

8,242,999

Confirmed cases in more than 200 countries, territories or areas¹

445,535

Deaths

66,610

Restrictions on mobility have been adopted by 221 countries, territories or areas

1,325

IOM movements cancelled

\$135 M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus²

\$	Received: 135M	Gap: \$364 M (Requested: \$499 M)
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New funds: \$92 M; Reprogrammed funds: \$43 M.



Hand disinfection and PPE distribution to migrants at Lipa Camp, Bosnia Herzegovina. © 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 19 June, over 8.2 million confirmed cases and over 445,000 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 impacts of COVID-19 are now affecting the regions of the world at differing degrees of severity from one country to another. This has resulted in governments and authorities applying and managing travel restrictions and measures in disparate ways, with some areas easing restrictions even as others implement tighter controls. Globally, as of 18th June 2020, a total of 221 countries, territories or areas have issued 66,610 travel restrictions, a slight increase from 66,009 restrictions recorded on 11th June 2020. Additionally, there was a 4 per cent increase in medical requirements for travel, and a 4 per cent increase in other limitations like new documents for travel. In parallel to existing travel restrictions, a total of 178 countries, territories or areas have issued 692 exceptions enabling mobility despite blanket travel restrictions. Between 11th and 18th June 2020, 13 countries, territories or areas have issued 19 new exceptions whilst 11 countries, territories or areas have removed 24 exceptions.

A key consequence of these mobility restrictions worldwide has been the stranding abroad of people formerly on the move. While governments and national authorities have increased their capacity to provide consular assistance to their stranded nationals, in other instances, migrants have sought to return spontaneously or through operations facilitated by IOM or spontaneously. 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. This 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.

¹Source: WHO COVID-19 Situation Dashboard: <https://covid19.who.int/>.

²See [Global Crisis Response Platform](#) for more information.

SNAPSHOT OF IOM RESPONSE

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 Argentina** has partnered with Banco Ciudad to help migrant entrepreneurs weather the financial hardship caused by COVID-19 while operating under the constraints of lockdown measures enforced by Argentina's government. As an early measure, IOM and Banco Ciudad co-organized a webinar targeted to help migrant entrepreneurs engage in e-commerce given that most relied on in-person sales which have been restricted by the pandemic.
- In **Libya**, IOM's Displacement Tracking Matrix (DTM) conducted a Migrant Emergency Food Security Assessment in collaboration with the World Food Programme (WFP). This assessment was designed to provide information on the food security status of migrants in order to identify the most vulnerable groups, the challenges they face, and how to best assist these populations. The assessment found that 32 per cent of surveyed migrants had inadequate food consumption levels, with 56 per cent reporting that they compromised their food intake, in most cases to save money.
- **IOM Aruba** supported approximately 300 persons with cash-based interventions (CBI) through gift cards for food and non-food items. Furthermore, IOM provided Spanish-translated information on the prevention of COVID-19 and decisions made by the authorities regarding labour and mobility restrictions and border closures.
- **IOM Cuba** provided cash support to stranded Bolivian tourists. IOM also joined other UN agencies in the "United Nations Framework for the Immediate Socioeconomic Response to COVID-19" that was launched on April 28, and is working on a matrix resulting from the effort of the Subgroup of Social Protection System.
- **IOM in Tunisia**, in coordination with the Tunisian Union of Social Solidarity, provided 180 food baskets to vulnerable migrants and Iftar meals to 34 migrants residing in the IOM migrant shelter in Zarsis through its sub-office there. In Gabes, IOM distributed 465 vouchers to a total of 93 migrants that were deemed to be in very vulnerable situations. IOM's sub-office in Sfax also ensured the distribution of 300 food vouchers to the Moroccan migrant community there, and provided food vouchers to 70 migrants in the city of Bizerte.

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.

- **IOM Burundi** participated in a meeting convened by the Ministry of Health to present the protocol established for managing COVID-19 confirmed cases and discussed with partners (UN agencies, INGOs) how the office could support the implementation of the COVID-19 contingency plan.
- **IOM Costa Rica**, in close coordination with the General Directorate of Migration (DGME) and the Pan American Health Organization/World Health Organization (PAHO/WHO), prepared a contingency plan for the transit centre for vulnerable migrants at the Nicaraguan border, including protocols for management, triage, hygiene, and isolation of possible COVID-19 cases among migrants.
- **IOM's Regional Office for West and Central Africa** organized a joint virtual meeting with WHO, West African Health Organisation (WAHO) and Union Economic et Monétaire Ouest-Africaine (UEMOA), to strengthen cross-border collaboration through sharing of experiences and lessons learned in preparing for and responding to the COVID-19 pandemic in West Africa. The meeting identified gaps in International Health Regulations (IHR) core capacities mainly at points of entry (PoEs) and agreed to focus on strengthening cross border collaboration among Member States. All West African countries actively participated in this meeting.
- On 12 June, IOM co-organized with **the Kingdom of the Netherlands** a high-level side event on the importance of mental health and psychosocial support (MHPSS) for migrant and displaced populations in the context of COVID-19, during the Economic and Social Council's Humanitarian Affairs Segment, with speakers from the Government of Ethiopia, the IOM and UNHCR chiefs, and representatives of the IASC and of organizations working in Syria, Egypt and Bangladesh.

