The rates of COVID-19 cases in the Asia-Pacific region continue to vary by country, with several countries experiencing new outbreaks after several months of well controlled cases. Daily case numbers in India, Indonesia and the Philippines continue to increase at a significant pace, whereas cases in Australia, Japan, Papua New Guinea and Viet Nam have risen after months of stability. Numbers of reported confirmed cases in Afghanistan, Bangladesh, Iran, Pakistan and Nepal remained stable or decreased in recent weeks.

Governments in the region continue to maintain an array of control measures at points of entry, including mobility restrictions to and from the country, modified visa and document policies, requirements for medical certificates indicating a negative COVID-19 test result, medical requirements, and entry limitations based on nationality or country of origin. Overall, however, countries are gradually easing restrictions, and the majority of monitored points of entry in Asia and the Pacific are either partially or fully operational.

Many countries have begun to develop and implement socioeconomic recovery plans to address the severe economic impacts of the pandemic, while balancing these activities with continued efforts to prevent the spread of COVID-19. In Japan, the Government’s “Emergency Economic Measures for Response to COVID-19” include cash assistance to all individuals and businesses, as well as recent a travel incentive program to promote domestic tourism. The Government of Malaysia has gradually been lifting the Movement Control Order, originally implemented in March, and is now requiring workers to submit COVID-19 screening results in order to resume employment. The governments of Bangladesh and Malaysia are discussing a plan to regularize undocumented migrants in Malaysia amidst an ongoing suspension of foreign worker recruitment through the end of this year.

Resumed economic activity can present serious protection risks for migrants and other vulnerable groups. Many migrant workers who have returned to their home countries or provinces since the start of the COVID-19 crisis are interested in re-migrating now that some travel restrictions are being eased. Among the migrants that continue to work, there have been reports of abuse and exploitation of workers during the COVID-19 crisis. IOM is actively working with UNCTs across the region to develop country-based socioeconomic response plans, stressing the role that migrants and migration can play in accelerating recovery and development efforts and linking these plans with the COVID-19 and Migration multi partner trust funds.

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IOM Afghanistan continues to monitor and report ongoing cross-border population movements, cross-analysed with regional COVID-19 case data, to identify destination areas at greater risk of cross-border transmission of COVID-19 to inform better-targeted, evidence-based health response and recovery programming. IOM is conducting mobility and needs assessments in over 11,670 settlements hosting returnees and IDPs. The mission is also engaging communities and mobilizing community leaders to raise COVID-19 risk awareness, demonstrate effective infection prevention and control measures, and dispel misinformation and stigma surrounding COVID-19 in each assessed community.

IOM Cambodia and the Ministry of Interior of the Royal Government of Cambodia hosted the second National Consultation Workshop on the Global Compact for Safe, Orderly and Regular Migration (GCM). Discussion topics included the need to protect the most vulnerable regular and irregular migrants from being exploited and abused and assist returning migrants (particularly those returning due to COVID-19) for successful integration back in their communities. Participants additionally discussed approaches for continued coordination between the government and UN agencies in GCM implementation moving forward.

IOM Lao PDR continues to monitor the situation of migrant workers returning from neighboring countries and share information with the Skills Development and Employment Department (SDED), Ministry of Labour and Social Welfare (MoLSW), Department of Immigration, Ministry of Public Security, and other UN agencies. IOM also conducted an assessment visit to Migrant Resource Centres in Luangphabang and Sayabouly Provinces with a view to design future interventions. The mission also worked with the Lao Anti-Trafficking Department and IOM Thailand to support the return of 21 Laotian victims of trafficking.

In Chuuk, Micronesia, IOM attends Tuesday and Friday task force meetings and biweekly risk communication meetings coordinated by the national government. The seaport point of entry (POE) standard operating procedure is being finalized for Chuuk. IOM is also attending the regular RCCE meetings in Yap, Pohnpei and Kosrae. Through the state-run RCCE, 40 volunteers have been recruited to assist with a community survey. IOM in Kosrae participated in the state task force meeting, which was coordinated with the national COVID-19 team in order to identify gaps in the response and roles for each agency involved.

IOM Nepal has been coordinating with the Ministry of Health and Population to initiate field activities for population mobility mapping intervention and for the assessment of ground crossings. IOM Philippines held meetings with representatives of the Bangsamoro Women Auxiliary Brigade (BIWAB) and Technical Education and Skills Development Authority (TESDA-BARMM) to discuss IOM support for BIWAB cooperatives in light of the impact of the COVID-19 pandemic.

