



IOM'S COVID-19
PREPAREDNESS
AND RESPONSE
ACHIEVEMENTS REPORT 2020

International Organization for Migration,
17 route des Morillons
P.O. Box 17
1211 Geneva 19
Switzerland
Tel.: +41 22 717 9111
Fax: +41 22 798 6150
Email: hq@iom.int
Website: www.iom.int

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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IOM Director General's Foreword



The year 2020 has been unprecedented. The global pandemic announced in March 2020 brought the world to a near standstill. Yet, in the face of countless difficulties, remarkable winds of solidarity have swept the world. While forced to keep our distance, we have somehow managed to come together to find common solutions with unyielding determination. And, in navigating hardship, we have been reminded of the importance of human mobility, and the critical contributions that migrants make to our societies.

For IOM, the pandemic has brought new needs, and new challenges. From the outset, IOM has mobilized its staff and resources to respond to the needs of those directly affected by the disease and its consequences, delivering essential health services to millions of migrants, including displaced persons.

At the same time, IOM has continued to provide life-saving humanitarian assistance to women, children and men affected by crises, whose precarious situations were exacerbated by COVID-19 and other disasters: in Syria, Yemen and the Sahel region, where protracted conflict continues to have devastating consequences for the lives of millions; in countries hosting high numbers of the Venezuelan migrants; in the Democratic Republic of the Congo, which has also grappled with two Ebola virus disease outbreaks; in Libya, Afghanistan, Bangladesh, Mozambique, and Ethiopia, and many more locations.

Throughout the year, the Organization has demonstrated its adaptability and agility, working hand in hand with national authorities and the United Nations system, building strong partnerships and facilitating effective coordination at all levels.

Member States have, in particular, recognized the critical support IOM has provided in assisting migrants stranded as a result of the pandemic; contributing to essential areas of work such as protection, disease surveillance, case management, COVID-19 testing, socioeconomic support; collecting and managing reliable data on human mobility trends and dynamics to inform preparedness, in particular through the IOM Displacement Tracking Matrix; integrating COVID-19 into emergency contingency planning; strengthening national health systems, including laboratories; and last but not least, working to ensure communities had the necessary tools and knowledge to limit disease transmission and make informed decisions.

As the world begins to roll out COVID-19 vaccines, and we begin to hope that the pandemic will turn a corner in 2021, we now look to how IOM can help kick-start recovery, while continuing to save lives.

We have much work ahead of us in 2021. Building on the lessons set out in this document, we will continue our work in emergency and non-emergency settings, while pivoting towards the longer-term effects of the pandemic on human mobility, and on migrants' physical, socioeconomic and mental well-being.

A broad range of factors will affect the characteristics and scale of future migration and cross-border mobility, even as vaccines may reintroduce stability back into our lives and allow us to focus on recovery. We may feel the effects of the pandemic for many years, and IOM is prepared to face the challenges still to come.

In this context, IOM will continue to support safe, regular, and orderly migration, highlighting the essential contributions that migrants have on the social and economic fabric of our societies, combatting stigma and xenophobia, and advocating for the rights of migrants, including displaced persons, to be upheld.

As we look back on the first year of the COVID-19 response, I express my sincere gratitude to all the frontline workers within and outside of IOM, who helped the world keep its lights on throughout; to all of my IOM colleagues for their relentless dedication; to Member States and communities for their trust; and to donors for their contributions which have allowed the Organization to carry out the critical work showcased in this report, and whose support remains critical for recovery. It is my distinct honour to lead this Organization, and I look forward to our continued collaboration in 2021 and beyond.

António Vitorino

Director General of the International Organization for Migration



Jamila, a nurse and member of IOM's frontline response team against COVID-19 in Cox's Bazar, Bangladesh 2020 © IOM / Nathan Webb

Table of contents

Introduction	10
Context	14
Headquarters Overview	16
Regions at a Glance	18
Coordination and Partnerships	20
Tracking Mobility Impacts	22
Risk Communication and Community Engagement	23
Points of Entry	26
Disease Surveillance	28
National Laboratory Systems	29
Infection Prevention and Control	30
Logistics, Procurement, and Supply Chain	32
Case Management and Continuity of Essential Services	33
Camp Coordination and Camp Management	34
Protection	35
Addressing the Socioeconomic Impacts of the Crisis	37
Support to Stranded Migrants	39
Contribution to the UN's First Line of Defence	40
Lessons Learned	42

Acronym list

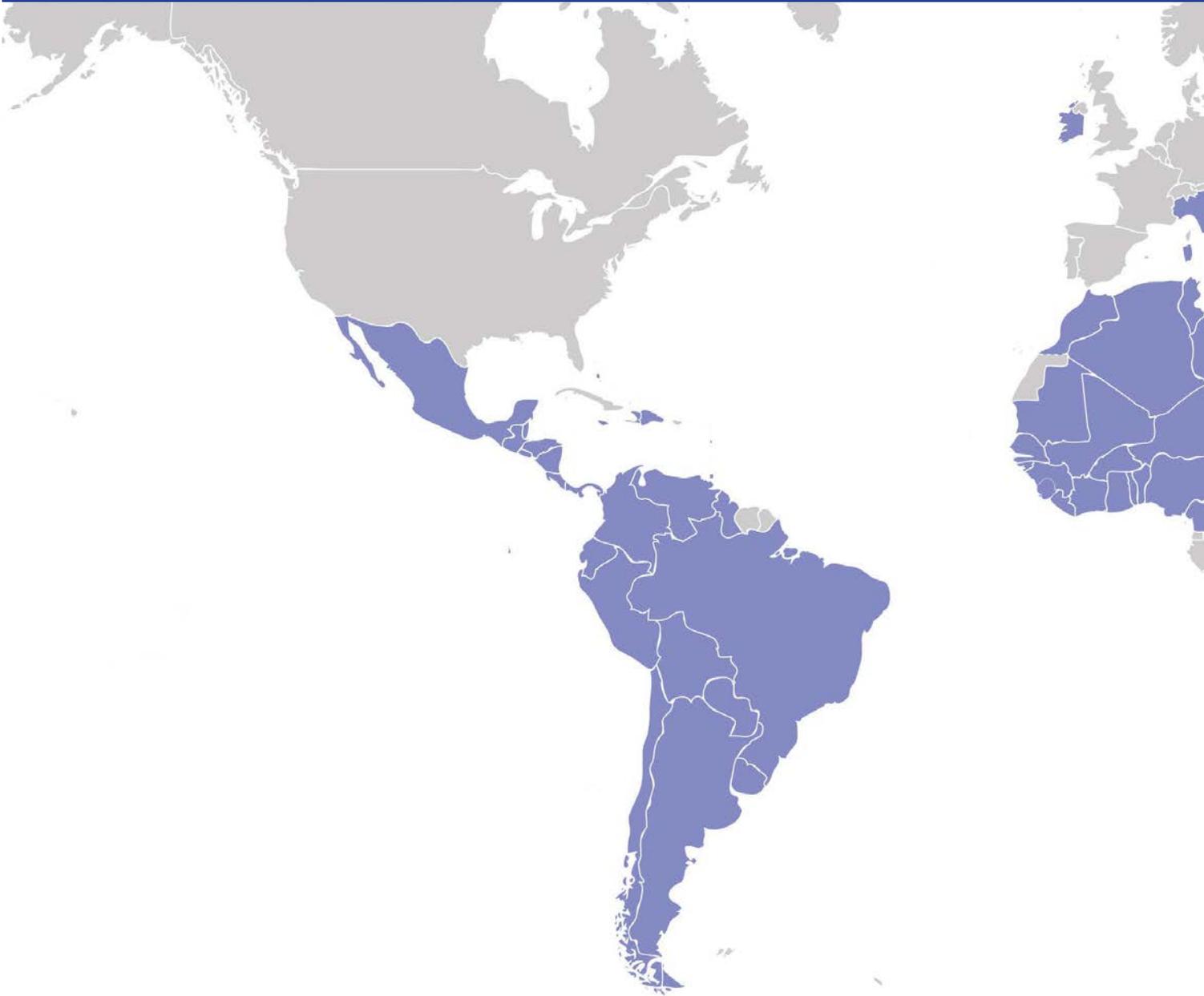
ACT	The Access to COVID-19 Tools (ACT) Accelerator
CBI	Cash-based interventions
CCCM	Camp Coordination and Camp Management
CEBS	Community Event-Based Surveillance
CERF	Central Emergency Response Fund
CHW	Community health worker
COVAX	COVID-19 Vaccines Global Access
COVID-19	Coronavirus disease 2019
DG	Director General
DTM	Displacement Tracking Matrix (of IOM)
EBS	Event-based surveillance
EEA	European Economic Area
FLoD	First Line of Defence
GBV	Gender-based violence
GCM	Global Compact for Migration
GHRP	Global Humanitarian Response Plan for COVID-19
GOARN	Global Outbreak Alert and Response Network
HBMM	IOM's health, border, and mobility management framework
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IASC	Inter-Agency Standing Committee
IATA	International Air Transport Association
IDP(s)	Internally displaced person(s)
IEC	Information, education, communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IOM	International Organization for Migration
IPC	Infection prevention and control
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer +
M&E	Monitoring and evaluation
MENA	Middle East and North Africa

MHAC	Migration Health Assessment Centre
MHPSS	Mental health and psychosocial support
MoH	Ministry of Health
NFI	Non-food items
NGO	Non-governmental organization
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
PMM	Population mobility mapping
PoE(s)	Point(s) of entry
PPE	Personal protective equipment
PSEA	Protection Against Sexual Exploitation and Abuse
RCCE	Risk communication and community engagement
RT-PCR	Reverse transcription polymerase chain reaction
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 (the virus that causes COVID-19)
SEEECA	South-Eastern and Eastern Europe and Central Asia
SG	Secretary-General
SOP	Standard operating procedure
SPRP	IOM's Global Strategic Preparedness and Response Plan - 2020
SRH	Sexual and reproductive health
SRRP	IOM's Global Strategic Response and Recovery Plan - 2021 and onwards
TF	Taskforce
UK	United Kingdom
UN	United Nations
UN SDG	United Nations Joint Sustainable Development Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Fund
UNMN	United Nations Migration Network
USD	United States Dollar
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WG	Working group
WHO	World Health Organization





INTRODUCTION



19,191,273

People reached with critical WASH supplies globally



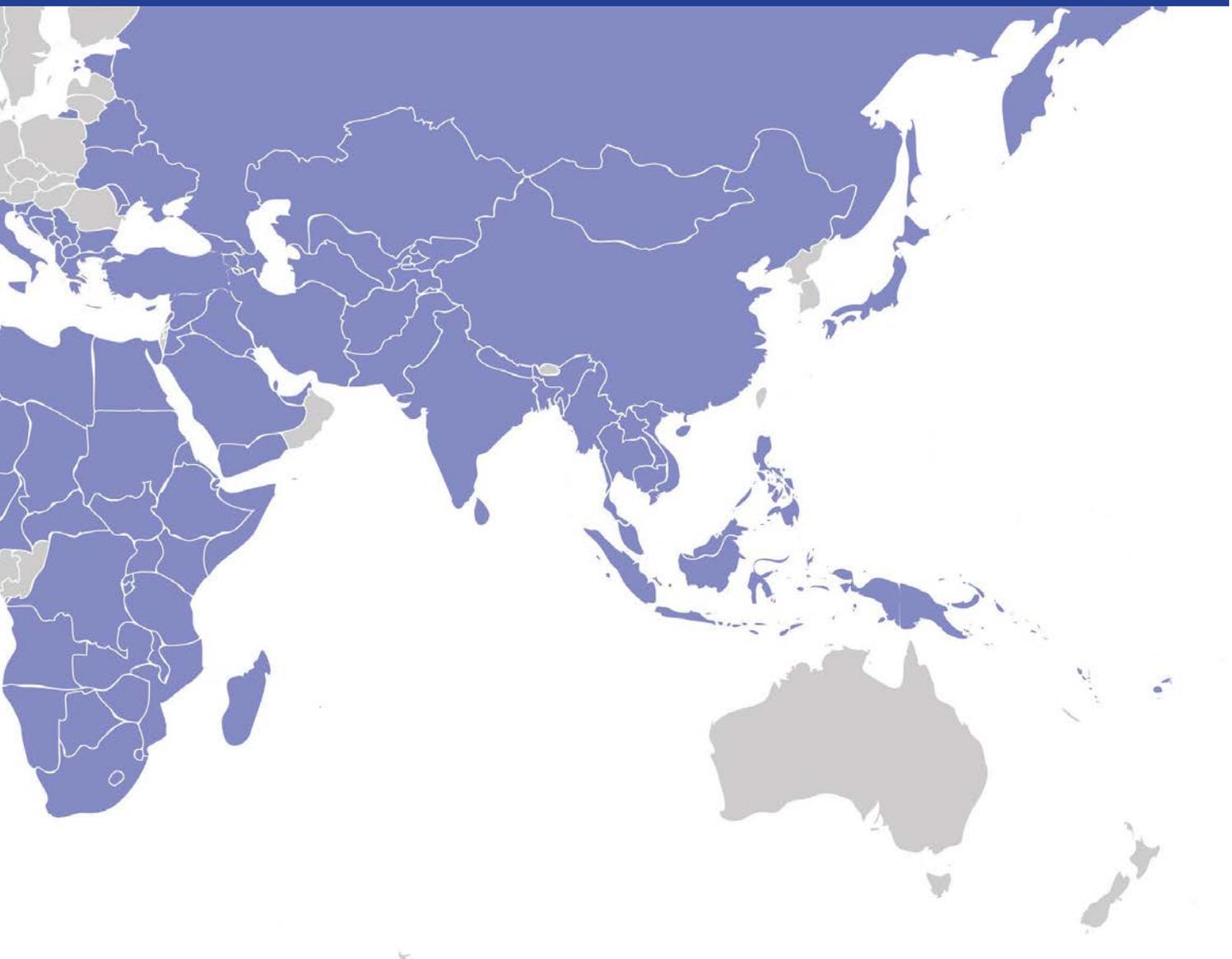
26,343

Community members, partners and government staff trained in MHPSS for COVID-19 related skills

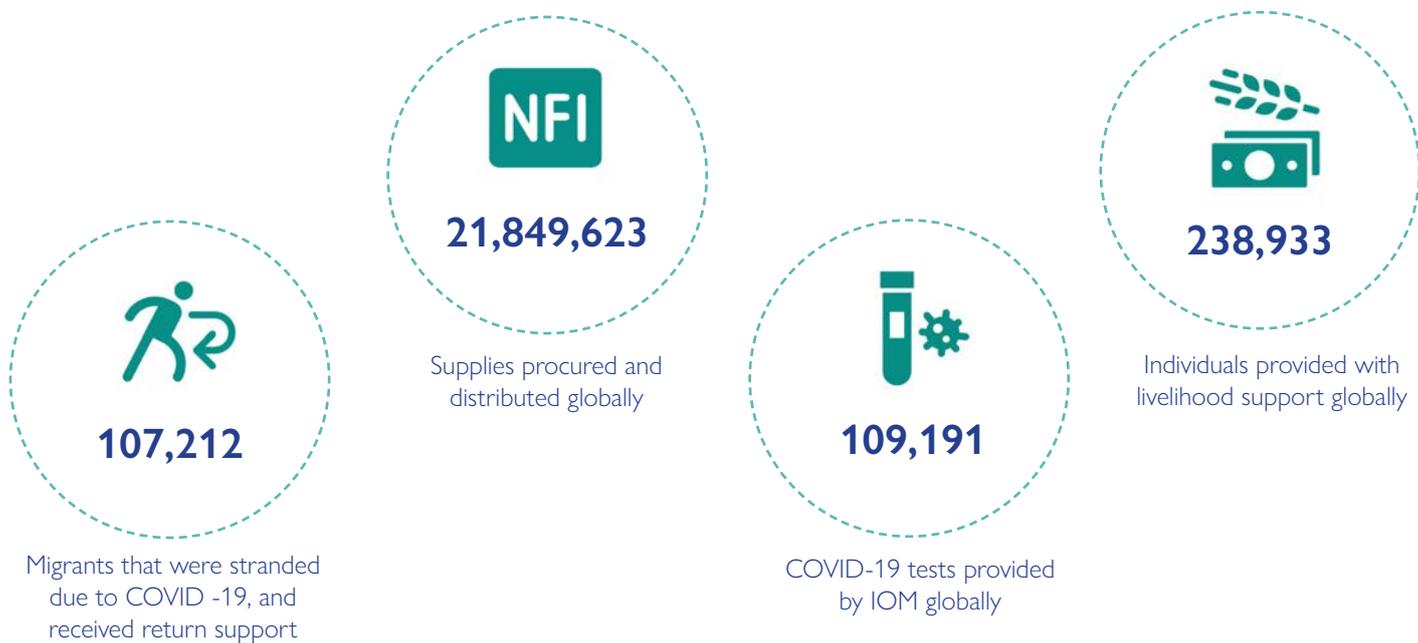


2,111,928

People globally in camps and camp-like settings benefitting from COVID -19 related site upgrades



Countries where IOM missions engaged in strategic preparedness and response to COVID-19 in 2020.



