29,737,453 Confirmed cases in over 200 countries, territories or areas¹

937,391 Deaths from COVID-19

86,722 Restrictions on mobility have been adopted by 219 countries, territories or areas

$269 M Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²

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 17 September, nearly 30 million confirmed cases and more than 937,000 deaths have been reported globally since the outbreak began. Confirmed cases have been reported in more than 200 countries/territories/areas, with new cases reporting daily.

As of 14 September 2020, a total of 219 countries, territories or areas have issued 90,435 travel restrictions indicating an increase of three per cent from 87,951 travel restrictions reported on 7 September 2020. There has been an increase of six per cent in both medical restrictions and in four per cent in other restrictions such as new documents needed for travel. Simultaneously, there has been a two per cent decrease 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 742 exceptions enabling mobility despite blanket travel restrictions. Between 7 August and 14 September 2020, four countries, territories or areas issued 11 new exceptions whilst one country, territory or area removed one exception.

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.

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

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.

- In Latin America, in partnership with the International Organization for Employers (IOE), IOM is supporting a new public-private dialogue on labour migration, economic recovery and ethical recruitment, in the context of COVID-19. The first round hosted over 130 participants.

- The IOM Regional Office in South America, in cooperation with Ashoka, organized a webinar to connect the diaspora with entrepreneurs providing innovative solutions to address the COVID-19 pandemic.

- IOM Indonesia, with national and local government partners, launched a data collection exercise to understand COVID-19’s socio-economic impact on migrant worker households, including those who have returned due to the pandemic, and those who have been unable to migrate as originally intended.

- In Nepal, IOM is conducting assessments and phone surveys of vulnerable returnees and migrant workers affected by COVID-19. In addition, IOM provided immediate cash assistance to 200 vulnerable migrant workers, as well as recovery support to 360 returnee migrant workers and their families.

- In Cambodia, IOM supported Provincial Officers with a “Rapid Needs Assessment and Beneficiary Selection” for UN MPTF COVID-19 Recovery Joint Program in Siem Reap, with participation of 83 returnees. Beneficiaries will establish small businesses, as well as work in agriculture and trade services.

- In Asia-Pacific, IOM conducted a rapid assessment on COVID-19’s impact on labour mobility, examining stakeholder perspectives in Fiji, the Marshall Islands, Tonga, Tuvalu, and Vanuatu, in addition to several destination countries. This report adopts a human security approach to COVID-19’s effects on labour mobility and broader migration trends in the region, presenting findings on mobility restrictions, seasonal workers, the diaspora, and remittances.

- IOM Tunisia organized a voucher distribution to 441 migrants whose livelihoods have been affected by the pandemic. Beneficiaries also participated in awareness-raising sessions on COVID-19 protective measures.

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.

- In the East and Horn of Africa region, the IOM Regional Director participated in an Intergovernmental Authority on Development (IGAD) Regional Ministerial Meeting, which resulted in the Ministerial Statement on the Impact of COVID-19 on People on the Move in the IGAD region. The statement aims to shape cooperation on a range of mobility and displacement-related themes.

- IOM Zimbabwe conducted engagement meetings at the national level with the Directors of Home Affairs, Immigration and Social Welfare, which served to cascade guidelines to government authorities in the field and to allow better implementation of activities at points of entry (PoEs).

- In Burkina Faso, IOM supported the Regional Directorate of Health in organizing a COVID-19 briefing for the Security and Defence Forces. IOM also led a PoE evaluation with the Health Emergency Response Operations Centre, the national police, the Ministry of Health and WHO.

- IOM Bahamas has taken up the chairmanship of the UN Emergency Technical Team (UNETT) in The Bahamas, in support of the Resident Coordinator.

- IOM Afghanistan successfully advocated for inclusion of migrants and mobility in COVID-19 preparedness planning, including the National Multi-Sector Response Plan, the revised Humanitarian Response Plan 2020, and the ONE UN Health Plan.

- IOM Cambodia participated in a joint visit to Prey Veng with the WHO Country Representative, Ministry of Health officials, and provincial health officials to learn about COVID-19 prevention measures, reinforce Provincial Health Departments, Referral Hospitals, and Provincial Response Committees, and develop joint action plans to ensure preparedness for ongoing migrant returns.

- IOM Indonesia initiated a joint PoE assessment with the Ministry of Health, the Directorate General of Immigration, the National Border Management Authority, and the National Agency for the Protection of Indonesian Migrant Workers.

