

IOM COVID-19 IMPACT ON POINTS OF ENTRY

BI-WEEKLY ANALYSIS

15 JULY 2020



PUBLISHER

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Please send any feedback, comments and suggestions related to the Covid-19 Mobility Tracking dashboards and outputs to the DTM Covid-19 Team at dtmccovid19@iom.int

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COVER PHOTO:

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Methodology & Definitions

IOM COVID-19 Impact on Points of Entry Weekly Analysis is meant to serve IOM Member States, IOM, UN and voluntary partner agencies, the civil society (including media) as well as the general population in analysing the impact of COVID-19 pandemic on Points of Entry. It is particularly relevant when identifying and addressing specific needs faced by migrants and mobile populations, disproportionately affected by the global mobility restrictions.

The report is based on information provided by IOM field staff, using resources available at the IOM country office level and is accurate to the best of IOM's knowledge at the time of compilation. All information is being constantly validated, including the geo-location and attributes, and through regular assessments and triangulation of information. The updates depend on the time frame within which the information becomes available and is processed by IOM. For this reason, the analysis is always dated and timestamped in order to reflect the reality at a given time. However, as the situation continuously evolves and changes, despite IOM's best efforts, the analysis may not always accurately reflect the multiple and simultaneous restrictive measures being imposed at a specific location.

This report provides an overview and analysis on the data from a global and regional perspective of Points of Entry (PoEs). For more detailed country-specific information and dataset used for the analysis please visit: <https://migration.iom.int/>

As the situation of the COVID-19 pandemic continues to evolve, the resulting restrictive measures issued to mitigate the spread, have become increasingly complex and varied. The IOM database monitoring the impact on points of entry has been updated in a way which reflects the varied stages of measures issued at different times by countries, territories or areas. As such, the evolution of global restrictive measures, has resulted in varied update timelines and can explain the difference in monthly updates. Data has been collected between 13 March and 9 July 2020. Information for 6 per cent of the PoEs has been updated in July, with 36 per cent of the PoEs updated in June, while 24 per cent of the data was last updated during the month of May and 17 per cent of PoE data was last updated in April. The remaining data (16%) was last updated in March. For more information see Table 1.2 in the annex.

For further information on the methodology, definitions and explanation please refer to the [Methodology Framework](#).

Regional maps are available [here](#).

The dataset is available [here](#).

Data is collected on the following location types:

- Airports (currently or recently functioning airport with a designated International Air Transport Association (IATA) code)
- Blue Border Crossing Points (international border crossing point on sea, river or lake)
- Land Border Crossing Points (international border crossing point on land, including rail)

The following operational status is captured for each assessed PoE:

- Fully operational:
 - Open for entry and exit: all travelers can use the PoE.
- Partially operational:
 - Open for commercial traffic only: only transport of goods is permitted, travelers are not allowed to cross;
 - Closed for entry: travelers cannot use this location to enter the country, territory or area;
 - Closed for exit: travelers cannot use this PoE to leave the country, territory or area;
 - Open for returning nationals and residents only: the PoE is open to returning nationals and residents only, including military and humanitarian personnel and other special groups for whom entry and exit is permitted according to national procedures in place.
- Fully closed:
 - Closed for both entry and exit: no one is permitted to use the PoE.
- Unknown

Methodology & Definitions

The report systematically captures the following types of mobility restrictions in place:

- Movement restricted to this location
- Movement restricted from this location
- Visa requirements have changed for this location
- Certain nationalities are restricted to enter or disembark at this location
- Rules pertaining to identification and/or travel documents needed to enter or disembark at this location have changed
- Medical measures including mandatory quarantine or additional medical checks have been imposed at this location
- Requirement for medical certificate confirming a negative COVID-19 test result
- Other
- None

Affected Populations:

Affected populations include regular travelers, nationals, returnees, irregular migrants, internally displaced persons (IDPs), migrant workers and refugees. The various populations are affected in diverse ways across the different types of assessed locations, including but not limited to requirements for additional documentation, temporary relocation, quarantine or medical screening, up to an inability to continue their intended travel.

Public Health Emergency Preparedness and Response Capacities (COVID-19) at PoEs:

To understand public health emergency preparedness and response capacities with regard to the COVID-19 pandemic additional questions are asked about specific public health interventions that have been put in place in the specified locations. These include risk communication and community engagement, infection prevention and control, and measures to detect, manage and refer ill travelers suspected of having COVID-19, existence of standard operating procedures, health screening, presence and functionality of a referral system for suspected COVID-19 cases, and the availability of an isolation space for suspected cases before referral to designated health facility.

List of acronyms used throughout the report

- C/T/As: countries, territories or areas
- DTM: Displacement Tracking Matrix
- IDPs: Internally Displaced Persons
- PoE: Point of Entry
- p.p.: Percentage Point¹
- SOPs: Standard Operating Procedures

Data is geographically aggregated by IOM Regional Offices. The list of countries under each IOM Regional Office can be found here: <https://www.iom.int/regional-offices>

1. Not to be confused with per cent, percentage point (p.p.) refers to an increase or decrease of a percentage rather than an increase or decrease in the raw number.

Executive summary

The current COVID-19 pandemic has affected global mobility both in terms of international mobility restrictions and restrictive measures on internal movement. To better understand how COVID-19 affects global mobility, IOM has developed a global mobility database to gather, map and track data on these restrictive measures impacting movement. This report provides a global perspective of the COVID-19-related measures and restrictions imposed by countries, territories and areas impacting cross-border, as well as the resulting effects on stranded migrants and other population categories. The information in this report relies on a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking.

Data has been collected between 13 March and 9 July 2020. Information for 6 per cent of the PoEs has been updated in July, with 36 per cent of the PoEs updated in June, while 24 per cent of the data was last updated during the month of May and 17 per cent of PoE data was last updated in April. The remaining data (16%) was last updated in March.

Points of Entry (PoEs):

- 3,528 PoEs were assessed in 169 C/T/As, including 758 Airports, 2,157 Land Border Crossing Points and 613 Blue Border Crossing Points.
- Overall, 33 per cent of the assessed PoE were fully closed (-1 p.p. compared to the previous report), 33 per cent partially operational (-2 p.p.) and 28 per cent fully operational (+4 p.p.), however the operational status of PoEs varied across IOM Regions and PoE types:
 - The IOM Region with the highest share of fully closed PoEs was Central and West Africa (59%, no relative change on a fortnightly basis), followed by South America (54%, i.e. a 1 p.p. increase compared to two weeks ago) and Southern Africa (48%, no relative change);
 - The European Economic Area was the IOM Region with the highest percentage of fully operational PoEs (71%, i.e. an 11 p.p. increase compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (40%, i.e. a 5 p.p. increase on a fortnightly basis);
 - 39 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 26 and 23 for airports and blue border crossing points, with a fortnightly decrease for land border crossing points and airports (- 2 p.p. for both PoE types) and a slight increase for blue border crossing points (+ 2 p.p.);
 - The share of fully operational PoEs significantly increased for airports (38%, i.e. a 9 p.p. increase compared to the previous report) and blue border crossing points (25%, i.e. a 7 p.p. fortnightly increase), with a less marked increase for land border crossings points (25%, i.e. a 1 p.p. increase compared to two weeks ago).
- Mobility restrictions on arriving to or departing from the assessed PoEs were the most adopted restrictive measures in all the types of PoE (around 65% of the assessed PoEs), followed by medical requirements (more than 30% in all PoE types with a peak of 51% for airports).
- The most common expected duration of the restrictive measures adopted in the assessed PoEs was 14 days to one month (33% of the cases for airports), however the foreseen duration of these restrictive measures was unknown for 51 and 46 per cent of the blue and land border crossing points, respectively.
- Regular travelers and nationals were the most affected population categories across all PoE types.
- Airports were the PoE type where public health measures, such as health screening through non-contact thermometers, the provision of information about COVID-19 on site or the presence of a handwashing station, were most commonly adopted by the managing authorities. Aligned with this result, airports were also the PoE type with the highest number of available tools in the event of a suspected COVID-19 case transiting through the PoE. These available tools included standard operating procedures for the detection and management of ill travelers, referral systems and availability of an isolation space for suspected COVID-19 cases.

I. PoE Scope and Coverage: Numbers at a glance

3,528

Assessed Points of Entry

169

Assessed C/T/As

The current COVID-19 pandemic has affected global mobility in the form of various travel disruptions and restrictions. To better understand how COVID-19 affects global mobility, IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions at PoEs globally, including airports, blue border crossing points and land border crossing points. This report also looks at the impacts on stranded migrants and other populations such as tourists who are affected by the changes in mobility measures using a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking as well as from trusted media sources.

The IOM COVID-19 Impact on Points of Entry Weekly Analysis report provides an overview and analysis on the data from a global and regional perspective, using data updated as of **9 July 2020**.

IOM has assessed 3,528 total PoEs in **169 countries, territories and areas** so far. Most of these PoEs (61%) were land border crossing points, 22 per cent were airports and 17 per cent were blue border crossing points (sea-, river and lake ports). More details can be found in Table 1.

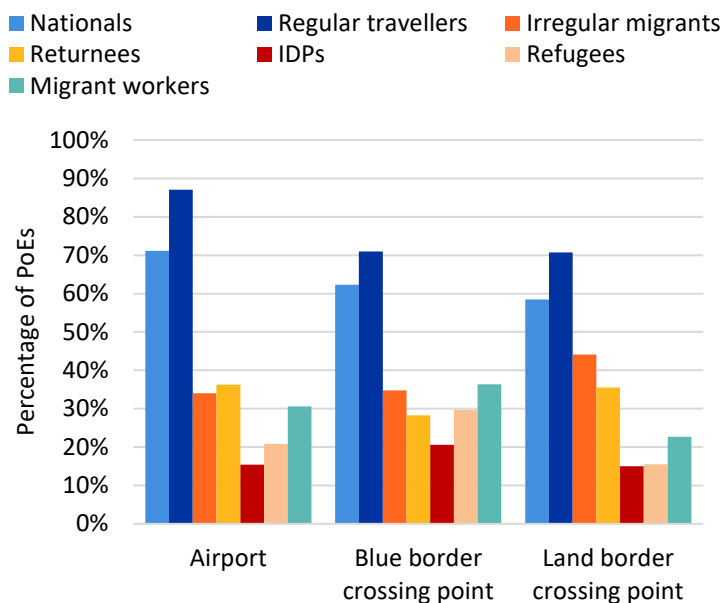
Of all assessed PoEs, **33 per cent were reported as fully closed and 28 per cent were reported to be fully operational**. Another **33 per cent were partially operational**. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (59%), followed by the Middle East and North Africa (45%) and South Africa (48%). Conversely, the lowest number of fully closed assessed locations were found in Asia and the Pacific with 29 per cent and European Economic Area with 7 per cent. More details can be found in annex, Table 2.

