IOM GLOBAL STRATEGIC PREPAREDNESS AND RESPONSE PLAN

CORONAVIRUS DISEASE 2019

February – December 2020

Updated on 15 April 2020

IOM establishes Tippy Taps, improved handwashing stations, to reduce the risk of COVID-19 transmission in Cox's Bazaar, Bangladesh. © IOM, 2020

$ 499 M
IOM'S FUNDING REQUIREMENT

140
TARGET COUNTRIES

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown origin was reported in Wuhan City, Hubei Province of the People's Republic of China. On 11 March, the Emergency Committee of the World Health Organization (WHO) officially declared the illness known as Coronavirus Disease 2019 (COVID-19) a pandemic. As of 14 April, more than 1.84 million cases and over 117,000 deaths have been reported in worldwide.* The COVID-19 pandemic has also resulted in travel restrictions bringing international mobility to a rapid standstill. As of 9 April, almost 46,000 restrictions on mobility have been put into effect by governments worldwide in order to contain and reduce the spread of COVID-19.**

The International Organization for Migration (IOM) works with governments and partners to ensure that migrants, whether in regular or irregular situations, returnees and forcibly displaced persons are included in efforts to mitigate and combat the illness's impact. Although they face the same health threats from COVID-19 as host populations, they may face particular vulnerabilities due to the circumstances of their journey and poor living and working conditions. Too often, they encounter obstacles in accessing health services, such as language and cultural barriers, fees they cannot afford, a lack of inclusive health policies, and fear of arrest or deportation. Legal, regulatory and practical barriers to accessing health care all play a part in this, as does, in too many instances, prejudice. Displaced populations in camps or camp-like settings, and those caught in conflict, are also highly vulnerable given limited access to services and poor access to knowledge on how to protect themselves. This unequal access to services places them and everyone else at risk.

With the economic slow-down and possible recession, migrants will remain among the most vulnerable population groups to be economically affected and at risk of stigmatization and exclusion. This is particularly dire given that their employment often supports families left behind and contribute to poverty reduction, access to basic services and education worldwide.

* WHO COVID-19 Situation Dashboard, accessed on 15 April 2020
** COVID-19 Mobility Impacts portal, accessed on 15 April 2020

IOM CAPACITY TO RESPOND TO COVID-19

IOM, as part of the Inter-Agency Standing Committee (IASC), and in partnership with WHO, other United Nations (UN) organizations and coordination groups as well as non-UN stakeholders, is assisting Member States (MS) and partners to prepare for and respond to COVID-19, with operational, technical and policy support. Reflecting the global reach of the Organization, IOM's COVID-19 Strategic Preparedness and Response Plan (SPRP) includes actions in more than 140 affected countries, responding to the needs in all regions worldwide and including programming in both humanitarian and development settings, depending on the particular needs of the affected country. IOM holds extensive experience in supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, while advocating for migrant-inclusive approaches that minimize stigma and discrimination.

With more than 430 offices and 14,000 staff members across the world – including thousands working specifically on health, community engagement, and supporting points of entry – and as the global co-lead on Camp Coordination and Camp Management (CCCM), IOM is uniquely placed to respond to public health emergencies globally and crises that escape the norm and address the associated socio-economic challenges. IOM is a member of the UN MEDEVAC Taskforce and has been closely working with UN partners at all levels to find solutions to support UN staff in the most effective way possible through the use of IOM's global network of qualified health workers, including physicians, nurses and laboratory staff. As the coordinator of the UN Network on Migration and a long-standing partner of various UN and other international organizations, and in coordination with private sector and civil society groups, IOM will continue to support comprehensive response planning across the health, humanitarian and development domains.

As part of IOM's capacity building efforts in Djibouti, IOM has trained medical practitioners on COVID-19 prevention and response in Dikhil and Ali Sabieh medical centres, Djibouti. © IOM, 2020

HIGHLIGHTS: IOM'S ASSISTANCE TO DATE

In **Bangladesh**, IOM is working with the government on setting up two isolation and treatment centres in Cox's Bazar with a capacity of 200 beds, while four IOM-managed Primary Health Centres were identified to serve as isolation units for suspected COVID-19 cases in the camps. IOM has also designated two ambulances to support the referral of COVID-19 cases from triage centres to quarantine/isolation facilities. Additionally, IOM has completed the door-to- door distribution of over 60,000 key items for handwashing and disinfection and installed 142 hand washing stations in communal locations in Cox's Bazaar to help improve sanitation and prevent the spread of the disease.

Host community members make face masks for community mobilizers in Cox's Bazaar, Bangladesh. © IOM, 2020

In response to the COVID-19 outbreak in **Panama**, IOM is providing technical assistance to the government for the effective implementation of measures to prevent the spread of COVID-19 in the Migration Reception Stations at the border in Darien Province, where food, hygiene items and masks have been distributed to vulnerable populations. Risk communication messages on hygiene and measures to prevent the spread of COVID-19 have also been shared with migrant populations in the country.

IOMs CCCM team in Baidoa, Somalia conduct COVID-19 awareness session for IDP community leaders. © IOM, 2020

IOM's Coordination Office for the Mediterranean has produced an information leaflet on COVID-19, which has been translated into 32 languages. The leaflet has been disseminated to **Italy**'s largest migrant communities to inform them about the risk and the spread of the disease. IOM is organizing remote training sessions related to Mental Health and Psychosocial Support (MHPSS) in more than 10 reception centres in the province of Rome. IOM is also working to ensure that awareness raising is reaching migrant communities in Italy, and has been engaging local health authorities, municipalities and migrants' organizations in order to better tailor the information to suit the audience.

Disinfection of WASH facilities in Cox's Bazaar, Bangladesh. © IOM, 2020

In **Tunisia**, IOM's advocacy successfully resulted in the inclusion of migrants in the national COVID-19 response, including the establishment of a multilingual hotline for migrants to access information, the provision of free testing for migrants, and the provision of other relevant services such as psychosocial support. IOM has also begun tracking information on stranded migrants in the country whose situation is being exacerbated by COVID-19.

In **Nigeria**, IOM is supporting the overall COVID-19 preparedness and response measures in 80 camps and camp-like settings through the improvement of Water, Sanitation, and Hygiene (WASH) infrastructure, including 129 new handwashing stations, and the provision of services, contributing to minimizing the risk of spread and transmission of the disease. In addition, IOM has trained hygiene promotion volunteers on the identification of signs and symptoms of COVID-19, including methods of referral.

In **Uganda**, IOM is providing support to the government on active health screening, referrals, and data collection at critical Points of Entry (PoE). IOM has also supported surveillance activities through the provision of personal protective equipment (PPE), hygiene items and logistical support for contact tracing of people who have come in contact with COVID-19 patients.

In the **Democratic Republic of the Congo**, IOM has started the process of national population mobility mapping and contingency planning for displacement sites, alongside POE stakeholders and under the leadership of the National Program of Hygiene at Borders (PNHF). IOM is also assisting the Ministry of Health in North Kivu to support 14-day surveillance and follow-up.