- IOM Belize, in partnership with the Department of Border Management and Immigration Services, finalized the standard operating procedures (SOPs) on the repatriation process for the Assisted Voluntary Return (AVR) programme.

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. As of 28 August 2020, IOM has assessed 3,861 PoEs (including 958 airports, 2,306 land border crossing points and 597 blue border crossing points) in 173 countries, territories and areas and 1,495 Other Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 135 countries, territories and areas. Of the total number of locations of internal mobility assessed, 383 were internal transit points, and 1,112 were comprised of other areas and sites of interest. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, medical certificate requirements and other measures limiting mobility. These restrictions impact populations including regular travellers, nationals, irregular migrants, returnees, migrants, IDPs and refugees. IOM COVID-19 Impact on Points of Entry Bi-Weekly Analysis can be accessed here and IOM COVID-19 Impact on Key Locations of Internal Mobility Bi-Weekly Analysis can be accessed here.

IOM tracks and monitors in-country and cross-border flows in order to understand population mobility trends within and between certain areas, which in turns helps to inform public health preparedness and response strategies.

- In Somalia, a total of 15,348 movements were observed across IOM Flow Monitoring Points (FMPs) in August 2020, representing a 49 per cent decrease compared to August 2019, when 29,878 movements were observed. This reduction can be attributed to measures put in place as a result of COVID-19.

- In Yemen, IOM is monitoring key locations of migrant arrivals and Yemeni returns along Yemen’s northern border with the Kingdom of Saudi Arabia (KSA) and on its southern coastal border. Between 1 January – 30 June 2020, IOM recorded 31,617 cross border movements of migrants through FMPs along the country’s southern border. Migrant arrivals to Yemen during this period decreased by 64 per cent compared to the same period in 2019 due to COVID-19 related restrictions, which have also resulted in tens of thousands of stranded Ethiopian migrants.

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

- In Djibouti, following border closures in Ethiopia and stricter border management policies in Yemen, some migrants transiting through Djibouti on their way to or from the Arabian Peninsula have found themselves stranded in the country. IOM is monitoring migrant sites across Djibouti. As of 6 September 2020, 1,346 stranded Ethiopian migrants have been identified across 18 sites. Immediate needs include water, food, hygiene kits, and NFIs.

- In Ethiopia, IOM released its Ethiopian National Displacement Report for data collected in more than 1,200 IDP sites and over 1,200 villages between June – July 2020. Key findings include the identification of more than 1.8 million IDPs across the country. In 42 per cent of assessed sites, IDPs indicated that they have resorted to borrowing money from family and friends, and in 40 per cent of sites, IDPs reported that they were reducing their meals as a coping mechanism as a result of COVID-19.

- IOM published results from a survey showing the impact of COVID-19 on migrant populations in Central America and Mexico. Key results indicate that half of migrants responding to the survey have lost their jobs due to the pandemic, 20 per cent are willing to return to their countries of origin, and the majority of respondents indicated that they are suffering from mental health impacts.

- In South Sudan, IOM completed data collection for a multisectoral household-level survey in Juba’s urban areas, combined with randomized COVID-19 testing administered by the WHO and Ministry of Health (MoH) teams. The multi-sectoral survey will contribute to the cross-country Food Security and Nutrition Monitoring System data collection process to support its expansion to urban areas. 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.

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.

- IOM Iraq organized over 130 awareness and sensitization activities on COVID-19, reaching over 1,300 individuals in camp and non-camp settings, and conducted a COVID-19 messaging campaign from 17 August to 14 September. The mission also printed and distributed nearly 12,000 COVID-19 flyers and posters.

- IOM Lesotho participated in COVID-19 response interventions targeting migrants, sex workers, and adolescents and young people from 2-4 September. IOM and its partner Skillshare Lesotho also held a Risk Communication and Community Engagement (RCCE)
training session for the Mohale’s Hoek community protection structures to increase their knowledge on COVID-19 infection prevention and control and risk communication.

- **IOM Lao PDR** distributed more than 22,000 info-sheets to returnees, communities, and health and border employees on COVID-19 prevention, health, psychosocial support, and employment.

- In **The Gambia**, Migrants as Messengers (MaM) volunteers and the Kanifing Municipal Council distributed 1,500 masks, put up 3,000 educational posters, and engaged communities on COVID-19 preventive measures. IOM also completed border community engagement campaigns in coordination with the Ministry of Health.

