

IOM COVID-19 POINTS OF ENTRY ANALYSIS

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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 dtmcovid19@iom.int.

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COVER PHOTO:

Rome central train station, Italy.

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Methodology & Definitions

The Points of Entry 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. This report is a regional product that covers countries under the IOM's Regional Office Brussels. The Regional Office Brussels acts as IOM's liaison and coordination office to the European Union and NATO and covers the European Economic Area region (referred to as the EEA region). The EEA region includes following countries, territories and areas: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, German, Greece, Iceland, Ireland, Italy, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Switzerland and the United Kingdom of Great Britain and Northern Ireland.

The report is based on information provided by IOM field staff, using resources available at the IOM country office level and is accurate to the best of IOM's knowledge at the time of compilation. All information is being constantly validated, including the geolocation and attributes, and through regular assessments and triangulation of information. The updates depend on the time frame within which the information becomes available and is processed by IOM. For this reason, the analysis is always dated and timestamped in order to reflect the reality at a given time. However, as the situation continuously evolves and changes, despite IOM's best efforts, the analysis may not always accurately reflect the multiple and simultaneous restrictive measures being imposed at a specific location.

This report provides an overview and analysis of the data from a regional perspective and is in line with the Global Covid-19 Points of Entry report issued with 30th April 2020 data. For more detailed country-specific information and dataset used for the analysis please visit: https://migration.iom.int/.

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 about the following locations:

- 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)
- Internal Transit Points (internal transit point inside a given country, territory or area)
- Areas of interest (region, town, city or sub-administrative unit in a given country, territory or area)
- Sites with a population of interest (stranded, repatriated and returning migrants, IDPs, nationals, asylum seekers and regular travellers)

The following operational status is captured for each assessed location:

- Fully operational:
 - Open for entry and exit: all travellers can use the PoE or internal transit point.
- Partially operational:
 - Open for commercial traffic only: only transport of goods is permitted, travellers are not allowed to cross;
 - Closed for entry: travellers cannot use this location to enter the country, territory or area;
 - Closed for exit: travellers cannot use this location to leave the country, territory or area;
 - Open for returning nationals and residents only: the location 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 or internal transit point.
- Clo
 - Other
 - Unknown



Methodology & Definitions

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

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

Additionally, more information is collected on areas of interest, specifically concerning whether:

- Public events were cancelled or postponed
- Schools were closed
- Restricted operating hours for public establishments (café, restaurant, etc.) were adopted
- Alternative working arrangements (working remotely, etc.) were implemented
- Movement outside home was restricted
- Lockdown/quarantine measures were enforced by police or military

Affected Populations:

COVID-19 mobility restrictions affect different population categories. For example, for the purpose of this report, stranded migrants are individuals unable to return as a result of mobility restrictions related to COVID-19. This could include economic migrants, students, temporary visa or work permit holders. It could also include other populations such as tourists who may be stranded owning to COVID-19-related travel restrictions. These populations may be seeking repatriation or assistance while remaining abroad.

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

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

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 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 travellers suspected of having COVID-19, such as 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.

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
- PPE: Personal Protective Equipment
- 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.



I. Scope and Coverage: Numbers at a glance

29Assessed C/T/As

2

Assessed Internal Transit Points²

787

Assessed Points of Entry

188

Assessed Areas and Sites

The current outbreak of COVID-19 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. This report looks at data for countries in the European Economic Area (EEA) region. It 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 as well as from trusted media sources. In addition, it looks at the availability of public health measures at the assessed locations, including tools/measures in the event of a COVID-19 case on site. Maintaining and enhancing these capacities across various levels (e.g. local, national, regional) can facilitate the detection, assessment, and notification or reporting of events that can together contribute to prompt and effective responses to public health emergencies such as COVID-19.

IOM has assessed 4,930 total locations (including PoEs, internal transit points, areas of interest and sites with population of interest) in 176 countries, territories and areas as of 26 June 2020. At the same time, in the EEA region, 977 locations in 29 countries, territories and areas (C/T/As) were assessed. It is noteworthy to mention that an additional location was assessed since the last round of reporting (28 May 2020), particularly a land border crossing point. Among all the assessed locations, 49 per cent were land border crossing points, 16 per cent airports and 21 per cent were blue border crossing points (sea, river and lake ports), while 11 per cent were sites with population of interest and 8 per cent areas of interest. Finally, only 2 locations assessed were internal transit points between cities and regions, hence constituting a remarkably small proportion of total assessed locations. For this reason, the focus area of this report is only on the PoEs, areas of interest and sites of population of interest. More details can be found in the Annex, Table 1.1.

