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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to assist in 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 dtmcovid19@iom.int

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COVER PHOTO:

IOM COVID-19 awareness raising.

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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 geolocation 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 18 June 2020. Information for 29 per cent of the PoEs has been updated in June, while 28 per cent of the data was last updated during the month of May and 23 per cent of PoE data was last updated in April. The remaining data (20%) 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 <u>here</u>. The dataset is available <u>here</u>.

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 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):

- 3,523 PoEs were assessed in 169 C/T/As, including 762 Airports, 2,149 Land Border Crossing Points and 612 Blue Border Crossing Points.
- Overall, 38 per cent of the assessed PoE were fully closed (- 2 p.p. compared to last week), 38 per cent partially operational (i.e. -2 p.p. compared to last week) and 17 per cent fully operational (+3 p.p. compared to last week's figures), however the operational status of PoEs varied across IOM Regions and PoE types:
 - o The IOM Region with the highest share of fully closed PoEs was Central and West Africa (59%, i.e. no relative change on a weekly basis), followed by the Middle East and North Africa (55%, 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 (37%, i.e. an 8 p.p. increase compared to last week's figure), followed by South-Eastern Europe, Eastern Europe and Central Asia (26%, i.e. a 9 p.p. increase on a weekly basis)
 - 46 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 30 and 22 for airports and blue border crossing points, with a slight decrease for land border crossing points (- 2 p.p.) and airports (- 1 p.p.);
 - The share of fully operational PoEs increased for airports (24%, i.e. a 7 p.p. increase compared to last week) and land border crossings points (15%, i.e. a 3 p.p. increase on a weekly basis), while remained stable for blue border crossing points (16%).
- 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 50% 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 45 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

3,523

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 **18 June 2020**.

IOM has assessed 3,523 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.

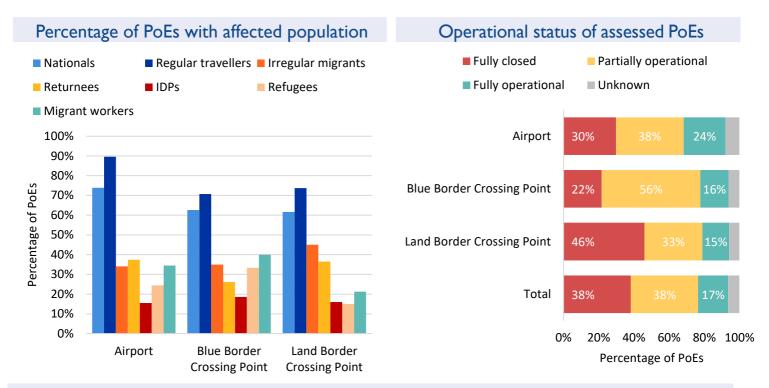
Of all assessed PoEs, **38** per cent were reported as fully closed and **17** per cent were reported to be fully operational. Another **38** per cent were partially operational. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (59%), followed by the Middle East and North Africa (55%) and South Africa (53%). 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 18%. More details can be found in annex, Table 2.

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

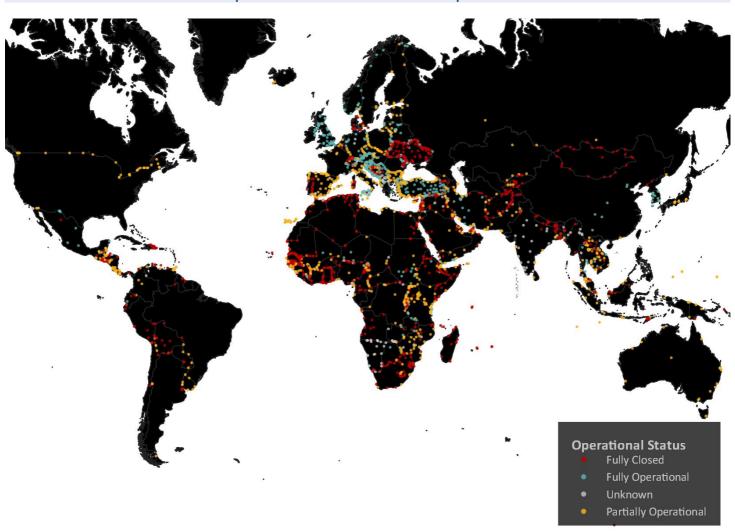
Region	Total		Airports		Land border crossing points		Blue border crossing point		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	543	100%	190	35%	218	40%	135	25%	37
Central and North America and the Caribbean	181	100%	36	20%	112	62%	33	18%	14
Central and West Africa	445	100%	42	9%	359	81%	44	10%	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	624	100%	122	20%	424	68%	78	13%	19
Southern Africa	322	100%	83	26%	204	63%	35	11%	15
Total	3523	100%	762	22%	2149	61%	612	17%	169



