

IOM COVID-19
IMPACT ON
POINTS OF ENTRY
BI-WEEKLY ANALYSIS
9 SEPTEMBER 2020



PUBLISHER

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

Please send any feedback, comments and suggestions related to the Covid-19 Mobility Tracking dashboards and outputs to the DTM Covid-19 Team at 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 28 August 2020. Information for 22 per cent of the PoEs has been updated in August, with 14 per cent of the PoEs updated in July, while 21 per cent of the data was last updated during the month of June. The remaining data was last updated before June (17% in May, 12% in April and 11% 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 28 August 2020. Information for 22 per cent of the PoEs has been updated in August, with 14 per cent of the PoEs updated in July, while 21 per cent of the data was last updated during the month of June. The remaining data was last updated before June (17% in May, 12% in April and 11% in March).

Points of Entry (PoEs):

- 3,861 PoEs were assessed in 173 C/T/As, including 958 Airports, 2,306 Land Border Crossing Points and 597 Blue Border Crossing Points.
- Overall, 24 per cent of the assessed PoE were fully closed (-4 p.p. compared to the previous report), 35 per cent partially operational (+2 p.p. compared to the previous report) and 34 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 South America (64%, no relative change compared to two weeks ago), followed by Southern Africa (48%, no relative change) and the Middle East and North Africa (42%, a 1 p.p. decrease compared to two weeks ago);
 - The European Economic Area remained the IOM Region with the highest percentage of fully operational PoEs (78%, i.e. no relative change compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (43%, i.e. a 2 p.p. increase on a fortnightly basis);
 - 27 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 21 and 17 for blue border crossing points and airports, with a significant decrease for land border crossing points and less pronounced decreases for airports and blue border crossing points (- 7 p.p. for land border crossing points and - 1 p.p. for airports and blue border crossing points on a fortnightly basis);
 - The share of fully operational PoEs increased for all PoE types: airports (53%, i.e. a 1 p.p. increase compared to the previous report), blue border crossing points (30%, i.e. a 2 p.p. increase on a fortnightly basis) and land border crossings points (28%, i.e. a 2 p.p. increase compared to two weeks ago).
- Mobility restrictions on arriving to or departing from the assessed PoEs remained the most adopted restrictive measures in all the types of PoE (around 60% of the assessed PoEs), followed by medical requirements (more than 30% in all PoE types with a peak of 45% for blue border crossing points).
- The expected duration of the restrictive measures adopted in the assessed PoEs was unknown for 48 per cent of the assessed PoEs, with 14 days to one month being the expected duration of the restrictive measures in 26 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

3,861

Assessed Points of Entry

173

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 **28 August 2020**.

IOM has assessed 3,861 total PoEs in **173 countries, territories and areas** so far. Most of these PoEs (60%) were land border crossing points, 25 per cent were airports and 15 per cent were blue border crossing points (sea-, river and lake ports). More details can be found in Table 1.

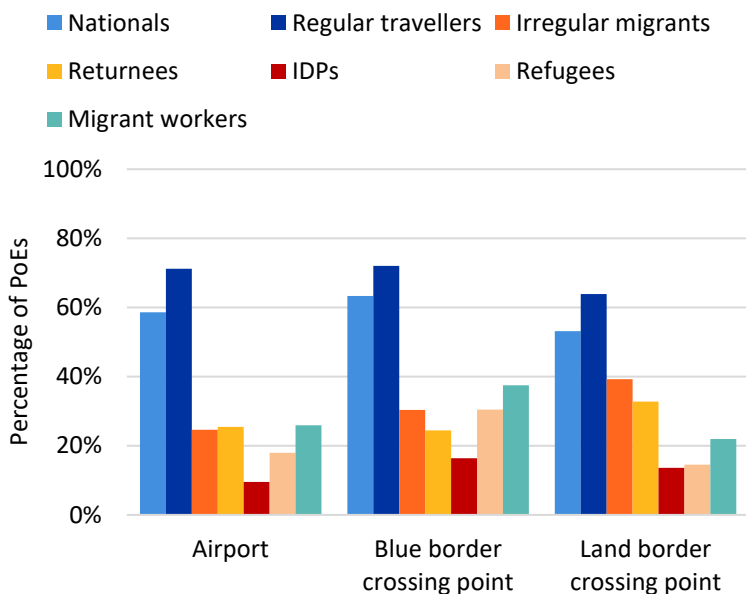
Of all assessed PoEs, **24 per cent were reported as fully closed and 34 per cent were reported to be fully operational**. Another **35 per cent were partially operational**. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in South America (64%), followed by Southern Africa (48%). Conversely, the lowest number of fully closed assessed locations were found in Central and North American with 8 per cent and European Economic Area with 4 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

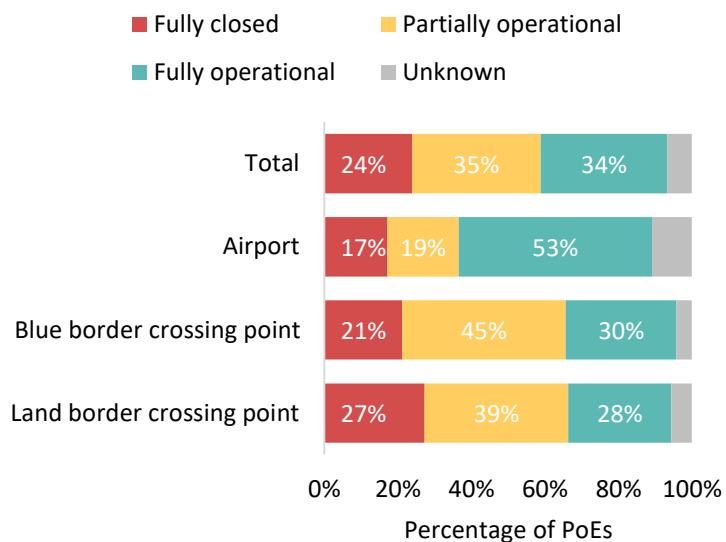
Region	Total		Airports		Land border crossing points		Blue border crossing points		No. of C/T/A
	#	%	#	%	#	%	#	%	#
Asia and the Pacific	547	100%	190	35%	222	41%	135	25%	37
Central and North America and the Caribbean	427	100%	135	32%	258	60%	34	8%	18
Central and West Africa	446	100%	43	10%	359	80%	44	10%	20
East and Horn of Africa	324	100%	60	19%	187	58%	77	24%	9
European Economic Area	808	100%	193	24%	478	59%	137	17%	28
Middle East and North Africa	244	100%	77	32%	120	49%	47	19%	17
South America	117	100%	54	46%	54	46%	9	8%	10
South-Eastern Europe, Eastern Europe and Central Asia	627	100%	124	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3861	100%	958	25%	2306	60%	597	15%	173

