A photograph showing a man in a white lab coat and a white face mask using a purple hand sanitizer dispenser on the hand of another person. The person being sanitized is wearing a purple cap and a white face mask. They are standing outdoors near a body of water, with a blue bucket on a wooden stool in the foreground. The background shows a rocky shoreline and a body of water.

**IOM COVID-19
IMPACT ON
POINTS OF ENTRY
WEEKLY ANALYSIS
17 JUNE 2020**

PUBLISHER

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

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

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:

IOM supports PoE Health screening for COVID 19.

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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 11 June 2020. Information for 20 per cent of the PoEs has been updated in June, while 32 per cent of the data was last updated during the month of May and 27 per cent of PoE data was last updated in April. The remaining data (21%) 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.
- Other
- 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 PoE and Internal transit point:

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.

Points of Entry (PoEs):

- 3,502 PoEs were assessed in 169 C/T/As, including 764 Airports, 2,130 Land Border Crossing Points and 608 Blue Border Crossing Points.
- Overall, 40 per cent of the assessed PoE were fully closed (no relative change compared to last week), 40 per cent partially operational (i.e. -1 p.p. on a weekly basis) and 14 per cent fully operational (+1 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%, i.e. a 1 p.p. decrease on a weekly basis), followed by the Middle East and North Africa (57%, i.e. a 2 p.p. decrease compared to last week);
 - The European Economic Area was the IOM Region with the highest percentage of fully operational PoEs (29%, i.e. no change compared to last week's figure), followed by South-Eastern Europe, Eastern Europe and Central Asia (17%, i.e. a 3 p.p. increase on a weekly basis)
 - 48 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 31 and 22 for airports and blue border crossing points, with no relative change across all PoE types;
 - The share of fully operational PoEs was more stable across PoE types (17% for airports, 16% for blue border crossing points and 12% for land border crossing points).
- Mobility restrictions on arriving to or departing from the assessed PoEs were the most adopted restrictive measures in all the types of PoE (around 70% of the assessed PoEs), followed by medical requirements (more than 30% in all PoE types with a peak of 44% for airports).
- The most common expected duration of the restrictive measures adopted in the assessed PoEs was 14 days to one month (40% of the cases for airports), however the foreseen duration of these restrictive measures was unknown for 51 and 43 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

3,502

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 Key Points of Mobility Weekly Analysis report provides an overview and analysis on the data from a global and regional perspective, using data updated as of **11 June 2020**.

IOM has assessed 3,502 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.

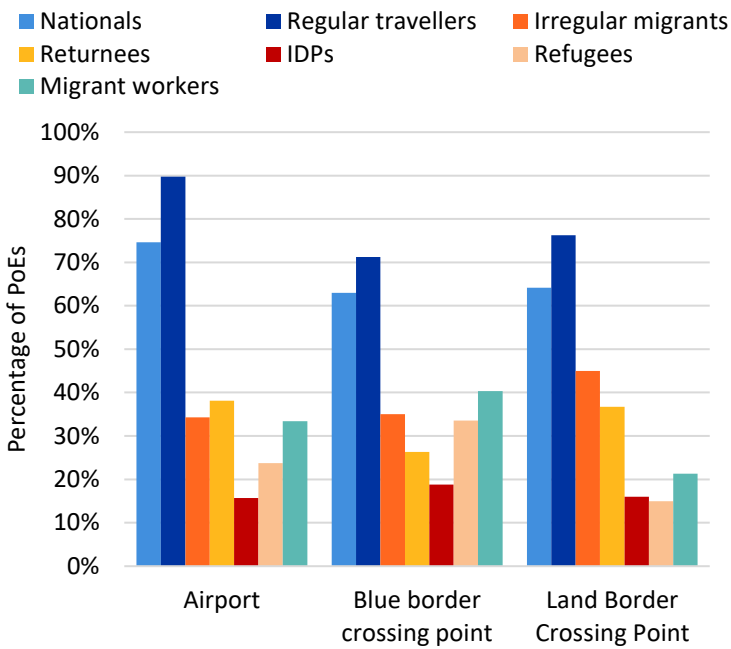
Of all assessed PoEs, **40 per cent were reported as fully closed and 14 per cent were reported to be fully operational**. Another **40 per cent were partially operational**. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (59%), followed by the Middle East and North Africa (57%) and South-Eastern Europe, Eastern Europe and Central Asia (56%). Conversely, the lowest number of fully closed assessed locations were found in Central and North America and the Caribbean with 26 per cent and European Economic Area with 19%. More details can be found in annex, Table 2.

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

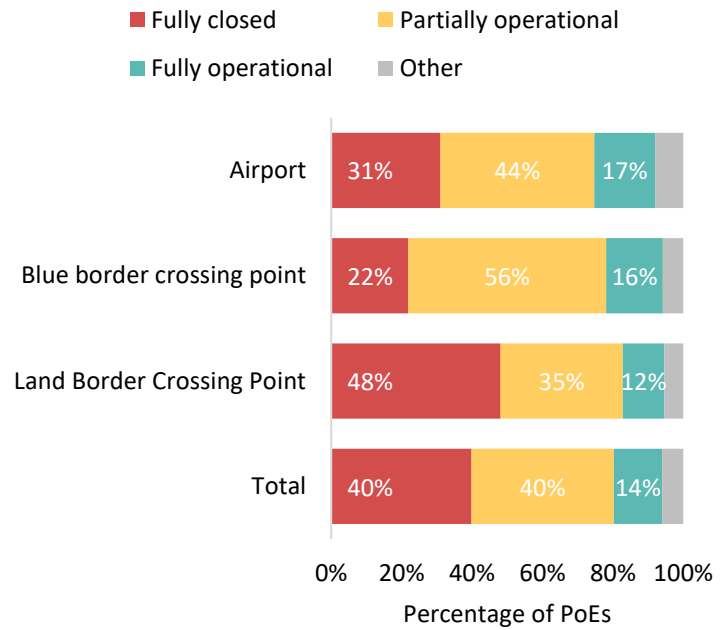
Region	Total		Airports		Land border crossing points		Blue border crossing point		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	543	100%	190	35%	218	40%	135	25%	37
Central and North America and the Caribbean	181	100%	36	20%	112	62%	33	18%	14
Central and West Africa	446	100%	44	10%	359	80%	43	10%	20
East and Horn of Africa	308	100%	44	14%	187	61%	77	25%	9
European Economic Area	787	100%	158	20%	475	60%	154	20%	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	602	100%	122	20%	405	67%	75	12%	19
Southern Africa	322	100%	83	26%	204	63%	35	11%	15
Total	3502	100%	764	22%	2130	61%	608	17%	169

2. PoE Situational Overview

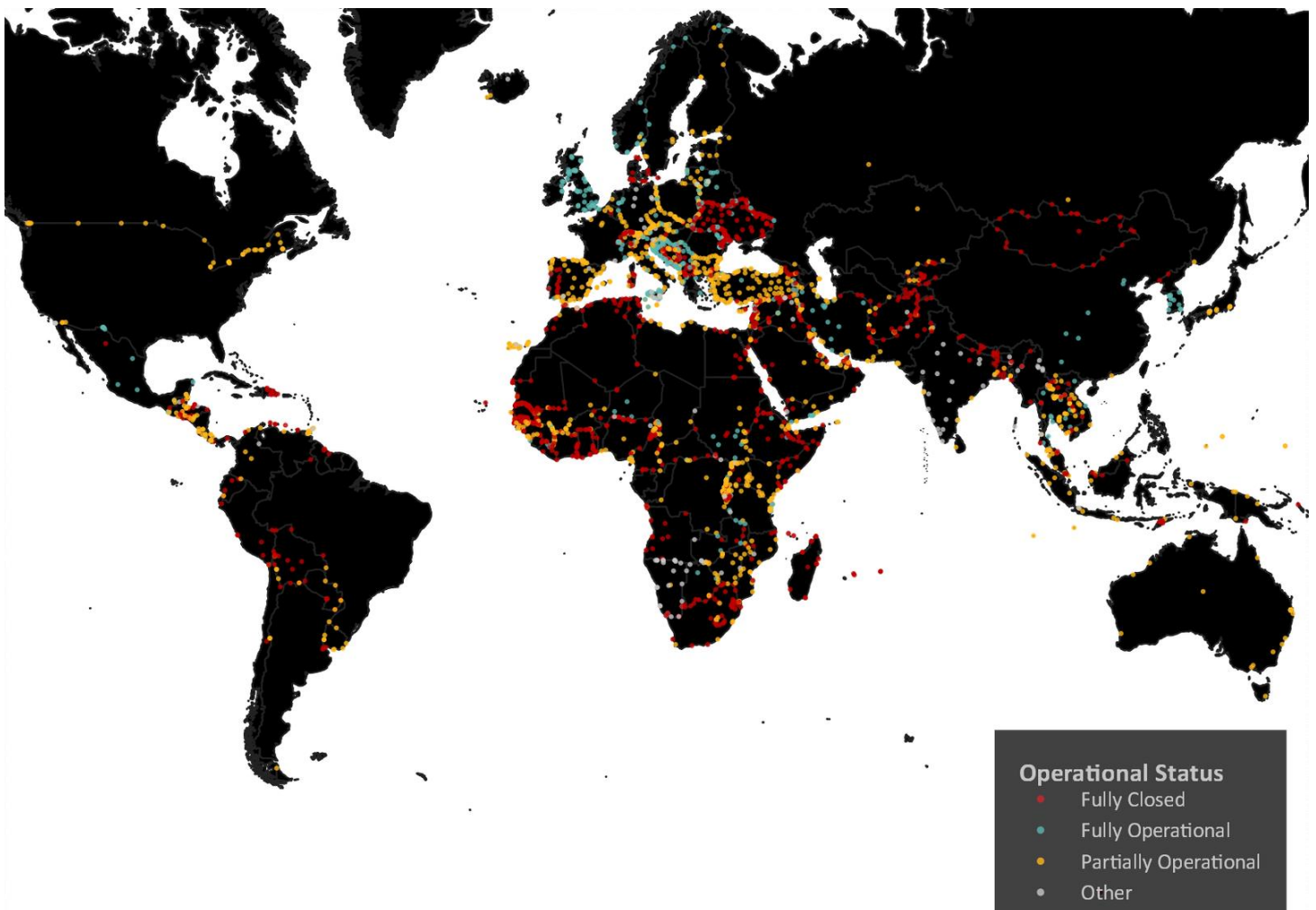
Percentage of PoEs with affected population