2. PoE Situational Overview

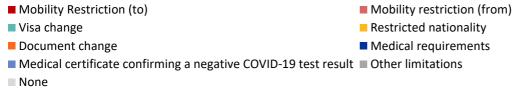


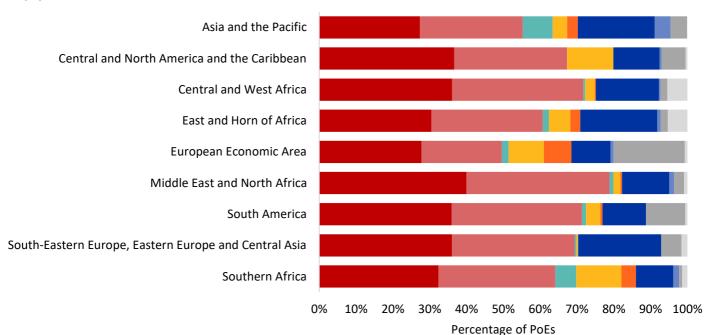
Global map of assessed PoEs and their operational status



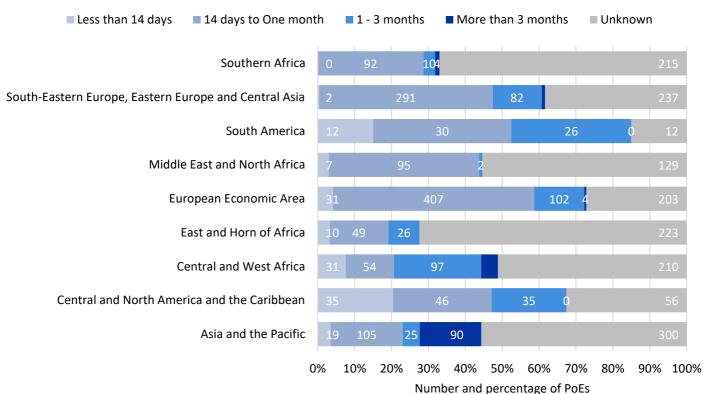
2. PoE Situational Overview

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



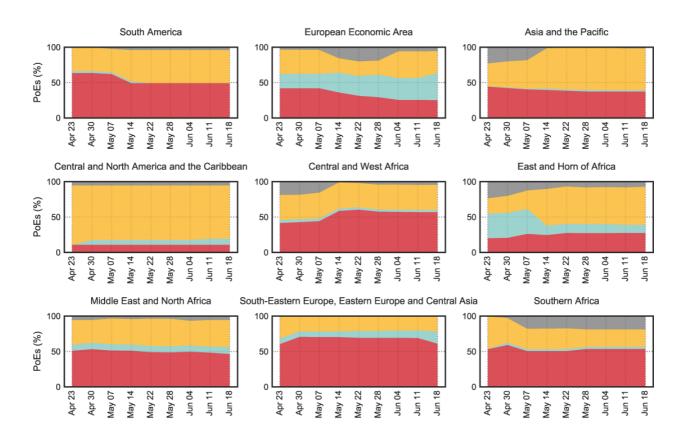


3. PoE Time Series: Operational Status

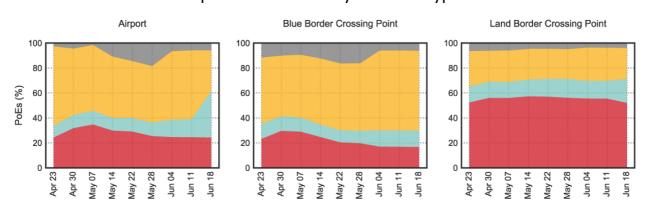
This time series data aims to give a visual overview of the evolution of impact on operational status by region and location type. Dates depicted represent the weekly updates of the IOM database monitoring the impact on PoEs. It is worth noting that trends observed in operational status both globally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



Operational Status by Region



Operational Status by Location Type





4. Overview of Airports

762

Airports assessed in 163 C/T/As 30%

of the assessed airports were fully closed (-I p.p. compared to last week)

14 days to one month

Most common (40%) duration of restrictions imposed (no change compared to last week)

IOM assessed **762** airports in **163** countries, territories and areas, (two less airports assessed compared to last week's report). Assessed airports with partially operational and fully operational statuses saw variation compared to last week. Of the assessed airports, **30** per cent or 227 airports were reported to be fully closed, (a decrease of 1 p.p. compared to last week). Partially operational was the operational status reported for **38** per cent or 293 airports, which represents a decrease of 6 p.p. compared to last week. For **24** per cent (182) of the assessed airports, the operational status was reported to be fully operational, (an increase of **7** p.p. compared to last week). Information was not available for the remaining 8 per cent (60) of assessed airports (for more details, see Table 3).

