

**83,322,449** Confirmed cases in over 200 countries, territories or areas<sup>1</sup>

**1,831,412** Deaths from COVID-19

**110,320** Travel related measures have been issued by 226 countries, territories or areas

**\$301 M** Received by IOM for its Global Strategic Preparedness and Response Plan for Coronavirus 2019<sup>2</sup>

\$	Received: 301 M	Gap: \$318 M
		(Requested: \$619 M)

New funds: \$232 M; Reprogrammed funds: \$69 M.



IOM distributes food kits in the north of the Dominican Republic to vulnerable migrants whose livelihoods have been negatively impacted by the pandemic. © IOM 2020

## SITUATION OVERVIEW

COVID-19 continues to spread rapidly across the globe. As of 4 January, and since the outbreak began in December 2019, more than 83.5 million confirmed cases have been reported worldwide, as well as over 1.8 million deaths. Confirmed cases have been reported in more than 200 countries/territories/areas. At the end of 2020, the Americas account for the greatest proportion of reported new cases, followed by Europe, and South-East Asia.

In the last days of December, vaccination campaigns against COVID-19 began in over a dozen countries.

However, new variants of the virus causing COVID-19 (SARS-CoV-2) were detected in the United Kingdom and South Africa in recent weeks and have since been found in other countries as well. Investigations are ongoing to determine if these variants spread faster among people and present any variations in terms of infection severity, antibody response, or vaccine efficacy.

The consequent effect of the new COVID-19 variant has also led to further restrictions on global mobility and migration with several new passenger bans and flight suspensions imposed to curtail infection. As of 29 December 2020, a total of 226 countries, territories, or areas, have issued 110,320 travel related measures indicating an increase of two per cent from 107,830 travel related

measures reported on 24 November 2020. Of these, 81,035 were reported as conditions for authorized entry such as medical requirements while 29,285 were reported as entry restrictions such as airport closures and passenger bans. In the reporting period, there was an increase of one per cent in the entry restrictions and an increase of three per cent in the entry restrictions in conditions for authorized entry. In terms of conditions for authorized entry, there was a five per cent increase in medical requirements such as medical certificates and a three per cent increase in location surveillance tools such as Passenger Locator Forms. There was a 28 per cent decrease in entry restrictions on passengers arriving from specific countries, territories, or areas and a one per cent increase in airport closures and passenger bans. In parallel to existing travel restrictions, a total of 176 countries, territories or areas have issued 712 exceptions enabling mobility despite travel restrictions. As of 29 December 2020, 17 countries, territories or areas issued 22 new exceptions whilst 10 countries, territories or areas removed 17 exceptions.

As the pandemic's effects continue to vary widely across world regions, mobile populations encounter diverse challenges depending on the policy and epidemiological contexts in their sending, transit, and receiving areas. Regulations and

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

<sup>2</sup>Funding received excludes the [USD 25 million CERF contribution](#) which is towards NGOs rather than IOM's appeal. See [Global Crisis Response Platform](#) for more information.

measures are evolving rapidly, as evidenced by the recent shifts in response to the new COVID-19 variant. However, mobile populations often lack timely, accurate information about these changes. These populations are also frequently in vulnerable socioeconomic situations and have been especially impacted by the global economic downturn generated by the pandemic, which has in turn reduced remittances and heightened food insecurity. Furthermore, in crisis contexts, COVID-19 has exacerbated existing

gaps in access to basic services and protection challenges, particularly for the most vulnerable groups, and has often generated xenophobia and discrimination against mobile populations. To address these and other questions, IOM missions around the world are working with governments and partners to ensure that migrants, whether in regular or irregular situations, as well as returnees and forcibly displaced persons, are included in all aspects of COVID-19 preparedness, response, and recovery efforts.

## SNAPSHOT OF IOM RESPONSE

### Risk Communication and Community Engagement (RCCE)

IOM is working with RCCE counterparts at the global, regional, national and community levels to develop RCCE strategies that ensure that mobility is properly considered in public health messaging, and that migrants and mobile communities have access to timely, context-specific, and correct information.

