

## 10,533,779

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

## 512,842

Deaths

## 71,372

Restrictions on mobility have been adopted by 220 countries, territories or areas

## 1,337

IOM movements cancelled

## \$194M

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



IOM staff demonstrate COVID-19 preventive measures during an awareness-raising session in Gelana woreda, Ethiopia after an NFI distribution. © IOM 2020

\$	Received: 194M	Gap: \$305 M (Requested: \$499 M)
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New funds: \$146.4 M; Reprogrammed funds: \$47.5 M.

## SITUATION OVERVIEW

Since it was initially reported on 31 December 2019, the illness known as Coronavirus Disease 2019 (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 3 July, over 10.5 million confirmed cases and about 513,000 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 COVID-19 impact on global mobility continues to vary depending on the different measures issued by governments and authorities. As of 2 July, a total of 220 countries, territories or areas have issued 71,372 travel restrictions, indicating an increase of four per cent from 68,721 restrictions recorded on 25 June. Additionally, there has been an increase of 21 per cent in medical requirements, and a 7 per cent increase in other limitations such as new documents required for travel. There was a simultaneous decrease of three per cent in restrictions issued on passengers arriving from specific countries. In parallel to existing travel restrictions, a total of 178 countries, territories or areas have issued 666 exceptions enabling mobility despite blanket travel restrictions.

Between 25 June and 2 July, 29 countries, territories or areas have removed 52 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.



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

<sup>2</sup>See [Global Crisis Response Platform](#) for more information.

## SNAPSHOT OF IOM RESPONSE

### 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 **Yemen**, IOM organized 802 hygiene promotion sessions in Aden, Taiz and Shabwah. An IOM-produced video highlighting key COVID-19 transmission prevention measures was promoted on Facebook, reaching more than 350,000 Yemenis across the country. The audio message from the video will continue to play three times a day for two weeks on 34 radio stations, 28 of which cover the entire country. An additional 35,000 individuals were reached through RCCE activities conducted through IOM-supported health facilities and 1,069 were reached through IOM protection teams.
- Awareness raising activities on COVID-19 continued in the Ali Sabieh region of **Djibouti**. Some 686 truck drivers were sensitized on the prevention of COVID-19 and IOM raised awareness on COVID-19 for 3,775 persons in Ali Sabieh city.
- The intensive COVID-19 awareness campaign jointly implemented by Rusizi District and **IOM Rwanda** is continuing. So far, mobile teams have reached 270,000 individuals in the border areas of eight sectors. IOM, together with UNICEF and the RCCE Working Group, also developed COVID-19 risk communication materials for truck drivers, border officials and UN premises.
- In **Iraq**, IOM organized 102 awareness sessions on COVID-19, reaching more than 1,300 individuals in camp and non-camp settings in over eight governorates. Moreover, IOM developed and printed materials to mainstream RCCE through IOM programmes and activities.

### 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 Mozambique** continues its support to Ministry of Health surveillance activities through its network of community health workers and workers associations, by screening and raising the awareness of Mozambican migrant workers who continue to return from South Africa to the southern provinces. Since early April, IOM community health workers have called over 9,000 migrants, and spoken with family members of each migrant, inquiring on the health of over 43,000

relatives. A total of 116 reported symptoms and were referred for further assessment by health authorities; five of them were tested for COVID-19, and one patient was diagnosed with the disease.

- In **Democratic Republic of the Congo (DRC)**, IOM organized a COVID-19 training session for frontline workers deployed at the displacement sites managed by IOM in the North Kivu province. This training included guidance on how to recognize COVID-19 clinical symptoms, prevention of disease transmission among internally displaced populations, and site management and coordination related to COVID-19. A total of 15 persons were trained, including nine women.