Of the total 227 assessed fully closed airports, the top IOM regions that reported the highest percentage of fully closed airports remained unchanged compared to last week and were located in the Middle East and North Africa and South-Eastern Europe, Eastern Europe and Central Asia, with 18 per cent (41 assessed airports) and 18 per cent (40 airports), respectively. The IOM region of Southern Africa followed, with 16 per cent or 37 closed airports. Out of the 293 assessed partially operational airports, the highest share was located in the IOM region of European Economic Area with 31 per cent or 92 assessed airports, followed by Asia and the Pacific with 27 per cent or 80 assessed airports, an increase of 3 p.p. and 6 p.p., respectively. Finally, with 58 out of the 182 assessed or 32 per cent of fully operational airports, South-Eastern Europe, Eastern Europe and Central Asia became the region with the highest share. Asia and the Pacific closely followed with 28 per cent, a decrease of 11 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 64 per cent of the airports affected by these measures, respectively (see Table 5). Compared to last week's report, this represents a decrease of 2 p.p. 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) which reportedly impacted 50 per cent of the assessed airports (an increase of 6 p.p.), restrictions imposed on specific nationalities (in 19% of the assessed airports), changes in visa requirements (11%), a medical certificate confirming a negative COVID-19 test result (5%), changes in rules concerning identification and travel documents (6%) and other limitations (16%). In one per cent of the assessed airports, there were no restrictions recorded.

As of 18 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 304 out of 762). 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 (5%) and more than three months (4%).

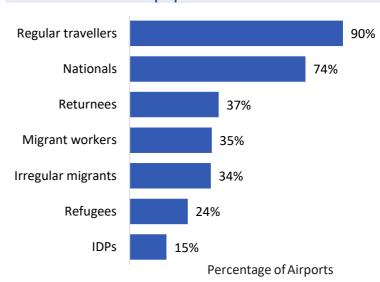
The restrictive measures reported at assessed airports continued to have an **impact** on all population categories (see Table 4), largely affecting **regular travelers**, followed by **nationals**, at **90 per cent** and **74 per cent** of assessed airports, respectively. Other population categories reported to be affected by restrictive measures at assessed airports included **returnees** (at **37**% of airports), **irregular migrants** (34%), **migrant workers** (35%), **refugees** (24%) and finally **IDPs** (15%).