Of all assessed locations in the EEA region, 9 per cent were reported as fully closed, 27 per cent were reported to be partially operational, and 60 per cent of assessed locations were fully operational. This is an increase of 33 per cent since the previous month (last round of reporting, 28 May 2020). At the same time, the status of 4 per cent of all the assessed locations was reported as other (see Table 2.1).

^{2.} While Points of Entry mostly refer to international border crossing points, the inclusion of internal transit points in this analysis is to provide a comprehensive overview of internal restrictive measures on affected populations. This is not to suggest a conflation of internal transit points with international border crossing points.



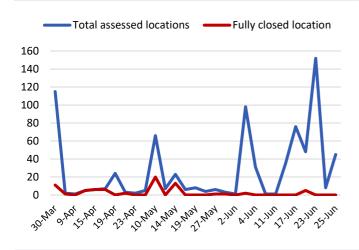
I. Scope and Coverage: Numbers at a glance

Points of Entry and internal transit points³

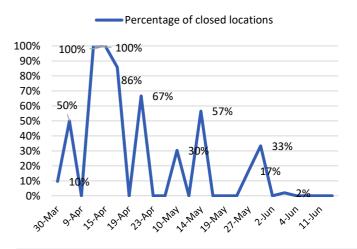
Table I: Number of assessed locations by type in the EEA Region

	Airport	Internal Transit Point	Land Border Crossing Point	Blue Border Crossing Point	Area of Interest	Site with Population of Interest
Number of assessed locations by type	158	2	475	154	79	109
% of total assessed locations	16%	0%	49%	16%	8%	11%

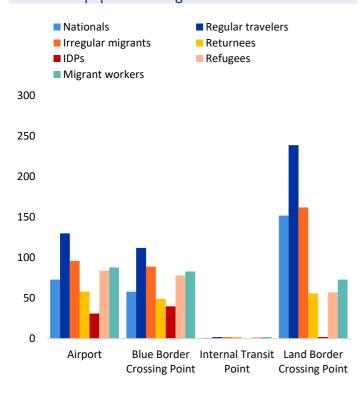
Total number of assessed and closed locations



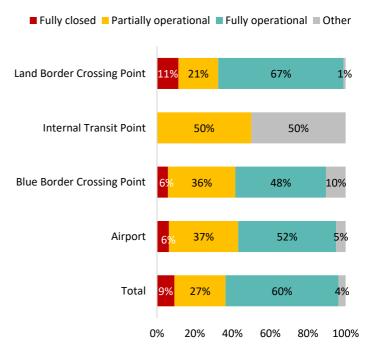
Percentage of assessed locations that are closed



Affected population categories at assessed locations



Operational status of assessed locations

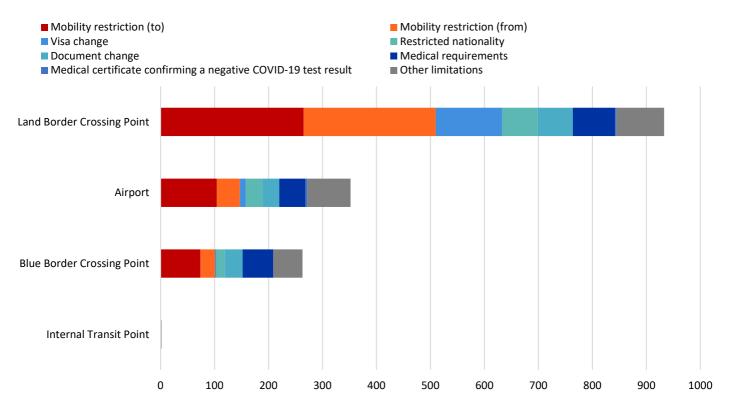


^{3.} The graphs represented in the following sections, 'Scope and Coverage: Numbers at a glance', and 'Situational Overview: EEA Region' refer to assessed locations, which includes Points of Entry and internal transit points only. Areas of interest and sites with population of interest will be presented in the section 'Overview of Areas and Sites of Interest' (see page 17-18).