IOM Cambodia supported frontline health workers and Village Health Support Group volunteers to conduct community awareness campaigns on COVID-19 prevention through social distancing, wearing face masks, and handwashing, as well as on how to identify suspected cases and where to seek support. These sessions were attended by over 600 migrants and community members in Siem Reap Province.
IOM provide health screening facilities to Hazarat Shahjalal International Airport to improve the health surveillance mechanism, as well as ensure that screening staff are protected when questioning travellers and collecting passenger health declaration forms during border control operations.

IOM completed renovation of the toilets in O’Bei Choin PoE, enabling access to sanitation facilities for over 200 migrants per day. One mobile handwashing facility has been set up at the Malai PoE (Banteay Meanchey province) and three facilities have been established at Battambang’s Kamrieng reception center at the border with Thailand. The mission also handed over permanent handwashing facilities to the Referral Hospital of Sray Antor District, which receives almost 500 patients per month, to help prevent COVID-19 transmission amongst host communities and migrants. IOM additionally continues to provide medical supplies to frontline border officials, as well as emergency meal packages and COVID-19 information to migrant returnees at the POEs in Battambang, Banteay Meanchey and Oddor Meanchey. Nearly 4,700 returnees benefited from emergency meal packages and 290 quarantined migrants were provided with hygiene care kits and bed linens.
IOM RESPONSE

POINTS OF ENTRY (CONT.)

IOM Lao PDR met with UNODC and WHO to discuss joint trainings and SOPs for frontline border officials in response to the COVID-19 outbreak. A visit to Wattay International Airport was organized for POE mapping and meeting with airport authorities after confirmation of the 20th COVID-19 case in the country.

IOM Micronesia, with technical support from ROAP, helped develop the COVID-19 SOP for the Pohnpei Port Authority. Aligned to IOM’s global POE SOP, this SOP was contextualized to the Micronesia context and gives clear and actionable instructions for airport staff and management authorities to carry out their responsibilities safely and effectively. In early August 2020, IOM will help operationalize the SOP through capacity building trainings to relevant POE partners on safe management of passengers during COVID-19. In Pohnpei, IOM facilitated two trainings developed by WHO on “Operational Considerations for Managing Covid-19 cases and outbreaks on board ships” and “Management of Ill travelers at POE.” The trainings covered effectively planning for and managing POEs in order to reduce the threat of COVID-19. In total, 39 persons from the Department of Justice and Pohnpei Port Authority were trained. In addition, IOM provided supplies to WASH stations at the airport and helped the state Disaster Coordination Office develop the POE SOP for Kosrae.

IOM Nepal procured 3,000 sets of PPE items for the Government of Nepal to strengthen operations at ground crossings in the three provinces with highest number of returnees. IOM is also developing a tool with the Ministry of Health and Population and WHO to conduct an assessment of ground crossings.

NATIONAL LABORATORY SYSTEMS

The IOM Bangladesh-managed isolation and treatment center (ITC) in Leda and three temporary isolation facilities collect samples for laboratory testing of suspected and severe acute respiratory infection (SARI) cases. These facilities also serve as sentinel sites for sample collection for surveillance and case identification. During the reporting period, 412 samples were collected and transported to the laboratory in Cox’s Bazar, of which 15 tested positive.

INFECTION PREVENTION AND CONTROL (IPC)

In Cox’s Bazar, Bangladesh, IOM distributed 800kg (65%) HTH chlorine to WASH agencies to make more than 100,000 liters of chlorine solution to disinfect communal areas and health centers. IOM’s WASH unit provided 20 backpack sprayers and 400 kg of 65% HTH chlorine to provide three SARI ITCs in Ukhiya and Teknaf with solutions for handwashing and general cleaning and disinfection. IOM also distributed more than 3,200 household handwashing kits and more than 20,000 soap kits. Site Management teams conducted 116 key informant interviews on bathing facilities in camps where IOM is responsible for WASH services.

INFECTION PREVENTION AND CONTROL (CONT.)

To ensure staff safety, IOM Bangladesh provided health facilities with personal protection equipment, including 38,800 pairs of gloves, 20,250 face masks, 5,000 face shields, 2,000 respirators, 666 bottles of hand sanitizer, 8,180 coveralls, and 260 pairs of protective goggles. A Standard Operating Procedure (SOP) on ambulance and vehicle decontamination in the COVID-19 context has been developed and is being shared with partners.