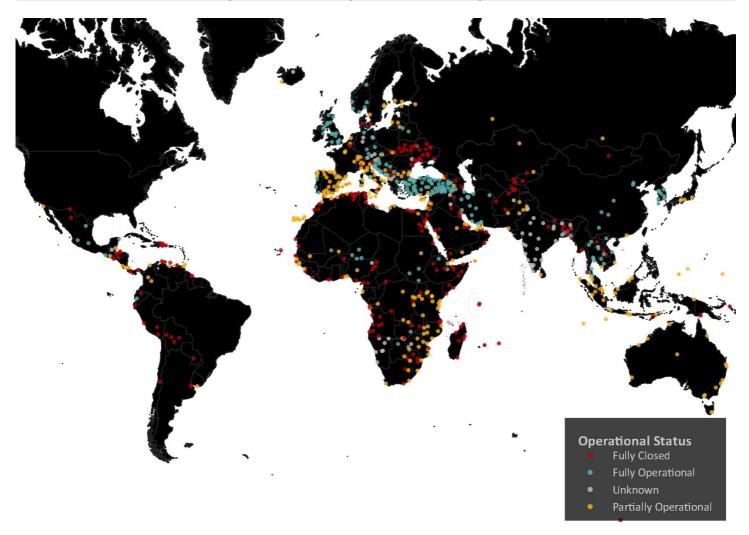
4. Overview of Airports



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).

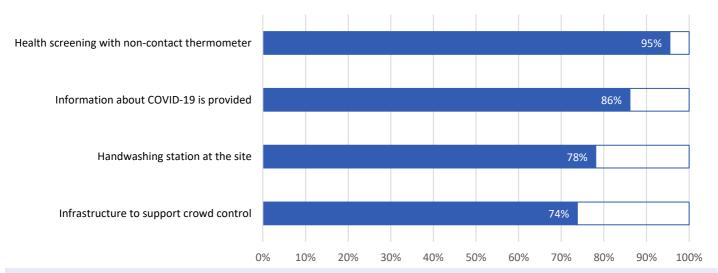
On risk communication and community engagement, in 86 per cent of the assessed airports (353 out of 410 identified airports) information on COVID-19 was being provided to travelers at the site through leaflets, posters or announcements. Additionally, 78 per cent of the responses (313 out of 401 identified 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 199 identified airports, 95% of the total). Moreover, 74 per cent of the assessed locations (146 out of 198) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

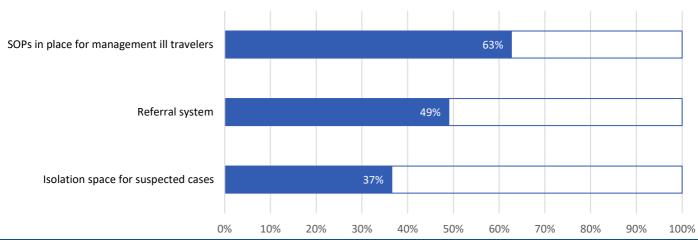
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 63 per cent of identified airports recording a response to this question (265 out of 423 identified airports), while a referral system was reported to be in place at 49 per cent of identified airports recording a response (194 out of 396 identified airports). Finally, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was also reported by 145 out of 397 specified airports (37% 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)

612

Blue Border Crossing Points Assessed in 94 C/T/As 22%

of the assessed blue border crossing points are fully closed (no change 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 94 countries, territories and areas**, which is 4 more assessed ports compared to last week. The operational status of the assessed ports remained unchanged, with **22 per cent** of ports (or 133 locations) which were reported to be **fully closed**. The portion of **partially operational** ports remained at 56 per cent (343 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 (38 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 343 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 32 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 or restrictive measures recorded at assessed ports continued to be restrictions to and from a particular port (66% and 55%, no change compared to last week), 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 assessed ports included restrictions on specific nationalities (in 9% of the assessed ports), changes in visa requirements (4%), medical certificates confirming a negative COVID-19 test result (2%), changes in rules concerning identification and travel documents (6%), and other limitations or no reported restrictions (13% and 5%, respectively) (see Table 5).