- **IOM Ukraine** launched the information campaign “Wear your mask, don’t mask your feelings!” in the government-controlled areas of Luhansk and Donetsk regions, in an effort to overcome the stigma associated with seeking psychological support and to highlight the importance of seeking mental health support, especially during the COVID-19 pandemic. The informational video developed as part of the campaign was aired on state media and had more than 750,000 hits on YouTube and 800,000 hits on Facebook.
- In **Libya**, IOM conducted 115 outreach campaigns and awareness raising sessions on COVID-19 symptoms and precautionary measures for 5,577 migrants of different nationalities and distributed COVID-19 awareness flyers in English, French, and Arabic.
- **IOM Ethiopia** reached over 35,700 individuals with COVID-19 prevention messaging in Dire Dawa, Jigjiga, Togo wuchale, Dewolle, East and West Hararghe, West Guji, Gedeo, Borena, East and West Wollega zones during the reporting period.
- **IOM Somalia** has reached over 7,500 people with COVID-19 information at IOM-supported health facilities in Afgooye, Hudur, Dhobley, Bardere, Kismayo, Baidoa, Doolow, Hargeisa and Sanag.
- **IOM South Sudan** continues to conduct COVID-19 sensitization and hygiene promotion activities for communities in the Bentiu and Malakal Protection of Civilians (PoC) sites, outside the PoCs in Juba, Jur River, and Wau, and at points of entry (PoEs) in Abyei, Renk and Nimule. Risk communication and awareness messages on COVID-19 continue to be disseminated through a network of 254 community hygiene promoters working across the country and reaching an estimated 226,400 individuals. IOM also launched its 19th radio broadcast on City FM Radio, which focused on educating listeners about COVID-19 and women’s role in COVID-19 prevention.

- **IOM Mexico** launched the “Informed Migration” campaign on social networks to advise migrants about migration procedures during the COVID-19 pandemic. 148,000 people were reached on Twitter, 76,200 on Facebook, and 182,000 on Instagram.

### Disease Surveillance

Migration and mobility are increasingly recognized as determinants of health and risk exposure; IOM plays a key role in linking an understanding of population mobility with disease surveillance.

- In **Libya**, syndromic and event-based health surveillance was rolled out in areas in Libya at/near PoEs in collaboration with the National Centre for Disease Control (NCDC). A total of 12,738 migrants had been surveyed as of 26 December 2020.
- **IOM Burundi** is working with the national Ministry of Public Health and the Fight against AIDS to implement community-based epidemic surveillance, with a focus on COVID-19, in Muyinga province. IOM also trained 100 community health workers to conduct COVID-19 community-based disease surveillance. The trainees will help survey diseases with epidemic potential, including COVID-19, the Ebola virus disease, measles, and malaria.
- **IOM Afghanistan** activated 18 Rapid Response Teams (RRTs) with over 350 seconded staff to Public Provincial Health Directorates. Under the COVID-19 response, IOM has screened 133,597 persons through community-based surveillance; 14,027 persons have been suspected of COVID-19 and 6,040 persons have had samples tested. Among laboratory tested samples, 24 per cent were COVID-19 positive. The RRTs followed up with 12,340 patients at their homes and 765 patients at isolation centres.
- **IOM Mexico** carried out the 32nd round of COVID-19 case monitoring in 66 shelters in 11 cities on the country’s northern border. These shelters have provided accommodation to close to 4,800 migrants in the last month.

### Points of Entry (POEs)

IOM is a strategic partner to support Member States in strengthening core capacities for public health measures at

points of entry, through mobilizing its broad range of expertise in migration management and emergency operations.