### 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 Mauritania** has supported preparedness at 67 per cent of the country's points of entry. In addition, IOM is assessing personal protective equipment (PPEs) delivered at border crossing points with Senegal and with Mali.
- **IOM Haiti**, in collaboration with the Ministry of Health, WHO and local partners, inaugurated the quarantine centres to receive suspected cases of COVID-19 at the official border crossing points in Belladere and Malpasse. In addition, the mission has started the rehabilitation of the quarantine centre at the official border crossing point of Anse-à-Pitres.
- IOM medical teams in **Libya** supported National Centre for Disease Control (NCDC) staff at Misurata Airport by providing medical checks to all passengers returning to Libya. A total of 494 travellers were screened through temperature and symptoms checks, while samples for PCR testing were collected. Training for health workers at PoEs on COVID-19 infection prevention and control (IPC) and management were conducted at three different PoEs, with a total of 44 participants. The training provided the latest information regarding case detection, case tracing and IPC measures. Pre- and post-questionnaire results showed significant knowledge improvement regarding COVID-19.
- **IOM Ghana** has assessed the operational status of 48 PoEs across the country to help national authorities, United Nations agencies, civil society organizations and other key stakeholders develop adequate COVID-19 preparedness and response interventions at PoEs. The resulting report recommends the capacity of border communities and PoEs in Ghana should be enhanced for them to be able to fulfil their

critical functions in COVID-19 response and recovery efforts.

- **IOM Cameroon** has delivered much-needed screening and referral equipment and infrastructure to two targeted PoEs on the Cameroonian borders with the Central Africa Republic, Garoua-Boulai and Kentzou. Hygiene and sanitation equipment included masks, gloves, thermometers, and screening tents.
- In **Guinea Bissau**, in partnership with the Ministry of Health (INASA), IOM has carried out several training sessions targeting 80 health professionals and PoE authorities in the Cacheu, Biombo, Bissau and Gabú regions. In addition, isolation tents at PoEs in Djegue (Cacheu) and Fulamori (Gabu) were also set up, in addition to four facilities built at PoEs in Burumtuma, Pirada, Cuntabane and Bubaque.

### 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 Kenya** started offering COVID-19 testing on the GeneXpert system as of 29 June. Nine tests were performed on the first day of operations, several of which were for travellers – refugees and UN staff – who needed a negative COVID-19 test certificate to travel.
- **IOM Yemen** coordinated with WHO to provide COVID-19 testing for migrants in Aden. The first batch of 200 test kits has been received and training on safe sample collection and referral to the associated testing lab is planned for healthcare providers at the Migrant Response Point.

### 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 Mexico**, in coordination with local partners and other international organizations, has opened two quarantine hotels in Ciudad Juarez and Tijuana. As of June 24, the former had received 153 migrants (84 men, 69 women), of whom about one-third are children. The latter has just started operations.
- In **Honduras**, IOM has donated essential items for returnees located at the quarantine centres in San Pedro Sula and in Tegucigalpa. Items include 100 kg of laundry detergent, 380 hygiene kits, 300 N95 face masks, 1000 disposable surgical masks, and 500 latex gloves among other critical hygiene and health items.

- In **Mozambique**, materials for 343 new handwashing stations were provided in 24 resettlement sites in Dombe district, Manica province; IOM staff worked with community leaders in each site to guide the set-up of 10 handwashing stations. Since March 2020, IOM Mozambique has provided materials for the set-up of more than 600 handwashing stations in resettlement sites in central Mozambique to support communities displaced in 2019 by Cyclone Idai.
- As part of activities that help prepare and respond to COVID-19, **IOM Yemen** is scaling up health worker trainings on COVID-19 prevention and management protocols. In Aden, an additional 13 IOM health workers have been trained on case management, case definition, and IPC measures, which will bring the total number of health workers trained to 157 people. To ensure that affected communities have access to adequate WASH services, IOM has continued to provide approximately 209,200 litres daily of drinking water or water for household use across nine sites in Taizz and 53 sites in Hudaydah.

### 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 **Nicaragua**, through an inter-agency cooperation agreement with PAHO, UNICEF, and UNFPA, medical protective equipment and critical medical supplies were donated to the Ministry of Health and teams responsible for caring for people affected by COVID-19 at intensive and respiratory care units in public hospitals.
- **IOM Mozambique**, in collaboration with humanitarian partners, has supported the rehabilitation of the Pemba city isolation centre to strengthen preparedness and response capacities in case of an outbreak in the provincial capital. The centre has a 34-bed capacity and will be managed by District Health Department staff.
- **IOM in Yemen** provided 34,991 people with access to health services through 32 IOM-supported health facilities and nine mobile health teams operating across Abyan, Al Jawf, Aden, Al Baydah, Al Dhale'e, Amanat Al Asimah, Lahj, Marib, Sa'ada, Shabwah and Taizz governorates. This included critical primary health care, cholera treatment and mental health and psychosocial support (MHPSS), as well as minor and major surgeries.
- In **Colombia**, 10,414 hygiene and care kits for pregnant women and babies were delivered to migrants and host communities families in Cundinamarca, Boyacá, Santander, Norte de Santander, Nariño, Arauca, Casanare, Valle del Cauca, and Bogotá.