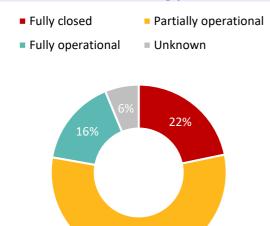
The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 51 per cent of the assessed ports (314 out of 612 assessed ports). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 30 per cent of the cases. 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 4 per cent of assessed ports. In 2 per cent of assessed ports restrictions were planned to be valid for less than 14 days.

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 **63%** of ports), **migrant workers** (**40%**), **irregular migrants** (**35%**), **refugees** (**33%**). **returnees** (**26%**), and finally **IDPs** (**19%**).

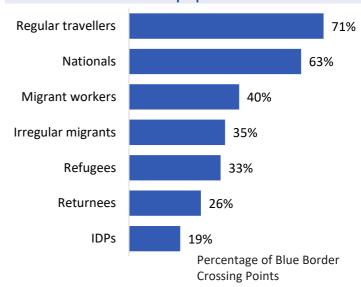


5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

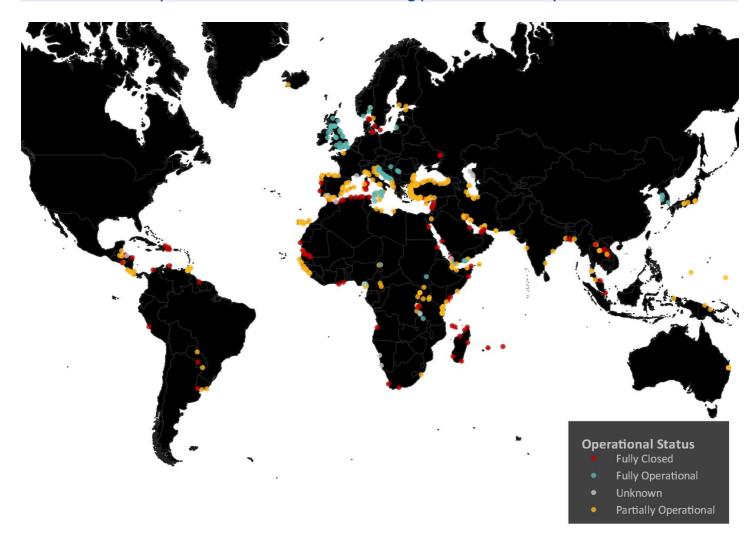
Operational status of the assessed blue border crossing points



Percentage of assessed blue border points with affected population



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





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).

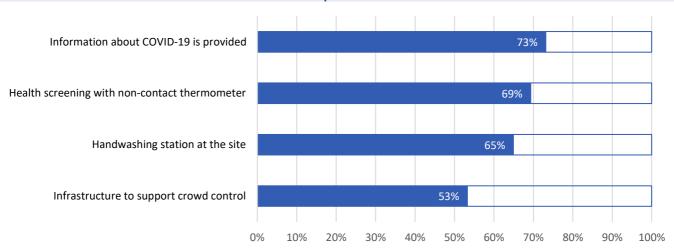
On risk communication and community engagement, in 73 per cent of the assessed blue border crossing points (242 out of 331 specified locations recording a response) information on COVID-19 was provided to travelers at the site through leaflets, posters or announcements. Additionally, 207 out of 319 blue 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 (97 out of 140 assessed locations). Furthermore, of the 139 identified locations for which this information is available, 74 blue border crossing points (53%) had infrastructure in place to support crowd control and ensure safety of screeners.