Table I: Number (#) and percentage (%) of assessed Points of Entry by type and IOM region

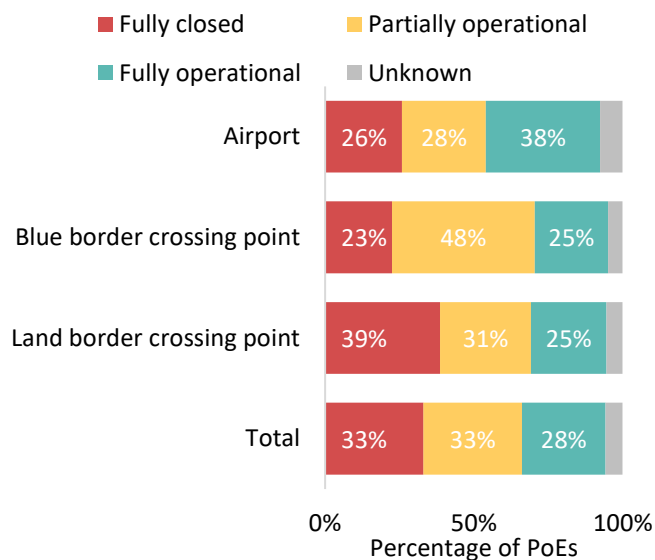
Region	Total		Airports		Land border crossing points		Blue border crossing points		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	540	100%	187	35%	218	40%	135	25%	37
Central and North America and the Caribbean	186	100%	36	19%	117	63%	33	18%	14
Central and West Africa	445	100%	42	9%	359	81%	44	10%	20
East and Horn of Africa	307	100%	43	14%	187	61%	77	25%	9
European Economic Area	791	100%	159	20%	478	60%	154	19%	28
Middle East and North Africa	233	100%	66	28%	120	52%	47	20%	17
South America	80	100%	21	26%	50	63%	9	11%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3528	100%	758	22%	2157	61%	613	17%	169

2. PoE Situational Overview

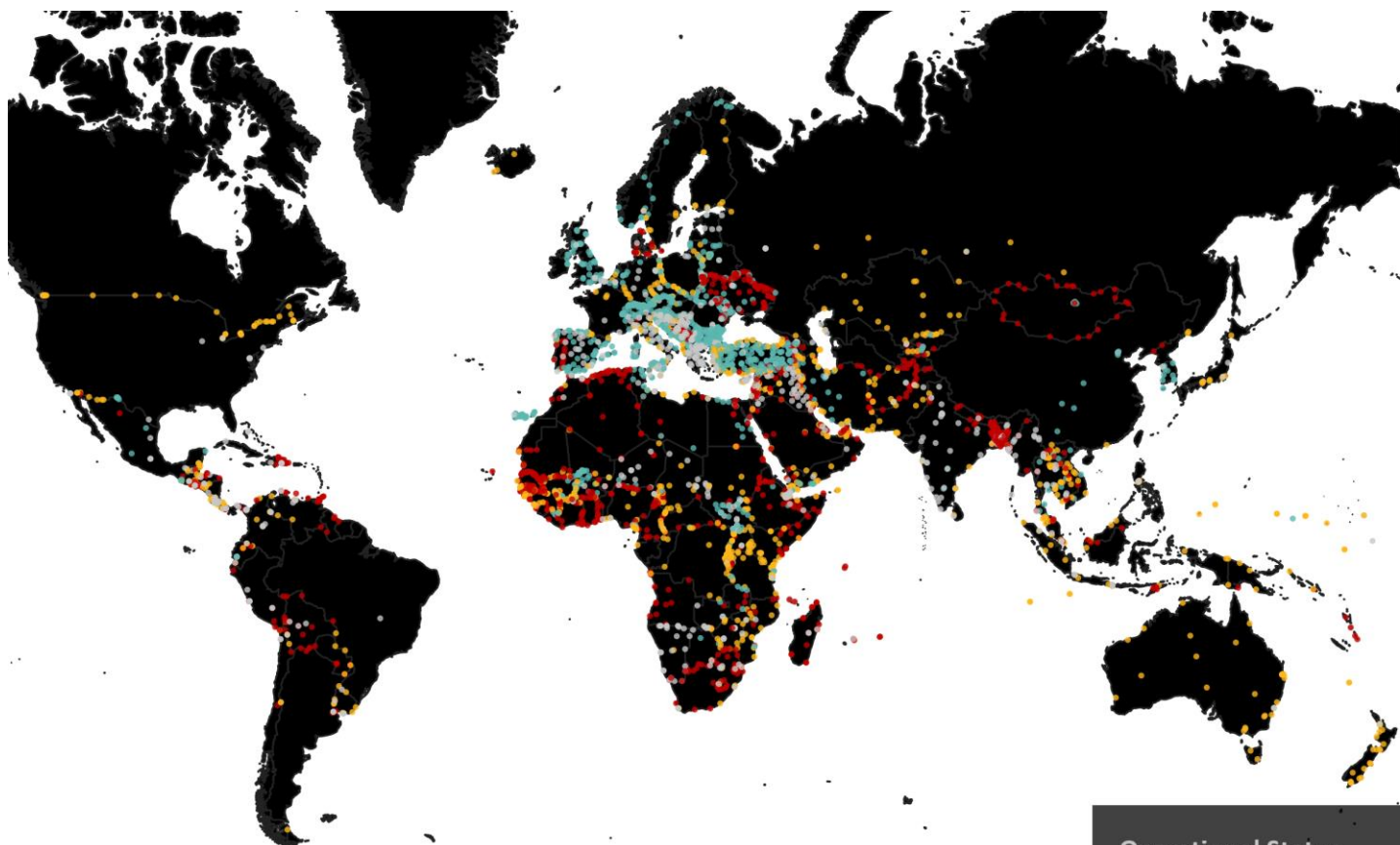
Percentage of PoEs with affected population



Operational status of assessed PoEs



Global map of assessed PoEs and their operational status



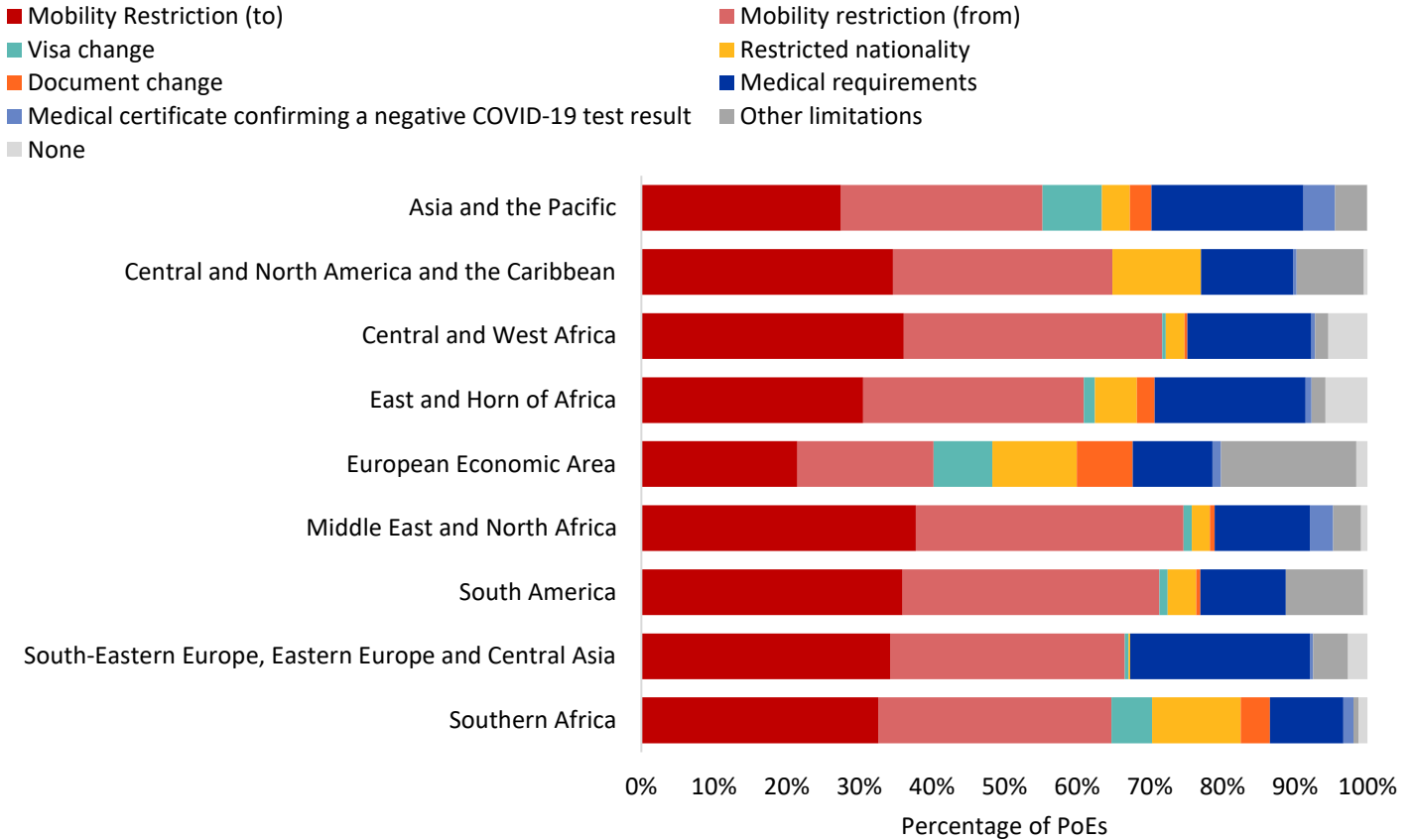
Disclaimer: This map is for illustration purpose only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.