- In partnership with the National Health Security Agency, **IOM Guinea** released a video to inform international travellers to and from Guinea on COVID-19 related health and security measures.

- In **Ghana**, civil society organizations are conducting awareness raising activities on safe migration and COVID-19 targeting Northern, Ashanti, Western Bono and Bono East regions under the EU-IOM Joint Initiative.

- **IOM Brazil** implemented information sessions on human trafficking, labour exploitation, and prevention of COVID-19 to approximately 200 refugees and migrants.

### 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 Ethiopia** screened over 4,000 people for COVID-19 at government-run health posts in West Guji, East Wollega, and Gedeo zones. IOM Ethiopia is also supporting the Ministry of Health in conducting screenings at numerous PoEs.

- **IOM Uganda** is supporting the reinforcing of disease surveillance and prevention measures at Entebbe International Airport and other PoEs through the provision of equipment for COVID-19 detection, prevention, and response. The measures are aimed at facilitating the airport’s reopening and supporting ongoing training for PoE personnel on health screenings.

- **IOM Libya** and the National Centre for Disease Control (NCDC) have rolled out syndromic and event-based health surveillance linking mobility information to surveillance data, especially in migrant dense areas and border communities. As of 12 September, IOM had surveyed over 3,250 migrants over a one-month timespan.

- In **Mozambique**, IOM and its network of community health workers and associations are supporting the Ministry of Health’s surveillance activities through screening, awareness raising, and contact tracing among Mozambican migrant worker returnees.

- **IOM Afghanistan** has deployed 17 Rapid Response Teams with 66 staff in target provinces. To enhance the reporting and data management capacity of the Provincial Public Health Directors (PPHDs), IT equipment has been donated to PPHDs in Hirat, Nangarhar, Nimroz and Kandahar provinces. Surveillance and screening teams at the major border crossing points are also being supported with comprehensive one-stop service delivery for all returnee Afghans.

- In **Cox’s Bazar, Bangladesh**, IOM supported the Rapid Investigation and Response Team to identify COVID-19 positive cases and provided support to the Dispatch and Referral Unit (DRU) to monitor isolation and home quarantine for suspected 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 South Sudan** is supporting a partner in Kapuri, Central Equatorial State, with critical WASH items to be distributed to an estimated 4,000 beneficiaries as part of COVID-19 infection prevention and control.

- **IOM Myanmar** provided 15,000 surgical masks, 30,000 surgical gloves, 400 examination gloves, 100 hand sanitizers, 200 liquid soaps, and 400 disposable gowns to Kachin State Health Department for frontline workers in quarantine facilities.

- **IOM Mozambique** delivered essential PPE to government frontline workers in Sofala province, including 3,000 medical masks, 240 respirator masks, and 66 flasks of hydroalcoholic solution. IOM also donated 500 face shields and 2,000 facemasks to border officials in Cabo Delgado province.

- **IOM Afghanistan** procured and distributed supplies to the Afghan Border Police, Ministry of Refugees and Repatriation and other PoE authorities and provincial health workers.

- **IOM Philippines** distributed 3,420 sets of PPE for frontline personnel to government partners.

### Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry, through mobilizing its broad range of expertise in migration management and emergency operations.
• IOM Lao PDR conducted a rapid assessment at two PoEs in Vientiane Capital to better understand the needs of border officials and returnees. The team also met with PoE authorities to discuss upcoming activities and coordinate strategies.

• IOM Thailand conducted a training at Suvarnabhumi Airport with immigration officials on COVID-19 protection, effective communication, and screening with representatives from the Ministry of Public Health and the US Centers for Disease Control also attending.

• IOM Burundi, in collaboration with the Commissariat Général des Migrations, conducted a rapid needs assessment in Nyanza-Lac, Makamba province to guide the Kabonga port’s refurbishment to improve COVID-19 screening and reduce the risk of COVID-19 transmission.

• IOM Kenya supported the Ministry of Health to test over 1,300 truck drivers in Mombasa County to reduce the backlog of trucks at the Busia and Malaba PoEs and facilitate trade in the region.

• In Mali, IOM held a series of training, awareness raising and capacity building sessions for security and health force personnel at PoEs on preventive and protective measures against COVID-19 in the regions of Ségou and Koulikoro.

• In Mauritania, IOM is participating in the multisectoral COVID-19 coordination task force. IOM also sensitized border communities and security forces in six localities on virus prevention.

