

6,418,828

Confirmed cases in more than 200 countries, territories or areas¹

382,867

Deaths

64,571

Restrictions on mobility have been adopted in 219 countries, territories or areas

1,313

IOM movements cancelled

\$119 M

Received towards for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²

\$	Received: 119M	Gap: \$380 M (Requested: \$499 M)
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New funds: \$83 M; Reprogrammed funds: \$36 M.



IOM MHPSS volunteers conduct COVID-19 awareness sessions in the Rohingya refugee camp and with the host communities of Cox's Bazar, Bangladesh, providing key messages to help reduce the risk of transmission within the area. Sessions are held with local religious and community leaders, and with those who are disproportionately vulnerable to the effects of COVID-19. © 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 5 June, more than 6.4 million confirmed cases and some 383,000 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 a result of the disparate COVID-19-related mobility and travel restrictions, the impact on global mobility continues to vary. While governments and authorities implement a combination of measures balancing the epidemiological and economic considerations, both the easing of restrictions to enable limited travel under strict conditions, as well as the extension of blanket restrictions continues. Per the latest report from the UN World Tourism Organization, 100 per cent of all destinations worldwide continue to have some form of COVID-19 travel restrictions in place and 75 per cent are still completely closed to international tourism. As of 4 June 2020, a total of 64,571 were recorded by a total of 219 countries, territories or area, demonstrating an increase of 2 per cent from the 63,381 restrictions recorded on 28 May. Despite the overall increase in global mobility restrictions, there has been a decrease of 3 per cent in restrictions related to visa changes and an 11 per cent increase in medical requirements. In parallel to existing travel restrictions, a total of 175 countries, territories or areas have issued 690 exceptions enabling mobility despite blanket travel restrictions. Between 21 and 28 May to 4 June, nine countries, territories or areas

have issued 11 new exceptions whilst seven countries, territories or areas have removed 22 exceptions.

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. 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

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 **Mozambique**, IOM health teams, with the support of community-based activists, conducted visits to 1,884 households residing in resettlement sites (three in Dondo, three in Nhamatanda and five in Buzi districts) to educate family members about COVID-19 transmission and prevention. In Cabo Delgado province, IOM completed the training of 80 out of 200 change agents (CAs), including migrants, young people and sex workers, in collaboration with an NGO partner under the Sexual and Reproductive Health 'It's Our Right' project. Change agents were trained to conduct social mobilization on COVID-19, Sexual and Reproductive Health and Rights (SRHR), and HIV.
- **IOM in Nigeria** has reached close to 50,000 individuals during the reporting period with specific hygiene promotion messages on handwashing across 27 sites in north-east Nigeria, through door-to-door messaging, bringing the total number of individuals reached since the beginning of the crisis in March to over 158,000.
- In **South Africa**, IOM, through the SPHR and HIV CAs, is raising SRHR-HIV and COVID-19 prevention awareness in the Nkomazi Municipality sites where the Department of Health (DoH) undertakes COVID-19 screenings. The team is using radio and social media messaging to disseminate information.
- In **Ethiopia**, IOM designed a colouring book on COVID-19 risk and prevention, available in three languages: English, Amharic and Oromifa. IOM continued its COVID-19 hygiene promotion and reached 122,294 individuals through door-to-door sensitization, mass mobilization and the distribution of leaflets. In addition, IOM trained 61 hygiene promoters and distributed 4,026 water, sanitation and hygiene (WASH) kits and 1,794 soap bars.

Disease Surveillance

- **IOM Zimbabwe**, in collaboration with WHO and government agencies, performed an analysis in May on 60 provincial and district level facilities where migrant returnees are being transported following their arrival, registration and profiling. Based on the analysis, most of these quarantine centres, which are government premises, will require adaptations in order to be fit-for-purpose.

- In **Yemen**, IOM mobile and static health teams are supporting disease surveillance efforts and will report suspected cases of COVID-19 through the COVID-19 hotline, in line with Yemen's disease surveillance protocol. During the reporting period, IOM teams did not encounter any COVID-19 cases.

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.

- IOM recently completed several large procurements from China and secured the following key items for delivery to missions via UN/WFP common cargo transport: 20 ventilators for **Somalia**, 18,940 pieces of coverall/protective clothing for **South Sudan**, 8,352 pieces of personal protective equipment (PPE) for **Mozambique**, and 200,000 surgical masks for **Yemen**. The total size of this shipment exceeds 12 metric tons and 99 cubic meters.
- The procurement of additional PPE for **IOM Bangladesh, Venezuela and Yemen** is ongoing, and transport is being arranged.