Operational Status

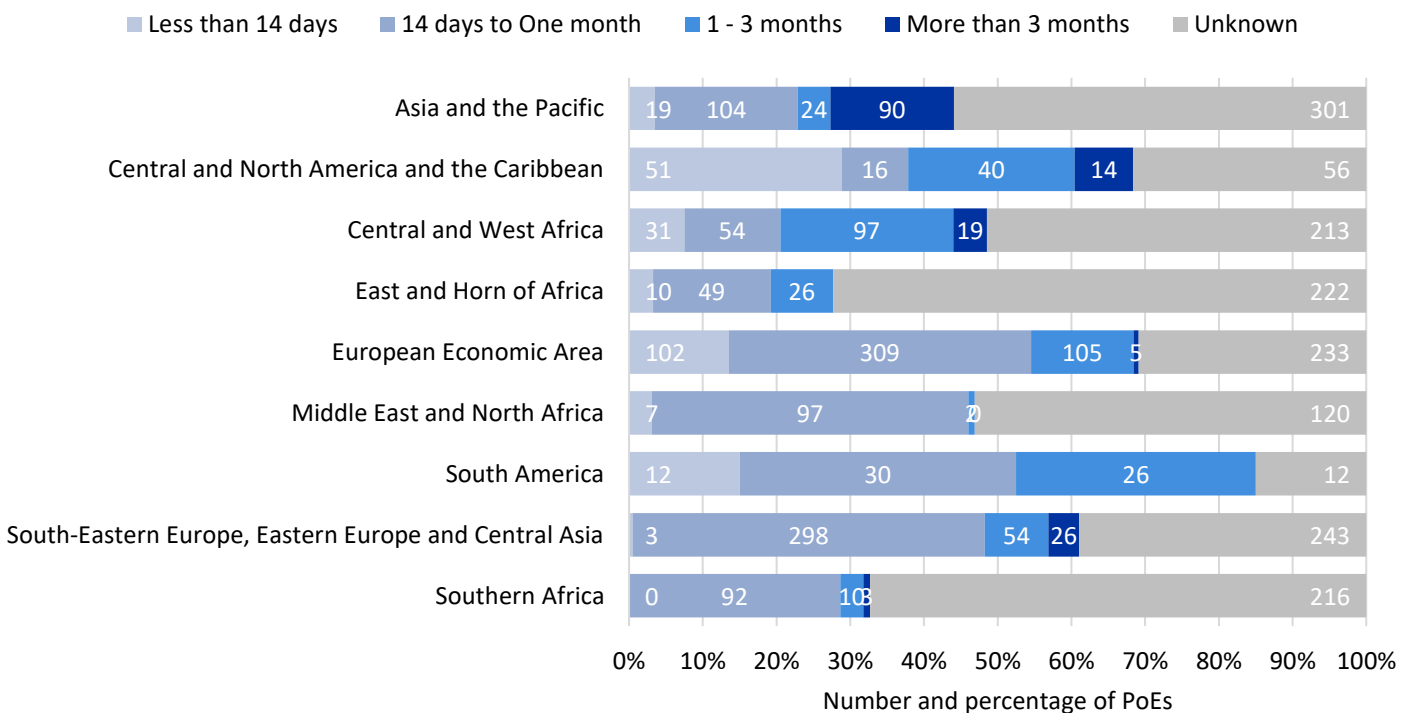
- Fully Closed
- Fully Operational
- Partially Operational
- Unknown

2. PoE Situational Overview

Number and type of restrictive measures imposed at assessed PoEs by IOM region



Expected duration of restrictive measures imposed at assessed PoEs by IOM region



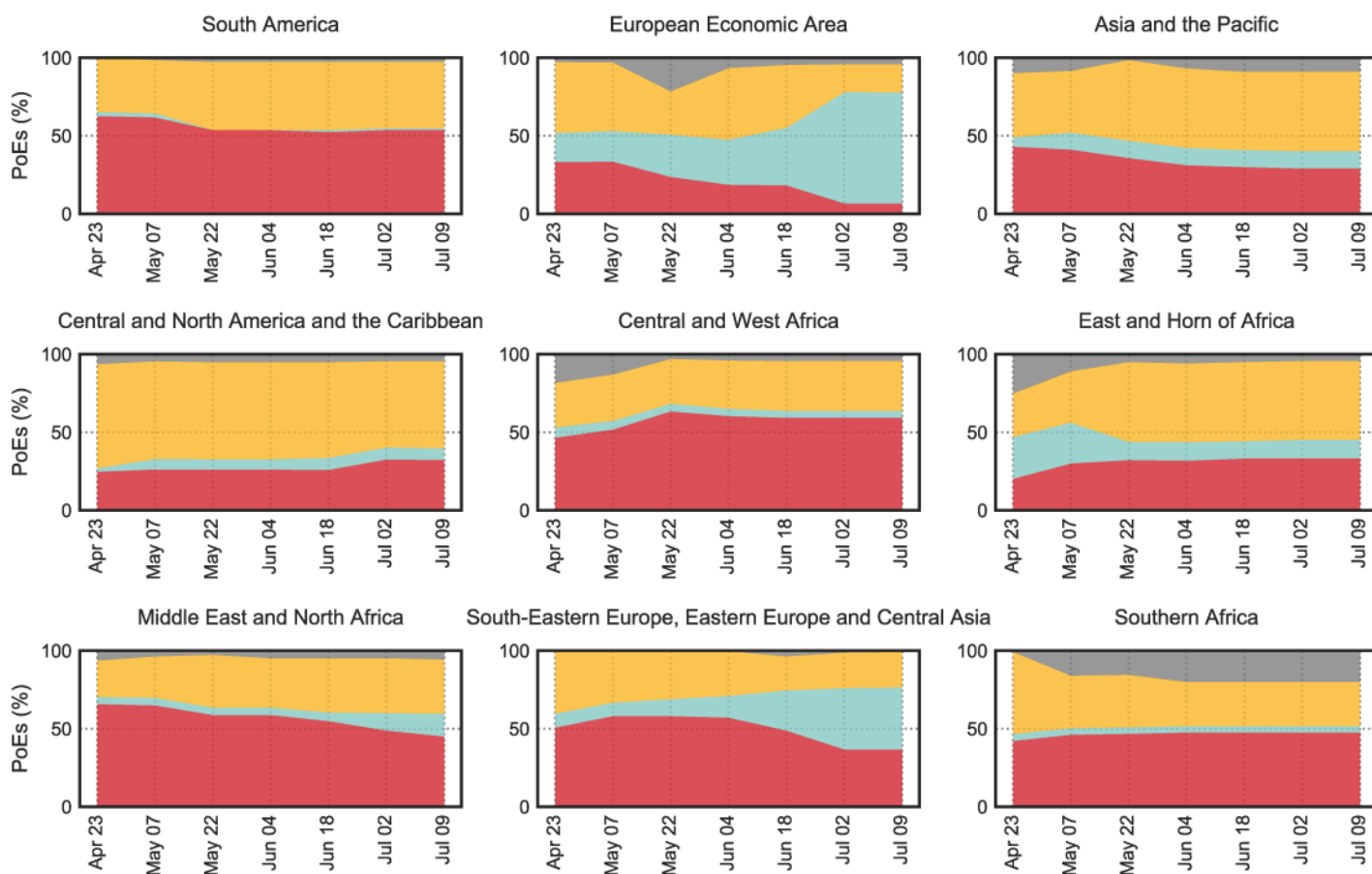
3. PoE Time Series: Operational Status

This time series data aims to give a visual overview of the evolution of impact on operational status by region and location type. Dates depicted represent the weekly updates of the IOM database monitoring the impact on PoEs. It is worth noting that trends observed in operational status both globally and by IOM region, are reflective of the complexity of the COVID-19 pandemic and C/T/As varied responses. As the situation has advanced, observed trends have been impacted by changes in the recategorizing of operational status as well as differing update timelines of C/T/As responding to their national COVID situation. As such, not all data on PoEs have been updated every month so the trends displayed do not necessarily represent the current situation of all PoEs in the dataset. For more information on update rates, see Table 1.2 in the annex.

Trends in time series data show changes in the IOM region of European Economic Area, which has seen the most significant increase in the number of fully operational PoEs between 5 May 2020 (20%) and 9 July 2020 (71%). It is also worth noting the IOM region of South-Eastern Europe, Eastern Europe and Central Asia, saw a sharp increase in the number of fully operational PoEs between 4 June and 9 July 2020 (from 14% to 40%, respectively). The situation in the other IOM regions remains largely unchanged.

Operational status by IOM Region

■ Fully Closed
 ■ Partially Operational
 ■ Fully Operational
 ■ Unknown



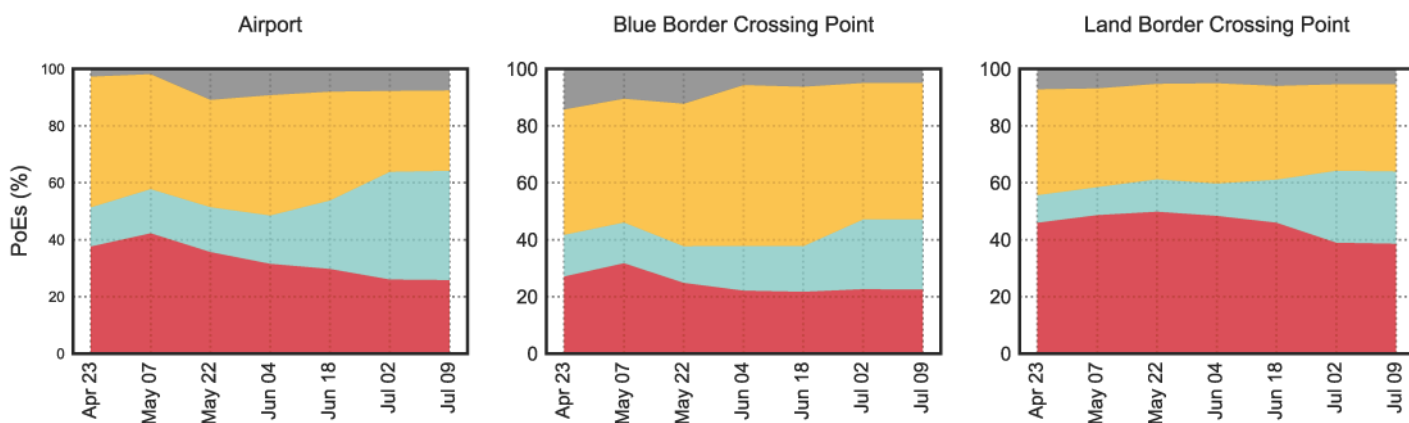
3. PoE Time Series: Operational Status

Changes in the operational status indicate more significant variation in airports since the beginning of June, whereas land and blue border crossing points have sustained a more conservative pattern. More specifically, the share of fully operational locations went from 17 per cent (4 June 2020) to 38 per cent (9 July 2020) for airports, while in the same period this share increased from 11 per cent to 25 per cent for land border crossing points and by 8 p.p. for blue border crossing points (from 16% to 24%).

