



UNDERSTANDING CROSS-BORDER MOBILITY IS A CRITICAL PUBLIC HEALTH CONSIDERATION IN THE CONTEXT OF OUTBREAKS.

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown etiology was reported in Wuhan City, Hubei Province of the People's Republic of China. On 11 March 2020, the World Health Organization's (WHO) announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19), now constituted a pandemic - "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people".

Since the outbreak began, a total of 207,855 confirmed cases have been reported globally. Within China there have been 81,174 confirmed cases, including 3,242 deaths. Outside of the People's Republic of China, there have been 126,681 confirmed cases in 165 countries, areas and territories across the globe including 5,406 deaths. Global mobility continues to be impacted by COVID-19 with the continual increase in travel measures such as nationality-based restrictions, passenger bans and/or more intensification of health dependent travel conditions implemented by numerous countries, territories and areas globally. It is becoming the largest mobility crisis ever seen, changing patterns in global mobility, airline services, acceptance of movement, acceptance of foreigners, border management and migration management systems, while creating a type of global "stranded-ness" that is unknown, from an economic, social and humanitarian point of view. In addition to threats and disruptions to cross-border movements, the socio-economic impact on individuals' well-being and broader development should not be underestimated. [With the International Labour Organization \(ILO\)'s estimate](#) of potential 25 million persons losing their jobs as a result of the economic slow-down and possible recession, migrants will remain among most vulnerable population groups to be affected and at risk of stigmatization. This is particularly dire given that their employment often supports families left behind and contribute to poverty reduction, access to basic services and education.

Under the leadership of the WHO, a Global Preparedness and Response Plan for COVID-19 was launched on 3 February emphasizing the criticality of the United Nations and partners to urgently contribute to preparedness and response efforts.

1 [WHO Novel Coronavirus \(COVID-19\) Situation website](#), accessed on 19 March 2020

207,855
CONFIRMED CASES

8,648
DEATHS

166
COUNTRIES OR TERRITORIES
WITH CASES

\$116.1 M

IOM Funding
Requirement (USD)

IOM'S GLOBAL, REGIONAL AND NATIONAL CAPACITY TO RESPOND TO COVID-19

The International The International Organization for Migration (IOM), in partnership with WHO and the Inter-Agency Standing Committee (IASC), stands ready to assist Member States (MS) and partners to prepare and respond to COVID-19, with operational and technical support in the area of migration and health.

IOM stresses its extensive experience in supporting governments and communities to prevent, detect and respond to health threats along the mobility continuum, whilst advocating for migrant-inclusive approaches that minimize stigma and discrimination. While migration and mobility are increasingly recognized as determinants of health and risk exposure, the volume, rapidity, and ease of today's travel pose new challenges to cross-border disease control and suggest the need to adopt innovative, systemic and multi-sectoral responses.



In order to ensure that IDPs, migrants and other vulnerable populations are assisted, IOM works along IASC partners to roll out measures that may reduce risk or support action in countries with fragile health and social systems. Moreover, IOM works with Member States and Governments to identify appropriate border management practices inclusive of health measures that allow for gradual and safe establishment of mobility measures.

With more than 430 offices and 14,000 staff members across the world – including thousands working specifically on health and community engagement, IOM is uniquely placed to provide support in international public health emergencies. As global co-lead on Camp Coordination and Camp Management, as a formal partner of the WHO, a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network, IOM is increasingly a key player in responding to public health emergencies globally and crises that escape the norm.

IOM'S APPROACH AND OPERATIONAL STRATEGY

In coordination and partnership with relevant actors at global, regional and national levels, IOM is contributing to the overall objective of the COVID-19 Global Strategic Preparedness and Response Plan to halt further transmission of COVID-19, and mitigate the impact of the outbreak, including its social and economic impacts.

IOM believes that preparedness and response plans need to be responsive to population mobility and cross-border dynamics, and that **inclusive approaches which take into account migrants, travellers, displaced populations, and local communities, and counter misinformation** that can lead to anti-migrant sentiment and xenophobia are essential in the event of an outbreak. In line with the COVID-19 Global Strategic Preparedness and Response Plan, IOM is supporting governments and partners **to understand population mobility trends and reinforce sound public health measures that aim to minimize disruption to society and the economy**. While the efforts are initially focused on preparedness and response, IOM keeps the need for recovery in mind. This includes an approach that incorporates elements of **social cohesion and programming** throughout.

