

15,012,731

Confirmed cases in more than 200 countries, territories or areas¹

619,150

Deaths

75,852

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

1,361

IOM movements cancelled

\$195M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²



An IOM doctor provides treatment to a displaced man in an IOM-supported health facility in Aden City, Yemen. © IOM 2020



New funds: \$146 M; Reprogrammed funds: \$49 M.

SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the disease known as 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 24 July, over 15 million confirmed cases and close to 620,000 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.

Travel restrictions stemming from the COVID-19 pandemic continue to cause mobility around the world to remain heavily restricted, or, in the most extreme cases, entirely suspended. Based upon the disparate health impacts of COVID-19 and resulting concerns in various areas, travel restrictions continue to be tightened or eased by governments and/or authorities. As of 23 July 2020, a total of 219 countries, territories or areas have issued 75,852 travel restrictions indicating an increase of 5 per cent from the 72,291 restrictions recorded on 16 July. There has been an increase of 19 per cent in medical restrictions and a 10 per cent increase in restrictions on specific nationalities. Simultaneously, there has been a decrease of 3 per cent on visas and a decrease of 3 per

cent in restrictions on passengers arriving from specific countries, territories or areas. In parallel to existing travel restrictions, a total of 177 countries, territories or areas have issued 656 exceptions enabling mobility despite blanket travel restrictions. Between 16 and 23 July 2020, 15 countries, territories or areas have issued 33 new exceptions while 7 countries, territories or areas have removed 12 exceptions.

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/>.

²Funding received excludes the [USD 25 million CERF contribution](#) which is towards NGOs rather than IOM's appeal. See [Global Crisis Response Platform](#) for more information.

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.

- IOM [Afghanistan](#) successfully advocated for the inclusion of migrants and mobility in COVID-19 preparedness planning and response documents, including the National Multi-Sector Response Plan, the revised Humanitarian Response Plan 2020 and the One UN Health Plan.
- IOM [Cambodia](#) collaborated with the Prey Veng Provincial Health Department and the Provincial Department of Rural Development to build capacity on COVID-19 prevention for the Provincial COVID-19 Response Committee, the Provincial Committee for Counter Human Trafficking and relevant departments in Prey Veng Province.
- IOM [Marshall Islands](#), together with WHO, is supporting the National Emergency Operations Center to plan and implement a three-day COVID-19 tabletop exercise and simulation in early August.
- IOM [Guyana](#) recently signed a cooperation agreement with the local authorities in Matarkai, Region 1 sub-district, in order to support their surveillance and screening capacities and to provide handwashing stations to promote better hygiene practices.
- IOM [Senegal](#), in collaboration with public health authorities and the US Centers for Disease Control and Prevention (CDC), provided support for the development of guides for land, air and sea points of entry (PoEs) for supervisors and local authorities to assess their own capacity and public health needs in the response to COVID-19.
- IOM [Viet Nam](#) joined the Ministry of Health and WHO to host a kick-off workshop for a national action plan for migrant health with more than 70 delegates from the Ministry of Health and other relevant ministries involved in migration health. IOM staff delivered a presentation on the importance of migrant inclusion in response plans during public health emergencies.

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 impacted by local restrictions on mobility. 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. The latest 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.

- IOM has released its fourth report analysing the impact of COVID-19 on migration [along the Eastern Corridor in Africa](#). The report provides a snapshot on 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.
- In the [West and Central Africa region](#), IOM has been working to analyse flow monitoring data collected at key transit points to better understand the ways and extent to which the COVID-19 crisis is impacting mobility in the region. A recent report focuses on data collected between January and June 2020 (using 2018 and 2019 data as barometers of comparison) at flow monitoring points (FMPs) in Chad, Mali, Niger and Nigeria. The report notes that the volume of travellers in June has decreased by 6 per cent in comparison with June 2019 figures. Data collected between April and June 2020 shows a rapid resurgence in internal flows while cross-border movements only increased slightly over the same period.
- In [Syria](#), IOM continues to support local partners operating under the United Nations Humanitarian Needs Assessment Programme (HNAP), which conducted the eighteenth round of COVID-19 transit point mapping. The mapping includes updated status of internal transit and international border crossing points, including the presence of temperature screening facilities.