2. PoE Situational Overview

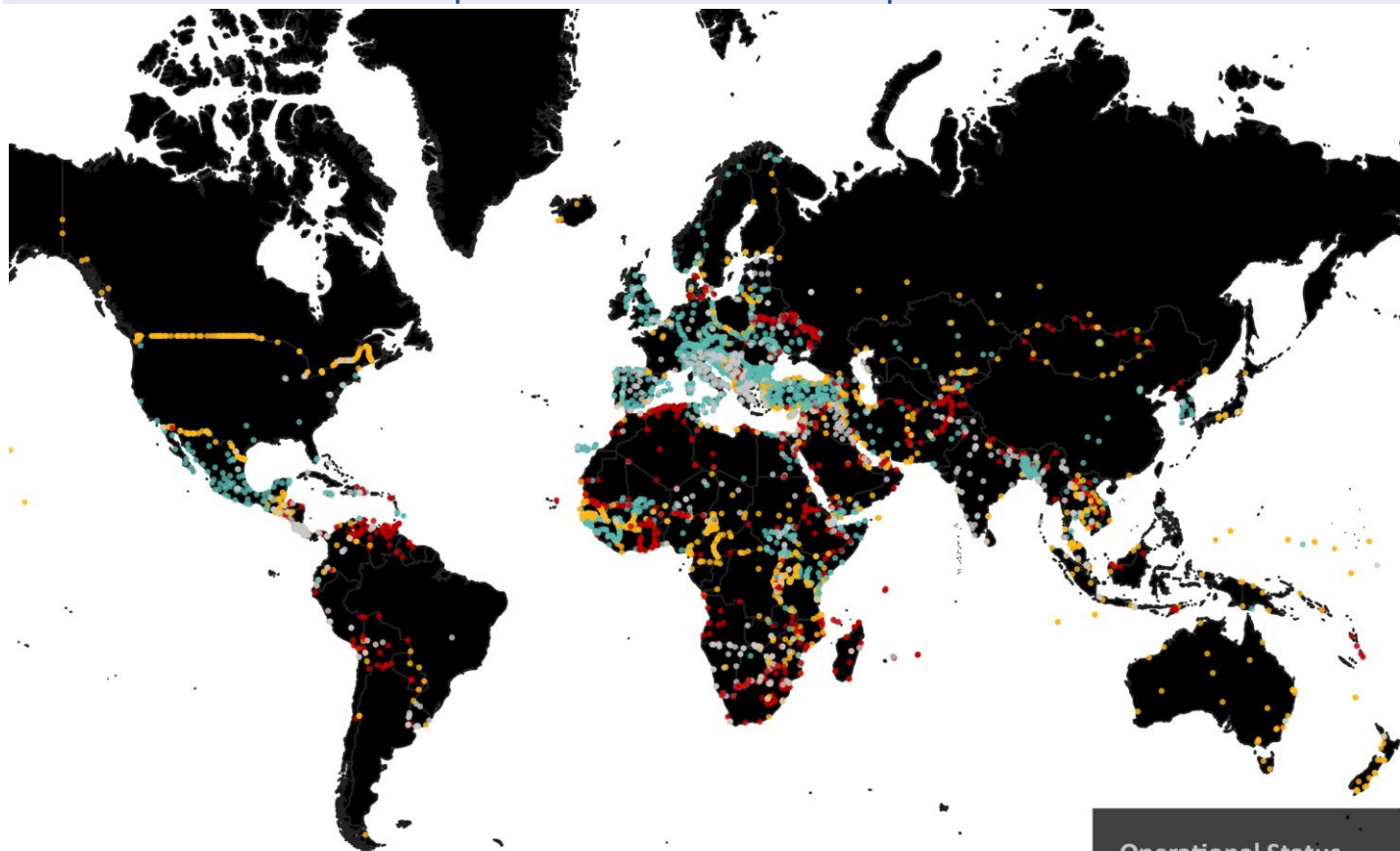
Percentage of PoEs with affected population



Operational status of assessed PoEs



Global map of assessed PoEs and their operational status



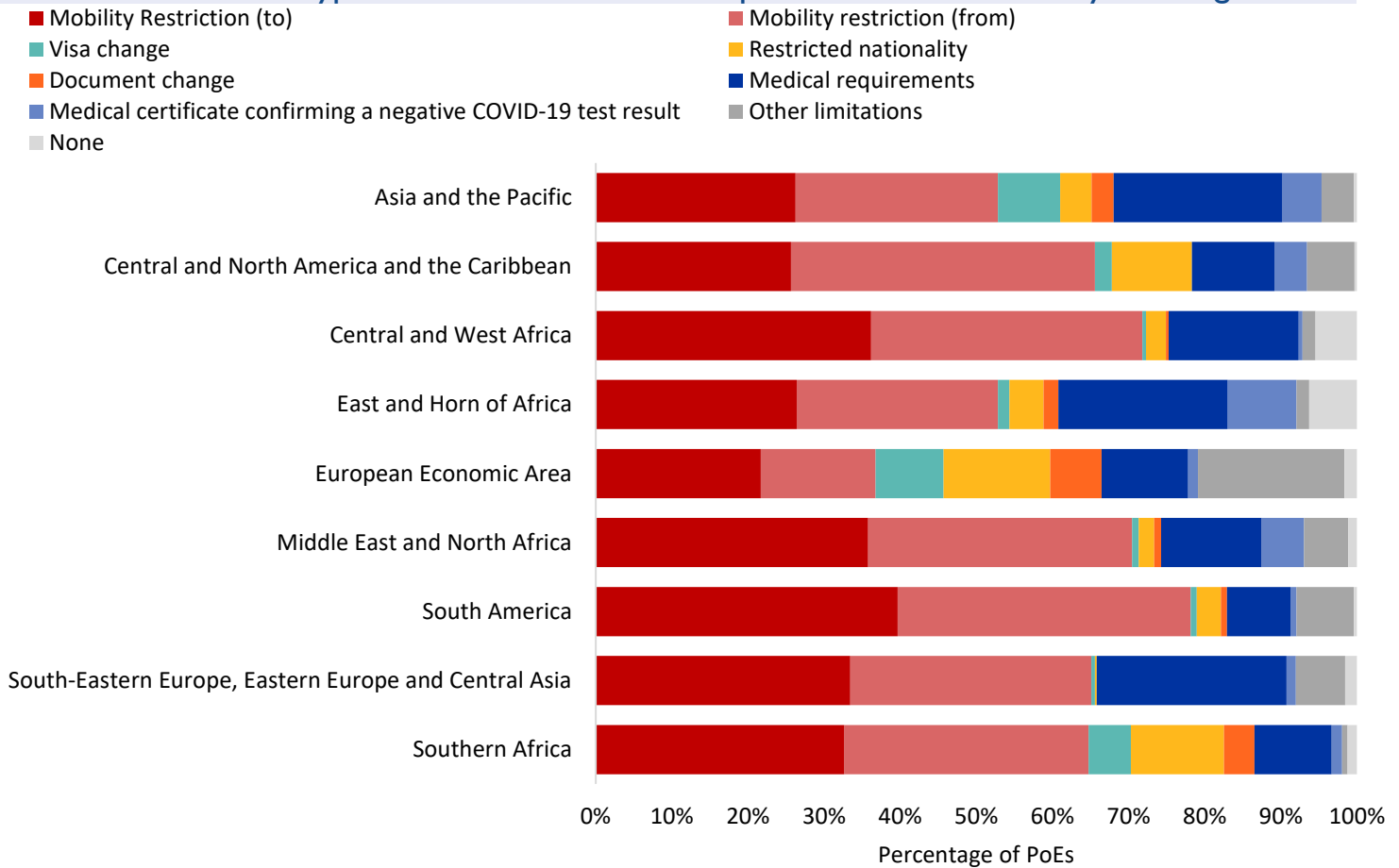
Disclaimer: This map is for illustration purpose only. The boundaries and the names shown and the designations used on this map do not imply official endorsement or acceptance by IOM.