• IOM Regional Offices in Vienna and Brussels worked on a briefing series on COVID-19 for PoEs. RO Vienna is supporting colleagues in the Western Balkans to turn these briefing materials into an online course.

• IOM Pakistan has provided 35 quarantine rooms for use at Torkham and Chaman borders, as well as COVID-19 specific medical equipment, PPEs, and two fully equipped ambulances for transporting sick migrants between the border and designated health care facilities.

• IOM Yemen trained staff from the National Tuberculosis Laboratory in Aden on conducting COVID-19 testing using Cepheid GeneXpert systems, strengthening laboratory staff capacity on sample collection methods, testing procedures and GeneXpert test result interpretations and ensuring proper use of IOM-provided calibration kits and COVID-19 test cartridges.

• IOM Libya trained 39 health workers and 18 laboratory technicians in Sabha on COVID-19 infection prevention and control (IPC) measures, lab diagnostics and medical waste management. IOM also trained 15 laboratory health-care workers on quality assurance in molecular diagnostic laboratories, IPC measures, and waste management in Benghazi.

• IOM Afghanistan seconded 12 Laboratory Technologists to the new Provincial COVID-19 reference laboratory to work closely with the IOM Rapid Response Teams to collect samples, complete testing and coordinate follow-up treatment.

• IOM’s Isolation and Treatment Center in Leda, Bangladesh, and three temporary isolation facilities are collecting samples for testing of suspected and severe acute respiratory infection cases. During August, 1,172 samples were collected and transported to the laboratory in Cox’s Bazar.

• IOM Myanmar is supporting the COVID-19 related data recording and reporting system with Mawlamyine Hospital laboratory unit in Mon State. IOM continues to transport COVID-19 samples from community-based facility quarantine sites to the relevant Township Health Department.

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 Kenya trained frontline workers from Jomo Kenyatta International Airport on IPC for COVID-19.

• In Burkina Faso, IOM distributed handwashing stations, soap and shelters in several IDP sites to mitigate the spread of COVID and improve hygiene.

• IOM Mexico, in coordination with Mexican authorities, delivered 3,000 hygiene kits to returnees arriving at airports in Mexico City, Guadalajara, and Villahermosa. Kits include COVID-19 prevention articles such as face masks, disposable gloves, alcohol-based sanitizer, soap and disinfecting wipes.

• IOM Bangladesh installed 44 hand washing devices, distributed PPE to IOM-supported health facilities, and screened over 19,200 individuals at four Temperature

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**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.

• The Ministry of Public Health (MoPH) verified that IOM’s Migration Health Assessment Centre (MHAC) laboratory in Bangkok, Thailand met the requirements for safe and accurate performance of SARS-CoV-2 testing. The laboratory subsequently ran and passed the proficiency panel, and MoPH will now include the MHAC laboratory in the MoPH-certified COVID-19 laboratory network.
Screening Points. All employees in the cash-for-work programme have also received washable masks and guidance on minimizing infection while performing essential camp maintenance.

- **IOM Indonesia** has distributed over 2,200 hygiene kits to refugees and vulnerable host communities in Tangerang, Semarang, and Kupang. Teams also delivered 2,500 hygiene kits and information packages to returning migrant workers at the PoE in Pontianak, West Kalimantan.

- In **Chuuk, Micronesia**, IOM installed the fourth set of Handsfree Handwashing Stations at Sapuk Community Health Center.

- IOM is working with the government of **Cameroon** and the WHO to finalize and operationalize new IPC SOPs. A technical coordination meeting was held with representatives from the National Health Observatory, IOM, WHO and GIZ on 8 September.

- **IOM Nigeria** signed an agreement with Genius Hub to train returnees and potential migrants on PPE production and distribution as part of the cash for work activity for beneficiaries in Edo State.

### 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.

- **IOM Morocco** is promoting migrants’ continuity of care, particularly for chronic health conditions, maternal health, and childcare. 2,660 migrants have been assessed through referral and follow up of gender-based violence (GBV) cases.

- In **Chad**, rehabilitation of the Moussoro medical centre has been completed and will be handed over to the local authorities the week of September 25.

- In **Mauritania**, IOM led a training session for 51 participants including community leaders, imams and local NGO representatives, from 8 to 10 September. The training covered COVID-19 prevention, the fight against HIV/AIDS, and maternal and child health.

- In **South Africa**, IOM and its NGO partners conducted outreach on COVID-19, sexual and reproductive health, and HIV testing among vulnerable migrant farmworkers in Nkomazi.