- In [the Republic of Moldova](#), IOM in coordination with the border authorities distributed 10,000 travel hygiene kits for travelers at the PoEs with the highest traffic. The travel kits include information materials on COVID-19 prevention, masks, hand sanitizers, and disinfecting wipes.
- [IOM Ethiopia](#) screened 1,830 returnees and local community members for COVID-19 at IOM mobile health team sites and government supported health posts in Dire Dawa, East Hararge, Gedeo, West Guji, East, and West Wollega Zones during the reporting period.
- [IOM Libya's](#) medical teams supported NCDC staff at the Ras Jedir and Wasen PoEs by providing medical checks to over 50,000 passengers returning to Libya. In addition, IOM provided the necessary furniture, personal protective equipment (PPE), medical consumables, and medications to the NCDC to set up and enhance the capacity of health screening stations and isolation units at four PoEs. Moreover, IOM provided a thermal camera to Misrata Airport.
- [IOM Somalia](#) supported the national authorities with the screening of nearly 14,000 people at PoEs in Hudur, Kismayo, Baidoa, Dollow, and Dhobley.
- [IOM South Sudan](#) conducted arrival and departure screening for COVID-19 at five PoEs, reaching a total of 14,396 travellers at Juba International Airport, Nimule Ground Crossing, Wau Airport, Amiet (Abye), and in Wunthou (Renk). IOM continued to support two health facilities nearest to the PoEs in Nimule and Renk with medical supplies, incentives, trainings for health facility staff, and risk communications. Additionally, over 500 individuals from host communities were provided with health care services at the outpatient clinic in Nimule Hospital, bringing the total number of patients seen to 10,145 since 18 October 2020.
- [IOM Jordan](#) conducted needs assessments at Al-Modawara, Aqaba Seaport Passengers station, and Al-Durra PoEs in coordination with the Ministry of Health and border authorities.
- [IOM Iraq](#) held two-day training sessions for officials at three PoEs on COVID-19 and the public health response, international regulations, management and referral of sick travellers, and risk communication.

### National Laboratory Systems

National diagnostics capacity for COVID-19 remains a core component of any public health strategy. With its global network of laboratories, IOM continues to support the enhancement of national capacity for detection of COVID-19.

- On 16 December 2020, [IOM Honduras](#) delivered five clear acrylic biosecurity shields for lab workstations to the Secretary of Health with the aim to support the efforts of the Government of Honduras on the application of COVID-19 tests.

### Infection Prevention and Control (IPC)

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

- In [Mexico](#), IOM provided PPE, hygiene kits and cleaning products to 15 shelters in 11 cities in the south and southeast of the country. Deliveries included 1,134 liters of hand sanitizer, 1,760 liters of liquid soap and 19,076 face masks. Moreover, shelter staff received 1,040 N95 face masks and 96 PPE suits.
- In [Bosnia and Herzegovina](#), IOM distributed 25,000 masks to migrants and refugees in temporary reception centres, including 1,400 masks to children. In addition, IOM organized workshops on mask production in temporary reception centres in [Bosnia and Herzegovina and Serbia](#).
- In [Tunisia](#), IOM donated PPE to regional healthcare facilities, including 10,000 surgical masks, 500 disposable coveralls, 5,000 hand sanitizers and 100 forehead thermometers.
- [IOM South Sudan](#) maintains 656 handwashing stations throughout the country, including 18 handwashing facilities built by IOM in Juba. To date, more than 1.4 million people have benefited from these facilities. IOM is currently upgrading five boreholes in six locations, and recently handed over a motorized borehole to the Suk Libia community in Juba. Further, in Nimule, 4,800 people benefited from three operational handwashing stations during the reporting period. Nearly 59,000 people have benefited from these facilities since they were built.
- [IOM Libya](#) held two trainings on IPC measures for 29 RRT members from Gharyan and Bani Waleed, two trainings for 33 health care workers, and one training for nine IOM Migrant Resource and Response Mechanism (MRRM) medical staff.
- In [Yemen](#), IOM is providing water to family tanks and water points in more than 55 sites in Ibb, Marib, and Taizz, reaching over 86,600 people. During the reporting period, IOM distributed 1,872 pieces of soap and 9,972 long lasting insecticide nets in Aden and Taizz, and 3,600 hygiene kits in Aden, Abyan, and Taizz.

