

44,351,506 Confirmed cases in over 200 countries, territories or areas¹

1,171,255 Deaths from COVID-19

96,202 Restrictions on mobility have been adopted by 219 countries, territories or areas

\$283 M Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²



Production of 10,000 hand sanitizers by pharmacy students in Al Mukalla, Yemen with support from IOM. © IOM 2020

\$	Received: 283 M	Gap: \$336 M (Requested: \$619 M)
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New funds: \$221 M; Reprogrammed funds: \$62 M.

SITUATION OVERVIEW

COVID-19 continues to spread rapidly across the globe. As of 30 October and since the outbreak began in December 2019, over 44.3 million confirmed cases have been reported and the world is approaching 1.2 million deaths. Confirmed cases have been reported in more than 200 countries/territories/areas. The European region accounts for the greatest proportion of reported new cases, followed by the Americas, and the Eastern-Mediterranean and African regions.

As of 26 October 2020, a total of 219 countries, territories or areas have issued 96,202 travel restrictions indicating almost no change (0.1 per cent) from 96,322 travel restrictions reported on 19 October 2020. There has been a 1 per cent increase in total entry restrictions such as passenger bans and airport closures, and a 41 per cent increase in restrictive measures related to visa suspensions and invalidation. Simultaneously, there was a 1 per cent decrease in medical requirements for conditional entry while health surveillance such contact tracing apps increased by 3 per cent. In parallel to existing travel restrictions, a total of 167 countries, territories or areas have issued 681 exceptions enabling mobility despite

travel restrictions. Between 19 and 26 October 2020, 17 countries, territories or areas issued 29 new exceptions whilst 7 countries, territories or areas removed 12 exceptions.

As the pandemic's effects continue to vary widely across world regions, mobile populations encounter diverse challenges depending on the policy and epidemiological contexts in their sending, transit, and receiving areas. Regulations and measures are evolving rapidly, and mobile populations often lack timely, accurate information about these changes. These populations are also frequently in vulnerable socioeconomic situations and have been especially impacted by the global economic downturn generated by the pandemic. Furthermore, in crisis contexts, COVID-19 has exacerbated existing gaps in access to basic services and protection challenges, particularly for the most vulnerable groups. To address these and other questions, 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, response, and recovery efforts.

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

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

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 **Yemen**, IOM is providing materials, human resource support, and personal protective equipment (PPE) in 22 health facilities across nine governorates. Triage points have also been established in 18 facilities. Through eight mobile health teams, IOM is also providing emergency health assistance in displacement sites and along migratory routes in Aden, Lahj, and Marib. In the first two weeks of October, 8,940 people, including 2,342 migrants, received access to health services.
- In **Iraq**, an isolation area was opened on 25 October in Laylan Camp 2 in Kirkuk in coordination with humanitarian partners and other stakeholders. IOM is providing technical, material, and human resources support to the isolation area.
- **IOM Afghanistan** reached 91,273 patients with outpatient consultation and free medicines through the deployment of health teams at points of entry (PoEs). 2,872 critical patients were also managed at higher level facilities and 7,557 persons benefitted from psychosocial counselling services.
- **IOM Libya** is supporting four primary health-care centres where a total of 430 internally displaced persons (IDPs) were offered consultations. IOM is also providing medicines, medical consumables, and information materials on COVID-19 at these centres.

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 center of its COVID-19 response.

- **IOM Bangladesh's** mental health and psychosocial support (MHPSS) teams are providing services in the Cox's Bazar isolation and treatment centres. 104 beneficiaries received psychological first aid and basic emotional support. 58,667 beneficiaries were also reached through face-to-face and pre-recorded MHPSS key messaging and dissemination of the MHPSS hotline number.

- **IOM Costa Rica** is supporting local organizations to provide counselling and other services for survivors of sexual and gender-based violence, and to strengthen protection against sexual exploitation and abuse in the context of the COVID-19 pandemic.
- In **Trinidad & Tobago**, case management support services were provided for forty beneficiaries. Support services included victims of trafficking screening as well as welfare checks, information referrals for early childhood education webinars for pregnant and lactating mothers and their partners, referrals for online education programmes for minors, and legal service referrals.

