers, traders or truck drivers face long waits to receive authorization to enter and crowded lines where they are unable to apply the recommended measures. These crossings may create sanitary risks if no additional measures such as testing, or isolation are put in place.

Indications of growing animosity among local populations, some of whom perceive foreigners or minorities as responsible for spreading the disease. Xenophobic incidents were reported in the region. The likelihood of such incidents will probably grow as Covid-19 continues to spread.

Finally, violent extremist groups may exploit the current chaos, taking advantage of the overall international attention being distracted by the COVID-19 crisis, reportedly perceived as a “window of opportunity” by criminal and extremist groups to target populations.

Read full background brief here.
IOM is working to ensure that a well-coordinated, comprehensive, equitable and timely response to the crisis is underway to halt further transmission of the disease, limit the humanitarian and socio-economic effects of the pandemic, and support affected communities to prepare for longer term-recovery. IOM’s approach to preparing for and responding to disease outbreaks is anchored in IOM’s Health, Border and Mobility Management framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR). IOM’s approach is aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, the forthcoming UN Framework for the Immediate Socio-economic Response to COVID-19, and country-level Preparedness and Response Plans (PRP). The proposed IOM response aims to tackle the pandemic as an organization that can respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programmes to mitigate and address the longer term socio-economic impact of COVID-19.

STRATEGIC PRIORITY I - Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.

● COORDINATION AND PARTNERSHIPS

Across the region, IOM is participating in country-level, cross-border, and regional coordination mechanisms, following the One UN approach. Within these mechanisms, IOM is providing technical expertise mainly on surveillance and POE (Burkina Faso, Mauritania, Guinea), and risk communication (Burkina Faso, Chad, Mauritania). WFP is working on solutions to facilitate passenger services, the movement of medical supplies and medivac services for
The second phase of this data collection started this week and is intended to provide more detailed information about health measures, mobility restriction measures, etc. for each POE and Transit. In Guinea Bissau, IOM launched a data collection and monitoring application to gather essential information and facilitate the screening and monitoring of travellers at all key POE, including at the Osvaldo Vieira International Airport.

In Cameroon, IOM’s monitoring activities continue to be done via telephone calls. Event tracking tools, following key mobility events related to Covid-19 is now active in Guinea, Mauritania, Chad, Cameroon, Nigeria, Burkina Faso, Senegal and Mali and provide updated information on migrant stranded following border closure. In Côte d’Ivoire, data is being collected via phone. In Mauritania, data collection is happening at the most frequented border posts and is focusing on border communities and transhumant populations vulnerabilities and exposure to COVID-19. In Nigeria, IOM DTM is working along with WHO and the State Ministry of Health to collect travel history data at relevant border posts with Cameroon.

In Burkina Faso, IOM has organized over 50 information sessions in conflict-affected areas, reaching hundreds of IDPs. In Guinea, IOM produced awareness raising material broadcast at the Conakry airport and supported the citizen initiative “Mou Corona Khaninma” to fight the stigmatization of those who are infected by the disease and the travelers. In Sierra Leone, IOM has trained 70 social mobilizers to sensitize communities on COVID-19 preventive measures in coordination with Ministry of Health.

In Mali, radio programmes are ongoing. In Mauritania, IOM supports the government with the translation of official COVID-19-related information documents, dissemination of information, mobilization of community leaders, village committees and migrants’ associations. IOM is disseminating information in Koranic schools and distributing non-food and hygiene products to the students. IOM is mobilizing and training village committees’ members at border regions. In Niger, IOM’s 50 community mobilizers sensitize migrants each about the COVID-19 preventive measures, at the transit centres and in the local communities, along with traditional leaders. IOM works with local radios to ensure
accurate information on COVID-19 is shared across Niger. Finally, in Guinea-Bissau, IOM recently trained 125 community leaders, in the regions of Gabu, Oio and Bafata on COVID-19 prevention to strengthen community health security.

● POINTS OF ENTRY (POE) ● DISEASE SURVEILLANCE
In Chad, upon the government’s request, IOM will support POE management and equipment; IOM is currently considering the establishment of WASH facilities in AVR processing area together with the national security sector at the N'Djamena airport. IOM is assessing seven land borders and has mapped all POEs for all border crossings.

