

102,083,344 Confirmed cases in over 200 countries, territories or areas¹

2,209,195 Deaths from COVID-19

114,490 Travel related measures have been issued by 226 countries, territories or areas

\$315 M Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019²

\$	Received:	Gap:
	315 M	\$304 M (Requested: \$619 M)

New funds: \$246 M; Reprogrammed funds: \$69 M.



An IOM medical lab technician checking samples in a clinic in a displacement camp in Marib, Yemen. © IOM 2021

SITUATION OVERVIEW

COVID-19 continues to spread rapidly across the globe. As of 1 February, and since the outbreak began in December 2019, more than 102 million confirmed cases have been reported worldwide, as well as over 2.2 million deaths. Confirmed cases have been reported in more than 200 countries/territories/areas. The first week of January saw the number of new cases peak globally, but the second half of January saw a downward trend overall, though some countries continued to report an increase in the number of new cases. Since December 2020, vaccination campaigns against COVID-19 have begun in over 53 countries, most of which are high income economies.

The resultant multi-layered challenges of the pandemic continue to stifle mobility and global migration. As of 25 January 2021, a total of 226 countries, territories, or areas, have issued 114,490 travel related measures indicating an increase of 4 per cent from 110,320 travel related measures reported on 29 December 2020. Of these, 85,965 were reported as conditions for authorized entry such as medical requirements while 28,525 were reported as entry restrictions such as airport closures and passenger bans. Between 29 December and 25 January, there was a decrease of 3 per cent in the entry restrictions

and an increase of 6 per cent in conditions for authorized entry. In terms of conditions for authorized entry, there was a 60 per cent increase in location surveillance such as registering with local authorities or downloading QR codes/health apps on personal devices and a 22 per cent increase in other limitations such as travel insurance. In terms of entry restrictions, there was a decrease of 16 per cent in entry restrictions such as visa requirements and a 4 per cent decrease in restrictions on passengers arriving from specific countries, territories, or areas. In parallel to existing travel restrictions, a total of 178 countries, territories, or areas have issued 753 exceptions enabling mobility despite travel restrictions. As of 25 January 2021, 15 countries, territories, or areas issued 22 new exceptions whilst 17 countries, territories, or areas removed 30 exceptions.

The dramatic impact of these measures on mobile and displaced populations around the world continues, with considerable variation based on the policy and epidemiological contexts in their sending, transit, and receiving areas. As new COVID-19 variants spread, entry and testing regulations and measures are evolving rapidly, and mobile populations often lack timely, accurate information about these changes. In addition, as countries ramp up their vaccination campaigns,

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.

barriers often remain to the inclusion of migrants, refugees, asylum seekers, and internally displaced persons (IDPs) in these schemes. 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.

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 socioeconomic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- IOM and partners designed and conducted a national survey in Tuvalu targeting unemployed, employed, enterprise and household sectors with a focus on seasonal workers and remittance dependent households. The assessment's findings will inform the Government of Tuvalu's development of a socioeconomic intervention to mitigate COVID-19's impacts.
- IOM, through its global partnership with UNDP, kicked off a village-level study to assess the capacity and level of support to village-level government and communities in Indonesia towards the protection and empowerment of Indonesian migrant workers. The study's results will further inform migrant workers' inclusion in COVID-19 socioeconomic responses, capacity development for village government and communities, and village-level quick impact initiatives to ease socio-economic challenges among migrant worker households.
- As Thailand looks to build back better after COVID-19, the IOM programme, Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement (PROMISE) in Cambodia, Lao People's Democratic Republic, Myanmar, and Thailand, is developing a) a progressive and gender-responsive Private Sector Engagement Strategy (PSES) to promote decent work and skills development for migrant workers, b) Good Practice Guidelines on Skills Development for the private sector, highlighting migrant-centred skills training approaches that are gender-sensitive and market-responsive, and c) a Shared Responsibility Framework for ethical recruitment, protection, decent employment, and career development opportunities for migrant workers.
- IOM in Cuba is participating in the UN System's proposal on the Social and Economic Response to the effects of COVID-19, which will be implemented within a maximum period of 18 months.
- IOM organized a first workshop for national consultants from Kazakhstan, Kyrgyzstan, Tajikistan,

and the Russian Federation on report writing, standards and quality assurance processes, descriptive statistics, visualization, and reporting through the regional project, "Mitigating Socioeconomic Effects of the COVID-19 Pandemic on Migrants and Communities in Central Asia and the Russian Federation." One of the project's objectives is to support national stakeholders to implement evidence-based responses to COVID-19's impact on migrants and returnees.