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 other key locations of internal mobility. As of 11 June 2020, IOM has assessed 3,502 PoEs (including 764 airports, 2,130 land border crossing points and 608 blue border crossing points) in 169 countries, territories and areas and 1,337 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 132 countries, territories and areas. Of the total number of locations of internal mobility assessed, 374 were internal transit points, and 963 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, medical certificate requirements and other measures limiting mobility. These restrictions impact populations including regular travellers, nationals, irregular migrants, returnees, migrants, IDPs and refugees. IOM COVID -19 Impact on Points of Entry Weekly Analysis can be accessed [here](#) and IOM COVID-19 Impact on Key Locations of Internal Mobility 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 **Afghanistan**, in response to more frequent openings of borders to allow stranded migrants to return, IOM is monitoring and reporting on ongoing cross-border population movements, cross-analysed with regional COVID-19 case data, to identify destination areas at greater risk of cross-border transmission of COVID-19. As of 13 June, 298,077 Afghans have returned from Iran and 172,889 from Pakistan. 86% (404,108) of returnees were male and 14% (66,858) were female.
- In **Ethiopia**, 3,049 movements were observed across IOM's five flow monitoring points (FMPs) in May 2020. This represents a 53% decrease from average daily movements in comparison to April and can largely be explained by COVID-19 related movement restrictions (376 average daily movement in February to 247 in March, 209 in April and 98 during May). Incoming movements accounted for 62% of the observed movements with a majority coming from Djibouti, while outgoing movements made up 38% with a majority going to Somalia.
- IOM has released an analysis to assess the impact of COVID-19 on migration along **the Eastern Corridor** (Africa). The report provides a snapshot of mobility restrictions, and current migration trends along the Eastern Corridor migration route, in addition to providing an analysis of the impact that movement restrictions have had in Djibouti, Ethiopia, Somalia, and Yemen. Moreover, it provides information on the main protection concerns for migrants, assistance provided and COVID-19 risk mitigation measures.

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

- In **El Salvador**, IOM in coordination with key government partners conducted an assessment covering 112 active sites and 4,752 individuals with the aim of providing updated multi-sectoral information on the condition of temporary shelters and populations residing in these shelters. According to findings, 27% of sites assessed do not have health personnel present but 77% of people in these sites know who to call in a suspected case of COVID-19. 38% of the sites have a separate space to isolate suspected cases of COVID-19 amongst others.
- In **Panama**, IOM is monitoring the impact that the border closures are having on migrants in-country. Between 29 May – 04 June 2020, IOM's Emergency Tracking identified over 2,500 migrants stranded in Migrant Reception Stations (MRS) throughout the country. IOM identified needs per sector across the different MRSs and mapped actions being implemented by IOM and partners.
- In **Thailand**, IOM staff surveyed a total of 85 key informants on the situation and vulnerabilities of different migrant communities and non-Thai populations (migrants, refugees, and stateless individuals) following the outbreak of COVID-19 in Thailand. Results revealed that the most common barriers to COVID-19 specific hygiene and sanitation for non-Thai populations were the cost of personal protective equipment (PPE) and that the greatest challenge faced by non-Thai nationals since the outbreak of COVID-19 is insufficient income.

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.

- In **Afghanistan**, while IOM teams conduct nationwide mobility and needs assessments, they are simultaneously engaging communities and community leaders in order to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and stigma surrounding COVID-19 in each assessed community. As of 16 June, IOM teams have reached 8,216 villages.
- **IOM Cambodia** distributed 10,000 posters on COVID-19 prevention, as well as 10,000 booklets

translated from English to the Khmer language at PoEs and in the primary areas of return. IOM has conducted awareness raising sessions on COVID-19 prevention in 47 villages in the Battambang province and reached 1,700 migrants, their families and host community members.