Addressing Socio-Economic Impacts of the Crisis

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.

- In **Panama**, IOM continued to implement its humanitarian assistance program targeting Venezuelan migrants in vulnerable situations, particularly those at-risk of COVID-19. A total of 250 beneficiaries have been reached with supermarket vouchers to date through this program. An entrepreneurship course targeting 50 Venezuelan migrants is also ongoing, with 10 migrants to receive seed funding.
- In **Costa Rica**, IOM supported the development of a System for Migratory Labour Traceability designed to register and trace Panamanian migrants through a QR code printed on their identity documents. Farmers use this code to register migrant arrivals, providing traceability of migrants' movements and functioning as an early warning system for COVID-19 cases among migrants.
- **IOM Nepal** carried out an assessment of vulnerable returnee migrant workers affected by COVID-19 through a rapid phone survey, screening 360 affected migrant workers and their families in Province 1 to receive recovery support.
- In October, **IOM Cambodia** provided dry food packages to 5,568 migrants at the three main PoEs (Doung PoE in Battambang; Osmach PoE in Odor Meanchey; Obeychoun and Poi Pet PoE in Banteay Meanchey) who recently returned from Thailand largely due to COVID-19 related loss of livelihoods.
- To help mitigate the socioeconomic impact of the pandemic on IDPs, **IOM Philippines** provided 827 families with multi-purpose cash assistance (MPCA) in earthquake-affected areas in Davao del Sur and North Cotabato displacement sites. Family handwashing kits were distributed along with the MPCA to encourage the practice of proper hygiene and prevent the spread of COVID-19.

- **IOM Lao PDR** provided direct assistance to stranded Mongolian nationals and facilitated their return to Mongolia in coordination with the Mongolian Embassy and IOM Mongolia. The support included covering expenses for their immediate needs and providing COVID-19 information sheets.
- **IOM Bangladesh's** hotline provided information support to 2,138 migrants. In the past two weeks, the number of requests increased by 188 per cent from migrants looking for support or information on how to return to work in countries where they were working before the COVID-19 outbreak.
- Within the regional project "**Mitigating Socio-Economic Effects of the COVID-19 Pandemic on Migrants and Communities in Central Asia and The Russian Federation**", IOM is contributing to a research project on (i) understanding the supply of digital financial transfers and financial services in the corridor and (ii) the behavioural aspects of remittance transfers and use, and the decision-making process for how to send/receive and use remittances among senders and recipients. The project aims to initiate actions impacting the uptake of digital financial services and saving mechanisms, both particularly relevant in the context of COVID-19.

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.

- **IOM Myanmar** is working with the Ministry of Labour, Immigration, and Population to adapt and contextualize IOM's "Standard Operating Procedures (SOPs) for Frontline Border Officials at PoEs in Response to the COVID-19 Outbreak."
- **IOM Bangladesh** led a workshop on the "Development of SOPs for Land Ports and Railway Stations" with 16 experts from the Directorate General of Health Services, the Institute of Epidemiology Disease Control and Research, health authorities from PoEs, and the WHO. IOM also organized the sixth Crisis Management Team meeting at Hazrat Shahjalal International Airport with 23 participants from different government authorities and UN agencies to assess the ongoing health situation at the PoEs.
- **IOM Lao PDR** met with Provincial Public Security in three provinces, as well as authorities from five of the busiest PoEs, to better understand the needs during the COVID-19 pandemic and discuss how IOM can support border management and ensure safe and orderly cross-border mobility.
- **IOM Togo** is participating in the multi-sectoral COVID-19 coordination task force to support disease surveillance and other humanitarian activities in the country in response to the pandemic.

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 15 October 2020, IOM has assessed 3,955 PoEs (including 1,033 airports, 2,314 land border crossing points, and 608 blue border crossing points) in 174 countries, territories and areas, and 1,517 Key Locations of Internal Mobility (internal transit points, areas of interest, and sites with populations of interest) across 135 countries, territories, and areas. Of the total number of assessed locations of internal mobility, 385 were internal transit points, 479 areas of interest and 653 sites with population 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. The IOM COVID-19 Impact on Points of Entry Bi-Weekly Analysis can be accessed [here](#) and the IOM COVID-19 Impact on Key Locations of Internal Mobility Bi-Weekly Analysis can be accessed [here](#). In addition, IOM has released its report [COVID-19 Impact on Points of Entry : Six Month Review of Changes in Operational Status](#), which presents a comparison of operational status variation between April and October, and a regional comparison highlighting differences in operational status trends per IOM geographic region.