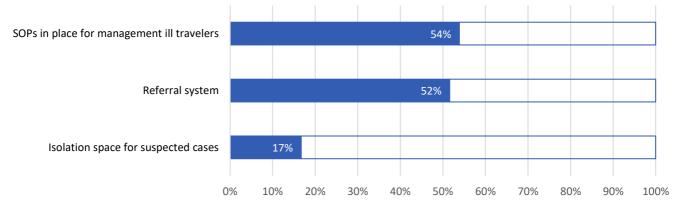
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place in 54 per cent of identified blue border crossing points (182 out of 338 identified locations recording a response), while a referral system was reported to be in place in 52 per cent of the specified locations (164 out of 318 identified blue border crossing points). Finally, only 17 per cent of the specified blue border crossing points reported the availability of an isolation space for suspected COVID-19 cases (53 out of 318 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

2,149

Land Border Crossing Points assessed in 127 C/T/As

46%

of assessed locations are fully closed (-2 p.p. compared to last week)

14 days to one month

Most common (32%) duration of restrictions imposed, but duration is unknown in 45% of the cases

Among the **2,149** assessed land border crossing points (19 more than last week) in 127 countries, territories or areas, an overwhelming majority is either fully closed or partially operational (46% and 33% of the total, respectively), while only 15 per cent of the assessed locations were fully operational without any restriction. Compared to last week, it is noticeable an increase of 3 p.p. in fully operational land border crossing points and a decrease of 2 p.p. in both fully closed 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 last week). Other IOM regions with a high proportion of fully closed land border crossing points include South-Eastern Europe, Eastern Europe and Central Asia (251 out of 424: 59%, i.e. an 11 p.p. decrease 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 (62 out of 120: 52% of the total, i.e. a 2 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 180 out of the 475 assessed land border crossing points that are open (38% of the total, i.e. a 12 p.p. increase on a weekly basis), followed by South-Eastern Europe, Eastern Europe and Central Asia (94 out of 424, 22% of the total: a 3 p.p. increase compared to last week's figure).

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 both used in 70 per cent of assessed land border crossing points, representing a 4 p.p. decrease compared to last week's figures. 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. no relative change from last week), restrictions imposed on specific nationalities (10%, i.e. no change 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 (3%, i.e. a 1 p.p. decrease on a weekly basis).

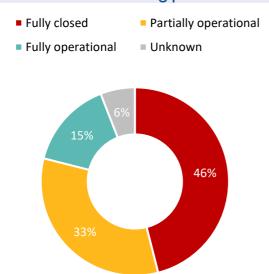
As of 18 June 2020, the most common duration of restrictions was 14 days to one month (32% of the cases, i.e. a 1 p.p. decrease from last week), while 14 per cent of them will be in place for a duration between one and three months (no change on a weekly basis). Only 5 and 1 per cent of the restrictive measures will be in place for less than 14 days or more than three months, respectively. However, for 957 out of the 2,149 assessed land border crossing points (45% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. a 2 p.p. increase 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 **74 per cent** of the assessed land border crossing points, followed by **nationals** (**62%**), **irregular migrants** (**45%**), **returnees** (**36%**), **migrant workers** (**21%**), **IDPs** (**16%**) and **refugees** (**15%**).

