



UNDERSTANDING CROSS-BORDER MOBILITY IS A CRITICAL PUBLIC HEALTH CONSIDERATION IN THE CONTEXT OF OUTBREAKS.

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 30 January 2020, the World Health Organization's (WHO) Emergency Committee announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19), now constituted a **Public Health Emergency of International Concern** - *"an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response"*.

Since the outbreak began, a total of 75,204 confirmed cases (WHO Situation Report, 19 February 2020) have been reported globally. Within China with there have been 74,280 confirmed cases, including 2,006 deaths. Outside of the People's Republic of China there have been 924 confirmed cases in 25 countries¹, including 3 deaths.

Under the leadership of the WHO, a Global Preparedness and Response Plan for COVID-19 was launched on 3 February emphasizing the criticality of the United Nations and partners to urgently contribute to preparedness and response efforts.

Currently WHO assesses the risk of this event to be very high in China, high at the regional level and high at the global level, and it is expected that more cases will be exported to other countries, and that further transmission will continue to occur.²

75,204
CONFIRMED CASES

2,009
DEATHS

26
COUNTRIES AFFECTED

\$17 M

IOM Funding
Requirement (USD)

¹ Thailand, Nepal, Malaysia, Viet Nam, Singapore, Australia, Cambodia, Sri Lanka, Sweden, Russian Federation, Italy, Japan, United States of America, the United Kingdom, Canada, France, Spain, Germany, United Arab Emirates, Finland, India, the Philippines, Belgium, the Republic of Korea and Egypt (WHO Sit Rep, 19 February 2020)

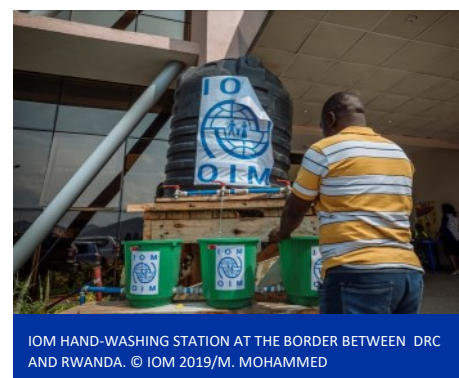
² WHO Sit Rep, 19 February 2020

IOM'S GLOBAL, REGIONAL AND NATIONAL CAPACITY TO RESPOND TO COVID-19

The International Organization for Migration (IOM), in partnership with WHO, stands ready to assist Member States (MS) and partners to prepare and respond to the COVID-19 outbreak, with operational and technical support in the area of migration and health.

IOM stresses its extensive experience in empowering governments and communities to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination. While migration and mobility are increasingly recognized as determinants of health and risk exposure, the volume, rapidity, and ease of today's travel pose new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multi-sectoral responses.

With more than 430 offices and about 14,000 staff across the world – including thousands working specifically on health and community engagement, IOM is uniquely placed to provide support in international public health emergencies, such as in the Ebola response in the Democratic Republic of the Congo (DRC) and neighboring states. As a formal partner of the WHO, a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network, IOM is increasingly a key player in responding to public health emergencies globally.



IOM'S APPROACH AND OPERATIONAL STRATEGY

In coordination and partnership with relevant actors at global, regional and national levels, IOM will contribute to the overall objective of the COVID-19 Global Strategic Preparedness and Response Plan to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including the social impact.

IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that inclusive approaches which take into account migrants and travellers, and counter misinformation that can lead to anti-migrant sentiment and xenophobia are essential in the event of an outbreak. In line with the COVID-19 Global Strategic Preparedness and Response Plan, IOM stands ready to support governments and partners to understand population mobility trends and reinforce sound public health measures that aim to minimize disruption to society and the economy.

IOM's approach for preparing and responding to disease outbreaks and future health threats is anchored in IOM's Health, Border and Mobility Management (HBMM) Framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

The WHO COVID-19 Global Strategic Preparedness and Response Plan has three main objectives, namely:

COVID-19 GLOBAL STRATEGIC PREPAREDNESS AND RESPONSE (SRP) PLAN OBJECTIVES	
SRP Objective 1	Rapidly establishing international coordination and operational support
SRP Objective 2	Scaling up country readiness and response operations
SRP Objective 3	Accelerating priority research and innovation

In line with the Global SRP, IOM will largely focus its efforts on Objectives 1 and 2. At the global level, IOM will contribute to Objective 1, to rapidly establish international coordination and operational support through active participation and information sharing in forums, such as the Global Outbreak Alert and Response Network. At regional and national levels, IOM will collaborate with governments and stakeholders to contribute to Objective 2, “scaling up country readiness and response operations.” The activity pillars under Objective 2 of the COVID-19 Global Strategic Preparedness and Response Plan are:

