

IOM COVID-19

IMPACT ON

POINTS OF ENTRY

BI-WEEKLY ANALYSIS

29 JULY 2020



PUBLISHER

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Please send any feedback, comments and suggestions related to the Covid-19 Mobility Tracking dashboards and outputs to the DTM Covid-19 Team at dtm-covid19@iom.int

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Methodology & Definitions

IOM COVID-19 Impact on Points of Entry Bi-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 23 July 2020. Information for 10 per cent of the PoEs has been updated in July, with 34 per cent of the PoEs updated in June, while 24 per cent of the data was last updated during the month of May and 17 per cent of PoE data was last updated in April. The remaining data (15%) was last updated in March. For more information see Table 1.2 in the annex.

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

Regional maps are available [here](#).

The dataset is available [here](#).

Data is collected on the following location types:

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

The following operational status is captured for each assessed PoE:

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

Methodology & Definitions

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

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

Affected Populations:

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

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

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

List of acronyms used throughout the report

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

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

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

Executive summary

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

Data has been collected between 13 March and 23 July 2020. Information for 10 per cent of the PoEs has been updated in July, with 34 per cent of the PoEs updated in June, while 24 per cent of the data was last updated during the month of May and 17 per cent of PoE data was last updated in April. The remaining data (15%) was last updated in March.

Points of Entry (PoEs):

- 3,553 PoEs were assessed in 169 C/T/As, including 780 Airports, 2,159 Land Border Crossing Points and 614 Blue Border Crossing Points.
- Overall, 32 per cent of the assessed PoE were fully closed (-1 p.p. compared to the previous report), 32 per cent partially operational (-1 p.p.) and 29 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 (58%, i.e. a decrease of 1 p.p. on a fortnightly basis), followed by South America (51%, i.e. a 3 p.p. decrease compared to two weeks ago) and Southern Africa (48%, no relative change);
 - The European Economic Area remained the IOM Region with the highest percentage of fully operational PoEs (73%, i.e. a 2 p.p. increase compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (40%, i.e. no relative change on a fortnightly basis);
 - 38 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 23 and 22 for airports and blue border crossing points, with a slight decrease for land border crossing points and airports (- 1 p.p. on a fortnightly basis for both PoE types) and a more significant decrease for blue border crossing points (- 3 p.p. compared to the previous report);
 - The share of fully operational PoEs increased for airports (41%, i.e. a 3 p.p. increase compared to the previous report) and land border crossings points (26%, i.e. a 1 p.p. increase compared to two weeks ago), while remained stable for blue border crossing points (25%).
- Mobility restrictions on arriving to or departing from the assessed PoEs remained the most adopted restrictive measures in all the types of PoE (around 65% of the assessed PoEs), followed by medical requirements (more than 30% in all PoE types with a peak of 51% for airports).
- The expected duration of the restrictive measures adopted in the assessed PoEs was unknown for 46 per cent of the assessed PoEs, with 14 days to one month being the expected duration of the restrictive measures in 29 per cent of the cases.
- 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

3,553

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 **23 July 2020**.

IOM has assessed 3,553 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.

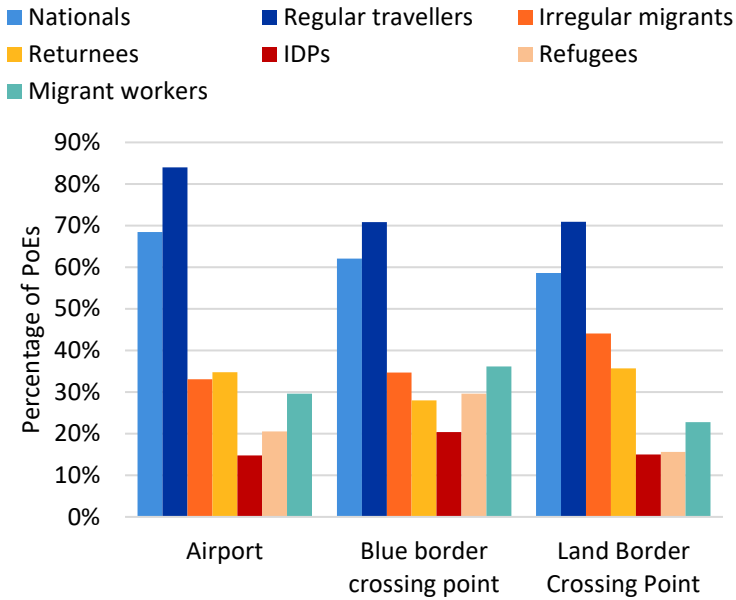
Of all assessed PoEs, **32 per cent were reported as fully closed and 29 per cent were reported to be fully operational**. Another **32 per cent were partially operational**. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (58%), followed by South America (51%) and South Africa (48%). Conversely, the lowest number of fully closed assessed locations were found in Asia and the Pacific with 29 per cent and European Economic Area with 5 per cent. More details can be found in annex, Table 2.

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

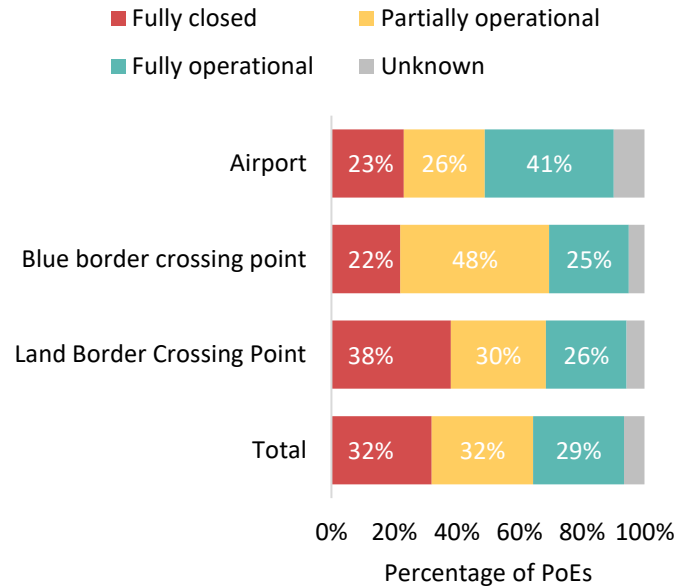
Region	Total		Airports		Land border crossing points		Blue border crossing points		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	540	100%	187	35%	218	40%	135	25%	37
Central and North America and the Caribbean	191	100%	40	21%	117	61%	34	18%	14
Central and West Africa	446	100%	43	10%	359	80%	44	10%	20
East and Horn of Africa	309	100%	45	15%	187	61%	77	25%	9
European Economic Area	795	100%	163	21%	478	60%	154	19%	28
Middle East and North Africa	244	100%	77	32%	120	49%	47	19%	17
South America	82	100%	21	26%	52	63%	9	11%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3553	100%	780	22%	2159	61%	614	17%	169

2. PoE Situational Overview

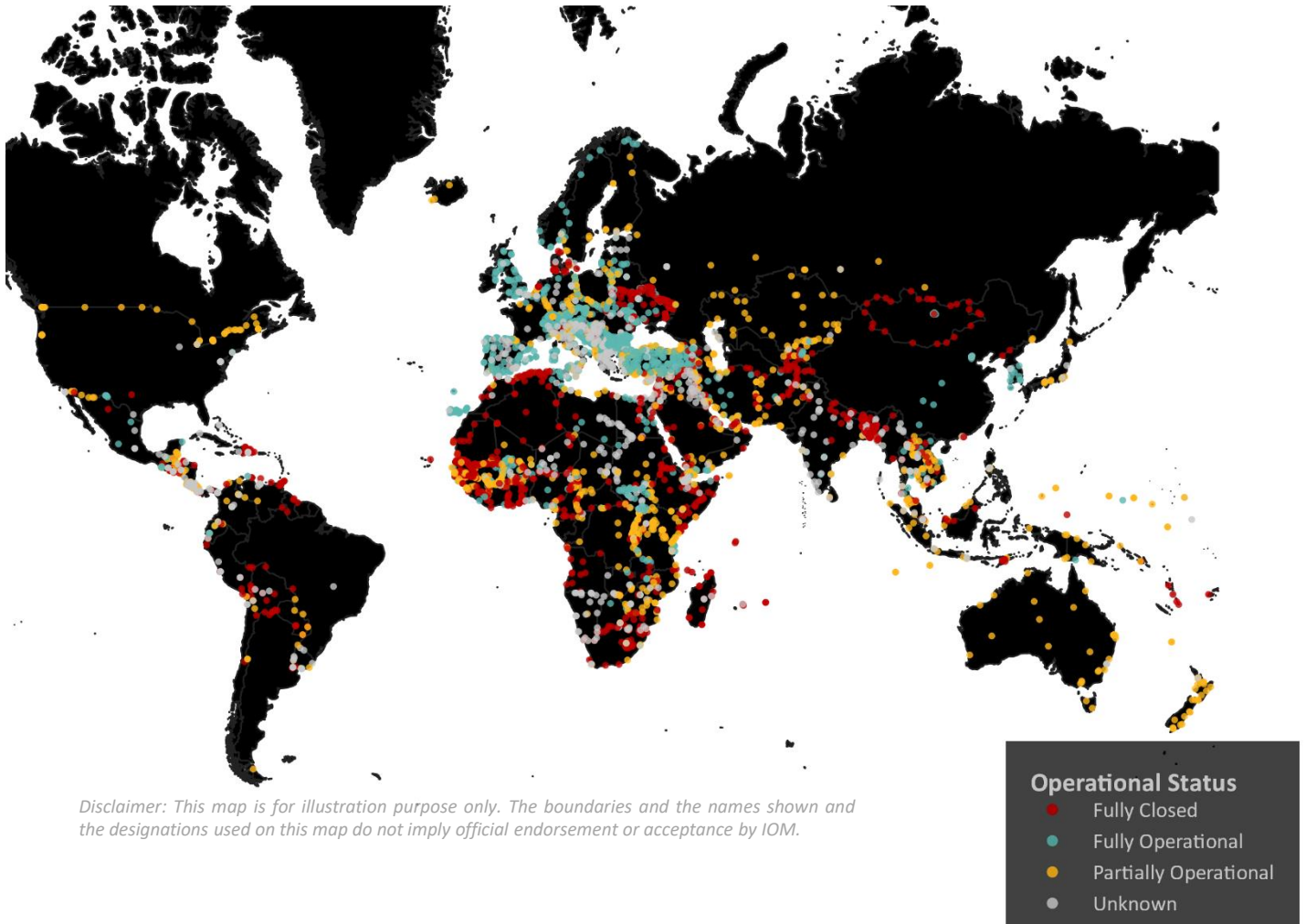
Percentage of PoEs with affected population