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.

- At the global, regional, and country levels, IOM is coordinating through COVAX with Governments and partners such as UNICEF, WHO, and Gavi to support vaccination campaigns worldwide at the policy, technical or operational level where requested, and advocating for the inclusion of all migrants, regardless of their legal status, in the various immunization priority groups (e.g. frontline health-care workers, persons over a particular age, or persons with co-morbidities).
- IOM Kenya coordinated with the Government of Kenya, including the Ministry of Health, and partners including United Nations Children's Fund (UNICEF), to formally introduce a project responding to COVID-19's health and socioeconomic impacts across four counties.

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 key locations of internal mobility. As of 17 January 2021, IOM has assessed 4,267 PoEs (including 1,092 airports,

2,470 land border crossing points, and 705 blue border crossing points) in 182 countries, territories, and areas. The 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, stranded migrants, and other populations such as tourists. The IOM COVID-19 Impact on Points of Entry 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.

- IOM has released its tenth report analysing COVID-19's impact on migration [along the Eastern Corridor](#). The report provides a snapshot of 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 that migrants' overall arrivals in Yemen from the Horn of Africa (HoA) have increased by 52 per cent compared with figures recorded in November, following the relaxation of movement restrictions. However, this represents a decrease of over 81 per cent compared to December 2019. Similarly, arrivals in Yemen from Somalia have increased by 105 per cent compared with the previous month also following the relaxation of movement restrictions. Migrants have reported significant difficulties upon arrival in Yemen with their inability to move onwards to Saudi Arabia and have faced protection concerns, leading many of them to opt to return to the HoA. Since March 2020, almost 6,000 migrants have made this perilous return journey, often using the same smuggler network utilized on the journey towards the Arabian Peninsula.
- In [Somalia](#), a total of 19,601 movements were observed by IOM across seven flow monitoring points (FMPs) in December. This represents an increase of 6 per cent in comparison with November 2020 when 18,434 movements were observed. An interactive dashboard for the Flow Monitoring Registry for data collected from 2018 onwards is [now available online](#), which includes total observed movements per FMP, movement trends by FMP, and COVID-19 related monitoring amongst others.

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

- In the [East and Horn of Africa](#), IOM released two briefing papers as part of the Young Ethiopian Research Project – “Gendered Patterns of Women and Girls' Migration” and “Comparative Eastern Corridor Route

Analysis.” Data collected in Obok, Djibouti and Bosasso, Puntland during the first two phases of the research have been compared to contextual information and relevant literature to produce a series of brief thematic reports that provide in-depth, focused insights on specific indicators, population sub-groups, and selected hotspot areas of migration. One of the briefs reported that COVID-19 has further exacerbated the challenges female domestic workers face, with many reporting job losses and deteriorating working conditions as a result of the pandemic.