Operational status of assessed PoEs

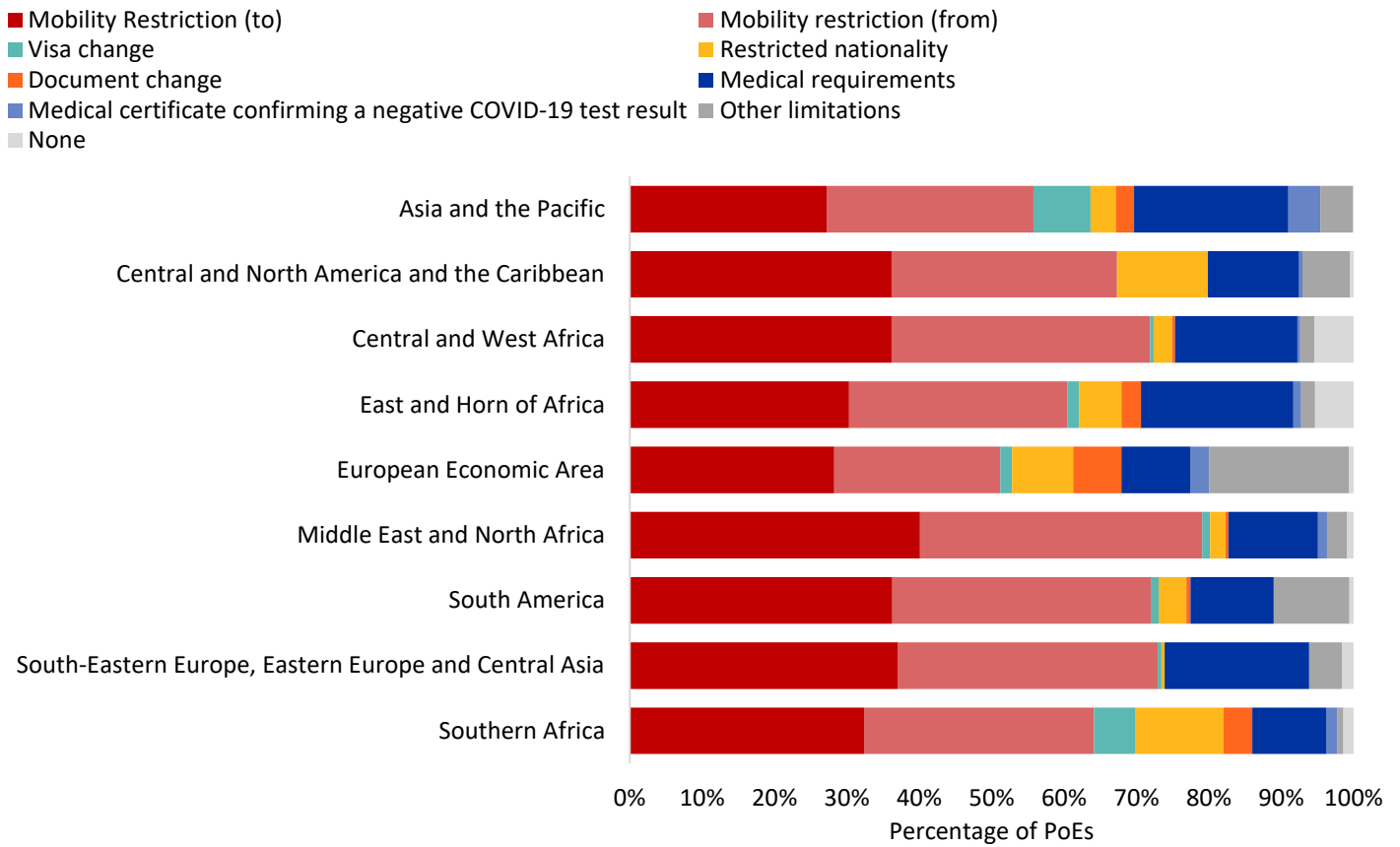


Global map of assessed PoEs and their operational status

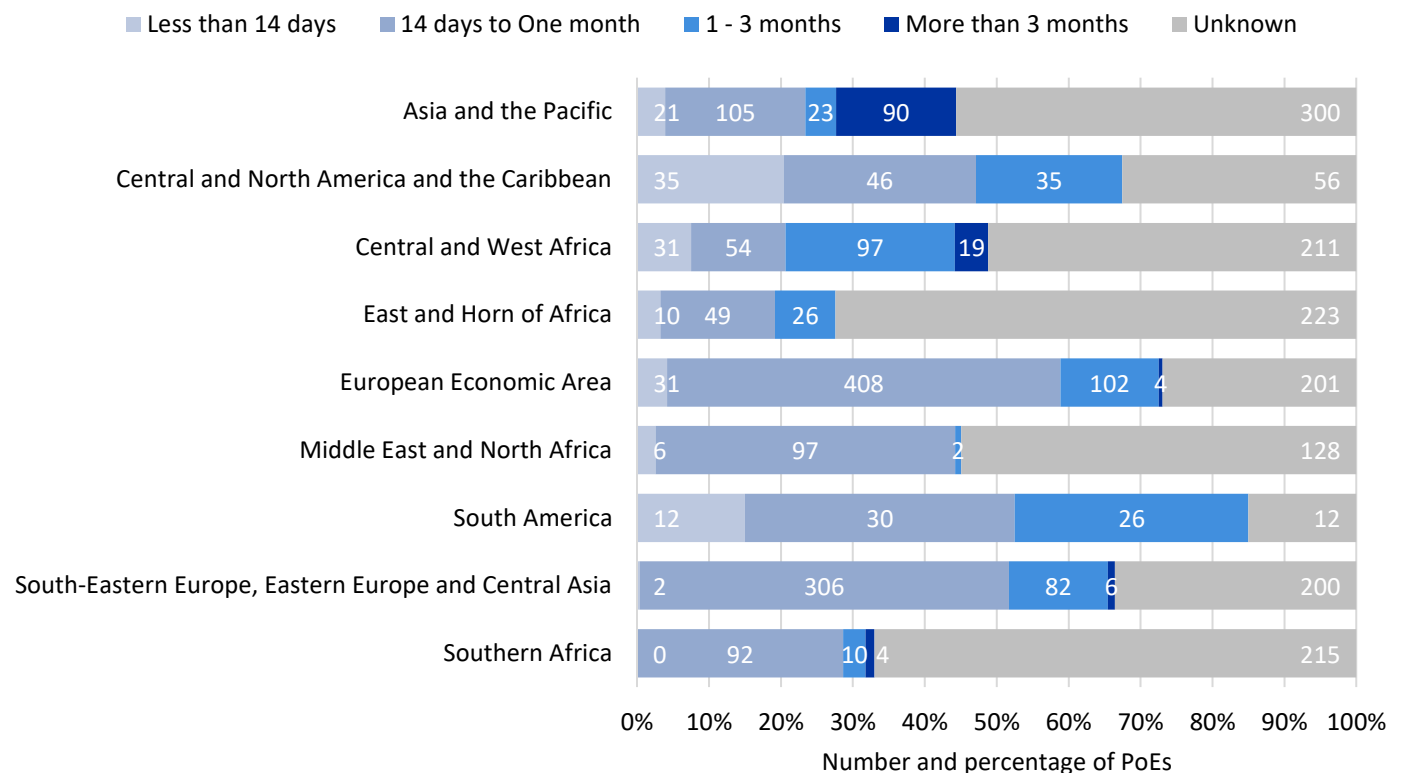


2. PoE Situational Overview

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

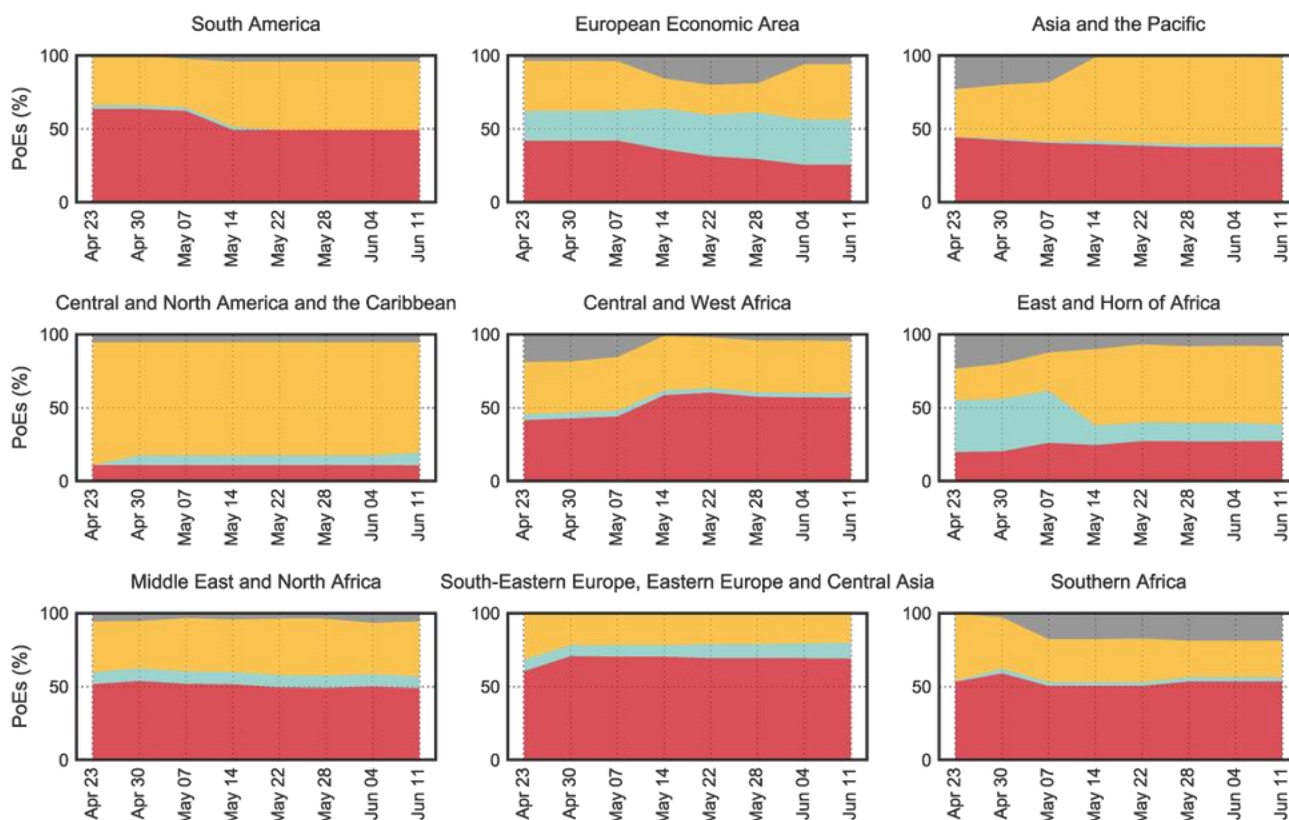


3. PoE Time Series: Operational Status

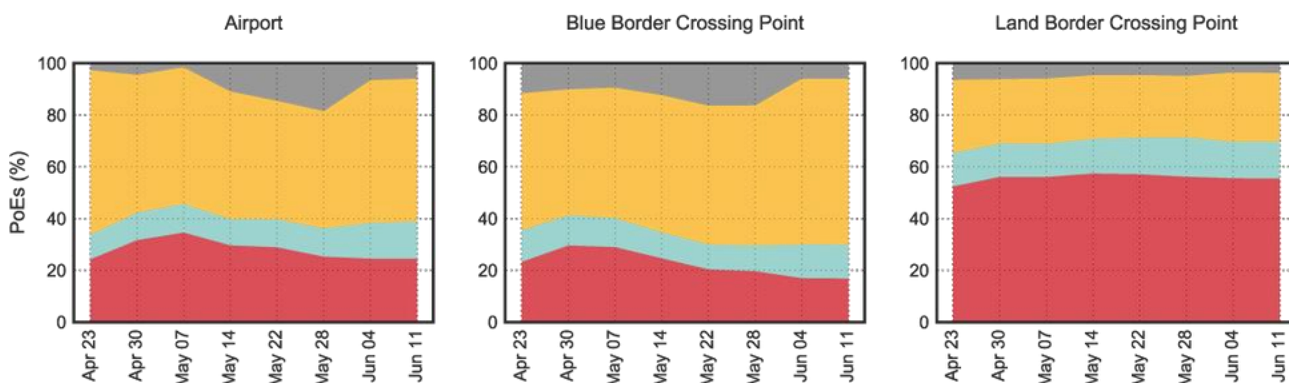
This time series data aims to give a visual overview of the evolution of impact on operational status by region and location type. Dates depicted represent the weekly updates of the IOM database monitoring the impact on PoEs. It is worth noting that trends observed in operational status both globally 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.

■ Fully Closed
 ■ Partially Operational
 ■ Fully Operational
 ■ Other

Operational Status by Region



Operational Status by Location Type



4. Overview of Airports

764

Airports
assessed in 163
C/T/As

31%

of the assessed airports
were fully closed (no
change compared to last
week)

14 days to one month

Most common (40%) duration
of restrictions imposed (- 1 p.p.
compared to last week)

IOM assessed **764 airports in 163 countries, territories and areas**, (one more assessed airport compared to last week's report). The operating status of the assessed airports varied slightly between. Of the assessed airports, **31%** or 237 airports were reported to be **fully closed**, which represents no change compared to last week. **Partially operational** was the operational status reported for **44%** or 334 airports, an increase of 1 p.p. compared to last week. For **17 per cent** (or 132 airports) of the assessed airports, the operational status was reported **fully operational**, (no change compared to last week). Information was not available for the remaining 8 per cent (or 61) of assessed airports (for more details, see Table 3).