Operational Status

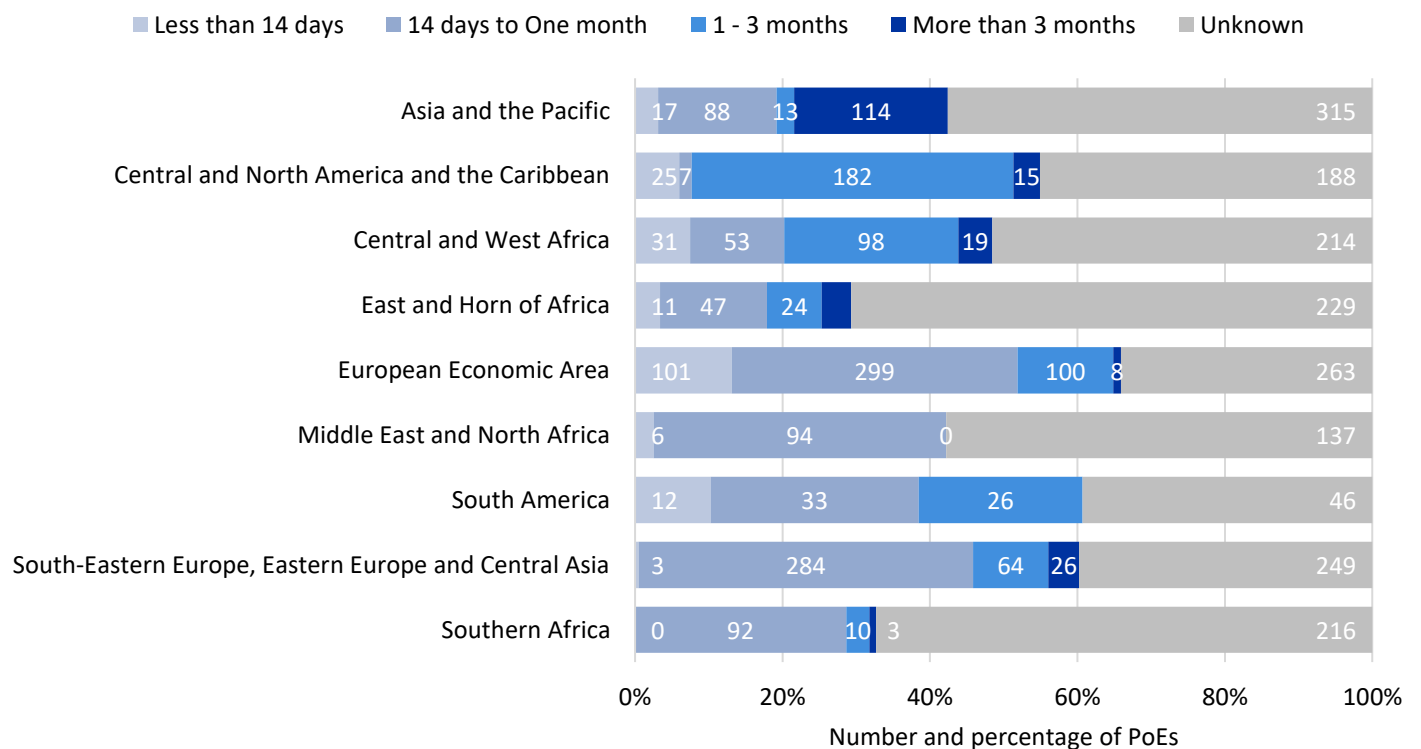
- Fully Closed
- Fully Operational
- Partially Operational
- Unknown

2. PoE Situational Overview

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



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



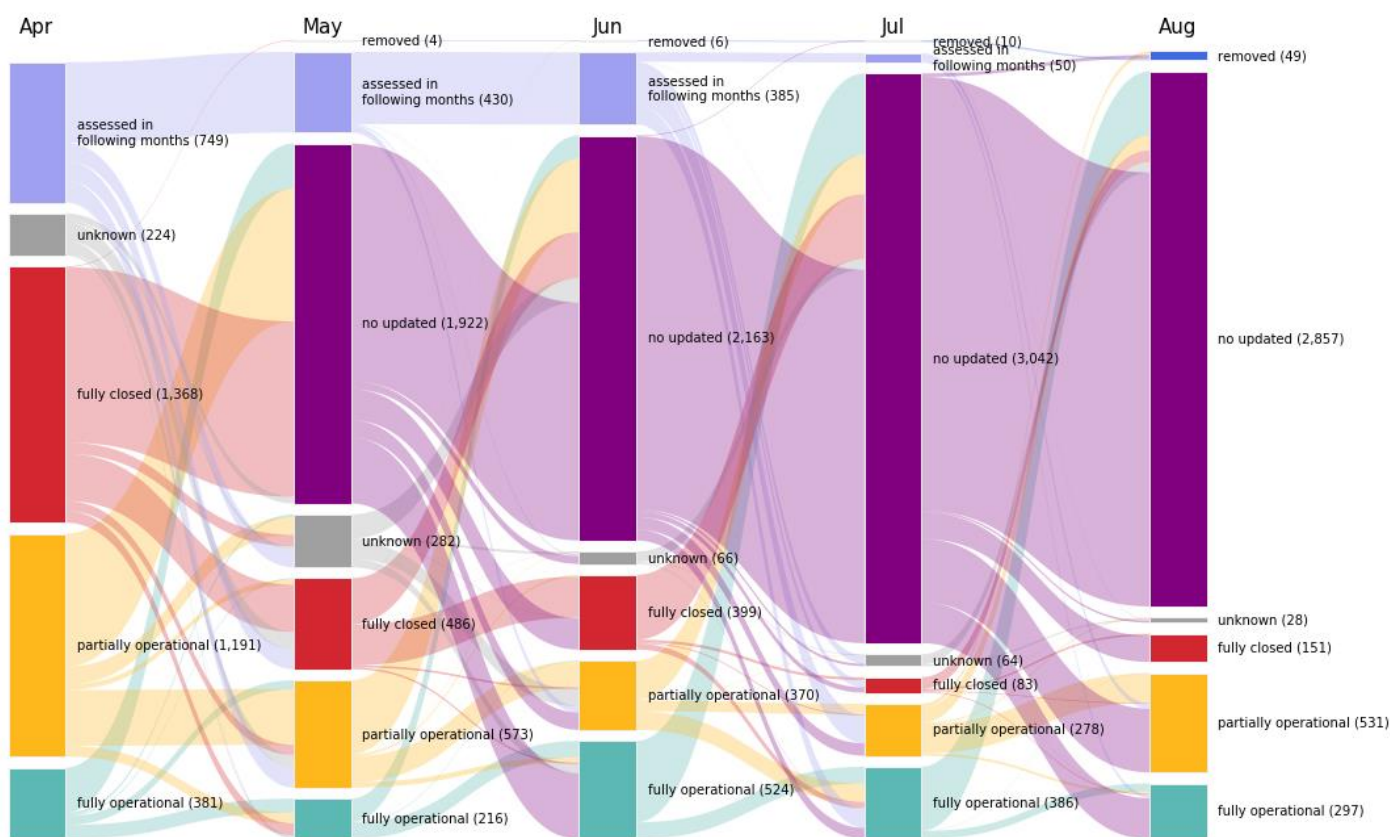
3. PoE Time Series: Operational Status

This time series data aims to give a visual overview of the evolution of impact on operational status by 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 1.1. and 1.2 in the Annex. The visualization below includes PoEs that were assessed from April to August, broken down of their operational status. It is important to note that these PoEs are not necessarily the same points across all months and the visualization shows the monthly shift in operational status. Any reference to the month is not complete and corresponds to the data collected until 28 August 2020.

The total number of PoEs that have been assessed at least once since April is 3,913, the status of 1005 (25%) were updated during the month of August, 543 (14%) in July, 802 (21%) in June and 641 (17%) in May.

This monthly comparison in operational status indicates the relative increase or decrease in each operational status, as well as the shift from one status to another and considers the data from PoEs updated in each respective month. The PoEs with an unknown operational status in the two months are not displayed to ensure the comparability. Specific figures detailing the change in operational status between April and August can be found on Table 1.1 in the Annex.

Monthly change in the operational status of all PoEs assessed between April and 28 August 2020



3,913 PoEs Assessed since April 2020

4. Overview of Airports

958

Airports
assessed in 173
C/T/As

53%

of the assessed airports
were **fully operational**
(+1 p.p. compared to
the last report)

14 days to one month

Most common (26%) duration
of restrictions imposed (-1 p.p.
compared to the previous
report)

IOM assessed **958 airports** (5 more than in the previous report) in **173 countries, territories and areas**. Of the assessed airports, **17 per cent** or 164 airports were reported to be **fully closed** (a decrease of 1 p.p. compared to the previous report). Airports with **partially operational** status were reported for **19 per cent** or 186 airports, which represents a decrease of 1 p.p. compared to the previous report. For **53 per cent** (504) of the assessed airports, the operational status was reported to be **fully operational (an increase of 1 p.p.** compared to the previous report). Information was not available for the remaining 11 per cent (104) of assessed airports (for more details, see Table 3).