In Côte d’Ivoire, a rapid assessment at ten POE was undertaken via telephone to understand current difficulties/needs in border areas. In Guinea, IOM has put in a place surveillance system to ensure the respect of travel restrictions at five POE. It is currently developing five SOPs to detect, isolate and refer suspect cases at POE. Moreover, IOM initiated active screenings at six priority POE located at the borders with Mali, Côte d’Ivoire and Liberia and deployed 10 staff at ten high-risk POE. In Sierra Leone IOM is supporting a surge capacity deployment of port health officers to support screening and referrals at prioritized POE and wharfs.

In The Gambia, IOM conducted training on infection, prevention and control for frontline border officers and public health officers. In Mauritania, IOM is the POE pillar lead. IOM trained agents in active border posts on hygiene rules, screening and isolation of individuals crossing borders. Additional training for border officials on the procedures to be put in place in border regions, including 50 police members will be organized. IOM donated emergency equipment for patient control and isolation (tents, protective gear and thermal cameras) for the airport and most affected border posts.

In Guinea Bissau, more than 30 border agents were trained on the use of the new surveillance system which works on tablets and allows border agents to record essential information for monitoring purposes. IOM is updating the Standard Operating Procedures for Points of Entry, prevention and community surveillance to limit the spread of the virus developed during the Ebola crisis. MHD at RO Dakar made available the training modules on surveillance at POE developed jointly by IOM, WHO and UEMOA. The modules will contribute to a more streamlined response across IOM missions globally and between agencies involved in POE activities.

● INFECTION PREVENTION AND CONTROL (IPC)
In Chad, IOM donated twelve 30-person tents to the national health response team in Baga Sola and is currently assessing two medical centres in Northern Chad to support increase of capacities through infrastructure rehabilitation. In Guinea, IOM provided internet connection to the Public Health Emergency operations center in Conakry and it deployed five IOM technical assistants to support the national sanitary agency. IOM designed training modules for sanitary control agents.

**STRATEGIC PRIORITY III** — Ensure access of affected people to basic services and commodities including health care, and protection and social services.

● CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES
In Burkina Faso, IOM distributed shelters to decongest Youba IDPs site as a prevention measure against the spread of the virus and put in place 80 handwashing stations. IOM distributed to IDPs on temporary sites 50 hygienic kits. In Chad, IOM provided onward transportation to 250 stranded students once released from quarantine to reach their final destinations. In Niger, IOM provides shelter, food, water, core relief items, psychosocial and medical assistance to stranded migrants as they continue to arrive in Assamaka, a town located at the border with Algeria.

● PROTECTION
Across the region, besides Niger (2000+), at least 2,700 migrants are stranded mainly in Cameroon, Burkina Faso, Côte d’Ivoire, Mali and Nigeria. In Chad, IOM is currently managing two transit Centers for 400 persons for stranded migrants and obtained authorization to continue with life-saving operations in the North of the country. In Mauritania, IOM established a protection team dedicated to COVID-19 to ensure case management and direct assistance to vulnerable migrants, including orientation and advice to access the social protection measures announced by the government.
In **Burkina Faso**, IOM is providing direct assistance to 1,500 migrant workers mostly from Niger around gold mining areas. IOM is currently negotiating the issuance of laissez-passer for IOM staff to provide these stranded migrants with assistance, in coordination with partners such as the Red Cross.

In **Chad**, IOM established wash facilities in IDP sites in Lake Chad region, and organized sensitization campaign through town troubadours. IOM reprogrammed the NFI kits to include hygiene kits and is currently evaluating the possibility to relocate 20,000 IDPs from war area to safe space.

**STRATEGIC PRIORITY IV** – Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

- **ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS**
  Across the region, IOM monitors and alleviates the socio-economic impact of the COVID-19. In **Mauritania**, IOM ensures the provision of supplementary assistance to vulnerable migrants directly or through implementing partners (e.g. food and NFI assistance, rent assistance).

IOM is assisting vulnerable people including unaccompanied children, victims of violence and members of the LGBTQ community affected by the social impact of the COVID-19 crisis, as well as migrants unable to pay their monthly rent. In **Senegal**, IOM is working together with the government, the EU and the World Bank to provide additional cash assistance to the returnees who have already benefited from reintegration assistance under the EU-IOM Joint Initiative.
KEY IMPACT AND CHALLENGES

OCCUPATIONAL HEALTH STATUS - DUTY OF CARE
Common Services Hub to be set up in Accra for Cargo, Medevac and Transport of UN personnel. Accra will be the site of the UN field hospital for the region. In Nigeria, IOM has been designated co-coordinator for the COVID 19 Response in the country and program manager of the UN Isolation and Treatment Center for UN Staff, Dependents, and frontline workers. IOM Nigeria is seconding six doctors and medical technicians to the Isolation and treatment center. IOM’s two labs have been designated as UN labs.