In **Ukraine**, IOM handed over the first tranche of urgently needed personal protection equipment (PPEs), as well as disinfection equipment and liquids to the government border authorities. Sprayers, disposable protective masks, protective gloves, glasses and suits are now being used at the main POEs in the country.

IOMs CCCM team in Baidoa, Somalia conduct COVID-19 awareness session for IDP community leaders. © IOM, 2020

IOM provides operational support for the packaging and transfer of laboratory samples, Cambodia. © IOM, 2020

DTM data collection at the Emeelt checkpoint in Ulaanbaatar, Mongolia. © IOM, 2020

Passengers disembarking from a ferry in Mauritania have their body temperatures taken using a ThermoFlash. © IOM, 2020

IOM'S APPROACH AND OPERATIONAL STRATEGY

IOM is working to ensure that a well-coordinated, comprehensive, equitable and timely response to the crisis is underway to halt further transmission of the disease, limit the humanitarian and socioeconomic effects of the pandemic, and support affected communities to prepare for longer term-recovery. IOM's approach to preparing for and responding to disease outbreaks is anchored in **IOM's Health, Border and Mobility Management framework.** The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

IOM's revised SPRP comes out of the necessity to align IOM's full spectrum of work with the impacts of COVID-19 worldwide. The plan evolved from IOM's previous SPRP and encompasses new areas such as the socioeconomic impacts of the crisis, while remaining aligned with the Global Humanitarian Response Plan (GHRP) for COVID-19, launched on 25 March 2020. The revised plan is also **aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, the forthcoming UN Framework for the Immediate Socio-economic Response to COVID-19, and country-level Preparedness and Response Plans (PRP)**. With this revised plan, IOM aims to demonstrate its capacity to tackle the pandemic as an organization that can respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programmes to mitigate and address the longer term socio-economic impact of COVID-19.

IOM intends to focus on four strategic priorities at the community, national and regional levels: (1) effective coordination and partnerships as well as mobility tracking; (2) preparedness and response measures for reduced morbidity and mortality; (3) efforts to ensure that affected people have access to basic services, commodities and protection; and (4) to mitigate the socio-economic impacts of COVID-19.

Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels

Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.

Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.

Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels

COORDINATION AND PARTNERSHIPS

IOM is engaged in ensuring strong and efficient coordination among relevant actors at the community, national and regional levels to support the global pandemic response, particularly in coordinating cross-border efforts through:

- Supporting national and regional coordination within countries and across borders to support timely health care and referrals in line with IHR (2005), while enhancing regional and national disease surveillance, information sharing and reporting.
- Assisting governments to facilitate access to emergency health care for undocumented migrants, including by identifying temporary documentation solutions for access to medical care and coordinated temporary measures regarding immigration, visas and consular support.
- Engaging and supporting inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes, including for countries with risk of increased displaced populations.

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. IOM will contribute to providing a comprehensive understanding of the effect of COVID-19 on mobility at global, country, and cross-border/inter-regional level by:

- Providing a Global Overview of Mobility Restrictions implemented through daily monitoring, analysis, and reporting on international travel restrictions, changes in visa, immigration and regularization schemes, airline suspensions and health-dependant mobility restrictions being imposed by and on countries globally.
- Enhancing its country-level primary data collection for points of entry mapping and monitoring to report more in-depth and up-to-date information on the different points assessed. This information includes operational status, types of restrictions, duration of restrictions, population categories affected and public health measures amongst others.
- Mapping, monitoring, and analysing the impact of COVID-19 on migrants and other populations of concern whose situation have been affected by the pandemic, ensuring that their needs are taken into account in the overall response, including critical analysis to inform the medium- and longer-term response to the broader socio-economic dimensions of the COVID-19 crisis.
- Tracking, monitoring, and analysing the impact of COVID-19 on Internally Displaced Persons (IDPs) living in camps and camp-like settings, capitalizing on the global footprint of IOM's Displacement Tracking Matrix (DTM) and Camp Coordination and Camp Management programming.
- Conducting inflow and outflow mapping using DTM's existing flow monitoring operations, with an emphasis on movements to and from countries and regions with higher prevalence of COVID-19.
- Expanding and enhancing its COVID-19 Mobility Impacts portal for data and information, including to improve its data exploration, visualization, and analytical components as well as data access and sharing tools to facilitate better data exchange.

Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.

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, including through:

- Promoting risk communication and community engagement activities through communication with communities, cross-border community-level awareness raising and feedback along mobility corridors, points of entry, displacement sites, fragile communities, and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters.
- Providing technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored and that migrants, displaced populations and other vulnerable groups are included in national, regional and global outreach campaigns to avoid stigmatization.
- Mainstreaming good hygiene practices through the development and dissemination of fit-for-purpose information, education communication (IEC) materials tailored to the needs of migrants, displaced populations and other related communities.
- In line with IOM's Tooklist and using previous models developed for other contexts such as recent Ebola outbreaks, build the capacity of health care workers and other actors on psychological first aid adapted for pandemics. The provision of informal education on self and peer support will be also strengthened through RCCE.

DISEASE SURVEILLANCE

Migration and mobility are increasingly recognized as determinants of health and risk exposure and IOM plays a key role in linking an understanding of population mobility with disease surveillance. IOM will continue to enhance existing national level disease surveillance systems through:

- • Strengthening community event-based surveillance by linking mobility information to disease surveillance data, particularly among border communities, points of entry, migrant dense areas and displacement sites.
- Engaging with national authorities and local communities in strengthened data collection and conducting participatory mapping exercises to identify high-risk transmission mobility corridors and areas, to inform regional and national preparedness and response plans.

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 will continue to support through:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies.
- Supporting the Supply Chain Management with existing IOM operational capacities from ongoing programmes such as shelter and Non-Food Items (NFI).

POINTS OF ENTRY (PoE)

IOM is increasingly recognized as a strategic partner to support Member States in strengthening core capacities for public health measures at points of entry. IOM will continue to support Ministries of Health, border authorities and partners to enhance prevention and response measures at prioritized points of entry through:

- Supporting active surveillance, including health screening, referral and data collection at POE.
- Supporting the development and dissemination of POE-specific standard operating procedures (SOPs) for detection, notification, isolation, management and referral, including the development of training curricula and manuals.
- Training immigration and border/port health staff on management of ill travelers and on best practices on infection prevention and control.
- Improving point of entry infrastructure, including the construction of isolation facilities, the upgrading of hygiene infrastructure, water and sanitation facilities and waste management, and the provision of necessary equipment and supplies for screening to help prevent the spread of the disease.