Of the total 237 assessed fully closed airports, the IOM regions reported the highest percentage of fully closed airports remained unchanged and were located in the Middle East and North Africa and South-Eastern Europe, Eastern Europe and Central Asia, with 18 per cent (43 assessed airports) and 18 per cent (41 airports), respectively. The IOM region of Southern Africa followed, with 16 per cent or 37 closed airports. Out of the 334 assessed partially operational airports, the highest share was located in the IOM region of European Economic Area with 28 per cent or 95 assessed airports, followed by Asia and the Pacific with 21 per cent or 73 assessed airports. Finally, with 52 out of the 132 assessed fully operational airports, Asia and the Pacific had the highest share of airports that were still fully operational with 39 per cent, a decrease of 2 p.p. compared to last week.

Mobility restrictions or restrictive measures reported at assessed airports saw a slight change compared to last week. The most common measures reported, continued to be landing in and departing from the assessed airports with 77 and 66 per cent of the airports affected by these measures, respectively (see Table 5). Compared to last week's report, this represents an increase of 1 p.p. for measures restricting mobility *to* assessed airports and was unchanged for measures restricting mobility *from* assessed airports. Other common restrictive measures imposed at assessed airports included medical requirements (e.g. medical screening, medical certificates or quarantine measures) adopted in 44% of the assessed locations, restrictions imposed on specific nationalities (in 19% of the assessed airports, a 1 p.p. increase), changes in visa requirements (10%), a medical certificate confirming a negative COVID-19 test result (5%), changes in rules concerning identification and travel documents (6%) and other limitations (16%, a 1 p.p. increase). In one per cent of the assessed airports, there were no restrictions recorded.