Operational status of assessed PoEs

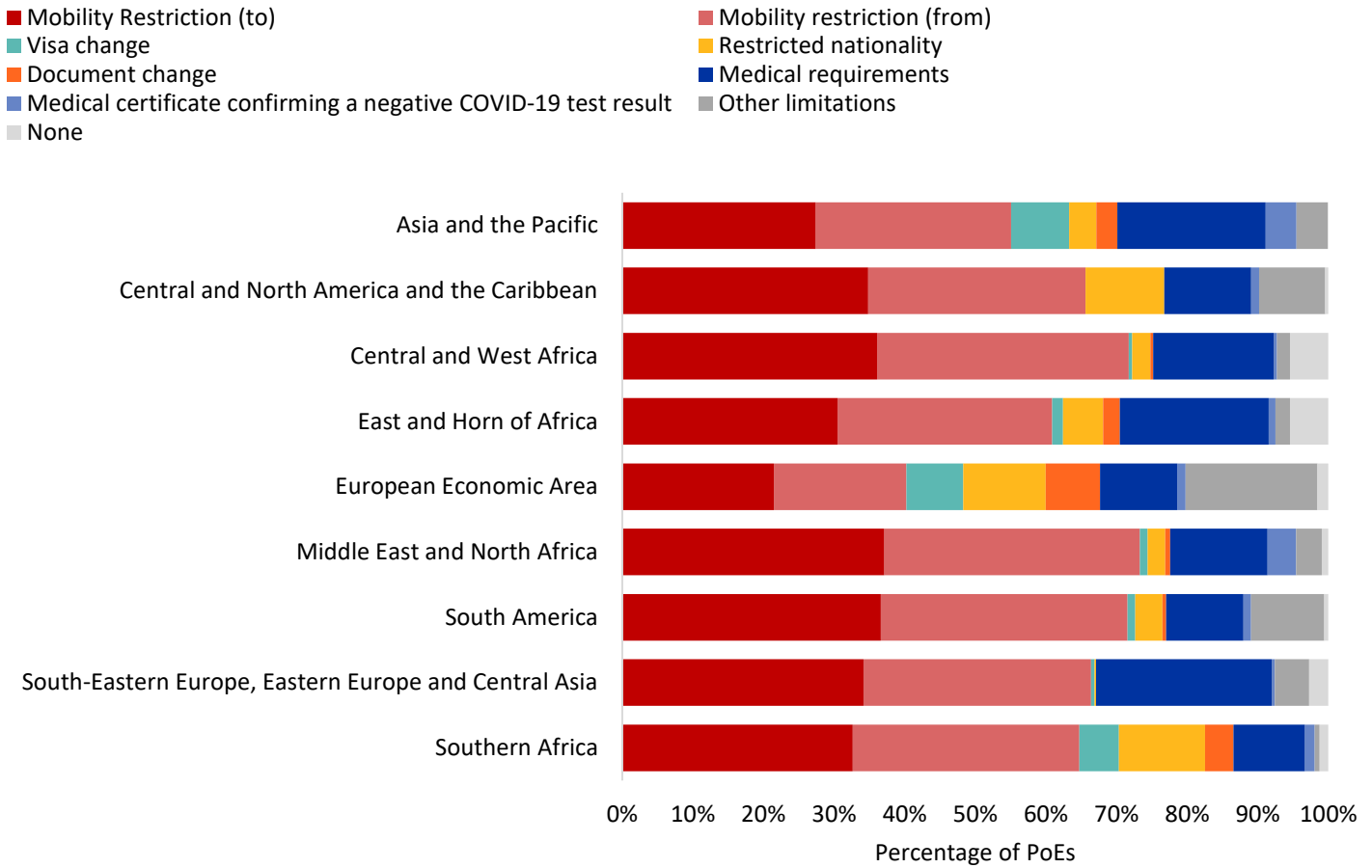


Global map of assessed PoEs and their operational status

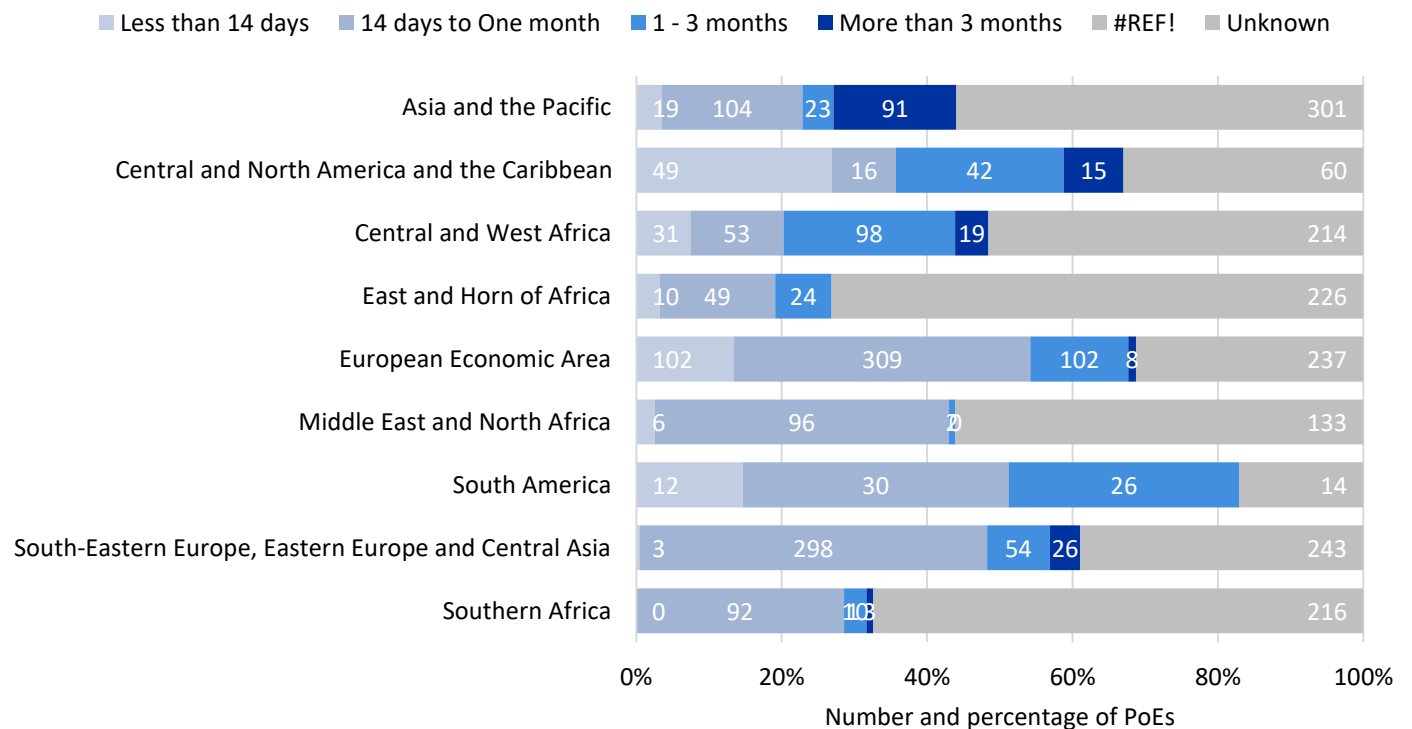


2. PoE Situational Overview

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

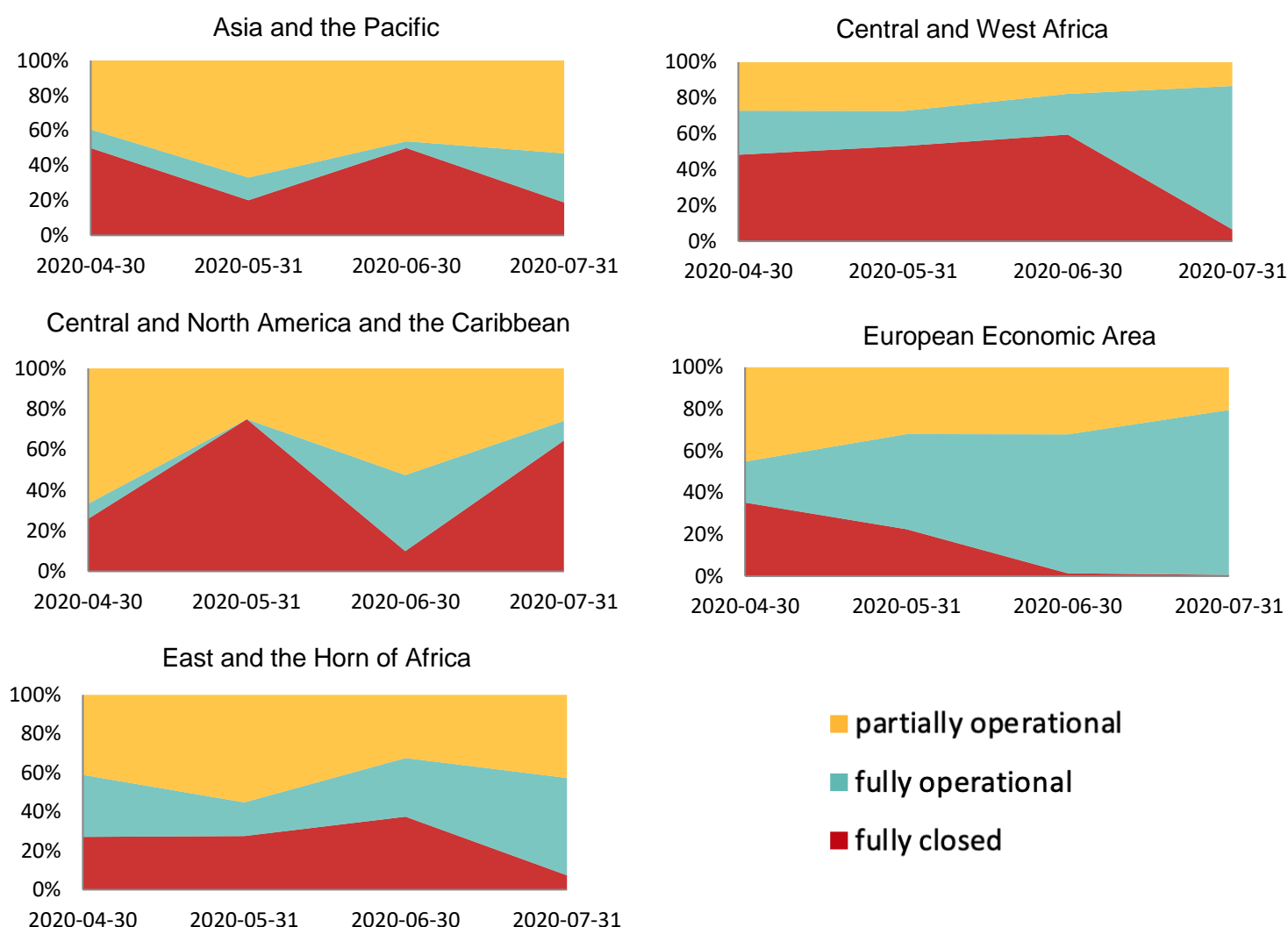
This time series data aims to give a visual overview of the evolution of impact on operational status by IOM region. Not all data on PoEs have been updated every month so the trends displayed do not necessarily represent the current situation of all PoEs in the dataset. For more information on update rates, see Table 1.2 in the annex. The visualizations include PoEs that were assessed in each month, by a breakdown of their operational status. It is important to note that these PoEs are not necessarily the same points across all months.

In the European Economic Area, a very clear trend is noticeable: 749 PoEs were assessed in April, with 35 per cent fully closed, 20 per cent were fully operational and 45 per cent were partially operational. The percentage of fully operational PoEs in the region increased significantly in the following months: 45 per cent among the assessed PoEs in May, 67 per cent in June and 79 per cent in July.