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 will continue to support the enhancement of national capacity for detection of COVID-19 through:

- Provision of trainings on laboratory biosafety and appropriate use of personal protective equipment.
- Operational support for packaging and transfer of clinical specimens for laboratory testing, including both national and cross-border support.
- Provision of assistance with testing for COVID-19 once tests become available.
- Support to radiology services through capacity building and provision of direct radiological services. through IOMs two existing teleradiology centers (in Manila and Nairobi).

INFECTION PREVENTION AND CONTROL (IPC)

The provision of safe water, sanitation and hygiene is an essential part of prevention efforts during infectious disease outbreaks, including the COVID-19. Combined with improved access to WASH services, infection prevention and control measures are an effective way to prevent or limit transmission of the disease and IOM will continue to support enhanced national capacity through:

- Providing adequate Water, Sanitation and Hygiene (WASH) services in health care facilities, points of entry and camp and camp-like settings, ensuring their alignment with context-relevant IPC measures.
- Supporting the development of protocols for handwashing, disinfection and waste disposal that are fit-for-purpose for the needs of migrants, displaced populations and related communities.

Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.

CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

IOM will continue to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19, in particular in 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, to reduce morbidity and mortality rates. To that end, IOM intends to focus on:

- Ensuring the continuity of essential health services through the provision of life-saving primary health services, the procurement of critical medicines and medical supplies, and the improvement of infrastructure, especially in countries with pre-COVID-19 humanitarian needs.
- Providing technical and operational support through short- to medium-term secondment of staff, including the deployment of IOM clinical staff to support national COVID-19 responses.

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 ensure the continuation of services in existing displacement sites at risk, as well as preparedness for increased displaced populations by:

- Prioritizing the engagement with IDPs and host communities in assessing risks, monitoring and reporting mechanisms, planning and implementing mitigation measures; including capacity-building of leaders and set-up of new volunteer networks.
- Upgrading displacement sites to improve site safety and hygiene and ensure livelihoods are sustained. This includes the development of tools and guidance for site planning, including for contingency spaces, expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas.
- Setting up and strengthening of site-level platforms for inter and intra CCCM coordination with service providers to ensure that up-to-date information on COVID-19 is shared.
- Capacity-building, remote assessment and management through development of specific camp management modules to orient new staff and rapidly improve the knowledge, skills and attitudes of existing staff on critical health and WASH information for frontline workers in displacement sites.

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 protection of migrants, displaced persons and other vulnerable populations remains at the centre of its COVID-19 response through:

- Supporting the continuum of critical protection mechanisms and responses, including cross border, in order to provide urgent protection services, or referrals to appropriate services to those most in need, such as stranded migrants, displaced populations, affected communities and other persons in vulnerable situations or in need of specific care and protection, such as women and girls at risk of or survivors of gender-based violence (GBV), children, persons with disabilities, unaccompanied and separated children, elderly, etc. Services can consist of emergency shelter, alternative care, family tracing and reunification, access to non-COVID-19 health services, accessible information, case management, and livelihoods support.
- Creating Mental Health and Psychosocial Support self-help tools specifically tailored for stranded migrant populations in quarantine, as well as deploying psychosocial mobile teams linguistically and culturally capable of serving vulnerable populations, including displaced persons.
- Protecting analysis on the impact of the COVID-19 pandemic and response on protection programming and protection trends within the communities, including protection trends at entry points, with the aim to exploring new responses, or adapting and maintaining critical protection services.
- Monitoring and reporting on House, Land and Property (HLP) issues, including eviction cases with the aim of capturing surges, particularly among vulnerable groups, and advocate for protective measures such as moratoriums on evictions and rental support.

Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

ADDRESSING SOCIO-ECONOMIC IMPACTS OF THE CRISIS

Recognizing the importance of including migrants and other mobile population groups into 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 focusing on:

- Conducting a rapid analysis, in partnership with specialized UN, financial organizations and multilateral development banks, to assess the immediate impact of unfolding economic, financial and social disruptions on migrant and host communities; working with the private sector and other partners in finding solutions to sustain affordable and formal cross-border remittance flows.
- Strengthening tools to monitor the secondary impact of COVID-19 on development-driven mobility dynamics and trends at the national and regional level, in coordination with humanitarian and development actors.
- Identifying and piloting efficient and scalable mechanisms for the mobilization of health and other relevant professionals within diaspora and broader migrant communities to contribute to COVID-19 response and recovery, including as related to social and economic development, with a focus on developing countries.
- Enhancing commitment and capacity of employers and labour recruiters to protect migrant workers, including seasonal workers, during the pandemic by identifying and disseminating good practices, strengthening dialogue and coordination between recruiters and employers, and stimulating business action in global supply chains to effectively protect migrant worker health, well-being and rights.
- Prioritizing livelihoods and job creation in displacement affected communities, through financial support to small and medium enterprises to rapidly resume operations and create sustainable jobs as sectors of the economy gradually resume their activities. Financial investment will target strategic economic sectors, sectors that are labor-intensive and sectors disproportionately impacted by COVID-19.

SUPPORT TO UNITED NATIONS STAFF

During the peak of the COVID-19 pandemic, large numbers of UN staff and dependents will continue to work in locations where there is little or no access to any United Nations (UN) medical facility. In locations where UN health facilities do exist, it is expected that they may be overwhelmed and some may require addition support, especially in resource-limited settings.

As many of IOM's migration and related health programme activities have come to a standstill as a result the pandemic, IOM aims to support UN medical facilities through its global network of qualified health workers, including physicians, nurses and laboratory staff, across 40 tentatively identified locations where IOM already has a medical presence. IOM is a member of the UN MEDEVAC Taskforce and has been closely working with UN partners at all levels to jointly find effective solutions to support UN staff in the most effective way possible. Additionally, IOM aims to support other UN settings that do not currently have any medical support through secondment of staff to these locations or providing remote telemedicine monitoring of UN staff in such locations.

Support to the UN health facilities will include:

- Provision of medical and administrative staff for triage and primary care, small equipment, essential medication and PPEs;
- Clinical monitoring of UN personnel and contact tracing;
- In locations where IOM has GeneXpert instruments (18 laboratories), IOM may provide assistance with testing for COVID-19, once tests become available. This may include testing of specimens sent to IOM labs from other countries.

IOM provids adequate Water, Sanitation and Hygiene (WASH) services worldwide to reduce the risk of transmission and spread of COVID-19, Ethiopia. © IOM, 2020

IOM'S FUNDING REQUIREMENTS

IOM's global funding requirement stands at USD 499,393,000

This amount represents an indicative requirement for IOM's ongoing and planned interventions in 140 countries where IOM is present, in order to cover emerging health, humanitarian and socio-economic needs, while ensuring that migrants and mobility considerations are included in global, regional and national preparedness plans. Funding requirements are presented broken down by country and are dependent on national health system capacities and established capacity to respond, and based on IOM's experience responding to previous public health emergencies, such as the ongoing response to Ebola in the Democratic Republic of the Congo (DRC) and neighbouring high-risk countries. Given the rapidly changing nature of the outbreak, financial requirements are bound to evolve.