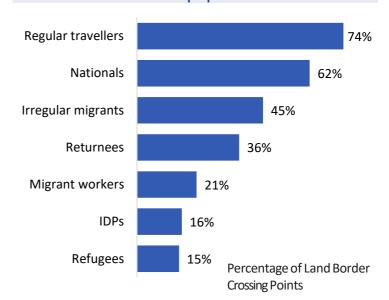


6. Overview of Land Border Crossing Points

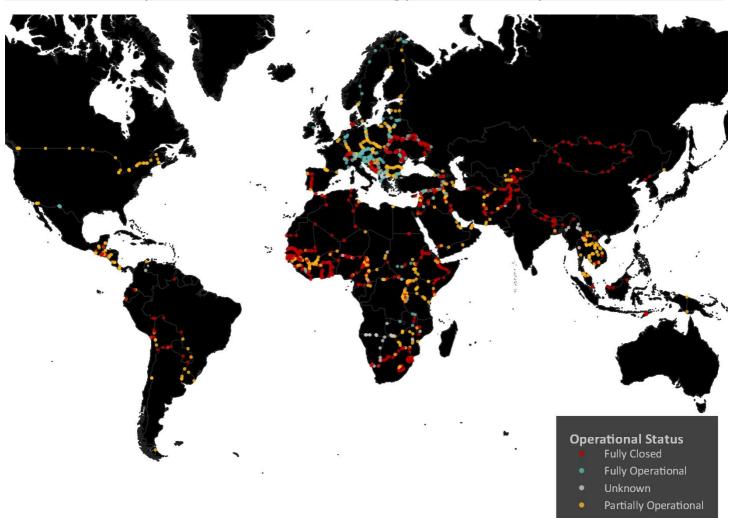
Operational status of the assessed land border crossing points



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).

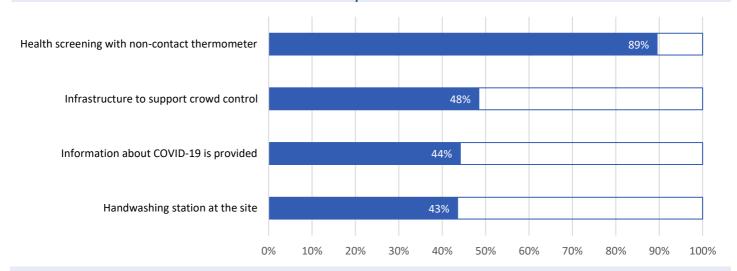
On risk communication and community ebeingngagement at the assessed land border crossing points, in 44 per cent of the locations information on COVID-19 was provided to travelers through leaflets, posters or announcements. Additionally, 43 per cent of the identified land border crossing points (447 out of 1,028 identified locations) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported at 89 per cent of identified land border crossing points recording a response (374 out of 418 specified land border crossing points). Moreover in almost half of the assessed locations (197 out of 407 identified land border crossing points) there was infrastructure in place to support crowd control and ensure safety of screeners.

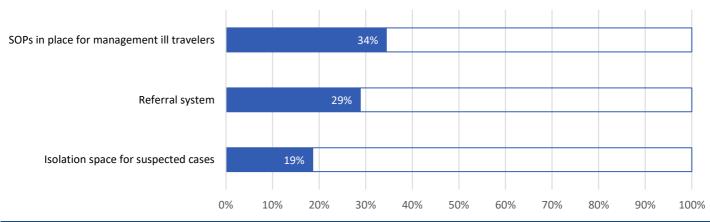
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 34 per cent of identified land border crossing points recording a response to this question (359 out of 1,043 identified sites), while a referral system was reported to be in place in 293 out of 1,017 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 190 out of 1,022 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	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	445	100%	42	9%	359	81%	44	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	624	100%	122	20%	424	68%	78	13%	19
Southern Africa	322	100%	83	26%	204	63%	35	11%	15
Total	3523	100%	762	22%	2149	61%	612	17%	169

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

Location Type	March	March %	April	April %	May	May %	June	June %	Total	Total%
Airport	118	15%	162	21%	206	27%	276	36%	762	100%
Blue Border Crossing Point	96	16%	159	26%	226	37%	131	21%	612	100%
Land Border Crossing Point	476	22%	495	23%	554	26%	624	29%	2149	100%
Total	690	20%	816	23%	986	28%	1031	29%	3523	100%

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

Donion	Fully closed		Partially operational		Fully operational		Other		Total	
Region	#	%	#	%	#	%	#	%	#	%
Asia and the Pacific	164	30%	272	50%	59	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%	20	4%	19	4%	445	100%
East and Horn of Africa	102	33%	157	51%	34	11%	15	5%	308	100%
European Economic Area	144	18%	318	40%	290	37%	35	4%	787	100%
Middle East and North Africa	128	55%	81	35%	13	6%	11	5%	233	100%
South America	42	53%	35	44%	1	1%	2	3%	80	100%
South-Eastern Europe, Eastern Europe and Central Asia	305	49%	136	22%	161	26%	22	4%	624	100%
Southern Africa	153	48%	92	29%	13	4%	64	20%	322	100%
Total	1349	38%	1344	38%	605	17%	225	6%	3523	100%