- In [Iraq](#), IOM released findings from its DTM Round 119. Between December 2019 and December 2020, DTM recorded a decrease of 190,524 IDPs (-13 per cent) compared with the previous 12 months. However, despite this overall decrease, a total of 67,162 IDPs were re-displaced or became displaced for the first time during 2020. In addition, between November and December 2020, a total of 4,831,566 returnees (805,261 households) were identified across eight governorates, 38 districts, and 2,121 locations in Iraq. The overall number of new returnees has increased progressively in each of the past four rounds in 2020, rising by: 12,948 in May-June, 25,920 in July-August, 38,364 in September-October, and 49,152 in November-December. The higher return rate in late 2020 can be partially explained by a significant number of returns taking place following the closure or re-classification of a number of IDP camps in several governorates between October and December 2020. Additionally, lower return rates prior to September 2020 can be partially attributed to movement restrictions imposed across the country between early March and September in response to COVID-19.
- In [Libya](#), IOM released findings from a study conducted to better understand migrants' social networks and how they evolve and are shaped throughout the migration experience and journey to and through Libya. Findings include that mobility restrictions implemented to curb COVID-19's spread have disrupted migrants' coping mechanisms, including by halting the movement of people, goods and money and thereby increasing socioeconomic vulnerabilities.
- In [Mozambique](#), IOM, in collaboration with the Government's National Disaster Management Agency, conducted assessments from 7 to 11 January 2021 on precautionary measures taken across 73 resettlement sites sheltering over 93,000 IDPs displaced by Cyclone Idai. This information was gathered to inform and support intervention planning and to recommend preventative and containment measures. Key informants reported that actions had been taken to prevent the spread of COVID-19 in 99 per cent of the sites. In addition, 67 out of the 73 sites assessed reported availability of COVID-19 protective equipment. All sites continue to report

lack of available isolation space in the event of a suspected COVID-19 case.

The [COVID-19 Mobility Impact Portal](#) acts as a central repository and dissemination channel for flow monitoring, mobility tracking, border management, movement and other reports, maps and outputs produced at the country, regional and global levels in relation to COVID-19. The portal includes interactive analytical tools to support a more in-depth analysis of COVID-19's impact on human mobility.

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 Cambodia**, in collaboration with the Cambodian Ministry of Health, released a [video](#) with information about COVID-19 prevention and procedures for migrants intending to cross the border.
- **IOM Thailand** launched a free, informational app, "MOVE," to help migrant workers stay informed and safe during the pandemic.
- **IOM Mexico** finalized the "Informed Migration" social media campaign to advise migrants about migration procedures during the COVID-19 pandemic. After one month, the campaign reached 155,427 people on Twitter, 971,850 on Facebook, and 849,832 on Instagram.
- **IOM Libya** teams conducted focus group discussions, outreach campaigns and health awareness raising sessions on COVID-19 symptoms and precautionary measures across the country for a total of 5,604 migrants from different nationalities. Hygiene kits, personal protective items, and health information flyers and posters in English, Arabic, and French were also distributed.
- **IOM Ethiopia** reached 19,082 individuals, including migrant returnees, IDPs, and host communities, with mass sensitization on COVID-19 prevention and protection through door to door, facility-level health education, community mobilization, and public campaigns.
- **IOM Lebanon** and national partners developed information, education, and communication materials for COVID-19 to ensure migrants have access to timely, context-specific, and correct information. The materials were translated into nine languages and include messages on health protocol and the government's COVID-19 hotline numbers. IOM is actively reaching out to migrant workers who are returning from Lebanon to their country of origin, providing these materials along with hygiene kits and masks.

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 Philippines** handed over critical equipment to the Bangsamoro Autonomous Region in Muslim Mindao (BARM) government for the COVID-19 response, including three ambulances, one sea ambulance, three cold chain vehicles, solar power generators, and refrigerators.
- **IOM Uganda** handed over 7,800 COVID-19 test kits to the Ugandan Ministry of Health in response to a request from the Uganda National Health and Laboratory Services.

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 Ethiopia** is supporting five temporary accommodation facilities at different PoEs, where returnees receive direct assistance, including food, water, and medical assistance, and financial support for onward transportation to their communities of origin. IOM is also providing IDPs, IDP-led committees, returnees, and community representatives with face masks and sanitizer at PoEs.
- **IOM Burundi** and the Ministry of Public Health and the Fight Against AIDS jointly conducted a needs assessment at Mugina's PoE in Makamba Province to prepare for the construction of waiting areas for migrants crossing the border.
- **IOM South Sudan** continued COVID-19 screening and provided IPC/WASH support at five PoEs, including Juba International Airport. IOM also continued to support two health facilities near the PoEs in Nimule and Renk with medical supplies, training for health facility staff, and risk communication.
- **IOM Kenya** concluded COVID-19 testing for over 29,600 truck drivers in Mombasa, enabling the freer flow of trade, and essential and non-essential goods.
- **IOM Somalia** has reached a total of 14,932 people with COVID-19 screenings at PoEs in support of the national Ministry of Health.
- **IOM Ukraine**, in coordination with the State Border Guard Service and local administrations of conflict-affected communities in eastern Ukraine, has been supporting five entry-exit checkpoints at the Line of Conflict (LoC) and five nearby medical facilities with essential medical equipment and personal protective equipment (PPE). These activities aim to increase