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 **Ethiopia**, a total of 10,414 movements were observed across six flow monitoring points (FMPs) in the month of September. This represents a 32 per cent increase in daily average movements in comparison with August 2020, but is still 8 per cent lower than the average daily movement in February, which was prior to the emergence of the first confirmed COVID-19 case in Ethiopia.
- In **Nigeria**, IOM conducts Flow Monitoring activities in several transit locations in Sokoto and Kano to monitor the movements of passenger buses to and from Niger. In August, IOM observed a daily average of 1,220 individuals at FMPs. This represents a six

per cent increase when compared to the previous month. This trend may be explained by the easing of movement restrictions put in place by the Federal Government of Nigeria in response to COVID-19 and the end of the rainy season.

- IOM has released its seventh report analysing the impact of COVID-19 on migration [along the Eastern Corridor](#). The report provides a snapshot on mobility restrictions and current migration trends along the Eastern Corridor migration route, in addition to analysing movement restrictions' impact in Djibouti, Ethiopia, Somalia, and Yemen. Moreover, it provides information on the main protection concerns for migrants, assistance provided, and COVID-19 risk mitigation measures. Key findings include: migrants' overall arrivals to Yemen from the Horn of Africa increased by 95 per cent between August (316) and September (617) as restrictions on mobility eased. However, this represents a decrease of over 69 per cent in relation to overall arrival trends between January and September 2019 (107,781 arrivals in 2019 and 33,122 arrivals in 2020). Spontaneous return movements of Ethiopian nationals from Yemen to Djibouti continued to be observed with over 3,120 returns reported since May of 2020.

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

- In [Djibouti](#), between 14-24 August 2020, IOM conducted focus group discussions with 72 Ethiopian migrants to better understand their situation returning from the Arabian Peninsula, their living conditions during their stay in Yemen, and the factors prompting them to want to return. The majority of respondents indicated that they felt they were stigmatized and accused of bringing COVID-19 to Yemen.
- In [Mauritania](#), IOM is monitoring transhumance movements in collaboration with the National Group of Pastoral Associations (GNAP) and is analysing the level of understanding and awareness of COVID-19 amongst transhumant herders. From 01 July to 25 September, IOM interviewed 1,581 transhumant herders in 22 localities in the regions of Gorgol, Brakna, Assaba, Guidimagma, Hodh El-Chargui and Hodh El-Gharbi. Ninety-eight per cent of respondents indicated they were aware of COVID-19 and had received information on how to protect themselves against it.
- In [Thailand](#), IOM surveyed 164 migrants from Myanmar in the Mueang Ranong district of Ranong province to better understand their situation and vulnerabilities following the COVID-19 outbreak in Thailand. The survey focused on six thematic areas: 1) Migrant profiles; 2) Drivers of migration; 3) Employment; 4) Impacts of COVID-19; 5) COVID-19 related vulnerabilities; and 6) Return intentions.

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.

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.