This strategic plan seeks to respond to additional needs which have emerged, or may do so in the short and medium term, in national contexts currently affected by humanitarian situations, as well as those that present more stable environments yet are equally vulnerable to the global pandemic. For these fragile contexts, a response on a "no-regrets" basis that entails anticipatory action before the logistical and procurement hurdles become higher, is paramount. Therefore, IOM urges donors to respond in a flexible manner to allow for increased efficiency in the response.

IOM Strategic Preparedness and Response Plan	Funding Requirement (USD)
Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels	**$ 41,798,900**
COORDINATION AND PARTNERSHIPS	*$ 19,708,250*
TRACKING MOBILITY IMPACTS	*$ 22,090,650*
Strategic Priority 2:Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.	**$ 223,601,100**
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT	*$ 30,572,900*
DISEASE SURVEILLANCE	*$ 25,539,100*
POINTS OF ENTRY	*$ 63,543,250*
NATIONAL LABORATORY SYSTEM	*$ 11,056,500*
INFECTION PREVENTION AND CONTROL	*$ 47,929,250*
LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	*$ 44,960,100*
Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.	**$ 113,318,250**
CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	*$ 43,460,550*
CAMP COORDINATION AND CAMP MANAGEMENT	*$ 24,365,250*
PROTECTION	*$ 45,492,450*
Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19.	**$ 77,674,750**
ADRESSING SOCIO-ECONOMIC IMPACT	*$ 77,674,750*
Global Support	**$ 2,500,000**
Global Tracking of Mobility Impacts of COVID-19	**$ 3,500,000**
Support to United Nations Staff Health	**$ 37,000,000**
TOTAL FINANCIAL REQUIREMENTS	**$ 499,393,000**

