

## 18,614,177

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

## 702,642

Deaths

## 80,884

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

## 1,372

IOM movements cancelled

## \$206 M

Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019<sup>2</sup>



IOM provides direct assistance to victims of trafficking in Algiers as part of the Covid-19 emergency response. © FlaviaGiordani/IOM 2020



New funds: \$153 M; Reprogrammed funds: \$53 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 7 August, close to 18.6 million confirmed cases and close to 703,000 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 global mobility context amidst the COVID-19 pandemic remains dynamic, as Governments and authorities continue to issue new mobility restrictions and policy changes. As of 6 August 2020, a total of 219 countries, territories or areas have issued 80,884 travel restrictions indicating an increase of 7 per cent from 75,852 travel restrictions reported on 23 July 2020. There has been a 29 per cent increase in medical restrictions and 6 per cent increase in restrictions on specific nationalities. Simultaneously, there has been a 6 per cent decrease in restrictions on arrivals from specific countries, territories or areas. In parallel to

existing travel restrictions, 177 countries, territories or areas have issued 675 exceptions enabling mobility despite blanket travel restrictions. Between 23 July and 6 August 2020, 29 countries, territories or areas have issued 60 new exceptions, while 18 countries, territories or areas have removed 41 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.

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

<sup>2</sup>Funding 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 Senegal** collaborated with the Senegalese Public Health Authorities and the United States Centers for Disease Control (CDC) to support the development of COVID-19 response and assessment guides for local authorities at points of entry (PoEs).
- **IOM Chad** contributed to the drafting of the United Nations System's Multi-Sectoral Strategy in Support of the Chadian Government for the COVID-19 response.
- **The IOM's Regional Office for Middle East and North Africa (MENA)** is coordinating with the World Health Organization (WHO) Regional Office for the Eastern Mediterranean to draft a joint IOM-WHO statement advocating for migrant-inclusive universal health-care systems in the region.
- In **Libya**, IOM medical teams supported National Centre for Disease Control (NCDC) staff at Misurata Airport in providing medical screenings, temperature checks, testing, and health awareness sessions to passengers returning to Libya.
- **IOM Peru**, **IOM Ecuador** and **IOM Chile** discussed trafficking in persons post-COVID-19 with NGO partners, planning the development of a network of government institutions to increase labour inspection and to strengthen case detection mechanisms.
- **IOM Brazil** and the UN Refugee Agency (UNHCR) held a second live streaming event through the Response for Venezuela (R4V) focused on protection of indigenous refugees and migrants in the COVID-19 context, with participation from national government partners.
- **IOM Peru** co-hosted a Virtual Congress with national and international stakeholders on mental health services for child and adolescent survivors of trafficking in persons (TiP), highlighting the importance of comprehensive assistance for TiP survivors during the pandemic.

### 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 COVID-19's impact on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** and is

conducting **mobility restriction mapping** for points and locations impacted by local mobility restrictions. IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions at PoEs and other internal mobility sites. As of 23 July 2020, IOM has assessed 3,553 PoEs (including 780 airports, 2,159 land border crossing points and 614 blue border crossing points) in 169 countries, territories and areas and 1,465 other key locations of internal mobility (internal transit points, areas of interest and sites with populations of interest) in 140 countries, territories and areas. Of the total internal mobility locations assessed, 381 were internal transit points, and 1,084 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 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** to understand population mobility trends within and between certain areas, which in turns helps inform public health preparedness and response strategies.

- In **Haiti**, IOM enumerators are conducting flow monitoring at 50 points across the Haiti and Dominican Republic border to support the ongoing COVID-19 preparedness and response. Between 20 and 26 July 2020, a total of 17,807 cross border movements were observed.
- In **Somalia**, between 26 July and 1 August 2020, a total of 2,595 movements were observed across seven flow monitoring points. During the reporting period, 48 per cent of migrants reported not being aware of COVID-19, and IOM provided COVID-19 awareness-raising sessions in response.