- **IOM Tajikistan**, jointly with the NGO Nakukor and Kulob authorities, provided direct assistance to vulnerable migrants and their families in Kulob. Fifty food packages and 130 hygiene kits were distributed to 50 vulnerable migrant households, including migrants living with HIV, migrants under TB treatment, female-headed migrant households, households led by abandoned women with no income-generating activity, and returned migrants affected by COVID-19.

### 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 the protection of civilians sites in **South Sudan**, IOM's camp management teams are conducting service monitoring exercises to ensure continuity of service provision following Sphere standards and COVID-19 contingency and response plans. This exercise will also inform site profiles that provide a visualization of available services and gaps.
- In **Ethiopia**, the Site Management Support Working Group, coordinated by IOM, and the Protection Cluster and Durable Solutions Initiative produced a position paper on IDP Site Decongestion for the Inter-Cluster Coordination Group. The paper reminds actors of the distinction between emergency decongestion of sites for COVID-19 mitigation purposes and long-distance mass relocations for durable solutions purposes.
- In **Syria**, an isolation facility is currently being installed in a planned camp in Northwest Syria. Beds and medical equipment have been delivered by IOM's health partner with the hope that, once finalized, it can be a model for other planned camps and reception centres in the region.

### 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 **Cox's Bazar, Bangladesh**, pregnant women coming to the IOM health facilities for regular check-up and medical support are being provided with psychoeducation and group counselling to cope with increased stress and anxiety during the COVID-19 outbreak. Beneficiaries who have difficulties going physically to health facilities continue to receive support through home visits and remote individualised services such as tele-counselling. Through individual home visits, 27 beneficiaries recently received basic emotional support and psychoeducation. A training on "COVID 19 and mental health well-being" has also been provided by the MHPSS team to five Majhi community leaders.

### 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 Costa Rica** is currently supporting IOM Mexico with organizing a series of online training courses on labour migration topics aimed at government personnel in several ministries, starting in July 2020. Ministries encourage their personnel to take annual training courses on issues related to their work tasks to improve their knowledge base with a national and international focus. The first training session will be delivered in the first week of July, focusing on labour migration and ethical recruitment during COVID-19 in Mexico and related challenges. More than 400 participants have already registered for participation.
- **IOM Dominican Republic** is conducting a survey on the socio-economic impacts of COVID-19 on migrants, as part of the United Nations Joint Socioeconomic Impact Assessment in the Dominican Republic. Specifically, the assessment aims to support the Government in their efforts to address the impacts, and to ensure that the needs of migrants and their families are incorporated into relevant government programs and policies.
- **IOM Peru** implemented a series of communication campaigns on social media to prevent discrimination during the pandemic and to highlight how migrants are working together to respond to COVID-19. These social media campaigns included messages such as: #EstamosJuntosEnEsto and #DeEstaSalimosJuntos. An example of the campaign can be found [here](#).
- In **Egypt**, in commemoration of the International Family Day on Remittances, IOM collaborated with the Government of Egypt and the Embassies of Switzerland and the United Kingdom to launch a social media campaign to raise awareness on the socio-economic impacts of COVID-19 on remittances.
- In **Jordan**, IOM and the Swiss Agency for Development and Cooperation (SDC) launched a three-month project aimed at facilitating access to essential items for the most vulnerable migrant workers in Jordan impacted by COVID-19. IOM partnered with the Jordanian NGO Tamkeen for Legal Aid and Human Rights to implement the project.
- At the regional-level, **IOM's Regional Office for Central America, North America and the Caribbean** in **San Jose**, is reaching out to remittance service providers to reduce transfer costs in an effort to encourage diasporic members as well as their communities of origin to use IOM's MigApp during the COVID-19 crisis. In Central America, remittance transfers from diaspora communities in North America are vital for stimulating

local economies. Presently, discussion is focussed on mutual benefits and refining technicalities between IOM and remittance service providers in several countries, with the aim of establishing an agreement.