- In **Guatemala**, IOM handed over information materials (banners, leaflets and brochures) to the Guatemalan Migration Institute for use at reception centres and borders.
- In **Cox's Bazar**, IOM Bangladesh is informing Rohingya refugees about quarantine and testing protocols now that the number of COVID-19 cases is increasing in the camps. IOM is adapting awareness-raising messaging used during cyclone preparedness exercises to encourage Rohingya families to prepare for any news they may receive regarding COVID-19 quarantine or testing.
- **IOM Micronesia** in Pohnpei provided 1,000 information, education, and communications (IEC) materials to government partners to use in awareness-raising activities for COVID-19. In Palau, IOM Micronesia is working in close partnership with the Anti-Human Trafficking Office to ensure that COVID-19 messaging is translated into appropriate languages for the migrant population.
- **IOM Armenia** has launched a social media awareness-raising campaign that has received more than 225,000 impressions and almost 8,000 clicks in the past month.
- In **Dominica**, IOM translated into Haitian Creole, Spanish, French and Mandarin pre-approved messages on health protocols, including the government's COVID-19 hotline numbers, to ensure key health messages are reaching major migrant communities. In addition to being posted in residential areas, messaging has also been shared on social media, including WhatsApp and Facebook, and sent through the migrant networks via focal points.
- In **Mozambique**, IOM is actively reaching out to Mozambican migrant workers who are returning from South Africa to southern provinces. Since early April, IOM community health workers have called over 8,000 migrants, and spoken with family members of each migrant, inquiring on the health of close to 40,000 relatives.

Logistics, Procurement and Supply Chain

In coordination with the Pandemic Supply Chain Network (PSCN), the Supply Chain Interagency Coordination Cell and the relevant clusters, IOM supports the procurement, storage and distribution of critical supplies.

- To decongest IDP sites in **Ethiopia**, 7,000 pieces of tarpaulin were shipped by air from IOM global stocks in Nairobi on 9 June 2020. The withdrawn stocks are targeted to meet the needs of 19,500 individual beneficiaries or 3,250 households.

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, through mobilizing its broad range of expertise in migration management and emergency operations.

- **IOM Côte d'Ivoire** supported the development of an entry/exit registration questionnaire in cooperation with the Directorate of Territorial Surveillance (DST), the National Institute of Public Hygiene and WHO. Electronic tablets were also provided to be used by agents at PoEs including immigration officials to collect data and coordinate with health authorities.
- Community mobilizers in the Eastern city of Bertoua have been recruited by **IOM Cameroon** to carry out awareness raising activities at two PoEs on the border with the Central African Republic. Along the same border, training in IPC and use of PPE for frontline border and health officials is being organised by IOM and the Ministry of Health for effective COVID-19 response.
- **IOM Burundi** conducted a needs assessment at the Kobero PoE which is shared with Tanzania and is one of the PoEs through which trucks transporting goods from EAC (East African Community) countries frequently pass. An inventory of medical equipment has also been established and IOM will provide additional equipment to strengthen the capacity of officials at this PoE for early detection of COVID-19 suspect cases.
- In **Somalia**, 30 health workers were trained to conduct screenings at PoEs in Afgooeye and 12 immigration officers were trained in Hargeisa who will be deployed at Wajale and Bulligubadle land border posts.
- In the context of the EU funded cross border project between **Rwanda** and **DRC**, IOM Rwanda and IOM DR Congo are working with the port health authorities and have delivered a training on COVID-19 surveillance and prevention measures to an inter-agency group of 59 PoE frontline officers of immigration, health and customs in Bukavu and South Kivu.
- **IOM Bangladesh** donated an ambulance to the Shah Amanat International Airport in Chattogram to support PoE authorities to transport ill travellers from the airport to designated health facilities. IOM also provided PPE to the airport and port in Chattogram for use by PoE frontline workers.
- In **Bangladesh**, IOM and key partners facilitated a capacity-building workshop for PoE personnel from Hazrat Shajalal International Airport (HSIA) in Dhaka. A total of 71 health staff, including doctors, nurses and sanitary inspectors were trained on health screening and management of ill travellers at PoE and a total of 77 staff from Civil Aviation, Immigration, Airport Police Services and the Airline Authorities were trained on health and border management at PoEs.

