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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 dtmcovid19@iom.int

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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 26 June 2020. Information for 39 per cent of the PoEs has been updated in June, while 25 per cent of the data was last updated during the month of May and 19 per cent of PoE data was last updated in April. The remaining data (17%) 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 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.

Points of Entry (PoEs):

- 3,524 PoEs were assessed in 169 C/T/As, including 762 Airports, 2,147 Land Border Crossing Points and 615 Blue Border Crossing Points.
- Overall, 34 per cent of the assessed PoE were fully closed (i.e. -4 p.p. compared to last week), 35 per cent partially operational (i.e. -3 p.p. compared to last week) and 24 per cent fully operational (+7 p.p. compared to last week's figures), 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 weekly basis), followed by South America (53%, no change compared to last week) and the Middle East and North Africa (52%, i.e. a 3 p.p. decrease compared to last week);
 - The European Economic Area was the IOM Region with the highest percentage of fully operational PoEs (60%, i.e. a 23 p.p. increase compared to last week's figure), followed by South-Eastern Europe, Eastern Europe and Central Asia (35%, i.e. a 9 p.p. increase on a weekly basis);
 - 41 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 28 and 21 for airports and blue border crossing points, with a weekly decrease across all PoE types (-5 p.p. for land border crossing points, - 2 p.p. for airports and -1 p.p. for blue border crossing points);
 - The share of fully operational PoEs significantly increased for airports (29%, i.e. a 5 p.p. increase compared to last week) and land border crossings points (24%, i.e. a 9 p.p. increase on a weekly basis), with a less marked increase for blue border crossing points as well (18%, i.e. a 2 p.p. weekly increase).
- 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 51% for airports).
- The most common expected duration of the restrictive measures adopted in the assessed PoEs was 14 days to one month (39% of the cases for airports), however the foreseen duration of these restrictive measures was unknown for 52 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

3,524

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 **26 June 2020**.

IOM has assessed 3,524 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.

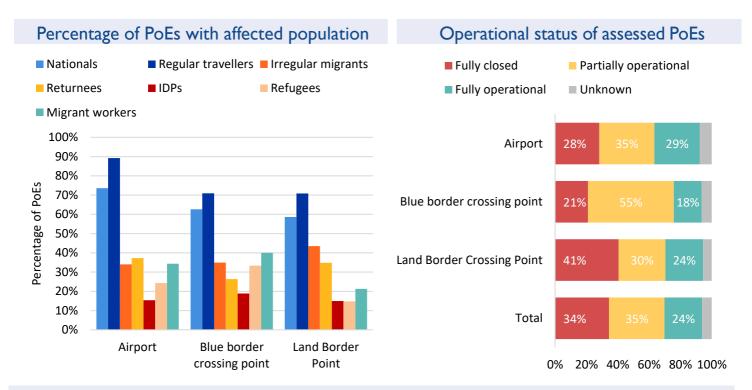
Of all assessed PoEs, **34** per cent were reported as fully closed and **24** per cent were reported to be fully operational. Another **35** per cent were partially operational. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (59%), followed by the Middle East and North Africa (52%) 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 9 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