### 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.

- Through the leadership of the Ministry of Health (MOH) and in collaboration with WHO and CDC, **IOM South Sudan** is supporting the development of a Cross Border Strategy for South Sudan in line with the Regional Cross Border Strategy. To strengthen cross border collaboration, IOM is liaising with IOM Sudan and IOM Ethiopia to strengthen the strategy between South Sudan and neighbouring countries.
- In collaboration with the Ministry of Health, **IOM Burundi** organized a meeting of the Points of Entry sub-commission. A workplan was produced for the implementation of activities outlined in the COVID-19 contingency plan under Pillar 4 concerning PoEs.
- IOM and WHO's Regional Office for Africa, Dakar Hub, in partnership with other regional partners, organized a workshop to strengthen cross-border collaboration through the sharing of experiences and lessons learned in preparing for and responding to the COVID-19 pandemic in **West Africa**.

### 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 that have been impacted and are applying restrictions locally. 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 26 June 2020, IOM has assessed 3,524 PoEs (including 762 airports, 2,147 land border crossing points and 6158 blue border crossing points) in 169 countries, territories and areas and 1,406 Key Locations of Internal Mobility (internal transit points, areas of interest and sites with populations of interest) in 139 countries, territories and areas. Of the total number of locations of internal mobility assessed, 373 were internal transit points, and 1,033 comprised other areas and sites of interest. The restrictive measures observed across the assessed Points of Entry and Key Locations of Internal Mobility 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 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** 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 **Burundi**, movements have been impacted by movement restrictions implemented in an effort to curb the spread of COVID-19. IOM's Flow Monitoring is active at the borders with Tanzania and the Democratic Republic of the Congo and has released Flow Monitoring Dashboards for data collected during May. IOM recorded 410 movements at 9 Flow Monitoring Points (FMP) in the province of Cibitoke border with Democratic Republic of the Congo. Around 60 per cent of all movements were incoming and 40 per cent were outgoing. IOM recorded 16,649 movements across 5 FMPs in the provinces of Cankuzo, Muyinga and Ruyigi border with United Republic of Tanzania. Respondents indicated that the majority of the movements (82%) were temporary in nature, lasting less than a day to a week.
- In **Haiti**, IOM's network of enumerators are conducting Flow Monitoring at 50 border points (4 official and 46 unofficial) across the Haiti and the Dominican Republic border to support the ongoing preparedness and response to COVID-19. Between 15 - 21 June 2020, a total of 18,802 cross border movements were observed (10,436 incoming and 8,366 outgoing).
- In **Somalia**, between 21 – 27 June 2020, a total of 3,804 movements (67% incoming and 33% outgoing) were observed across 7 FMPs. During the reporting period 49% of migrants reported not being aware of COVID-19, and IOM provided COVID-19 awareness raising sessions in response.
- In **South Sudan**, to expand flow monitoring activities in areas prioritized by the Point of Entry Technical Working Group, IOM started collecting data at Gabat River Port and Juba River Port. Activities at these points will provide humanitarian partners with daily updates on population movement at key river transit points within the country's capital.
- In **Mali**, IOM is monitoring movements of populations through nine FMPs. In May 2020, the average daily number of individuals observed at FMPs increased by 33% compared with April, although the movements still have not reached pre-COVID-19 levels. This overall increase is attributed to incoming flows which increased by 125% compared to April. 294,829 migrants were observed at FMPs, nationals from Burkina Faso, Gambia, Guinea-Conakry, Mali and Senegal accounted for 86% of all the migrants recorded.

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

- In [Djibouti](#), IOM collects data at migrant sites across the country on a daily basis. As of 30 June 2020, 1,142 stranded Ethiopian migrants have been identified across 19 sites. Immediate needs include water, food, hygiene kits and non-food items (NFIs). Between 17-23 June, IOM reached 1,118 migrants with COVID-19 awareness-raising across six flow monitoring points in country.
- In [Libya](#), IOM has released findings of an assessment on the socio-economic impact of COVID-19 on vulnerable populations, conducted in May. The assessment covered 44 municipalities (baladiya) of

Libya with significant IDP and migrant populations. In addition, IOM's Displacement Tracking Matrix (DTM) Round 30 report was released covering the period March-April 2020, in which IOM identified at least 625,638 migrants currently residing in Libya, many of whom have been negatively affected by COVID.

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.