IOM is also tracking and monitoring the impact that COVID-19 is having on [IDPs and migrants](#).

- In [Djibouti](#), IOM is monitoring migrant sites across the country. As of 16 July, 853 stranded Ethiopian migrants have been identified across 19 sites. Immediate needs include water, food, hygiene kits and non-food items (NFIs).
- In [Ethiopia](#), IOM recently completed round 22 of its DTM Site Assessment which targets IDPs, and round 5 of its Village Assessment Survey, which covers villages with returning internally displaced persons (IDPs). Both assessments included COVID-19 indicators such as the number of COVID-19 cases in each location, percentage of individuals with health conditions, access to health facilities, impact of COVID-19 on livelihoods, and movement restrictions.
- In [Panama](#), IOM is monitoring the impact that the border closures are having on migrants in-country. Between 3 and 9 July 2020, IOM's Emergency Tracking Tool identified over 2,500 migrants stranded in migrant reception stations (MRS) throughout the country. IOM identified the needs present across the MRSs and mapped actions being implemented by IOM and partners.

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 [Zambia](#), IOM joined government partners in facilitating a live 30-minute awareness-raising radio programme to sensitize community members on COVID-19 prevention and control, migration risks and health, and the UN's action against gender-based violence (GBV). IOM also supported four orientation meetings in Lundazi and Kalumbila on COVID-19 and GBV prevention, reaching 210 community members and leaders.
- In [Mozambique](#), IOM positioned social mobilizers to conduct risk communication with transborder truck drivers. Since early June, over 9,000 truck drivers have been reached with COVID-19 prevention messages focusing on practical tips for handwashing and physical distancing during their stay in the country.
- IOM [Libya](#) conducted two awareness-raising sessions for 37 migrants on health risks, improvised explosive devices and landmines in Al-Zawiya and

Ain Zara and distributed information materials such as booklets, COVID-19 flyers and posters in Arabic and French.

- IOM [Guyana](#) has worked closely with the Ministry of Public Health and other organizations to translate relevant print and radio materials on COVID-19 and preventive measures into Spanish, Portuguese and French Creole for dissemination among migrant populations. IOM has also engaged with migrants through WhatsApp groups to share information on the ongoing situation.
- IOM-trained Disaster Risk Reduction teams in Cox's Bazar, [Bangladesh](#), disseminated key COVID-19 messages to more than 20,000 individuals in the camps and neighbouring host communities.
- IOM [Lao PDR](#) visited the quarantine centre in Vientiane, distributed 260 direct assistance packs to returning migrant workers, and disseminated safe migration and HIV/AIDS prevention messages.
- In Chuuk, [Micronesia](#), IOM and government partners completed COVID-19 outreach to approximately 200 people in 19 lagoon communities. The mission is also developing a nation-wide competition to encourage mask making and printed advisories and handwashing posters in the Pohnpeian language and English.
- IOM [Ethiopia](#) has reached over 4,000 people with COVID-19 prevention hygiene promotion messages through door-to-door campaigns and mobile van messaging.
- IOM [Somalia](#) has reached over 22,000 Internally Displaced Persons (IDPs) and 15,400 additional people in Mogadishu and other areas with COVID-19 awareness messages.
- IOM [South Sudan](#) has reached over 121,000 IDPs with COVID-19 prevention awareness messages, including with messaging placed at over 580 IOM-installed handwashing stations and 14 awareness raising and risk communication activities reaching more than 9,000 individuals.

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.

- IOM [Afghanistan](#) has established nine rapid response teams of doctors, nurses, laboratory technicians and information management assistants to collect surveillance data, support COVID-19 patients and ensure timely reporting.
- IOM [Ethiopia](#) is working in over 50 government-led COVID-19 quarantine sites assisting migrants with the provision of water, sanitation and hygiene

(WASH) services, and identifying other needs such as staff personal protective equipment (PPE) and waste management. Direct assistance, including onward transportation assistance, has been provided for over 800 returnees. Needs assessments in six other quarantine facilities and four PoEs have been carried out.