the primary health care system's overall capacities to address health care needs of the civilians crossing the LoC and the conflict-affected community members, including in response to COVID-19.

- **IOM Libya** medical teams supported the National Centre for Disease Control staff at Ras Jedir and Wasen PoEs by providing health screenings to 71,571 passengers. In addition, IOM provided furniture, PPE, medical consumables, and medications to the Amsaad PoE and to Mitiga Airport in Tripoli to set up and enhance the COVID-19 screening capacity. A two-day workshop was also conducted for 22 participants to assess the current status of Libya's PoEs and to develop a roadmap for the development of a public health emergency plan for PoEs.
- **IOM Lebanon** conducted a capacity-building workshop for 165 frontline PoE personnel on health screening and management of ill travellers at the ports of Beirut and Tripoli in addition to Abboudiyeh Land Border Crossing Point. The training covered IPC, first aid, and use of PPEs against COVID-19. PoE frontline workers also received PPE, and disinfection tunnels were provided to the two seaports at Beirut and Tripoli.

National Laboratory Systems

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 Philippines** installed three handwashing stations to help ensure COVID-19 infection prevention protocols are followed in the evacuation centres, which house families displaced by the 6 January fire in Zamboanga city.
- More than 1,500 migrants have benefited from temporary accommodation at two IOM-sponsored quarantine hotels along **Mexico's** northern border. These facilities are staffed with medical personnel who monitor migrants' health conditions, including COVID-19 symptoms, and refer them to public health care centres when required. Migrants also receive protection and psychosocial support while completing a 14-day quarantine and are then referred to an IOM supported shelter for longer term accommodation.
- **IOM Moldova** delivered the second batch of WASH supplies including disinfecting gel, liquid soap, contact and contactless dispensers to the National Administration of Penitentiaries.
- IOM continues to upgrade the sites that it manages in **Bosnia and Herzegovina**, equipping them with quarantine and isolation zones to reduce the risk of

COVID-19 transmission. In the past month, IOM provided two WASH containers for the COVID-19 isolation area in the "Sedra" reception centre in Una Sana Canton, thus increasing access to sanitary facilities, showers, and hot water for families staying in this centre during the harsh winter months.

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 Afghanistan's** seven mobile health teams provided health services and health education to 49,349 patients, including 7,004 outpatient consultations and 2,224 psychosocial counselling sessions.
- In **Libya**, IOM donated PPE, medical devices, and administrative equipment to Attia Alkasah General hospital in Benghazi, the largest hospital in the southeast region providing health care for more than 80,000 people.
- To support the strained healthcare services due to COVID-19 and the aftermath of the Nagorno-Karabakh conflict, **IOM Armenia** deployed a mobile health clinic to provide primary healthcare to displaced and host communities in eight communities hosting the highest number of arrivals from Nagorno-Karabakh. The mobile team provided primary health care services (including psychological first aid) to 400 individuals, prescription of necessary treatment, and referrals to relevant specialists as needed, ensuring continuity of treatment.
- In light of the Peruvian government's recent executive order allowing foreign medical doctors to join the national health system and work on the frontlines of the national COVID-19 response, IOM supported a total of 21 Venezuelan doctors in validating their study certificates in **Peru** during the reporting period. In total, IOM Peru has assisted 46 Venezuelan doctors with information, advice, and financial support, enabling them to take the Peruvian Medical Licensing Examination (ENAM), which will allow them to join the Peruvian Medical Association (Colegio Médico del Perú).