- [IOM Afghanistan](#) conducted COVID-19 awareness campaigns and distributed informational materials in schools. IOM trained more than 150 community health workers in Nimroz and Nangarhar provinces to support community engagement and help increase community adherence to COVID-19 prevention efforts. IOM also reached 286 individuals and households with COVID-19 messaging to counter rumours and misinformation.
- [IOM Cambodia](#) led a Training of Trainers on COVID-19 prevention and key messages for 84 members of Village Health Support Groups (VHSG) and eight commune counsellors from Stung District. IOM also facilitated eight awareness-raising campaigns on COVID-19 prevention in five villages of Pouk District with 209 village chiefs, VHSG members, and Commune Committees for Women and Children. In Prasat Sambo District, 264 migrants and their families received COVID-19 information from VHSGs.
- [IOM Indonesia](#) shared COVID-19 information through WhatsApp with refugees, including safety measures and positive coping mechanisms and dispelling misinformation. In Makassar, IOM conducted a journey mapping exercise to capture citizens' stories about urban health issues, including COVID-19, and then raised these issues with the relevant municipal departments.
- In [Eswatini](#), under the project known as "SRHR-HIV Knows No Borders" aimed at improving the quality of life and HIV-SRHR outcomes among vulnerable youth, migrants and sex workers in Southern Africa, IOM conducted several trainings on COVID-19 transmission prevention.
- [IOM Bangladesh](#) provided support to 384 children and 192 caregivers in Cox's Bazar and distributed the 'My Hero is You' storybook to raise awareness on COVID-19. IOM also reached 1,297 individuals in 196 sessions on COVID-19 prevention, as well as the risks of trafficking during the pandemic.

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.

- In **Libya**, syndromic and event-based health surveillance was rolled out in areas at/near PoEs in collaboration with the Libyan National Centre for Disease Control. 7,359 migrants have been surveyed as of 21 October. In addition, two two-day training sessions were carried out in Tripoli for 28 Rapid Response Team participants on contract tracing and infection prevention and control.
- **IOM Afghanistan** activated 15 Rapid Response Teams with over 250 staff seconded to Provincial Public Health Directorates and screened 54,810 individuals via community-based surveillance.
- **IOM Nepal** assessed more than 630 vulnerable priority locations through direct observations and collected GPS coordinates to map the areas. Sites included PoEs, health centres, traditional healing centres, schools and colleges, entertainment centres, market centres, migrant worksites, transport stations, and places of worship.
- In **Ethiopia**, over the course of one week, close to 5,200 individuals were screened for COVID-19 at health posts. In addition, medical assistance and PPE were provided to 28 returnee migrants and quarantine facility staff in Semera and Moyale, and COVID-19-related sensitization sessions reached over 700 returnee migrants in quarantine facilities in Semera, Jijiga, Moyale and Metema.

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 Moldova** trained 200 frontline border police staff on the usage of PoE-specific SOPs for detection, notification, isolation, management, and referral of travellers with COVID-19. Over 500 brochures were provided in three languages to all frontline border police staff.
- **IOM Thailand** conducted a COVID-19 session for 48 frontline immigration officials at Chiang Saen and Maesai PoEs, as well as for 13 immigration officials in immigration detention centres.
- In **the Democratic Republic of the Congo**, IOM trained 50 key stakeholders and local authorities at Mbandaka airport to strengthen risk communication on Ebola virus disease (EVD) and COVID-19 and to engage them on public health interventions at the PoE. Furthermore, the IOM team installed two television screens with messages on EVD and COVID-19 prevention at the airport.
- **IOM South Sudan** conducted a COVID-19 sensitization training for 40 officials present at PoEs, including the Ministry of Health, immigration, customs, and police in Raja, Wau, and Aweil. The training covered COVID-19 preparedness for border

management and protection.

- **IOM Trinidad and Tobago** conducted a PoE assessment with officials from the Airports Authority of Trinidad and Tobago. Trinidad and Tobago's airports are the first in the region to receive international health accreditation in response to the COVID-19 pandemic.
- **IOM Bangladesh** donated and installed five walkthrough metal detectors with temperature measurement gates at four PoEs for authorities to screen incoming passengers' temperature. Nine health screening desks were donated to three international airports to support health officers to better screen, identify, and refer suspected ill passengers at arrival and departure points.
- **IOM Cambodia**, in collaboration with General Department of Immigration, General Commissariat of National Police, and Provincial Health Departments, has trained 743 frontline border police officials on COVID-19 SOPs, including how to properly use PPE, and equipped them with PPE.
- **IOM Viet Nam** equipped the Quang Binh Provincial Border Guard at Cha Lo PoE with PPE. Additionally, 100 frontline officials from the Border Guard and other agencies were provided with updated COVID-19 information and instructions on correct PPE usage.