- IOM [Tanzania](#) has donated motorbike transport to support the Ministry of Health in Zanzibar to strengthen disease surveillance for COVID-19.
- IOM [Kenya](#) is supporting the Ministry of Health in five quarantine centres providing care to over 190 individuals. IOM has organised training on infection prevention and control in quarantine settings for 34 staff at the Kenya Medical Training College (KMTC).
- IOM [South Sudan](#) is working with the government to identify COVID-19 caseload trends through the Epidemiology and Surveillance Technical Working Group to enable humanitarian partners to focus response efforts on highly impacted communities.

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.

- In preparation for the lifting of the post-COVID-19 travel restrictions, IOM [Georgia](#) donated equipment to the Patrol Police Department of the Ministry of Internal Affairs of Georgia to boost their capacities to conduct first-line inspection of travel documents at key border crossing points in Georgia.
- IOM [Belarus](#) and the Belarusian Border Guard Service have rolled out the second phase of the information campaign on COVID-19 prevention during entry to/transit through Belarus on social media. The campaign has reached more than 200,000 people. IOM has also handed over an additional 60,000 leaflets to be disseminated at PoEs.
- IOM [Bangladesh](#) held workshops for 112 PoE personnel on health screening and management of ill travellers at PoEs, proper use and disposal of PPEs and SOPs for frontline workers. The mission donated 400 pairs of cleaning gloves, 4,000 pairs of latex gloves, 3,500 surgical masks, 350 gowns and hand sanitizer and soap for the PoEs.
- IOM [Cambodia](#) provided medical supplies and PPE, to frontline border police officials at the O'Smach PoE in Oddar Meanchey Province as well as emergency meal packages to over 3,200 returning migrants. In line with findings of a needs assessment at O'Bei Choin PoE in Banteay Meanchey Province, IOM is also installing a waste management system, providing water for handwashing and improving latrines.

- IOM [Nepal](#) is supporting 3,000 irregular returnee migrants with a transport allowance to reach their communities of origin from PoEs. The country office is building the capacity of frontline workers and committees on management and operations of quarantine centres.
- IOM [Philippines](#) is supporting returning Filipino migrants from Sabah, Malaysia, including by providing 400 sleeping kits to local government partners. IOM additionally provided nine vans to the Philippines Coast Guard to transport swabbing teams to go around quarantine facilities.
- IOM [Timor-Leste](#) partnered with WHO to strengthen COVID-19 response in Timor-Leste's border communities to provide equipment and supplies, including 399 hygiene kits to the border police, local health clinics and quarantine centres in Covalima and Bobonaro municipalities.
- IOM [Somalia](#) has screened over 3,000 people for COVID-19 at PoEs.
- IOM [Mali](#) organized COVID-19 training sessions for 175 border police agents stationed at Bamako International Airport, in anticipation of its reopening by the end of July.
- IOM [Mauritania](#) trained 31 agents from the Rapid Action Groups for Monitoring and Intervention team, as well as 10 customs officers deployed at borders on protective measures to avoid infection and respect for human rights.
- IOM [Libya](#) medical teams supported National Centre for Disease Control staff at Misurata Airport by providing medical checks to all passengers returning to Libya. A total of 54 travellers were screened by checking temperatures and general conditions, and samples for COVID-19 tests were collected.
- IOM [South Sudan](#) has screened nearly 5,000 travellers and provided infection prevention and control and WASH services at Juba International Airport and in other locations.

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 [South Africa](#), COVID-19 tests have been procured and the IOM clinic stands ready to carry out COVID-19 testing as soon as the cartridges arrive in-country.
- In Cox's Bazar, [Bangladesh](#), the IOM-managed isolation and treatment centre (ITC) in Leda and three temporary isolation facilities have been established as sentinel sites for sample collection

from patients with acute respiratory infection or influenza-like illness for surveillance and case identification. Between 14 and 21 July, 250 samples were collected and transported to the laboratory in Cox's Bazar.