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

- In **Bangladesh**, IOM carried out data collection in May and June on the needs and vulnerabilities of international and internal Bangladeshi migrant returnees. COVID-19-related indicators were included in the rapid assessment. The report published on the findings focuses on returnees' demographic and socioeconomic profiles and migration and return experiences.
- In **Libya**, IOM has released findings from its third round of Mobility Tracking conducted in June 2020 covering 44 municipalities with significant IDP and migrant presence. IOM assessed the socioeconomic

impact of COVID-19-related mobility restrictions on vulnerable mobile populations. The findings confirm previously observed trends, showing that the pandemic had a strong negative impact on migrants and Libyan host communities dependent on daily wages through casual labour.

- In **Mozambique**, a report was published on assessments conducted from 7 – 11 July by IOM, in collaboration with the Government of Mozambique's National Disaster Management Agency. The assessments looked at precautionary measures taken across 72 resettlement sites sheltering over 95,000 individuals, including those displaced by Cyclone Idai and migrant returnees from South Africa and Zimbabwe. This information was gathered to inform and support intervention planning and to recommend preventative and containment measures. All sites reported an increase in preventative behaviours against COVID-19.

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 **Mozambique**, IOM trainings on sexual and reproductive health for journalists and Community Court judges included sessions dedicated to maintaining personal safety and COVID-19 prevention measures such as frequent handwashing, the use of face masks and physical distancing.
- In **the Democratic Republic of the Congo**, IOM continued supporting door-to-door RCCE in the communities surrounding PoEs and health screening points in North Kivu Province. IOM also conducted RCCE trainings with community leaders to strengthen awareness and community dialogue about ongoing health surveillance activities.
- In **Cox's Bazar, Bangladesh**, COVID-19 key messaging awareness raising efforts are ongoing through interactive platforms. IOM's Communications with Communities (CwC) team published a report on COVID-19's spread and impact, as well as response to COVID-19 in the camps in collaboration with CwC Rohingya researchers.
- In **Brazil**, IOM and UNHCR carried out two information sessions in Manaus on the COVID-19 situation in the country, travel restrictions, prevention

measures, and public health services. In Boa Vista, IOM also distributed a booklet, co-developed with Caritas, to children about personal hygiene and prevention against COVID-19 and other diseases.

- **IOM Cambodia** procured banners and posters with handwashing messages and COVID-19 prevention information, which will be placed in quarantine centres, PoEs and next to handwashing stations. IOM developed and disseminated a poster entitled "Mental Care During a Crisis" to government agencies.
- **IOM Argentina** launched a campaign on the identification of trafficking cases during the COVID-19 pandemic for World Trafficking Day.
- **IOM Micronesia** conducted a workshop for mayors and community leaders to strengthen COVID-19 awareness, create community engagement strategies, identify emergency community focal points, and understand community-specific risks for mitigation measures.

### 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 Nepal** has been coordinating with the Ministry of Health and Population to initiate population mobility mapping interventions and to assess land border crossings.
- In **Moldova**, 100 migrants and frontline border staff have been referred by IOM for COVID-19 testing to National Communicable Disease Laboratory.
- In **Ethiopia**, IOM is conducting disease surveillance, providing medical care, and conducting needs assessments in quarantine facilities and is also distributing personal protective equipment (PPE), soap, clothes, utensils, handwashing stations and mosquito nets.

### 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 is providing warehousing space in support of an OCHA-led PPE distribution to partners in **Syria**.
- **IOM Belarus** provided assistance to the State Customs Committee at the Belarus-Ukraine with procurement of PPEs, including surgical masks, examination gloves, and infrared contactless thermometers.
- **IOM Nepal** procured 3,000 sets of PPEs for the Government of Nepal to strengthen operations at ground crossings in the provinces with the highest number of returnees.