INTRODUCTION

Overview

The COVID-19 pandemic's impact on the world, and particularly on global health and mobility, is unprecedented in size and scope. As of 27 December 2020, there have been over 79.2 million confirmed infections with SARS-CoV-2 worldwide, and over 1.7 million people have lost their lives, according to the WHO¹. In addition to the significant toll on human health and well-being, the pandemic has become a crisis for migration, human mobility, and displacement. The repercussions of the pandemic on people's livelihoods continue to mount, making it clear that the world will experience its effects for years to come.

Migrants, displaced populations, and communities have been especially vulnerable to the pandemic's consequences. Individuals living in crowded conditions, as well as camps or camp-like settings, have further faced an increased risk of infection, both from COVID-19 and other health threats. There is ample evidence that the pandemic has exacerbated many of the existing vulnerabilities faced by migrants and other people on the move, including their level of exposure to disease and mental health challenges and experiences of discrimination and stigma. In many cases,

mobility-related policies and lockdown measures taken to reduce the transmission of the virus have created significant additional challenges for these populations, including the loss of income, livelihood opportunities, and remittances, the risk of becoming stranded, decreased access to essential services, higher risk of exposure to gender-based violence (GBV), and a reduced ability to seek refuge, among others. Further, the additional challenges and difficulties that migrant women and girls have faced during the COVID-19 pandemic have also required a gendered approach in the response to ensure that policies have the specific needs of women and girls in mind.

COVID-19 has clearly demonstrated how the exclusion of migrants, displaced populations, and communities has negative impacts for not only migrants and the displaced themselves, but also for societies as a whole. The pandemic has further highlighted the importance of not leaving anyone behind in global health and social protection policies, which includes vaccination efforts. No one is safe until everyone is safe.



IOM Georgia provides reintegration support, including livelihoods and medical assistance, to a migrant who returned during the COVID-19 pandemic © IOM 2020

1 - <https://www.who.int/publications/m/item/weekly-epidemiological-update---29-december-2020>

IOM's Response in 2020

Prior to the WHO's official declaration of the pandemic on 11 March 2020, the International Organization for Migration (IOM) had already rapidly re-purposed existing programmes and launched a global, multi-sectoral response to COVID-19. In close coordination with governments, other United Nations (UN) agencies, the private sector, communities, and implementing partners, IOM quickly scaled up to address the needs of migrants, displaced populations, and communities, anchoring the Organization's response in its comprehensive understanding of population mobility and its cross-sectoral expertise. IOM swiftly adapted its programming in accordance with the latest guidelines to help control the spread of COVID-19, integrating COVID-19 considerations such as bolstering Infection Prevention and Control (IPC) efforts, procuring and distributing supplies including personal protective equipment (PPE), and ramping up health promotion and risk communication efforts.

IOM's [Strategic Preparedness and Response Plan \(SPRP\)](#), first launched in February 2020 and subsequently updated to reflect changing operational realities and needs on the ground, appealed for **USD 618.9 million across 140 countries** to facilitate a more strategic and targeted approach to the pandemic response². The SPRP focused on four strategic priorities at the community, national, and regional levels: **effective coordination and partnerships, preparedness and response measures for reduced morbidity and mortality, efforts to ensure affected people have access to basic services and commodities (including health care, protection, and social services), and mitigating the socioeconomic impacts of COVID-19**. These four key strategic priorities were further divided into key pillars to guide IOM's programming.

Aim of Report

This report provides an overview of IOM's **COVID-19 response with selected achievements in 2020**, summarizing the Organization's COVID-19-related work at the global, regional, and national levels, and its impact in the communities it serves. The report is structured around the 14 pillars from IOM's 2020 SPRP, demonstrating the breadth and scope of IOM's response, as well as the Organization's key achievements, through data collected across these key areas of programming.

The report reflects upon IOM's critical partnerships with Member States, the UN system, communities, and organizations, the implementation of results and evidence-based programming, and the ways that innovation and support for migrant-inclusive policy development contributed to the Organization's robust multi-sectoral operations. It notes the cooperation, approaches, and programmatic adaptations that facilitated IOM's provision of critical services for migrants, displaced populations, and communities in 2020 during the COVID-19 pandemic's acute phase.

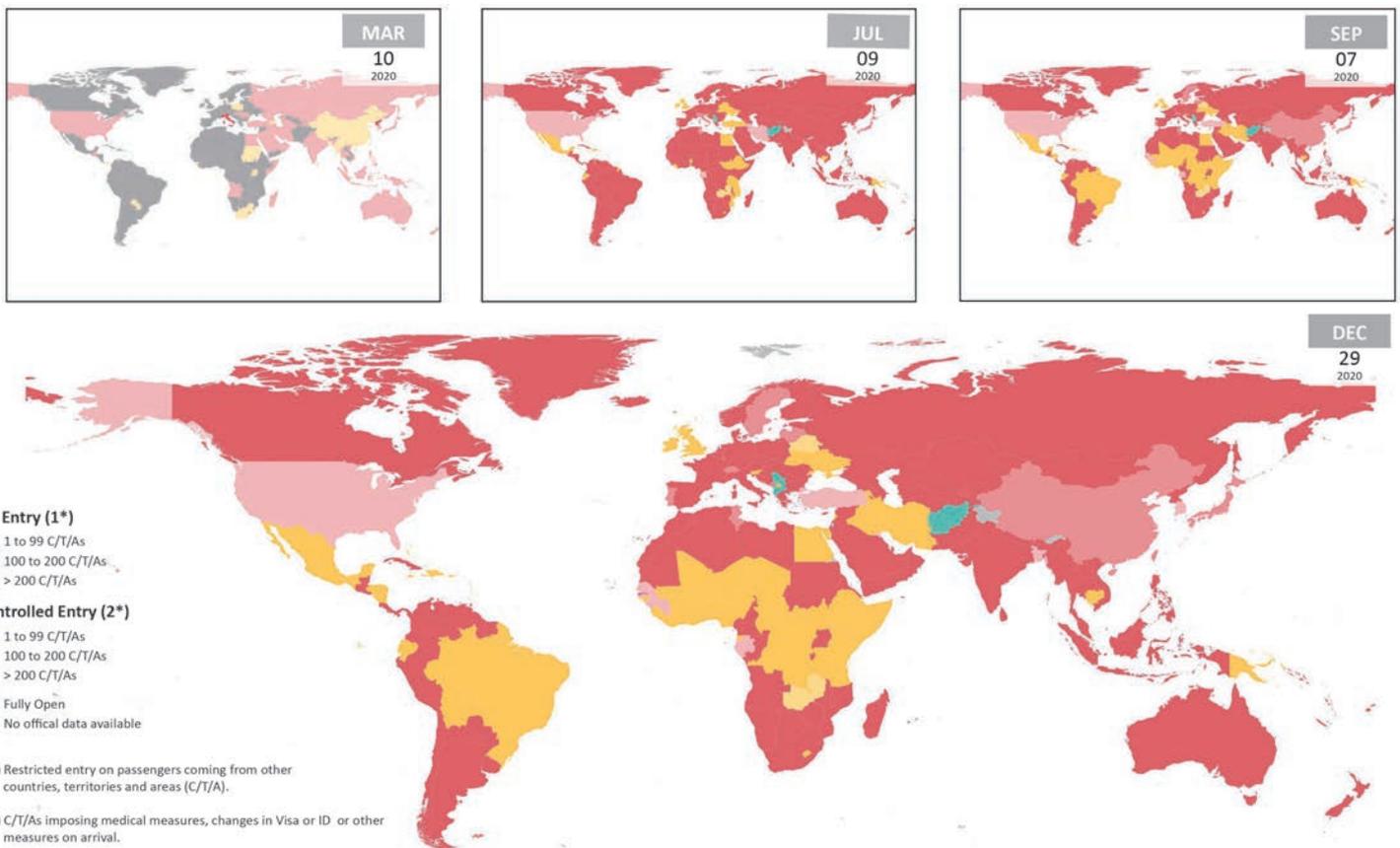
The lessons that IOM learned from its scale-up and response to this global emergency are reflected in this report and have proven valuable as the Organization transitions towards an approach with a greater emphasis on recovery and future preparedness, while still responding to acute needs. IOM's experience to date will inform the 2021 SRRP's implementation to strengthen economic, social, and health-care system resilience and preparedness, while supporting the recovery from the pandemic

IOM's coordinated, multi-sectoral, equitable, and timely response to the crisis will continue into 2021 and beyond to halt further transmission of the disease, mitigate the pandemic's humanitarian and socioeconomic effects, and support affected communities to prepare for longer-term recovery from COVID-19



2 - Figure as of the latest update in September 2020.

CONTEXT



Status of Entry for International air travel in countries, territories and areas (C/T/As) March - December 2020

As of 29 December 2020 a total of **226 countries, territories, or areas** had issued **110,320 COVID-19 related travel measures**.

Since COVID-19 was declared a global pandemic by the WHO in March 2020, efforts to limit its transmission through mobility restrictions have heavily impacted migrant populations, displaced persons, and host communities. Border closures and travel restrictions have not only brought global mobility to a near standstill but have also created new vulnerabilities for many migrants and mobile populations in transit, who have found themselves stranded, unable to return to their places of origin, or continue to their destination. Global mobility restrictions have fluctuated depending upon dynamic epidemiological factors, varied impact on health-care systems, and concerns over new variants of the virus.

Xenophobia and stigma against migrants on the basis of their national origin or racial/ethnic identity (which have also affected some nationals) have worsened during the pandemic, not least due to the emphasis placed by governments, the public, and media on human mobility as a key cause of ongoing COVID-19 transmission. Even as many migrants are at the frontlines of the pandemic response as essential workers, such as health care providers, domestic workers, or agricultural workers, many have

experienced threats to their physical and mental well-being and have sometimes been targeted with more severe measures to curb the virus's transmission. Furthermore, protection risks such as GBV, exploitation by human smugglers, and human trafficking have increased during the pandemic, as national lockdowns and closure of key services have limited movement, reporting, referral, and enforcement mechanisms.

The COVID-19 pandemic has largely aggravated humanitarian needs, exacerbated pre-existing vulnerabilities, and increased the already complex barriers to durable solutions. Movement restrictions have hindered humanitarian responses by restricting access to populations in need, movement of humanitarian workers, and access to critical supplies. At the same time, crisis-affected populations often live in densely populated environments, such as in camps or camp-like settings, with already overstretched health services and a high risk of COVID-19 and other disease transmission and limited opportunities for physical distancing. Displaced people are also less likely to have consistent access to PPE or supplies to control and prevent infection, such as handwashing facilities.

Furthermore, countries, territories, and areas dealing with other humanitarian crises, including displacement situations, may be particularly at risk of delayed COVID-19 vaccine deployment.

Socioeconomic determinants of migrants' health coupled with weak health systems pose challenges to ensuring access to care for COVID-19 and other diseases neglected during the pandemic and reveal patterns of structural inequality. Migrants may have specific health vulnerabilities due to the harsh conditions in which they frequently move, live, and work, often without adequate access to clean water, sanitation, and other basic services and limited access to information because of language and cultural barriers. Additional obstacles to accessing health care, including limited financial resources, exclusion from social security systems, and fears of being reported to authorities when in an irregular situation, compound these vulnerabilities further. As countries are planning national COVID-19 vaccination programmes, migrants may be excluded from prioritized groups, may not be informed about eligibility, or may face other administrative barriers to access.

The pandemic has also generated a blow to economies globally, which have faced significant downturns as international trade and supply chains have been interrupted. While these trends have negatively impacted individuals and communities regardless of socioeconomic or citizenship status, migrant populations have faced particular challenges. Many live and work with irregular status or in informal sectors in their host economies, preventing them from benefiting from national welfare and unemployment programs, and leaving them more vulnerable to lower pay or inconsistent contracts. Consequently, migrant workers have been less able to provide for their own basic needs and to send remittances to their families and communities of origin, with a projected global loss of 14 per cent of remittances in 2020. This decrease in remittances has in turn reduced many households' access to a key source of income and insurance against shocks. This dynamic has increased the risk of food insecurity and decreased resilience among migrants' sending households and is forecast to do so for many years to come.



IOM staff demonstrate COVID-19 preventative measures during an awareness-raising session in Ethiopia © IOM 2020

HEADQUARTERS OVERVIEW

2020 saw a colossal shift in IOM's operations. At all levels, IOM rapidly adapted its programming in line with needs that were changing at an unprecedented rate. Existing programming was repurposed to address the new ways of working required by COVID-19, while IOM's Director General put additional key priorities in place for the Organization to ensure that some of the world's most vulnerable were included in planning and response.

In 2020, IOM implemented COVID-19-related operations in 140 countries to ensure that migrants, displaced populations, and communities had access to COVID-19 services. Nearly USD 336 million from over 64 Member States and public and private sector donors facilitated IOM's pandemic response

Globally, IOM has fostered strategic relationships to help facilitate a coherent, targeted, and coordinated approach to the pandemic, which has occurred in part through participation in external and internal taskforces and working groups. IOM has played a critical role in the UN Crisis Management Team, and signed memoranda of understanding with the [UN COVID-19 Response and Recovery Fund](#) Multi-Partner Trust Fund and Gavi, the Vaccine Alliance, with the latter strengthening collaboration on vaccination and health services for migrants, displaced populations, and communities. [Partnerships such as with the COVID-19 Vaccines Global Access \(COVAX\) Facility](#) have also been critical in ensuring that migrants, displaced populations, and communities are considered in COVID-19 vaccination efforts. IOM has been working tirelessly at all levels to advocate for migrant inclusion – regardless of legal status – in vaccine priority groups and roll-out plans, including through participation in the Inter-Agency Standing Committee (IASC) Working Group (WG) on the Humanitarian Buffer. IOM also sits on other critical WGs and networks as part of the response, including the First Line of Defence (FLoD) and Vaccination Task Force, Pandemic Supply Chain Network, Supply Chain Interagency WG, and UN Medevac Task Force.

IOM has remained at the forefront of data collection for COVID-19-related, evidence-based programming with, among other things, the development of the [COVID-19 Mobility Impacts Portal](#). The Portal has now become a central global repository and dissemination channel for flow monitoring, mobility tracking, border management, and population movement information, containing interactive tools to support in-depth analyses of COVID-19's impact on human mobility. Users include other UN agencies, Member States, and NGO partners, amongst others. The Organization has also drawn on the IOM Global Migration Data Analysis Centre to gather and utilize mobility data more effectively to inform programming across both its development and humanitarian operations globally.

In 2020, IOM advocated for a migrant- and displaced population-inclusive response within numerous COVID-19-related forums and policy documents – within the UN system and with other partners — such as the Call to Action in the UN Secretary-General (SG)'s report on [Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of COVID-19, COVID-19 and Human Rights Policy Document](#), the [UN Framework for Socioeconomic Response](#), the SG's Policy Brief "COVID-19 and People on the Move", and the [UN Research Roadmap for the COVID-19 Recovery: Leveraging the Power of Science for a More Equitable, Resilient and Sustainable Future](#), among others. Additionally, in November 2020, IOM and the World Food Programme (WFP) published [key findings from a joint study](#) exploring COVID-19's impact on livelihoods, food security, and the protection of migrants and displaced populations. The report highlighted the interconnection among hunger, conflict, migration, and displacement, which has been further aggravated by the pandemic.

Ensuring the Continuation of Humanitarian Responses and Mitigation of COVID-19's Impact

The Global Humanitarian Response Plan (GHRP) — which called for USD 10.3 billion across 63 countries — was a collective humanitarian effort to facilitate the global response to COVID-19. The GHRP was a first-of-its-kind inter-agency humanitarian appeal covering a global coordinated response and demonstrating innovation and flexibility in adapting and delivering assistance despite a rapidly changing operational environment.

IOM reached over 35.9 million beneficiaries in the 60 countries where it carried out humanitarian programming in 2020

COVID-19 accelerated progress towards "the New Way of Working" through enhanced collaboration and innovation among actors, ultimately strengthening collective outcomes. This innovation was exemplified through the UN's First Line of Defence (FLoD) (see page 40 on FLoD for more details), where IOM re-purposed existing structures to provide health-care services for UN staff and dependents in countries where health care systems may be overwhelmed. **While operations were quickly adapted to address needs, these shifts were not at the cost of evidence-informed programming.** IOM designed a whole-of-organization "COVID-19 Monitoring and Evaluation Response Indicator Framework" based on its Strategic Preparedness and Response Plan (SPRP), which provided missions and HQ with more systematic data collection and evaluation approaches to inform targeted, results-based programming during the response.