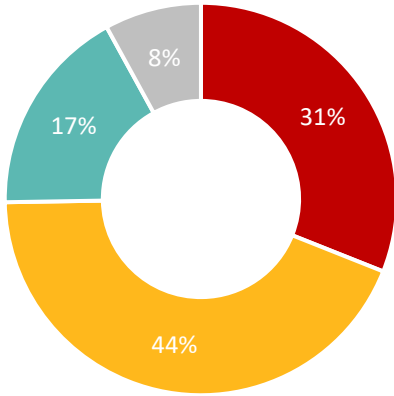
As of 11 June 2020, the most common expected duration of restrictive measures imposed at assessed airports was 14 days to one month (40% of the cases or 308 out of 764). In 41 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable), followed by one to three months (9%), less than 14 days (5%) 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 **90 per cent** and **75 per cent** of assessed airports, respectively. Other population categories reported to be affected by restrictive measures at assessed airports included **returnees** (38% of airports), **irregular migrants** (34%), migrant workers (33%), refugees (24%) and finally **IDPs** (16%).

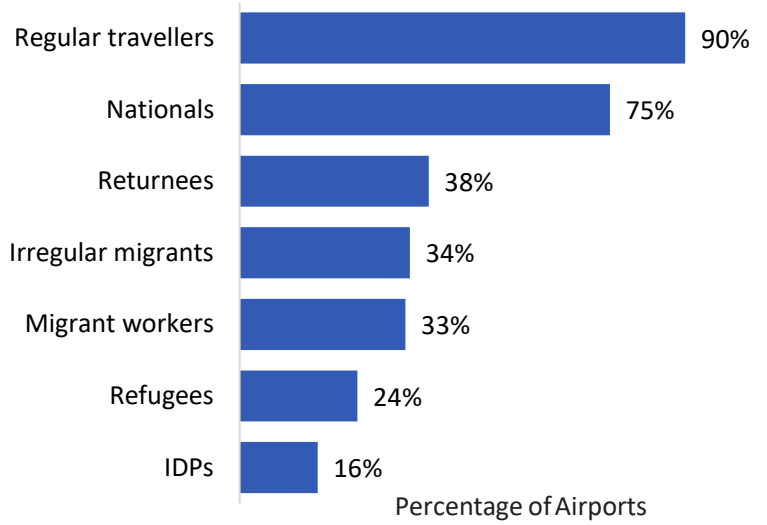
4. Overview of Airports

Operational status of assessed airports

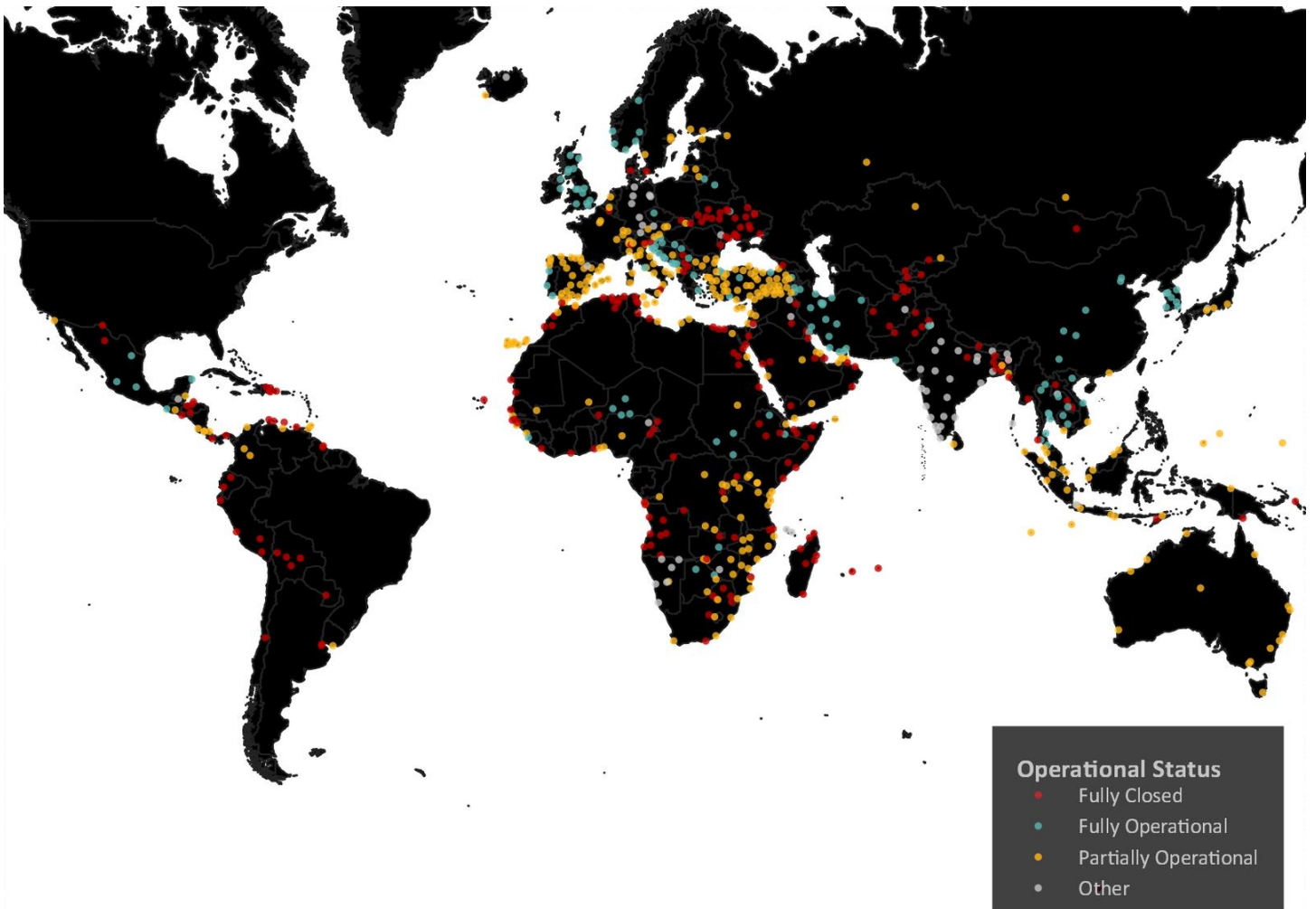
- Fully closed
- Fully operational
- Partially operational
- Other



Percentage of assessed airports with affected population



Global map of assessed airports and their operational status



4. Overview of Airports

Public Health Measures

The following public health measures were reported to be in place in assessed airports through IOM's missions participating in this exercise (for further information, see Table 6).

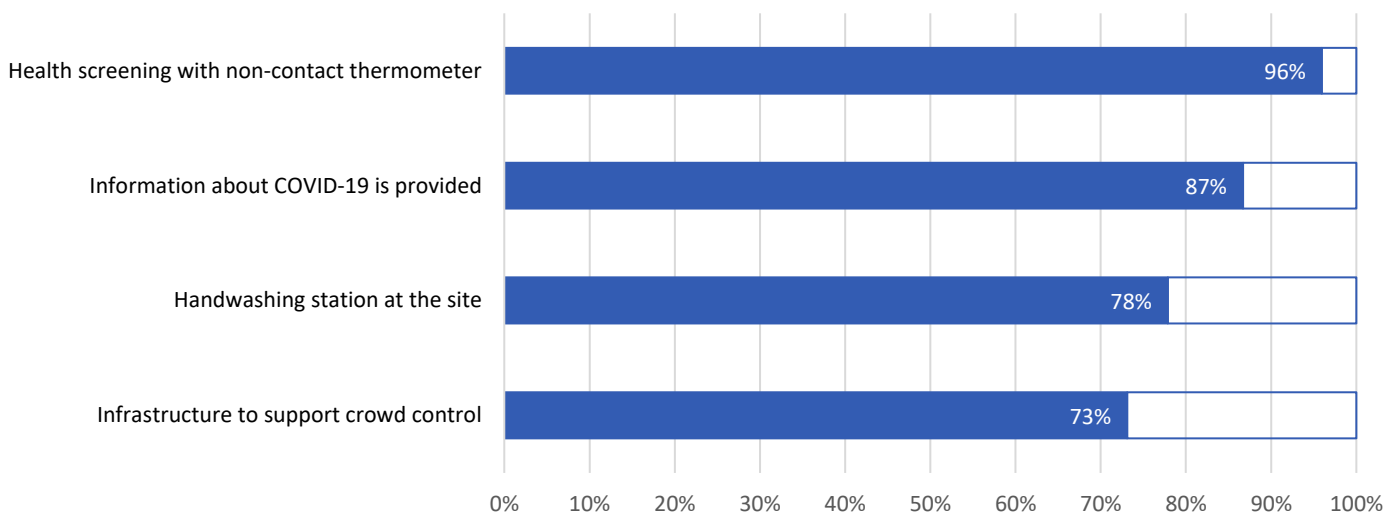
On risk communication and community engagement, in 87 per cent of the assessed airports (352 out of 406 identified airports) information on COVID-19 was being provided to travelers at the site through leaflets, posters or announcements. Additionally, 78 per cent of the responses (310 out of 398 identified airports) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported by almost all airports where this information was available (190 out of 198 identified airports, 96% of the total). Moreover, 73 per cent of the assessed locations (144 out of 197) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