### Case Management and Continuity of Essential Services

IOM continues to provide life-saving support to vulnerable communities affected by widespread transmission of COVID-19 in order to reduce morbidity and mortality rates. In particular, IOM focuses on countries and regions suffering from vulnerable health systems and with high prevalence of malaria, HIV/AIDS, measles and tuberculosis, as well as other preventable infectious and non-communicable diseases.

- **IOM Afghanistan** has continued to provide basic health services through the deployment of seven health teams at 73 selected locations in four border provinces. In 2020, IOM has reached over 500,000 beneficiaries in Nimroz, Helmand, Ghor, Herat, Kandahar, and Nangarhar provinces with basic health care services, including outpatient consultations for general illnesses, maternal, child and neo-natal health care, reproductive health, family planning services and COVID-19 response. A total of 130,648 patients received screening with outpatient consultations with free medicines, and 14,839 persons benefitted from psychosocial counselling services.
- As part of its support to seven primary health care centres in **Libya**, IOM provided 1,517 primary health care consultations to the migrants, IDPs, and host community members.

### Protection

The current COVID-19 emergency is exacerbating all pre-existing vulnerabilities and risks of violence and discrimination, which can intersect with other factors such as gender, age and disability, but also nationality, status or ethnic origin. IOM is committed to ensuring the protection of migrants, displaced persons and other vulnerable populations remains at the center of its COVID-19 response.

- In Bentiu, **South Sudan**, over 3,700 people were reached with COVID-19-related mental health and psychosocial support messages.
- **IOM Turkey's** Psychosocial Mobile Team (PMT) in Izmir at the Mediterranean coast continued to conduct COVID-19 focused group and individual activities through virtual methodologies. . As of 25 December, IOM teams had provided remote mental health and psychosocial support (MHPSS) to 153 beneficiaries, 40 of whom were children, through online platforms including WhatsApp and Facebook
- **IOM Ethiopia** assisted 850 unaccompanied minor and adult returnees with blankets, bedsheets, and dignity kits at PoEs and in different quarantine facilities. A total of 180 accompanied and unaccompanied minor children and adult returnees received food, medical support, and transportation allowances to get home. COVID-19 awareness raising with MHPSS and GBV components were implemented for 1,348 households through door-to-door visits and women's group discussions in Dire Dawa, East and West Wellega. A total of 29 migrants were referred to different psychiatric hospitals in Addis Ababa.
- **IOM Afghanistan** carried out case management assessments for 195 households of persons with special needs (PSNs). More than 1,600 PSNs (and their households) were identified at the Milak and Islam Qala border points by protection screeners in coordination with provincial government authorities. In addition, the protection team conducted regular COVID-19 protection monitoring surveys in

collaboration with the Afghanistan Protection Cluster. In December, 444 households were surveyed, all of whom received WHO certified information and RCCE messaging on COVID-19 awareness and prevention.

- Under the leadership of the Ministry of Women's Empowerment and Child Protection, **IOM Indonesia** held an online session on the Cross-Sectoral Protocol on Child Protection in the COVID-19 Pandemic, which included a focus on refugee children and children in disaster settings. Participants from government agencies, international organizations, and civil society organizations actively engaged in child protection issues attended the meeting.
- **IOM Sri Lanka** developed three MHPSS animation videos related to migrants and returnees affected by COVID-19, which were broadcast throughout the month of December.

### Addressing Socio-Economic Impacts of the Crisis

Recognizing the importance of including migrants and other mobile population groups in UN development responses, IOM is actively engaging with various partners from governments, the private sector, civil society, communities and individuals to re-establish means of socioeconomic support to prevent human suffering during the crisis, and provide for a durable recovery in the post-crisis environment.