Advocacy to Address Xenophobia and Public Communications, Risk Communication and Community Engagement

Risk Communication and Community Engagement (RCCE) quickly became one of the Organization's most powerful tools in the fight against COVID-19 and the associated stigma and discrimination directed towards migrants, displaced populations, and communities. **In 2020, IOM directly reached over 37 million beneficiaries with COVID-19-related RCCE efforts.** By leading or co-leading various task forces (TFs) and Working Groups (WGs), and through the UN Migration Network Secretariat, IOM has advocated against discrimination and stigma in line with a [dedicated issue brief](#). For example, IOM co-chairs, with UNICEF and United Nations High Commissioner for Refugees (UNHCR), the sub-group on migrants, refugees, and other vulnerable populations including host communities, which has developed numerous guidelines and capacity development activities to ensure migrants' inclusion within the pandemic response.

Response to Stranded Migrants

Worldwide, stranded migrants have been assisted with case management and return assistance despite national lockdowns to help assist those in precarious and highly vulnerable positions, including through charter flights organized to support their return. **Over 2,676 stranded migrants were supported worldwide to return home in a safe, dignified manner in 2020.** IOM also produced an [issue brief](#) on "COVID-19 and Stranded Migrants" that provided an overview of challenges and recommendations, alongside a [policy brief](#) on COVID-19's impact on stranded populations, to strengthen understanding of evolving challenges and needs and to serve as a first step towards the (re)design of tailored programmes, advocacy, and responses.

Strengthening the Integration of Health and Border Management along the Migration Continuum

In 2020, health considerations were at the forefront of every aspect of IOM's operations. IOM's policy paper, [Cross-border Human Mobility Amid and After COVID-19](#), further highlighted the critical importance of considering strengthening health and border management programming in light of COVID-19. IOM also revised its central [Health, Border and Mobility Management conceptual and operational framework](#) to align with COVID-19 considerations, whilst mobilizing the Organization's vast multisectoral capacity to support over 1,050 points of entry (PoEs) globally to undertake COVID-19 preparedness and response measures. Enhanced capacity-building and information-sharing globally was also a key priority in the PoE space in 2020, which further bolstered IOM's

capacity to implement targeted border health programming in line with the International Health Regulations (IHR) (2005) and to protect migrants, displaced populations, and communities from COVID-19 and other health threats at PoEs, in border communities, and along the mobility continuum.

Socioeconomic Recovery

Recognizing the scale and depth of COVID-19's socioeconomic impact, **IOM has advocated for the importance of including migrants, displaced populations, and communities into all socioeconomic impact response measures and plans to ensure a better and more equitable recovery.** Migration and people on the move became an important part of key global UN processes and documents, such as the UN Socioeconomic Response and the Research Roadmap, among numerous others. IOM also worked closely with partners to facilitate a virtual dialogue and policy exchange among Member States on the sidelines of the 2020 UN General Assembly on "Advancing Migrants' Access to Universal Health Coverage in times of COVID-19," which raised the need for the universal health-care agenda to include migrants, especially given the pandemic's disproportionate impact on these populations.

IOM also led the development of operational guidance on climate change and migration in COVID-19 recovery and hosted a consultative webinar on youth on the move during COVID-19. In collaboration with the European Union's Directorate-General for International Partnerships, IOM also developed a [toolkit](#) on *Integrating Migration into the COVID-19 Socio-economic Response* to support development partners on the programmatic and policy levels and ensure that response plans coherently integrate migration. IOM Country Offices have used the toolkit to support governments and formulate UN national response plans, which were presented to Member States and inter-agency coordination mechanisms.

As articulated by the UN Secretary-General in his report on *People on the Move and COVID-19*, migration must be a central feature of the COVID-19 response and recovery. Indeed,

- *Exclusion is costly in the long run whereas inclusion pays off for everyone.*
- *The response to COVID-19 and protecting the human rights of people on the move are not mutually exclusive.*
- *No one is safe until everyone is safe.*
- *People on the move are part of the solution.*

REGIONS AT A GLANCE

IOM regional offices were crucial to the Organization's COVID-19 response by providing leadership and guidance for country offices and partners, managing and bolstering coordination for cross-border response, strengthening existing partnerships and creating new ones, and guiding country offices to adapt to sudden, newfound operational constraints.

At the regional level, IOM led or participated in numerous COVID-related coordination mechanisms, partnerships, and events. In the [Asia-Pacific](#) region, for example, IOM led an inter-agency Regional Thematic Working Group for Migrants and Refugees and COVID-19 in partnership with other UN agencies, the International Federation of Red Cross and Red Crescent Societies (IFRC), and non-governmental organizations (NGOs), facilitating joint advocacy and information-sharing. In [East Africa and the Horn of Africa](#), IOM provided technical assistance to Intergovernmental Authority on Development in developing a COVID-19 regional response strategy that sufficiently considered migration and supported the development of the East African Community's regional strategy for COVID-19 management along transport corridors.

The Regional Office for the [Middle East and North Africa](#) collaborated with the WHO, International Labour Organization, and the UN Economic Social Commission for Western Asia to establish a task force (TF) on migration, mobility, and COVID-19. IOM, as the task force's lead agency, promotes a harmonized approach in the region including through the coordinated collection, analysis, and integration of health and mobility data.

IOM's Regional Office for Southern Africa leads a regional coordination mechanism comprised of Southern African Development Community ambassadors, UN agencies, and NGOs to provide support for stranded migrants and migrants in need of humanitarian assistance in the region

In 2020, IOM Regional Offices also provided critical capacity-building support for IOM country offices and partners to ensure a timely and informed response to COVID-19. Regional Offices developed trainings to strengthen IOM staff capacities during the pandemic. For instance, the ROs for the European Economic Area (EEA) and South-Eastern and Eastern Europe and Central Asia (SEECA), in cooperation with IOM headquarters (HQ), held a comprehensive online training on site management during COVID-19 for site managers and other staff operating in migrant centres along the Eastern Mediterranean route.

Regional offices also provided support and guidance to country offices to strengthen up-to-date information-sharing and maintain cohesive programming and approaches that are informed by the latest developments and new research on COVID-19. Building



IOM staff receive IPC training in Accra, Ghana © IOM 2020

on the region's response to the Ebola Virus Disease, the Regional Office for [Southern Africa](#), for example, launched a regional Strategic Preparedness and Response Plan to guide country offices on IOM's objectives and response modalities. In the [Middle East and North Africa](#) (MENA) region, the Regional Offices conducted a needs assessment to understand the COVID-19-related challenges for monitoring and evaluation efforts in the region, and building on assessment findings, conducted two webinars with monitoring and evaluation focal points and a virtual training for 25 key staff from 10 missions. IOM's Regional Office for [Asia and the Pacific](#) held bi-weekly webinars for country offices in the region, beginning in March 2020, to provide updates, technical guidance and resources, funding and reporting planning, and information-sharing.

ROs also scaled up trainings and support for partners such as other UN agencies, government authorities, civil society, and border and medical personnel. For example, the RO for SEECA developed a COVID-19 at PoEs training curriculum and e-learning course for border guards across the region. The course will be released as a self-learning e-course in four languages in 2021. The Regional Office for [East Africa and the Horn of Africa](#) provided capacity-building and information-sharing for governments and border personnel in the region, facilitating joint PoE assessments to ensure that staff responded to the pandemic in line with WHO, IOM, and international human rights guidelines and principles. In [Latin America and the Caribbean](#), IOM also held webinars on shelter management in the context of COVID-19, reaching over

2,100 participants from UN agencies, governments, NGOs, and National Red Cross Societies from 23 countries.

IOM regional offices developed innovative programming approaches to surmount the unprecedented challenges posed by the pandemic. One such approach was increased engagement with diasporas. In Southern Africa, IOM launched a joint appeal with the Zimbabwean diaspora to facilitate access to Zimbabweans stranded by the COVID-19-related lockdown in South Africa. In SEECCA, IOM engaged doctors from the Armenian diaspora through a mobile consultation platform to promote knowledge transfer about COVID-19 to local medical professionals.

Given the proliferation of movement restrictions and lockdowns to prevent the virus's spread, IOM regional offices and missions used a range of technology solutions as a means to ensure service continuity and collaboration while working and providing assistance remotely. Mobilizing social media platforms' vast reach was one avenue to facilitate remote collaboration and information-sharing. For instance, the Regional Office in Asia and the Pacific created an RCCE Facebook group for IOM staff across the region to share resources, guidance, approaches, and materials in different languages that could be adapted based on context. Application-based solutions also facilitated the COVID-19 response. IOM's new Migrant Translation Application (MiTA), developed in the Western Balkans, has been updated with a section on COVID-19 to help border officials identify at-risk individuals and refer them for medical screening.

Beyond social media platforms and applications, IOM also shifted parts of its work to operate fully remotely and tracked COVID-19-related data online. In the European Economic Area (EEA), IOM and partners organized virtual monitoring visits in resettlement departure countries to showcase the challenges, innovations, and lessons learned of continuing resettlement during the pandemic. Through the Displacement Tracking Matrix (DTM) Regional Evidence for Migration Analysis and Policy project in the Asia and the Pacific region, the team developed a remote survey on migrant returnees' needs and vulnerabilities, implementing it in multiple rounds in several countries. IOM has used this data to advocate for migrant workers' rights during the pandemic at all levels.

The Regional Office for the MENA region rolled out a remote case management platform, the IOM Migrant Assistance Portal, as a pilot in Lebanon and Algeria to enhance synergies among local, national, and international actors, increase reintegration opportunities for returnees, and improve partner coordination to assist migrants



IOM distributes PPE to migrants at Lipa Camp, Bosnia and Herzegovina © IOM 2020

COORDINATION AND PARTNERSHIPS



IOM supports the delivery of 15,000 COVID-19 test kits to Tegucigalpa, Honduras to help strengthen the National Virology Laboratory's testing capacity © IOM 2020

The pandemic introduced unprecedented challenges to response coordination due to its global nature and sudden, multi-sectoral impact across low-, middle- and high-income contexts. Therefore, overcoming coordination challenges and reinforcing partnerships with relevant community, national, regional, and global actors has been fundamental for IOM to ensure integrated and collaborative programming in a way that limits duplication and facilitates sustainability. Throughout 2020, IOM has provided advocacy and technical support to numerous coordination mechanisms to ensure migrants, displaced persons, and vulnerable populations are included in preparedness, response, and public health planning, and have access to national health services, social services, and eventually, vaccinations. In addition, IOM participated in and supported inter-agency efforts to develop guidance and national and regional preparedness and response plans for COVID-19, including through contingency planning processes.

In 2020, IOM led or co-led 32 inter-agency coordination fora related to COVID-19

Since the beginning of the pandemic, IOM has played a lead role in humanitarian coordination. For example, IOM is active in global UN coordination forums, including as the global co-lead for the Camp Coordination and Camp Management (CCCM) Cluster, and sits on the global Strategic Advisory Groups of the Health and Water, Sanitation, and Hygiene (WASH) Clusters. IOM has been a partner in the Global Outbreak Alert and Response Network (GOARN), actively participates in the Global Health Cluster COVID-19 Task Team, and has maintained close, regular coordination with the WHO at all levels. As the co-lead of the Trade and Travel Working Group, IOM is also part of the UN's Crisis Management Team. The Organization has further worked to strengthen partnerships with fellow humanitarian agencies such as the WFP through collaborations such the first joint, global-level publication between the two agencies, [Populations at Risk: Implications of COVID-19 for hunger, migration and displacement](#).

Beyond global humanitarian coordination and partnerships, IOM has also been an active member of regional, national, and subnational taskforces on both humanitarian and development programming in many regions and countries and, in particular, has emerged as a technical leader in many PoE working groups.

As Secretariat and Coordinator of the United Nations Migration Network (UNMN), IOM has facilitated coordination among

member agencies for migrant inclusion, especially through the Working Group on Access to Services. IOM has engaged in joint advocacy in this regard with a variety of partners, such as the IFRC, and has worked closely with numerous agencies to advance the integration of migrants, displaced populations, and communities into the COVID-19 response such as with UNICEF on migrant children, the WHO and partners on migrants and displaced persons in camps and non-camp/humanitarian settings, and the UNMN Secretariat for advocacy on non-discrimination and against stigma at the Principals level. For example, during a WHO press briefing for International Migrants' Day in December 2020, the IOM and WHO Directors General jointly highlighted both the significant health challenges faced by vulnerable migrants, as well as the crucial role played by migrants in the pandemic response efforts. In addition, IOM and UNHCR's pandemic-related advocacy included a joint call for universal health coverage and the inclusion of migrants and refugees in the COVID-19 response, among other topics.

Furthermore, IOM has contributed to the work of the UN Joint Sustainable Development Group (UN SDG) Fund and the UN SDG Task Team on Financing, as well as numerous other processes relating to socioeconomic development and livelihoods. IOM also participated in the Financing for Development in the Era of COVID-19 and Beyond Initiative, wherein its policy suggestions on diaspora investment, remittances, and financial inclusion were incorporated into the final financing policy recommendations.

IOM has also built new partnerships, including with academia. In August 2020, for example, the IOM Director General joined the UN Leadership Contact Group for the [Lancet COVID-19 Commission](#). In addition, against the background of the pandemic in 2020, IOM and Gavi, the Vaccine Alliance, signed a global memorandum of understanding, agreeing to cooperate on various immunization priorities for migrants and communities around the world, including emerging COVID-19 vaccines.

From the programmatic perspective, **one of IOM's most significant global partnerships for promoting populations' health, safety, and well-being during the pandemic's first year was with the Central Emergency Response Fund (CERF)**. In an innovative collaboration between CERF and IOM in 2020, the Emergency Relief Coordinator allocated USD 25 million from the CERF via IOM to NGOs to support their life-saving response to COVID-19³. IOM now serves as grant manager, facilitating contracting, monitoring, and reporting support for selected NGOs in Bangladesh, the Central African Republic, Haiti, Libya, Sudan, and South Sudan. This initiative supports NGOs' COVID-19 programmes in these priority countries in the essential sectors of health (including mental health and psychosocial support (MHPSS)) and WASH.



IOM participates in a PoE Assessment at Boten International Checkpoint, Lao People's Democratic Republic © IOM 2020

Moreover, IOM has worked closely with partners, including the WHO and the IASC, to produce evidence-informed technical guidance, and has played a pivotal role in supporting the development of COVID-19 related preparedness and response plans that include migrants, displaced populations, and communities. For example, IOM participated in the development of several IASC guidance documents, including the *Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings*. Further, IOM has provided support to ad hoc working groups for the COVID-19 response, which also produced a variety of guidance materials including the *IASC Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic*, the *IASC Interim Guidance on COVID-19 – Focus on Persons Deprived of their Liberty*, the *UN Blueprint on Human Rights in COVID-19*, and the *Child Protection Technical Note*.

IOM supported the preparation or updating of COVID-19 related contingency and public health emergency preparedness and response plans in line with the IHR (2005), in a total of 64 countries in 2020

3 - The following NGOs received CERF funding through IOM in 2020: **Bangladesh:** BRAC; Friendship, Reaching People in Need; Save the Children (UK); World Vision ; **CAR:** ALIMA; IMC; IRC; MDA; **Haiti:** Centre pour le développement et de la sante; Habitat for Humanity; Humanity and Inclusion; Association pour la Promotion de la Famille Haïtienne; Solidarites Internationales; **Libya:** DRC; Emdad; GVC; Terre des Hommes (Italia); **South Sudan:** IRC; Medair; NRC; UNH. **Sudan:** Global Aid Hand, Mercy Corps; Plan international; Save the Children (International)

TRACKING MOBILITY IMPACTS

In response to the pandemic, countries, territories, and areas have implemented complex and varied mobility restrictions in attempts to contain and reduce the spread of the virus. Consequently, these measures have significantly impacted both human mobility and humanitarian actors' access and delivery of assistance to the most vulnerable populations worldwide. Through IOM's DTM and in collaboration with key partners and stakeholders, IOM provides an evidence-based understanding of COVID-19's impact on mobility at the global, country, cross-border, and inter-regional levels.