A similar trend is observable for Central and West Africa, however the number of assessed PoEs has significantly decreased over time: 379 PoEs were assessed in April, with 358 PoEs that were assessed in the region in May, 260 in and only 15 PoEs assessed in the in July. Fully operational PoEs increased from less than 10 per cent in April, May and June to 60 per cent in July.

Across all the other regions, there was a significant reduction in the number of assessed PoEs by month: for instance, in Asia and the Pacific 602 PoEs were assessed in April and 32 in July. However, the share of fully operational PoEs, despite some variability, did not increase significantly from April to July.

Operational status by IOM Region



3. PoE Time Series: Operational Status

Another region that has experienced an increase in the share of fully operational PoEs is South-Eastern Europe, Southern Europe and Central Asia. In this region 729 PoEs were assessed in April, 64 were assessed in May, 387 were assessed in June and 110 were assessed in July, with the share of fully operational PoEs that increased from 7 per cent in April to 60 per cent in July.

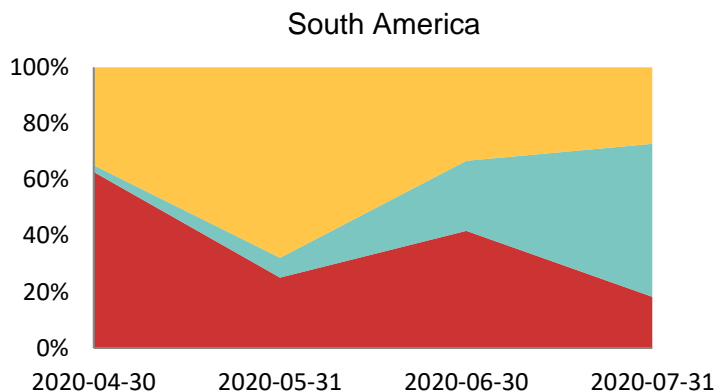
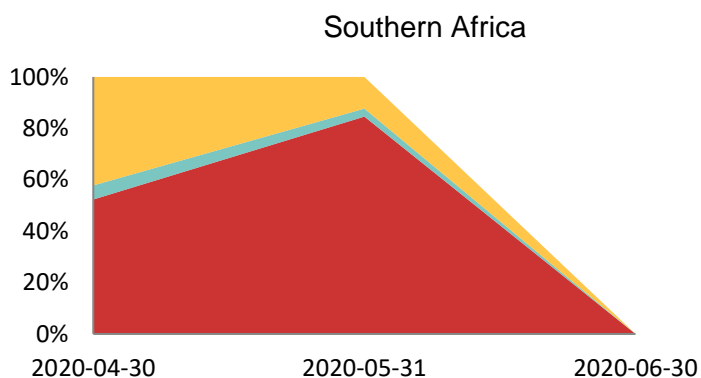
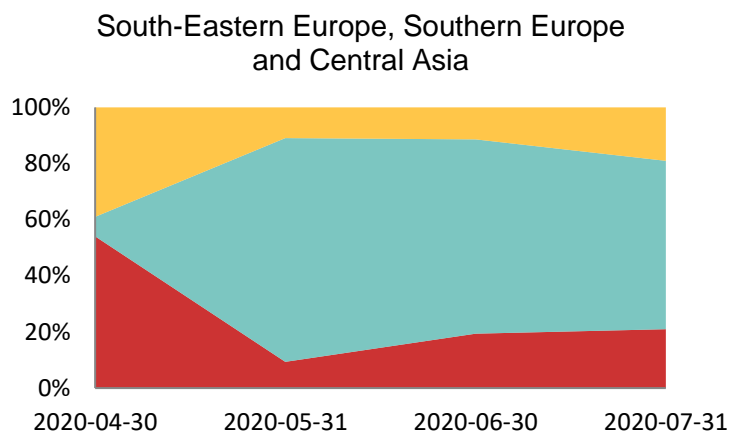
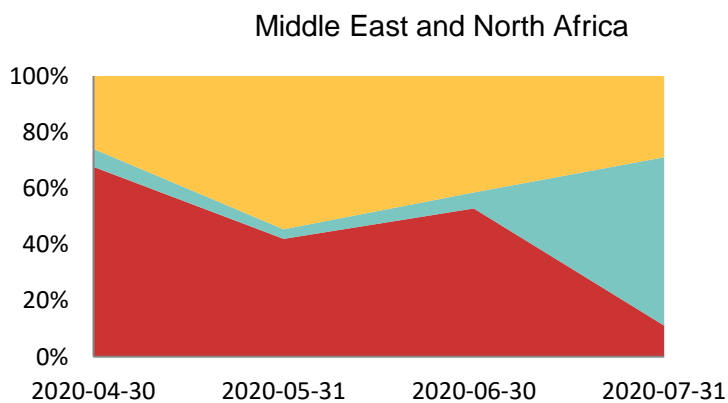
The Middle East and North Africa region experienced a similar trend in the reduction of assessed PoEs by month: from 247 in April to 45 in July. As shown in the graph below, fully operational PoEs reached 60 per cent of the assessed PoEs in July, while they remained below 10 per cent in all the previous months.