Of the total 164 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 (46 out of 54, 85% of the total, with no change compared to the previous update). Another IOM region following South America with high shares of fully closed airports was Southern Africa with 37 out of 82 or 45 per cent (no change on a fortnightly basis). On the opposite side, Central and North America and the Caribbean was now the region with the highest share of fully operational airports (108 out of 135, 80% of the total, an increase of 6 p.p. from the previous assessment). The European Economic Area followed, with 147 out of 193, 76% of the total (no change from the previous assessment).

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 53 and 43 per cent of the airports affected by measures, respectively (see Table 5). Compared to the previous report, this represents a decrease of 1 p.p. in each case. Other common restrictive measures imposed at assessed airports included medical requirements (e.g. medical screening, medical certificates or quarantine measures) which reportedly impacted 44 per cent of the assessed airports (a decrease of 1 p.p.), restrictions imposed on specific nationalities (in 23% of the assessed airports), changes in visa requirements (10%), a medical certificate confirming a negative COVID-19 test result (12%, i.e. a 1 p.p. increase on a fortnightly basis), changes in rules concerning identification and travel documents (6%) and other limitations (18%). In one per cent of the assessed airports, there were no restrictions recorded.

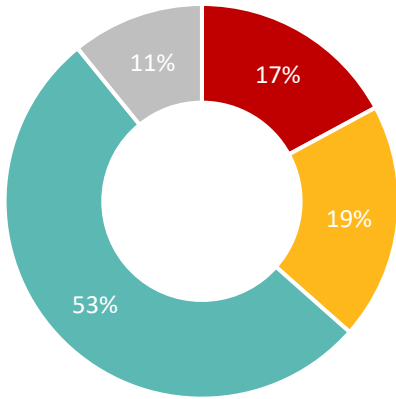
As of 20 August 2020, the most common expected duration of restrictive measures imposed at assessed airports was 14 days to one month (26% of the cases or 250 out of 958). In 53 per cent of cases (no change compared to two weeks ago) the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable), followed by one to three months (8%), less than 14 days (7%) 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 **71 per cent** and **59 per cent** of assessed airports, respectively. Other population categories reported to be affected by restrictive measures at assessed airports included **returnees** (at **25%** of airports), **irregular migrants** (**25%**), **migrant workers** (**26%**), **refugees** (**18%**) and finally **IDPs** (**9%**).

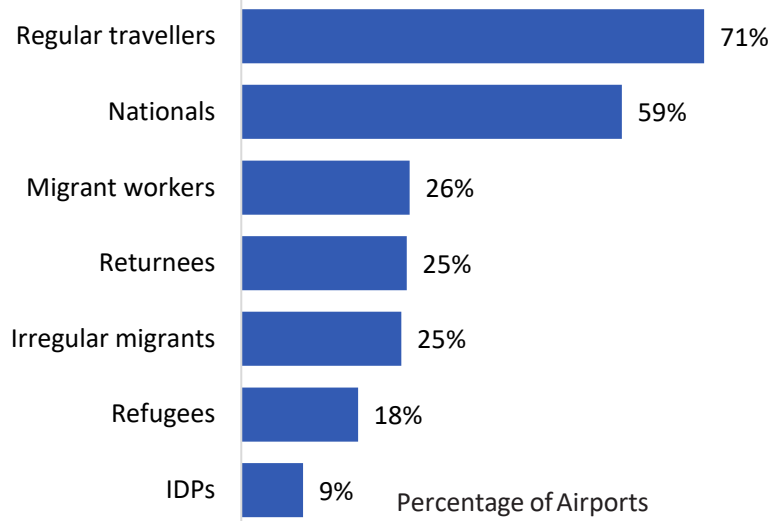
4. Overview of Airports

Operational status of assessed airports

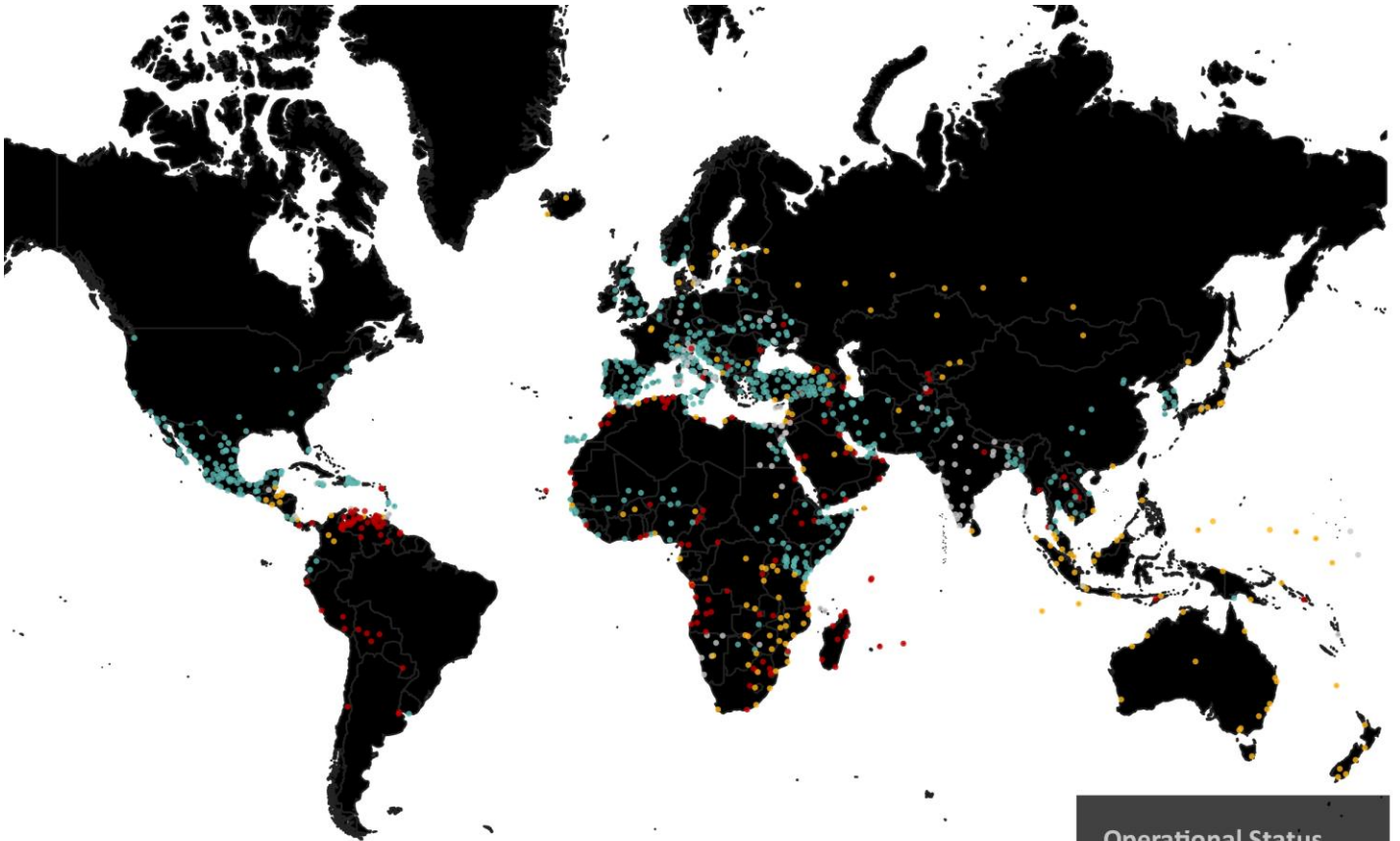
- Fully closed
- Partially operational
- Fully operational
- Unknown



Percentage of assessed airports with affected population



Global map of assessed airports and their operational status



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

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)

597

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

30%

of the assessed
blue border crossing points
are **fully operational** (+2 p.p.
compared to the last report)

14 days to one month

Most common
duration of restrictions imposed(
19%, i.e. a decrease of 1 p.p.).