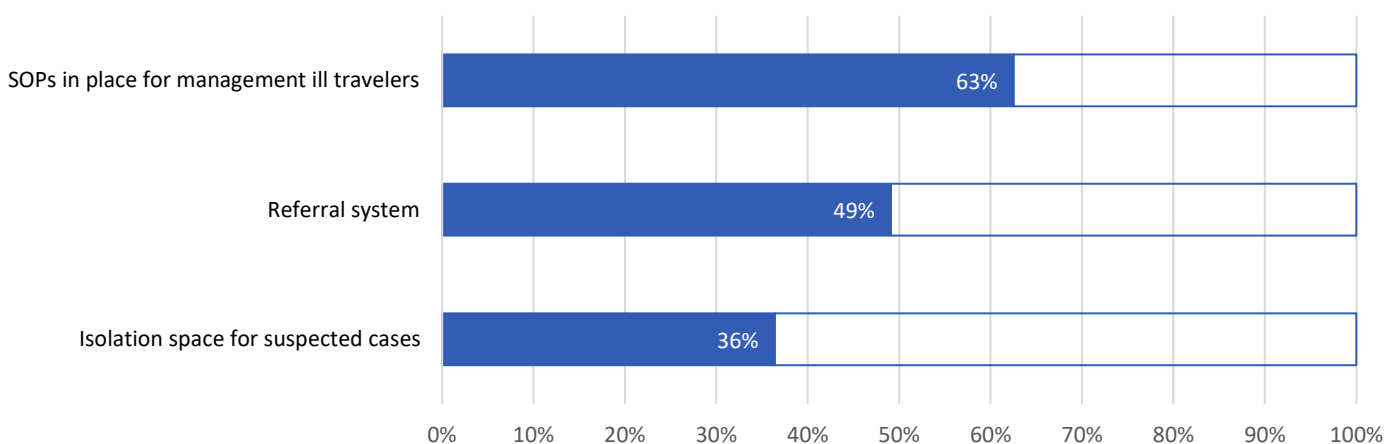
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 63 per cent of identified airports recording a response to this question (262 out of 419 identified airports), while a referral system was reported to be in place at 49 per cent of identified airports recording a response (192 out of 391 identified airports). Finally, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was also reported by 143 out of 393 specified airports (36% of the total).

Maintaining and enhancing 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 together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place at the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



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

608

Blue Border
Crossing Points
Assessed in 93 C/T/As

22%

of the assessed
blue border crossing points
are fully closed (unchanged
compared to last week)

14 days to one month

Most common (30%) of
restrictions imposed (51% were
unknown, i.e. information
unavailable)

IOM assessed a total of **608 blue border crossing points in 93 countries, territories and areas**, which is 3 more assessed ports compared to last week. The operational status of the assessed ports varied with **22 per cent** of ports (or 133 locations) which were reported to be **fully closed** (no change compared to last week). The portion of **partially operational** ports remained at 56 percent (342 ports), a decrease of 1 p.p. compared to last week. Finally, **16 per cent** (98 ports) were to be reported as **fully operational**. Information was not available for 6 per cent (35 ports) (for more details, see Table 3).

Of the 133 reported assessed fully closed blue border crossing points, the highest per cent continued to be located in the IOM region of the Middle East and North Africa with 19 per cent or 25 assessed fully closed blue border crossing points. This was closely followed by the Southern Africa with 17 per cent or 23 ports. Additionally, out of the 342 assessed partially operational ports, the IOM region of Asia and the Pacific also continued to be the region with the highest share of partially operational ports with 111 ports or 33 per cent. Finally, the European Economic Area region continued to be the IOM region with the highest share of assessed ports which were fully operational, with 63 out of 98 assessed locations or 64 per cent (a decrease of 4 p.p. compared to last week).

The most common mobility restrictions recorded at assessed ports continued to be restrictions to and from a particular port (66% and 55%, a decrease of 2 p.p. and 3 p.p., respectively), followed by newly introduced medical requirements (43%, unchanged compared to last week) such as medical screening, requirement for medical certificates or quarantine measures. Less common measures imposed at blue border crossing points were restrictions on specific nationalities (in 9% of the assessed ports), changes in visa requirements (4%, an increase of 1 p.p.), medical certificates confirming a negative COVID-19 test result (2%), changes in rules concerning identification and travel documents (6%, an increase of 1 p.p.) and other limitations or no reported restrictions (13% and 5%, respectively) (see Table 5).

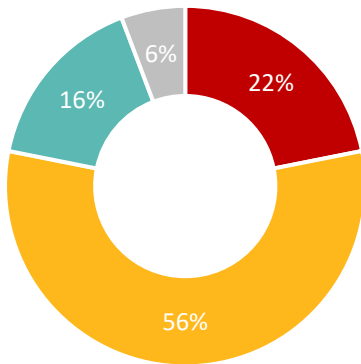
The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 51 per cent of the assessed ports (310 out of 608 assessed ports, a 1 p.p. increase). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 30 per cent of the cases (a decrease of 1 p.p.). In 11 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 2 per cent of assessed ports restrictions were planned to be valid for less than 14 days (a decrease of 1 p.p.).

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% of ports, nationals (63% of ports, a decrease of 1 p.p.), irregular migrants (35% of ports), returnees (26% of ports, a decrease of 1 p.p.), IDPs (19% of ports), migrant workers (40% of ports) and finally refugees (34% of ports).**

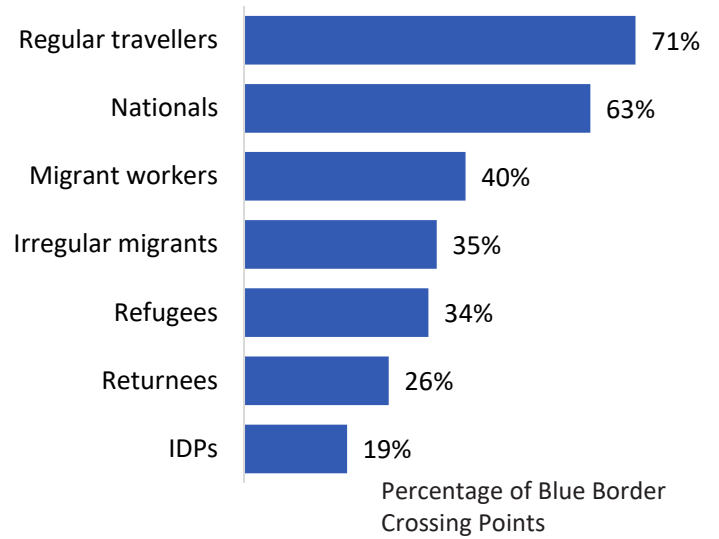
5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