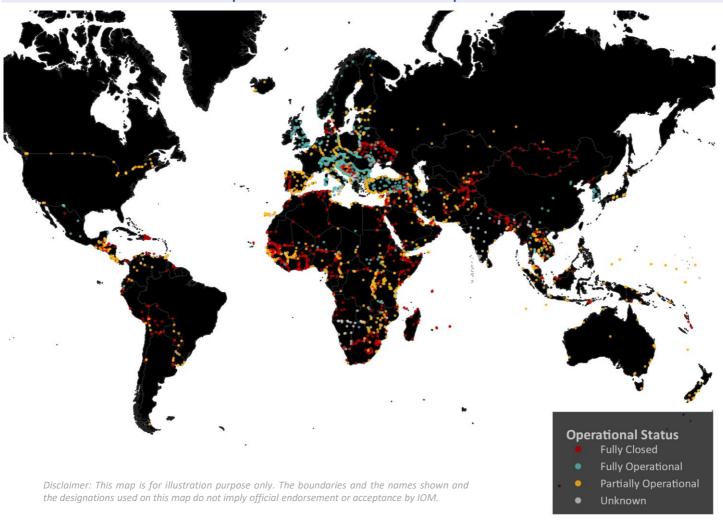
Region	То	tal	Airp	Airports		Land border crossing points		Blue border crossing points	
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	543	100%	190	35%	218	40%	135	25%	37
Central and North America and the Caribbean	181	100%	36	20%	112	62%	33	18%	14
Central and West Africa	445	100%	42	9%	359	81%	44	10%	20
East and Horn of Africa	308	100%	44	14%	186	60%	78	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%	49	61%	10	13%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	322	100%	83	26%	204	63%	35	11%	15
Total	3524	100%	762	22%	2147	61%	615	17%	169



2. PoE Situational Overview

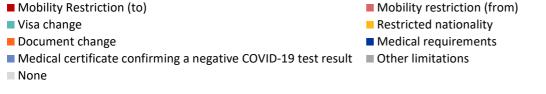


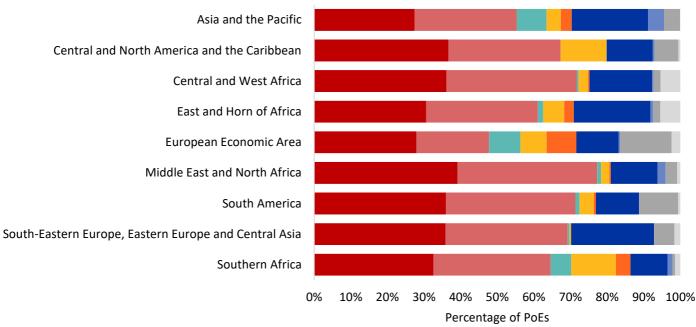
Global map of assessed PoEs and their operational status



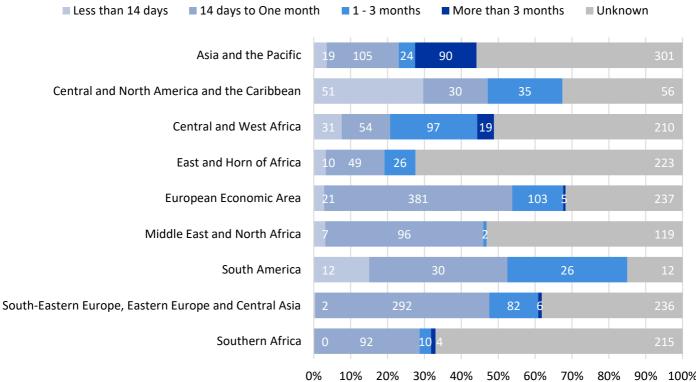
2. PoE Situational Overview

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



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Number and percentage of PoEs