IOM Micronesia provided nine portable handwashing stations to the Department of Education central office in Chuuk and has partnered with the Chuuk Department of Education to complete construction and installation of 60 portable group handwashing stations over the past two months across the lagoon, Mortlocks and Northwest regions of the state. Furthermore, IOM distributed 6,300 bars of soap for the handwashing stations, as well as two chlorinators to the Kosrae State Department of Health Services.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM Afghanistan’s Mobile Health Teams served 11,703 patients and screened 9,114 undocumented Afghans for tuberculosis in IOM Transit Centers. 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 42 midwives and three doctors. The mission also trained 81 Community Health Workers on Enhanced Community Based Surveillance and RCCE and led a three-day training for seven SARI ITC clinical supervisors on the assessment and management of people with mental health, neurological, and substance use conditions within SARI ITC settings. IOM additionally trained two clinical supervisors and two medical officers on the management and implementation of COVID-19 home-based care. IOM-supported health care facilities conducted more than 29,000 consultations, including delivery of 108 babies and referrals for 76 patients.
CAMP COORDINATION AND CAMP MANAGEMENT

IOM Cambodia is coordinating the Shelter Sector of the Humanitarian Response Forum Cambodia. As part of the lead role, IOM has adapted shelter distribution guidelines to Khmer and incorporated additional COVID-19 measures. The mission is also participating in the mapping of the WASH Sector on the Humanitarian Response Forum. IOM Nepal distributed non-food items, including mosquito nets, hand sanitizers and masks, at the holding sites and quarantine centers. The programme is also planning an intervention to build capacity of IOM staff to train frontline workers at quarantine centers and holding sites.

PROTECTION

IOM Afghanistan’s Protection Unit completed case management assessments for 51 persons with special needs cases in Kunduz, Takhar, Balkh, Kabul, Sar-i-Pul, Ghor, and Herat, including 7 persons with disabilities, 5 unaccompanied migrant children, 5 single parents, 4 children at risk, 4 women at risk, and 3 persons with medical conditions. In addition, COVID-19 protection monitoring assessments were conducted for 65 cases with COVID-19 awareness information provided to all beneficiaries.

IOM Bangladesh site management teams in Cox’s Bazar visited persons with disabilities (PwD) in Camp 22 to monitor access supports installed last year. Protection teams reached 31,021 individuals with messages on COVID-19 and Protection-related issues, and 66 clinical staff from ITCs in Ukhiya and Teknaf attended training sessions that covered Protection and how to conduct Safe Referrals. IOM’s protection team trained 45 Mental Health and Psychosocial Support volunteers and 66 volunteers from other IOM sectors protection against sexual exploitation and abuse.

IOM Nepal led a capacity building orientation for eight women frontline workers in a shelter house for returnee female migrants. The orientation focused on COVID-19 prevention and protection, stigma and discrimination, use of PPE and waste management. IOM also conducted screening interviews of 126 (110 female and 16 male) vulnerable migrant returnees residing at designated NGO Shelter homes. IOM supported 97 (89 female and 8 male) vulnerable migrants with immediate cash assistance (equivalent to one month’s salary/NPR 13500 each) to meet necessities and to support travel cost to home districts. At the recent thematic meeting for the Migrants Sub-group under the National Protection Cluster, IOM presented on migrant protection concerns, ongoing protection activities, the Nepali Government Guidelines on repatriation of stranded migrants, and the preliminary findings from IOM’s screening assessment of vulnerable migrants.

IOM Sri Lanka collaborated with the Ministry of Health to lead two safe migration campaigns in Jaffna District, including awareness raising for COVID-19.

ADDRESSING SOCIO-ECONOMIC IMPACT

IOM Bangladesh provided 187 vulnerable migrants returning from the European Union with cash assistance to meet pressing needs, such as shelter and food. IOM’s hotline received calls from 102 people in Bangladesh and more than 1,500 migrants abroad and provided information and telemedicine support.

In Semarang, Indonesia, IOM participated in a coordination meeting to monitor the first day of school of the new academic year, which will be conducted online until further notice. In Surabaya, IOM continued facilitation of online language classes (French by IFI, Bahasa Indonesia and English class through on-call teachers) and supplied new books for a mini library program in the community accommodation. In Batam, IOM is sponsoring and supporting 12 refugee children to enroll in the local primary school, and in Makassar, IOM is coordinating with the city’s Department of Education to enroll refugee children for the new school year.

In Sri Lanka, IOM took part in a civil society and stakeholder consultation on Sri Lanka migrant workers affected by COVID-19 in other countries and potential interventions to support them upon their arrival.

FURTHER RESOURCES

The United Nations published a Policy Brief, “The Impact of COVID-19 on South-East Asia,” which discusses country preparedness, containment and mitigation measures, innovative approaches to addressing the pandemic, socioeconomic response policies, protection concerns, and the path toward recovery, including environmental considerations.