- In **Indonesia**, IOM provided 118 returned migrant workers with meal support, in line with needs identified by the migrant workers' Safe House and Trauma Center. IOM also continued to support online distance learning modalities for refugee children. In coordination with teachers and schools, more than 650 refugee children enrolled in formal education have been able to remain engaged in schooling despite the pandemic's restrictions.
- In **Mexico**, as part of the COVID-19 Expanded Support Initiative, IOM has delivered around 900 electronic wallets to assist vulnerable migrants who have recently lost their jobs or received considerable pay cuts during the pandemic. Currently, close to 1,900 persons are benefiting from bi-weekly cash transfers to cover food, hygiene, health, and clothing expenses. Additionally, together with the International Labor Organization (ILO), the UN Refugee Agency (UNHCR), and the Office of the UN High Commissioner for Human Rights in Mexico, IOM organized a virtual workshop on labor migration and the prevention of human trafficking and forced labor in the context of COVID-19. The workshop targeted representatives of the Mexican Business Council for Foreign Trade, Investment and Technology (COMCE) and addressed the private sector's role in preventing and eradicating human trafficking, as well as in promoting migrants' labor inclusion in the current context.

- In **Panama**, within the framework of the Regional Refugee and Migrant Response Plan, IOM provided 187 grocery store vouchers to Venezuelan migrants who are vulnerable and at risk within the context of the COVID-19 pandemic. IOM is also providing digital marketing workshops to enhance the capacities of 29 Venezuelan entrepreneurs who received seed funding just before the outbreak and have since been negatively affected by the pandemic.
- In the **Dominican Republic**, IOM provided food assistance to 8,000 Venezuelan and Haitian migrant families through local civil society organizations. Additionally, 50 Venezuelan migrants received rent assistance and 25 were supported with financial contributions to carry out productive ventures.

### Tracking Mobility Impacts

As movement across borders continues to be affected, IOM's capacity to provide data and analysis on population mobility dynamics remains crucial for a more targeted and evidence-based response.

In an effort to provide a global overview of the impact of COVID-19 on human mobility at the global, regional and country levels, IOM is monitoring, analysing, and reporting on **international travel restrictions** being implemented around the world and is conducting **Mobility Restriction Mapping** for points and locations impacted by local restrictions on mobility. IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions in place at PoEs as well as key locations of internal mobility. As of 11 December 2020, IOM has assessed 4,207 PoEs (including 1,056 airports, 2,457 land border crossing points, and 694 blue border crossing points) in 182 countries, territories and areas. The restrictive measures observed across these locations included restrictions on entry and exit, changes in visa and document requirements, medical requirements, restrictions on nationalities, medical certificate requirements, and other measures limiting mobility. These restrictions impact populations including regular travellers, nationals, stranded migrants and other populations such as tourists. The IOM COVID-19 Impact on Points of Entry Bi-Weekly Analysis can be accessed [here](#).

IOM tracks and monitors **in-country and cross border flows** in order to understand population mobility trends within and between certain areas, which in turns helps to inform public health preparedness and response strategies.

- In **Ethiopia**, a total of 10,799 movements were observed across five flow monitoring points (FMPs) in the month of November. This represents a one per cent increase in daily average movements in comparison with October 2020. The average daily movements tracked in November are also still four per cent less than movements tracked in February 2020 (376), which was prior to the emergence of the first confirmed COVID-19 case in Ethiopia. Data collected at Humera FMP in Tigray region could

not be included due to conflict and the absence of internet and mobile services, thus affecting the total number of movements for this month.