Similarly, South America which started with a lower number of assessed PoEs had a significant decrease in the number of assessed PoEs (83 in April, 28 in May, 12 in June and 11 in July). The share of fully operational PoEs increased all over the considered period: 2 per cent in April, 7 per cent in May, 25 per cent in June and 55 per cent in July.

Finally, for the IOM region of Southern Africa, with 218 PoEs assessed in April, 65 in May and none in June and July, no time series analysis is available, due to the lack of recent data.

Operational status by IOM Region

■ fully closed ■ fully operational ■ partially operational



4. Overview of Airports

780

Airports
assessed in 163
C/T/As

41%

of the assessed airports
were **fully operational**
(+3 p.p. compared to
the last report)

14 days to one month

Most common (32%) duration
of restrictions imposed (- 1 p.p.
compared to the previous
report)

IOM assessed **780 airports** (22 more than in the previous report) in **163 countries, territories and areas**. Of the assessed airports, **23 per cent** or 180 airports were reported to be **fully closed** (a decrease of 3 p.p. compared to the previous report). Airports with **partially operational** status were reported for **26 per cent** or 202 airports, which represents a decrease of 2 p.p. compared to the previous report. For **38 per cent** (321) of the assessed airports, the operational status was reported to be **fully operational**, (**an increase of 3 p.p.** compared to the previous report). Information was not available for the remaining 10 per cent (77) of assessed airports (for more details, see Table 3).

Of the total 180 assessed fully closed airports, the top IOM regions that reported the highest percentage of fully closed airports remained the same compared to the last update. South America was the IOM region with the highest share of fully closed airports (14 out of 21, 67% of the total: i.e. a 4 p.p. decrease compared to the previous update). Other IOM regions with high shares of fully closed airports were Central and North America and the Caribbean (20 out of 40, 50%: i.e. a 8 p.p. decrease on a fortnightly basis) and Southern Africa (37 out of 82, 45%: no relative change). On the opposite side, the European Economic Area remained the region with the highest share of fully operational airports (130 out of 163, 80% of the total, corresponding to a decrease of 1 p.p. compared to the previous assessment), followed by South-Eastern Europe, Eastern Europe and Central Asia with 71 out of 122 assessed airports which are fully functional (58%, i.e. a 1 p.p. increase on a fortnightly basis).

Mobility restrictions or restrictive measures reported at assessed airports saw a slight change compared to the previous report. The most common measures reported, continued to be landing in and departing from the assessed airports with 64 and 58 per cent of the airports affected by measures, respectively (see Table 5). Compared to the previous report, this represents a decrease of 3 p.p. in both cases. Other common restrictive measures imposed at assessed airports included medical requirements (e.g. medical screening, medical certificates or quarantine measures) which reportedly impacted 51 per cent of the assessed airports, restrictions imposed on specific nationalities (in 23% of the assessed airports, a decrease of 1 p.p.), changes in visa requirements (10%), a medical certificate confirming a negative COVID-19 test result (7%, i.e. a 1 p.p. increase on a fortnightly basis), changes in rules concerning identification and travel documents (6%) and other limitations (20%). In one per cent of the assessed airports, there were no restrictions recorded.

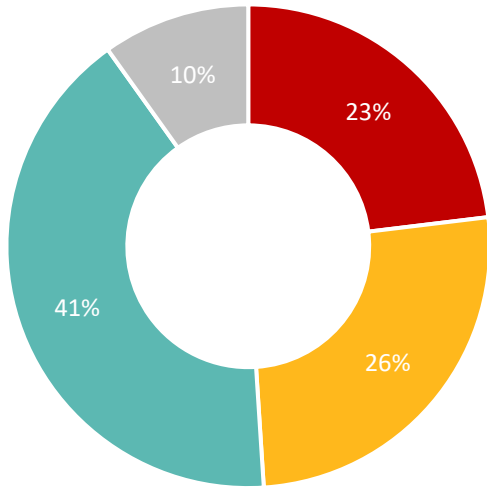
As of 23 July 2020, the most common expected duration of restrictive measures imposed at assessed airports was 14 days to one month (32% of the cases or 247 out of 780). In 43 per cent of cases (a 2 p.p. increase compared to two weeks ago) the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable), followed by one to three months (10%), less than 14 days (10%) and more than three months (5%).

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 **84 per cent** and **68 per cent** of assessed airports, respectively. Other population categories reported to be affected by restrictive measures at assessed airports included **returnees** (at **35%** of airports), **irregular migrants** (**33%**), **migrant workers** (**30%**), **refugees** (**21%**) and finally **IDPs** (**15%**).

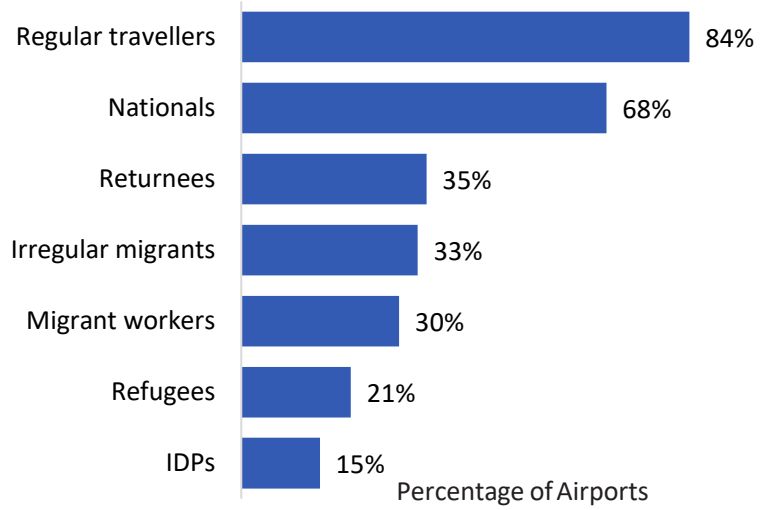
4. Overview of Airports

Operational status of assessed airports

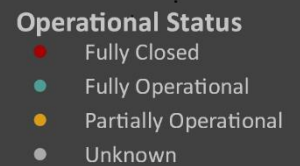
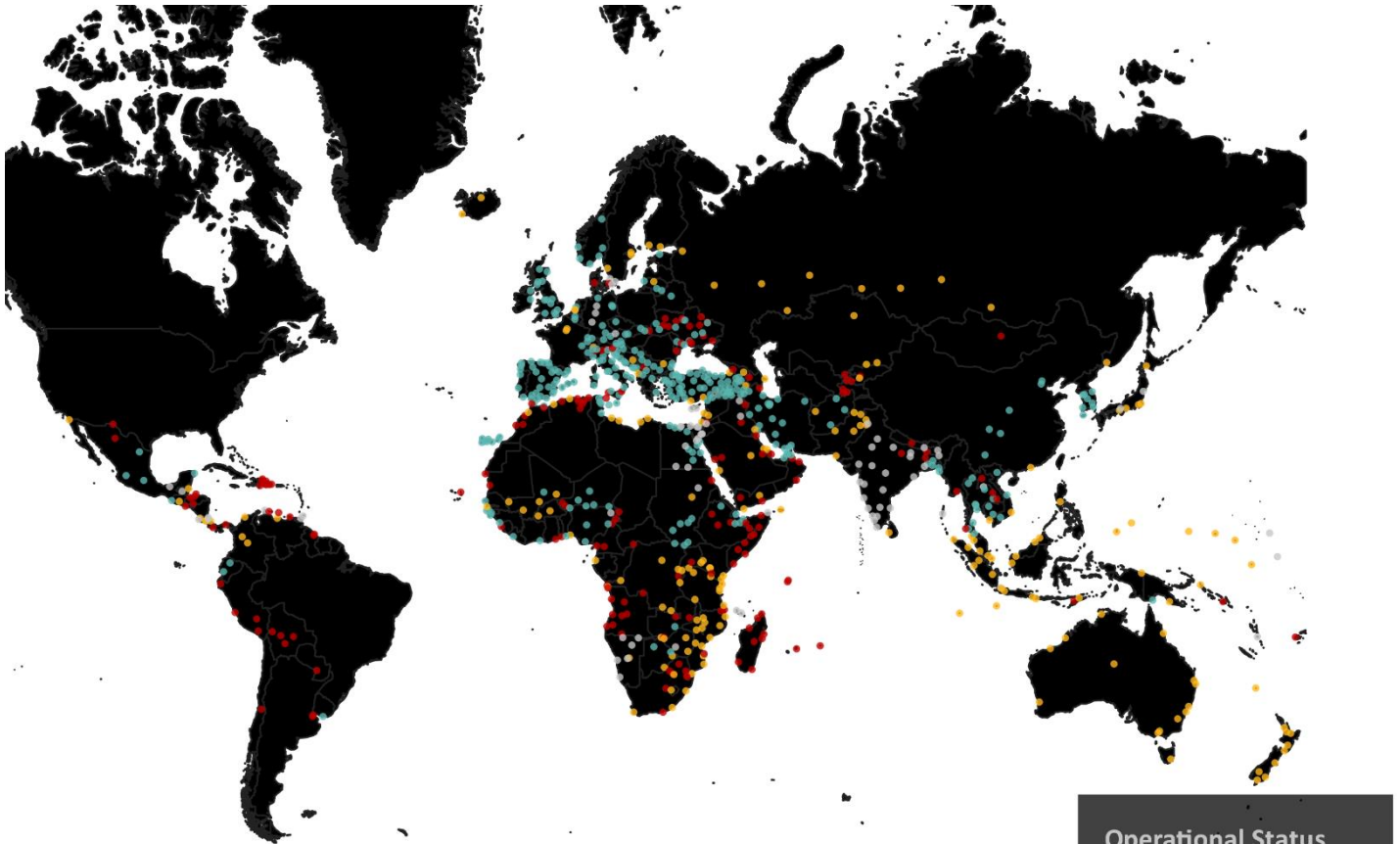
- Fully closed
- Fully operational
- Partially operational
- Unknown