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 Guinea** is supporting the screening of passengers for seven special and humanitarian flights at Conakry Gbéssia International Airport. More than 2,000 travellers have been screened to date at nine key land border crossings.
- In north-east **Nigeria**, IOM is collecting travellers' health data at all PoEs while sensitizing travellers on preventive measures. So far, over 13,000 individuals have been sensitized across Borno and Adamawa states, across 342 PoEs.
- **IOM Mali**, in coordination with UNICEF, WHO, the Directorate of Border Police and the COVID-19 Surveillance Commission, has assessed the three main border crossing points of Sikasso region – a major trade route for the entire country. In parallel, police, customs and gendarmerie agents have received training on health and border management as well as a distribution of PPE and hygiene items for handwashing.
- In **The Gambia**, at the Ministry of Health's request, IOM has begun procuring hygiene materials to support the disinfection of all border posts in preparation for the eventual re-opening of borders.

- In [Libya](#), IOM successfully completed WASH rehabilitation work at disembarkation points along the Libyan coasts. Additionally, IOM medical teams provided support to health staff to screen 4,000 returnees at Misrata Airport.
- In the past week, in [South Sudan](#), IOM screened 3,054 travellers for COVID-19 at Juba International Airport, Nimule Ground Crossing, and Wau Airport.
- In [Haiti](#), a delegation from the Ministry of Haitians Living Abroad visited Ouanaminthe in order to support daily PoE operations and the implementation of the newly developed PoE protocol. IOM also supported the installation of quarantine space at PoEs and delivered training for local partners on protection of vulnerable migrants at PoEs.
- [IOM Tanzania](#), in collaboration with the Ministry of Health of the Revolutionary Government of Zanzibar, facilitated the development and technical review of Standard Operating Procedures (SOPs) on exit and entry screening at PoEs in Zanzibar.
- [IOM Somalia](#), as the technical lead for POE, handed over PPE to the Ministry of Health in Baidoa, Kismayo, Dhobley and Garowe. The equipment will be used at PoEs and IOM/MoH supported health facilities. IOM continues screening at Dhobley and Doolow PoEs and a total of 3,261 people have been screened. Additionally, IOM has trained 21 MoH staff in Hargeisa on COVID-19 screening and the appropriate use of PPEs; these individuals will be deployed to Hargeisa Airport, Port of Berbera and several land PoEs.
- [IOM Burundi](#) finalized the infrastructure conception, design and budget for rehabilitating waiting areas in priority points of entry to respect COVID-19 physical distancing requirements.
- Following growing concerns regarding the increase of cases among truck drivers, IOM met with the WHO Regional Office for Africa and other UN missions in the East African Community to discuss the situation of cross border truck movements amid the COVID-19 context. Additionally, [IOM South Sudan](#) and [IOM Uganda](#), in collaboration with WHO, are coordinating with respective MoH officials to discuss "harmonized accreditation" for clearance processes of tested drivers, repatriation of positive cases, information sharing and contact tracing of truckers.
- IOM is currently conducting a joint assessment of PoEs in the West Nile region bordering [South Sudan](#) and [DR Congo](#). The joint assessment will inform COVID-19 specific interventions at PoEs.
- [IOM Zimbabwe](#) is scaling up its operations to respond to the new evolving context, where more than 6,000 returnees are arriving in the country. Through its role as the PoE pillar co-lead and in close collaboration with the government and WHO, IOM has conducted quarantine assessments to ensure basic needs are covered for the returnees and also informed the humanitarian community of the gaps in assistance to

cover their immediate post-arrival needs as well as reintegration needs.

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 [Mozambique](#)'s Sofala province, 101 local tailors residing in four resettlement sites in Nhamatanda and Buzi districts were provided with supplies (including fabric and other sewing materials) to produce over 3,000 homemade masks according to Ministry of Health specifications. This will increase the availability of face masks in communities and enable the residents' adoption of recommended COVID-19 prevention measures. In addition, IOM provided hygiene materials (66 buckets and 198 soap bars) to the Ibo District Government for the setting up of handwashing stations at water collection points.
- In [The Gambia](#), at the Ministry of Health's request, IOM delivered trainings in IPC and use of PPE for 30 frontline border and health officials in the North Bank Region and Upper River Region. IOM also donated to the Ministry the first 500 protective suits produced by returnees as part of their reintegration assistance.
- [IOM in Morocco](#) has supported over 20 government facilities of the Entraide Nationale (National Social Services) with food supplies and hygiene and cleaning equipment to ensure protection and access to services for all, including local populations at risk and migrants.
- [IOM South Sudan](#) completed the construction of two permanent handwashing facilities (1,000 litres each) at Juba River Port and Juba Bus Station. In the past week, 43,894 individuals have been reached through COVID-19 specific hygiene promotion sessions held at water points and households.