## 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 the [Democratic Republic of the Congo](#), IOM held training sessions for government staff on use of PPE, coordination, and disease detection at the Goma International Airport.
- [IOM Bangladesh](#) provided health screening facilities to Hazarat Shahjalal International Airport to improve disease surveillance and ensure safe working conditions for border control staff.
- In [South Sudan](#), IOM continued to support COVID-19 screening at PoEs and the PoE working group held a virtual workshop on 22 July, led by the Ministry of Health and facilitated by IOM, to ensure effective programming. IOM shared the participatory mobility mapping (PMM) methodology, using flow monitoring data as the baseline for validation or expansion based on participants' contextual inputs.
- [IOM Albania](#), Norwegian government partners and UNHCR provided over 112,000 PPEs to Albania's Department of Border and Migration Police for personnel at PoEs and migrant reception centres.
- [IOM Moldova](#) supported the update and dissemination of PoE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral of ill travellers with COVID-19. IOM also supported the development and implementation of training curricula and delivered two online training sessions.
- [IOM Lao People's Democratic Republic](#) met with international and national partners to discuss joint COVID-19 trainings and SOPs for border officials, and visited Wattay International Airport to conduct a PoE mapping.
- [IOM Micronesia](#) helped develop the COVID-19 SOP for local actors and facilitated trainings developed by the WHO on managing PoEs to reduce COVID-19 transmission.
- [IOM Mauritania](#) completed trainings on COVID-19 prevention mechanisms for the security forces responsible for PoE management and distributed PPE as well as medical equipment.
- [IOM Cameroon](#) trained border agents on infection prevention and control (IPC) and screening/referral of suspect cases at PoEs. Additionally, sanitary products and screening infrastructure were delivered.
- [IOM Mali](#) organized COVID-19 training sessions for 175 border police agents stationed at Bamako International Airport, in anticipation of its reopening.
- [IOM Djibouti](#) is supporting the Government to establish screening spaces at PoEs. IOM has also

donated handwashing stations at the international airport and other locations.

- [IOM in the United Republic of Tanzania](#) published a PoE needs assessment for the Mwanza region.

## 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.

- IOM has received 32,000 GeneXpert cartridges for COVID-19 testing, which has begun in [Nigeria](#) and [Kenya](#). To date, approximately 1,500 COVID-19 tests have been performed. In [Kenya](#) alone, some 700 COVID-19 specimens were collected from truck drivers at PoEs and tested to help the Ministry of Health clear a backlog.
- In the [Dominican Republic](#), IOM, together with the Pan-American Health Organization and the Ministry of Public Health, carried out a COVID-19 seroprevalence survey of the migrant population. Some 400 rapid samples were taken.
- The [IOM Bangladesh](#)-managed isolation and treatment centre (ITC) in Leda and three temporary isolation facilities collected over 400 samples for laboratory testing of suspected and severe acute respiratory infection cases. These facilities also serve as sentinel sites for sample collection for surveillance and case identification.
- [IOM Ethiopia](#) continues to deploy laboratory assistants at national COVID-19 testing laboratories at the Addis Ababa Science and Technology University's quarantine facility.

## 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 Bangladesh](#) provided PPEs to health facilities. An SOP on ambulance and vehicle decontamination in the COVID-19 context has been developed and shared with partners.
- [IOM Micronesia](#) provided handwashing stations and soap in Chuuk and has partnered with the Chuuk Department of Education to construct and install portable group handwashing stations over the past two months. IOM also distributed chlorinators to the Kosrae State Department of Health Services.
- In [Colombia](#), over 110,00 PPEs were delivered to 26 priority municipalities.

- In **Yemen**, IOM has established 175 handwashing stations in IDP hosting sites in Marib. Water trucking activities in Al Hudaydah and Taizz are also ensuring that over 6,500 people have consistent access to clean and safe water.
- **IOM Kenya** has conducted IPC training for clinical and support staff at quarantine sites in Nairobi.
- IOM is finalizing the procurement of PPE in support of its implementing partner staff and project locations across the **North West of Syria**. IOM also supported the sixteenth round of a COVID-19 rapid assessment to assess mitigation efforts and access to basic services.