Table 1 - Global funding requirements per Strategic Priority

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Stratic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
Asia and the Pacific Sub-Total	**$ 4,520,000**	**$ 4,320,000**	**$ 5,834,000**	**$ 2,561,000**	**$ 13,468,000**	**$ 952,000**	**$ 11,955,000**	**$ 10,679,000**	**$ 1,390,000**	**$ 15,634,000**	**$ 7,000,000**	**$ 12,411,000**	**$ 90,724,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Afghanistan	$ 500,000	$ 1,000,000	$ 500,000	$ 500,000	$ 1,000,000	$ -	$ -	$ 1,000,000	$ 200,000	$ -	$ 300,000	$ -	$ 5,000,000
Bangladesh	$ 21,000	$ 1,400,000	$ 871,000	$ 59,000	$ 1,060,000	$ -	$ 7,781,000	$ 6,054,000	$ -	$ 13,712,000	$ 318,000	$ 1,200,000	$ 32,476,000
Cambodia	$ 200,000	$ 100,000	$ 400,000	$ 100,000	$ 500,000	$ -	$ 300,000	$ 250,000	$ -	$ 100,000	$ 50,000	$ 500,000	$ 2,500,000
China	$ 50,000	$ -	$ 75,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 255,000	$ 20,000	$ 400,000
Federal States of Micronesia	$ 171,000	$ -	$ 112,000	$ -	$ 42,000	$ 70,000	$ -	$ 400,000	$ -	$ -	$ -	$ -	$ 795,000
Fiji	$ 80,000	$ -	$ 280,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 200,000	$ 1,250,000	$ 1,810,000
Iran	$ 367,000	$ -	$ 100,000	$ 77,000	$ 536,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,080,000
India	$ 20,000	$ -	$ 10,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 154,000	$ 16,000	$ 200,000
Indonesia	$ 500,000	$ 200,000	$ 400,000	$ 100,000	$ 3,500,000	$ -	$ 1,700,000	$ 1,350,000	$ 250,000	$ 500,000	$ 500,000	$ 1,000,000	$ 10,000,000
Japan	$ -	$ -	$ 80,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000	$ 70,000	$ -	$ 200,000
Lao People's Democratic Republic	$ 292,000	$ 50,000	$ 170,000	$ -	$ 430,000	$ -	$ -	$ 120,000	$ 40,000	$ -	$ 60,000	$ 20,000	$ 1,182,000
Malaysia	$ 50,000	$ -	$ 200,000	$ -	$ 70,000	$ -	$ 150,000	$ -	$ -	$ 100,000	$ 500,000	$ 820,000	$ 1,890,000
Maldives	$ 20,000	$ -	$ 50,000	$ -	$ 50,000	$ -	$ -	$ -	$ -	$ -	$ 3,000	$ -	$ 123,000
Marshall Islands	$ 121,000	$ -	$ 65,000	$ -	$ 45,000	$ 40,000	$ -	$ 280,000	$ -	$ -	$ 40,000	$ -	$ 591,000
Mongolia	$ 25,000	$ 100,000	$ 100,000	$ 75,000	$ -	$ -	$ -	$ 100,000	$ -	$ 100,000	$ 300,000	$ 30,000	$ 830,000
Myanmar	$ 100,000	$ 250,000	$ 400,000	$ 100,000	$ 500,000	$ 50,000	$ 500,000	$ 250,000	$ -	$ 200,000	$ 250,000	$ 1,400,000	$ 4,000,000
Nepal	$ 200,000	$ -	$ 200,000	$ 700,000	$ 400,000	$ -	$ -	$ -	$ -	$ 300,000	$ 500,000	$ 1,700,000	$ 4,000,000
Pakistan	$ 200,000	$ 150,000	$ 500,000	$ 500,000	$ 1,000,000	$ 100,000	$ 200,000	$ 500,000	$ -	$ 200,000	$ 100,000	$ 350,000	$ 3,800,000
Papua New Guinea	$ 30,000	$ 24,000	$ 60,000	$ -	$ 250,000	$ -	$ 146,000	$ -	$ -	$ 24,000	$ 40,000	$ -	$ 574,000
Philippines	$ 150,000	$ 125,000	$ 200,000	$ -	$ 900,000	$ 125,000	$ 500,000	$ 200,000	$ 900,000	$ -	$ 1,200,000	$ 2,000,000	$ 6,300,000
Republic of Palau	$ 50,000	$ -	$ 86,000	$ -	$ 10,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 146,000
Solomon Islands	$ 70,000	$ -	$ 60,000	$ -	$ 50,000	$ -	$ 40,000	$ -	$ -	$ -	$ 25,000	$ 25,000	$ 270,000
Sri Lanka	$ 50,000	$ 200,000	$ 180,000	$ 350,000	$ 1,000,000	$ 200,000	$ 100,000	$ 50,000	$ -	$ 200,000	$ 90,000	$ 400,000	$ 2,820,000
Thailand	$ 443,000	$ 531,000	$ 260,000	$ -	$ 390,000	$ 367,000	$ 458,000	$ -	$ -	$ 148,000	$ 1,280,000	$ 720,000	$ 4,597,000
Timor Leste	$ 50,000	$ 40,000	$ 150,000	$ -	$ 135,000	$ -	$ -	$ 125,000	$ -	$ -	$ 200,000	$ -	$ 700,000
Tonga	$ 70,000	$ -	$ 60,000	$ -	$ 50,000	$ -	$ 40,000	$ -	$ -	$ -	$ 25,000	$ 45,000	$ 290,000
Vanuatu	$ 90,000	$ 50,000	$ 65,000	$ -	$ 50,000	$ -	$ 40,000	$ -	$ -	$ -	$ 40,000	$ 765,000	$ 1,100,000
Vietnam	$ 100,000	$ 100,000	$ 200,000	$ -	$ 1,500,000	$ -	$ -	$ -	$ -	$ -	$ 500,000	$ 150,000	$ 2,550,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Stratic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
Middle East and North Africa Sub-Total	**$ 1,920,000**	**$ 2,118,500**	**$ 3,788,200**	**$ 3,684,100**	**$ 6,817,400**	**$ 2,542,500**	**$ 8,408,500**	**$ 5,549,600**	**$ 3,568,500**	**$ 11,256,200**	**$ 6,458,500**	**$ 16,786,000**	**$ 72,898,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Algeria	$ 10,000	$ -	$ 25,000	$ -	$ 150,000	$ -	$ 50,000	$ 40,000	$ -	$ 500,000	$ 60,000	$ 600,000	$ 1,435,000
Bahrain	$ 60,000	$ -	$ 80,000	$ -	$ 50,000	$ -	$ 20,000	$ -	$ -	$ -	$ 120,000	$ 35,000	$ 365,000
Egypt	$ 200,000	$ -	$ 350,000	$ 350,000	$ 500,000	$ 750,000	$ 500,000	$ 350,000	$ -	$ 300,000	$ 800,000	$ 300,000	$ 4,400,000
Iraq	$ 450,000	$ 1,000,000	$ 1,000,000	$ 1,000,000	$ 2,000,000	$ -	$ 3,000,000	$ -	$ 1,000,000	$ 5,000,000	$ 1,500,000	$ 4,500,000	$ 20,450,000
Jordan	$ -	$ -	$ 100,000	$ -	$ 500,000	$ 1,000,000	$ 300,000	$ 1,500,000	$ -	$ 300,000	$ -	$ 800,000	$ 4,500,000
Kuwait	$ -	$ -	$ 50,000	$ -	$ -	$ -	$ -	$ 20,000	$ -	$ -	$ 200,000	$ 60,000	$ 330,000
Lebanon	$ 70,000	$ -	$ 196,200	$ 84,100	$ 280,400	$ 322,500	$ 336,500	$ 140,100	$ -	$ 112,200	$ 1,121,500	$ 336,500	$ 3,000,000
Libya	$ 300,000	$ 550,000	$ 550,000	$ 650,000	$ 1,500,000	$ 450,000	$ 1,000,000	$ -	$ -	$ 750,000	$ 1,250,000	$ 500,000	$ 7,500,000
Morocco	$ 20,000	$ -	$ 100,000	$ -	$ -	$ 20,000	$ -	$ -	$ -	$ 30,000	$ 500,000	$ 100,000	$ 770,000