- IOM has released its ninth report analysing the impact of COVID-19 on migration **along the Eastern Corridor**. The report provides a snapshot of mobility restrictions and current migration trends along the Eastern Corridor migration route, in addition to analysing the impact of movement restrictions in Djibouti, Ethiopia, Somalia, and Yemen. Moreover, it provides information on the main protection concerns for migrants, assistance provided, and COVID-19 risk mitigation measures. Key findings include migrants' overall arrivals to Yemen from the Horn of Africa increased by 29 per cent between October (1,038) and November (1,340) as restrictions on mobility eased. However, this represents a decrease of over 729 per cent in relation to overall arrival trends between January and November 2019 (127,275 arrivals in 2019 and 35,500 arrivals in 2020). Spontaneous return movements of Ethiopian nationals from Yemen to Djibouti continued to be observed with over 5,180 returns reported since May of 2020. By the end of November 2020, it is estimated that over 14,500 migrants remain stranded in Yemen, 674 in Djibouti and between 400 and 500 in Somalia.
- In **Somalia**, a total of 18,434 movements were observed by IOM across seven flow monitoring points in November. This represents a decrease of 54 per cent in comparison with October 2020 when 19,392 movements were observed. 53 per cent of respondents at FMPs reported being aware of COVID-19. 31 per cent of respondents cited difficulties with sending or receiving remittances abroad, out of whom 57 per cent indicated they had lost their job or business and therefore were unable to send money to family, and 42 per cent reported that the closure of banks or money transfer operators was hindering their ability to send money internationally. Interviewees who reported not knowing about COVID 19 were provided with awareness raising sessions utilizing posters in Somali, Oromo, Amharic, Arabic and English.

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

- In the **Central African Republic (CAR)**, IOM released findings from its mobility tracking exercise. IOM identified a mobile population of 1,534,911 individuals, including 420,645 IDPs (86,385 households), 798,604 (159,819 households) returnees (former IDPs), and 315,662 (64,074 households) returnees from abroad. Compared with the displacement figures from January 2020, a decrease was observed in the number of IDPs (-21%), an increase in internal return movements (+ 17%), and increase in returns from abroad (+ 11%) were observed despite neighbouring countries (Cameroon, Chad, and DRC) closing their borders to CAR due to COVID-19. Of all the localities assessed, 60 per cent (1,039 locations) host

IDPs, 86 per cent (1,471 locations) host internal returnee households, and 44 per cent (763 localities) accommodate households returning from abroad. Key findings include: 40% of localities have reportedly changed their hygiene behaviours due to COVID-19.

- In an effort to provide a more comprehensive picture on the impact of the indebtedness on the returning migrants' sustainable reintegration, IOM has released findings from studies conducted in [Guinea](#), [Mali](#), and [Senegal](#). Telephone surveys were adopted to limit physical interactions in the context of COVID-19. The studies aimed to understand the mechanisms by which return migrants contracted debts, which actors were involved in the process, how this was reflected at different stages of their journey along the migratory routes, and how this may affect their reintegration process. The study also tried to shed light on who contracts debts, in what forms, in what context and under what circumstances, in order to better understand the needs and vulnerabilities of individuals before and during their migratory journey; with the view to inform government authorities and national partners on how to provide migrants with rigorous structures and mechanisms to aid their reintegration.

- In [Libya](#), IOM released findings from its DTM Round 33 data collection. IOM identified over 574,000 migrants across all 100 Libyan municipalities. Key findings include that 31 per cent of migrants reported that the remittances they send home are the primary source of income for their households. The report further highlights COVID-19's socioeconomic impact and how it continues to exacerbate the vulnerabilities of migrants, particularly for those relying on daily casual work and who have suffered a loss of income and have limited access to social safety nets. In addition, IOM identified over 316,000 IDPs across the country, 68 per cent of which live in self-paid rented accommodation. IDPs reported that they were receiving information related to the COVID-19 pandemic from different sources, including TV, radio, internet, leaflets and from different humanitarian organizations.

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

## OPERATIONAL UPDATES

### Operational Challenges

- Due to travel restrictions and public health measures, as of 18 December, six out of 75 IOM Migration Health Assessment sites remain closed and nine others are providing limited services.
- IOM continues to facilitate movement operations and provide transportation assistance, despite the challenges imposed by COVID-19. Between 21 March and 29 December 2020, 73,349 persons received IOM assistance to facilitate their movement, namely for repatriation, assisted voluntary return and resettlement. This includes the arrangement of 134 charter flights for 10,958 individuals to allow for movements to continue despite the limitations imposed by COVID-19. Since 18 June, resettlement movements continue to increase, with a total of 28,656 persons having embarked on an international flight to begin life anew.