## OPERATIONAL UPDATES

### Operational Challenges

- 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 26 June, 33 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 (48 per cent as of 26 June).
- **IOM's Resettlement and Movement Management (RMM)** operations have been severely impacted by the current crisis, although some limited resettlement movements have resumed. Of departures scheduled for between 11 February and 30 June, 1,337 movements have been cancelled, affecting 11,439 individuals, the majority of whom are resettlement cases.

### New Programmatic Approaches

- **Migration health staff from IOM's Health Assessment Programme (HAP)** have been called upon to contribute to national COVID-19 response activities in some locations. As of 26 June, 127 staff have been deployed to support COVID-19-related programmes, both internally within IOM programmes and to government efforts. In addition, 28 HAP sites have been providing Member States with supplies and services to support local COVID-19 response initiatives, including, among others, screening for COVID-19 at PoEs and elsewhere, provision of primary and acute care services related to COVID-19 and provision of personal protective equipment and supplies for COVID-19 response.
- IOM is working within the UN's "First Line of Defence" efforts, and in collaboration with the UN Medical Doctors Network, to ensure that **23 IOM health centres** can be made available for UN staff for COVID-19-related and other health needs in duty stations with low health services capacity. The MoU and the funding arrangements with the UN system are being finalized.

### Guidelines and Guidance Documents

- IOM WASH has released an updated **Monitoring and Evaluation (M&E) framework** to support missions in designing, implementing and monitoring projects. It includes new custom COVID-19 WASH activities and indicators as well as a project proposal checklist that considers mainstreaming of COVID-19 in project proposals.
- **IOM Regional Office for Middle East and Africa**, together with Country Offices in [Iraq](#), [Yemen](#) and [Lebanon](#), translated into Arabic the IOM "Standard Operating Procedures for Front-line Border Officials at Points of Entry in Response to COVID-19 Outbreak." This document provides quick guidance to border officials to prevent disease transmission and contamination, and effectively manage suspected COVID-19 cases. It includes general guidance, risk assessment, and recommended practices, but also measures to ensure protection and human rights in COVID-19 responses.

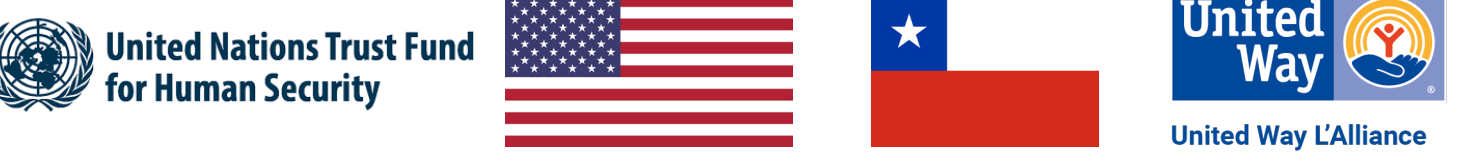
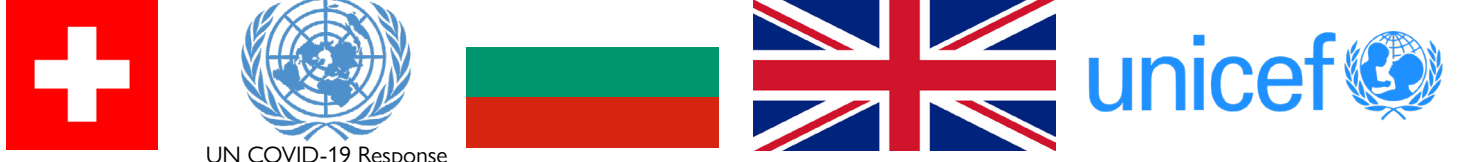
### Information Sharing and Communications

- **IOM's African Capacity Building Centre (ACBC)** in Moshi, Tanzania, in collaboration with IOM Regional Office in Cairo and Country Office in Mali held a webinar on "COVID-19 and its Impact on the Smuggling of Migrants in Africa" on 30 June 2020. The webinar was the French version of the previous webinar hosted on 16 June 2020 and provided an overview of the consequences of the COVID-19 restrictive measures on mobility in the Sahelo-Saharan region with specific emphasis on North Africa.
- **IOM's COVID-19 Analytical Snapshots** summarize the latest research, information and analysis covering migration and mobility related impacts of Covid-19 from around the world. New snapshots include updates on: "internal movements", "impacts on migrants in informal economies" and "socioeconomic impacts – updated". Selected snapshots are available in [English](#), [Spanish](#), [French](#) and [Arabic](#).

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