- *Coordination and Partnerships*
- *Risk Communication and Community Engagement (RCCE)*
- *Surveillance*
- *Point of Entry (POE)*
- *Rapid Response Teams*
- *National Laboratory System*
- *Infection Prevention and Control (IPC)*
- *Case Management and Continuity of Essential Services*
- *Logistics, Procurement and Supply Management*

IOM'S AREAS OF INTERVENTION



COORDINATION AND PARTNERSHIPS

IOM will actively participate in the overall coordination mechanism at national and regional levels and will, in particular, support cross-border coordination through:

- Strengthened cross-border coordination and enhanced regional and national surveillance, information sharing and reporting.
- Supporting coordination within countries and across borders to support timely care and referrals in line with IHR (2005).
- Engaging and supporting inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM will work with RCCE counterparts at regional and national levels to ensure that mobility is taken into account in public health messaging, and that migrants and mobile communities have access to timely and correct information through:

- Provision of technical guidance to ensure risk communication messages are culturally and linguistically tailored and that migrants are included in national, regional and global outreach campaigns.
- Promotion of risk communication and community engagement activities specifically along mobility corridors and among existing migrant and mobile population networks, including travel agencies and tour operators.
- Building the capacity of health care workers and other actors on psychological first aid.



SURVEILLANCE

IOM will enhance existing national level disease surveillance systems through:

- Strengthening Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities and migrant dense areas.
- Conducting Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans.



POINTS OF ENTRY (POE)

IOM will support Ministries of Health and partners to enhance preparedness of prioritized points of entry (POE) to respond through:

- Support to active surveillance, including health screening, referral and data collection at POE.
- Support to the development and dissemination of POE specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Training of immigration and border/port health staff on SOP to manage ill travellers and on infection prevention and control.
- Improvement of border infrastructure including the construction of isolation facilities to manage ill travellers, and the provision of necessary equipment and supplies for screening.
- Establishment of mechanisms to support the dissemination of risk communication information on COVID-19 at POE.



NATIONAL LABORATORY SYSTEM

With its global network of laboratories, IOM can support enhanced national capacity for detection through:

- Provision of trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation.



INFECTION PREVENTION AND CONTROL

IOM will support enhanced national capacity for infection prevention and control through:

- Enhancing provision of water, sanitation and hygiene (WASH) services at POE to support infection prevention and control, and where required, support the development of protocols for handwashing and waste water disposal.



LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

IOM is involved in ongoing discussions with the Pandemic Supply Chain Network (PSCN) and stands ready to support in coordination with the PSCN through:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies.



IOM'S FUNDING REQUIREMENT

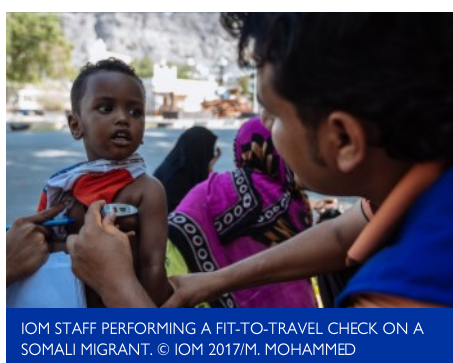
IOM's global funding requirement is **USD 17 million³**.

This amount represents an indicative requirement for IOM's planned interventions, broken down by region, to ensure migrants and mobility considerations are included in global, regional and national preparedness plans in priority countries. Amounts are approximate given the evolving nature of the outbreak and estimates are based on IOM's experience working in other public health emergencies, such as the ongoing response to Ebola in the DRC and neighboring priority one countries. Actual requirements at country level will be dependent on national health system capacity and mobility dynamics.

REGIONAL BREAKDOWN OF FUNDING REQUIREMENT

REGIONAL BREAKDOWN	TOTAL REQUESTED AMOUNT (USD)
Asia and the Pacific	6,000,000
East, West and Southern Africa	6,000,000
Middle-East and North Africa	2,000,000
Europe and Central Asia	2,000,000
The Americas	1,000,000
TOTAL	17,000,000

All interventions proposed are in line with the WHO COVID-19 Global Strategic Preparedness and Response Plan (SRP).



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³ The estimated resource requirements outlined above are for overall planning purposes and will be adjusted as the situation evolves. More comprehensive country-level operational plans will be developed that are consistent with the SRP and based on actual needs, gaps, and implementation capacity.