- IOM [Myanmar](#) supports the Township Health Laboratory Unit in Mawlamyine to capture the COVID-19 testing data as part of the standardized software reporting system launched by the Ministry of Health and Sports.
- IOM [Ethiopia](#) has deployed two laboratory assistants to support the COVID-19 testing laboratory at the Addis Ababa Science and Technology University (AASTU). IOM is also providing training for medical staff on testing of COVID-19, infection prevention and control, laboratory safety and waste management.
- In [Cambodia](#), IOM has provided two walk-through specimen collection booths to the Poi Pet referral hospital.

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 initiated the procurement of more than USD 700,000 worth of PPEs in support of IOM implementing partner staff in project locations across the [North West of Syria](#) (NWS). IOM also supported the fifteenth round of a COVID-19 rapid assessment to assess COVID-19 mitigation efforts and access to basic services. In response to assessed need, water provision has now increased from 25 litres per day per person, to 35-39 litres per day per person.
- IOM [Libya](#) delivered PPE sets to migrants held in detention centres (DCs) to prevent the spread of the COVID-19 pandemic amongst migrants in detention. Non-food items and hygiene kits were also distributed to 792 migrants at the DCs. Fumigation, disinfection, and cleaning campaigns continue at disembarkation points and DCs.
- IOM [Cambodia](#) trained 685 frontline workers on COVID-19 prevention and supported the Siem Reap Provincial Health Department to train 45 health workers. Additionally, IOM conducted a Training of Trainers on COVID-19 prevention for 17 health centres and 91 Village Health Support Group volunteers. The mission also collaborated with local stakeholders to help volunteers conduct

community awareness campaigns on COVID-19 for 1,961 returned migrants.

- IOM [Timor-Leste](#) partnered with the WHO to strengthen the COVID-19 response in Timor-Leste's border communities, including by providing 399 hygiene kits to border police, local health clinics and quarantine centres.
- IOM [South Sudan](#) has provided handwashing materials and NFI kits to IDPs and maintains over 580 handwashing stations, with over 12,000 beneficiaries.

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 [Libya](#), IOM continues to support four primary health care centres with medicines, medical consumables and health education materials on COVID-19. In a week, 275 IDPs benefitted from primary health care consultations.
- IOM [Sri Lanka's](#) outreach and services, including COVID-19 prevention and protection information, to both inbound and outbound migrants through the Migration Health Assessment Centres have resumed.
- In [Afghanistan](#), seven IOM mobile health teams have supported over 28,000 patients with treatment and screening, including referrals to the Ministry of Public Health (MoPH) for COVID-19 case management.
- In Cox's Bazar, [Bangladesh](#), the IOM Dispatch and Referral Unit (DRU) transported 53 individuals to quarantine facilities. IOM also trained 37 ambulance drivers on DRU procedures, their roles and responsibilities, IPC, and safe vehicle decontamination procedures. At IOM-supported primary care facilities, 25,338 consultations were carried out and 42 patients received emergency referral support.

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](#), camp management teams in Wau trained 29 women, including 11 women with

disabilities, in cloth face mask production, as part of COVID-19 preparedness and response, as well as an initiative to restore women's livelihoods and strengthen their self-reliance.

- Shelter teams in Cox's Bazar, [Bangladesh](#) worked with religious leaders to identify 1,073 elderly beneficiaries to receive COVID-19 related NFIs.
- IOM [Philippines](#) provided remote technical assistance and mentoring support for camp managers in 17 sites in North Cotabato on COVID-19 operational guidance. The mission is also providing ongoing technical assistance to government officials on new transitory sites and relocation sites in Kidapawan, covering COVID-19 operational guidance, including physical distancing and PoE controls.
- IOM [Ethiopia](#), in partnership with the government, has designed a multi-purpose facility for safer food and NFI distributions in light of COVID-19 and required hygiene standards and physical distancing.

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.