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 provided 34 mask sewing kits to 77 IDP women in seven displacement sites, who will

distribute the masks to other IDP residents to help prevent the spread of COVID-19.

- In collaboration with the Disaster Risk Reduction and Management Office, **IOM Ethiopia** continued supporting Woreda and IDP camp coordination meetings on COVID-19 preparedness and response in East and West Hararghe, Borena, Gedee, East and West Guji, and East and West Wollega.
- **IOM Somalia** continued to disseminate information to ensure that IDPs are aware of COVID-19 risks, signs and symptoms, and mode of transmission. Awareness raising sessions were conducted at information centres, marketplaces, or during community meetings, with an emphasis on how to practice physical distancing.

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 Afghanistan** provided case management assessments to 169 new persons with specific needs, including children and women at risk, persons with serious medical conditions, at-risk elderly persons, and persons with disabilities. The mission also conducted 331 COVID-19 protection monitoring surveys.
- **IOM Mexico** launched a pilot intervention to facilitate remote access to legal counselling for asylum applicants stranded in Mexico due to the COVID-19 outbreak. Pilot implementation involves supplying tablets to selected shelters in the border city of Tijuana to connect migrants and civil society organizations providing legal services. IOM has also strengthened assisted voluntary return processes and eligibility criteria for stranded migrants from Brazil, Honduras, El Salvador, and Nicaragua, including a pre-departure quarantine period, COVID-19 testing, coordination with health authorities to follow up on positive cases, and delivery of hygiene kits for the journey.



IOM's mobile health clinic ensures continuity of primary healthcare for host and displaced communities in Armenia. © IOM 2021

OPERATIONAL UPDATES

Operational Challenges

- IOM's immigration and visa processing programmes have reduced activities, in adherence with health and local government directives. As of 27 January, 15 per cent of centres are operating and assisting migrants at regular capacity, with 59 per cent having temporarily reduced operations and 5 per cent having temporarily closed.
- Due to travel restrictions and public health measures, as of 22 January, seven out of 75 IOM Migration Health Assessment sites remain closed and nine others are providing limited services.

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 22 January, 89 staff remain deployed within both IOM and government programmes. In addition, 19 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 framework against COVID-19](#), IOM has completed the roll-out of health services for UN staff in 18 countries. As of mid- January, COVID-19 testing has been established in Burundi, Cambodia, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Kenya, Nepal, Nigeria, the Philippines, Rwanda, South Africa, Tanzania, Thailand, and Uganda. Clinical services are also offered in Cambodia, Ethiopia, Kazakhstan, Uganda, and Ukraine and is about to be rolled out in other countries such as Nepal and Jordan. Discussions are ongoing on the potential provision of COVID-19 vaccinations under this framework.
- IOM continues to facilitate movement operations and provide transportation assistance, despite the challenges imposed by COVID-19. Between 21 March and 31 December 2020, 73,588 persons received IOM assistance to facilitate their movement, namely for repatriation, assisted voluntary return and resettlement. This includes the arrangement of 134 charter flights for 10,958 individuals to allow for movements to continue despite the limitations imposed by COVID-19. Since 18 June, resettlement movements continue to increase, with a total of 39,811 persons having embarked on an international flight to begin life anew.

Guidelines and Guidance Documents

- [IOM Regional Office for Middle East and North Africa](#) has created a Gender Checklist for COVID-19 Response at Points of Entry, a tool that IOM can use when working with governments to mainstream gender into the COVID-19 response at border crossing points. The checklist is based on a previously developed internal checklist that supports staff in incorporating gender considerations in all aspects of IOM's projects regarding COVID-19 response at PoEs.