Regarding the restrictive measures imposed at PoEs, it is noticeable that movement restrictions on entry and exit decreased since the beginning of the period across all PoE types with a more consistent decrease since mid-June. At the same time, a significant increase in medical requirements at airports has been recorded: as of 9 July 2020, these have been adopted in 51 per cent of the assessed airports. Finally, the situation appears more stable for what concerns the other restrictive measures.

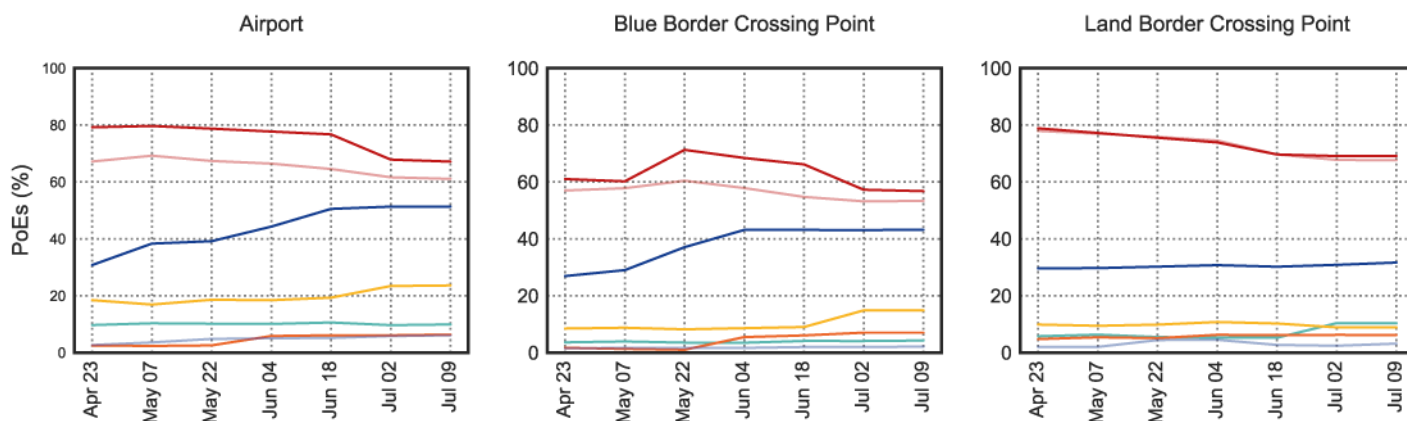
Operational status by PoE type

■ Fully Closed
 ■ Partially Operational
 ■ Fully Operational
 ■ Unknown



Restrictive measures by PoE type

■ Movement restriction (to)
 ■ Visa change
 ■ Document change
 ■ Medical certificate
■ Movement restriction (from)
■ Restricted nationality
■ Medical requirement



4. Overview of Airports

758

Airports
assessed in 163
C/T/As

38%

of the assessed airports
were **fully operational**
(+9 p.p. compared to
the last report)

14 days to one month

Most common (33%) duration
of restrictions imposed (- 6 p.p.
compared to the previous
report)

IOM assessed **758 airports** in **163 countries, territories and areas**. Of the assessed airports, **26 per cent** or 196 airports were reported to be **fully closed**, (a decrease of 2 p.p. compared to the previous report). Airports with **partially operational** status were reported for **28 per cent** or 214 airports, which represents a decrease of 7 p.p. compared to the previous report. For **38 per cent** (291) of the assessed airports, the operational status was reported to be **fully operational**, (**an increase of 9 p.p.** compared to the previous report). Information was not available for the remaining 8 per cent (57) of assessed airports (for more details, see Table 3).

Of the total 196 assessed fully closed airports, the top IOM regions that reported the highest percentage of fully closed airports remained the same compared to the last update. South America was the IOM region with the highest share of fully closed airports (15 out of 21, 71% of the total: no relative change compared to the previous update). Other IOM regions with high shares of fully closed airports were Central and North America and the Caribbean (21 out of 36, 58%: no relative change on a fortnightly basis) and Central and West Africa (21 out of 42, 50%: no relative change). On the opposite side, the European Economic Area remained the region with the highest share of fully operational airports (129 out of 159, 81% of the total, corresponding to an increase of 29 p.p. compared to the previous assessment), followed by South-Eastern Europe, Eastern Europe and Central Asia with 69 out of 122 assessed airports which are fully functional (57%, i.e. a 6 p.p. increase on a fortnightly basis).

Mobility restrictions or restrictive measures reported at assessed airports saw a slight change compared to the previous report. The most common measures reported, continued to be landing in and departing from the assessed airports with 67 and 61 per cent of the airports affected by measures, respectively (see Table 5). Compared to the previous report, this represents a decrease of 8 p.p. and 2 p.p., respectively for measures restricting mobility *to* and *from* assessed airports. Other common restrictive measures imposed at assessed airports included medical requirements (e.g. medical screening, medical certificates or quarantine measures) which reportedly impacted 51 per cent of the assessed airports, restrictions imposed on specific nationalities (in 24% of the assessed airports, an increase of 6 p.p.), changes in visa requirements (10%), a medical certificate confirming a negative COVID-19 test result (6%), changes in rules concerning identification and travel documents (6%) and other limitations (20%). In one per cent of the assessed airports, there were no restrictions recorded.

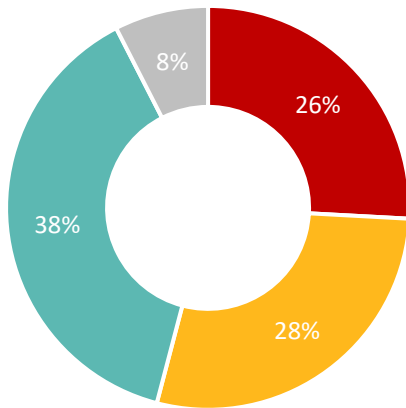
As of 9 July 2020, the most common expected duration of restrictive measures imposed at assessed airports was 14 days to one month (33% of the cases or 248 out of 758). In 41 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable), followed by one to three months (10%), less than 14 days (10%) and more than three months (4%).

The restrictive measures reported at assessed airports continued to have an **impact** on all population categories (see Table 4), largely affecting **regular travelers**, followed by **nationals**, at **87 per cent** and **71 per cent** of assessed airports, respectively. Other population categories reported to be affected by restrictive measures at assessed airports included **returnees** (at **36%** of airports), **irregular migrants** (**34%**), **migrant workers** (**31%**), **refugees** (**21%**) and finally **IDPs** (**15%**).