Percentage of assessed airports with affected population



Global map of assessed airports and their operational status



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

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

614

Blue Border Crossing Points assessed in 95 C/T/As

25%

of the assessed blue border crossing points are **fully operational** (+1 p.p. compared to the last report)

14 days to one month

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

IOM assessed a total of **614 blue border crossing points in 95 countries, territories and areas**. The operational status of the assessed blue border crossing points varied slightly, with **22 per cent** (or 135 locations) which were reported to be **fully closed**, a decrease of 1 p.p. compared to the previous report. The portion of **partially operational blue border crossing points** was reported at 48 per cent (292 ports), a decrease of 7 p.p. compared to two weeks ago. Finally, **25 per cent** (156 locations) were reported as **fully operational**, an increase of 1 p.p. on a fortnightly basis. Information was not available for 5 per cent (31 locations) (for more details, see Table 3).

As of 23 July 2020, Southern Africa became the IOM region with the highest share of fully closed blue border crossing points (23 out of 35, 66% of the total: no relative change compared to the previous update), followed by Central and North America and the Caribbean (22 out of 34, 65%: a 2 p.p. decrease on a fortnightly basis) and South America (5 out of 9 assessed blue border crossing points, 56%: no relative change compared to the previous assessment). The European Economic Area region continued to be the IOM region with the highest share of fully operational blue border crossing points with 117 fully operational locations out of the 154 assessed ports in the region (76% of the total, i.e. a 2 p.p. increase compared to the previous report). None of the other IOM regions had a share of fully operational blue border crossing points above 20 per cent.

The most common mobility restrictions or restrictive measures recorded at assessed blue border crossing points continued to be restrictions to and from a particular location (in 58% and 55% of assessed blue border crossing points, respectively), followed by newly introduced medical requirements (43% no relative change compared to the last update) such as medical screening, requirement for medical certificates or quarantine measures. Less common measures imposed at assessed ports included restrictions on specific nationalities (in 15% of the cases), changes in rules concerning identification and travel documents (7%), changes in visa requirements (4%), medical certificates confirming a negative COVID-19 test result (2%) and other limitations or no reported restrictions (21% and 5%, respectively) (see Table 5).

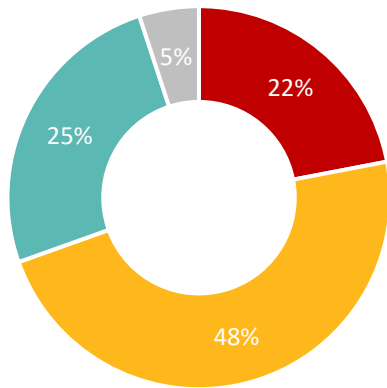
The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 51 per cent of the cases (313 out of 614 assessed blue border crossing points). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 22 per cent of the cases. In 13 per cent of assessed blue border crossing points the expected duration of restrictive measures was recorded as more than three months, whereas measures expected to last one to three months were recorded for 5 per cent of the cases. Finally, in 10 per cent of assessed blue border crossing points restrictions were planned to be valid for less than 14 days.

The restrictive measures recorded at assessed blue border crossing points continued to have an **impact** on all population categories (see Table 4), largely affecting **regular travelers at 71 per cent of ports, nationals (at 62% of ports), migrant workers (36%), irregular migrants (35%), refugees (30%), returnees (28%) and IDPs (20%)**.

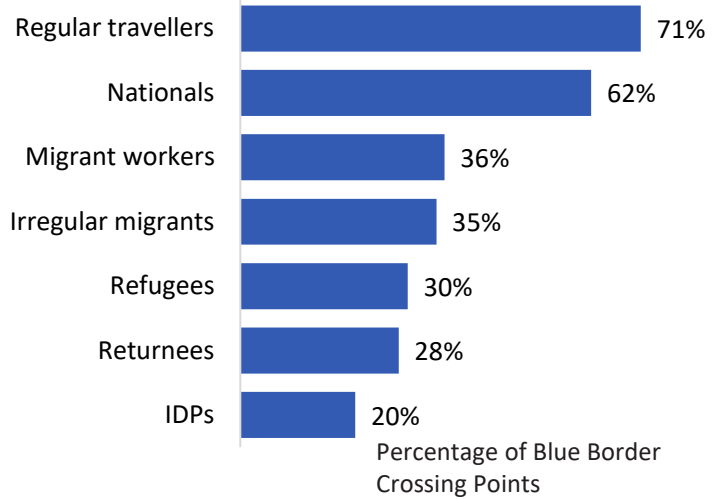
5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

Operational status of the assessed blue border crossing points

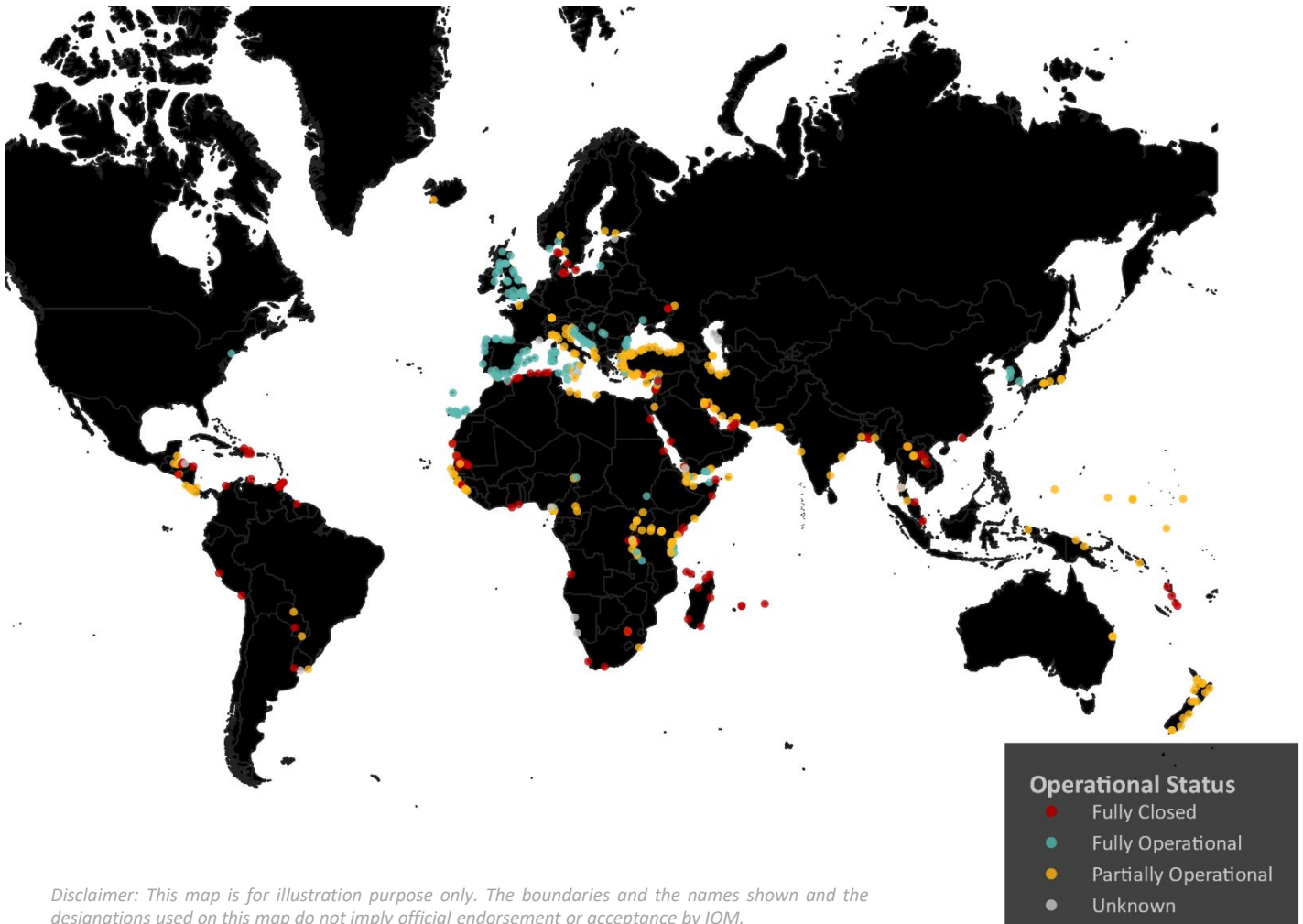
- Fully closed
- Fully operational
- Partially operational
- Unknown