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 **IOM Bangladesh**-managed severe acute respiratory infection (SARI) isolation and treatment centre in Leda and three temporary isolation facilities collected 714 samples for laboratory testing of suspected SARI cases.
- **IOM Philippines** provided the Ministry of Health (BARMM) and Integrated Provincial Health Offices in Maguindanao and Lanao del Sur with vehicles with solar mobile refrigerators, which were used to transport over 1,100 COVID-19 specimens for testing.

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.

- In **Cox's Bazar, Bangladesh**, IOM distributed 7,526 reusable cloth masks to 3,763 committee members

from 60 committees in seven camps in Kutupalong Balukhali Extension. IOM additionally distributed nearly 17,00 articles of PPE and WASH equipment to IOM-supported health facilities, as well as 10,474 soap kits and 2,347 household hand-washing devices through door-to-door visits.

- In **Indonesia**, IOM's Migration Health Assessment Centre provides refugees who are being resettled, or otherwise traveling, with sanitizer packages, informational leaflets, and masks and also teaches hand hygiene and proper approaches for mask wearing and removal.
- In **Yemen**, in addition to improving IPC capacity in health facilities, IOM teams are improving access to water and sanitation in displacement sites and host communities. Water trucking activities are ongoing

in 144 water points, reaching 35,772 people. In the first two weeks of October, the IOM team carried out IPC trainings for 28 hygiene promoters and 32 community mobilizers in Marib. In Taizz and Abyan, teams distributed 774 hygiene kits in three IDP hosting sites, and community hygiene volunteers continued house-to-house hygiene promotion visits reaching 6,177 beneficiaries in nine IDP hosting sites.

- **IOM Mexico** delivered 7,700 hygiene kits for returned migrants to immigration authorities in 17 cities and PoEs along the northern border. These kits included COVID-19 prevention items such as face masks, disposable gloves, alcohol-based sanitizer, soap, and disinfecting wipes.



A mural is painted on the wall of the national hospital in Niamey Niger as a tribute to health workers as part of a street art initiative supported by IOM. © IOM 2020

OPERATIONAL UPDATES

Operational Challenges

- Due to travel restrictions and public health measures, as of 23 October, nine out of 75 **IOM Migration Health Assessment** sites remain closed and nine others are providing limited services.
- **IOM's immigration and visa processing programmes** have reduced activities, in adherence with health and local government directives. As of 27 October, 12 per cent of centres are operating and assisting migrants at regular capacity, with 54 per cent having temporarily reduced operations and 34 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 several locations. As of 23 October, 121 staff are deployed within both IOM and government programmes. In addition, 21 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.

Information Sharing and Communications

- As part of IOM's contribution to the UN's First Line of Defence against COVID-19, IOM has started providing health services for UN staff in several countries. As of 21 October, COVID-19 testing has been established in Cambodia, Ethiopia, Egypt, Ghana, Kenya, Nepal, Nigeria, South Africa and Uganda, and will soon begin in Burundi, DRC, Rwanda, Tanzania, Thailand, and the Philippines. Clinical services are offered in Cambodia, Ethiopia, Kazakhstan, Uganda, Ukraine, and Ethiopia. In total, IOM will provide health services to UN staff in 19 countries during the project's first phase.
- IOM continues to facilitate movement operations and provide transportation assistance, despite the challenges imposed by COVID-19. Between 21 March and 26 October, 49,356 persons received IOM assistance to facilitate their movement, namely for repatriation, assisted voluntary return and resettlement. This includes the arrangement of 70 charter flights for 5,751 individuals to allow for movements to continue despite the limitations imposed by COVID-19. Since 1 June, resettlement movements continue to increase, with a total of 13,186 persons having embarked on an international flight to begin life anew.
- IOM in Southern Africa is preparing to launch a project that would support informal cross-border traders to continue to do business during the COVID-19 pandemic. Informal Cross Border Trade (ICBT) in Southern Africa is significant, and accounts for between 30-40% of total intra-SADC (Southern African Development Community) trade with an estimated value of USD 17.6 billion. Women make up approximately 70% of informal traders and supporting the continuation of trader's livelihoods is critical on a number of fronts including supporting regional food security. The project, which covers select countries in the Southern Africa region, is designed to support policy dialogue to integrate informal cross-border trade into national COVID-19 response planning and includes targeted interventions at borders to support informal traders.