Globally, IOM has published and shared more than **760 reports** related to COVID-19's impact on displaced persons, other migrant populations, and mobility to help inform partners and key stakeholders on COVID-19-associated mobility restrictions. In addition, DTM data and/or analysis has informed COVID-19 response planning and actions by key public health partners in at least **39 countries**

At the global and regional levels, DTM has utilized its global support capacity to aid the pandemic response, such as through **coordinating and implementing the global compilation of data and analysis** provided by IOM missions worldwide, including those without actual DTM implementation capacity in country. This support consists of monitoring, analysing, consolidating, and reporting on international travel restrictions implemented around the world, including by utilizing International Air Transport Association (IATA)'s Timatic Services, which contain critical information on cross-border passenger regulations and recommendations on various subjects such as travel restriction levels.

In addition, IOM's work on **Mobility Restrictions Mapping**, which includes regular assessments on the status of PoEs and locations impacted by local mobility restrictions, has resulted in a widely used global database with a baseline of over 4,200 PoE in 182 countries, territories, and areas

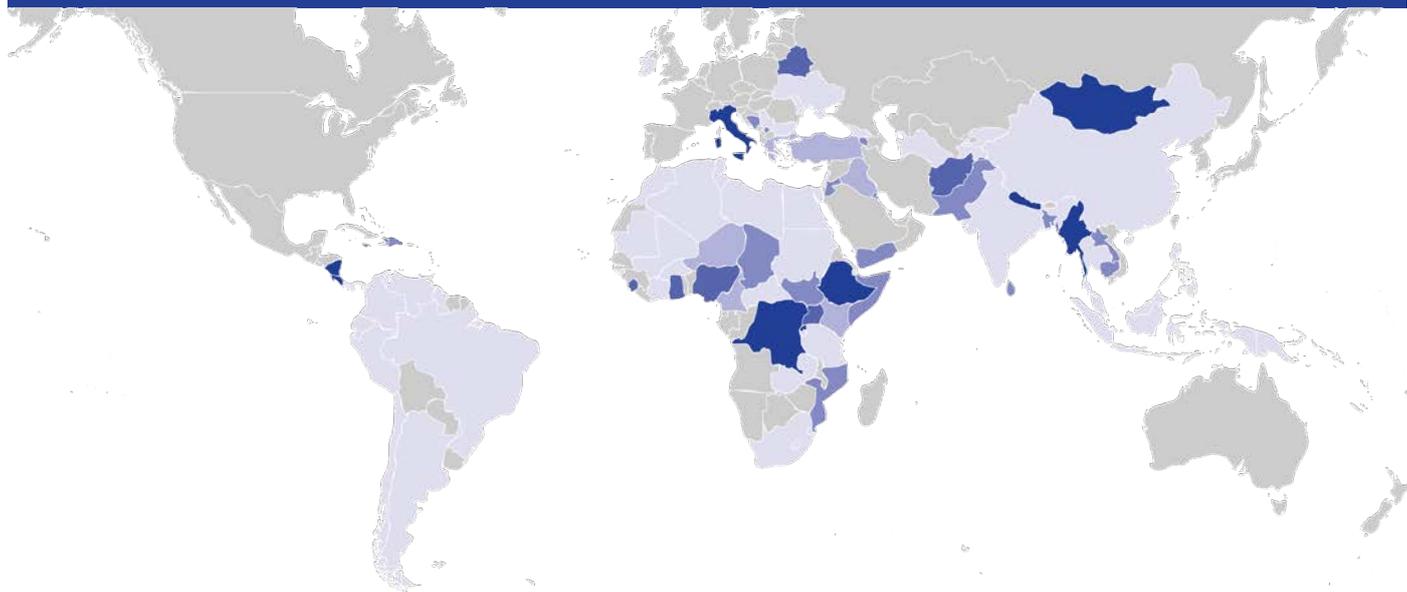
Further, IOM is providing **regular updates on the situation of migrants in relation to COVID-19**. IOM's "Impacts on Migrants" workstream has introduced new, innovative external data processing methods. For example, to cope with the expanded needs and production of news media related to COVID-19 and

migration, IOM worked with Amazon Web Services to gather information at scale with far greater efficiency. DTM provided regular updates on the situation of internally displaced persons (IDPs) in relation to the pandemic and has incorporated COVID-related indicators into its mobility tracking exercises for sites and locations where IDPs reside. **In fact, 65 DTM operations have integrated COVID-19 related indicators in data collection, processing, and analysis activities.** country offices such as IOM **Bangladesh** are also ensuring that COVID-19's effects on refugees are being considered. In 2020, IOM conducted two rounds of rapid needs assessments across five sectors that led to a series of reports on the Rohingya community's perspectives to inform the future COVID-19 response.

As a global knowledge management tool, **IOM developed the [COVID-19 Mobility Impacts Portal](#)**, which 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 tools to support a more in-depth analysis of COVID-19's impact on human mobility. IOM has also **strengthened its remote data collection** by conducting assessments and surveys via telephone and by using satellite imagery. In addition, IOM has developed **guidelines for staff on conducting data collection exercises during the COVID-19 pandemic**.

Since the pandemic began, DTM has **increased global-level coordination and collaboration with key data actors including the WHO, WFP, UNHCR, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Global Humanitarian Clusters**, and others including partners from the private sector and academia. For example, IOM is **co-leading the Global Information Management, Assessment, and Analysis Cell** with OCHA, the WHO, and UNHCR, and has continued joint work and discussions with WFP and the WHO on data and analysis. IOM has also carried out joint modeling work for IDPs with OCHA and Johns Hopkins University for **South Sudan, Nigeria**, and other countries, and collaborated with the Migration Policy Institute to collate and analyze travel restriction and border closure data. IOM has also contributed to the joint development of two experimental INFORM products related to the COVID-19 pandemic, the **[INFORM COVID-19 Risk Index](#)** and the **[INFORM COVID-19 Warning](#)**, to help identify, monitor, and anticipate where COVID-19 is compounding existing risks to cause new, or exacerbate existing, humanitarian crises.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



Number of beneficiaries reached with COVID-19-related risk communication and community engagement efforts in 2020.

In 2020, IOM reached over 37 million beneficiaries with RCCE efforts relating to COVID-19



People’s willingness to follow public health and behavioural measures will remain key tools in limiting COVID-19’s spread and impact until, and after, vaccines and specific treatments are widely available and accessible. A clear, integrated RCCE strategy and response are vital for community uptake of essential public health and biomedical interventions to prevent and control the spread of disease. Unfortunately, the COVID-19 pandemic has been further compounded by an “info-demic,” which has made IOM’s and partners’ RCCE work considerably more challenging. From the beginning of the pandemic, false perceptions surrounding COVID-19 and its transmission have become widespread. Migrants, displaced populations, and communities have often been targeted by this negative discourse, sometimes utilized as scapegoats and labeled as the supposed carriers and spreaders of the virus. It has therefore been critical for all RCCE responses to consider these issues, in addition to customizing strategies in response to local, context-specific factors that can hinder the uptake of public health interventions.

More than 38,290 trained community health workers (CHWs)/RCCE mobilizers delivered RCCE as part of IOM’s programming in 2020

Given the unprecedented spread of COVID-19, IOM rapidly expanded its RCCE programming in 2020 to help break the



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

[chains of transmission](#), assisting people to understand how to protect themselves and their loved ones while bolstering people's understanding of myths and realities regarding the virus. As soon as the COVID-19 crisis started, IOM immediately and significantly scaled up its work with critical RCCE counterparts at the global, regional, national, and community levels. Since then, IOM has continued to implement RCCE programming that ensures that mobility is properly considered in public health messaging, and that migrants, displaced populations, and communities have [access to timely, context-specific, and reliable information](#). IOM also continues to refine and adapt its RCCE strategies and programming over time based on analysis and feedback from [beneficiaries and community members](#) to ensure that messaging is appropriate, effective, and far-reaching.

At the global level in 2020 and beyond, IOM has participated in partnerships and networks that monitor and develop the latest evidence on RCCE strategies and programming, including the [GOARN COVID-19 RCCE Coordination Group](#). IOM is also part of the [Collective Services](#), a partnership between IFRC, UNICEF, and the WHO, which supports the development and implementation of the global COVID-19 RCCE strategy. This strategy is underpinned by socio-behavioural trends analysis and shifts the focus towards participatory approaches.

IOM co-chairs, with UNICEF and UNHCR, the sub-group on migrants, refugees, and other vulnerable populations including [host communities](#), which develops and coordinates guidelines, capacity development activities, and networking to increase migrants' inclusion within the COVID-19 response. IOM actively contributes to outputs from the Demand Working Group, which was set up to ensure the much-needed inclusion of migrants, displaced populations, and communities as governments begin the COVID-19 vaccine roll-out. These outputs include tools such as the *Vaccine Demand Package*, *Guidance for Achieving Acceptance and Uptake of COVID-19 Vaccines*. IOM also contributed to the [COVID-19 Global Risk Communication and Community Engagement Strategy](#) and the [Practical Guidance for Risk Communication and Community Engagement for Refugees, Internally Displaced Persons \(IDPs\), Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic](#).

In total, IOM produced over 5,000 contextually adapted unique information, education, and communication (IEC) materials for COVID-19 worldwide

In [Colombia](#), targeted IEC materials were created for 14 rural municipalities with full community participation from the outset in the content and design, which were also adapted to the language and cultural practices of each region. These materials included posters, radio broadcasts, pedagogical materials, tailored flip charts, and games, alongside community engagement activities. COVID-19 risk prevention pieces were also translated into indigenous languages as part of the strategy to reduce the pandemic's impact in these communities. Understanding that interpersonal skills are critical for effective RCCE, 350 CHWs completed an IOM-facilitated training on *Interpersonal Communication and Risk Communication in the Context Of COVID-19* in [Bangladesh](#). The training aimed to enhance CHWs' knowledge and skills for effective communication, improving interaction and trust within communities, and thus contributing to an improved likelihood of health-seeking behaviour and uptake of COVID-19 prevention measures. In [Ethiopia](#), over 3.6 million IDPs, migrant returnees, and individuals in host communities were directly reached through RCCE activities.

At the end of 2020 and moving into year two of the pandemic, IOM had already begun adapting its RCCE approach to be more focused on vaccinations, as well as COVID-19 prevention messaging

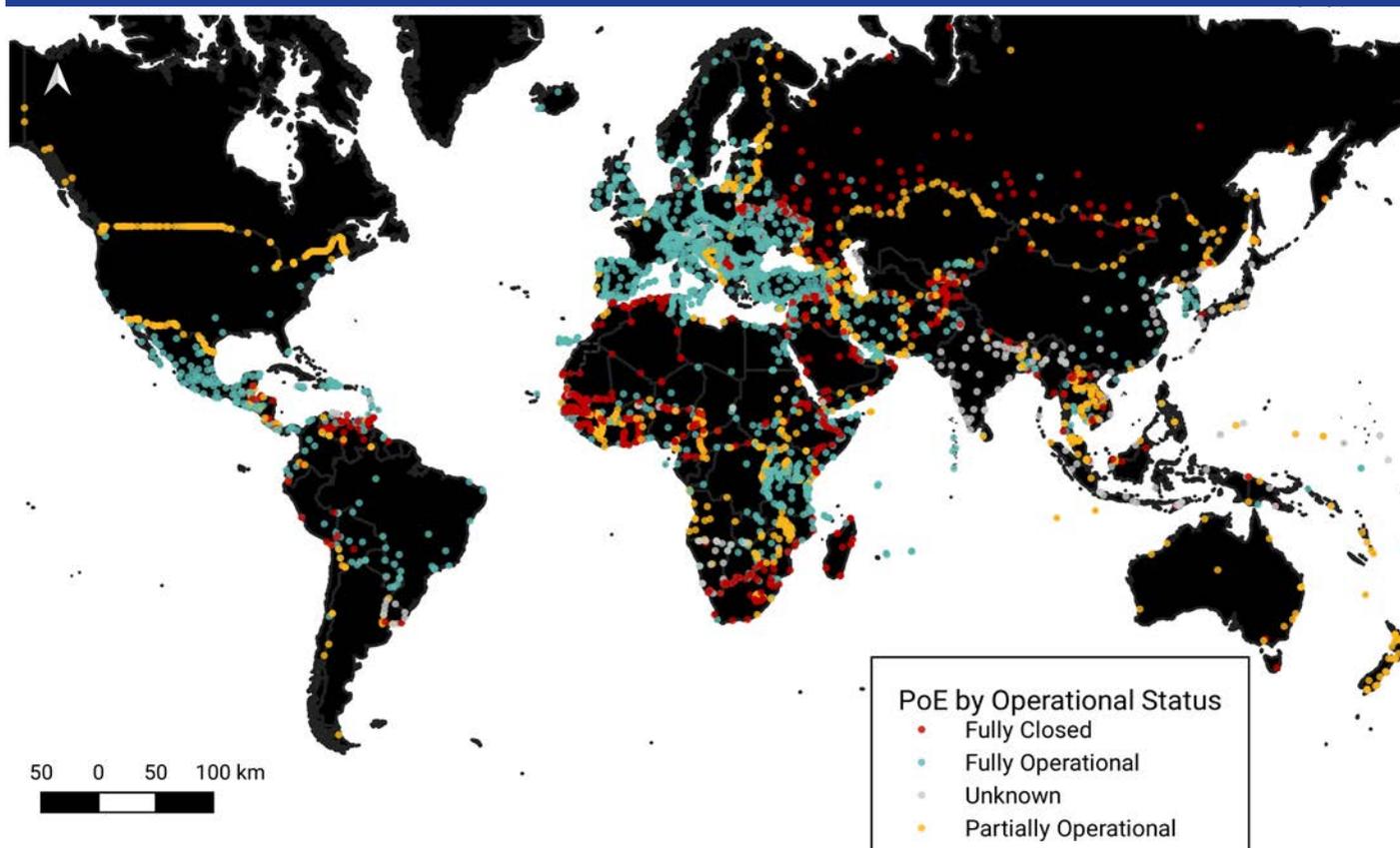
Vaccinating everyone and leaving no one behind will undoubtedly only be achieved with support from evidence-informed, targeted, and context-appropriate RCCE efforts in 2021 and beyond



IOM·OIM

IOM donates 15 mobile handwashing stations to the commune of Krolanh, Cambodia © IOM 2020

POINTS OF ENTRY



Disclaimer: This map is for illustration purposes only. The boundaries shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

In 2020, IOM supported Member States and partners to undertake preparedness and response measures for COVID-19-related interventions at PoEs in 72 countries

IOM has a long history of implementing critical multi-sectoral programming at PoEs, as defined under the IHR (2005), including airports, ports, and ground crossings. While cross-border movements of people and goods are crucial for travel, trade, leisure, and the economy, COVID-19 has also spread internationally through the movement of travellers and transport. Consequently, demand has significantly increased globally for the detection and management of suspected COVID-19 cases at PoEs.

COVID-19 detection, prevention, and response activities at PoEs, aligned with the IHR, have been one of the key pillars of [IOM's 2020 COVID-19 Global SPRP](#) as the Organization expanded, re-structured, and tailored its work to rapidly respond to the pandemic. IOM's health, border management, displacement tracking, protection, WASH, and resettlement/movement operations programming incorporated PoE-related activities, which also included cross-cutting areas such as cross-

Assessed Points of Entry and Their Operational Status in 2020.
Assessment as of 31 December 2020.

border coordination, capacity development, infrastructure and equipment, RCCE, and contingency planning. IOM's approach to PoE programming has been supported by the Organization's Health, Border and Mobility Management (HBMM) [framework](#), a conceptual and operational framework that aims to improve prevention, detection, and response to the spread of disease along the mobility continuum. Through the HBMM framework, IOM has integrated an understanding of population mobility with disease surveillance, ensuring that collected information feeds into existing surveillance mechanisms.

As a result of its Mobility Restriction Mapping work, IOM has [established and maintained an up-to-date global PoE reference database](#), assessing 4,251 PoEs (including 1,090 airports, 2,456 ground crossings, and 705 ports) in 182 countries, territories, and areas⁴ and 1,517 other key locations of internal mobility (internal transit points, areas of interest, and sites with populations of interest) in 137 countries, territories, and areas. This database has been used and referenced by numerous groups, including the IATA and governments worldwide. Additionally, IOM scaled up its [collection of information on public health measures at PoEs as part of the Organization's global PoE data collection exercise](#),

4 - Data as of 31 December 2020



IOM collects DTM data at a POE in Ulaanbaatar, Mongolia © IOM 2020

engaging with the WHO (IHR Secretariat and World Health Emergencies team) to revise the health module within the joint multi-sectoral assessment tool. This activity was undertaken globally in conjunction with relevant national authorities and partners to assess existing resources and capacities, regulatory and procedural frameworks, institutional set-up, training, information management, and infrastructure, among other critical considerations in the fight against COVID-19 and other health threats at PoEs.