### 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**, IOM is continuing to support District Health Services to deliver outreach services to resettlement sites, with particular attention to people living with chronic conditions. Over 560 people were assisted with medical consultations and received either medication or counselling.
- **IOM Afghanistan's** mobile health teams served more than 11,700 patients and screened over 9,100 returning undocumented migrants for tuberculosis in IOM transit centres. Over 200 health staff are presently deployed to support the Ministry of Public Health's response efforts.
- In **Cox's Bazar, Bangladesh**, IOM led a training on the management of obstetric emergencies and IPC during COVID-19 for midwives and doctors.
- In **Yemen**, IOM provided support to 22 health facilities and nine mobile health teams during the reporting period. Nearly 7,600 people, including 1,531 migrants, received health services, ensuring that primary health care, cholera treatment, mental health and psychosocial support as well as minor and major surgeries remain accessible to affected populations during the COVID-19 outbreak.
- In the **Democratic Republic of the Congo**, IOM finalized the development of an isolation centre for non-severe COVID-19 cases who cannot self-isolate at home in Kinshasa. The centre will provide medical care and isolation facilities to up to 300 patients and is equipped with residential facilities and a laboratory to perform COVID-19 tests. The site will be operated by IOM in partnership with the Congolese Ministry of Health.
- **IOM Libya** continues to support four primary health

care centres with medicines, medical consumables and COVID-19 information materials. A total of 195 IDPs benefitted from medical consultations. In addition, IOM responded to the needs of migrants who tested positive for COVID-19 in quarantine hospitals and their families through a holistic approach.

### 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 IOM Site Management Support team in **Ethiopia** is working with the IOM WASH unit in the most at-risk IDP sites by providing soap and handwashing stations paired with increased messaging promoting hygiene.
- In **South Sudan**, IOM Camp Management teams chair virtual bi-weekly and monthly Coordination Meetings with sector partners and camp authorities to address needs, identify service delivery gaps, and ensure timely and relevant information sharing on the COVID-19 response.
- In **Zimbabwe**, IOM is leading the Shelter/CCCM cluster and advocating for durable solutions to ensure that the COVID-19 national response plan addresses IDPs' and host communities' basic needs. IOM is assisting vulnerable communities and displaced populations through a new shelter intervention to ensure appropriate housing and avoid the spread of the virus. PPEs and preventive measures have been incorporated in all activities to protect beneficiaries and programme personnel.

### 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 Sri Lanka** released a new document with information for returning migrants about the benefits of psychosocial counselling, how to contact IOM for assistance, the return process, managing stress and anxiety, COVID-19 infection prevention measures, and relevant hotlines for additional support.
- **IOM Bangladesh** site management teams in Cox's Bazar visited persons living with disabilities in Camp 22 to monitor their access to support. Protection teams reached over 31,000 individuals with messages on COVID-19 and protection-related issues, and 66 clinical staff attended training sessions that covered protection and how to conduct safe referrals. IOM also trained volunteers in mental health and psychosocial support and other protection sectors.