### New Programmatic Approaches

- Migration health staff from IOM's global **Health Assessment Programme (HAP)** have been called to contribute to national COVID-19 responses in several locations. As of 18 December, 97 staff remain deployed within both IOM and government programmes. In addition, 18 HAP sites are currently providing Member States with health supplies and services to support local COVID-19 response initiatives, including COVID-19 screening at PoEs and elsewhere, the provision of

primary and acute care services related to COVID-19, and the provision of PPE and medical supplies.

- As part of [IOM's contribution to the UN's First Line of Defence framework against COVID-19](#), IOM has completed the roll-out of health services for UN staff in 18 countries. As of 18 December, COVID-19 testing has been established in Burundi, Cambodia, the Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Kenya, Nepal, Nigeria, the Philippines, Rwanda, South Africa, Tanzania, Thailand and Uganda. Clinical services are offered in Cambodia, Ethiopia, Kazakhstan, Uganda, and Ukraine.

### Information Sharing and Communications

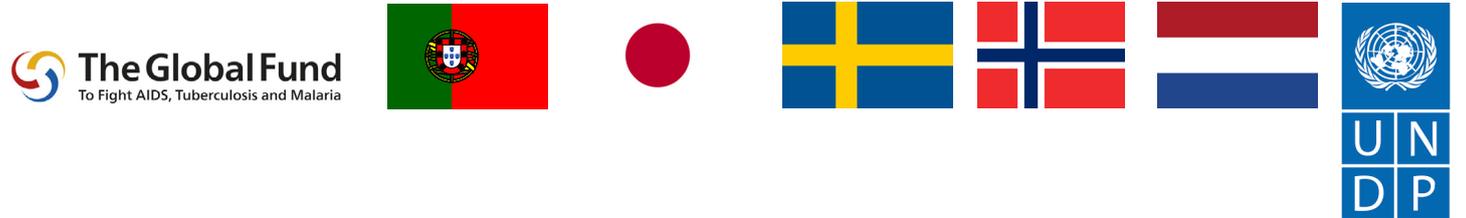
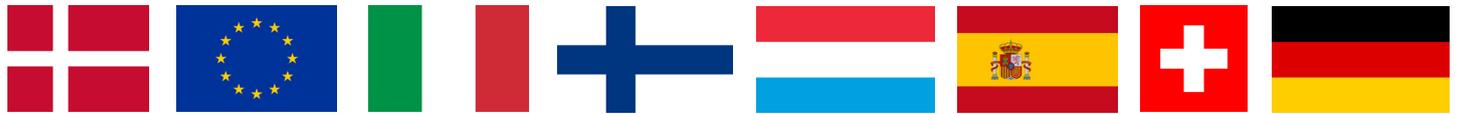
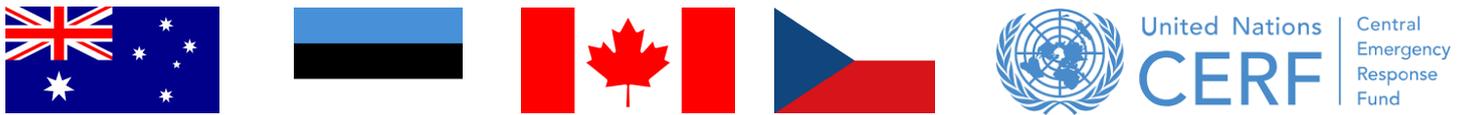
- IOM is advocating globally for the inclusion of all migrants, including those in irregular situations, in national COVID-19 vaccine distribution plans. On the occasion of Universal Health Coverage Day (12 December), [IOM issued a joint statement with UNHCR](#), and on the occasion of International Migrants Day (18 December), [IOM held a press conference with WHO](#) calling for an equitable access to national immunization efforts.



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UN COVID-19 Response  
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