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

2,159

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

38%

of assessed locations are fully closed
(-1 p.p. compared to the previous
report)

**14 days to one
month**

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

Among the **2,159 assessed land border crossing points** (two more than in the previous report) in 128 countries, territories or areas, the majority is either **fully closed** or **partially operational** (**38%** and **30%** of the total, respectively), while **26 per cent** of the assessed locations were **fully operational** without any restriction. Compared to the previous report, it is noticeable a decrease of 1 p.p. in both fully closed and partially operational land border crossing points and a corresponding increase of 1 p.p. in fully operational locations (for more details, see Table 3).

Central and West Africa is the IOM region reporting the highest share of fully closed land border crossing points: 228 out of the 359 assessed locations were completely closed, corresponding to 64 per cent of the total number of land border crossing points assessed in this region (no relative change compared to the previous reporting period). Other IOM regions with a high proportion of fully closed land border crossing points include Asia and the Pacific (122 out of 218: 56% of the total, i.e. no relative change), Southern Africa (93 out of 204: 46%, i.e. no relative change), South America (23 out of 52: 44%, i.e. a 2 p.p. decrease compared to two weeks ago) and the Middle East and North Africa (53 out of 120: 44%, i.e. a 1 p.p. decrease on a fortnightly basis). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 330 out of the 478 assessed land border crossing points that are currently open (69% of the total, i.e. a 2 p.p. increase compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (169 out of 424, 40% of the total: no relative change compared to the previous report), while the share of fully operational land border crossing points is below 10 per cent for all the other IOM regions.

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

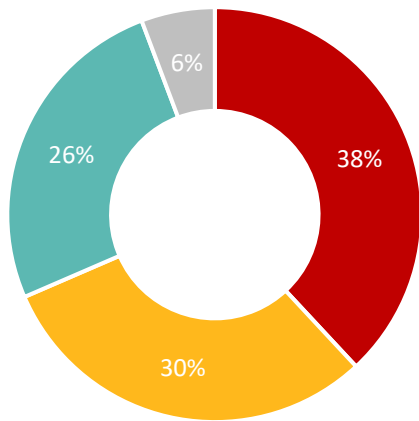
As of 23 July 2020, the most common duration of restrictions was 14 days to one month (31% of the cases, i.e. no relative change), while 13 per cent of them will be in place for a duration between one and three months (no relative change). Only 4 and 2 per cent of the restrictive measures will be in place for less than 14 days or more than three months, respectively. However, for 995 out of the 2,159 assessed land border crossing points (46% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. no relative change compared to the previous report.

The abovementioned measures had an **impact** on all categories of populations (see Table 4), with **regular travelers** being the most affected at **71 per cent** of the assessed land border crossing points, followed by **nationals** (**59%**), **irregular migrants** (**44%**), **returnees** (**36%**), **migrant workers** (**23%**), **refugees** (**16%**) and **IDPs** (**15%**).

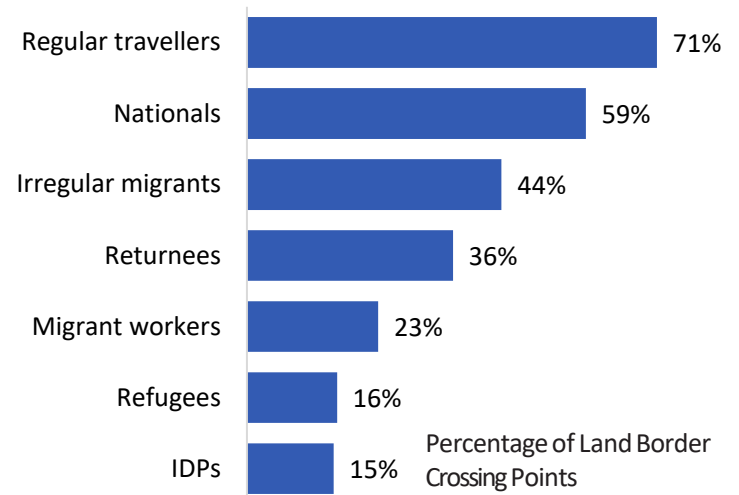
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

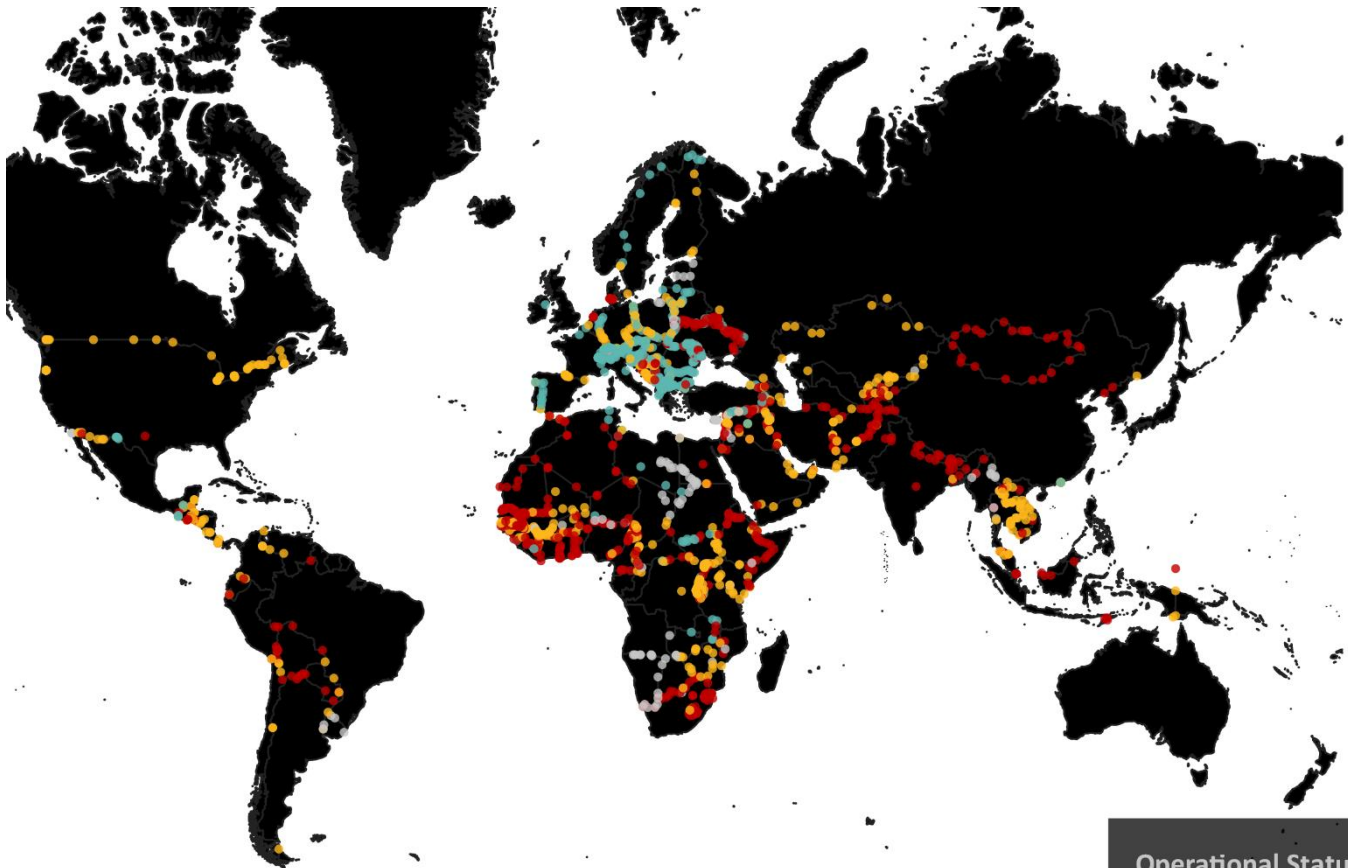
- Fully closed
- Fully operational
- Partially operational
- Unknown