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.

- At the request of the UN Country Team in [Nigeria](#), IOM's Migration Health Assessment Centre will be extending its medical screening and testing services to UN family personnel and the diplomatic community as part of the mission's response efforts.

- In **Libya**, IOM continues to provide primary and urgent healthcare assistance to migrants and IDPs including through outreach teams in various locations across the country. Cases in need of specialized healthcare assistance are referred to medical centres.
- **IOM Kenya** currently has over 20 staff supporting the Ministry of Health (MOH) response. The staff are assisting the MOH with surveillance and data collection and management at six government quarantine sites in Nairobi, and at the Information Centre and Afya House assisting with communications, administration and finance activities.

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.

- The CCCM cluster hosted a webinar titled "Discussion with Gender Based Violence (GBV) and Child Protection Area of Responsibility (CP AoR) on Service Adaptation and Collaboration with Camp Management during COVID-19 Response." Speakers from South Sudan, Nigeria and Bangladesh discussed how partners from CCCM, GBV and Child Protection have been coordinating for a better response in IDP sites during Covid-19.
- In **Iraq**, as part of the ongoing response to COVID 19 in the formal camps settings, IOM identified space for isolation points in each formal site. IOM will equip each tent so it is available to use for potential cases until they can be transferred to governmental quarantine facilities.

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 **The Gambia**, IOM has designed a series of trainings to strengthen the capacity of health workers to deliver mental health and psychosocial support services during COVID-19 in all regions of the country. IOM also conducted a psychosocial and socioeconomic assessment of returnees impacted by a recent market fire in Brikama, West Coast Region, with the aim of addressing vulnerabilities heightened due to COVID-19 restrictions.
- **IOM in Cox's Bazar, Bangladesh**, delivered four mental health and psychosocial support (MHPS) training sessions during the reporting period for key

persons from the community such as Majhis, teachers and imams. The training aimed to coach participants to deal with anxiety and stress during the pandemic, while promoting the new tele-counselling service.

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 Iraq** conducted a Facebook live stream event for owners of Small and Medium Enterprises (SMEs) who are interested in submitting Enterprise Development Fund (EDF) online applications, following the online campaigns. To date, 14,176 online applications have been received in 18 governorates.
- Also, in **Iraq**, IOM has provided volunteer networks and civil society organizations (CSOs) in Sinjar with training and in-kind support to deliver food baskets to families whose socio-economic vulnerability has been exacerbated by the COVID-19 pandemic.
- **IOM Tunisia**, in collaboration with the Municipalities of La Goulette, Sfax, Sousse and Zarzis, recently provided direct assistance to migrant communities, benefiting a total of 7,002 migrants in the cities of Tunis, Sousse, Sfax and Zarzis. IOM also provided vouchers to 5,856 vulnerable migrants to support them to address their socio-economic needs.
- In **Libya**, IOM along with World Food Programme (WFP) conducted a Migrant Emergency Food Security Assessment. Notably, the key findings suggest that COVID-19-related measures have resulted in a rise in food prices and a scarcity of food in certain areas. This can constitute a threat to the food security, safety and well-being of migrants, refugees and IDPs. In addition to this, COVID-19 measures have significantly reduced daily labour opportunities on which many migrant workers rely for subsistence.

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 Bahamas** is working closely with the Ministry of Health's surveillance unit in developing a comprehensive risk assessment to determine risks of Hurricanes and transmittable diseases like COVID-19 in the informal settlements in New Providence, Abaco, Exuma, Long Island, and Eleuthera. Through this assessment, IOM will help develop a report that outlines the risks and needs of vulnerable migrants as they relate