REPROGRAMMING OF FUNDS
COs continue to mainstream COVID-19-related activities in existing projects, including the EU-IOM Joint Initiative.

IOM missions are starting to receive formal confirmation from donors on the possibility to reallocate existing funds to respond to emerging needs related to COVID-19. To date, a total of $1.6 M was reprogrammed.

NEW FUNDING
With respect to new funding opportunities, donor interest in the region for now has focused essentially on reinforcing existing humanitarian operations (Nigeria principally). There is a crucial need to garner more interest and attention for non-HRP countries for the region. Several of the traditional IOM donors have indicated/confirmed funding to be coordinated via their respective HQ through the Global Appeal. These donors include Sweden, Netherlands and Canada. So far, the new funding amounts to $1.5 M (mainly for Nigeria). Additionally, the EUTF top-up for the region (64 million EUR) shall be signed in the upcoming weeks. The Regional Office is developing a regional appeal that will be launched next week.

PRIVATE SECTOR
In addition to leveraging the private sector engagement through existing UN mechanisms at country level, IOM country offices will reach out to national companies to support COVID-19 responses. At HQ level, due diligence process has been shortened to 24-48 hours, and a mailing list put in place to get information and funding opportunities. You can subscribe to this mailing list [here](#).

ADVOCACY

- IOM is drawing on its experiences from previous emergencies – notably the most recent Ebola outbreak in West and Central Africa and is working closely with the World Health Organization and other UN Migration Network member agencies and partners to ensure the integration of migration health concerns across the UN system and national policies.
- Indeed, migrants, regardless of their status, may have limited access to public health services, or fear accessing such services. They may also be excluded from public health information programming or, when informed, lack the financial means to manage periods of self-isolation or quarantine.
- All migrants, in regular or irregular situations, and including those in exploitative situations, should have access to health information, testing, treatment and care, so that response teams can include them in contact tracing and community interventions.
- IOM is aware that the current pandemic will have broad-ranging, long-term humanitarian and socio-economic impact. While the economic and political implications of this crisis are impossible to fully assess at this moment, there is a need to acknowledge the critical economic inflection points ahead for societies, and the deeper impacts that may be looming for the diverse mobile populations that the Organization serves.
Although no COVID-19 case has been reported in any displacement site so far, IOM stresses the need for increased prevention activities on IDPs camps. Displaced populations in camps or camp-like settings are already highly vulnerable to contracting infectious disease, in conditions where a virus can more easily spread.

Population caught in conflicts may be some of the hardest populations to reach and monitor, yet most ill-equipped to protect themselves against infection.

Efforts to support all vulnerable groups, including migrants, should be strongly considered to avoid harmful consequences, minimize hardship, as well as reduce public health risk.

IOM reiterates the need for migrant-inclusive approaches in the overall COVID-19 response and calls on countries to address the particular needs and vulnerabilities of migrants, regardless of their legal status.

We should remain vigilant against the stigmatization of any particular group during this crisis, including migrants, refugees and asylum-seekers.

IOM remains concerned about the spread of misinformation and the use of stigmatizing narratives as they can keep people from coming forward with symptoms or for contact tracing, which in turn can hamper the provision of adequate care and derail efforts to reduce further transmission. Authorities have an important role to play in fighting xenophobia by communicating on the origin and spreading of the pandemic and by avoiding the stigmatization of COVID-19 positive cases.

The fight against COVID-19 cannot be won unless the response plans in all countries include migrants, especially those marginalized or in situations of vulnerability.

**COMMUNICATIONS**

- Mali: Safiatou’s Hopes for a New Start Fade Due to the COVID-19
- Burkina Faso: La COVID-19, un frein à la réintégration économique des migrants de retour
- Over 1,500 Senegalese, Gambian Leaders in Border Communities Engaged in Fight Against COVID-19
- Migrant Returnees Lead Community Outreach for COVID-19 in West Africa
- IOM Supports Guinea-Bissau’s Preparedness and Response to COVID-19
- Download our COVID-19 inclusive posters

Contact at IOM Regional Office for West and Central Africa:
Florence Kim fkim@iom.int - +221 78 620 62 13