



SITREP #7

26,309 cases

652 deaths

+21,000
stranded migrants

3,000
migrants waiting
in transit centers



Returnees in Bamako, Mali are producing 4,000 masks for migrants in transit, IDPs and border agents. IOM/Hamed Diallo.

FOCUS

Stopping the Virus, Not the People: IOM's Health Response in West and Central Africa

EPIDEMIOLOGIC UPDATE

In the West and Central African region, there have been 26,309 confirmed cases of COVID-19 and 652 deaths to date (WHO, 13 May) with a steady increase in cases throughout the region including confirmed cases of local transmission in many countries.

The number of confirmed cases however depends heavily on the number of tests

performed and testing capacity remains weak in many countries.

With a median age of just over 19, the population of the 23 West and Central African countries covered is among the youngest in the world. While youth has been shown to decrease substantially the severity of the disease, it is positively correlated to the number of asymptomatic cases which could make the



disease harder to keep under control. Furthermore, other illnesses such as tuberculosis, malaria, yellow fever, meningitis, HIV, and outbreaks of cholera are endemic and the impact that COVID-19 could have on segments of the population weakened by these diseases is unclear.

HEALTH & BORDERS

In coordination with the World Health Organization (WHO), IOM is responsible for the health response at Points of Entry (POE) across West and Central Africa. While most of the borders in the region remain closed to travelers, IOM is supporting 10 countries in disease surveillance & screening by providing training and equipment to border agents.

Mobility tracking, contact tracing, and Standard Operation Procedures (SOPs) are also crucial to allow countries to reopen borders safely and rapidly. IOM has recently updated 14 existing SOPs to detect and manage possible cases of COVID-19 that were previously used at POEs to control other diseases. In cooperation with UEMOA (West Africa Economic Monetary Union) and WHO, IOM developed a training manual on surveillance and response to border health risks in West Africa, currently in use for the current pandemic.

Furthermore, IOM is supporting the use of the WHO developed “Go Data” software, in an effort to promote contact tracing. IOM is helping select POEs in Côte d’Ivoire and Guinea Bissau use the software by providing them with tablets to capture relevant health data required by national authorities. The “Go Data” software then connects directly with each country’s health system.

REGIONAL INTEGRATION & HEALTH

In West and Central Africa, ECOWAS and ECCAS promote socioeconomic integration, free movement, and growth which are essential to the development of the region and the livelihoods of large segments of the population. Therefore, while border closures have been an immediate short-term response, in the medium and long-term they are not sustainable and the focus should be put on increased surveillance to allow for goods and people to move safely. IOM contributes to enhanced surveillance at POEs and health monitoring of travelers.

The region is also characterized by traditional pastoralist nomadic communities that have also been severely affected by border closures. An estimated 20 per cent of the total population in the region is composed of herders (and their households). IOM could support safe mobility for these populations by collecting data along the central transhumance corridor and supporting ECOWAS with the review and update of the 1998 transhumance protocol and the 2003 regulations on transhumance.

MIGRANTS & HEALTH

IOM is attempting to reach and cater to the needs – including basic healthcare – of over 20,000 migrants left stranded throughout the region. For example, 1,368 Nigerien migrants have received a health evaluation before being assisted in their return from Burkina Faso. In Niger, IOM health staff and community mobilizers have upscaled prevention measures in IOM’s six transit centers, currently at full capacity, and other types of accommodation, including the strengthening of Infection, Prevention and Control (IPC).



In Nigeria, IOM identified elderly persons in camp and camp-like settings to protect them from risks of infection by providing individual shelters. So far, 3,722 elderly persons (above the age of 54) across 49 sites in 10 locations have been identified. 128 handwashing stations were installed, and IOM is supporting the construction of 90 quarantine shelters. In Nigeria, camp decongestion is indeed a major challenge and IOM is rehabilitating buildings to accommodate residents of overcrowded camp sites.

HEALTH ASSESSMENT & MEDICAL PERSONNEL

There are over 50 IOM staff members currently working on Health Assessment Programs (HAP) in The Gambia, Senegal, Guinea, Sierra Leone, Liberia, Côte d'Ivoire, Ghana, Nigeria, Niger, Chad, and Cameroon. Some are based in Migration Health Assessment Centres (MHACs) while others work with external physicians and service providers.

MHACs that are currently open for service, such as Cameroon, Ghana, Guinea and Nigeria are involved in COVID-19 triage of all IOM beneficiaries visiting the center. These HAP staff are also contributing to the COVID-19 response by promoting behaviors such as hand washing, correct use of masks and physical distancing. HAP staff are currently undergoing specific training for COVID-19 – IPC and are able to contribute to activities such as: testing, triage, managing mild cases, supporting evacuations, monitoring quarantines, support contact tracing, providing health education and training as well as telemedicine services and psychosocial support.