- to COVID-19 preparedness. Additionally, IOM has provided the Ministry of Health translations of key COVID-19 RCCE infographics into Haitian creole.
- In [The Gambia](#), IOM organized Inter-Agency Border Coordination Committee meetings in three border communities where representatives from immigration, health, police and agriculture services reviewed operational plans for infection prevention and control, border surveillance, information-sharing, protection of vulnerable migrants, and the enforcement of emergency measures.
 - [IOM's Regional Office for the Middle East and North Africa](#) co-convened the second meeting of its Task Force on COVID-19 and Mobility, attended by WHO, ILO and ESCWA. The purpose of the Task Force is to facilitate close coordination among regional partners on COVID-19 and mobility, including provide operational support to the countries, enhance mobility data collection and analysis capacity, document lessons learned, and provide policy guidance to the governments. During the second meeting, participants agreed on developing a workplan and launching a response mapping exercise at the regional level.
 - In [Haiti](#), IOM's network of enumerators are present at 50 border points (4 official and 46 non-official) to record all border movements (voluntary returns, forced returns, daily workers). Between 17 March and 24 May 2020, a total of 240,232 cross-border movements were recorded, 39.8% of which went to the Dominican Republic and 60.2% to Haiti. The two main crossing points observed were the official points of Ouanaminthe and Belladere.
 - In [Mali](#), IOM is monitoring movements of populations through nine Flow Monitoring Points (FMPs). In April 2020, the average daily number of individuals observed at the Flow Monitoring Points decreased by 55 per cent compared to the previous month. Nationals from Burkina Faso, Gambia, Guinea-Conakry, Mali and Senegal accounted for 83 per cent of all the migrants recorded at the Flow Monitoring Points.

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

- In [South Sudan](#), IOM in collaboration with WHO Health Service Functionality produced a joint analysis of health care access for IDPs and returnees. The [interactive report](#) provides a countrywide summary of gaps in access to functional health facilities for IDPs and returnees.
- In [Thailand](#), between 11-22 April 2020, IOM initiated a village-level data collection exercise in key border provinces to collect information on presence of non-Thai nationals, vulnerabilities to COVID-19, awareness and knowledge levels on COVID-19 and the impacts of COVID-19 on livelihoods, food, and access to services. Data was collected through phone surveys with a total of 408 key informants located in Tak and Ranong provinces and at village level in Mae sot district, Mueang Ranong district and Suk Samran district.
- Since early March 2020, IOM, through the Event Tracking Tool (ETT), has identified more than 20,000 migrants stranded at various borders posts in [West and Central Africa](#) after movement restrictions decreed by governments. Countries with high IDP presence in the region have included COVID-19 indicators to monitor the situation in camp and camp-like setting and provide useful information for COVID-19 preparedness and response. A transhumance tracking tool is also in place to monitor changes in transhumance patterns and incidents at borders in Burkina Faso, Central African Republic, Chad, Mali, Mauritania and Niger.

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.

Tracking Mobility Impacts

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 PoE and other key locations on internal mobility. As of 28 May 2020, IOM has assessed 3,486 PoEs (including airports, blue border crossing points and land border crossing points) in 169 countries, territories and areas and 1,323 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 131 countries, territories and areas. Of the total number of locations assessed, 3,486 were PoEs, 351 were internal transit points, and 972 were 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, and IDPs. IOM COVID-19 Impact on Points of Entry and Other 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.

OPERATIONAL UPDATES

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 30 June, 1,313 movements have been cancelled, affecting 11,325 individuals, the majority of whom are resettlement cases.

Due to local epidemiological realities and ongoing mobility restrictions, IOM has had to scale back its pre-migration health activities temporarily to guarantee the safety of migrants as well as staff. As of 5 June, 43 per cent of IOM's migration health assessment sites remain temporarily closed; however, efforts are being made to ensure that essential services are still being provided to migrants and refugees with significant medical conditions in 14 per cent of MHACs, and more are gradually reopening to deliver some services (38 per cent as of 5 June).

Guidelines and Guidance Documents

The IOM Water, Sanitation and Hygiene (WASH) team in HQ released an internal technical guidance for the implementation of WASH measures at Points of Entry in response to COVID-19. The document can be found on the WASH Community of Practice SharePoint.

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 5 June, 136 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 25 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.

Information Sharing and Communications

On Friday 12 June, at 3 pm CET and 9 am EDT, IOM is co-hosting with the Kingdom of the Netherlands a high-level side event during the UN ECOSOC Humanitarian Affairs Segment, on MHPSS for displaced and migrant populations in the COVID-19 context. IOM Director General António Vitorino and UN High Commissioner for Refugees Filippo Grandi will be in attendance, along with representatives of the Dutch and Ethiopian Governments and civil society organisations. [Registration required to attend the event here.](#)

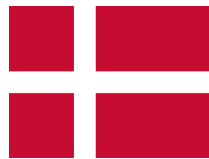


IOM staff practice physical distancing during a shelter distribution in Cabo Delgado, Mozambique. © IOM 2020.

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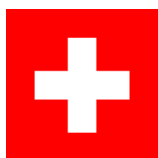
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