- In **Mozambique**, IOM is continuing its support to the District Health Services in Sofala to deliver outreach services, medical consultations, and counselling in resettlement sites, with particular attention to people living with chronic conditions.

- **IOM Uruguay**, in coordination with consular and national authorities, is assisting stranded migrants with accommodation, food packages, and regularization processes.

### 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 **Yemen**, IOM engaged women from IDP communities in sewing over 30,000 masks that were distributed with COVID-19 information, education and communication materials in IDP sites.

- **IOM Colombia** has reached over 17,000 people including leaders of IDPs, women groups, youth groups and religious leaders with COVID-19 awareness raising sessions.

- **IOM in Ethiopia** has developed SOPs for COVID outbreaks in IDP sites in Dire Dawa, coordinating action by the Dire Dawa Distaster Risk Management Office, the Health Bureau, and the WHO.

- **IOM Nepal**, as a co-lead of the CCCM cluster, has supported vulnerable returnees with an NFI distribution, particularly masks, sanitizers and mosquito nets.

- **IOM Philippines** conducted remote technical assistance and mentoring of camp managers in 32 sites and trained 190 IDP leaders on CCCM principles with specific guidelines related to COVID-19.

### 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 **Tulcan and Huaquilla, IOM Ecuador** assisted approximately 870 Venezuelan migrants with psychosocial support through telephone support lines and shelters.

- **IOM Mozambique** provided children with educational and recreational activities to mitigate the psychosocial impact of school closures due to COVID-19 in the Ibo district and the city of Pemba.

- In **Mali**, IOM received a humanitarian flight on 2 September with 129 Malian migrants who were stranded in Libya due to the pandemic. These migrants are now in quarantine at the IOM partner transit centres in Bamako.

- In **Nigeria**, IOM conducted a training for NGO partners from 1 to 3 September 2020 on mainstreaming protection and the relationship to COVID-19 in Maiduguri, Borno state, including in
OPERATIONAL UPDATES

OPERATIONAL UPDATES

Operational Challenges

- Despite the challenges imposed by COVID-19, IOM continues to arrange charter flights, carry out movement operations and provide transportation assistance to beneficiaries of resettlement, humanitarian admission, relocation, return (VHR and AVR/AVRR), repatriation, humanitarian assistance to stranded migrants (HASM), and facilitated migration. Between 15 April and 14 September, the Resettlement and Movement Management (RMM) Division arranged 33 charter flights for 3,108 individuals for resettlement, relocation within Europe, and assisted voluntary return. Of departures scheduled between 11 February and 30 September, 1,413 movements were cancelled, affecting 11,658 individuals, the majority of whom are resettlement cases.

- IOM’s immigration and visa processing programmes have reduced activities, in adherence with health and local government directives. As of 16 September, there are no centres operating and assisting migrants at regular capacity, with 60 per cent having temporarily reduced operations and 40 per cent having temporarily closed.

New Programmatic Approaches

- Migration health staff from IOM’s global Health Assessment Programme (HAP) have been called to contribute to national COVID-19 responses in some locations. As of 11 September, 144 staff have been deployed within both IOM programmes and government efforts. In addition, 20 HAP sites are currently providing Member States with health supplies and services to support local COVID-19 response initiatives, including COVID-19 screening at PoEs and elsewhere, the provision of primary and acute care services related to COVID-19, and the provision of PPE and medical supplies.

- As part of IOM’s contribution to the UN’s First Line of Defence (FLoD) against COVID-19, IOM Nepal finalized an agreement with the UN Country Team and the Government of Nepal to offer COVID-19 laboratory services, specifically COVID-19 testing, including sample collection, for UN personnel and recognized dependents. In South Africa, the MoU between IOM and the UN has been signed at country-level to provide COVID-19 testing services to UN staff, while IOM Uganda’s Migrant Health Assessment Clinic is collecting COVID-19 samples for UN staff and other diplomats as part of a MoU between IOM and the UN Resident Coordinator’s Office.

- IOM developed a training curriculum on COVID-19 at PoEs to enhance border guards’ capacity to manage immigration during the pandemic, while protecting people on the move and themselves. The training aligns with the International Health Regulations (IHR 2005) and draws upon the latest WHO reference materials. IOM Bosnia and Herzegovina is currently developing an e-learning course based on the curriculum which is expected to be published by the end of the year.

www.iom.int/donate/