Annex: Tables

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

Location Tuno	Fully closed		Partially operational		Fully operational		Other		Total	
Location Type	#	%	#	%	#	%	#	%	#	%
Airport	227	30%	293	38%	182	24%	60	8%	762	100%
Blue border crossing point	133	22%	343	56%	98	16%	38	6%	612	100%
Land border crossing point	989	46%	708	33%	325	15%	127	6%	2149	100%
Total	1349	38%	1344	38%	605	17%	225	6%	3523	100%

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

Location type	Natio	Nationals Regular Irregular Returnees migrants		IDPs		Refuge		ees Migrant Workers		No. of locations assessed					
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
Airport	563	74%	683	90%	260	34%	285	37%	118	15%	186	24%	263	35%	762
Blue border crossing point	383	63%	433	71%	214	35%	160	26%	114	19%	204	33%	245	40%	612
Land border crossing point	1325	62%	1584	74%	967	45%	784	36%	344	16%	323	15%	458	21%	2149
Total	2271	64%	2700	77%	1441	41%	1229	35%	576	16%	713	20%	966	27%	3523

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

				Location type			
Restrictive measures	Air	oort		er crossing int	Land borde po	Total	
	#	%	#	%	#	%	#
Mobility Restriction (to)	585	77%	405	66%	1497	70%	2487
Mobility restriction (from)	491	64%	335	55%	1497	70%	2323
Visa change	81	11%	25	4%	112	5%	218
Restricted nationality	148	19%	55	9%	220	10%	423
Document change	47	6%	37	6%	132	6%	216
Medical requirements	384	50%	264	43%	649	30%	1297
Medical certificate confirming a negative COVID-19 test result	40	5%	12	2%	58	3%	110
Other limitations	120	16%	81	13%	352	16%	553
None	9	1%	28	5%	95	4%	132
No. of locations assessed	76	52	61	12	21	49	3523

Annex: Tables

Table 6: Public Health Measures for Airports

Question	Yes	No	Don't know	Total
Handwashing station at the site	313	11	77	401
Health screening with temperature check using non-contact thermometer	190	2	7	199
Information about COVID-19 being provided at site	353	8	49	410
Infrastructure at the site to support crowd control and ensure safety of screeners	146	12	40	198
Isolation space exists for evaluation of any suspect case away from crowds	145	61	191	397
Referral system in place at the site	194	36	166	396
SOPs in place at the site for management and referral of ill travelers	265	41	117	423

Table 6.1: Public Health Measures for Blue Border Crossing Points

Question	Yes	No	Don't know	Total
Handwashing station at the site	207	26	86	319
Health screening with temperature check using non-contact thermometer	97	4	39	140
Information about COVID-19 being provided at site	242	43	46	331
Infrastructure at the site to support crowd control and ensure safety of screeners	74	15	50	139
Isolation space exists for evaluation of any suspect case away from crowds	53	58	207	318
Referral system in place at the site	164	43	111	318
SOPs in place at the site for management and referral of ill travelers	182	47	109	338

Table 6.2: Public Health Measures for Land Border Crossing Points

Question	Yes	No	Don't know	Total
Handwashing station at the site	447	208	373	1028
Health screening with temperature check using non-contact thermometer	374	30	14	418
Information about COVID-19 being provided at site	453	204	370	1027
Infrastructure at the site to support crowd control and ensure safety of screeners	197	95	115	407
Isolation space exists for evaluation of any suspect case away from crowds	190	335	497	1022
Referral system in place at the site	293	260	464	1017
SOPs in place at the site for management and referral of ill travelers	359	267	417	1043