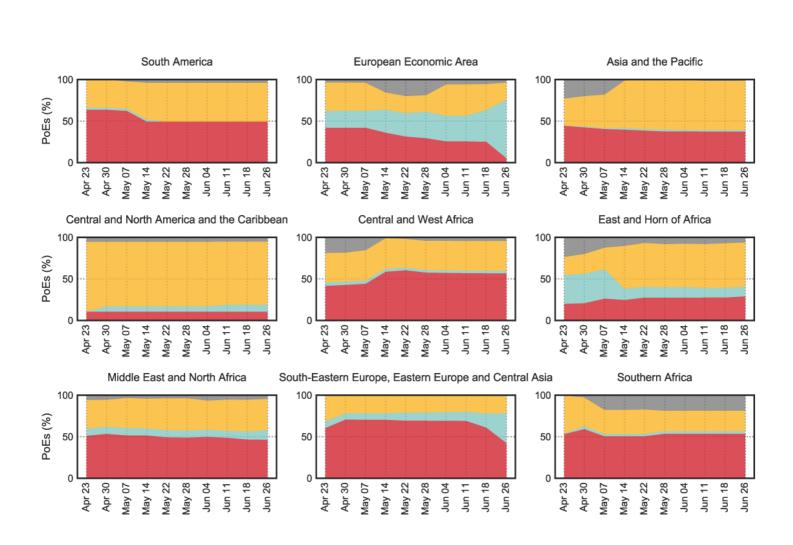


3. PoE Time Series: Operational Status

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

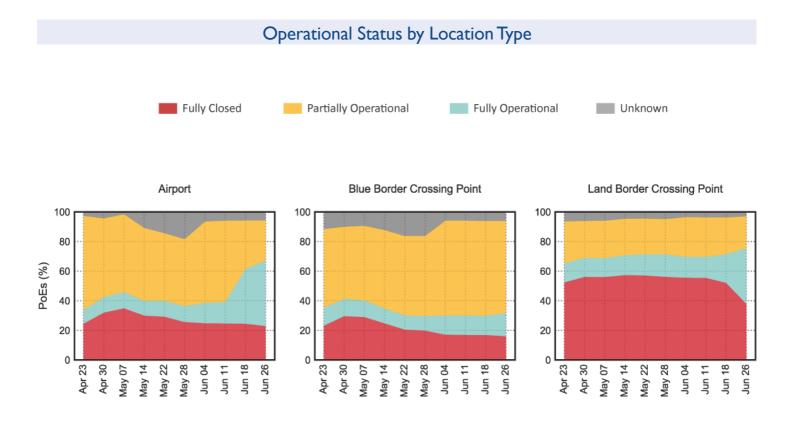




3. PoE Time Series: Operational Status

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 26 June 2020 (60%). 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 26 June 2020 (from 14% to 35%, respectively).

Changes in the operational status indicate more significant variation in airports and land border crossing points, whereas blue border crossing points have sustained a more conservative pattern.





4. Overview of Airports

762

Airports assessed in 163 C/T/As 28%

of the assessed airports were fully closed (-2 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, (no change compared to last week's report). Of the assessed airports, **28** per cent or 215 airports were reported to be **fully closed**, (a decrease of 2 p.p. compared to last week). Airports with partially operational status were reported for **35** per cent or 268 airports, which represents a decrease of 3 p.p. compared to last week. For **29** per cent (221) of the assessed airports, the operational status was reported to be **fully operational**, (an increase of **5** p.p. compared to last week). Information was not available for the remaining 8 per cent (58) 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 shifted compared to last week. Southern Africa reported the highest number of fully closed airports with 17 per cent (37 assessed airports), a 1 p.p. increase compared to last week. Closely following was the Middle East and North Africa and South-Eastern Europe, Eastern Europe and Central Asia, each also reporting 17 per cent fully closed airports (36). Out of the 268 assessed partially operational airports, the highest share was located in the IOM region of Asia and the Pacific with 31 per cent (84), an increase of 4 p.p. compared to last week. Finally, with 82 out of the 221 assessed fully operational airports or 37 per cent, the European Economic Area became the region with the highest share.

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 75 and 63 per cent of the airports affected by measures, respectively (see Table 5). Compared to last week's report, this represents a decrease of 2 p.p. and 1 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 (an increase of 1 p.p.), restrictions imposed on specific nationalities (in 18% of the assessed airports), 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 (17%). In one per cent of the assessed airports, there were no restrictions recorded.

As of 26 June 2020, the most common expected duration of restrictive measures imposed at assessed airports was 14 days to one month (39% of the cases or 299 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 **89 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** (34%), **refugees** (24%) and finally IDPs (15%).