IOM either leads or co-leads national PoE WGs in 31 countries, collaborating with other key agencies and stakeholders. In 2020, IOM also established a PoE WG at the HQ level (with numerous multisectoral WGs also established at regional levels) to maximize coordination among all relevant units and help facilitate fit-for-purpose programming in the COVID-19 context.

Building on the UN SG's June 2020 policy brief on [COVID-19 and People on the Move](#), IOM issued a policy paper in July 2020 on [Cross-Border Human Mobility Amid and After COVID-19](#), which reviews various challenges and opportunities governments face in effectively integrating health concerns into global immigration and border management systems, while highlighting the PoE as a key intervention space within the mobility continuum. As part

of the institutional efforts to promote comprehensive responses for safe cross-border mobility, [IOM Issue Briefs](#) examined related immigration, consular, and visa trends, with a focus on barriers to accessing regular migration pathways and the need for flexible admission and stay regulations. This work will continue in 2021 and beyond.

IOM produced a total of 48 external publications and resources on PoEs in 2020, including IOM's [COVID-19 Impact on Points of Entry Analysis](#) and [COVID-19 Impact on Key Locations of Internal Mobility Analysis](#), providing comprehensive overviews and helping IOM and partners globally to garner better insights into critical public health considerations relating to PoEs, as well as a comprehensive [Training Curriculum for Border Officials on COVID-19 Response at Points of Entry](#), among numerous other trainings in support of COVID-19-safe PoE programming.

In support of the IHR, in 2020, IOM supported over 1,050 PoEs globally to undertake COVID-19 preparedness and response measures and trained over 14,920 officials on COVID-19 detection, notification and management, and the referral of ill travellers

DISEASE SURVEILLANCE



An IOM supported COVID-19 health screening point in Boké, Guinea © IOM 2020

IOM's approach to responding to COVID-19, as well as preparing for and responding to other public health threats, is anchored in migration and human mobility as core elements of the Organization's mandate. A key feature of this approach has been strengthening existing disease surveillance systems and active health screening and disease surveillance for COVID-19, which have been fundamental aspects of IOM's pandemic response.

In 2020, IOM worked closely with Member States and communities across the globe to support and enhance numerous disease surveillance systems, building on pre-existing structures. These included event-based surveillance (EBS), community event-based surveillance (CEBS), indicator-based surveillance, integrated disease surveillance and response, and syndromic surveillance. In addition, IOM expanded efforts to facilitate contact tracing and to establish and strengthen referral mechanisms to ensure the quick and effective relay of data, working in tandem with national surveillance systems. Frontline and health-care workers were equipped with PPE, screening materials, and other key equipment. In support of these activities, IOM developed numerous technical guidelines and webinar trainings, provided technical support to country missions, and supported the training of rapid response teams in a number of countries.

IOM supported 100 disease surveillance systems in 29 countries in 2020

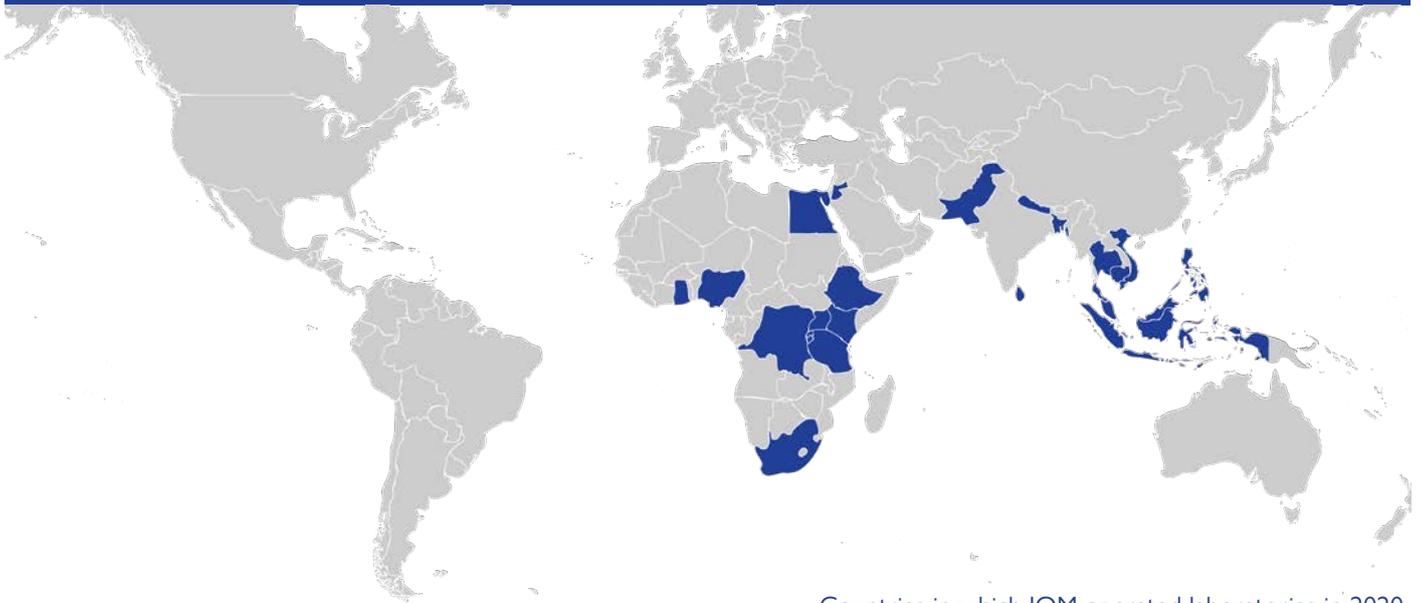
Globally, over 3,800 PoEs were assessed to enhance disease surveillance and national capacities. In the Democratic Republic of the Congo, IOM supported 31 health screening points at points of entry and control and screened over 5.4 million people as part of the mission's COVID-19 and Ebola Virus Disease programming. In Iraq, IOM recruited and trained community-based surveillance

field teams in camps across governorates to conduct community mapping, knowledge, attitudes, practices surveys, active case finding, EBS, and rumor tracking. In Mauritius, IOM conducted phone-based screening for COVID-19 symptoms among returnees and integrated COVID-19 surveillance efforts with tuberculosis and HIV testing and counselling services. Since the first COVID-19 case was detected in Cox's Bazar, Bangladesh, in May 2020, IOM has contributed to WHO-led contact tracing and continues to coordinate a team of contact tracing supervisors, volunteers, and medical support teams in 13 camps. IOM also supported the development of technical guidelines to establish and implement CEBS in Burundi, and numerous other countries globally.

Enhancing regional and national disease surveillance, information-sharing, and reporting was, and continues to be, a key cornerstone of IOM's pandemic preparedness and response activities

Effective disease surveillance requires strong data for evidence-based decision-making, which can be particularly challenging when it comes to collecting data on migrants, displaced populations, and communities, as data is typically patchy and difficult to obtain. In 2020, IOM facilitated this data collection process through population mobility mapping (PMM). PMM helps Member States to better understand mobility dynamics, and thus contributes to the development of public health interventions to prevent, detect, notify, and respond to public health emergencies and international health threats along the mobility continuum, with the ultimate goal of supporting the implementation of the IHR (2005). Globally, IOM engaged with national authorities and local communities to conduct 117 participatory mapping exercises, in order to identify high-risk mobility corridors and areas and inform regional and national COVID-19 preparedness and response planning to mitigate and prevent the spread of COVID-19.

NATIONAL LABORATORY SYSTEMS



Countries in which IOM operated laboratories in 2020.

IOM conducted 109,191 SARS-CoV-2 PCR tests in 2020

Sufficient testing capacity has been the foundation of countries' COVID-19 responses. Throughout 2020, IOM worked to ensure that all levels of health services were accessible for beneficiaries, including host communities, while further expanding its testing and screening capacity for SARS-CoV-2. To provide this support, IOM mobilized its pre-existing laboratory capacity around the globe.

As of January 2021, 69 of IOM's migration health assessment centres globally and 27 of its laboratories across Africa, Asia, and the Middle East, have been expanded to provide SARS-CoV-2 tests for migrants, displaced populations, and communities, as well as for UN staff and their dependents as part of the UN's FLoD (see page 40 for more information). Despite considerable procurement challenges at the global level, as well as exceptionally high demand in the face of limited global availability, IOM was able to obtain tens of thousands of COVID-19 test cartridges to distribute to the Organization's laboratory network and facilitate testing around the world.

Due to prolonged reverse transcription polymerase chain reaction (RT-PCR) test supply constraints, IOM developed a multi-platform diagnostics approach to ensure the continuity of diagnostic services. IOM sourced multiple alternative approaches to support testing for COVID-19, including implementing the high-throughput Thermo Fisher platform in Kenya, Nigeria and the Democratic Republic of the Congo, where demand for testing has been high, as well as the Cepheid GeneXpert system and Molbio TrueNat chip-based system. This multi-system approach provided IOM with flexibility for COVID-19 diagnostics, depending on the availability of different tests.

Globally, IOM has collaborated with 88 laboratories to undertake or contribute to the diagnosis of COVID-19, providing a total of 109,191 COVID-19 tests (excluding serological testing) throughout the year

In addition, as part of its capacity-building efforts, IOM has also worked to strengthen national-level capacities to conduct COVID-19 testing. This support includes countries such as Yemen, where IOM contributes to addressing widespread diagnostic and surveillance gaps through the use of GeneXpert systems. In countries like Tanzania, Nigeria, and numerous others, IOM has also seconded laboratory technicians to assist in the fight against COVID-19. Seroprevalence studies have been conducted in some locations, including the Dominican Republic, to better understand COVID-19 epidemiology among target populations. Extensive retraining and credentialing have also been conducted for staff to support the provision of diagnostic and clinical services during the pandemic.

Going forward, IOM has already secured sufficient cartridge-based tests (from Cepheid, USA and Molbio, India) and high-throughput RT-PCR tests (Thermo Fisher, USA) to meet the estimated testing demand for at least the first half of 2021. Furthermore, IOM is establishing genomic sequencing capacity in Kenya to allow for the detection and monitoring of the emergence of COVID-19 variants and will continue to further expand its global laboratory capacity in the fight against COVID-19.

INFECTION PREVENTION AND CONTROL

Over **19 million** people were provided with critical **WASH supplies** (including hygiene items) and services in 2020 to support the adoption of COVID-19 prevention measures

IPC measures are one of the easiest proven ways to limit the spread of COVID-19. In response to the pandemic, IOM scaled up its operations to improve access to WASH services, enhance capacity-building, and stringently implement COVID-19-specific IPC measures. IOM also quickly expanded its support for national capacities to prevent or limit the transmission of COVID-19. In 2020, and continuing into 2021, IOM has been undertaking IPC interventions in line with international, evidence-based standards at PoEs, in health care facilities, in isolation centres and quarantine facilities, in camps and camp-like settings, during resettlement and movement operations, and across all other programming areas.

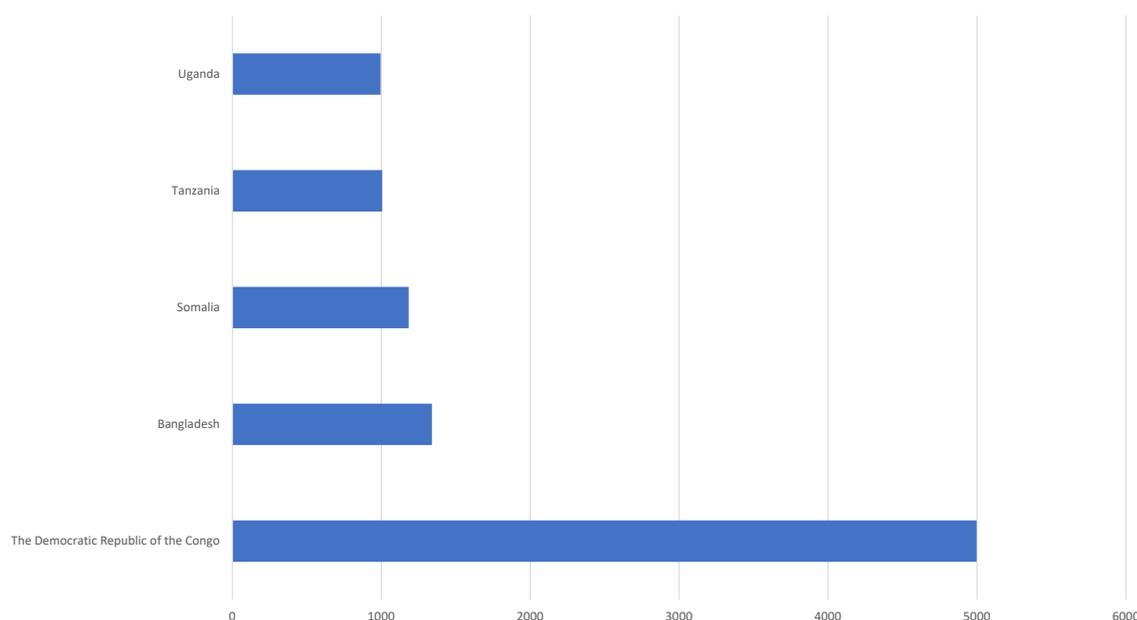
Globally, IOM bolstered capacity-building, advocacy, risk communication and infrastructural improvements, as well as drafted, improved and updated technical guidance to ensure a holistic and all-encompassing IPC response

The quarantine and isolation of suspected and confirmed cases of COVID-19 continue to be some of the most effective ways to control the spread of the virus. As States began implementing these measures IOM rapidly **developed internal global guidance** in order to direct the Organization's involvement. The decision to establish quarantine facilities as part of a public health strategy lies with the

State; nevertheless, where States were unable to provide facilities in line with public health standards, in 2020, IOM intervened upon States' requests with specific services as a *provider of last resort*. Globally, IOM worked with States to ensure that the decision to facilitate isolation, quarantine, or other containment measures in the context of COVID-19 was fully guided by public health considerations and regulations, ensuring that these measures were based on principles of *non-discrimination, confidentiality and dignity*, and by no means implied mandatory or indefinite detention. IOM worked with countries to facilitate critical conditions such as the continued provision of essential services, including access to health care, as well as food, water, and clothing, in the event of the implementation of such measures.

From the onset of the pandemic, IOM also supported Member States' institutions and facilities with the **provision of life-saving WASH services and IPC technical assistance**. IOM missions procured and scaled up the distribution of PPE, hygiene kits, and additional WASH and medical-grade IPC supplies. This equipment facilitated the implementation of IPC measures such as proper handwashing and hygiene, use of PPE, triaging, physical distancing, cleaning and disinfection, and proper waste management. IOM subject matter experts have developed global guidelines, trainings, webinars, and resources on recommended IPC measures in health care facilities. These resources were translated into practical and contextualized standard operating procedures to facilitate IOM health services continuing to be delivered safely while adhering to IPC best practices, and protecting migrants and staff from COVID-19 transmission. Regular IPC trainings for relevant staff at national, regional, and global levels were also conducted throughout the year to ensure the highest adherence to international IPC standards and keep staff updated as new evidence pertaining to COVID-19 emerged and standards were revised.

Top five countries with highest of number of newly installed or rehabilitated handwashing facilities in 2020





IOM supports handwashing for beneficiaries to reduce the risk of COVID transmission during an NFI distribution in Cabo Delgado, Mozambique © IOM 2020

In 2020, globally IOM either installed or rehabilitated 19,253 handwashing facilities in the fight against COVID-19 (and other public health threats)

IPC programming has been complemented by contextualized messaging on the appropriate use of distributed items and the uptake of IPC measures, as well as hygiene promotion activities focused on COVID-19 mitigation. In addition, IOM drew marker points at WASH and health-care facilities and spaced the timing of interventions to encourage compliance with physical distancing (a challenge in typically crowded areas, which required adaptation of traditional hygiene promotion approaches). IOM Uganda trained community-led WASH management committees to facilitate physical distancing and alignment to COVID-19 mitigation measures at water points. Additional handwashing stations were installed or rehabilitated in camps, at points of entry and control, and in host communities in 65 countries globally. IOM Ethiopia created a colouring book to help children understand basic IPC measures to protect themselves and their families, and COVID-19 prevention measures have been broadcasted through radio messages and speakers in Somalia and South Sudan, and many other countries. In doing so, IOM has helped provide access to

improved hygiene practices to people in need through activities that foster community engagement while respecting COVID-19 preventive measures.

People living with disabilities, children, and the elderly continue to experience barriers accessing WASH services and facilities in camps and camp-like settings, and these challenges were only further compounded by COVID-19 in 2020. Gender differences are also key to consider. To better understand these populations' specific challenges, knowledge, attitude, and practice surveys and targeted need assessments were carried out in Bangladesh, Ethiopia, Haiti, Somalia, and Yemen. The surveys' outputs were crucial in informing programming and resulted in increased door-to-door visits to the most vulnerable and more attention given to these populations to ensure that they were reached with critical IPC messaging and supplies. Surveys will continue to be a critical means of informing programming in 2021.