IOM assessed a total of **597 blue border crossing points in 95 countries, territories and areas**. The operational status of the assessed blue border crossing points varied slightly, with **21 per cent** (or 126 locations) which were reported to be **fully closed**. The portion of **partially operational blue border crossing points** was reported at 45 per cent (266 ports), a decrease of 1 p.p. compared to two weeks ago. Finally, **30 per cent** (180 locations) were reported as **fully operational**, an increase of 2 p.p. on a fortnightly basis. Information was not available for 4 per cent (25 locations) (for more details, see Table 3).

Southern Africa remained 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), closely followed by Central and North America and the Caribbean (22 out of 34, 65%: no change 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 120 fully operational locations out of the 137 assessed blue border crossing points in the region (88% of the total, i.e. an 8 p.p. decrease compared to the previous report). Only Central and West Africa had a share of fully operational blue border crossing points above 25 per cent, with 13 of 44 fully operational or 30%.

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 59% and 52% of assessed blue border crossing points, respectively), followed by newly introduced medical requirements (45%, no change) such as medical screening, requirement for medical certificates or quarantine measures. Less common measures imposed at assessed ports included restrictions on specific nationalities (in 18% of the cases), changes in rules concerning identification and travel documents (6%), changes in visa requirements (4%), medical certificates confirming a negative COVID-19 test result (7%, no change) and other limitations or no reported restrictions (21% and 4%, respectively) (see Table 5).

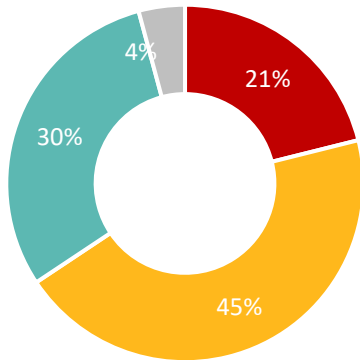
The trends in expected duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 52 per cent of the assessed blue border crossing points (313 out of 597 assessed blue border crossing points). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 19 per cent of the cases. In 14 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 4 per cent of assessed blue border crossing points. 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 72 per cent of ports, nationals (at 63% of ports), migrant workers (38%), irregular migrants (30%), refugees (30%), returnees (24%) and IDPs (16%)**.

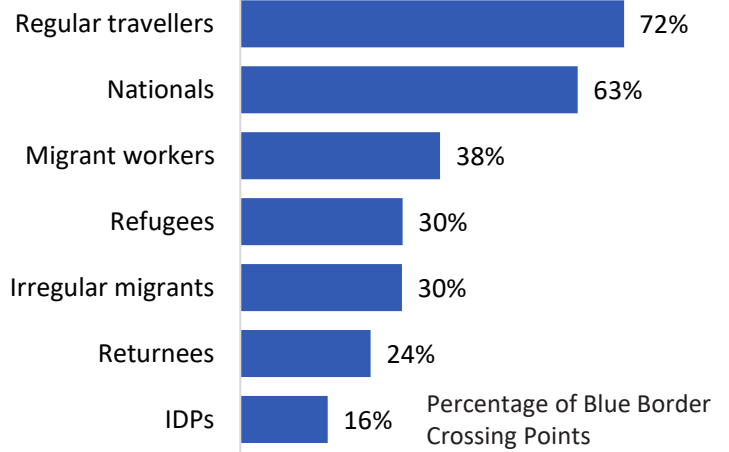
5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

Operational status of the assessed blue border crossing points

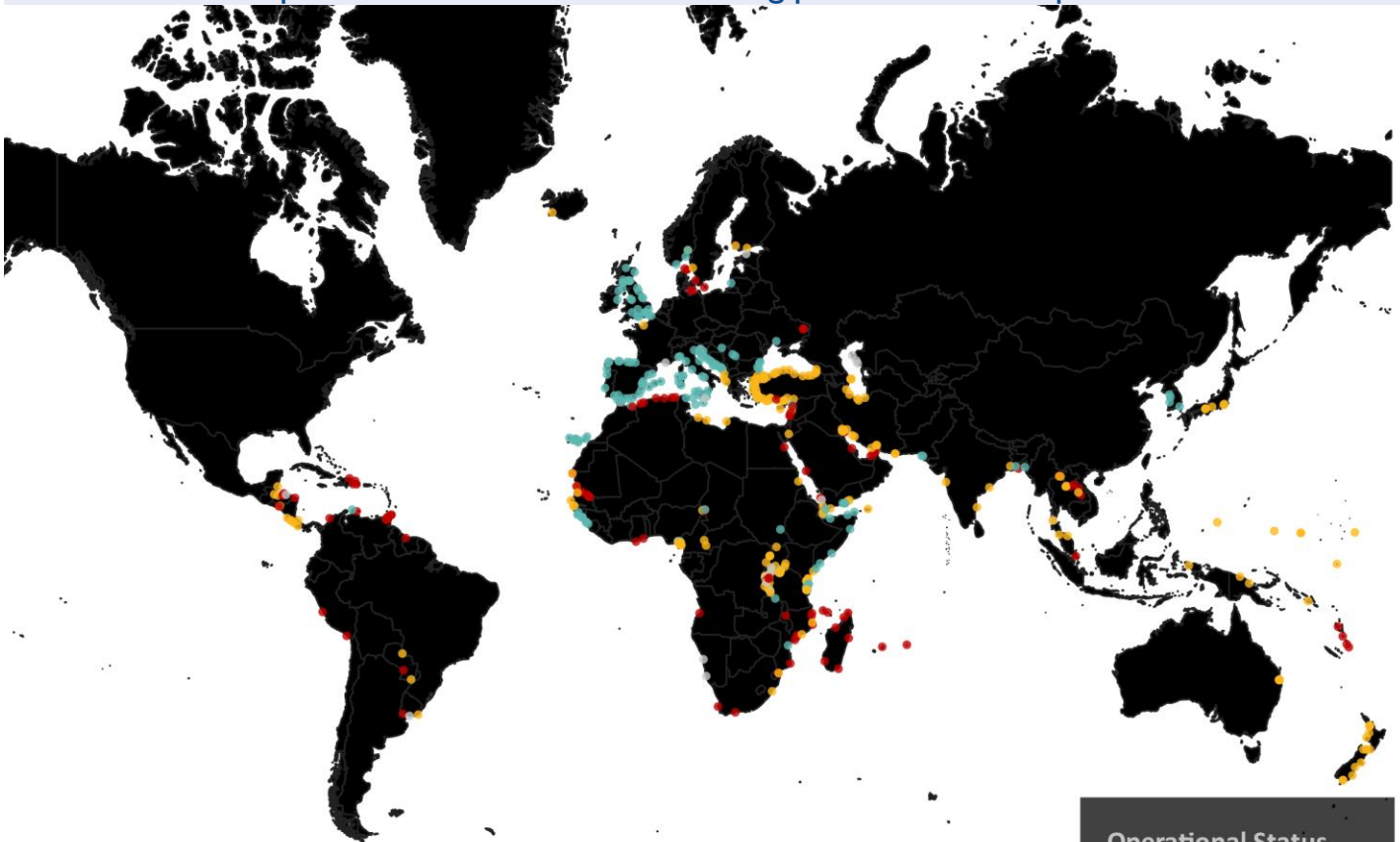
- Fully closed
- Fully operational
- Partially operational
- Unknown



Percentage of assessed blue border points with affected population



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



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

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.