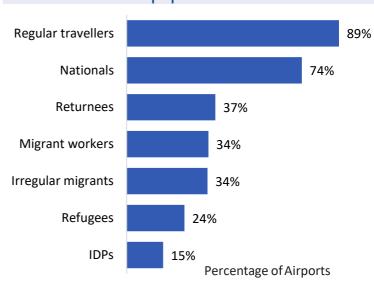


4. Overview of Airports

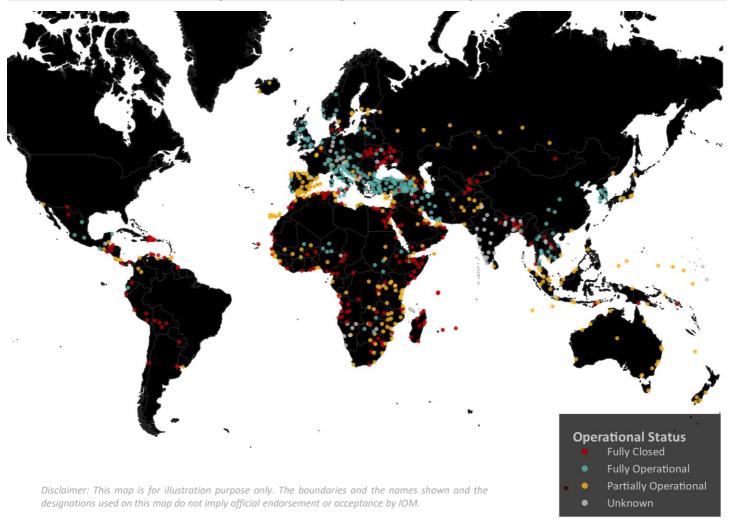
Operational status of assessed airports

- Fully closedPartially operationalFully operationalUnknown
 - 29%

Percentage of assessed airports with affected population



Global map of assessed airports and their operational status





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

615

Blue Border Crossing Points Assessed in 94 C/T/As 21%

of the assessed blue border crossing points are fully closed (-1 p.p. compared to last week)

14 days to one month

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

IOM assessed a total of **615** blue border crossing points in **94** countries, territories and areas, which is 3 more assessed ports compared to last week. The operational status of the assessed ports varied slightly, with **21** per cent of ports (or 129 locations) which were reported to be **fully closed**, a decrease of 1 p.p.. The portion of **partially operational** ports was reported at 55 per cent (337 ports), a decrease of 1 p.p. compared to last week. Finally, **18** per cent (110 ports) were to be reported as **fully operational**, an increase of 2 p.p.. Information was not available for 6 per cent (39 ports) (for more details, see Table 3).

Of the 129 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 18 per cent or 23 ports. Additionally, out of the 337 assessed partially operational ports, the IOM region of Asia and the Pacific 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 74 out of 110 assessed locations or 67 per cent (an increase of 3 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 (65% and 53%, a decrease of 1 p.p. and 2 p.p., compared to last week, respectively), followed by newly introduced medical requirements (45%, an increase of 2 p.p., 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 8% 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 (7%), and other limitations or no reported restrictions (14% and 5%, respectively) (see Table 5).

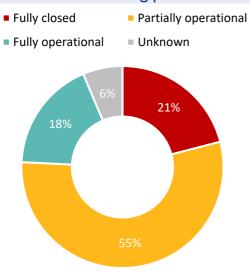
The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 52 per cent of the assessed ports (314 out of 612 assessed ports). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 29 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 5 per cent of assessed ports. In 3 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**%).

