



Arrivals



Departures

COVID-19

IMMIGRATION AND BORDER MANAGEMENT RESPONSE

Immigration and Border Management (IBM) Division

On 11 March 2020, the World Health Organization's (WHO) Emergency Committee declared Coronavirus Disease 2019 (COVID-19) a pandemic. The COVID-19 outbreak is fast becoming the largest health and mobility crisis ever seen. While the number of cases continues to increase rapidly, it is also changing mobility and trade patterns as well as immigration and border management regimes. Furthermore, as a result of the travel restrictions imposed to slow the spread of the virus, many migrants have become stranded and face the sudden risk of finding themselves in an irregular situation.

IOM's Immigration and Border Management (IBM) Division works closely with the Migration Health Division (MHD) and other departments to provide immediate as well as mid- and long-term technical assistance for the immigration, border and consular officials of concerned Member States in order to help people on the move – as well as frontline health and border officials – stay safe and healthy.

This also includes identifying and providing immigration, consular and visa related support for the development of recovery programming adapted to changing immigration procedures.

IOM'S APPROACH

IOM's COVID-19 programming contributes to the WHO's Global Strategic Preparedness and Response Plan as well as the United Nations Global Humanitarian Response Plan. IOM's programming is developed to be responsive to population mobility and cross-border dynamics while adopting an inclusive approach towards all travellers and migrants - regardless of their migratory status - and countering misinformation which can lead to anti-migrant sentiment and xenophobia. This approach is anchored in IOM's Health, Border and Mobility Management (HBMM) Framework.

IOM's Health, Border & Mobility Management (HBMM) is a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and its Spaces of Vulnerability (SOVs), where migrants and mobile populations interact with stationary, local communities. With particular focus on border areas, HBMM unifies border management with health security and ultimately supports the implementation of the 2005 International Health Regulations (IHR).¹

¹The 2005 International Health Regulations (IHR) are a legally binding instrument of international law that aims to a) assist countries to work together to save lives and livelihoods endangered by the international spread of diseases and other health risks and b) avoid unnecessary interference with international trade and travel.



COORDINATION AND PARTNERSHIPS

- Support national immigration, border and consular authorities to facilitate access to emergency healthcare for migrants – regardless of their migratory status – through enhanced and coordinated procedures with relevant health authorities.
- Assist relevant national entities in enhancing inter-agency and cross-border coordination on COVID-19 preparedness and response (e.g. through COVID-19 related working groups).
- Assist national and regional authorities in developing, revising and strengthening national and regional contingency plans in line with the existing global technical guidelines.
- Provide online and remote visa processing support via phone, live-chat, web and email- based operations and support Member States in establishing guidelines for stranded foreign individuals.
- Assist in establishing facilitation procedures for embassies and consulates and support expedited visa processing for eligible migrants and those exempt from travel restrictions.
- Support in developing adapted visa application processes for orderly migration and cross-border mobility, with special assistance for urgent cases and the implementation of mandatory health checks.
- Help develop guidelines for stranded migrants, including new requirements for temporary stay and the issuance of temporary stay permits and visa extension assistance, amongst others.
- Support tracking newly introduced regulations and changes to immigration and admission-related legal frameworks in response to the pandemic.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- Engage relevant national authorities at the Points of Entry (POE) to enhance risk communication and sensitize on when and how to seek (emergency) healthcare for cross-border travellers.
- Support cross-border community-level awareness raising in close coordination with municipality authorities and provide training for municipality officials and community members on COVID-19 preparedness and response measures, using appropriate medical and physical precautions.

² WHO defines public health surveillance as continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.



DISEASE SURVEILLANCE²

- Promote stronger coordination and communication between border communities and municipality authorities through provision of emergency technical assistance for active health surveillance including health screening, referral and data collection at POE as well as Community Event-Based Surveillance.
- In countries where IOM's border management information system MIDAS operates, the system may be modified to support the tracking of travellers with potential medical conditions of interest in close coordination with public health authorities.
- Engage immigration and border authorities in strengthened data collection through available sources to better trace the mobility and thus contribute to COVID-19 preparedness and response in collaboration with relevant health authorities.



POINTS OF ENTRY (POE)

- Help develop and disseminate COVID-19 specific Standard Operating Procedures (SOPs) for frontline border officials at POE and assist relevant national authorities in conducting COVID-19 health-border assessments at POE.
- Support the provision of essential equipment including medicines and medical supplies (test kits, protective and laboratory equipment and furniture) and related ITC equipment (adapted software, data platforms, internet access, mobile phones and computers) for public health units (PHUs), district hospitals and border points, in coordination with district health authorities.
- Conduct physical refurbishment of selected networks of referral PHUs, border crossing points and public health or emergency response centres.
- At POEs with temporary detention facilities, support immigration authorities to implement emergency mitigation measures to address overcrowding and develop contingency and business continuity plans for the safety and wellbeing of detainees and facility staff.
- Provide evidence-based information materials through various channels (e.g. leaflets, banners, posters, electronic slides, radio, hotlines, mobile phone apps) for travellers arriving from or departing to affected areas in different languages.
- Support continued facilitation of legal cross-border movements of essential goods and persons (e.g. medical staff, law enforcement, security forces) when the border crossing point is officially closed for the majority of migrants and travellers.