5,098,851 individuals living in camps and/or camp-like settings and surrounding host communities were supported with enhanced WASH facilities and items for COVID-19 prevention and response in 2020

LOGISTICS, PROCUREMENT, AND SUPPLY CHAIN

The COVID-19 pandemic has caused an unprecedented global spike in the demand for PPE, essential commodities, multipurpose space, and laboratory items for SARS-CoV-2 testing and vaccinations. Across the world, supply chains struggled to cope with many countries' unprecedented new needs and requirements, leading to a global supply chain crisis. At the same time, mobility restrictions contributed to intermittent closures of several key transportation routes, leaving many countries unable to procure essential items on the open market and therefore unable to access potentially life-saving equipment.

In 2020, IOM played a central role in accelerating the supply chain process from procurement to distribution by using existing operational capacities from ongoing programmes such as shelter and non-food items (NFIs), global prepositioned stocks, and long-term agreements with international suppliers. In coordination with the Pandemic Supply Chain Network (PSCN) and others, as well as through the UN COVID-19 Supply Chain System platform and bilateral collaborations with partner agencies such as UNICEF, the WHO, WFP, and United Nations Population Fund (UNFPA), IOM coordinated the procurement and distribution of approximately USD 40 million worth of COVID-19 supplies in 2020, including PPE, medicines, laboratory equipment, diagnostic equipment, and NFIs.

In total, IOM procured and distributed over **21,849,623** supplies during the year

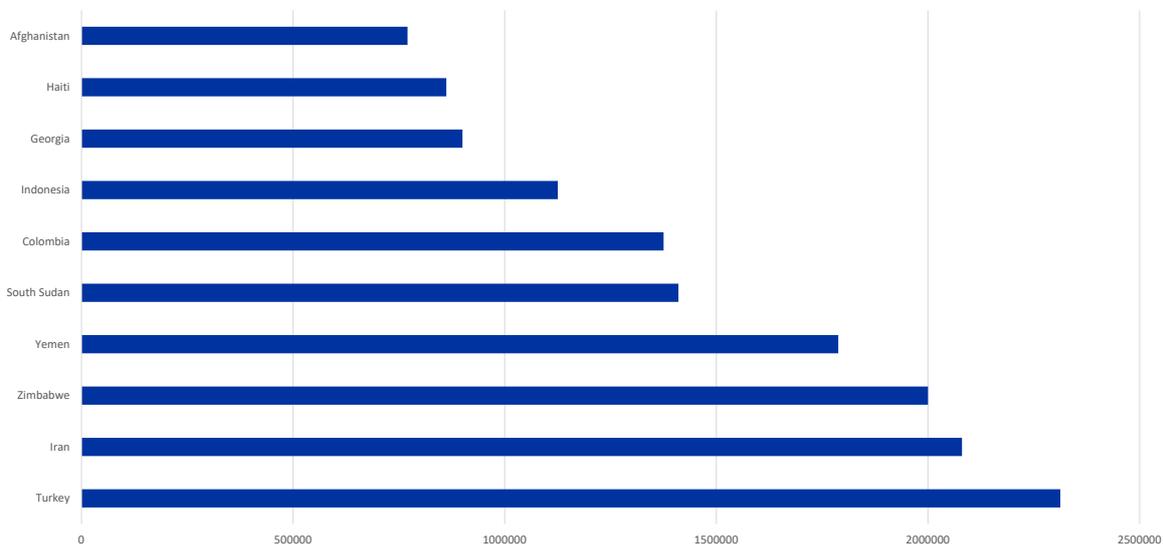
Despite the global supply chain crisis, the volume of IOM's global stock delivery increased by 57 per cent in 2020 as compared to delivery in 2019. IOM's global pre-positioning of supplies was essential to this effort, enabling the delivery of 577 m³ of NFIs from central warehouses in Manila, Nairobi, and Panama City to

IOM field missions such as Djibouti, Panama, the Philippines, and numerous others. These COVID-19-related deliveries represented 27 per cent of the total volume of centrally pre-positioned items delivered in 2020.

Since the onset of the pandemic, IOM has been coordinating extensively, both internally and with external actors, to facilitate the procurement and movement of essential COVID-19 supplies. For example, IOM has participated in a number of external forums related to procurement and logistics, including the UN COVID-19 Supply Chain Taskforce, in order to ensure IOM's requirements for essential COVID-19 supplies are being captured in system-wide coordination platforms and vice versa. Further, the Procurement and Supply Division has helped to enhance communications and coordination with IOM COs during the pandemic and has issued COVID-19 business continuity guidance on emergency procurement procedures to facilitate more effective, efficient responses to the ongoing pandemic. Procurement and Supply Division (PSD) has also engaged in weekly planning meetings with the Migration Health Division to plan, source, and deliver COVID-19 diagnostic equipment to meet the most immediate needs on the ground.

IOM has taken steps to introduce innovative new approaches to procurement and logistics during the pandemic, such as implementing an online COVID-19 Supply Management Portal to track and report the ongoing purchase and delivery of essential supplies. Recognizing the considerable limitations of manual tracking processes, IOM made landmark progress in enhancing efficiency by implementing institutional digitized procurement solutions throughout 2020, with a focus on systems integration. PSD, in collaboration with IOM offices worldwide, intends to continue these efforts in 2021 and beyond to ensure that critical goods and supplies required for pandemic response reach missions, Member States, and beneficiaries worldwide.

Top 10 countries where IOM operates with highest number of supplies procured and distributed in 2020



CASE MANAGEMENT AND CONTINUITY OF ESSENTIAL SERVICES

570 health facilities in dozens of countries received IOM support to maintain essential immunization services in 2020

Since the beginning of the pandemic, IOM has worked with Member States, partners, communities, and staff to ensure that migrants, displaced populations, and communities have continued access to essential health services, while supporting health systems and service delivery and providing support to vulnerable communities affected by COVID-19.

2020 was a year that shook and overwhelmed health systems. Many countries struggled to provide care to critically ill COVID-19 patients, while other services were sidelined to ensure that health systems had the resources to deal with surges in COVID-19 cases. To mitigate this pressure on health systems, IOM mobilized its pre-existing human resources and deployed staff to support COVID-19-related programmes from the pandemic's onset. In addition, IOM focused on supporting operations to ensure the continuity of essential health services for migrants, displaced populations, and communities.

COVID-19 has also had a significant impact on the care available to women and girls, as resources have been re-allocated to support in the fight against COVID-19. Access to health-care services, including sexual and reproductive care, has significantly decreased. **Women and girls in disadvantaged and marginalized groups, such as migrants and persons with disabilities, have been particularly affected.** In Jordan, Kenya, and Mozambique, as well as numerous other countries, IOM supported the continued provision of life-saving primary health care, including sexual and reproductive health (SRH) and GBV services, nutrition, case management of non-communicable diseases, HIV, malaria, and tuberculosis services, and MHPSS. Globally, IOM also supported 570 health facilities in dozens of countries to maintain essential immunization services. More than 120 IOM clinical staff from IOM's migration health assessment programmes (including medical officers, radiologists, and radiographers, among others) were deployed to contribute to national COVID-19 responses with the overall aim of supporting and strengthening health systems.

Acknowledging their essential role in health care provision, IOM also supported over 9,490 CHWs globally to contribute to the maintenance of essential services despite COVID-19 restrictions. Alongside fixed and mobile clinic consultations adapted to implement enhanced IPC measures, IOM provided over 8,580 telemedicine consultations worldwide to reduce obstacles to primary health care access in the context of COVID-19.

5 - For more information regarding FLoD, see page 40



IOM holds a COVID-19 sensitization session for 30 community health workers in Kandahar Province, Afghanistan © IOM 2020

In numerous locations, IOM supported health facilities with infrastructure rehabilitation, capacity-building and training, human resources, the provision of essential equipment and medicines, IEC materials, and improvements in IPC, including WASH infrastructure and PPE procurement.

For example, to support a health system strained by COVID-19 during the Nagorno-Karabakh conflict, IOM Armenia deployed a mobile health clinic to provide primary health care, including psychological first aid and specialist referrals, to displaced and host populations in eight priority communities. IOM Afghanistan deployed seven health teams to 73 target locations in four border provinces and reached over 500,000 beneficiaries in 2020 with basic health-care services, including outpatient consultations, maternal, child and neonatal care, SRH, and family planning services, as well as health promotion activities and psychosocial counselling. In Yemen, IOM supported 22 health facilities and eight mobile health teams to provide emergency health assistance (including response to a cholera outbreak) in displacement sites and along well-documented migratory routes across numerous governorates. During a two-week period in October 2020, for example, nearly 9,000 people, including more than 2,300 migrants, received primary and secondary health care, cholera treatment, and MHPSS services. In addition, as part of FLoD, IOM became a key partner in the UN's network of clinics to ensure UN personnel and their dependents could access high quality, reliable health services, thereby enabling the UN to continue to deliver essential services in line with its mandate⁵.

In 2021, in line with the IASC's commitment to accountability to affected populations and global quality standards for health-care provision, IOM is committed to the ongoing prioritization of access to essential health care despite the immense challenges posed by the COVID-19 pandemic

CAMP COORDINATION AND CAMP MANAGEMENT

People affected by humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, have faced specific challenges due to COVID-19. Collective sites often enhance these populations' vulnerability to COVID-19 because of frequent overcrowding, sub-standard shelter and thus increased climatic exposure, and poor pre-existing nutritional and health status. As co-lead of the global CCCM Cluster and with CCCM operations in over 1,300 sites across 27 countries, IOM works to support regional, national, and local authorities to develop contingency, preparedness, and response plans in case of outbreaks, and facilitate the continuation of services in existing, at-risk displacement sites. In 2020, IOM rapidly adjusted its approach to CCCM programme implementation to incorporate numerous COVID-19 considerations, working with partners at all levels.

With restrictions being placed on movement and access for both displaced populations and humanitarian actors, IOM adapted and responded to the evolving dynamics of the situation, including by adopting a remote management approach early in the crisis where feasible and appropriate. Working in close partnership with health and WASH actors, CCCM teams conducted trainings and awareness sessions with camp committees, women's groups, and youth groups to ensure that displaced populations were included in the planning and implementation of COVID-19-related preparedness and response measures. IOM teams also worked with community leaders on assessing risks, conducting service and referral monitoring, and establishing and renewing communication channels, including through the formation of new volunteer networks, to ensure that communities possessed the skills and resources to lead these critical camp management processes.

Capacity development initiatives for those managing displacement sites were also prioritized during this period of limited access, whether through the transition to online facilitated trainings on critical health and WASH information, or through the recording of training videos that could be distributed to local authorities.

IOM trained 19,947 community leaders, local authorities, and camp managers in camps and camp-like settings on COVID-19-related issues during 2020

At the global level, IOM worked with the CCCM cluster to organize eight webinars that explored different aspects of camp and site management in the context of COVID-19. Further, at the onset of the pandemic, in consultation with its field missions, IOM HQ developed [the Camp Management Operational Guidance](#) that proposed possible adaptations and key considerations for continuing core camp management activities while preparing for potential infections in displacement sites. The guidance has since been adapted and contextualized for use across all of IOM's CCCM operations, as well as many of its partners' operations.



Participatory mobility mapping exercise in Krishnanagar, Nepal, to inform preparedness activities © IOM 2020

Participation, leadership, and ownership of the decision-making process by communities and local authorities have remained key priorities for IOM during the pandemic. To achieve these objectives, it has been vital to ensure access to accurate and timely information, to track rumors and misinformation that may arise, and to raise awareness about the prevention and mitigation measures being put into place. IOM further supported authorities at all levels to develop contingency and response plans, contributing to a total of 99 COVID-19 related contingency or response plans related to CCCM globally, and worked closely with authorities to ensure the continuation of services in existing, at-risk displacement sites.

IOM also conducted site improvements to facilitate changes in how public spaces, facilities, and distribution points could be used. In order to help mitigate and contain COVID-19 transmission in collective sites, IOM CCCM operations worked with health actors and authorities to facilitate isolation and physical distancing and, where appropriate, to establish and manage quarantine facilities for target populations in camps and camp-like settings. These activities included the rehabilitation of existing health structures in displacement sites and transit centres to be used for the COVID-19 response and the construction of new facilities, as well as the development of management and maintenance standard operating procedures (SOPs). Other relevant upgrades included the provision of shelter assistance to decongest sites, the upgrade of WASH facilities and infrastructure, and the provision of additional household items to reduce overcrowding, improve site safety and hygiene, and help facilitate sustained livelihoods. In South Sudan alone, 109,042 people in camps and camp-like settings benefitted from COVID-19-related site upgrades.

In 2020, 2,111,928 people in camps and camp-like settings benefitted from COVID-19-related site upgrades

The COVID-19 pandemic has had a particularly severe impact on the protective environment, as it exacerbated pre-existing vulnerabilities and risks of violence and discrimination, while intersecting with factors such as gender, age, disability, nationality, and ethnic origin. Preventive and restrictive measures adopted across the world to respond to COVID-19 have heightened existing protection concerns, creating new worrying trends such as an upsurge in GBV against women and girls. IOM has thus centred its COVID-19 response on the protection of migrants, displaced persons, and communities, as well as vulnerable populations such as the elderly, persons with disabilities, women and girls, children, and LGBTQ+ individuals, **reaching a total of at least 1,972,393 individuals with protection assistance and services in 2020.** IOM's COVID-19 protection response prioritized individuals' fundamental well-being, including by responding to COVID-19's gendered impacts and providing essential MHPSS services. IOM continued providing the most critical protection services through adjusted ways of working such as remote and mobile methods.

Addressing the increased risks of GBV remained one of the key priorities for the Organization, including by mainstreaming GBV risk mitigation measures across programmes, while also adapting GBV prevention and response efforts to recognize and address COVID-19's impact on women and girls. IOM missions worldwide have ensured continued and safe access to lifesaving services for women and girls despite obstacles created by COVID-19-related restrictions, while also providing information and promoting awareness-raising about risks and available protection services. To complement direct service provision, IOM has maintained essential protection referral services across COVID-19 response programming to mitigate the increased protection concerns and risks resulting from the pandemic. **In 2020, at least 71 missions worldwide incorporated protection components in their COVID-19 response.**

COVID-19's mental health impacts have been significant, particularly for populations on the move. In 2020, IOM maintained, expanded upon, and ensured access to critical MHPSS services for vulnerable populations, including displaced persons and stranded migrants, by providing direct services and supporting partners' increased capacity in the MHPSS response. **In total, IOM supported, adapted, or created 111,396 culturally appropriate COVID-19-related MHPSS services and activities globally, and trained 26,343 community members, partners, and government staff in MHPSS for COVID-19-related skills worldwide.** IOM also published internal guidance and adapted programming to provide innovative solutions to the challenges of community engagement and MHPSS service provision during the pandemic. At the country level, programming solutions for community engagement through [awareness campaigns](#) and continuous participatory assessments of community perceptions on COVID-19, for example, proved

successful in a number of locations, and lessons learned in adjusting to remote MHPSS service provision were consolidated in IOM Iraq's publication on [Internal Guidelines For Remote MHPSS Working Modalities](#).

Globally, IOM also **mainstreamed protection** across its COVID-related activities, consistently promoting vulnerable groups' safe, meaningful participation at all programming stages, providing guidance and training to IOM staff and project partners, and collecting sex and age disaggregated data in assessments to inform interventions. IOM developed **practical guidance for country missions on protection, GBV, and disability inclusion** in the COVID-19 response and delivered webinars for IOM missions on the use of DTM data for protection, GBV, child protection, disability inclusion, and counter-trafficking analysis. In partnership with UNICEF, IOM trained frontline workers in transit centres in the Balkans on topics such as protection, GBV, PSEA, and child safeguarding in the context of COVID. IOM HQ also conceptualized, created tools for, and funded the implementation of pilot activities on protection mainstreaming in disaster settings, child protection, and disability inclusion, and multi-disciplinary protection assessments at PoEs in the context of COVID-19.

To surmount challenges created by COVID-19 to IOM's **migrant protection and assistance work**, IOM's Migrant Protection and Assistance team at HQ created a task team to identify issues, produce guidance on how to address them, and organize webinars to foster learning and the sharing of innovative practices across missions, some of which can be found in the report on [Migrant Protection and Assistance during COVID-19: Promising Practices](#). The task team coordinated closely with IOM's COVID-19 Returns Task Force (TF) on the issue of stranded migrants, particularly by referring vulnerable stranded migrants for assistance under the Global Assistance Fund, which also expanded its eligibility criteria in response to the pandemic.