IOM's approach for preparing and responding to disease outbreaks and future health threats is also anchored in IOM's Health, Border and Mobility Management (HBMM) 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).

This appeal 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, due to ill-prepared health systems and assistance mechanisms to respond at scale. For these fragile contexts, a response on a "no-regrets" basis that entails anticipatory action before the logistic and procurement hurdles become higher, is paramount. Therefore, IOM urges donors to respond in a flexible manner so as to allow for increased efficiency in the response.



IOM's COVID-19 Global Strategic Preparedness and Response Plan will focus on addressing both the public health and the humanitarian and development concerns presented by the ongoing global pandemic. IOM's plan is aligned with the WHO's plan launched on 3 February 2020 and will contribute to the soon to be launched global IASC Humanitarian Response Plan.

IOM COVID-19 GLOBAL STRATEGIC PREPAREDNESS AND RESPONSE (SRP) PLAN OVERALL OBJECTIVE

Contribute to global, regional and national preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality and prepare for and address the crosscutting humanitarian and development needs of vulnerable populations, such as migrants and IDPs, impacted by COVID-19.

At global, regional and national levels, IOM will collaborate with governments and stakeholders to achieve the overall objective above and contribute to the global effort to combat COVID-19 and its social and economic impacts. IOM will focus on the following areas of intervention, namely: Health, Camp Coordination and Camp Management, Displacement Tracking, Protection. The activity pillars under Health are aligned with the WHO COVID-19 Global Strategic Preparedness and Response Plan, and include:

- ◆ Coordination and Partnerships;
- ◆ Risk Communication and Community Engagement (RCCE);
- ◆ Disease Surveillance;
- ◆ Point of Entry (POE);
- ◆ National Laboratory System;
- ◆ Infection Prevention and Control (IPC);
- ◆ Case Management and continuity of essential services;
- ◆ Logistics, Procurement and Supply Management.



IOM WILL DRAW ON ITS EXPERIENCES WORKING IN PREVIOUS HEALTH EMERGENCIES – MOST NOTABLY THE MOST RECENT EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO – IN ITS RESPONSE TO THE COVID-19 PANDEMIC. © IOM 2019/M. MOHAMMED



COORDINATION AND PARTNERSHIPS

IOM continues actively participating in overall coordination mechanisms at national and regional levels, in particular, supporting cross-border coordination through:

- Strengthening cross-border coordination and enhancing regional and national disease surveillance, information sharing and reporting.
- Supporting coordination within countries and across borders to support timely care and referrals in line with IHR (2005).
- Supporting national governments to facilitate access to emergency health care for irregular migrants, including identifying temporary legal solutions for access to medical care coordinated temporary measures regarding visas and consular support.
- Development of operational guidance and assistance for ongoing emergency consular and visa-issuance activities.
- In anticipation for the eventual transition period, support assistance for the enhancement of processing capacities, including the management of higher volumes of visa applications and other related procedural efficiencies.
- Engaging and supporting inter-agency efforts to develop national and regional preparedness and response plans through contingency planning processes, including for countries with risk for increased displaced populations
- Supporting Governments to ensure continuation of services in existing camps and camp-like settings.
- Support governments to explore efficient and scalable mechanisms such as through IDiadora.org, for health and other relevant professionals within the diaspora to contribute to COVID-19 response and recovery efforts, including the social and economic impacts.
- Conduct rapid analysis in partnership with specialized financial organizations and multilateral development banks to assess the impact of disruption of the on-going crisis on migrant and host communities in terms of their financial and socio-economic well-being and development.
- Lead and support global, regional and national coordination on advocacy for prevention of stigma towards migrants, persons on the move and others forced to do so or that chose to do so and become vulnerable.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

IOM continues to work with RCCE counterparts at global, regional and national levels to ensure that mobility is taken into account in public health messaging, and that migrants and mobile communities have access to timely, context-specific and correct information through:

- Provision of technical guidance and tools to ensure risk communication messages are culturally and linguistically tailored and that migrants are included in national, regional and global outreach campaigns.
- Promotion of risk communication and community engagement activities through communication with communities and feedback along mobility corridors and POEs and among existing migrant and mobile population networks, including travel agencies, tour operators, employers and recruiters.
- Building the capacity of health care workers and other actors on psychological first aid adapted for pandemics using previous models developed for outbreaks such as Ebola and ensure inclusion of psycho education and informal education on self and peer support among RCCE messages as well as informal education measures.
- Mainstream good hygiene practices through the development and dissemination of fit-for-purpose information, education communication (IEC) materials tailored to the needs of migrants and related communities.
- Consult communities and community associations (women-led association, organizations of persons with disabilities (OPD), children, students or Youth networks, amongst others) and strengthen existing Community Engagement and Outreach mechanisms to ensure their participation throughout the response and enhance accountability to affected populations.
- Community engagement for prevention and recovery of violence, discrimination and xenophobia, marginalization and xenophobia through promotion of social cohesion messaging and activities.
- Support cross border community-level awareness raising in close coordination with municipality authorities in border communities, as well as training of municipality officials and community members on prevention and preparedness measures, using appropriate medical and physical precautions.
- Establishment of a repository of products and practices for migrant-inclusive communications, and development and translation of standard messages for migrants on recommended measures and rights to assistance.
- Engage with migration authorities in RCCE activities at border points to disseminate information, prevention advice and advice on when/how to seek health care for travellers.



DISEASE SURVEILLANCE

IOM continues to enhance existing national level disease surveillance systems through:

- Strengthening Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities, Points of Entry (PoE), and migrant dense areas.
- Engage with national authorities and local communities in strengthened data collection and conduct Participatory Mapping Exercises to identify high-risk transmission mobility corridors and areas to inform regional and national preparedness and response plans.



POINTS OF ENTRY (POE)

IOM is supporting Ministries of Health and border authorities and partners to enhance preparedness of prioritized points of entry (POE) to respond through:

- Support to active surveillance, including health screening, referral and data collection at POE.
- Support to 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 of immigration and border/port health staff on SOP to manage ill travelers and on infection prevention and control.
- Monitor and map impacted Points of Entry, status of flows and support collection of information in PoEs relevant for IOM and WHO.
- Improvement of Point of Entry infrastructure including the construction of isolation facilities to manage ill travelers, the improvement of hygiene infrastructure and the provision of necessary equipment and supplies for screening.
- Secure the provision of safe water for drinking and handwashing, adequate sanitation facilities and waste management systems.



NATIONAL LABORATORY SYSTEM

With its global network of laboratories, IOM is supporting enhanced national capacity for detection through:

- Provision of trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation.



INFECTION PREVENTION AND CONTROL

IOM continues to support enhanced national capacity for infection prevention and control through:

- Support the adequate provision of WASH services in health care facilities and Points of Entry.
- Ensure the scale up of WASH services in displacement settings and their alignment with context relevant IPC measures.
- Support in development of protocols for handwashing and waste disposal that are fit for purpose for the needs of migrants and related communities.



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

- Support Governments with provision of technical and operational support through short to medium term secondment of staff.
- Provision of life-saving primary health care and procurement of critical medicines and medical supplies, support to infrastructure, especially in humanitarian settings.



LOGISTICS, PROCUREMENT AND SUPPLY MANAGEMENT

IOM is involved in ongoing discussions with the Pandemic Supply Chain Network (PSCN) and stands ready to support in coordination with the PSCN through:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies.
- Support to Supply Chain Management with Shelter and Non-Food Items (NFI) operational capacities.





PROTECTION

IOM continues to enhance capacities to ensure the protection and access to services of all migrants, travellers, displaced populations and local communities through:

- Ensure assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and to information, as well as an updated analysis on the impact of the COVID pandemic and response on the protection situation within the communities. For example, increased incidents of gender-based violence (GBV) (including sexual exploitation and abuse (SEA) or intimate partner violence (IPV)); family separation; persons in need of specific care and protection left behind, e.g. persons with disabilities (PWD), children, older persons.
- Assist stranded migrants to access services and advocacy for inclusion of migrants in on-going preparedness and response plans to avoid stigmatization.
- Creation of MHPSS self-help tools specifically tailored for stranded migrant populations in quarantine as well as deployment of psychosocial mobile teams linguistically and culturally able to serve those populations.
- Strengthen existing protection mechanisms and social services, including cross-borders, to identify and support persons in need of care or protection and refer them to appropriate services; e.g. alternative care, emergency support or assistance, social services.
- Staffing protection response for assessments, analysis and building capacities, as well as for mainstreaming and monitoring protection across the other sectors' activities, including monitoring and /or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms.
- Establish centralized fund to review and respond to requests for support for vulnerable migrants using IOM's established procedures for migrant screening, case budgeting and planning and service delivery.
- Establish regional information management focal points to gather and distribute accurate and up to date information, including responding directly to information requests from individual migrants.



CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)

IOM is working to support regional, national and local authorities to develop contingency and response planning for ensuring continuation of services in existing IDP sites at risk, as well as preparedness for increased displaced populations. Additionally, CCCM will prioritise:

- Ensure communication with communities and feedback through the development and dissemination of key messages related to service delivery, health and hygiene messages to people in displacement sites.
- Set up of site level platforms for inter and intra Camp Coordination and Camp Management (CCCM) coordination with service providers to ensure up-to-date information is shared.
- Development of tools and guidance for site planning, including for contingency spaces for expansion of services such as isolation areas, hospital expansion, burial sites, and quarantine areas.
- Improvement of displacement sites to ensure site safety, hygiene and ensure livelihoods are sustained.
- 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



DISPLACEMENT TRACKING

IOM's Displacement Tracking Matrix (DTM) will support in providing a comprehensive understanding of the effect of COVID-19 on mobility at global, country, and cross-border/inter-regional level through:

- Mapping global travel restrictions, visa changes, airline suspensions and health-dependent mobility restrictions imposed by countries.
- Track presence of stranded migrants and vulnerable populations in border areas and locations in country.
- Strengthen network of key informants at camp and community level to report on issues arising as a result of COVID-19.
- System development and strengthening of remote data collection making use of global network of DTM key informants.
- Development of dedicated population mobility portal for COVID-19 preparedness and response.
- Establish a network of technical DTM staff, such as GIS, database development, and other areas relevant to Information Management, including with external partners and technical experts.

IOM'S FUNDING REQUIREMENT

IOM's global funding requirement is **USD 116.1 million³**.

This amount represents an indicative requirement for IOM's planned interventions, broken down by region, to cover emerging needs as needed and ensure migrants and mobility considerations are included in global, regional and national preparedness plans in priority countries. Required funding is bound to evolve, given the evolving nature of the outbreak and estimates are based on IOM's experience responding to previous public health emergencies, such as the ongoing response to Ebola in the DRC and neighbouring priority one countries. Funding requirements at country level and per activity pillar will be dependent on national health system capacities and established capacity to respond correlated to emerging needs and mobility dynamics.

REGIONAL BREAKDOWN OF FUNDING REQUIREMENT

REGIONAL BREAKDOWN	TOTAL REQUESTED AMOUNT (USD)
Asia and the Pacific	24,550,000
East, West and Southern Africa	43,425,000
Middle-East and North Africa	17,050,000
Europe and Central Asia	9,975,000
The Americas	13,650,000
Global support	7,450,000
TOTAL	116,100,000

All interventions proposed are in line with the WHO COVID-19 Global Strategic Preparedness and Response Plan (SRP).



IOM HYGIENE PROMOTION SESSION IN THAILAND.
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IOM STAFF PERFORMING A FIT-TO-TRAVEL CHECK ON A SOMALI MIGRANT. © IOM 2017/M. MOHAMMED



IOM HAND-WASHING STATION IN BENI, DRC.
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CONTACTS

MIGRATION HEALTH DIVISION

mhddpt@iom.int

PREPAREDNESS AND RESPONSE DIVISION

prd@iom.int

DONOR RELATIONS DIVISION

drd@iom.int

+41 22 717 9111

INTERNATIONAL ORGANIZATION FOR MIGRATION

17, Route des Morillons

CH-1211 Geneva 19, Switzerland

+41 22 717 9111

hq@iom.int

www.iom.int



³ The estimated resource requirements outlined above are for overall planning purposes and will be adjusted as the situation evolves. More comprehensive country-level operational plans will be developed that are consistent with the SRP and based on actual needs, gaps, and implementation capacity.