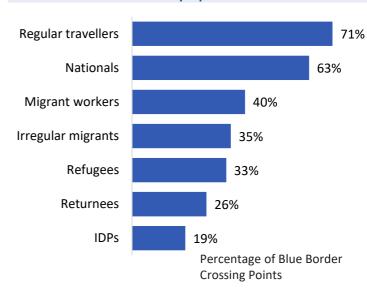


5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

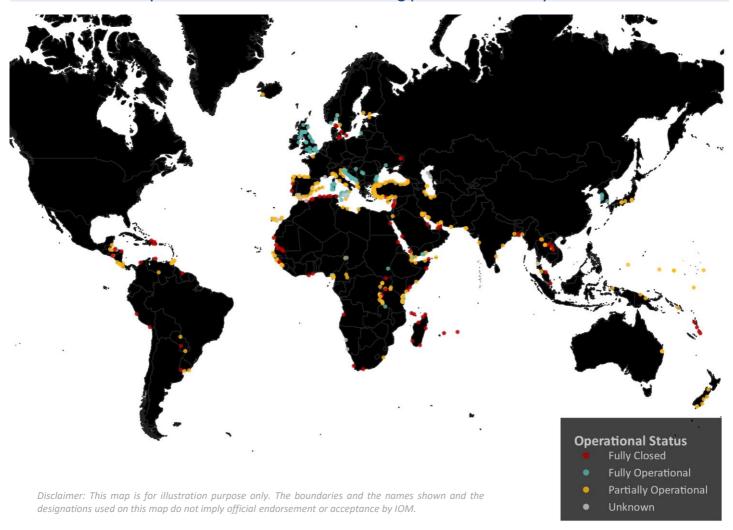
Operational status of the assessed blue border crossing points



Percentage of assessed blue border points with affected population



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



6. Overview of Land Border Crossing Points

2,147

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

41%

of assessed locations are fully closed (-5 p.p. compared to last week)

14 days to one month

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

Among the **2,147** assessed land border crossing points (two less than last week) in 127 countries, territories or areas, an overwhelming majority is either fully closed or partially operational (41% and 30% of the total, respectively), while **24 per cent** of the assessed locations were fully operational without any restriction. Compared to last week, it is noticeable a significant increase of 9 p.p. in fully operational land border crossing points and a corresponding decrease of 5 and 4 p.p. in respectively 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 Asia and the Pacific (122 out of 218: 56%, i.e. no change compared to last week), the Middle East and North Africa (61 out of 120: 51% of the total, i.e. a 1 p.p. decrease on a weekly basis) and South-Eastern Europe, Eastern Europe and Central Asia (199 out of 424: 47%, i.e. a 12 p.p. decrease compared to last week). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 316 out of the 475 assessed land border crossing points that are currently open (67% of the total, i.e. a 29 p.p. increase on a weekly basis), followed by South-Eastern Europe, Eastern Europe and Central Asia (147 out of 424, 35% of the total: a 13 p.p. increase compared to last week's figure), 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 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 70 and 69 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. no relative change from last week), changes in visa requirements (10%, i.e. a 5 p.p. increase compared to last week), restrictions imposed on specific nationalities (9%, 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) and the requirement of a medical certificate stating that the person had a negative COVID-19 test (2%, i.e. a 1 p.p. decrease on a weekly basis).

As of 26 June 2020, the most common duration of restrictions was 14 days to one month (31% 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 4 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 981 out of the 2,147 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. a 1 p.p. increase compared to last week's figure.

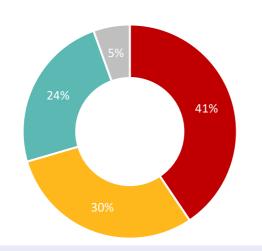
The abovementioned measures had an **impact** on all categories of populations (see Table 4), with **regular travelers** being the most affected at **71 per cent** of the assessed land border crossing points, followed by **nationals** (59%), **irregular migrants** (43%), **returnees** (35%), **migrant workers** (21%), **IDPs** (15%) and **refugees** (15%).