- **IOM Haiti**, in collaboration with the Haitian artist Assaf (Hamson Elysee) and his team, have painted the entrance wall of Ouanaminthe, the main border post in the North East territory between Haiti and the Dominican Republic. The colourful mural displays the main messages to fight COVID-19 transmission through physical distancing, the wearing of masks, hand washing, and coughing/sneezing best practices. The remaining three main border points will be painted in the coming weeks.
- **IOM DR Congo** equipped PoE frontline workers with PPE and health screening materials, supported contact tracing through provision of tablets, and provided direct technical supervision at the PoEs.
- **IOM Mozambique** is supporting the development of a strategy for enhanced screening, tracing and prevention among cross-border truck drivers and along major trade corridors, in close coordination with the Ministry of Health, Ministry of Transport and Ministry of Industry and Trade. IOM has also positioned individuals to conduct risk communication for truck drivers who are crossing at Ressano Garcia border post with South Africa and Machipanda border post with Zimbabwe.
- In **Malawi**, IOM supported the reception of 157 (67 self-sponsored from UK and 91 deportees from South Africa) Malawian Nationals who arrived at Kamuzu International Airport in Lilongwe. The support included: screening by questionnaire; provision of transport for returnees to their final destinations, especially the deportees, and to quarantine centres near their homes; and provision of face masks and alcohol-based hand sanitizers to all returnees.



Mural painted by Haitian artist Assaf, in collaboration with IOM, at border post displaying messaging to fight COVID-19 transmission. © IOM 2020.



Mural painted by Haitian artist Assaf, in collaboration with IOM, at border post displaying messaging to fight COVID-19 transmission. © IOM 2020.

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 **Kenya**, IOM received 10,000 GeneXpert cartridges to support COVID-19 testing in IOM health facilities. Availability of Xpert cartridges, and other types of tests, remains a major challenge.

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 Mozambique** provided hygiene materials (66 buckets and 198 soap bars) to the Ibo District Government, Cabo Delgado province, for the setting up of handwashing stations at water collection points. IOM also donated handwashing supplies to the Beira City Council with a total of 54 buckets and 1,300 soap bars to install handwashing stations at 15 bus stops and 10 markets across the city.
- **IOM Ethiopia** supported the government in conducting simulation exercises in two additional quarantine facilities in Addis Ababa in order to prepare for upcoming migrant returns. IOM also conducted assessments of quarantine centres in Somali region (Jijiga and Dewele).
- In **Cox's Bazar**, IOM Bangladesh distributed 56,258 cloth masks to Disaster Management Committees, government offices, law enforcement agencies, and camp residents. In addition, IOM provided 885 hand soaps, 350 hand sanitizers, and 35 infrared thermometers to government offices, Disaster Management Committees and the Bangladesh Red Crescent Society, one of the key frontline responders in the event of emergencies. IOM WASH teams also distributed 100 family hygiene kits to family quarantine shelters.
- **IOM Haiti** finalized the distribution of 10,507 hygiene kits and masks in the prisons of the Antibonite, Centre, Nippes, Grand Anse, Sud, Grand Nord and Ouest Department.
- IOM has assisted **Nicaraguans** that have returned to the country or who are stranded in other countries in the region. Local partner organizations have been provided with hygiene and health equipment for their own protection, as well as hygiene kits and food packages to provide to local migrant populations in need. Hygiene and health products have also

been delivered to the Ministry of Education for the prevention of COVID-19 in schools.

- In **El Salvador**, has provided N95 masks, gallons of alcohol gel, boxes of gloves, face shields, disposable gowns, and disposable caps for the staff working in quarantine centres for returning migrants.

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 **Mozambique**, in two resettlement sites (Buzi and Nhamatanda districts) in Sofala province, 81 people have benefited from medical support, including 30 patients with chronic conditions (mainly hypertension and HIV). In Cabo Delgado, IOM is supporting the rehabilitation of two treatment centres in Pemba city and Montepuez district, the most populous centres of the Northern province, to strengthen isolation and treatment centres' capacity in case of an outbreak. The completion date for the buildings is set for end June.
- In **Panama**, IOM supports the Ministry of Health's promotion and prevention strategy, specifically to identify and refer cases of migrants with signs and symptoms of COVID-19 or with other health needs.

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 **South Sudan**, IOM continues to implement the de-congestion plans in sites to relocate crowded households to empty shelters. Camp managers are also engaging partners and stakeholders to ensure continuity of critical services, including scaling up risk communication to address protection concerns through ad-hoc, weekly, and bi-weekly virtual meetings.
- **IOM Mexico** is supporting more than 40 shelters in Mexico, providing personal hygiene kits for migrants and sanitation products for the facilities, infrared thermometers, beds, mattresses, and other non-food items. Information on how to prevent COVID-19 spread in shelters has been produced in Spanish, English and Creole, and shared with other UN agencies.