In Nigeria, IOM has provided eight MHAC staff (doctors and nurses) to the UN treatment and

isolation center. Furthermore, IOM will manage the new UN isolation center in Abuja and is in the process of establishing a new treatment center in Maiduguri as well as repurposing two of its laboratories for testing, and case management, once tests become available.

LEARNING FROM EBOLA

West and Central Africa was severely hit by the 2014-2016 outbreak. While Ebola had a very different epidemiological profile with a much higher fatality rate and a lower level of contagion, many structures that had been put in place and lessons learned at the time are helping the country in its fight against COVID-19.

In response to the Ebola epidemic, IOM and the U.S Centers for Disease Control and Prevention entered into a cooperative agreement, aimed at building the capacities of West African states to better prevent, detect and respond to complex communicable disease outbreaks and health threats (see [here](#).)

During the Ebola outbreak, IOM conducted a nationwide program on IPC training for frontline workers, officials at border points, established water, sanitation and hygiene (WASH) surveillance systems at key POEs and community engagement on hygiene practices to break the chain of transmission.

Many of the procedures developed and know-how gathered at the time is being currently updated to respond to COVID-19: 49 border crossings, 89 health facilities and 28 provincial Emergency Operation Centres (EOC) have been equipped and now activated for the COVID-19 response. Furthermore, emergency response plans that IOM developed for the Ebola response



are being updated and modified to serve as Public Health Emergency Plans for COVID-19 in Senegal, Ghana, Bissau Guinea, and Sierra Leone.

With more than 14,000 Ebola cases and nearly 4,000 deaths, Sierra Leone was one of the hardest hit countries by the 2014 – 2016 outbreak. However, thanks to the lessons learned from Ebola, Sierra Leone developed and introduced a COVID-19 preparedness plan three weeks before its first case was formally confirmed. IOM conducted a rapid vulnerability assessment of the 16 districts of Sierra Leone in collaboration with the MOH. At the Ministry's request, IOM trained and deployed 60 community health workers equipped with IPC materials to conduct health screening and communication activities at prioritized locations such as ports and ground crossing points in five of the country's districts.

HEALTH & PREVENTION

Large segments of the population in West and Central Africa do not have access to reliable sources of information and to the internet. Therefore, risk communication and community engagement (RCCE) is essential to promote accurate and timely information to all, including those living in remote areas. Promoting accurate information is also crucial to limit the circulation of myths that could have dangerous repercussions. Given its longstanding expertise in public information campaigns in the region, IOM is well-placed to engage in awareness-raising on COVID-19.

Across Côte D'Ivoire, The Gambia, Guinea, Liberia, Nigeria, Senegal, and Sierra Leone

migrant returnees trained in peer-to-peer communication provided critical support in spreading accurate information about COVID-19 in remote areas. Since April, they have produced [over 70 COVID-19 awareness-raising products](#) that have been disseminated on various multimedia platforms using local languages or dialects. These products include [music, videos and art](#). Additionally, in Guinea, returned migrant volunteers participated in a [training to combat misinformation on COVID-19](#), and subsequently conducted [outreach with mothers in Conakry](#).

Furthermore, IOM has been organizing outreach sessions in Niger, Burkina Faso, and Mali to inform displaced persons and migrants in transit about the virus and prevention methods. In Guinea-Bissau, IOM trained 125 community leaders on COVID-19 prevention and risk communication. At 80 IOM-managed sites in Nigeria, hygiene promoters, including camp residents, have been raising awareness on COVID-19 and the importance physical distancing.

They conduct door-to-door household visits, air mobile speaker, radio announcements and host small group discussions. IOM in Chad recently partnered with local traditional troubadours to ensure that the most rural communities across the country are informed about COVID-19 transmission and preventive measures. Lastly, at regional level, IOM supported the launch of the information platform [www.CoronaWestAfrica.info](#), promoting community engagement tools specific for the COVID-19 response in the region.



IOM RESPONSE - HIGHLIGHTS FOR WEST AND CENTRAL AFRICA

IOM is working to ensure that a well-coordinated, comprehensive, equitable and timely response to the crisis is underway to halt further transmission of the disease, limit the humanitarian and socio-economic effects of the pandemic, and support affected communities to prepare for longer term-recovery. IOM's approach to preparing for and responding to disease outbreaks is anchored in IOM's Health, Border and Mobility Management framework.

The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions, emphasizing health system strengthening along mobility corridors in line with the 2005 International Health Regulations (IHR).

IOM's approach is aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, the [UN Framework](#) for the Immediate Socio-economic Response to COVID-19, and country-level Preparedness and Response Plans (PRP). The proposed IOM response aims to tackle the pandemic as an organization that can respond to the acute health and multi-sectoral needs of affected populations and communities of concern, while also implementing programmes to mitigate and address the longer term socio-economic impact of COVID-19.