Operational status of the assessed blue border crossing points

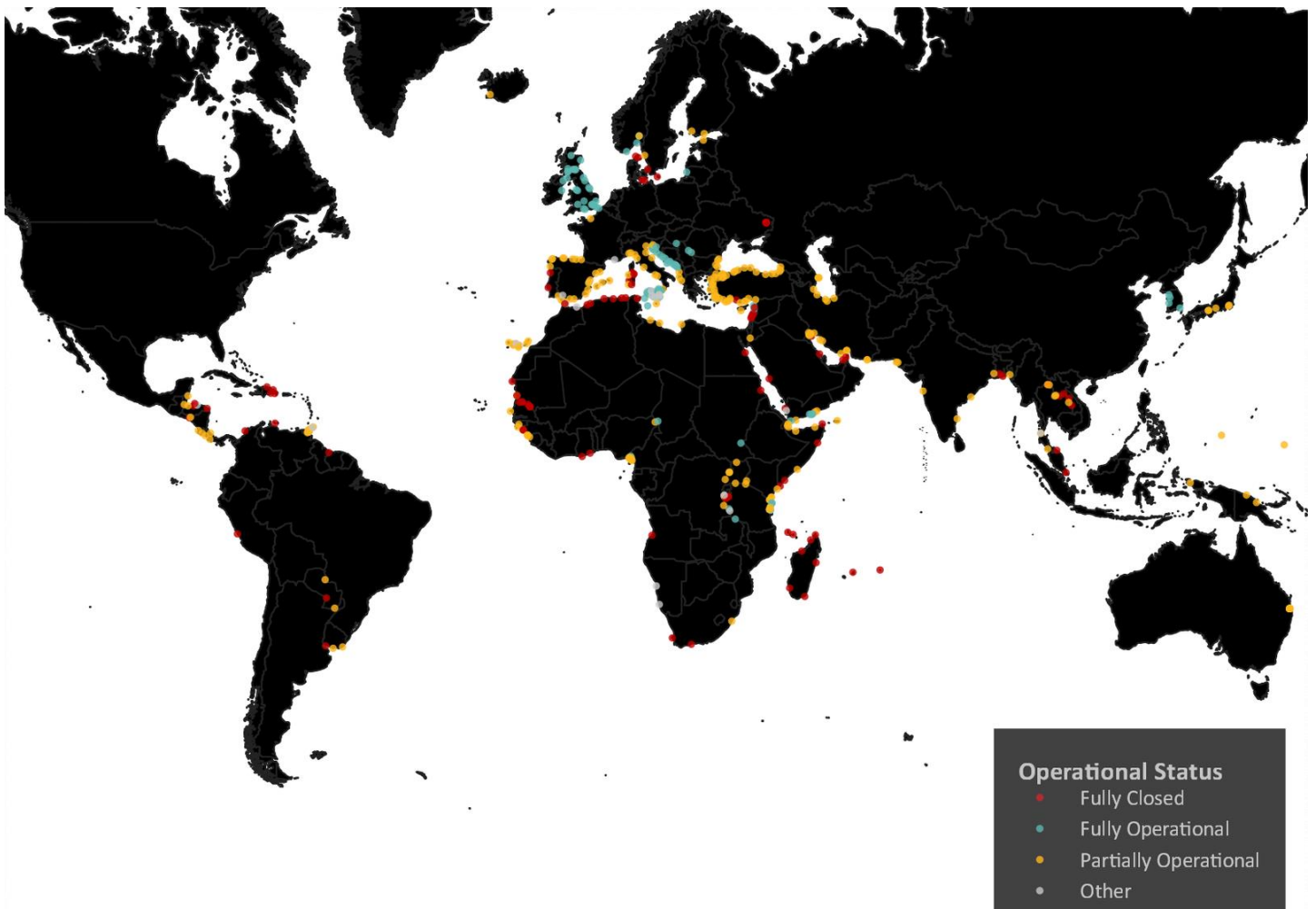
- Fully closed
- Fully operational
- Partially operational
- Other



Percentage of assessed blue border points with affected population



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



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

Public Health Measures

The following public health measures were reported to be in place in assessed blue border crossing points through IOM's missions participating in this exercise (for further information, see Table 6.1).

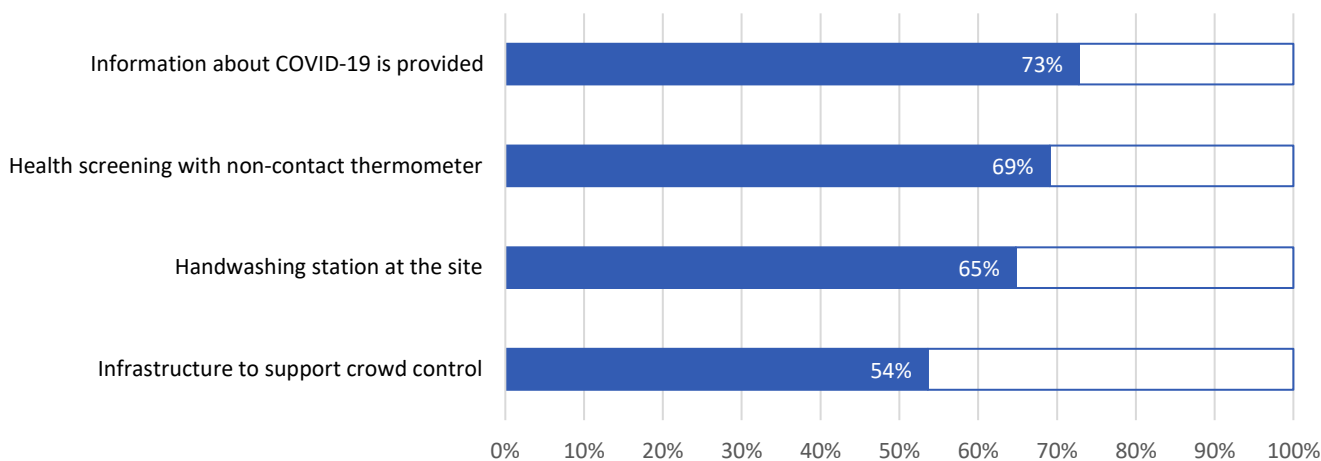
On risk communication and community engagement, in 73 per cent of the assessed blue border crossing points (238 out of 327 specified locations recording a response) information on COVID-19 was provided to travelers at the site through leaflets, posters or announcements. Additionally, 206 out of 318 blue border crossing points (65% of identified locations recording a response) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported in 69 per cent of the assessed blue border crossing points (96 out of 139 assessed locations). Furthermore, of the 138 identified locations for which this information is available, 74 blue border crossing points (54%) had infrastructure in place to support crowd control and ensure safety of screeners.

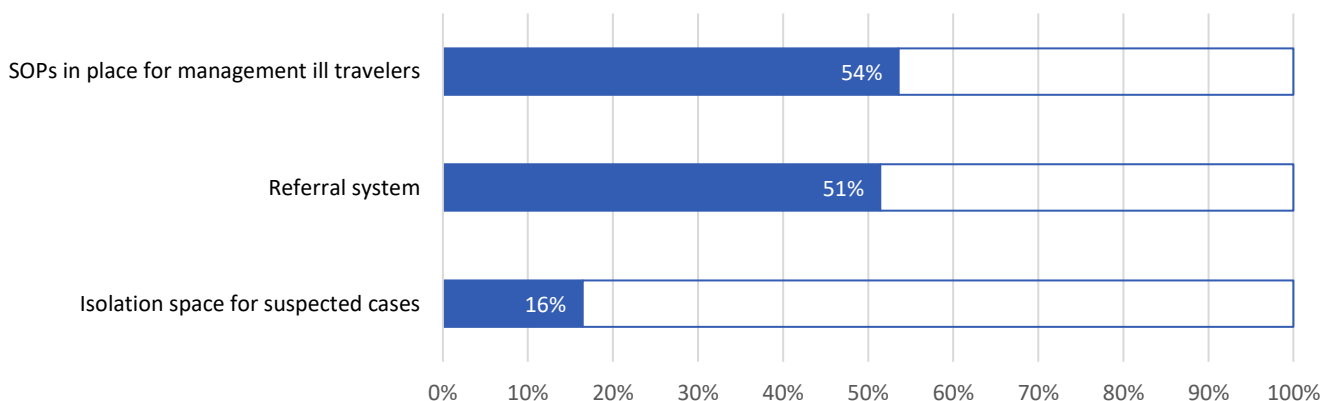
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place in 54 per cent of identified blue border crossing points (180 out of 336 identified locations recording a response), while a referral system was reported to be in place in 51 per cent of the specified locations (163 out of 317 identified blue border crossing points). Finally, only 16 per cent of the specified blue border crossing points reported the availability of an isolation space for suspected COVID-19 cases (52 out of 317 identified locations), prior to their appropriate referral.

Maintaining and enhancing 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 together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place in the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



6. Overview of Land Border Crossing Points

2,130

Land Border Crossing Points
assessed in 126 C/T/As

48%

of assessed locations are fully closed
(no change compared to last week)

**14 days to one
month**

Most common (33%) duration of
restrictions imposed, but duration
is unknown in 43% of the cases

Among the **2,130 assessed land border crossing points** (no change from last week's report) in 126 countries, territories or areas, an overwhelming majority is either **fully closed** or **partially operational** (**48%** and **35%** of the total, respectively), while only **12 per cent** of the assessed locations were **fully operational** without any restriction. Compared to last week, it is noticeable an increase of 1 p.p. in fully operational land border crossing points (for more details, see Table 3).

South-Eastern Europe, Eastern Europe and Central Asia is the IOM region reporting the highest share of fully closed land border crossing points: 282 out of the 405 assessed locations were completely closed (5 less than last week, i.e. a 1 p.p. decrease on a weekly basis), corresponding to 70 per cent of the total number of land border crossing points assessed in this region. Other IOM regions with a high proportion of fully closed land border crossing points include West and Central Africa (228 out of 359: 64%, i.e. no change compared to last week), Asia and the Pacific (122 out of 218: 56%, i.e. no change compared to last week) and the Middle East and North Africa (65 out of 120: 54% of the total, i.e. a 1 p.p. decrease on a weekly basis). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 124 out of the 475 assessed land border crossing points that are open (26% of the total, i.e. no relative change on a weekly basis).