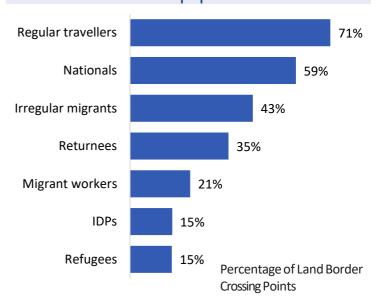
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

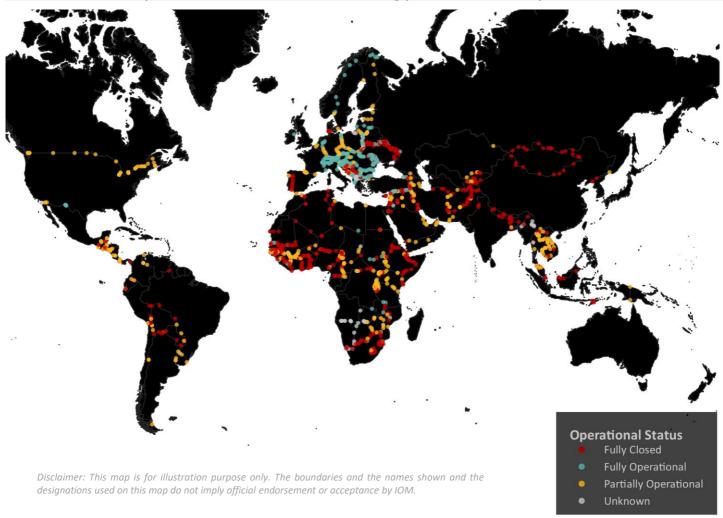




Percentage of assessed land border points with affected population



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





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 at the site 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 control:

3) Is a hand-washing station equipped at the site?

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 26 June 2020. The response rate across all PoE assessed for each measure reported range from 19 per cent to 57 per cent. On average, the response rate is 41 per cent for 762 assessed airports, 41 per cent for 615 assessed blue border crossing points, and 41 per cent for 2,147 assessed land border crossing points. 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.

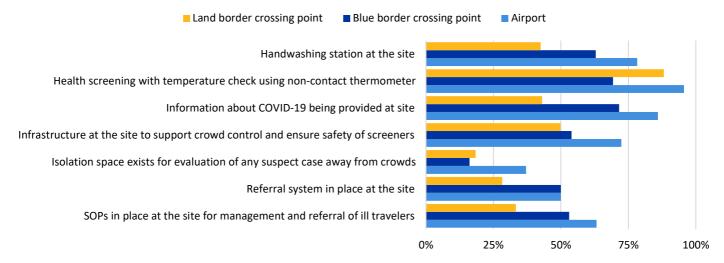
Table 6: Response rate per item across the three types of PoEs

	Airp (76		Blue borde	er crossing s (615)	Land border crossing points (2147)		
Standard operating procedures	Total responses	Response rate	Total responses	Response rate	Total responses	Response rate	
SOPs in place at the site for management and referral of ill travelers	432	57%	345	56%	1,073	50%	
Risk communication							
Information about COVID-19 being provided at site	419	55%	338	55%	1,058	49%	
Infection control							
Handwashing station at the site	410	54%	329	53%	1,059	49%	
Surveillance							
Health screening with temperature check using non- contact thermometer	204	27%	140	23%	421	20%	
Infrastructure at the site to support crowd control and ensure safety of screeners	203	27%	139	23%	411	19%	
Isolation space exists for evaluation of any suspect case away from crowds	407	53%	328	53%	1,053	49%	
Referral system							
Referral system in place at the site	406	53%	328	53%	1,048	49%	



7. Public Health Measures

Public health measures for pandemic preparedness at PoEs by location type



Handwashing station at the site: Handwashing stations were available as an infection prevention and control measure in 78 per cent of 410 airports, 63 per cent of 329 blue border crossing points, and 42 percent of 1,059 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.

Health screening with temperature check using non-contact thermometer: This public health measure was reported to be in place in 96 per cent of 204 assessed airports; 69 per cent of 140 blue border crossing points, and 88 per cent of the 421 identified land border crossing points. Among all the public health measures examined, health screening through 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 travelers crossing PoEs may not necessarily contribute to better identification of cases.