Sudan	$ -	$ 200,000	$ 120,000	$ -	$ 500,000	$ -	$ 400,000	$ -	$ -	$ -	$ 200,000	$ 1,300,000	$ 2,720,000
Saudi Arabia	$ 120,000	$ -	$ 20,000	$ -	$ 50,000	$ -	$ 20,000	$ -	$ -	$ -	$ 120,000	$ -	$ 330,000
Syrian Arab Republic	$ 100,000	$ 68,500	$ 137,000	$ -	$ 137,000	$ -	$ 1,712,000	$ 3,499,500	$ 1,068,500	$ 1,564,000	$ 137,000	$ 1,369,500	$ 9,793,000
Tunisia	$ 15,000	$ -	$ 40,000	$ 100,000	$ 100,000	$ -	$ 50,000	$ -	$ -	$ 700,000	$ 30,000	$ 450,000	$ 1,485,000
United Arab Emirates	$ 75,000	$ -	$ 20,000	$ -	$ 50,000	$ -	$ 20,000	$ -	$ -	$ -	$ 120,000	$ 35,000	$ 320,000
Yemen	$ -	$ 300,000	$ 1,000,000	$ 1,500,000	$ 1,000,000	$ -	$ 1,000,000	$ -	$ 1,500,000	$ 2,000,000	$ 300,000	$ 6,400,000	$ 15,000,000
West and Central Africa Sub-Total	**$ 3,521,000**	**$ 5,162,000**	**$ 4,551,000**	**$ 2,547,000**	**$ 9,841,500**	**$ 1,180,000**	**$ 6,365,500**	**$ 2,177,500**	**$ 3,530,000**	**$ 2,850,000**	**$ 7,159,000**	**$ 5,274,000**	**$ 54,158,500**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Benin	$ 50,000	$ 75,000	$ 150,000	$ -	$ 375,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 650,000
Burkina Faso	$ 150,000	$ 350,000	$ 380,000	$ 100,000	$ 612,500	$ -	$ 200,000	$ 100,000	$ 350,000	$ -	$ 895,000	$ 50,000	$ 3,187,500
Cameroon	$ 105,000	$ 245,000	$ 125,000	$ -	$ 325,000	$ -	$ 50,000	$ -	$ 250,000	$ -	$ 200,000	$ -	$ 1,300,000
Central African Republic	$ -	$ 260,000	$ 60,000	$ 100,000	$ -	$ -	$ 700,000	$ -	$ -	$ 1,000,000	$ 80,000	$ 800,000	$ 3,000,000
Chad	$ 100,000	$ 500,000	$ 75,000	$ -	$ -	$ -	$ -	$ -	$ 30,000	$ -	$ 120,000	$ -	$ 825,000
Cote d'Ivoire	$ 75,000	$ -	$ 200,000	$ -	$ 1,115,000	$ -	$ -	$ -	$ 100,000	$ -	$ 100,000	$ -	$ 1,590,000
Ghana	$ 100,000	$ 75,000	$ 300,000	$ -	$ 750,000	$ 450,000	$ 200,000	$ -	$ -	$ -	$ 550,000	$ 75,000	$ 2,500,000
Guinea	$ 500,000	$ 370,000	$ 495,000	$ 540,000	$ 895,000	$ -	$ 500,000	$ 250,000	$ -	$ 300,000	$ 250,000	$ 400,000	$ 4,500,000
Guinea Bissau	$ 100,000	$ 75,000	$ 200,000	$ 200,000	$ 300,000	$ -	$ 250,000	$ -	$ -	$ -	$ 560,000	$ -	$ 1,685,000
Liberia	$ 115,000	$ 175,000	$ 225,000	$ 295,000	$ 575,000	$ -	$ 150,000	$ -	$ -	$ -	$ -	$ -	$ 1,535,000
Mali	$ 150,000	$ 700,000	$ 150,000	$ 80,000	$ 750,000	$ 150,000	$ 375,000	$ 320,000	$ 100,000	$ -	$ 175,000	$ 50,000	$ 3,000,000
Mauritania	$ 91,000	$ 97,000	$ 102,000	$ 32,000	$ 318,000	$ -	$ 140,000	$ 95,000	$ -	$ 300,000	$ 286,000	$ 55,000	$ 1,516,000
Niger	$ 650,000	$ 850,000	$ 550,000	$ 800,000	$ 1,526,000	$ -	$ 1,265,000	$ 1,200,000	$ 700,000	$ 900,000	$ 1,483,000	$ 60,000	$ 9,984,000
Nigeria	$ 350,000	$ 750,000	$ 501,000	$ 100,000	$ 600,000	$ 580,000	$ 2,182,500	$ 212,500	$ 2,000,000	$ 350,000	$ 1,810,000	$ 3,700,000	$ 13,136,000
Senegal	$ 150,000	$ 175,000	$ 450,000	$ 150,000	$ 700,000	$ -	$ 150,000	$ -	$ -	$ -	$ 225,000	$ -	$ 2,000,000
Sierra Leone	$ 200,000	$ 225,000	$ 350,000	$ 150,000	$ 120,000	$ -	$ 100,000	$ -	$ -	$ -	$ 355,000	$ -	$ 1,500,000
The Gambia	$ 35,000	$ 165,000	$ 138,000	$ -	$ 380,000	$ -	$ 103,000	$ -	$ -	$ -	$ 70,000	$ 84,000	$ 975,000
Togo	$ 100,000	$ 75,000	$ 100,000	$ -	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 775,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Stratic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
East and Horn of Africa Sub-Total	**$ 1,955,000**	**$ 1,830,000**	**$ 4,690,000**	**$ 9,055,000**	**$ 9,921,000**	**$ 865,000**	**$ 10,729,000**	**$ 9,355,000**	**$ 3,615,000**	**$ 6,685,000**	**$ 4,685,000**	**$ 6,305,000**	**$ 69,690,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Burundi	$ 80,000	$ 350,000	$ 400,000	$ 120,000	$ 630,000	$ 400,000	$ 600,000	$ 500,000	$ -	$ 190,000	$ 200,000	$ 900,000	$ 4,370,000
Djibouti	$ 50,000	$ 300,000	$ 150,000	$ 800,000	$ 100,000	$ -	$ 100,000	$ 100,000	$ 200,000	$ -	$ 200,000	$ -	$ 2,000,000
Eritrea	$ 50,000	$ -	$ 100,000	$ -	$ 300,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 450,000
Ethiopia	$ 180,000	$ 200,000	$ 1,000,000	$ 5,120,000	$ 3,000,000	$ -	$ 5,000,000	$ 500,000	$ 1,000,000	$ 800,000	$ 200,000	$ 1,000,000	$ 18,000,000
Kenya	$ 395,000	$ 20,000	$ 275,000	$ 700,000	$ 120,000	$ 380,000	$ 80,000	$ 625,000	$ -	$ 1,475,000	$ 625,000	$ 975,000	$ 5,670,000
Rwanda	$ 150,000	$ 150,000	$ 50,000	$ 250,000	$ 200,000	$ -	$ 50,000	$ 50,000	$ 50,000	$ -	$ 50,000	$ -	$ 1,000,000
Somalia	$ -	$ -	$ 325,000	$ 1,230,000	$ 2,455,000	$ -	$ 3,270,000	$ 820,000	$ 1,640,000	$ 2,370,000	$ 2,620,000	$ 3,270,000	$ 18,000,000
South Sudan	$ 405,000	$ 410,000	$ 2,145,000	$ 200,000	$ 2,645,000	$ -	$ 1,540,000	$ 6,010,000	$ 725,000	$ -	$ 760,000	$ 160,000	$ 15,000,000
Uganda	$ 110,000	$ 200,000	$ 145,000	$ 585,000	$ 71,000	$ 70,000	$ 69,000	$ 250,000	$ -	$ -	$ -	$ -	$ 1,500,000
United Republic of Tanzania	$ 35,000	$ 200,000	$ 100,000	$ 50,000	$ 400,000	$ 15,000	$ 20,000	$ 500,000	$ -	$ 1,850,000	$ 30,000	$ -	$ 3,200,000
Southern Africa Sub-Total	**$ 2,092,000**	**$ 5,276,000**	**$ 4,093,000**	**$ 5,680,000**	**$ 8,543,000**	**$ 4,572,000**	**$ 4,636,000**	**$ 430,000**	**$ 7,276,000**	**$ 1,036,000**	**$ 3,256,000**	**$ 3,050,000**	**$ 49,940,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Angola	$ 50,000	$ -	$ -	$ -	$ 250,000	$ -	$ -	$ -	$ 100,000	$ -	$ 200,000	$ 200,000	$ 800,000