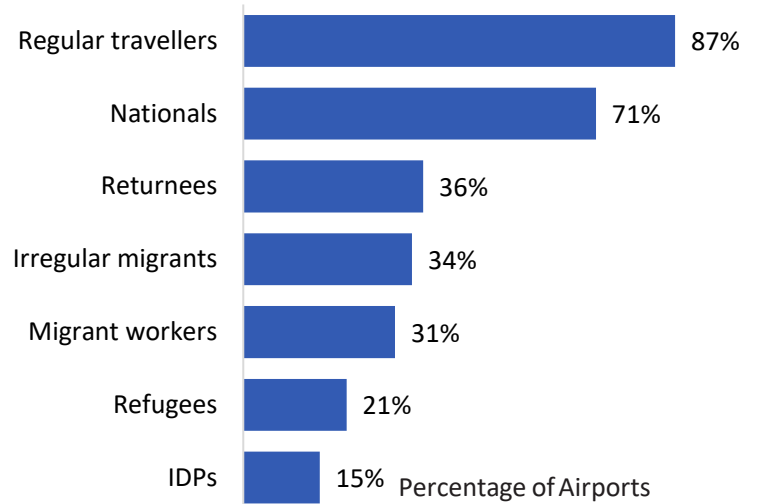
4. Overview of Airports

Operational status of assessed airports

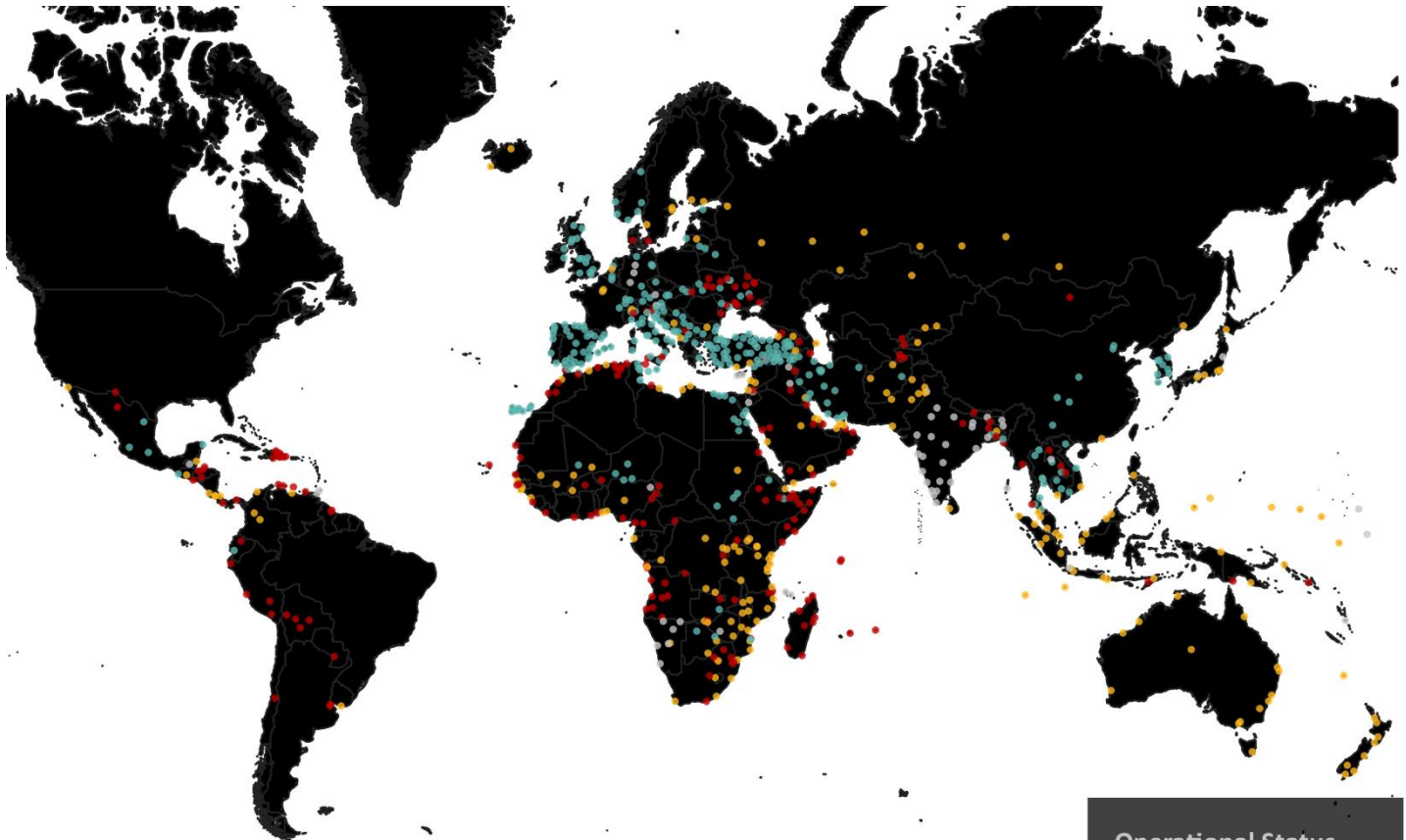
- Fully closed
- Fully operational
- Partially operational
- Unknown



Percentage of assessed airports with affected population



Global map of assessed airports and their operational status



Disclaimer: This map is for illustration purpose only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.

- Operational Status**
- Fully Closed
 - Fully Operational
 - Partially Operational
 - Unknown

5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

613

Blue Border
Crossing Points
Assessed in 94 C/T/As

24%

of the assessed
blue border crossing points
are **fully operational** (+6 p.p.
compared to the last report)

14 days to one month

Most common (29%) of
restrictions imposed (52% were
unknown, i.e. information
unavailable)

IOM assessed a total of **613 blue border crossing points in 94 countries, territories and areas**. The operational status of the assessed ports varied slightly, with **23 per cent** of ports (or 138 locations) which were reported to be **fully closed**, an increase of 2 p.p. compared to the previous report. The portion of **partially operational** ports was reported at 55 per cent (294 ports), a decrease of 7 p.p. compared to two weeks ago. Finally, **24 per cent** (151 ports) were reported as **fully operational**, an increase of 6 p.p. on a fortnightly basis. Information was not available for 5 per cent (30 ports) (for more details, see Table 3).

As of 9 July 2020, Central and North America and the Caribbean became the IOM region with the highest share of fully closed blue border crossing points (22 out of 33, 67% of the total: a 37 p.p. increase compared to the previous update), followed by Southern Africa (23 out of 35, 66%: no relative change on a fortnightly basis) and South America (5 out of 9 assessed blue border crossing points, 56%: a 6 p.p. increase compared to the previous assessment). The European Economic Area region continued to be the IOM region with the highest share of fully operational blue border crossing points with 114 fully operational locations out of the 154 assessed ports in the region (74% of the total, i.e. a 26 p.p. increase compared to the previous report). None of the other IOM regions had a share of fully operational blue border crossing points above 20 per cent.

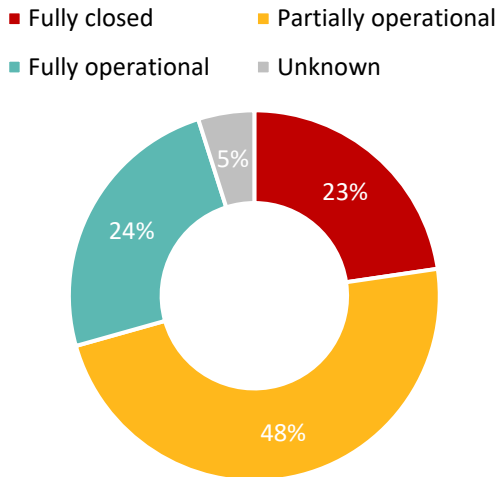
The most common mobility restrictions or restrictive measures recorded at assessed ports continued to be restrictions to and from a particular port (in 57% and 53% of assessed ports, respectively), followed by newly introduced medical requirements (43%, a decrease of 2 p.p., compared to the last update) such as medical screening, requirement for medical certificates or quarantine measures. Less common measures imposed at assessed ports included restrictions on specific nationalities (in 15% of the assessed ports, an increase of 7 p.p.), changes in visa requirements (4%), medical certificates confirming a negative COVID-19 test result (2%), changes in rules concerning identification and travel documents (7%), and other limitations or no reported restrictions (21% and 5%, respectively) (see Table 5).

The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 51 per cent of the assessed ports (313 out of 613 assessed ports). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 22 per cent of the cases, a 7 p.p. decrease on a fortnightly basis. In 13 per cent of assessed ports the expected duration of restrictive measures was recorded as more than 3 months, whereas measures expected to last one to three months were recorded for 5 per cent of assessed ports. In 10 per cent of assessed ports restrictions were planned to be valid for less than 14 days, an increase of 7 p.p. compared to the previous report.

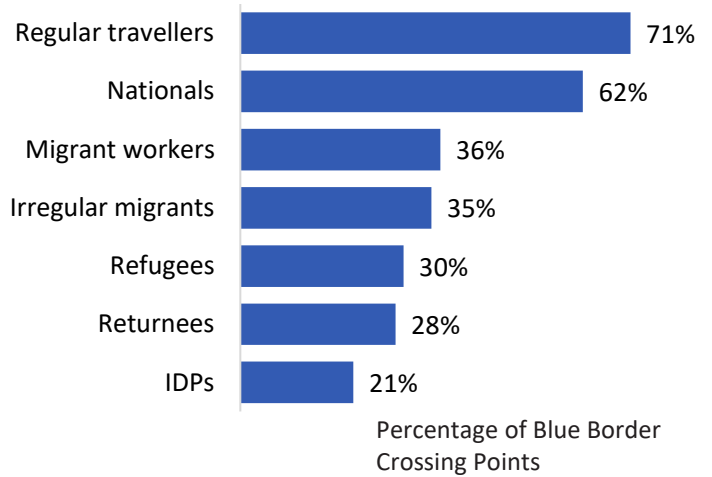
The restrictive measures recorded at assessed ports continued to have an **impact** on all population categories (see Table 4), largely affecting **regular travelers at 71 per cent of ports, nationals (at 62% of ports), migrant workers (36%), irregular migrants (35%), refugees (30%), returnees (28%), and finally IDPs (21%)**.

5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

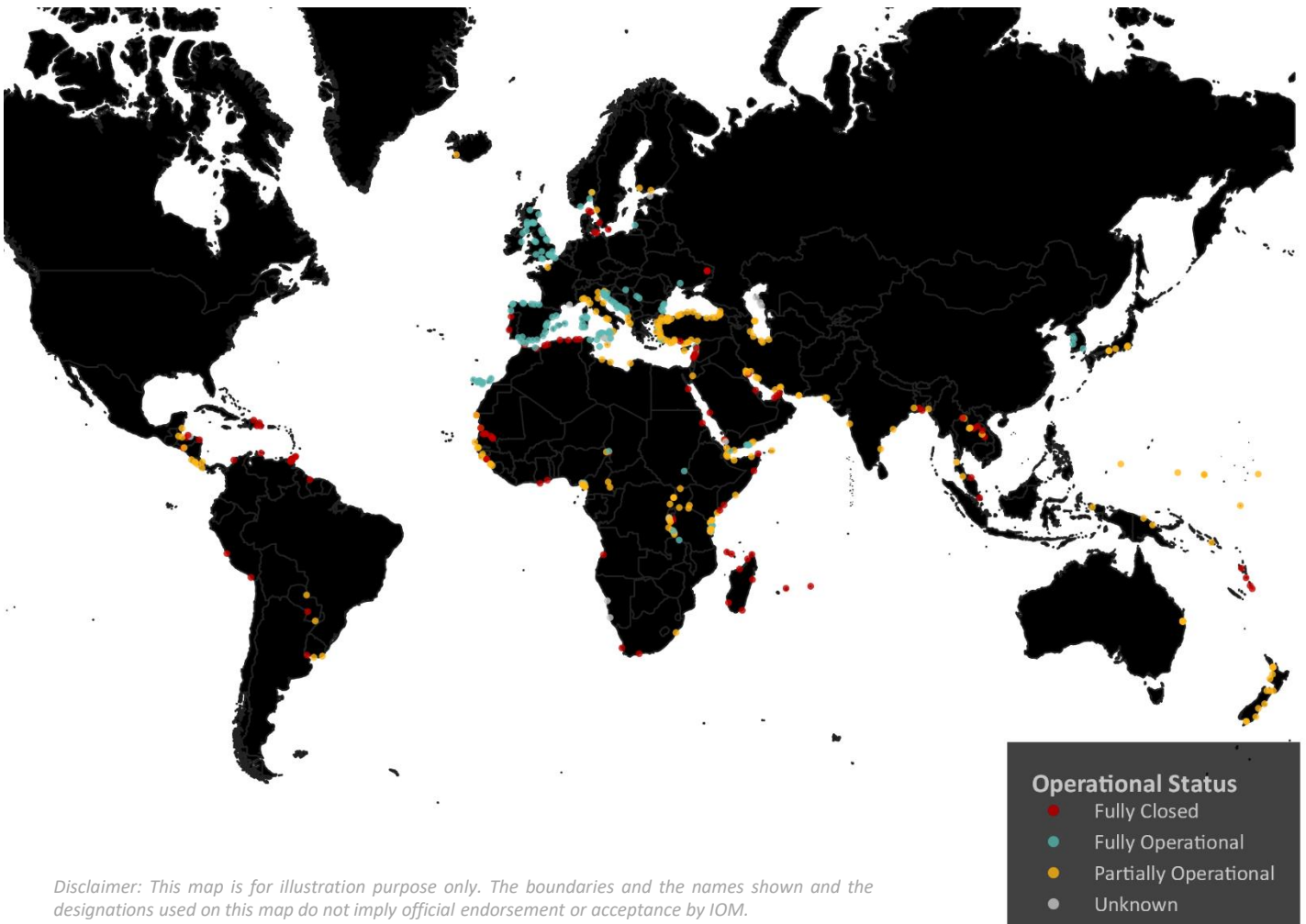
Operational status of the assessed blue border crossing points