As in the previous week, 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 73 and 74 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 30% of the cases, i.e. a 1 p.p. decrease from last week), restrictions imposed on specific nationalities (10%, i.e. a 1 p.p. decrease compared to last week), changes in rules concerning identification and travel documents (6%, i.e. no change compared to last week), changes in visa requirements (5%, no change from last week) and the requirement of a medical certificate stating that the person had a negative COVID-19 test (4%, i.e. a 1 p.p. decrease on a weekly basis).

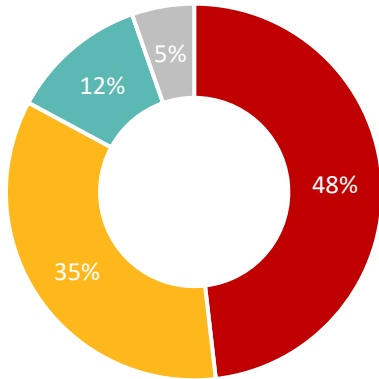
As of 11 June 2020, the most common duration of restrictions was 14 days to one month (33% of the cases, i.e. no change from last week), while 14 per cent of them will be in place for a duration between one and three months (no change on a weekly basis). Only 5 and 1 per cent of the restrictive measures will be in place for less than 14 days or more than three months, respectively. However, for 922 out of the 2,130 assessed land border crossing points (43% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. no change compared to last week's figure.

The abovementioned measures had an **impact** on all categories of populations (see Table 4), with **regular travelers** being the most affected at **76 per cent** of the assessed land border crossing points, followed by **nationals** (**64%**), **irregular migrants** (**45%**), **returnees** (**37%**), **migrant workers** (**21%**), **IDPs** (**16%**) and **refugees** (**15%**).

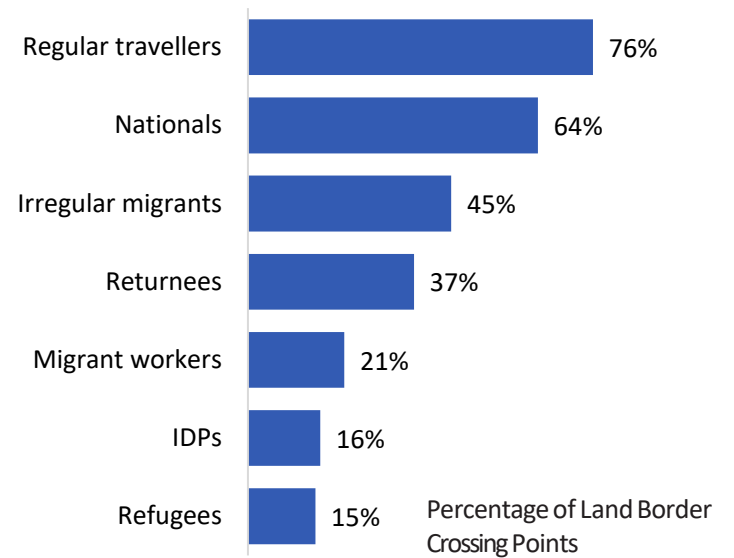
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

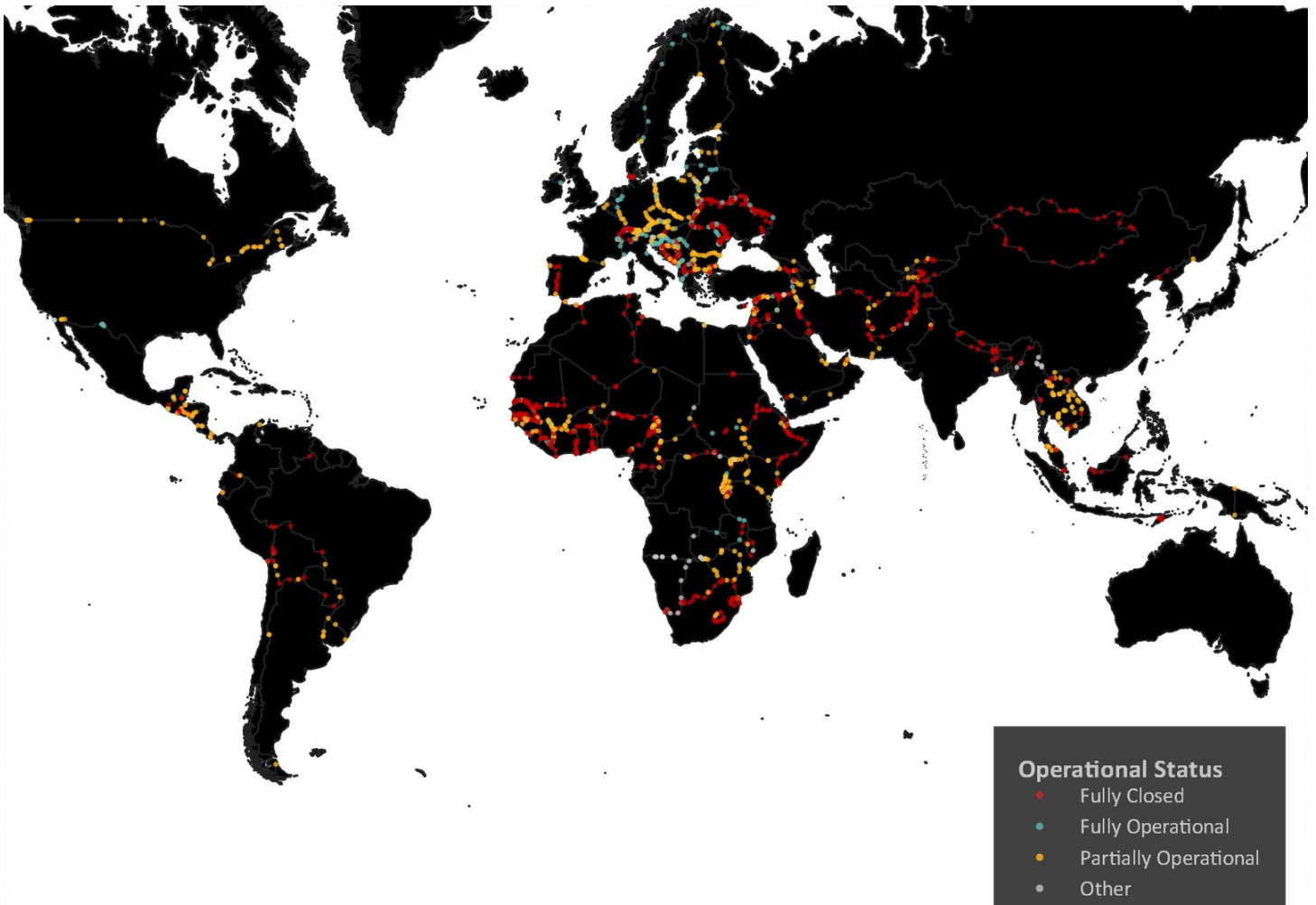
- Fully closed
- Fully operational
- Partially operational
- Other



Percentage of assessed land border points with affected population



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



6. Overview of Land Border Crossing Points

Public Health Measures

The following public health measures were reported to be in place in assessed land border crossing points through IOM's missions participating in this exercise (for further information, see Table 6.2).

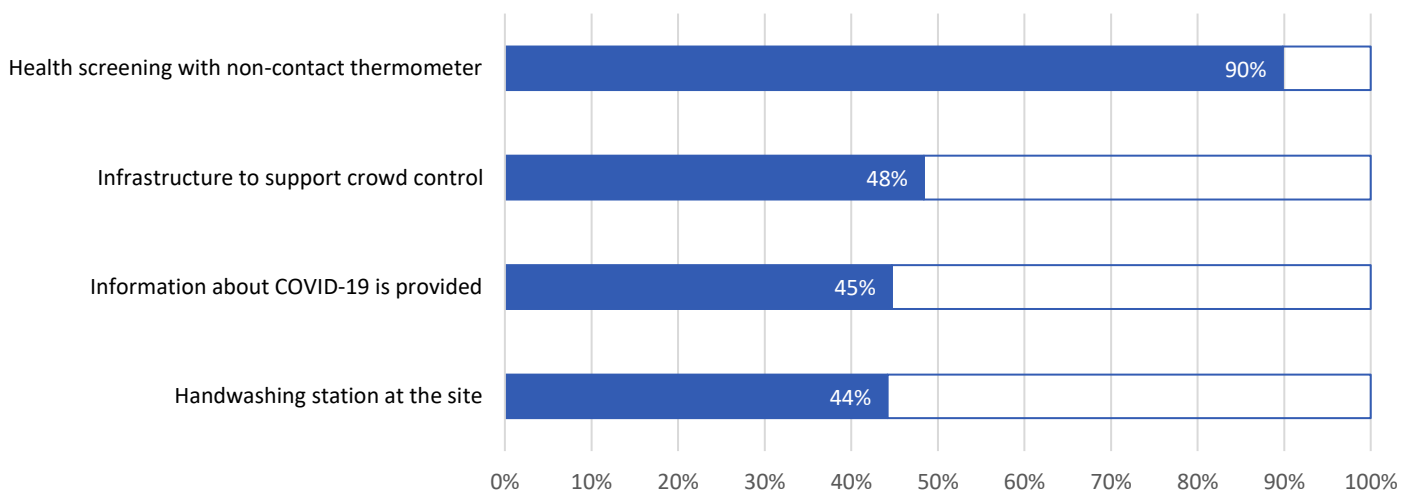
On risk communication and community engagement at the assessed land border crossing points, in 45 per cent of the locations information on COVID-19 was being provided to travelers through leaflets, posters or announcements. Additionally, 44 per cent of the identified land border crossing points (445 out of 1,008 identified locations) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported at 90 percent of identified land border crossing points recording a response (370 out of 412 specified land border crossing points). Moreover in almost half of the assessed locations (196 out of 405 identified land border crossing points) there was infrastructure in place to support crowd control and ensure safety of screeners.