- In **Ethiopia**, IOM distributed COVID-19 specific site management standard operating procedures (SOPs) to IDP site managers across the country to local authorities responsible for the management of IDP sites.
- In **Syria**, the frequency of sanitization of reception centres is being increased along with the provision of water, soaps and hygiene materials. Additionally, a 15-bed isolation facility for COVID cases in an IOM-managed camp will be completed within the next two weeks.
- In **the Philippines**, IOM has produced a 'CCCM COVID-19 Operational Guideline for IDP Sites and Evacuation Centres', based on existing IOM guidelines and the IASC Interim Guidance on Scaling up COVID-19 Outbreak Readiness and Response. This guideline aims to aid local governments and humanitarian partners in their COVID-19 preparedness and response, by including planning for sufficient evacuation space to ensure physical distancing and designation of isolation centres.

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 **Cox's Bazar**, Bangladesh, the IOM MHPSS team facilitated two training sessions for 10 community leaders on "mental health well-being and prevention of COVID-19" in different camps in Ukhiya to help address anxiety and stress compounded by the pandemic. To sensitize and inform the community regarding MHPSS aspects of COVID-19 outbreak and to disseminate key messages, alternative modes of communication were used, including tomtom messaging, bicycle messaging, and face-to-face awareness-raising sessions. An estimated total of 30,736 people were reached during the reporting time, across different camps. Additionally, the MHPSS team, in coordination with the Books Unbound artist collective, developed video cartoons in the Rohingya language and with English subtitles. The [video](#) used contextualized images relevant to Rohingya culture.
- In **Northwest Syria**, IOM is providing 8,000 psychosocial support kits to reach children unable to take part in school and/or group Child Protection activities.

OPERATIONAL UPDATES

Operational Challenges

IOM's immigration and visa processing programmes have reduced activities, in adherence with health and local government directives. As of 17 June, there are no centres operating and assisting migrants at regular capacity, with 26 per cent having temporarily reduced operations and 74 per cent having temporarily closed.

Due to local epidemiological realities and ongoing mobility restrictions, IOM has had to scale back its pre-migration health activities since March to guarantee the safety of migrants as well as staff. As of 12 June, 39 per cent of IOM's migration health assessment sites remain temporarily closed and 19 per cent are open only for essential services to refugees and migrants with significant medical conditions; however, as some travel restrictions are being lifted, 42 per cent of sites have now reopened.

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis. Of departures scheduled for between 11 February and 15 June, 1,325 movements have been cancelled, affecting 11,351 individuals, the majority of whom are resettlement cases. On 18 June 2020, [IOM and UNHCR announced that resettlement travel for refugees shall resume](#) in areas where travel is permitted.

New Programmatic Approaches

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 12 June, 134 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 28 HAP sites are providing Member States with supplies and services to support local COVID-19 response initiatives, including, among others, screening for COVID-19 at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of personal protective equipment and supplies for COVID-19 response.

In [Afghanistan](#), [Bangladesh](#), [Micronesia](#), [Marshall Islands](#) and [Palau](#), [Papua New Guinea](#), and others, IOM is leveraging and re-tooling existing disaster assistance programmes to integrate COVID-19 prevention measures. Efforts include conducting public health awareness during needs-assessments and relief distribution processes and incorporating biological hazards into response strategies.

Guidelines and Guidance Documents

IOM's WASH team released the document, "**WASH Response in the Context of COVID-19**," a programmatic tool to guide the development of projects in response to COVID-19. It includes a generic list of outcomes and activities under the IPC, RCCE and POE pillars that can be used as an example to tailor targeted WASH interventions for the response to COVID-19 at country level.

Information Sharing and Communications

IOM's **African Capacity Building Centre (ACBC)** in Moshi, Tanzania, in conjunction with IOM Regional Offices in Pretoria and Nairobi, held a webinar on "Smuggling of Migrants and Transnational Organized Crime" on 16 June. The webinar provided an update on the impact of COVID-19 on the activities of smugglers and its links to transnational organized crime. There will be a French version to be aired soon. A recording of the webinar (and all previous webinars) can be found on the [ACBC website](#).

[IOM's COVID-19 Analytical Snapshots](#) summarize the latest research, information and analysis covering migration and mobility related impacts of COVID-19 from around the world. These 2-3 page research highlights are an accessible tool that enable readers to quickly grasp the implications of the pandemic. New snapshots include updates on: "misinformation" and "economic impacts on migrants". Snapshots are available in [English](#), [Spanish](#), [French](#) and [Arabic](#).



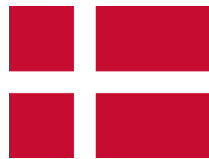
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