Percentage of assessed blue border points with affected population



Global map of assessed blue border crossing points and their operational status



6. Overview of Land Border Crossing Points

2,157

Land Border Crossing Points
assessed in 128 C/T/As

39%

of assessed locations are fully closed
(-2 p.p. compared to the previous
report)

14 days to one month

Most common (31%) duration of
restrictions imposed, but duration
is unknown in 46% of the cases

Among the **2,157 assessed land border crossing points** (10 more than in the previous report) in 128 countries, territories or areas, an overwhelming majority is either **fully closed** or **partially operational** (39% and 31% of the total, respectively), while **25 per cent** of the assessed locations were **fully operational** without any restriction. Compared to the previous report, it is noticeable a decrease of 2 p.p. in fully closed land border crossing points and a corresponding increase of 1 p.p. in both fully operational and partially operational locations (for more details, see Table 3).

Central and West Africa is the IOM region reporting the highest share of fully closed land border crossing points: 228 out of the 359 assessed locations were completely closed, corresponding to 64 per cent of the total number of land border crossing points assessed in this region (no relative change compared to the previous reporting period). Other IOM regions with a high proportion of fully closed land border crossing points include Asia and the Pacific (122 out of 218: 56% of the total, i.e. no relative change), Southern Africa (93 out of 204: 46%, i.e. no relative change), South America (23 out of 50: 46%, i.e. a 1 p.p. increase compared to two weeks ago) and the Middle East and North Africa (54 out of 120: 45%, i.e. a 6 p.p. decrease on a fortnightly basis). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 320 out of the 478 assessed land border crossing points that are currently open (67% of the total, i.e. no relative change compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (169 out of 424, 40% of the total: a 5 p.p. increase compared to the previous report), while the share of fully operational land border crossing points is below 10 per cent for all the other IOM regions.

As in the previous report, mobility restrictions on entry and exit through a land border crossing point were still the most frequent restrictive measures used to curb the spread of COVID-19 (for more details, see Table 5): these restrictions were used in 69 and 68 per cent of assessed land border crossing points, respectively. Other restrictions that were imposed in the assessed land border crossing points were medical measures, such as quarantine or medical screening (in 32% of the cases, i.e. a 2 p.p. increase compared to two weeks ago), changes in visa requirements (10%, i.e. no relative change), restrictions imposed on specific nationalities (9%, i.e. no relative change), changes in rules concerning identification and travel documents (6%, i.e. no relative change) and the requirement of a medical certificate stating that the person had a negative COVID-19 test (3%, i.e. a 1 p.p. increase on a fortnightly basis).

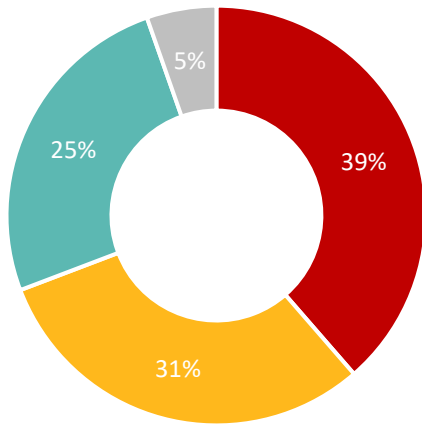
As of 9 July 2020, the most common duration of restrictions was 14 days to one month (31% of the cases, i.e. no relative change), while 13 per cent of them will be in place for a duration between one and three months (a decrease of 1 p.p. on a fortnightly basis). Only 4 and 2 per cent of the restrictive measures will be in place for less than 14 days or more than three months, respectively. However, for 990 out of the 2,157 assessed land border crossing points (46% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. no relative change compared to the previous report.

The abovementioned measures had an **impact** on all categories of populations (see Table 4), with **regular travelers** being the most affected at **71 per cent** of the assessed land border crossing points, followed by **nationals (58%)**, **irregular migrants (44%)**, **returnees (36%)**, **migrant workers (23%)**, **IDPs (15%)** and **refugees (15%)**.

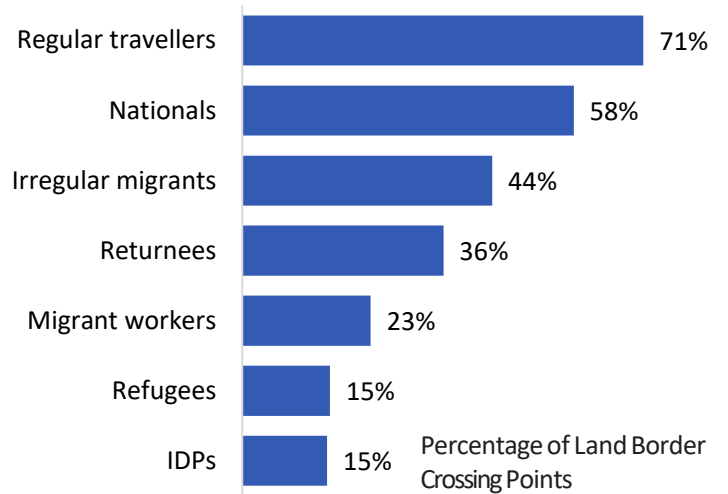
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

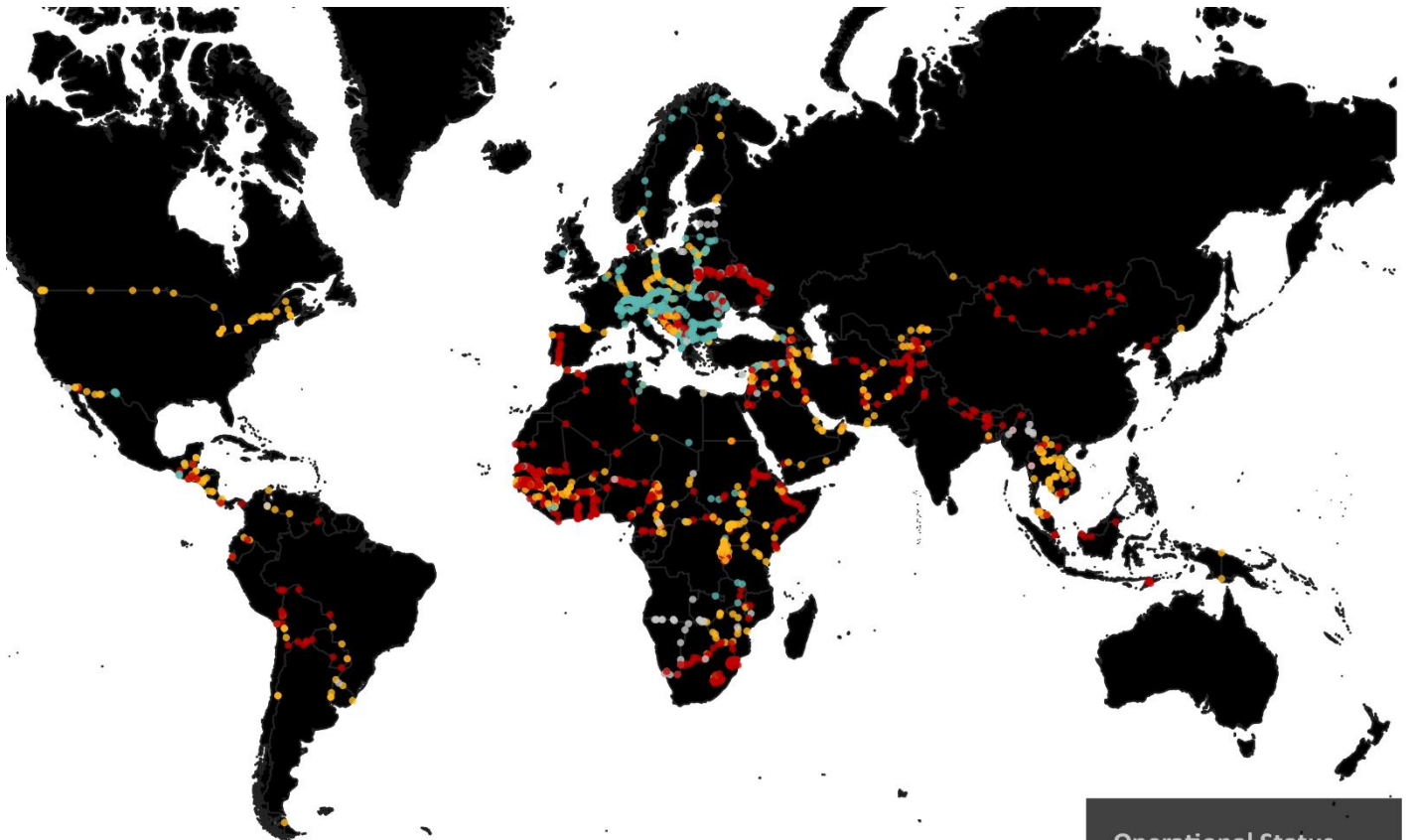
- Fully closed
- Fully operational
- Partially operational
- Unknown



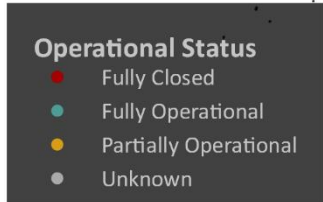
Percentage of assessed land border points with affected population



Global map of assessed land border crossing points and their operational status



Disclaimer: This map is for illustration purpose only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.