6. Overview of Land Border Crossing Points

2,306

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

27%

of assessed locations are fully closed
(-7 p.p. compared to the previous
report)

**14 days to one
month**

Most common (27%) duration of
restrictions imposed, but duration
is unknown in 45% of the cases

Among the **2,306 assessed land border crossing points** in 128 countries, territories or areas, the majority is either **fully closed** or **partially operational** (27% and 39% of the total, respectively), while **28 per cent** of the assessed locations were **fully operational** without any restriction. Compared to the previous report, it is noticeable a decrease of 7 p.p. in fully closed land border crossing points with a corresponding increase of 5 p.p. and 2 p.p. in partially and fully operational locations, respectively (for more details, see Table 3).

Southern Africa is the IOM region reporting the highest share of fully closed land border crossing points: 93 out of 204 assessed locations were completely closed, corresponding to 46 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 South America (24 out of 54, 44% of the total: no relative change on a fortnightly basis), Asia and the Pacific (95 out of 222: 43% of the total, i.e. a 5 p.p. decrease on a fortnightly basis) and the Middle East and North Africa (52 out of 120: 43%, i.e. a 1 p.p. decrease compared to the previous report). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 361 out of the 478 assessed land border crossing points that are currently open (76% of the total, no relative change compared to the previous report), followed by South-Eastern Europe, Eastern Europe and Central Asia (180 out of 424, 42% of the total: i.e. a 2 p.p. increase compared to the previous report), while the share of fully operational land border crossing points is below 15 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 67 and 63 per cent of assessed land border crossing points, respectively. Other restrictions that were imposed in the assessed land border crossing points were medical measures, such as quarantine or medical screening (in 30% of the cases, i.e. a 1 p.p. increase compared to two weeks ago), changes in visa requirements (10%, i.e. no relative change), restrictions imposed on specific nationalities (8%, i.e. a 1 p.p. fortnightly increase), changes in rules concerning identification and travel documents (5%, i.e. no relative change compared to two weeks ago) and the requirement of a medical certificate stating that the person had a negative COVID-19 test (4%, i.e. no relative change compared to the previous report).

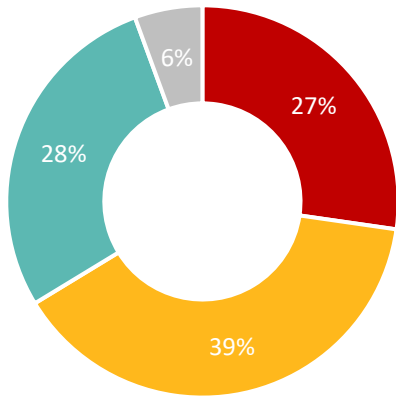
As of 28 August 2020, the most common duration of restrictions was 14 days to one month (27% of the cases, i.e. a 1 p.p. decrease compared to two weeks ago), while 18 per cent of them will be in place for a duration between one and three months, corresponding to a 1 p.p. increase on a fortnightly basis. Only 3 per cent of the restrictive measures will be in place for less than 14 days or more than three months. However, for 1,036 out of the 2,306 assessed land border crossing points (45% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. 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 **64 per cent** of the assessed land border crossing points, followed by **nationals (53%)**, **irregular migrants (39%)**, **returnees (33%)**, **migrant workers (22%)**, **refugees (15%)** and **IDPs (14%)**.

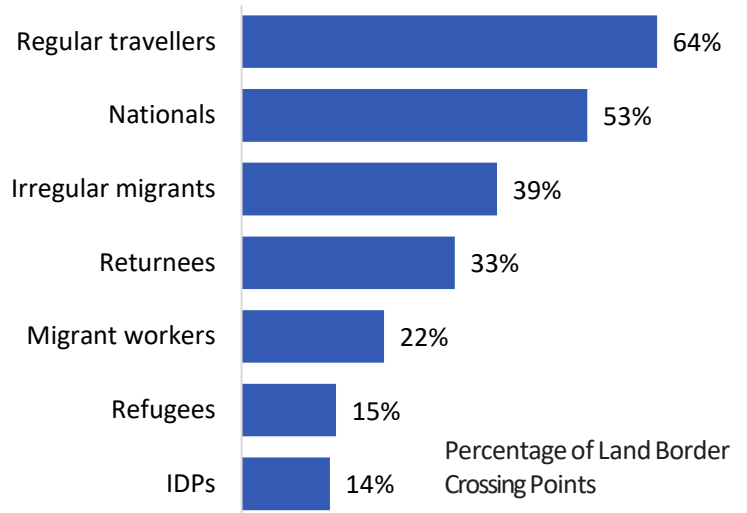
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

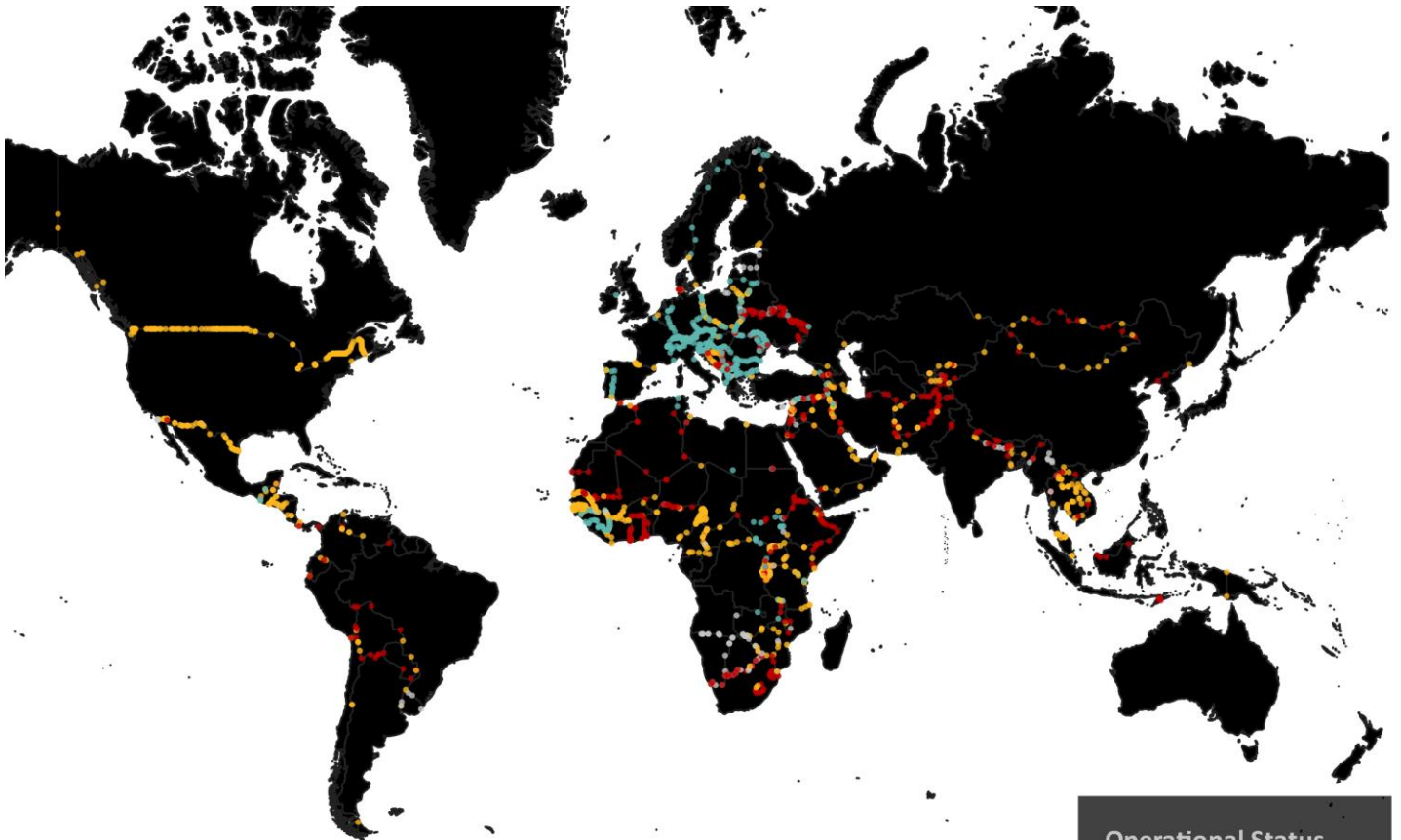
- Fully closed
- Fully operational
- Partially operational
- Unknown



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.