Botswana	$ 50,000	$ -	$ -	$ -	$ 300,000	$ -	$ -	$ -	$ 100,000	$ -	$ 50,000	$ 200,000	$ 700,000
Comorros	$ -	$ -	$ -	$ -	$ 200,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 200,000
DRC	$ 876,000	$ 4,326,000	$ 1,376,000	$ 4,476,000	$ 3,876,000	$ 3,626,000	$ 3,826,000	$ -	$ 5,676,000	$ 626,000	$ 1,326,000	$ 300,000	$ 30,310,000
Eswatini	$ 50,000	$ -	$ 250,000	$ -	$ 200,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Lesotho	$ 30,000	$ -	$ 430,000	$ -	$ 150,000	$ -	$ -	$ -	$ -	$ -	$ 380,000	$ -	$ 990,000
Madagascar	$ 56,000	$ -	$ 70,000	$ 84,000	$ 234,000	$ 56,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Malawi	$ 20,000	$ -	$ 62,000	$ 180,000	$ 488,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 250,000	$ 1,000,000
Mauritius	$ 30,000	$ -	$ 20,000	$ 15,000	$ 105,000	$ -	$ -	$ 50,000	$ -	$ -	$ 140,000	$ 200,000	$ 560,000
Mozambique	$ 50,000	$ 500,000	$ 570,000	$ 100,000	$ 750,000	$ -	$ 200,000	$ -	$ 900,000	$ -	$ 350,000	$ 1,000,000	$ 4,420,000
Namibia	$ 10,000	$ -	$ 15,000	$ -	$ 200,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 225,000
Seychelles	$ 20,000	$ -	$ 50,000	$ 20,000	$ 50,000	$ -	$ -	$ 80,000	$ -	$ -	$ 50,000	$ 150,000	$ 420,000
South Africa	$ 50,000	$ -	$ 300,000	$ 130,000	$ 80,000	$ 630,000	$ -	$ -	$ -	$ -	$ 300,000	$ 150,000	$ 1,640,000
Zambia	$ 100,000	$ 50,000	$ 250,000	$ 175,000	$ 400,000	$ -	$ 150,000	$ -	$ 150,000	$ -	$ 100,000	$ 300,000	$ 1,675,000
Zimbabwe	$ 200,000	$ 400,000	$ 700,000	$ 500,000	$ 1,260,000	$ 260,000	$ 460,000	$ 300,000	$ 350,000	$ 410,000	$ 360,000	$ 300,000	$ 5,500,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Stratic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
Central America & Carribbean Sub Total	**$ 1,681,500**	**$ 1,305,500**	**$ 2,724,500**	**$ 755,000**	**$ 4,423,500**	**$ 135,000**	**$ 432,500**	**$ 2,214,000**	**$ 2,247,000**	**$ 1,460,000**	**$ 3,461,000**	**$ 1,558,000**	**$ 22,397,500**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Bahamas	$ 60,000	$ 5,000	$ 20,000	$ -	$ -	$ -	$ 30,000	$ 20,000	$ 15,000	$ -	$ 125,000	$ 300,000	$ 575,000
Belize	$ 16,000	$ -	$ 23,000	$ -	$ 23,500	$ -	$ 20,000	$ 20,000	$ -	$ -	$ -	$ -	$ 102,500
Costa Rica	$ 150,000	$ -	$ 50,000	$ 225,000	$ -	$ -	$ -	$ 200,000	$ 180,000	$ -	$ 70,000	$ 400,000	$ 1,275,000
Dominica	$ 35,000	$ -	$ 25,000	$ -	$ -	$ -	$ 40,000	$ -	$ -	$ -	$ -	$ -	$ 100,000
Dominican Republic	$ 125,000	$ 25,000	$ 125,000	$ -	$ 125,000	$ 125,000	$ 125,000	$ 50,000	$ 100,000	$ 400,000	$ 450,000	$ 250,000	$ 1,900,000
El Salvador	$ 50,000	$ 50,000	$ 250,000	$ -	$ 450,000	$ -	$ -	$ 250,000	$ -	$ 200,000	$ 350,000	$ -	$ 1,600,000
Grenada	$ 10,000	$ 7,500	$ 7,500	$ 10,000	$ 40,000	$ 10,000	$ 22,500	$ 23,000	$ 35,000	$ 10,000	$ -	$ 18,000	$ 193,500
Guatemala	$ 50,000	$ 100,000	$ 200,000	$ -	$ 400,000	$ -	$ -	$ 300,000	$ 150,000	$ -	$ 400,000	$ -	$ 1,600,000
Guyana	$ 51,000	$ 13,000	$ 58,000	$ -	$ 705,000	$ -	$ 25,000	$ 25,000	$ 515,000	$ 50,000	$ 25,000	$ 100,000	$ 1,567,000
Haiti	$ 200,000	$ 600,000	$ 1,000,000	$ 500,000	$ 1,800,000	$ -	$ -	$ 100,000	$ -	$ -	$ 500,000	$ 50,000	$ 4,750,000
Honduras	$ 50,000	$ 150,000	$ 200,000	$ -	$ 400,000	$ -	$ -	$ 300,000	$ 100,000	$ -	$ 400,000	$ -	$ 1,600,000
Jamaica	$ 80,000	$ 40,000	$ 180,000	$ -	$ -	$ -	$ 150,000	$ 30,000	$ -	$ 450,000	$ -	$ 270,000	$ 1,200,000
Mexico	$ 130,000	$ 305,000	$ 530,000	$ -	$ 150,000	$ -	$ -	$ 700,000	$ 950,000	$ 250,000	$ 230,000	$ -	$ 3,245,000
Nicaragua	$ 76,000	$ 10,000	$ 40,000	$ 20,000	$ -	$ -	$ -	$ 21,000	$ -	$ -	$ 156,000	$ -	$ 323,000
Panama	$ 53,500	$ -	$ 16,000	$ -	$ 20,000	$ -	$ 20,000	$ 75,000	$ 202,000	$ -	$ 215,000	$ 120,000	$ 721,500
Trinidad and Tobago	$ 45,000	$ -	$ -	$ -	$ 310,000	$ -	$ -	$ 100,000	$ -	$ 100,000	$ 540,000	$ 50,000	$ 1,145,000
South America Sub-Total	**$ 1,459,250**	**$ 961,600**	**$ 2,353,900**	**$ 700,000**	**$ 2,070,900**	**$ 450,000**	**$ 1,927,950**	**$ 930,200**	**$ 988,750**	**$ 3,884,350**	**$ 2,110,150**	**$ 3,417,950**	**$ 21,255,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Argentina	$ 100,000	$ 40,000	$ 45,000	$ -	$ 489,000	$ -	$ -	$ -	$ -	$ 200,000	$ 350,000	$ 150,000	$ 1,374,000
Bolivia	$ 81,000	$ -	$ 55,250	$ -	$ 214,250	$ -	$ -	$ -	$ 62,000	$ 100,000	$ 54,000	$ 40,000	$ 606,500
Brazil	$ 10,000	$ 20,000	$ 140,000	$ 10,000	$ -	$ -	$ 810,000	$ -	$ 20,000	$ 2,000,000	$ 80,000	$ 1,000,000	$ 4,090,000
Chile	$ -	$ 10,000	$ 25,000	$ 30,000	$ -	$ -	$ 24,000	$ 150,000	$ -	$ -	$ 25,000	$ 500,000	$ 764,000
Colombia	$ 190,000	$ 265,000	$ 725,000	$ 400,000	$ 280,000	$ 400,000	$ 100,000	$ 300,000	$ -	$ 850,000	$ 220,000	$ 350,000	$ 4,080,000
Ecuador	$ 233,250	$ 96,600	$ 338,150	$ -	$ 361,650	$ -	$ 253,950	$ 280,200	$ 256,750	$ 284,350	$ 667,150	$ 427,950	$ 3,200,000
Paraguay	$ 20,000	$ 20,000	$ 20,000	$ 60,000	$ 80,000	$ 50,000	$ 120,000	$ -	$ -	$ 50,000	$ 80,000	$ -	$ 500,000
Peru	$ 100,000	$ 150,000	$ 650,000	$ -	$ 330,000	$ -	$ 270,000	$ 200,000	$ 250,000	$ 250,000	$ 300,000	$ 700,000	$ 3,200,000
Uruguay	$ 75,000	$ -	$ 55,500	$ -	$ 16,000	$ -	$ -	$ -	$ -	$ 150,000	$ 154,000	$ 50,000	$ 500,500
Venezuela	$ 150,000	$ 360,000	$ 300,000	$ 200,000	$ 300,000	$ -	$ 350,000	$ -	$ 400,000	$ -	$ 180,000	$ 200,000	$ 2,440,000