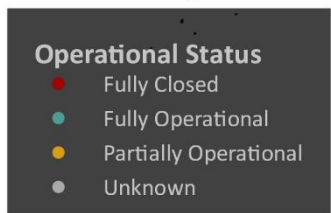
Percentage of assessed land border points with affected population



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



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



7. Public Health Measures

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

I. Standard Operating Procedures:

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

II. Risk communication:

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

III. Infection prevention and control:

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

IV. Surveillance:

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

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

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

V. Referral system

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

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

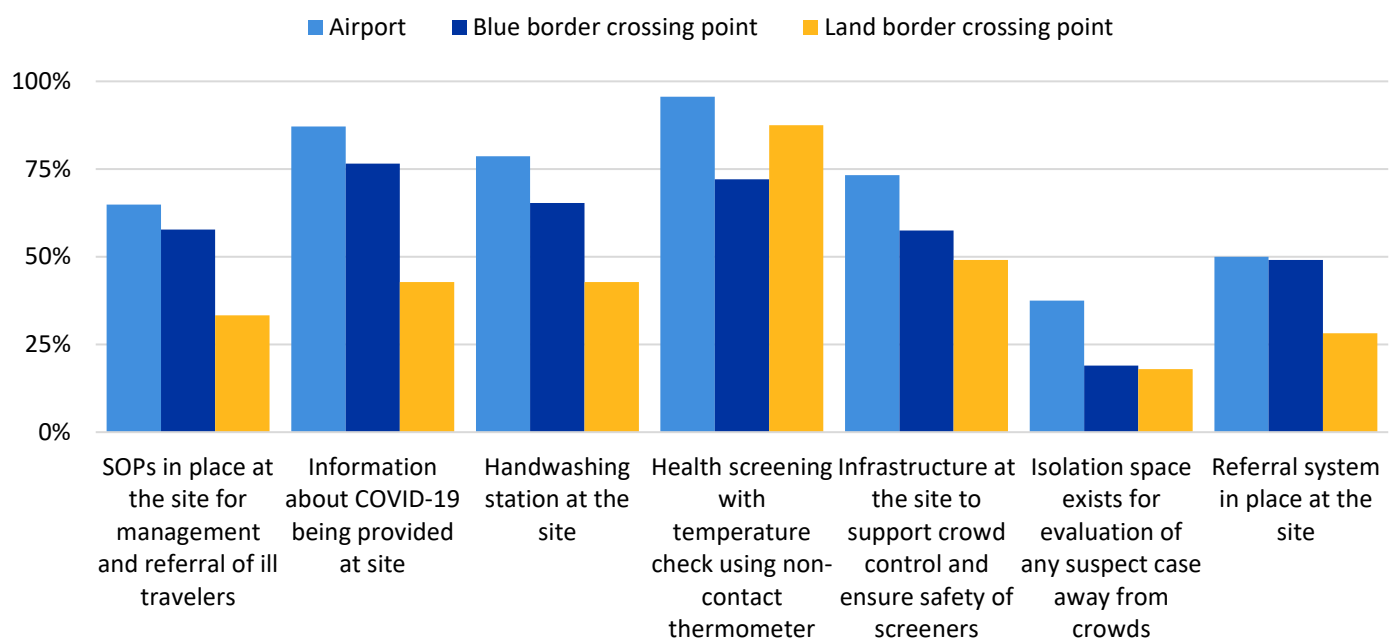
Data collection of the public health measures is ongoing. Given the complex and evolving situation at the PoEs, response rates vary by type of PoE and for each public health measure reported. The descriptive findings reported here include responses collected as of 23 July 2020. The response rate across all PoE assessed for each measure reported range from 20 per cent to 61 per cent. On average, the response rate is 47 per cent for 780 assessed airports, 49 per cent for 613 assessed blue border crossing points, and 42 per cent for 2,159 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

	Airports (780)		Blue border crossing points (614)		Land border crossing points (2159)	
	Total responses	Response rate	Total responses	Response rate	Total responses	Response rate
Standard operating procedures						
SOPs in place at the site for management and referral of ill travelers	464	59%	388	63%	1098	51%
Risk communication						
Information about COVID-19 being provided at site	465	60%	392	64%	1088	50%
Infection prevention and control						
Handwashing station at the site	417	53%	343	56%	1087	50%
Surveillance						
Health screening with temperature check using non-contact thermometer	207	27%	154	25%	439	20%
Infrastructure at the site to support crowd control and ensure safety of screeners	206	26%	153	25%	430	20%
Isolation space exists for evaluation of any suspect case away from crowds	413	53%	342	56%	1083	50%
Referral system						
Referral system in place at the site	412	53%	342	56%	1079	50%

7. Public Health Measures

Public health measures for pandemic preparedness at PoEs by location type



Risk communication: Information on COVID-19 was reported to be available for travelers through leaflets, posters or announcements in 87 per cent of the assessed 465 airports, 77 per cent of the assessed 392 blue border crossing points and in 43 per cent of the 1,088 land border crossing points. The numbers suggest that airports and blue border crossing points boost efforts to place tailored information exchange communication (IEC) and health promotion measures to inform passengers. While the cultural appropriateness and whether the IEC was tailored to travelers were not assessed, such requirements and those for supporting health promotion measures at PoEs (i.e. distinct from general public health information campaigns) should be considered.

Infection prevention and control: Handwashing stations were available in 79 per cent of 417 airports, 65 per cent of 343 blue border crossing points, and 43 percent of 1,087 land border crossing points. As a basic control measure, having handwashing facilities is considered a primary approach in infectious disease prevention. Despite its straightforwardness, less than 50% of PoEs in land border crossing points reported to have this facility.

Surveillance: Health screening with temperature check was reported to be in place in 96 per cent of 207 assessed airports; 72 per cent of 154 blue border crossing points, and 87 per cent of the 439 identified land border crossing points. Among all the public health measures examined, health screening with temperature checks was the most commonly reported measure across all types of PoEs. It should be noted nonetheless that, in the case of COVID-19, the usefulness of health screening checks at PoEs may be limited in its value in contact tracing. Given the specific transmission dynamics of SARS-CoV-2, health screening to identify symptoms in travellers crossing PoEs may not necessarily contribute to better identification of cases.

Infrastructure at the site to support “crowd control” and ensure safety of screeners are available in 73 per cent of 206 airports, 58 per cent of 154 blue border crossing points, and 49 per cent of the 430 identified land border crossing points. The proportion of PoEs with crowd control measures available to protect screeners are relatively lower than the previous measures considered. This finding draws attention to the importance of implementing public health measures that also consider the protection of service providers, which can ultimately benefit the safety of travelers. It should be specified that ‘crowd control’ is generally used in context of mass gathering events; in the context of PoEs, however, the term denotes the coordination and movement of passengers/travelers through the PoE.