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

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.

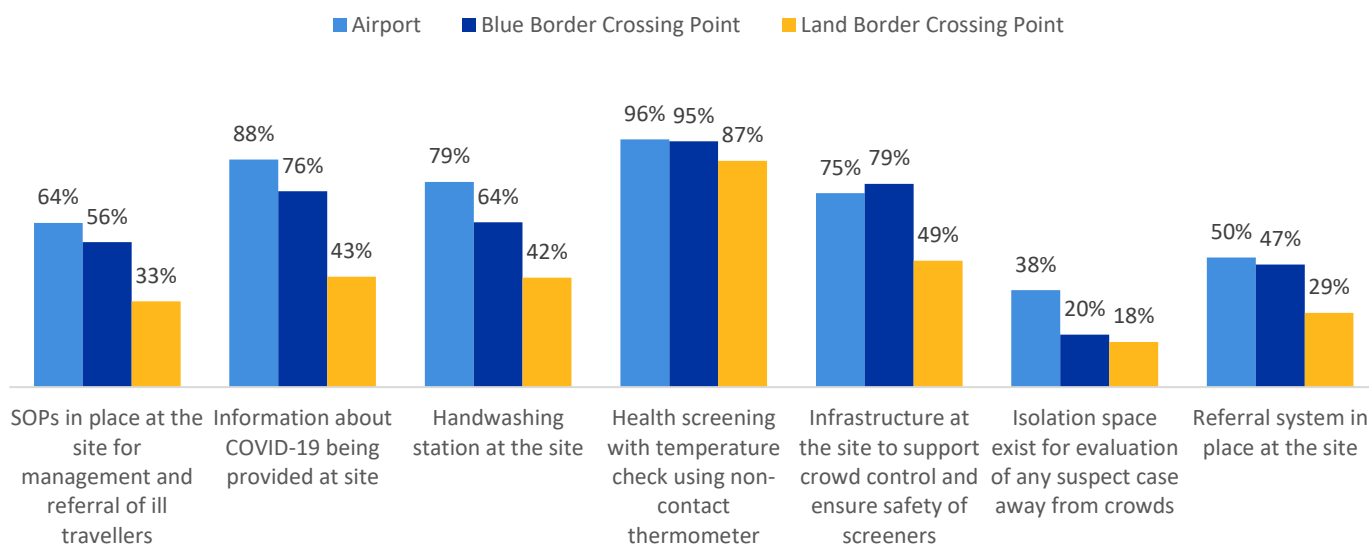
Data collection of the public health measures is ongoing. Given the complex and evolving situation at the PoEs, response rates vary by type of PoE and for each public health measure reported. The descriptive findings reported here include responses collected as of 23 July 2020. The response rate across all PoE assessed for each measure reported range from 19 per cent to 63 per cent. On average, the response rate is 47 per cent for 936 assessed airports, 49 per cent for 597 assessed blue border crossing points, and 42 per cent for 2,302 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 (958)		Blue border crossing points (597)		Land border crossing points (2306)	
	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	483	50%	371	62%	1139	49%
Risk communication						
Information about COVID-19 being provided at site	484	51%	375	63%	1129	49%
Infection prevention and control						
Handwashing station at the site	436	46%	326	55%	1128	49%
Surveillance						
Health screening with temperature check using non-contact thermometer	213	22%	141	24%	446	19%
Infrastructure at the site to support crowd control and ensure safety of screeners	212	22%	140	23%	438	19%
Isolation space exists for evaluation of any suspect case away from crowds	432	45%	325	54%	1124	49%
Referral system						
Referral system in place at the site	431	45%	325	54%	1120	49%

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 travellers through leaflets, posters or announcements in 88 per cent of the assessed 484 airports, 76 per cent of the assessed 375 blue border crossing points and in 43 per cent of the 1,129 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 436 airports, 64 per cent of 326 blue border crossing points, and 42 per cent of 1,128 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 213 assessed airports; 95 per cent of 141 blue border crossing points, and 87 per cent of the 446 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 75 per cent of 212 airports, 79 per cent of 140 blue border crossing points, and 49 per cent of the 438 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.

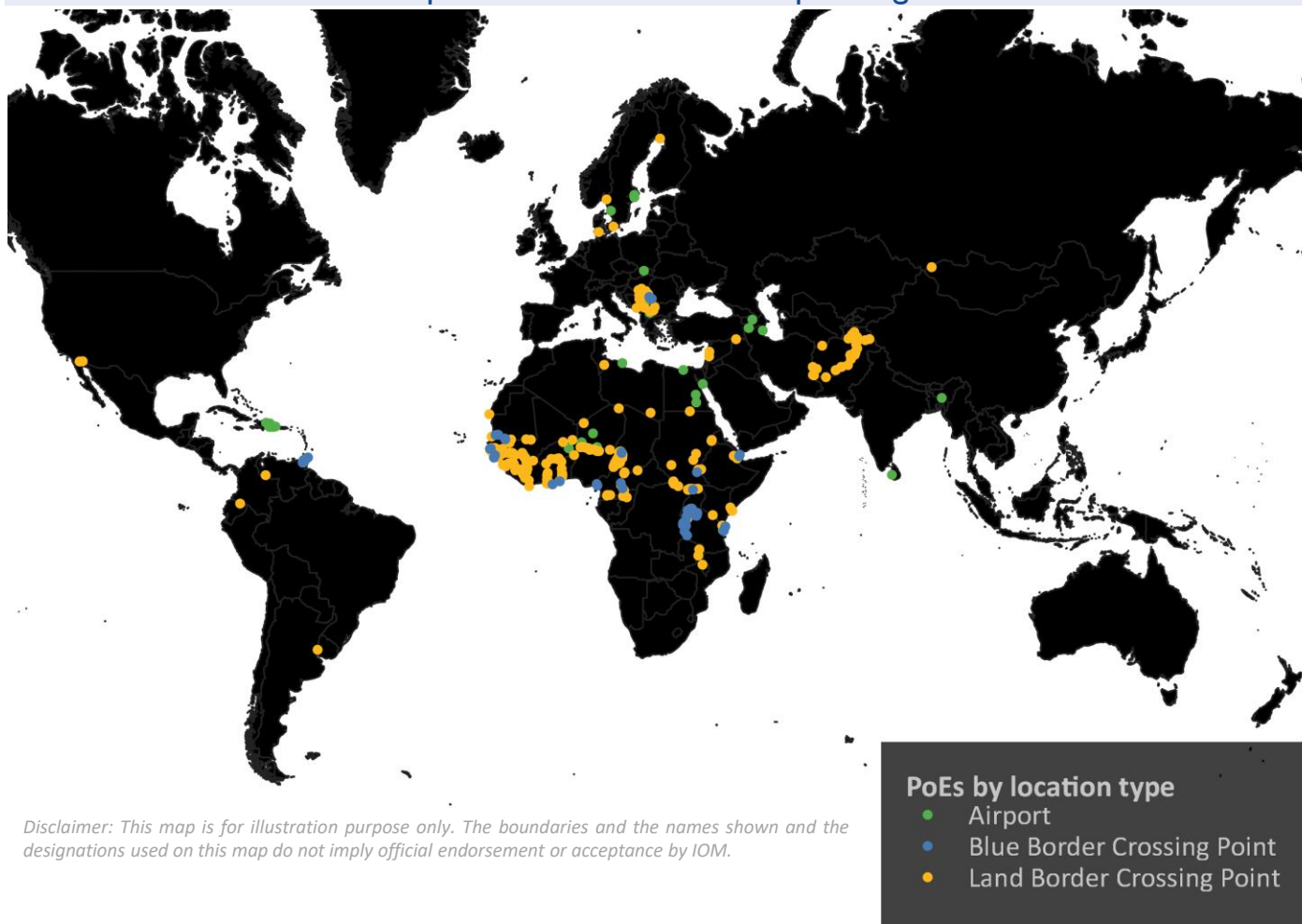
The availability of an isolation space for evaluating suspected COVID-19 cases at the PoE, prior to their appropriate referral, was reported in 38 per cent of the 432 assessed airports, 20 per cent of 325 blue border crossing points, and in 18 per cent of the 1,124 land border crossing points. Although 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 431 identified airports, 47 per cent of the 325 identified blue border crossing points and in 29 per cent of the 1,120 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 64 per cent of 483 assessed airports, 56 per cent of 371 assessed blue border crossing points, and in 33 per cent of the 1,139 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.