Information about COVID-19 being provided at site: Information on COVID-19 was reported to be available for travelers through leaflets, posters or announcements in 86 per cent of the assessed 419 airports, 72 per cent of the assessed 338 blue border crossing points and in 43 per cent of the 1,058 land border crossing points. Relative to other types of PoEs, there were fewer land border crossing points which reported having COVID-19 related information materials for travelers. 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.

Infrastructure at the site to support 'crowd control' and ensure safety of screeners: Specific crowd control measures are available in 72 per cent of 203 airports, 54 per cent of 139 blue border crossing points, and 50 per cent of the 411 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.

Available tools/measures in the event of a COVID-19 case at the site: In the event of a COVID-19 case, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was reported in 37 per cent of the 407 assessed airports, 16 per cent of 328 blue border crossing points, and in 18 per cent of the 1,053 land border crossing points. Moreover, referral systems were reported to be in place in 50 per cent of 406 identified airports, 50 per cent of the 328 identified blue border crossing points and in 28 per cent of the 1,048 assessed land border crossing points. Finally, SOPs for identifying, managing, and referral of ill travelers were reported in 63 per cent of 432 identified airports, 53 per cent of 345 identified blue border crossing points, and in 33 per cent of the 1,073 identified land border crossing sites.

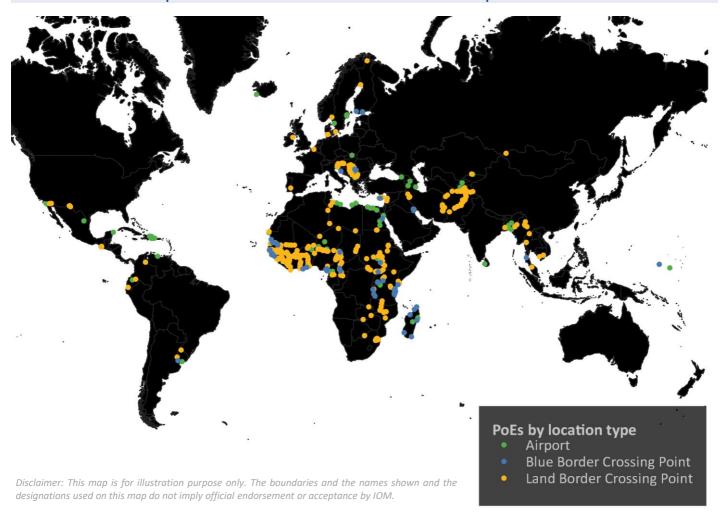
Of all the public health measures, the availability of isolation spaces for suspect COVID-19 cases was the least reported across all types of PoEs. The proportions of PoEs with referral systems and SOPs relevant to COVID-19 management are also relatively low. These findings signal the need to focus attention towards the need to channel adequate resources for mitigating disease spread of COVID-19 at PoEs.



7. Public Health Measures

The variability in response rates for each public health measure has been described as an important limitation. Despite this limitation, the map below highlights the geographical distribution of PoEs that reported to be lacking at least one of the public health measures assessed. 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	То	tal	Airports		Land border crossing points		Blue border crossing points		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%	186	60%	78	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%	49	61%	10	13%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	322	100%	83	26%	204	63%	35	11%	15
Total	3524	100%	762	22%	2147	61%	615	17%	169