ANNEX: FUNDING REQUIREMENT PER COUNTRY

Country	Strategic Priority 1		Stratic Priority 2						Strategic Priority 3			Strategic Priority 4	TOTAL
	COORDINATION AND PARTNERSHIPS	TRACKING MOBILITY IMPACTS OF COVID-19	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)	DISEASE SURVEILLANCE	POINTS OF ENTRY (POE)	NATIONAL LABORATORY SYSTEM	INFECTION PREVENTION AND CONTROL	LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT	CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)	CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES	PROTECTION	ADRESSING SOCIO-ECONOMIC IMPACT	
Eastern Europe and Central Asia Sub-Total	**$ 1,983,000**	**$ 950,000**	**$ 1,741,000**	**$ 450,000**	**$ 6,368,000**	**$ 60,000**	**$ 2,605,000**	**$ 7,842,500**	**$ 550,000**	**$ 500,000**	**$ 7,624,500**	**$ 28,570,000**	**$ 59,244,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Albania	$ 50,000	$ -	$ -	$ -	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ 200,000	$ 200,000	$ 950,000
Armenia	$ 20,000	$ -	$ 30,000	$ -	$ 400,000	$ -	$ -	$ 200,000	$ -	$ -	$ 100,000	$ 250,000	$ 1,000,000
Azerbaijan	$ 100,000	$ 75,000	$ 20,000	$ 200,000	$ 200,000	$ -	$ -	$ 300,000	$ -	$ -	$ 200,000	$ 150,000	$ 1,245,000
Belarus	$ -	$ -	$ 150,000	$ -	$ 300,000	$ -	$ 75,000	$ -	$ -	$ -	$ 200,000	$ 150,000	$ 875,000
Bosnia and Herzegovina	$ 50,000	$ 50,000	$ 60,000	$ -	$ 120,000	$ -	$ 250,000	$ 10,000	$ 250,000	$ 350,000	$ 100,000	$ 700,000	$ 1,940,000
Georgia	$ 105,000	$ 175,000	$ 150,000	$ -	$ 250,000	$ -	$ -	$ 150,000	$ -	$ -	$ 350,000	$ 300,000	$ 1,480,000
Kazakhstan	$ 28,000	$ 50,000	$ 111,000	$ -	$ 150,000	$ -	$ -	$ 1,175,000	$ -	$ -	$ 150,000	$ 150,000	$ 1,814,000
Krygyzstan	$ -	$ -	$ 15,000	$ -	$ 150,000	$ -	$ -	$ -	$ -	$ -	$ 270,000	$ 1,000,000	$ 1,435,000
Montenegro	$ 150,000	$ -	$ -	$ -	$ 350,000	$ -	$ -	$ -	$ -	$ -	$ 100,000	$ 50,000	$ 650,000
Republic of Moldova	$ 150,000	$ 180,000	$ 120,000	$ -	$ 158,000	$ 60,000	$ 70,000	$ 87,500	$ -	$ -	$ 934,500	$ 490,000	$ 2,250,000
Russian Federation	$ 100,000	$ 50,000	$ -	$ 50,000	$ 50,000	$ -	$ -	$ 200,000	$ -	$ 50,000	$ 50,000	$ 150,000	$ 700,000
Serbia	$ 60,000	$ 100,000	$ 100,000	$ -	$ 350,000	$ -	$ -	$ 500,000	$ 300,000	$ -	$ 300,000	$ 250,000	$ 1,960,000
Tajikistan	$ 100,000	$ -	$ 350,000	$ -	$ 100,000	$ -	$ 100,000	$ 1,000,000	$ -	$ -	$ 300,000	$ 300,000	$ 2,250,000
North Macedonia	$ 250,000	$ -	$ -	$ -	$ 350,000	$ -	$ -	$ 200,000	$ -	$ -	$ 200,000	$ 300,000	$ 1,300,000
Turkey	$ -	$ 90,000	$ -	$ -	$ 400,000	$ -	$ -	$ 1,000,000	$ -	$ -	$ 440,000	$ 18,070,000	$ 20,000,000
Turkmenistan	$ 20,000	$ -	$ 30,000	$ -	$ 10,000	$ -	$ -	$ 20,000	$ -	$ -	$ -	$ 20,000	$ 100,000
Ukraine	$ 100,000	$ 165,000	$ 550,000	$ -	$ 1,900,000	$ -	$ 2,000,000	$ 3,000,000	$ -	$ 20,000	$ 3,600,000	$ 5,800,000	$ 17,135,000
Uzbekistan	$ 150,000	$ -	$ -	$ 200,000	$ 180,000	$ -	$ 50,000	$ -	$ -	$ 20,000	$ 100,000	$ 40,000	$ 740,000
Kosovo-UNSC Resolution 1244*	$ 50,000	$ 15,000	$ 55,000	$ -	$ 450,000	$ -	$ 60,000	$ -	$ -	$ 60,000	$ 30,000	$ 200,000	$ 920,000
European Economic Area Sub-Total	**$ 576,500**	**$ 167,050**	**$ 797,300**	**$ 107,000**	**$ 2,089,950**	**$ 300,000**	**$ 869,800**	**$ 5,782,300**	**$ 1,200,000**	**$ 155,000**	**$ 3,738,300**	**$ 302,800**	**$ 16,086,000**
Regional Office	$ 500,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 500,000
Bulgaria	$ -	$ -	$ 10,000	$ -	$ 750,000	$ -	$ 500,000	$ 15,000	$ -	$ 15,000	$ 15,000	$ -	$ 1,305,000
Croatia	$ -	$ 30,000	$ 70,000	$ -	$ 250,000	$ -	$ 80,000	$ 1,000,000	$ -	$ -	$ 70,000	$ -	$ 1,500,000
Cyprus	$ 20,000	$ -	$ 50,000	$ 100,000	$ -	$ 300,000	$ -	$ -	$ -	$ -	$ 120,000	$ -	$ 590,000
Estonia	$ 4,200	$ -	$ -	$ -	$ -	$ -	$ -	$ 123,300	$ -	$ -	$ -	$ -	$ 127,500
Greece	$ -	$ 100,000	$ 500,000	$ -	$ -	$ -	$ -	$ 4,600,000	$ 1,200,000	$ -	$ 3,000,000	$ -	$ 9,400,000
Ireland	$ -	$ -	$ 50,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 125,000	$ 200,000	$ -	$ 375,000
Italy	$ 1,300	$ 37,050	$ 35,800	$ -	$ 1,044,950	$ -	$ 257,800	$ -	$ -	$ -	$ 320,300	$ 302,800	$ 2,000,000
Malta	$ 12,000	$ -	$ 6,500	$ 7,000	$ -	$ -	$ 32,000	$ -	$ -	$ 15,000	$ 13,000	$ -	$ 85,500
Slovenia	$ 39,000	$ -	$ 75,000	$ -	$ 45,000	$ -	$ -	$ 44,000	$ -	$ -	$ -	$ -	$ 203,000

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