7. Public Health Measures

This section provides a preliminary descriptive summary on the public health perspective of the global PoE database. Data have been collected regarding essential public health measures at PoEs to assess the location's preparedness and capacity during the pandemic. The data collected are in five categories, covering various aspects of public health preparedness at the PoE. 17 questions were asked including general questions in each category, along with follow-up questions asking for more details. This report selected the 7 general questions from the 5 categories to present:

I. Standard Operating Procedures:

1) Are there SOPs in place for managing flows, occupational health and safety of staff (IPC), and detection (health screening), registration, notification, management and referral of ill travellers?

II. Risk communication:

2) Is there information about COVID-19 being provided at PoE?

III. Infection prevention and control:

3) Is a hand-washing station equipped at PoE?

IV. Surveillance:

4) Is there a health screening process that includes temperature check for travellers entering through this PoE?

5) Is there infrastructure in place at the site to support crowd control and ensure safety of screeners?

6) Does an isolation space exist, for further evaluation of any suspect case away from crowds?

V. Referral system

7) Is there a referral system in place at site?

Examining these public health measures and interventions across various levels (e.g. local, national, regional) can facilitate the detection, assessment, and notification or reporting of events that can collectively contribute to prompt and effective responses to public health emergencies such as COVID-19.

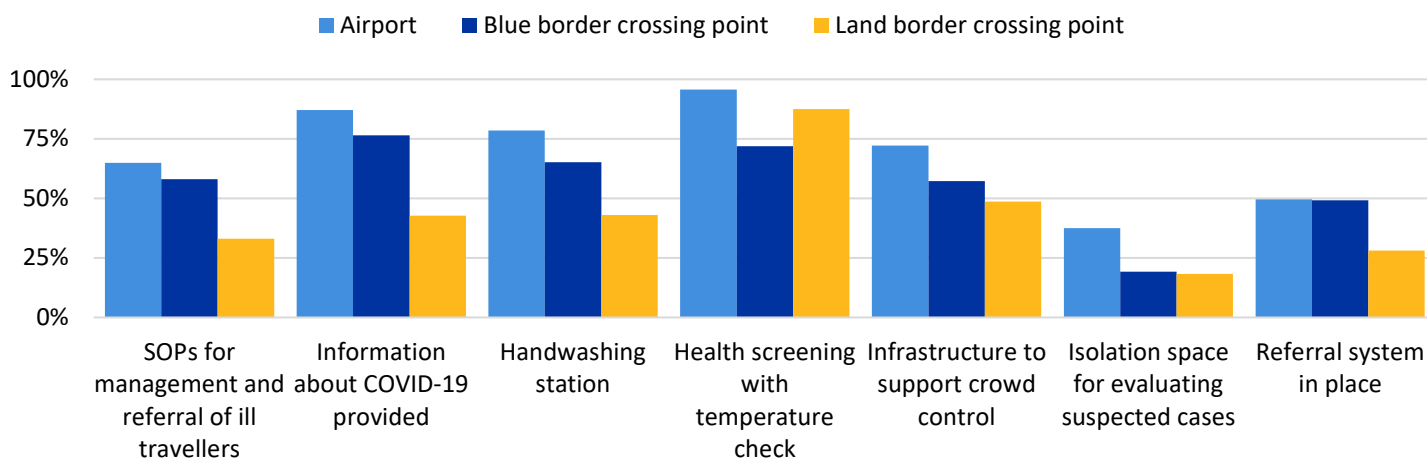
Data collection of the public health measures is ongoing. Given the complex and evolving situation at the PoEs, response rates vary by type of PoE and for each public health measure reported. The descriptive findings reported here include responses collected as of 9 July 2020. The response rate across all PoE assessed for each measure reported range from 19 per cent to 61 per cent. On average, the response rate is 48 per cent for 758 assessed airports, 49 per cent for 613 assessed blue border crossing points, and 42 per cent for 2,157 assessed land border crossing points. There is an increase of response rates across all types of PoE from the last database update on 26 June 2020. A summary of the response rates per item is shown in the table below to specify that different denominators were used in the descriptive summary and should be interpreted with discretion.

Table 6: Response rate per item across the three types of PoEs

	Airports (758)		Blue border crossing points (613)		Land border crossing points (2157)	
	Total responses	Response rate	Total responses	Response rate	Total responses	Response rate
Standard operating procedures						
SOPs in place at the site for management and referral of ill travelers	462	61%	386	63%	1094	51%
Risk communication						
Information about COVID-19 being provided at site	462	61%	390	64%	1083	50%
Infection prevention and control						
Handwashing station at the site	414	55%	341	56%	1084	20%
Surveillance						
Health screening with temperature check using non-contact thermometer	206	27%	153	25%	438	19%
Infrastructure at the site to support crowd control and ensure safety of screeners	205	27%	152	25%	428	50%
Isolation space exists for evaluation of any suspect case away from crowds	411	54%	340	55%	1079	50%
Referral system						
Referral system in place at the site	410	54%	340	55%	1075	50%

7. Public Health Measures

Public health measures for pandemic preparedness at PoEs by location type



Standard Operating Procedures: For PoEs that are operational or partially operational, standard operating procedures (SOPs) for for managing flows, occupational health and safety of staff (IPC), and detection (health screening), registration, notification, management and referral of ill travellers are essential for protecting staff and preventing the spread of COVID-19 from potential introductory cases. Such SOPs were reported in 65 per cent of 462 assessed airports, 58 per cent of 386 assessed blue border crossing points, and in 33 per cent of the 1,094 assessed land border crossing sites.

Risk communication: Information on COVID-19 was reported to be available for travelers through leaflets, posters or announcements in 87 per cent of the assessed 462 airports, 76 per cent of the assessed 390 blue border crossing points and in 43 per cent of the 1,083 land border crossing points. The numbers suggest that airports and blue border crossing points boost efforts to place tailored information exchange communication (IEC) and health promotion measures to inform passengers. While the cultural appropriateness and whether the IEC was tailored to travelers were not assessed, such requirements and those for supporting health promotion measures at PoEs (i.e. distinct from general public health information campaigns) should be considered.

Infection prevention and control: Handwashing stations were available in 79 per cent of 414 airports, 65 per cent of 341 blue border crossing points, and 43 percent of 1,084 land border crossing points. As a basic control measure, having handwashing facilities is considered a primary approach in infectious disease prevention. Despite its straightforwardness, less than 50% of PoEs in land border crossing points reported to have this facility.

Surveillance: Health screening with temperature check was reported to be in place in 96 per cent of 206 assessed airports; 72 per cent of 153 blue border crossing points, and 87 per cent of the 438 identified land border crossing points. Among all the public health measures examined, health screening with temperature checks was the most commonly reported measure across all types of PoEs. It should be noted nonetheless that, in the case of COVID-19, the usefulness of health screening checks at PoEs may be limited in its value in contact tracing. Given the specific transmission dynamics of SARS-CoV-2, health screening to identify symptoms in travellers crossing PoEs may not necessarily contribute to better identification of cases.

Infrastructure at the site to support “crowd control” and ensure safety of screeners are available in 72 per cent of 205 airports, 57 per cent of 152 blue border crossing points, and 49 per cent of the 428 identified land border crossing points. The proportion of PoEs with crowd control measures available to protect screeners are relatively lower than the previous measures considered. This finding draws attention to the importance of implementing public health measures that also consider the protection of service providers, which can ultimately benefit the safety of travelers. It should be specified that ‘crowd control’ is generally used in context of mass gathering events; in the context of PoEs, however, the term denotes the coordination and movement of passengers/travelers through the PoE.

The availability of an isolation space for evaluating suspected COVID-19 cases at the PoE, prior to their appropriate referral, was reported in 37 per cent of the 411 assessed airports, 19 per cent of 340 blue border crossing points, and in 18 per cent of the 1,079 land border crossing points. Although the observed percentages of PoEs having this measure are relatively lower than other measures, further evidence is needed to understand the effectiveness of an isolation space comparing to other measures.

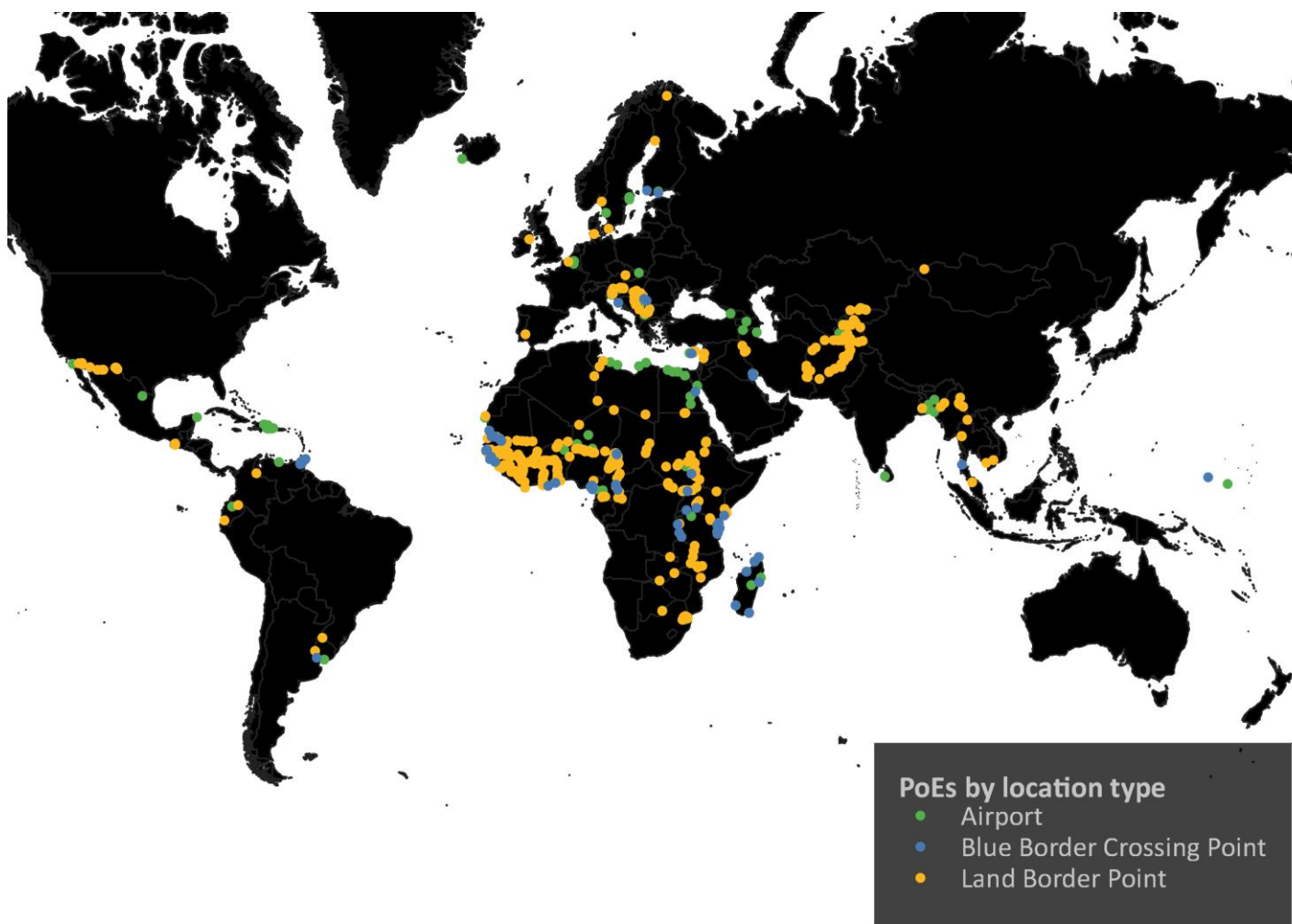
Referral system: referral systems were reported to be in place in 50 per cent of 410 identified airports, 49 per cent of the 340 identified blue border crossing points and in 28 per cent of the 1,075 assessed land border crossing points.