Table 1.2: Last update of PoE data by month

Location Type	March	March %	April	April %	May	May %	June	June %	Total	Total%
Airport	107	14%	150	20%	190	25%	315	41%	762	100%
Blue Border Crossing Point	92	15%	149	24%	221	36%	153	25%	615	100%
Land Border Crossing Point	407	19%	363	17%	483	22%	894	42%	2147	100%
Total	606	17%	662	19%	894	25%	1362	39%	3524	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	160	29%	277	51%	59	11%	47	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	105	34%	156	51%	34	11%	13	4%	308	100%
European Economic Area	73	9%	213	27%	472	60%	29	4%	787	100%
Middle East and North Africa	122	52%	86	37%	15	6%	10	4%	233	100%
South America	42	53%	35	44%	1	1%	2	3%	80	100%
South-Eastern Europe, Eastern Europe and Central Asia	249	40%	135	22%	219	35%	22	4%	625	100%
Southern Africa	153	48%	92	29%	13	4%	64	20%	322	100%
Total	1215	34%	1247	35%	847	24%	215	6%	3524	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	
Location Type	#	%	#	%	#	%	#	%	#	%
Airport	215	28%	268	35%	221	29%	58	8%	762	100%
Blue border crossing point	129	21%	337	55%	110	18%	39	6%	615	100%
Land border crossing point	871	41%	642	30%	516	24%	118	5%	2147	100%
Total	1215	34%	1247	35%	847	24%	215	6%	3524	100%

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

Location type	Natio	onals		ular ellers		gular ants	Retui	rnees	ID	Ps	Refu	gees	_	rant kers	No. of locations assessed
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
Airport	561	74%	680	89%	259	34%	284	37%	117	15%	185	24%	262	34%	762
Blue border crossing point	385	63%	436	71%	215	35%	162	26%	116	19%	205	33%	246	40%	615
Land border crossing point	1259	59%	1521	71%	933	43%	748	35%	321	15%	318	15%	457	21%	2147
Total	2205	63%	2637	75%	1407	40%	1194	34%	554	16%	708	20%	965	27%	3524

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

				Location type			
Restrictive measures	Airı	oort		er crossing int	Land borde	Total	
	#	%	#	%	#	%	#
Mobility Restriction (to)	575	75%	402	65%	1502	70%	2479
Mobility restriction (from)	482	63%	328	53%	1474	69%	2284
Visa change	74	10%	25	4%	223	10%	322
Restricted nationality	140	18%	51	8%	189	9%	380
Document change	47	6%	43	7%	133	6%	223
Medical requirements	389	51%	275	45%	644	30%	1308
Medical certificate confirming a negative COVID-19 test result	42	6%	12	2%	52	2%	106
Other limitations	129	17%	88	14%	244	11%	461
None	10	1%	28	5%	123	6%	161
No. of locations assessed	76	52	615		21	3524	

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	321	12	77	352	762	410	54%
Health screening with temperature check using non- contact thermometer	195	2	7	558	762	204	27%
Information about COVID-19 being provided at site	360	8	51	343	762	419	55%
Infrastructure at the site to support crowd control and ensure safety of screeners	147	12	44	559	762	203	27%
Isolation space exists for evaluation of any suspect case away from crowds	151	59	197	355	762	407	53%
Referral system in place at the site	203	35	168	356	762	406	53%
SOPs in place at the site for management and referral of ill travelers	273	39	120	330	762	432	57%

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	207	28	94	286	615	329	53%
Health screening with temperature check using non- contact thermometer	97	4	39	475	615	140	23%
Information about COVID-19 being provided at site	242	44	52	277	615	338	55%
Infrastructure at the site to support crowd control and ensure safety of screeners	75	14	50	476	615	139	23%
Isolation space exists for evaluation of any suspect case away from crowds	53	59	216	287	615	328	53%
Referral system in place at the site	164	44	120	287	615	328	53%
SOPs in place at the site for management and referral of ill travelers	183	50	112	270	615	345	56%

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	450	205	404	1088	2147	1059	49%
Health screening with temperature check using non- contact thermometer	371	36	14	1726	2147	421	20%
Information about COVID-19 being provided at site	455	202	401	1089	2147	1058	49%
Infrastructure at the site to support crowd control and ensure safety of screeners	205	95	111	1736	2147	411	19%
Isolation space exists for evaluation of any suspect case away from crowds	194	334	525	1094	2147	1053	49%
Referral system in place at the site	296	258	494	1099	2147	1048	49%
SOPs in place at the site for management and referral of ill travelers	357	279	437	1074	2147	1073	50%