- **IOM Belarus**, with the support of the US Government, has procured and is delivering PPEs to NGO partners and survivors of TiP.
- **IOM Colombia** launched a new model for preventive surveillance of the Government of Colombia's counter trafficking activities to protect and assist victims, prosecute traffickers, and promote knowledge management. The office is also providing community-level psychosocial assistance to promote self-care in mental health, follow-up on gender-based violence cases, and individual psychosocial support via the phone.
- **IOM Argentina** delivered food and hygiene supplies to 230 families, and food for the preparation of 20,000 meals in support of social work across the country.
- **IOM in Jordan**, with the support of the US Government, is providing safety net cash assistance to offset the socioeconomic impacts of the recent lockdown.
- In **Georgia**, IOM and local NGO partners implemented short-term projects to address needs of migrants identified by IOM's rapid needs assessment surveys on COVID-19 related vulnerabilities. IOM also provided cash assistance to vulnerable migrants stranded in Georgia due to COVID-19.
- **IOM in Cameroon** completed its study of COVID-19's impacts on remittances, finding a sharp decline in the level of remittances being sent or received among those surveyed.
- **IOM Brazil**, together with the "Analysis of the Emergency Program for Maintaining Employment and Income" working group, has held meetings to discuss the impacts of the COVID-19 pandemic on migrants located in Rio Grande do Sul.
- **IOM in Mauritania** is supporting the re-opening of Child Protection and Social Integration Centres to align with COVID-19 requirements for child protection. IOM also launched a cattle feed distribution campaign at the M'bera refugee camp to improve livestock health and support sustainable community herding under the circumstances of COVID-19.

### 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 in Egypt** distributed food, hygiene kits, and mental health and COVID-19 materials, as well as organized a series of events to help migrant families to cope with the socioeconomic impact of and stress from COVID-19.
- In **Yemen**, IOM is implementing various livelihood and capacity-building initiatives in conflict-affected communities, including cash-for-work activities, small grants, and vocational training. IOM and its partners are also kickstarting small-scale PPE manufacturing projects.



IOM delivered PPE to support POE workers on the Belarus-Ukraine border. © IOM 2020

## OPERATIONAL UPDATES

### Operational Challenges

- IOM's Resettlement and Movement Management 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 August, 1,372 movements have been cancelled, affecting 11,543 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 24 July, 21 per cent of IOM's migration health assessment sites remain temporarily closed, though 19 per cent of MHACs 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 (60 per cent as of 24 July).
- IOM's immigration and visa processing programmes have reduced activities, in adherence with health and local government directives. As of 30 July, there are no centres operating and assisting migrants at regular capacity, with 37 per cent temporarily reducing operations and 63 per cent temporarily closing.

### New Programmatic Approaches

- Migration health staff from IOM's **Health Assessment Programme (HAP)** have been called to contribute to national COVID-19 response activities in some locations. As of 24 July, 144 staff have been deployed, both within IOM programmes and with government efforts. In addition, 21 HAP sites are currently providing Member States with supplies and services to support local COVID-19 response initiatives, including COVID-19 screening at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of PPE and supplies for COVID-19 response.
- IOM continues to roll out the **"First Line of Defense"** project in more than 20 countries, aimed at ensuring that a network of high-quality health professionals, services and locations for COVID-19 and other health needs are available for UN staff working in lower-income settings and duty stations, so that the UN can continue to deliver. The signing of MoUs with individual UN country teams, resource mobilization, the development of COVID-19 testing mechanisms, clinical credentialing and trainings for health workers are underway.

### Guidelines and Guidance Documents

- The Immigration and Border Management (IBM) team at the **IOM Regional Office for MENA** developed a Gender Checklist for the COVID-19 response. The checklist supports ongoing efforts to ensure all IBM projects are responsive to the gender-specific needs of migrants and other stakeholders working at PoEs.

### Information Sharing and Communications

- IOM Regional Office for South America launched the study titled "Diagnostic on the situation and incidence of trafficking in humanitarian contexts in South America" to close the series of webinars on trafficking and COVID-19. The study compiles legal and policy frameworks, identifies challenges and provides policy recommendations.
- The IOM Regional Office in Brussels organized a joint webinar with the European Union Agency for Law Enforcement Training on COVID-19 for over 100 EU Member State law enforcement officials. The webinar will demonstrate the tools developed and contribute to adapting IBM measures to the COVID-19 context.



IOM staff delivering key goods to support communities in Bogotá affected by COVID-19. © IOM 2020



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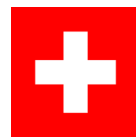


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