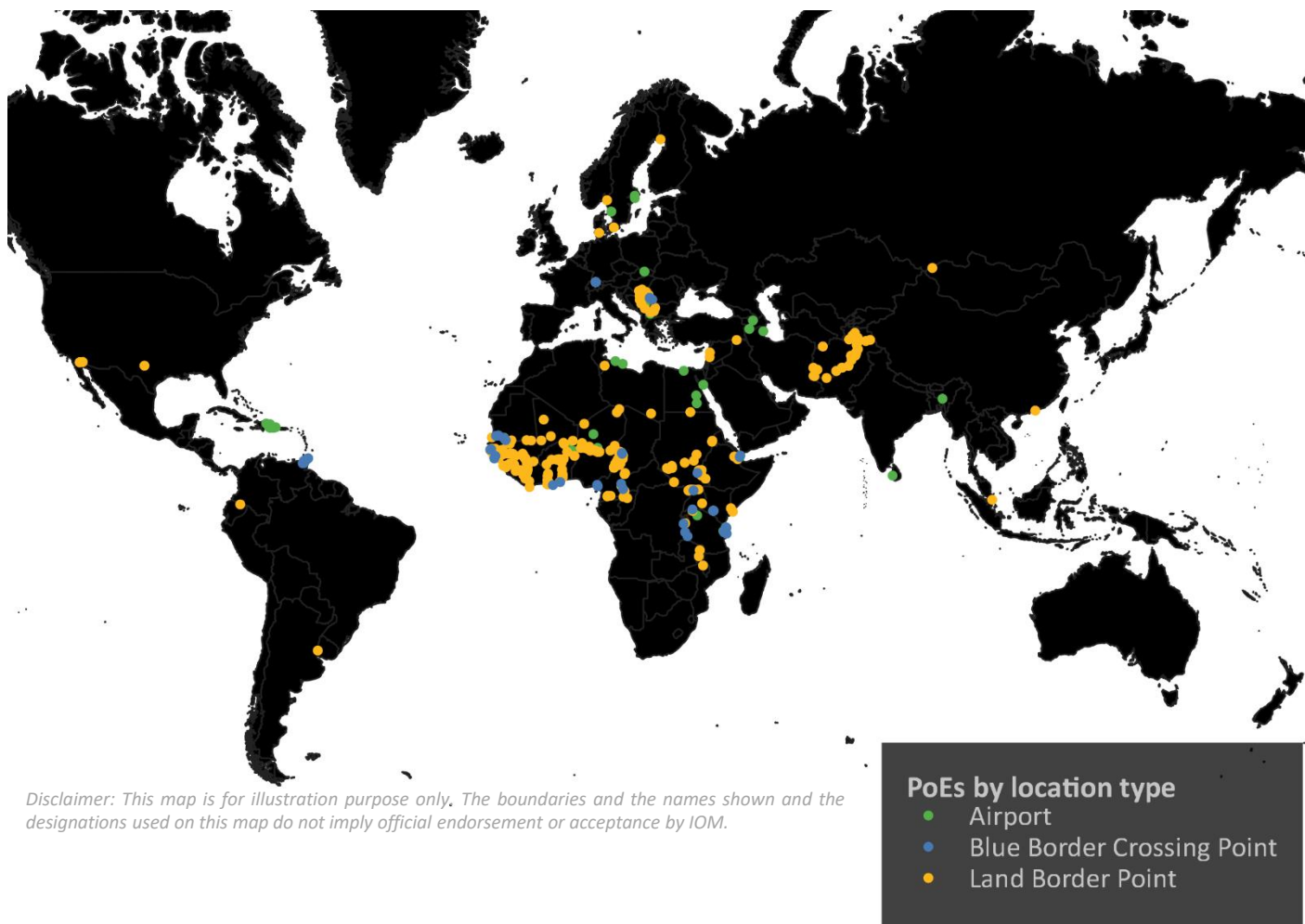
The availability of an isolation space for evaluating suspected COVID-19 cases at the PoE, prior to their appropriate referral, was reported in 38 per cent of the 413 assessed airports, 19 per cent of 342 blue border crossing points, and in 18 per cent of the 1,083 land border crossing points. Although the observed percentages of PoEs having this measure are relatively lower than other measures, further evidence is needed to understand the effectiveness of an isolation space comparing to other measures.

Referral system: referral systems were reported to be in place in 50 per cent of 412 identified airports, 49 per cent of the 342 identified blue border crossing points and in 28 per cent of the 1,079 assessed land border crossing points.

7. Public Health Measures

Standard Operating Procedures: For PoEs that are operational or partially operational, standard operating procedures (SOPs) for managing flows, occupational health and safety of staff (IPC), and detection (health screening), registration, notification, management and referral of ill travellers are essential for protecting staff and preventing the spread of COVID-19 from potential introductory cases. Such SOPs were reported in 65 per cent of 464 assessed airports, 58 per cent of 388 assessed blue border crossing points, and in 33 per cent of the 1,098 assessed land border crossing sites. To further understand which PoEs reported a lack of Standards Operating Procedures, the map below demonstrates the geographical distribution of these PoEs. Of the 385 PoEs that reported “No” when asked if there are SOPs in place, 198 (51%) of which are in West and Central Africa, 77 (20%) are in East and Horn of Africa.

PoEs that reported to lack Standard Operating Procedures



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

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

Annex: Tables

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

Region	Total		Airports		Land border crossing points		Blue border crossing points		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	540	100%	187	35%	218	40%	135	25%	37
Central and North America and the Caribbean	191	100%	40	21%	117	61%	34	18%	14
Central and West Africa	446	100%	43	10%	359	80%	44	10%	20
East and Horn of Africa	309	100%	45	15%	187	61%	77	25%	9
European Economic Area	795	100%	163	21%	478	60%	154	19%	28
Middle East and North Africa	244	100%	77	32%	120	49%	47	19%	17
South America	82	100%	21	26%	52	63%	9	11%	10
South-Eastern Europe, Eastern Europe and Central Asia	625	100%	122	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3553	100%	780	22%	2159	61%	614	17%	169

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

Location Type	March	March %	April	April %	May	May %	June	June %	July	July%	Total	Total%
Airport	93	12%	129	17%	179	23%	214	27%	165	21%	780	100%
Blue Border Crossing Point	73	12%	147	24%	210	34%	115	19%	69	11%	614	100%
Land Border Crossing Point	378	18%	320	15%	461	21%	890	41%	110	5%	2159	100%
Total	544	15%	596	17%	850	24%	1219	34%	344	10%	3553	100%

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

Region	Fully closed		Partially operational		Fully operational		Unknown		Total	
	#	%	#	%	#	%	#	%	#	%
Asia and the Pacific	154	29%	273	51%	66	12%	47	9%	540	100%
Central and North America and the Caribbean	59	31%	104	54%	15	8%	13	7%	191	100%
Central and West Africa	257	58%	138	31%	32	7%	19	4%	446	100%
East and Horn of Africa	101	33%	155	50%	39	13%	14	5%	309	100%
European Economic Area	40	5%	143	18%	577	73%	35	4%	795	100%
Middle East and North Africa	103	42%	77	32%	38	16%	26	11%	244	100%
South America	42	51%	28	34%	3	4%	9	11%	82	100%
South-Eastern Europe, Eastern Europe and Central Asia	228	36%	142	23%	250	40%	5	1%	625	100%
Southern Africa	153	48%	91	28%	13	4%	64	20%	321	100%
Total	1137	32%	1151	32%	1033	29%	232	7%	3553	100%

Annex: Tables

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

Location Type	Fully closed		Partially operational		Fully operational		Unknown		Total	
	#	%	#	%	#	%	#	%	#	%
Airport	180	23%	202	26%	321	41%	77	10%	780	100%
Blue border crossing point	135	22%	292	48%	156	25%	31	5%	614	100%
Land border crossing point	822	38%	657	30%	556	26%	124	6%	2159	100%
Total	1137	32%	1151	32%	1033	29%	232	7%	3553	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	534	68%	655	84%	258	33%	271	35%	115	15%	160	21%	231	30%	780
Blue border crossing point	381	62%	435	71%	213	35%	172	28%	125	20%	182	30%	222	36%	614
Land border crossing point	1266	59%	1531	71%	951	44%	770	36%	324	15%	337	16%	491	23%	2159
Total	2181	61%	2621	74%	1422	40%	1213	34%	564	16%	679	19%	944	27%	3553

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)	497	64%	359	58%	1496	69%	2352
Mobility restriction (from)	451	58%	338	55%	1462	68%	2251
Visa change	75	10%	26	4%	223	10%	324
Restricted nationality	177	23%	91	15%	191	9%	459
Document change	47	6%	43	7%	134	6%	224
Medical requirements	395	51%	265	43%	683	32%	1343
Medical certificate confirming a negative COVID-19 test result	55	7%	14	2%	68	3%	137
Other limitations	154	20%	130	21%	280	13%	564
None	11	1%	28	5%	123	6%	162
No. of locations assessed	780		614		2159		3553

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	328	11	78	363	780	417	53%
Health screening with temperature check using non-contact thermometer	198	2	7	573	780	207	27%
Information about COVID-19 being provided at site	405	7	53	315	780	465	60%
Infrastructure at the site to support crowd control and ensure safety of screeners	151	13	42	574	780	206	26%
Isolation space exists for evaluation of any suspect case away from crowds	155	59	199	367	780	413	53%
Referral system in place at the site	206	34	172	368	780	412	53%
SOPs in place at the site for management and referral of ill travelers	301	40	123	316	780	464	59%

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	224	27	92	271	614	343	56%
Health screening with temperature check using non-contact thermometer	111	4	39	460	614	154	25%
Information about COVID-19 being provided at site	300	42	50	222	614	392	64%
Infrastructure at the site to support crowd control and ensure safety of screeners	88	14	51	461	614	153	25%
Isolation space exists for evaluation of any suspect case away from crowds	65	60	217	272	614	342	56%
Referral system in place at the site	168	55	119	272	614	342	56%
SOPs in place at the site for management and referral of ill travelers	224	63	101	226	614	388	63%

Table 6.3: Public Health Measures for Land Border Crossing Points

Question	Yes	No	Don't know	No response	No. of locations assessed	No. of responses	Response rate
Handwashing station at the site	465	210	412	1072	2159	1087	50%
Health screening with temperature check using non-contact thermometer	384	41	14	1720	2159	439	20%
Information about COVID-19 being provided at site	466	202	420	1071	2159	1088	50%
Infrastructure at the site to support crowd control and ensure safety of screeners	211	98	121	1729	2159	430	20%
Isolation space exists for evaluation of any suspect case away from crowds	195	352	536	1076	2159	1083	50%
Referral system in place at the site	305	270	504	1080	2159	1079	50%
SOPs in place at the site for management and referral of ill travelers	366	282	450	1061	2159	1098	51%