- IOM [Colombia](#) designed a geo-referencing, GPS-based mobile application for members of the counter-trafficking national taskforce to detect trafficking victims and persons at risk, and activate immediate direct assistance.
- IOM [Libya](#) has launched a mental health and psychosocial support (MHPSS) helpline to provide remote counselling to quarantined migrants and others facing mobility issues due to COVID-19 lockdowns.
- IOM in Cox's Bazar, [Bangladesh](#) also provided remote psychosocial counselling to 68 beneficiaries and extended its MHPSS services to host communities through an IOM-supported government health facility. IOM's protection team reached 27,228 people with COVID-19 and protection messages and trained 36 ITC clinical staff on protection principles, gender-based violence, counter-trafficking, psychological first aid (PFA), safe referrals, and protection from sexual exploitation and abuse. IOM also trained 16 community members and leaders on mental health, well-being and COVID-19 prevention, and trained staff on positive coping skills during COVID-19.

- IOM [Cambodia](#) developed and distributed more than 1,500 PFA posters on "Mental Care During Crisis," in six provinces.
- In the post-quarantine and economic recovery context in [Peru](#), IOM has implemented the virtual community prevention strategy "Caja de Juegos" (Game Box) to train facilitators in the identification and prevention of human trafficking in children and adolescents.

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 [Philippines](#) received multiple donor funding for its "Prepare, Prevent, Protect" initiative - providing WASH activities, health system support, and cash-based initiatives to protect displaced populations and improve access to essential commodities in Mindanao (BARMM). The programme also integrates disaster risk reduction activities by activating municipal disaster management committees to create contingency plans and integrate COVID-19 and other biological hazards into local preparedness.
- IOM [Guyana](#) continues to provide emergency shelter and rental subsidies for Venezuelan migrants in risk of eviction due to employment loss and affected livelihoods. This training includes one-on-one sessions, webinars and developmental material.
- IOM [Nepal](#) is surveying returnee migrant workers, migrant workers in countries of destination and aspiring migrant workers on their intentions for returning to Nepal, reintegration plans, vulnerabilities, debt and recommendations for sustainable reintegration.
- Jointly with the International Labour Organization (ILO) and the United Nations Development Programme (UNDP), IOM [Mexico](#) co-organized a series of virtual sessions to analyse the challenges posed by COVID-19 for migrants' labour integration. In total, about 200 people took part.
- IOM in [Argentina](#) processed 30 cash transfers and delivered 55 food vouchers to assist migrants in conditions of extreme vulnerability. In addition, IOM delivered hygiene supplies and food for the preparation of 20,000 meals to 230 families.

OPERATIONAL UPDATES

Operational Challenges

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 17 July, 25 per cent of IOM's migration health assessment centres (MHACs) remain temporarily closed, though 19 per cent of them are offering essential services to migrants and refugees with significant medical conditions. In addition, as some travel restrictions are being lifted, more are gradually reopening to deliver services (56 per cent as of 17 July).

IOM's Resettlement and Movement Management (RMM) operations have been severely impacted by the current crisis, although some limited resettlement movements have resumed. Of departures scheduled for between 11 February and 31 July, 1,361 movements have been cancelled, affecting 11,499 individuals, the majority of whom are resettlement cases.

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 17 July, 125 staff were deployed to COVID-19-related programmes, both within IOM programmes and with

government efforts. In addition, 20 HAP sites are currently 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

The third [Issue Brief](#) from IOM's [Immigration and Border Management \(IBM\) COVID-19 Emerging Immigration, Consular and Visa Needs and Recommendations initiative](#) is now available. This update presents selected immigration related trends with a focus on the gradual reopening of borders and immigration procedures. The latest findings address the fragile relaunch of global mobility and the various implications for regular migration pathways, including admission and stay policies. This release also includes a new set of recommendations centred on the need for the coordinated resumption of immigration procedures and measures to actively counter misinformation, among others.



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IOM staff hang posters to raise awareness around COVID-19 prevention in Juarez, Mexico. © IOM 2020

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CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71