At the policy level, IOM **continued to engage and collaborate with a wide range of partners and authorities to promote the mainstreaming of migration into response and planning efforts**, highlight the issues of discrimination and xenophobia as core to the COVID-19 response (specifically regarding protection), and promote respect for pandemic-affected populations' fundamental rights and access to services. At the inter-agency level, through the IASC Results Groups, the Global Protection Cluster and Areas of Responsibility, the Alliance on Child Protection in Humanitarian Action and the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, among others, IOM contributed to the elaboration of cluster and IASC guidance, as well as key thematic messages on the need for increased funding for protection programming, stigma and discrimination, the centrality of protection, and the "do no harm" principle.

PROTECTION

To complement global efforts, 67 IOM missions also engaged in activities countering xenophobia and stigma against migrants prompted by the COVID-19 pandemic at the country level

IOM also focused on creating resources and contributing to inter-agency processes related to MHPSS. Throughout 2020, as a member of the IASC for Mental Health and Psychosocial Support in Emergencies and co-chair of the committee's thematic working groups on community-based MHPSS and MHPSS for men and boys, IOM contributed to the development

of tools and guidelines on MHPSS programming responses to COVID-19. These resources include the [IASC Guidance on Operational considerations for Multisectoral Mental Health and Psychosocial Support Programmes during the COVID-19 Pandemic](#) and the IASC Guidance on [Basic Psychosocial Skills- A Guide for COVID-19 Responders](#). In addition, IOM developed [Mental Health and Psychosocial Support in the COVID-19 Response: Guidance and Toolkit for the use of IOM MHPSS Teams](#), which gives specific guidance on how to prioritize MHPSS tools and interventions in spaces of vulnerability for migrants. As the pandemic's mental health effects will continue to be felt for years to come, protection and MHPSS considerations will remain at the forefront of the Organization's future priorities.



IOM MHPSS volunteers conduct COVID-19 awareness-raising sessions in Cox's Bazar, Bangladesh © IOM 2020

ADDRESSING THE SOCIOECONOMIC IMPACTS OF THE CRISIS



Women training on sewing face masks in Sayun, Yemen with support from IOM © IOM 2020

In addition to a global health and humanitarian crisis, the COVID-19 pandemic has had an immediate, significant impact on all spheres of life across low-, middle- and high-income countries alike. The livelihoods, jobs, social inclusion, well-being and protection, of migrants, displaced populations, and communities who were already vulnerable before the pandemic have all been particularly affected. Highly affected populations include migrants in an irregular situation, refugees, asylum seekers and other categories of displaced persons.

In addition, new vulnerable categories emerged as groups' socioeconomic well-being was disrupted due to the pandemic. For example, many migrant workers lost their jobs and had to return home, some were stranded due to lockdowns or a lack of resources to finance travel, and others found themselves in situations of abuse, exploitation, or as victims of trafficking. Loss of migrants' jobs and income simultaneously resulted in falling remittance flows within numerous corridors, often cutting families and communities from their only source of livelihood.

From pandemic's onset, IOM started working towards four immediate priorities under the socioeconomic impact mitigation pillar: 1) helping the international community to understand the socioeconomic impact of the crisis on migrants, displaced populations, and communities (e.g. through conducting hands-on and targeted assessments and analysis), 2) delivering immediate relief and support to particularly vulnerable migrants, including displaced population groups and families, to offer pathways to recovery, 3) working with partners from the UN, governments, private sector, civil society, NGOs, and migrant communities themselves in advocating for the importance of including migrants in broader COVID-19 socioeconomic-related responses and support measures, and 4) supporting governments at all levels in reviewing and adjusting existing local, national, and regional

migration governance and broader policy mechanisms to ensure that public policies, structures, and systems adjust to new realities and support a better recovery in the long-term.

In total, **97 IOM offices** have been involved in addressing the pandemic's socioeconomic impacts, either through direct work with migrants, displaced populations, and communities (**67 offices**), conducting studies and assessments (**65 offices**), or engaging in advocacy and technical support to governments and partners at the local, national, regional, and global levels. As a result of IOM's work in 2020, including in its capacity as coordinator of the UNMN, the following milestones have been achieved:

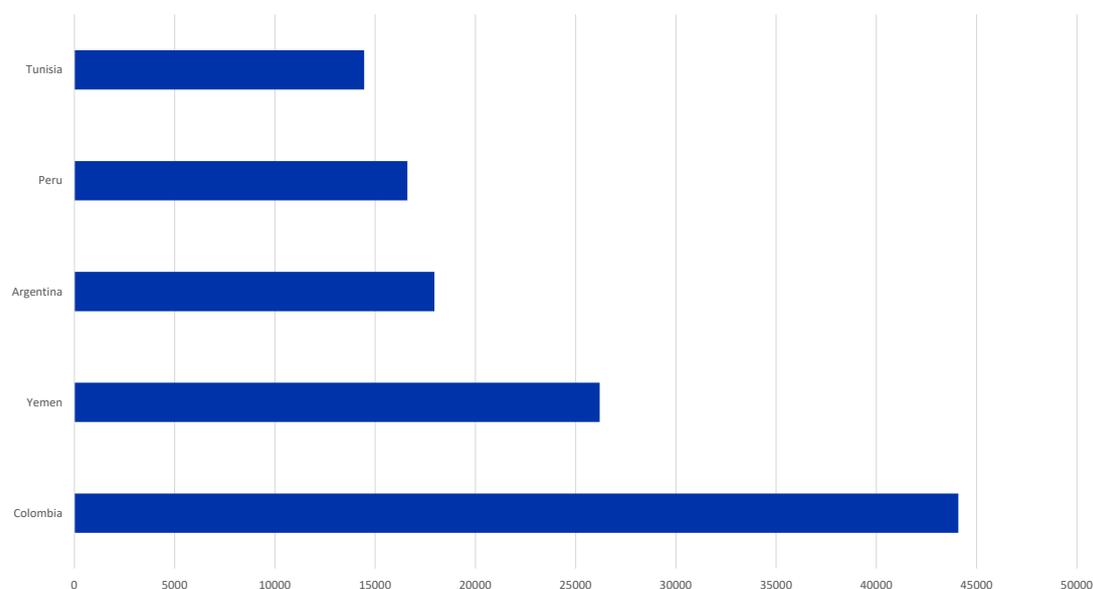
At the local and country levels:

- In total, **238,933** individuals were provided with socioeconomic impact mitigation and livelihood support, including in the top five countries of Colombia (44,090 beneficiaries), Yemen (26,210 beneficiaries), Argentina (12,959 beneficiaries), Peru (16,608), and Tunisia (14,451).
- In **25 countries**, IOM worked on addressing challenges related to migrant remittances and financial inclusion.
- Out of the **65 countries** that undertook studies of COVID-19's socioeconomic impacts on migrants and migration, **24 offices** confirmed concrete application of study results by Governments or other stakeholders whose COVID-19 responses were influenced by IOM's data.

At the regional level:

- Cross-country and regional analyses of socioeconomic impacts have been conducted in [Central America and Mexico \(June](#)

Top 5 Countries IOM Provided Beneficiaries with Livelihoods Support in 2020



2020), in the [Pacific region \(July, 2020\)](#), in [West and Central Africa \(December 2020\)](#), and in Central Asia (ongoing).

- In the Middle East and Northern Africa, a regional indicator bank was developed and piloted to set up a consistent socioeconomic impact analysis of the COVID-19 pandemic on migrants, displaced populations, and communities in both humanitarian and non-humanitarian settings. The analysis informed recovery planning and fed into UN common country analyses and the development of common frameworks, with a report forthcoming in 2021.
- IOM engaged in advocacy and policy work within regional integration blocks, highlighting emerging issues such as the impact of lockdowns and mobility restrictions on cross-border trade and its importance for livelihoods in communities in Africa or the inclusion of migrants in social protection schemes during the pandemic and beyond.

At the global level:

- Migration and people on the move were included in major UN and other global COVID-19 processes and frameworks, including the [UN Comprehensive Response to COVID-19](#), the [UN SG Policy Brief](#), the [Financing for Development during COVID-19](#) and beyond process sponsored by Jamaica and Canada, the UK-Swiss [Call to Action](#) on Remittances, and a repurposed [toolkit for development cooperation agencies](#).
- [Three Global Diaspora Exchanges](#) were conducted with support of the IOM-sponsored [IDiaspora.org](#) platform, which resulted in a [joint statement](#) addressing anti-migrant sentiment and xenophobia as well as the establishment of the Global Diaspora Confederation, the first diaspora-led civic society organization with a truly global perspective.

- The socioeconomic impacts of the pandemic on migrants and other population groups were included in numerous IOM policy and issues briefs, including on [Why Migration Matters for Recovering Better from COVID-19](#), [Labour Mobility, Developing Countries, Seasonal Migrant Workers, Responsibility of Employers and Recruitment Agencies](#), [a resource bank on migrant inclusion and social cohesion](#), [thematic briefs](#) on digital inclusion of migrants during COVID, and [xenophobia](#).

The disruptions to economies, supply chains, human mobility, trade, and production have been unprecedented in scale and scope. The crisis has compounded pre-existing socioeconomic challenges that were already faced by many, including as related to displacement, inequalities, status irregularity, and exclusion. At the same time, COVID-19 has highlighted the significant benefits that human mobility and migration can bring. The pandemic has showcased resilience and strength from diaspora networks, who were among the first to reach out to support stranded migrants and also provided outreach to families and communities left without income due to falling remittances. At the same time, communities and families back home started gathering resources to assist their friends and families stranded in destination countries.

As the world increasingly adapts to this new normal and works towards recovery, IOM will continue advocating for the inclusion of migrants, displaced populations, and communities to ensure support to livelihoods and fostering resilience so that no one is left behind along old or new emerging dividing lines such as race, origin, ethnicity, gender, disability, or digital literacy. At the same time, migrants and diaspora communities will need to be engaged globally as partners during recovery, as they can help create an immediate impact on the ground and will fill in the resource and expertise gaps aggravated by the pandemic.

SUPPORT TO STRANDED MIGRANTS

COVID-19's widespread impact on human mobility due to travel restrictions, border closures, and lockdown measures has stranded migrants across the world. In addition, loss of jobs and income, limited or high-risk employment opportunities, loss of residence permits, and a lack of resources to return home have all hindered mobility. This situation has in turn further compounded migrants' already limited access, or prevented their access, to health care and social support, exposed them to stigmatization and xenophobia, and put them at risk of homelessness or detention in overcrowded facilities, while at the same time heightening their vulnerabilities to the disease. As being stranded often confers few prospects or limits the ability to return home without assistance, IOM mobilized its multi-sectoral capabilities to organize voluntary returns for stranded migrants seeking to return home. Assistance to stranded migrants was one of the IOM Director General's key priorities in 2020⁶.

In response to the complex challenge of facilitating movements during the pandemic, IOM quickly established the COVID-19 Return TF to ensure an efficient, coherent approach and leverage the expertise from IOM's different thematic units. Accordingly, the TF supports IOM's strategic vision and goal of jointly responding to challenges by addressing the interplay among different programmatic areas within the Organization to better assist migrants and governments.

2,676 migrants were supported worldwide by IOM to return home in a safe and dignified manner, through both commercial flights and organized charters

Collaborating with governments, dedicated charter brokers, and airport authorities, IOM organized five charter flights to assist vulnerable and stranded migrants, assisting 493 total beneficiaries. Charters were organized despite countries being in lockdown or airports being closed for commercial travel. TF funding supported 1,099 beneficiaries for return, with IOM missions assisting an additional 1,577 beneficiaries in coordination with the TF. IOM's DTM supported the TF and COs in tracking requests for assistance and monitoring stranded migrants. As part of a comprehensive support package, IOM COs also provided different types of return support to stranded migrants, such as flights and travel documentation, with a total of 107,212 individuals receiving some sort of return-related assistance in 2020. These return services and processes were adapted to ensure adherence with COVID-19

prevention and mitigation measures. 167,216 beneficiaries were assisted in transit centres using enhanced COVID-19 protocols and SOPs.

In addition to return support, IOM has been providing assistance to meet stranded migrants' needs, such as food and shelter, child-care, and health assistance including psychosocial counselling, risk communication, and COVID-19 preventative measures. In Niger, for example, 6,996 stranded and vulnerable migrants were assisted with case management.

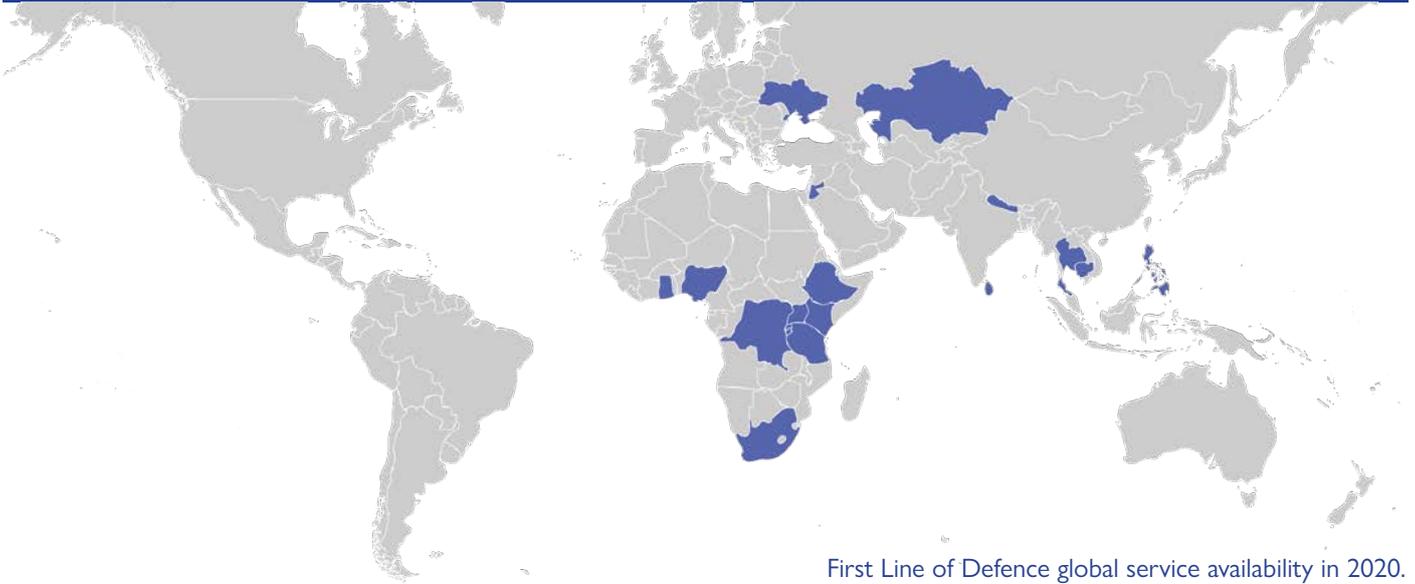
Globally in 2020, a total of 73,869 vulnerable or stranded migrants were assisted with case management services in light of COVID-19

Although IOM's regular return and reintegration services were not suspended in 2020, contextual operational challenges were significant. The measures adopted during the pandemic to ensure service continuation led to the development and implementation of various innovative tools and approaches to service delivery that IOM will continue to develop and improve upon to ensure the well-being and protection of migrants and their rights:

- COVID-19 has necessitated an adjustment of traditional, in-person interactions with migrants, as physical distancing measures and lockdowns have required staff to move many forms of in-person engagement to digital platforms. Innovative strategies have included setting up hotlines for information provision, the creation and use of mobile applications for pre-registration, providing information, virtual counselling, and psychosocial support, remote monitoring of reintegration activities, and the use of social media for communications and community outreach, while remaining cognizant of the digital divide.
- IOM also enhanced and adapted its movement operations' capacity to be COVID-19 "safe" at PoEs. Six regional webinars were held, with 700+ participants trained on these new ways of facilitating movements.
- In 2020, IOM expanded the use of cash-based interventions (CBIs) as an efficient solution to assisting migrants in a range of scenarios, including as reintegration support instead of in-kind assistance to address stranded and vulnerable migrants' immediate needs.

6 - IOM's Return Task Force Issue Brief (September 2020), which aims to consolidate available information on the impact of COVID-19 on stranded migrants, can be found here: https://www.iom.int/sites/default/files/documents/issue_brief_return_task_force.pdf. The DG's other key priorities in 2020 may be found in more detail in the section: HQ Overview on p (16)

CONTRIBUTION TO THE UN'S FIRST LINE OF DEFENCE



First Line of Defence global service availability in 2020.