7. Public Health Measures

Summary of findings: Of all the public health measures, the three least reported measures are the availability of an isolation space, referral systems and SOPs in place. These findings signal the need to focus attention towards the need to channel adequate resources for mitigating disease spread of COVID-19 at PoEs. Across the three types of PoEs assessed, the proportion of airports reported to have the measure in place is the highest for all measures. The proportion of land border crossing points having the measure is the lowest except health screening with temperature check. This might indicate that more effort needs to be focused on understanding capacities for responding to the pandemic at land border crossing points.

Geographical distribution: The map below highlights the geographical distribution of PoEs that reported to be lacking at least one of the public health measures assessed. Please note that the variability in response rates for each public health measure has been described as an important limitation. The distribution shown below might be a result of the uneven response rates by location types. Additional information may be useful in understanding the potential factors that contributed to the observed geographical distribution.

PoEs that reported to lack at least one of the assessed public health measures



Disclaimer: The reported findings on public health measures should be considered with important caveats. The descriptive summary provided in this report is aimed at providing a rapid capture of assessed PoEs in terms of these public health measures and prompt more detailed rigorous evaluation. Data collection is conducted by IOM country offices with varying resources and capacity, and as such assessment coverage, data collection methodologies and modalities vary. Data validation, such as verification from those designated International Health Regulation (IHR) focal points and/or competent authorities at each PoE is not presently possible. These factors impose limitations to the ability to conduct analysis across PoE settings within or between countries, territories and areas and comparisons externally at regional and global levels. Furthermore, the limitations of the exercise may impact the consistency of the captured public health measures, and the inter-rater reliability across different enumerators, influencing the quality of the data.

Annex: Tables

Table I: Number (#) and percentage (%) of assessed Points of Entry by type and IOM region

Region	Total		Airports		Land border crossing points		Blue border crossing points		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	540	100%	187	35%	218	40%	135	25%	37
Central and North America and the Caribbean	186	100%	36	19%	117	63%	33	18%	14
Central and West Africa	445	100%	42	9%	359	81%	44	10%	20
East and Horn of Africa	307	100%	43	14%	187	61%	77	25%	9
European Economic Area	791	100%	159	20%	478	60%	154	19%	28
Middle East and North Africa	233	100%	66	28%	120	52%	47	20%	17
South America	80	100%	21	26%	50	63%	9	11%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3528	100%	758	21%	2157	61%	613	17%	169

Table I.2: Last update of PoE data by month

Location Type	March	March %	April	April %	May	May %	June	June %	July	July%	Total	Total%
Airport	96	13%	141	19%	184	24%	239	32%	98	13%	758	100%
Blue Border Crossing Point	77	13%	148	24%	211	34%	129	21%	48	8%	613	100%
Land Border Crossing Point	384	18%	321	15%	463	21%	913	42%	76	4%	2157	100%
Total	557	16%	610	17%	858	24%	1281	36%	222	6%	3528	100%

Table 2: Number (#) and percentage (%) of assessed PoEs by operational status and IOM region

Region	Fully closed		Partially operational		Fully operational		Unknown		Total	
	#	%	#	%	#	%	#	%	#	%
Asia and the Pacific	157	29%	276	51%	60	11%	47	9%	540	100%
Central and North America and the Caribbean	60	32%	104	56%	14	8%	8	4%	186	100%
Central and West Africa	264	59%	142	32%	20	4%	19	4%	445	100%
East and Horn of Africa	102	33%	155	50%	37	12%	13	4%	307	100%
European Economic Area	53	7%	143	18%	563	71%	32	4%	791	100%
Middle East and North Africa	105	45%	81	35%	34	15%	13	6%	233	100%
South America	43	54%	34	43%	1	1%	2	3%	80	100%
South-Eastern Europe, Eastern Europe and Central Asia	230	37%	142	23%	248	40%	5	1%	625	100%
Southern Africa	153	48%	91	28%	13	4%	64	20%	321	100%
Total	1167	33%	1168	33%	990	28%	203	6%	3528	100%

Annex: Tables

Table 3: Number (#) and percentage (%) of assessed PoEs by operational status and type

Location Type	Fully closed		Partially operational		Fully operational		Unknown		Total	
	#	%	#	%	#	%	#	%	#	%
Airport	196	26%	214	28%	291	38%	57	8%	758	100%
Blue border crossing point	138	23%	294	48%	151	25%	30	5%	613	100%
Land border crossing point	833	39%	660	31%	548	25%	116	5%	2157	100%
Total	1167	33%	1168	33%	990	28%	203	6%	3528	100%

Table 4: Number (#) and percentage (%) of assessed PoEs by affected population categories

Location type	Nationals		Regular travellers		Irregular migrants		Returnees		IDPs		Refugees		Migrant Workers		No. of locations assessed
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Airport	539	71%	660	87%	258	34%	275	36%	117	15%	158	21%	232	31%	758
Blue border crossing point	382	62%	435	71%	213	35%	173	28%	126	21%	182	30%	223	36%	613
Land border crossing point	1261	58%	1526	71%	951	44%	766	36%	323	15%	334	15%	489	23%	2157
Total	2182	62%	2621	74%	1422	40%	1214	34%	566	16%	674	19%	944	27%	3528

Table 5: Number (#) and percentage (%) of restrictive measures imposed on PoEs, disaggregated by type of PoEs

Restrictive measures	Location type						Total
	Airport		Blue border crossing point		Land border crossing point		
	#	%	#	%	#	%	
Mobility Restriction (to)	509	67%	348	57%	1491	69%	2348
Mobility restriction (from)	463	61%	327	53%	1459	68%	2249
Visa change	75	10%	26	4%	223	10%	324
Restricted nationality	179	24%	91	15%	191	9%	461
Document change	48	6%	43	7%	134	6%	225
Medical requirements	389	51%	265	43%	683	32%	1337
Medical certificate confirming a negative COVID-19 test result	46	6%	13	2%	68	3%	127
Other limitations	154	20%	130	21%	276	13%	560
None	11	1%	28	5%	126	6%	165
No. of locations assessed	758		613		2157		3528

Annex: Tables

Table 6.1: Public Health Measures for Airports

Question	Yes	No	Don't know	No response	No. of locations assessed	No. of responses	Response rate
Handwashing station at the site	325	11	78	344	758	414	55%
Health screening with temperature check using non-contact thermometer	197	2	7	552	758	206	27%
Information about COVID-19 being provided at site	402	7	53	296	758	462	61%
Infrastructure at the site to support crowd control and ensure safety of screeners	148	13	44	553	758	205	27%
Isolation space exists for evaluation of any suspect case away from crowds	154	58	199	347	758	411	54%
Referral system in place at the site	203	35	172	348	758	410	54%
SOPs in place at the site for management and referral of ill travelers	300	40	122	296	758	462	61%

Table 6.2: Public Health Measures for Blue Border Crossing Points

Question	Yes	No	Don't know	No response	No. of locations assessed	No. of responses	Response rate
Handwashing station at the site	222	27	92	272	613	341	56%
Health screening with temperature check using non-contact thermometer	110	4	39	460	613	153	25%
Information about COVID-19 being provided at site	298	42	50	223	613	390	64%
Infrastructure at the site to support crowd control and ensure safety of screeners	87	14	51	461	613	152	25%
Isolation space exists for evaluation of any suspect case away from crowds	65	58	217	273	613	340	55%
Referral system in place at the site	167	55	118	273	613	340	55%
SOPs in place at the site for management and referral of ill travelers	224	61	101	227	613	386	63%

Table 6.3: Public Health Measures for Land Border Crossing Points

Question	Yes	No	Don't know	No response	No. of locations assessed	No. of responses	Response rate
Handwashing station at the site	462	209	412	1074	2157	1083	50%
Health screening with temperature check using non-contact thermometer	383	41	14	1719	2157	438	20%
Information about COVID-19 being provided at site	465	200	419	1073	2157	1084	50%
Infrastructure at the site to support crowd control and ensure safety of screeners	208	98	122	1729	2157	428	20%
Isolation space exists for evaluation of any suspect case away from crowds	196	345	538	1078	2157	1079	50%
Referral system in place at the site	302	267	506	1082	2157	1075	50%
SOPs in place at the site for management and referral of ill travelers	361	281	452	1063	2157	1094	51%