Guidelines and Guidance Documents

- IOM and the Common Market for Eastern and Southern Africa (COMESA) have released a new and innovative report entitled "[Making the Case to Integrate Human Mobility into Cross-Border Trade and Trade Facilitation](#)". In this report, IOM conceptualizes the linkages between trade, border management, and human mobility, setting out a six-pillar approach that includes analysis of how public health and International Health Regulations (IHR 2005) relate to cross-border trade and human mobility. The report has also provided a foundation for IOM's trade and mobility programming in Southern Africa during the COVID-19 pandemic, including for the project mentioned above.

- [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 topics include 'travel bubbles', 'cross-border workers' and 'emerging remittance patterns.' New translations are now available in [Chinese](#), [Spanish](#), [French](#), and [Arabic](#), with Russian coming soon.
- IOM's High-Level Migration Research Adviser papers on COVID-19 and the transformation of migration and mobility globally are now available on the [IOM Online Bookstore](#). The short papers cover key topics including migrants' rights, gender impacts, stranded migrants, and mobility systems. The next webinar in the series - on 11 November – will focus on migrant worker regimes and COVID-19's impact with Professors Brenda Yeoh (NUS), Martin Ruhs (EUI), and Maruja Asis (Scalabrini Migration Centre). Register [here](#) for the webinar.
- New COVID-19 papers in the [Migration Research Series](#) are now available, covering topics such as the impact of COVID-19 on migrants and the repatriation of migrant workers, and the impact of immobility on migration governance.



A community health volunteer rides a bike around Beirut to reach the homes of migrants and refugees who need treatment for TB, ensuring the continuity of essential medical care during the pandemic. © IOM 2020



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IOM ACTIVITIES ARE SUPPORTED BY

The image displays a collection of logos for various organizations and countries that support IOM activities. The logos are arranged in several rows. The first row includes the flags of Australia, Armenia, Canada, and the Czech Republic, followed by the United Nations Central Emergency Response Fund (CERF) logo. The second row features the flags of Denmark, the European Union, France, Germany, Greece, Hungary, Italy, Japan, Korea, Kuwait, Lebanon, Lithuania, Luxembourg, Netherlands, Norway, Portugal, Singapore, Sweden, Switzerland, and the German flag. The third row shows the logos for The Global Fund (To Fight AIDS, Tuberculosis and Malaria), the flag of Portugal, the Japanese flag, the flag of Sweden, the flag of Norway, the flag of the Netherlands, and the UN Department of Peacekeeping Operations (UN DP) logo. The fourth row includes the logos for KIPCO (Kuwait Projects Company (Holding)), the UN LIFT (Livelihoods and Food Security Fund), the flag of Australia, the flag of the United Kingdom, the Qatar Charity logo, and the United Nations Peacebuilding Fund logo. The fifth row contains the flags of Bulgaria, South Korea, the UN logo, the flag of Kuwait, the flag of Italy, the flag of Ireland, the UN logo, and the flag of Chile. Below the fifth row, there are two columns of text: the first column lists the Afghanistan Humanitarian Fund, Myanmar Humanitarian Fund, Somalia Humanitarian Fund, Sudan Humanitarian Fund, and Syria Cross-border Humanitarian Fund (SCHF); the second column lists the UN Resident Coordinator - United Nations in Ukraine, UN Department of Operational Support, Ethiopia Humanitarian Fund (EHF), and Joint Programme for Peace (JPP). The sixth row features the United Way L'Alliance logo, the UN logo, the flag of France, the flag of Italy, the flag of the United States, and the UN HABITAT logo (FOR A BETTER URBAN FUTURE). The seventh row includes the United Nations Trust Fund for Human Security logo, the Trade Mark East Africa logo (Growing Prosperity Through Trade), the International Rescues Committee logo, and the UNAIDS logo. The eighth row shows the logos for THE WORLD BANK (IBRD • IDA | WORLD BANK GROUP), UNICEF, the World Health Organization, and IOM UN MIGRATION. Below the IOM logo, there is a note: "Unearmarked funds (MIRAC) internal funds and private donation".

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