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	547	100%	190	35%	222	41%	135	25%	37
Central and North America and the Caribbean	427	100%	135	32%	258	60%	34	8%	18
Central and West Africa	446	100%	43	10%	359	80%	44	10%	20
East and Horn of Africa	324	100%	60	19%	187	58%	77	24%	9
European Economic Area	808	100%	193	24%	478	59%	137	17%	28
Middle East and North Africa	244	100%	77	32%	120	49%	47	19%	17
South America	117	100%	54	46%	54	46%	9	8%	10
South-Eastern Europe, Eastern Europe and Central Asia	627	100%	124	20%	424	68%	79	13%	19
Southern Africa	321	100%	82	26%	204	64%	35	11%	15
Total	3861	100%	958	25%	2306	60%	597	15%	173

Table I.I: Monthly changes in operational status of all assessed PoEs

Total PoEs Assessed between April and August	4,252				
Previous status	Current status	April to May	May to June	June to July	July to August*
Fully closed	Fully closed	251	218	15	10
Fully closed	Fully operational	63	10	32	5
Fully closed	Partially operational	53	11	6	4
Fully closed	Removed	4	1	0	0
Fully operational	Fully closed	6	1	0	0
Fully operational	Fully operational	75	87	89	42
Fully operational	Partially operational	47	4	0	2
Fully operational	Unknown	13	0	0	0
Assessed in following months	Fully closed	105	1	39	0
Assessed in following months	Fully operational	6	2	101	18
Assessed in following months	Assessed in following months	430	385	50	0
Assessed in following months	Partially operational	111	33	149	28
Assessed in following months	Unknown	97	7	44	4
Partially operational	Fully closed	29	9	1	1
Partially operational	Fully operational	58	29	99	13
Partially operational	Partially operational	298	138	57	157
Partially operational	Removed	0	1	0	21
Removed	Removed	0	4	6	10
Total PoEs with known status		1646	941	688	315
Total PoEs with unknown status during the period		2267	2972	3225	3598

Annex: Tables

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

Location Type	Airport	Blue Border Crossing Point	Land Border Point	Total
March	85	68	262	415
March (%)	9%	11%	11%	11%
April	97	128	230	455
April (%)	10%	21%	10%	12%
May	169	168	304	641
May (%)	18%	28%	13%	17%
June	137	57	608	802
June (%)	14%	10%	26%	21%
July	317	94	132	543
July (%)	33%	16%	6%	14%
August	153	82	770	1005
August (%)	16%	14%	33%	26%
Total	958	597	2306	3861
Total (%)	100%	100%	100%	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	121	22%	290	53%	84	15%	52	10%	547	100%
Central and North America and the Caribbean	33	8%	260	61%	118	28%	16	4%	427	100%
Central and West Africa	113	25%	229	51%	86	19%	18	4%	446	100%
East and Horn of Africa	84	26%	137	42%	88	27%	15	5%	324	100%
European Economic Area	30	4%	102	13%	628	78%	48	6%	808	100%
Middle East and North Africa	103	42%	73	30%	45	18%	23	9%	244	100%
South America	75	64%	31	26%	3	3%	8	7%	117	100%
South-Eastern Europe, Eastern Europe and Central Asia	207	33%	139	22%	267	43%	14	2%	627	100%
Southern Africa	153	48%	91	28%	13	4%	64	20%	321	100%
Total	919	24%	1352	35%	1332	34%	258	7%	3861	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	164	27%	186	39%	504	28%	104	6%	958	100%
Blue border crossing point	126	21%	266	45%	180	30%	25	4%	597	100%
Land border crossing point	629	17%	900	19%	648	53%	129	11%	2306	100%
Total	919	24%	1352	35%	1332	34%	258	7%	3861	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	561	59%	682	71%	236	25%	244	25%	91	9%	172	18%	248	26%	958
Blue border crossing point	378	63%	430	72%	181	30%	146	24%	98	16%	182	30%	224	38%	597
Land border crossing point	1226	53%	1473	64%	906	39%	756	33%	313	14%	335	15%	505	22%	2306
Total	2165	56%	2585	67%	1323	34%	1146	30%	502	13%	689	18%	977	25%	3861

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)	505	53%	350	59%	1460	63%	2315
Mobility restriction (from)	411	43%	308	52%	1553	67%	2272
Visa change	97	10%	26	4%	222	10%	345
Restricted nationality	221	23%	105	18%	176	8%	502
Document change	57	6%	33	6%	109	5%	199
Medical requirements	424	44%	269	45%	683	30%	1376
Medical certificate confirming a negative COVID-19 test result	112	12%	39	7%	100	4%	251
Other limitations	169	18%	123	21%	287	12%	579
None	9	1%	26	4%	122	5%	157
No. of locations assessed	958		597		2306		3861

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	346	11	79	522	958	436	46%
Health screening with temperature check using non-contact thermometer	204	1	8	745	958	213	22%
Information about COVID-19 being provided at site	426	5	53	474	958	484	51%
Infrastructure at the site to support crowd control and ensure safety of screeners	159	12	41	746	958	212	22%
Isolation space exists for evaluation of any suspect case away from crowds	162	58	212	526	958	432	45%
Referral system in place at the site	216	34	181	527	958	431	45%
SOPs in place at the site for management and referral of ill travelers	307	39	137	475	958	483	50%

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	208	26	92	271	597	326	55%
Health screening with temperature check using non-contact thermometer	134	4	3	456	597	141	24%
Information about COVID-19 being provided at site	284	42	49	222	597	375	63%
Infrastructure at the site to support crowd control and ensure safety of screeners	110	14	16	457	597	140	23%
Isolation space exists for evaluation of any suspect case away from crowds	66	59	200	272	597	325	54%
Referral system in place at the site	154	54	117	272	597	325	54%
SOPs in place at the site for management and referral of ill travelers	208	62	101	226	597	371	62%

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	478	216	434	1178	2306	1128	49%
Health screening with temperature check using non-contact thermometer	390	41	15	1860	2306	446	19%
Information about COVID-19 being provided at site	483	208	438	1177	2306	1129	49%
Infrastructure at the site to support crowd control and ensure safety of screeners	214	101	123	1868	2306	438	19%
Isolation space exists for evaluation of any suspect case away from crowds	197	361	566	1182	2306	1124	49%
Referral system in place at the site	322	269	529	1186	2306	1120	49%
SOPs in place at the site for management and referral of ill travelers	378	284	477	1167	2306	1139	49%