At the start of the pandemic, many UN staff and their dependents stayed to serve in countries throughout the world despite countless unknowns, often continuing to work in locations with limited or no access to medical facilities. In response, by the end of 2020, IOM's FLoD services (COVID-19 testing and health-care services for UN staff) were available in 18 IOM Migration Health Assessment Centres across Africa, Asia, Europe, and the Middle East.

On 13 July 2020, IOM entered into an agreement with the entire UN system to provide critical health services to UN personnel and their eligible dependents through the UN's FLoD framework. In order to support the UN's duty of care for its personnel during the pandemic, as well as indirectly support overwhelmed national health care systems, IOM rapidly repurposed existing health centres and scaled up services with the overall aim to ensure the safety and health of UN staff and their dependents, save lives, and ensure the continuity of essential humanitarian work during the COVID-19 pandemic.

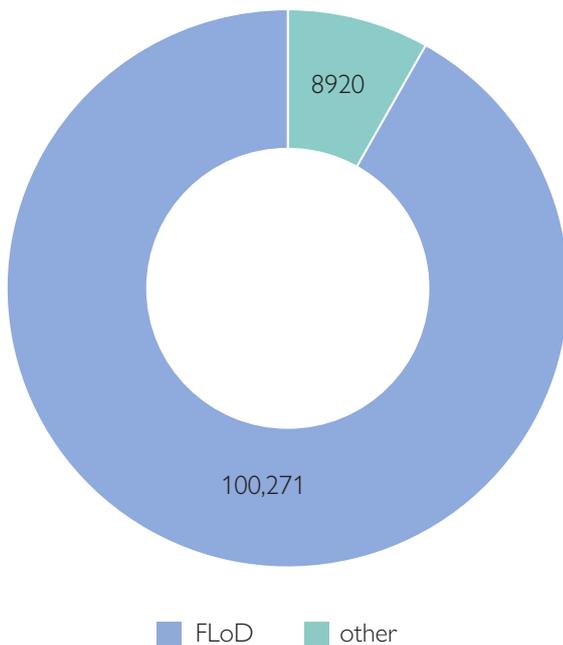
Ministries of Health. At HQ, IOM worked with UN counterparts to establish a global Memorandum of Understanding with the UN for the FLoD framework, and legal, financial, and operational aspects were significantly expedited to ensure quicker access to services for UN staff. While IOM's service provision leveraged existing capacities and expertise, FLoD's efficient rollout nevertheless required substantial reinforcement of human and technical capacities, significant procurement efforts, the introduction of novel technologies, adherence to strict programme monitoring, and enhanced clinical governance in order to deliver these critical health services. Despite persistent global shortages and challenges related to supply chains, logistics, and the availability of SARS-CoV-2 tests, IOM's laboratory capacity was also bolstered, which will likely have a significant impact on the Organization's future health operations.

Over 5,600 UN beneficiaries in 18 countries received at least one service under the programme from July 2020 through the end of the year. Over 8,920 SARS-CoV-2 RT-PCR tests were performed for clinical purposes, 1,049 beneficiaries received in-home monitoring, and 38 beneficiaries were referred for hospitalization or medical evacuations.

FLoD's roll-out occurred through sustained high-level and collaborative partnerships with the UN Division of Health Management and Occupational Safety and Health and the UN Department of Operational Support at the HQ and regional levels, as well as with UN Country Teams, Resident Coordinators, and



Number of COVID-19 tests provided



31 Molbio and Thermo Fisher machines, 32,000 Xpert Xpress cartridges, and 30,000 Molbio tests were procured for laboratories in 13 countries around the globe to facilitate SARS-CoV-2 testing.

Health information management innovations included the development of new telehealth software and a beneficiary feedback system, as well as collaboration with the WFP Humanitarian Booking Hub to facilitate COVID-safe online appointment scheduling.

IOM's expertise in logistics, procurement, and supply chain management through its Global Procurement and Supply Unit was instrumental in securing high-value medical and laboratory equipment and PPE for FLoD-implementing facilities. A support structure at the global and regional levels also provided direct oversight, technical and managerial support, and guidance, which will continue as FLoD maintains the provision of critical services for UN personnel and dependents in 2021, helping humanitarian operations to continue in the pandemic's second year.



A radiographer screens for tuberculosis as part of IOM's Migration Health Assessment Programme in South Africa, which has ensured the continuity of essential health services during the pandemic © IOM 2020

LESSONS LEARNED

COVID-19 introduced unprecedented changes to mobility, transportation, labour markets, and daily life. Consequently, IOM adapted its programming and working methods in 2020 to meet this new reality, which led to lessons that have continued to inform its interventions and modalities. IOM has applied this learning to both its external interventions and its internal operations, adjusting its ways of working to better accommodate the required multi-faceted, multi-sectoral response. The following are just some examples of the key lessons learned that IOM is utilizing to inform its programming in light of COVID-19.

Migrants, displaced persons, and communities must be considered in public health planning (including vaccinations) and social protection schemes. There is a clear need to continue advocating with governments on migrants' inclusion in vaccination rollouts and socioeconomic recovery plans. Similarly, a stronger emphasis on inter-sectoral cooperation is needed, without which migrants may be excluded from critical socioeconomic and health services or from full participation in recovery efforts. IOM's policy and operational initiatives will further engage across multiple sectors at the country level, such as through common labour-health approaches or joint humanitarian-development interventions for crisis-affected populations.

In collaboration with the Ministry of Public Health, Costa Rica Social Security, and the School of Public Health, IOM Costa Rica developed and coordinated a national health and mental health strategy, which included a focus on the socioeconomic and health situation of the migrant population

It is crucial to integrate public health concerns into immigration, border, and migration management policies and practices, and these linkages need to be emphasized in policy support and capacity development for Member States and other stakeholders. Full integration of health, border, and mobility management approaches, including by developing adequate surveillance infrastructure and improving data-sharing among countries, is imperative. IOM will remain committed to concerted country- and regional-level cooperation with national and international actors on preparedness, response, and recovery.

Access to accurate, timely information on pandemic-related issues, including migrants' health and socioeconomic conditions, is critical to inform both affected communities and the broader response. This is particularly relevant to the inclusion of evidence-based policy recommendations on migration issues in the COVID-19 response, from the highest-level UN Policy Briefs to local response planning. Additionally, migrants themselves have been negatively affected by misinformation throughout the pandemic, particularly due to the stigma and xenophobia frequently

fueled by this misinformation, but also because of a lack of accurate information in languages that they can understand on issues such as COVID-19 prevention and services. Given the COVID-19 outbreak's scale and quickly changing nature, IOM will continue to prioritize effective knowledge management, RCCE, and reporting to structure the response and manage the info-demic.

IOM Ukraine launched the information campaign "Wear your mask, don't mask your feelings!" in Luhansk and Donetsk regions to highlight the importance of and overcome the stigma associated with seeking psychosocial support, especially during the pandemic. The informational video developed was aired on state media and received over 1.55 million views on YouTube and Facebook

Relatedly, improved data and analysis is required to better



A traveller has his temperature checked at an IOM-supported PoE at

understand COVID-19's impacts on mobility. Collecting information from mobile and displaced populations is a challenge that has become even more pronounced during COVID-19 as face-to-face data collection has been disrupted in many places. Investing in innovative remote monitoring and assessment tools is therefore critical. Trend data will allow a more comprehensive understanding of COVID-19's medium and long-term impacts on mobility and the linkages between mobility and other areas of concern such as food security. This evidence is crucial to the design of effective programmatic and policy responses during the crisis and recovery phases.

Migrants, displaced populations, and communities are essential partners during pandemic response and recovery. Community engagement, communication, and mobilization by camp management organizations have been particularly relevant during the COVID-19 response in camps and camp-like settings. As co-lead of the global CCCM Cluster and a critical CCCM partner, IOM identified and shared new and innovative ways to engage affected communities, including through remote management, to

ensure that they could also be drivers of the response. Additionally, the UNMN, with IOM as its Coordinator, adapted its focus and advocated with Member States to uphold their commitment to the GCM in light of COVID-19's impact on migrants and mobility, and to become "[Champions](#)" for GCM implementation as a means of addressing pandemic-related challenges. IOM will continue to engage with the Network, as well as to mobilize migrants and displaced persons as effective, trusted risk communication messengers in their communities, such as through IOM's "[Migrants as Messengers](#)" campaign.

Continuation of essential services is critical and should always be at the forefront of emergency preparedness and outbreak planning. Globally, COVID-19 significantly impacted services' availability and accessibility. In response, IOM mobilized to ensure that critical humanitarian services, such as WASH and shelter, could continue to be delivered to crisis-affected populations. In addition, IOM deployed staff to assist health care facilities and supported operations to ensure the continuity of essential health services such as immunizations and primary health-care. Through FLoD, IOM also enabled the UN to continue delivering essential services by ensuring UN personnel and their dependents' access to quality, reliable health services through its network of clinics, a service that IOM continues into 2021.

IOM has also identified number of key lessons that have informed its approaches internally.

Leveraging partnerships is key in raising awareness and advocating for migrant-inclusive policies and practices. These partnerships have included long-standing arrangements such as with the IASC, WHO, UNHCR, and UNICEF; new partnerships such as with the ACT Accelerator (including the COVAX Facility); and strengthened, expanded partnerships such as with WFP and Gavi, the Vaccine Alliance, among other regional and national partnerships. Such collaboration with key international, local, and national partners on advocacy, resource mobilization, and programme implementation will continue to be fundamental to the COVID-19 response, as they enable more efficient, inclusive approaches and ensure that services can be provided in a timely manner without duplication.

Responsiveness and flexibility are vital to adapt programming and planning to meet logistical and operational difficulties. For example, IOM was able to adjust projects, deliverables, SOPs, and human resources, which facilitated immigration clearance, return of stranded migrants, and movement of medical supplies that would have otherwise been blocked. Another example was the repurposing of existing structures to provide health-care services during the pandemic. Donor flexibility, including global level unearmarked and/or lightly earmarked funding, enabled IOM to adapt programming and prioritize certain contexts, and will be critical to the response moving forward.



the Ukrainian border © IOM 2020

LESSONS LEARNED

Additional mechanisms are needed to ensure that sufficient funding is available early in a crisis. It was difficult at the pandemic's outset to access the necessary funds to quickly respond to some of the priority areas that the Organization had identified, highlighting IOM's need for donors to provide more flexibility in allocating funding in crisis situations, as per Grand Bargain commitments. Flexible funding allocated to a drawdown fund, for example, would improve IOM's ability to independently augment its country-level capacity to deliver swift, consistent, and predictable humanitarian assistance over a defined period, and will continue to be prioritized moving forward.

Continued internal capacity strengthening at all levels is necessary to ensure that the Organization remains fit for purpose. Whether building multi-sectoral policy skills for engagement with UNCTs or building trust with national governments for joint operations and migration inclusion programmes, adapting to the new realities posed by COVID-19 underlined the importance of continuing training and information exchange, even if it means shifting in-person engagement to online platforms. IOM staff also required capacity-building and training to ensure a mobilized, informed, and skilled workforce.

Innovative approaches, including remote modalities, can be used effectively for collaboration, events, and some service delivery that have traditionally occurred in person. With the advent of movement restrictions and limits on in-person gatherings, IOM

missions had to quickly adapt to ensure that beneficiaries could still access essential services. As IOM expanded its own remote workforce throughout 2020, it became clear that providing training and guidance in the effective use of online tools and platforms was critical for the smooth roll-out of programming. In addition, experience with different remote approaches throughout the year illustrated that some activities are better suited for a virtual format than others. For instance, online meetings, trainings, and workshops often proved to be an effective alternative to in-person events and had the added advantage of reaching more people across countries and regions, thus facilitating rich discussions on common issues. Technologies such as hotlines, mobile applications, and social media were effective means of service delivery in many cases, while modalities such as CBIs, which are both flexible and pose a lower risk of disease transmission, proved essential for reaching people in need. At the same time, certain community-based support and interventions such as reintegration were more challenging to implement virtually and are better suited to in-person modalities once the pandemic permits. Furthermore, given the global digital divide wherein some people cannot access certain technologies, organizations must exercise caution to ensure that interventions do not further deepen existing inequalities. Thus, while great strides have been made in utilizing technology to better meet communities' needs, the Organization will continue to use caution in applying this technology in 2021, and eventually to its post-pandemic interventions.



A girl washes her hands using water tank, water, and soap distributed by IOM's implementing partner in an IDP camp near the Syria-Turkey border © IOM 2020

IOM Thailand helped develop a new online information hub to provide important, up-to-date information on labour migration policies, laws, regulations, and available services for migrant workers, including skills training, legal counselling, and grievance support mechanisms in four languages

Strong and continued collaboration among and within the Organization's departments and teams spread around the world is crucial, given the pandemic's cross-sectoral nature. While this new way of working required some adjustment and planning, particularly in the early months of 2020, the enhanced internal cooperation strengthened IOM's COVID-19 response considerably and is now influencing other non-COVID-19-related programming. For instance, IOM established an HQ-level PoE WG to maximize internal coordination and facilitate a multi-sectoral COVID-19 response. This working group includes experts from diverse thematic areas, including Immigration and Border Management, DTM, Migration Health Division, Migrant Protection and Assistance, Preparedness and Response Division, Protection, WASH, and Resettlement and Movement Management to ensure that IOM's programming is effective and technically sound.

Funding for IOM's COVID-19 Response in 2020

DONOR	FUNDING (IN USD)*
United States of America	104,570,304
European Union	58,774,023
Germany	29,751,402
Central Emergency Response Fund (CERF)	28,536,350
United Kingdom of Great Britain and Northern Ireland	21,167,740
UN Department of Operational Support	13,655,460
Italy	7,704,418
Switzerland	6,838,510
Japan	6,510,989
Australia	5,602,804
World Bank	5,327,000
Canada	5,253,676
Denmark	4,719,428
Nigeria Humanitarian Fund (NHF)	3,866,629
UN COVID-19 Response and Recovery MPTF	3,487,249
UN Post-Conflict Multi-Partner Trust Fund for Colombia	3,266,685
Sweden	3,215,004
Spain	2,433,796
Somalia Humanitarian Fund (SHF)	2,432,280
United Nations Children's Fund (UNICEF)	2,214,119
Ethiopia Humanitarian Fund (EHF)	2,146,083
Norway	1,800,266
Republic of Korea	1,715,197
Czechia	1,704,238
United Nations Human Settlements Programme (UN-Habitat)	1,467,361
New Zealand	1,300,000

DONOR	FUNDING (IN USD)*
Afghanistan Humanitarian Response Fund (AHF)	1,149,950
Livelihoods and Food Security Fund (LIFT)	1,025,594
Netherlands	774,626
United Nations High Commissioner for Refugees (UNHCR)	735,610
State of Kuwait	700,000
Peacebuilding Fund (PBF)	649,690
Syria Cross-border Humanitarian Fund (SCHF)	547,340
IOM Internal Funds	462,727
Global Fund to Fight AIDS, Tuberculosis and Malaria	377,035
Finland	362,049
United Nations Development Programme (UNDP)	348,862
World Health Organization (WHO)	330,000
Central African Republic Humanitarian Fund (CAR HF)	302,500
Portugal	284,414
Ireland	274,725
France	268,873
USA for IOM	267,500
Qatar Charity	250,000
Unearmarked funds - MIRAC	249,748
Amazon	240,000
TradeMark East Africa	226,160
International Rescue Committee (IRC)	179,056
Church World Service (CWS)	149,577
Estonia	117,647
Chile	111,000
United Way Worldwide	109,476
United Nations Trust Fund for Human Security (UNTFHS)	56,000

DONOR	FUNDING (IN USD)*
Joint Programme for Peace (JPP)	52,411
Sudan Humanitarian Fund	35,000
Kuwait Projects Company (KIPCO)	32,363
Bulgaria	27,778
Myanmar Humanitarian Fund	25,000
Save the Children	23,138
Luxembourg	22,075
Office of UN Resident Coordinator - United Nations in Ukraine	10,800
Joint United Nations Programme on HIV and AIDS (UNAIDS)	7,137
Stichting AFEW International	3,600
Grand Total	340,250,471

For more information on COVID-19, and humanitarian plans at the national, regional, and global levels for 2021 and beyond, please see IOM's [Global Crisis Response Platform](#).

The Strategic Response and Recovery Plan for 2021 can be found [here](#)

IOM's achievements against the 2020 COVID-19 Preparedness and Response plans draw on the support and strengths of its donors and partners. Thank you.

For any questions related to IOM's response to COVID-19, please contact: drd@iom.int

* These funding amounts include USD 271 million in new funding and USD 69 million in reprogrammed funding for a total of over USD 340 million