Information Sharing and Communications

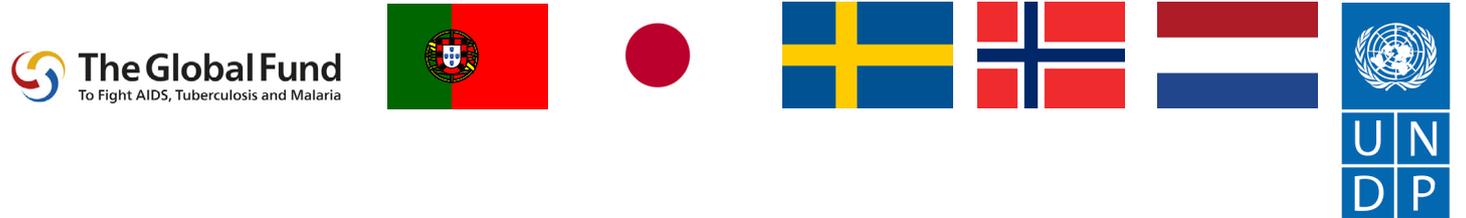
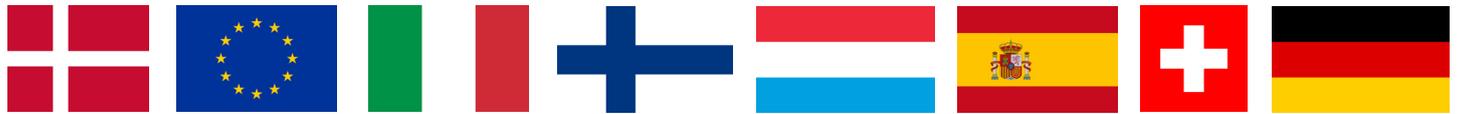
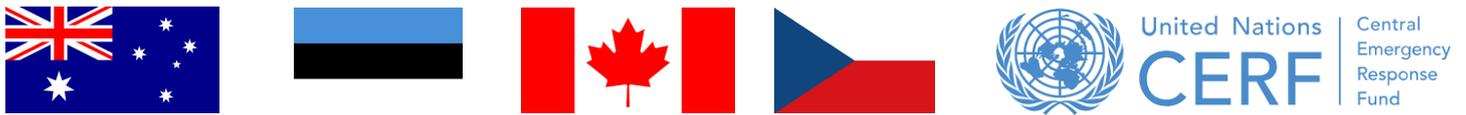
- [IOM's COVID-19 Analytical Snapshots](#) summarize the latest research, information, and analysis covering migration and mobility related impacts of COVID-19 from around the world. New topics include 'impact on migrant numbers,' 'migrants' access to vaccines,' 'migrants' contributions,' 'irregularity, protection, and smuggling update,' 'technology for analysis and response update,' and 'international remittances update.' Snapshots 1-50 are now available in [Chinese](#), [Spanish](#), [French](#), [Arabic](#), and [Russian](#).
- IOM has published a new [Issue Brief](#) – 'A Second Year of Challenges for Global Mobility' – focusing on some of the latest immigration, consular, and visa trends related to the pandemic. After months of uncertainty about COVID-19's long-lasting effect on global mobility systems, the Brief includes several examples to underpin how the pandemic is modifying mobility and migration management for the foreseeable future and presents some of the recent attempts by governments and other stakeholders to resume global mobility, as well as the ongoing discussions around vaccinations and mobility.
- IOM's Regional Evidence for Migration Analysis and Policy (REMAP) project published a [Point of Entry analysis](#) for all REMAP countries (Afghanistan, Bangladesh, Iraq, Iran, and Pakistan) covering the period March-October 2020. This analysis looks at specific trends related to PoE locations, statuses, and restrictions in these countries.



www.iom.int/donate/



IOM ACTIVITIES ARE SUPPORTED BY



Afghanistan Humanitarian Fund
 Myanmar Humanitarian Fund
 Somalia Humanitarian Fund
 Sudan Humanitarian Fund
 Syria Cross-border Humanitarian Fund (SCHF)

UN Resident Coordinator -
 United Nations in Ukraine
 UN Department of Operational Support
 Ethiopia Humanitarian Fund (EHF)
 Joint Programme for Peace (JPP)



Unearmarked funds (MIRAC)
 internal funds and private donation

CONTACTS

COVID Response HQ
covid19ops@iom.int

Donor Relations Division
drd@iom.int

Tel: +41 22 717 92 71