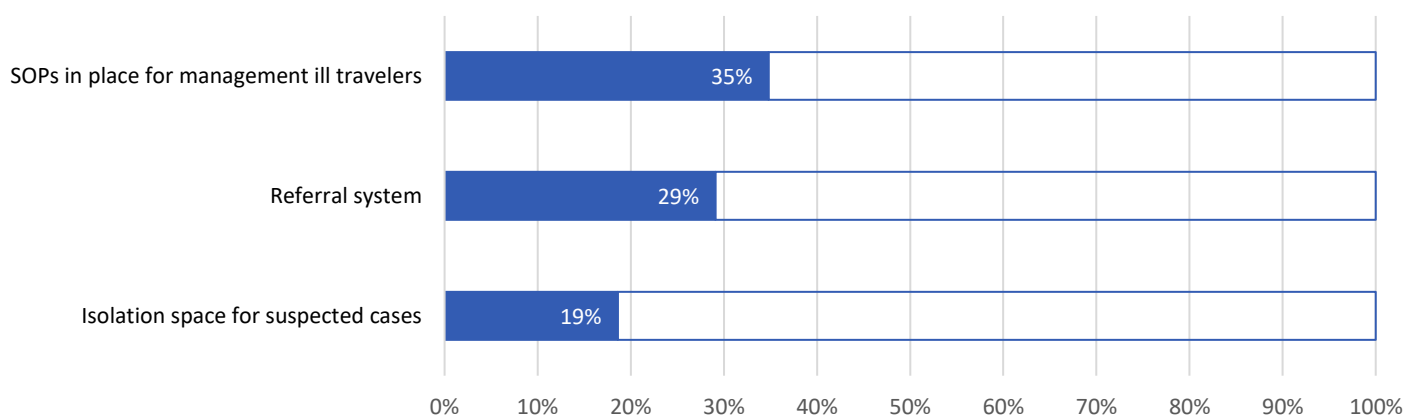
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 35 per cent of identified land border crossing points recording a response to this question (356 out of 1,023 identified sites), while a referral system was reported to be in place in 290 out of 997 assessed land border crossing points (29% of the total). The availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was reported in 186 out of 1,000 assessed locations (19% of the total number of specified land border crossing points).

Maintaining and enhancing 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 together contribute to prompt and effective responses to public health emergencies such as COVID-19.

Public health measures in place in the assessed locations



Available tools/measures in the event of a COVID-19 case at the site



Annex: Tables

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

Region	Airports		Land border crossing points		Blue border crossing point		Total		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	190	35%	218	40%	135	25%	543	100%	37
Central and North America and the Caribbean	36	20%	112	62%	33	18%	181	100%	14
Central and West Africa	44	10%	359	80%	43	10%	446	100%	20
East and Horn of Africa	44	14%	187	61%	77	25%	308	100%	9
European Economic Area	158	20%	475	60%	154	20%	787	100%	28
Middle East and North Africa	66	28%	120	52%	47	20%	233	100%	17
South America	21	26%	50	63%	9	11%	80	100%	10
South-Eastern Europe, Eastern Europe and Central Asia	122	20%	405	67%	75	12%	602	100%	19
Southern Africa	83	26%	204	63%	35	11%	322	100%	15
Total	764	22%	2130	61%	608	17%	3502	100%	169

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

Location Type	March	March %	April	April %	May	May %	June	June %	Total	Total%
Airport	139	18%	230	30%	234	31%	161	21%	764	100%
Blue Border Crossing Point	98	16%	170	28%	240	39%	100	16%	608	100%
Land Border Crossing Point	505	24%	540	25%	645	30%	440	21%	2130	100%
Total	742	21%	940	27%	1119	32%	701	20%	3502	100%

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

Region	Fully closed		Partially operational		Fully operational		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Asia and the Pacific	170	31%	265	49%	60	11%	48	9%	543	100%
Central and North America and the Caribbean	47	26%	111	61%	14	8%	9	5%	181	100%
Central and West Africa	264	59%	142	32%	21	5%	19	4%	446	100%
East and Horn of Africa	102	33%	155	50%	34	11%	17	6%	308	100%
European Economic Area	147	19%	372	47%	228	29%	40	5%	787	100%
Middle East and North Africa	133	57%	79	34%	11	5%	10	4%	233	100%
South America	43	54%	35	44%	0	0%	2	3%	80	100%
South-Eastern Europe, Eastern Europe and Central Asia	337	56%	164	27%	100	17%	1	0%	602	100%
Southern Africa	153	48%	92	29%	13	4%	64	20%	322	100%
Total	1396	40%	1415	40%	481	14%	210	6%	3502	100%

Annex: Tables

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

Location Type	Fully closed		Partially operational		Fully operational		Other		Total	
	#	%	#	%	#	%	#	%	#	%
Airport	237	31%	334	44%	132	17%	61	8%	764	100%
Blue border crossing point	133	22%	342	56%	98	16%	35	6%	608	100%
Land border crossing point	1026	48%	739	35%	251	12%	114	5%	2130	100%
Total	1396	40%	1415	40%	481	14%	210	6%	3502	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	570	75%	686	90%	262	34%	291	38%	120	16%	181	24%	255	33%	764
Blue border crossing point	383	63%	433	71%	213	35%	160	26%	114	19%	204	34%	245	40%	608
Land border crossing point	1366	64%	1625	76%	958	45%	782	37%	341	16%	318	15%	454	21%	2130
Total	2319	66%	2744	78%	1433	41%	1233	35%	575	16%	703	20%	954	27%	3502

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)	590	77%	400	66%	1549	73%	2539
Mobility restriction (from)	505	66%	335	55%	1571	74%	2411
Visa change	77	10%	23	4%	112	5%	212
Restricted nationality	142	19%	53	9%	221	10%	416
Document change	42	5%	35	6%	132	6%	209
Medical requirements	337	44%	264	43%	648	30%	1249
Medical certificate confirming a negative COVID-19 test result	39	5%	12	2%	93	4%	144
Other limitations	119	16%	81	13%	376	18%	576
None	8	1%	28	5%	96	5%	132
No. of locations assessed	764		608		2130		3502

Annex: Tables

Table 6: Public Health Measures for Airports

Question	Yes	No	Don't know	Total
Handwashing station at the site	310	11	77	398
Health screening with temperature check using non-contact thermometer	190	1	7	198
Information about COVID-19 being provided at site	352	8	46	406
Infrastructure at the site to support crowd control and ensure safety of screeners	144	12	41	197
Isolation space exists for evaluation of any suspect case away from crowds	143	60	190	393
Referral system in place at the site	192	35	164	391
SOPs in place at the site for management and referral of ill travelers	262	41	116	419

Table 6.1: Public Health Measures for Blue Border Crossing Points

Question	Yes	No	Don't know	Total
Handwashing station at the site	206	27	85	318
Health screening with temperature check using non-contact thermometer	96	4	39	139
Information about COVID-19 being provided at site	238	43	46	327
Infrastructure at the site to support crowd control and ensure safety of screeners	74	14	50	138
Isolation space exists for evaluation of any suspect case away from crowds	52	58	207	317
Referral system in place at the site	163	43	111	317
SOPs in place at the site for management and referral of ill travelers	180	47	109	336

Table 6.2: Public Health Measures for Land Border Crossing Points

Question	Yes	No	Don't know	Total
Handwashing station at the site	445	209	354	1008
Health screening with temperature check using non-contact thermometer	370	29	13	412
Information about COVID-19 being provided at site	450	205	352	1007
Infrastructure at the site to support crowd control and ensure safety of screeners	196	95	114	405
Isolation space exists for evaluation of any suspect case away from crowds	186	335	479	1000
Referral system in place at the site	290	259	448	997
SOPs in place at the site for management and referral of ill travelers	356	266	401	1023