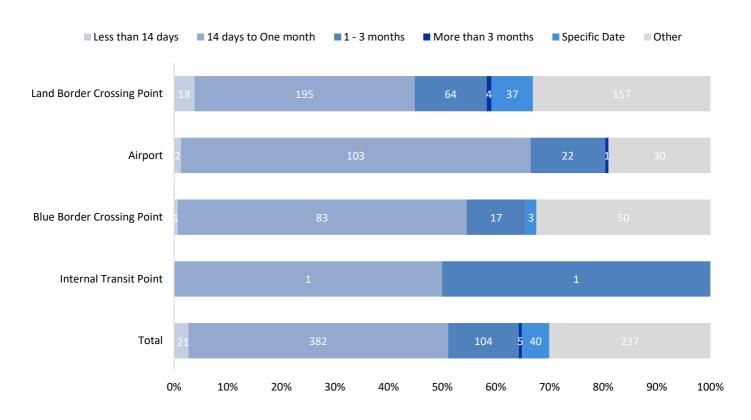
2. Situational Overview: EEA Region

Number and type of restrictive measures imposed at assessed locations in the EEA region⁴



^{4. &#}x27;Visa change' within the scope of this report refers to changes in visa requirements, exemplified by removal of fines for visa overstays or expired residency or work permits, or situations where governments allow foreigners to change one type of visa to another, in order to allow them to stay in the country during COVID-19 outbreak, while 'document change' refers to changes in identification documents required to disembark to a location

Duration of restrictive measures imposed at assessed locations in the EEA region





3. Overview of Airports

158
Assessed airports

in 26 C/T/As

6%

of the assessed airports are closed

14 days to one month

most common duration of restrictions (65% of the cases)

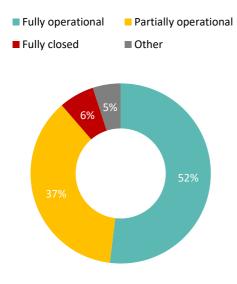
In total, 158 airports were assessed in 26 countries, territories and areas. The operating status of the assessed airports varied but most airports were either fully operational (52% or 82 airports), or partially operational (37% or 58 airports). Moreover, 6 per cent of the assessed airports remained closed (10 airports), while 8 (5%) of the assessed airports were reported as other (for more details, see Table 2 and 2.1).

The most common mobility restrictions or restrictive measures imposed at assessed airports were landing in and departing from the assessed airport with 66 and 27 per cent of the assessed airports by these measures, respectively (see Table 4.1). Other common restrictive measures imposed at airports were medical requirements, such as medical screening, medical certificates or quarantine measures (adopted in 30% of the assessed locations), restrictions imposed on specific nationalities (in 20% of the assessed airports), changes in visa requirements (7%), a medical certificate confirming a negative COVID-19 test result (3%). It is noticeable that other limitations were imposed in 51 per cent of the assessed airports.

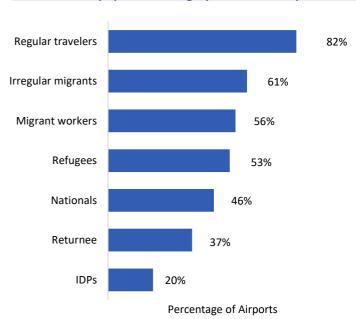
As of 26 of June 2020, the most common duration of imposed restrictions at assessed airports was 14 days to one month (65% of the cases), while 14 per cent of them were expected to remain in place for a duration between one to three months. Only 2 of the assessed airports were going to apply restrictive measures for less than 14 days (1%), while only one airport was expected to impose restrictive measures for more than three months (1%). In 19 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported as other (i.e. other restriction measures or information unavailable).

The restrictive measures imposed at assessed airports had an impact on mobile populations (see Table 3 and 3.1), largely affecting regular travellers (in 82% of assessed locations), irregular migrants (61%), migrant workers (56%), refugees (53%), nationals (46%), returnees (37%) and also IDPs (20%).

Operational status of the assessed airports



Affected population category at assessed airports





3. Overview of Airports

Public Health Section

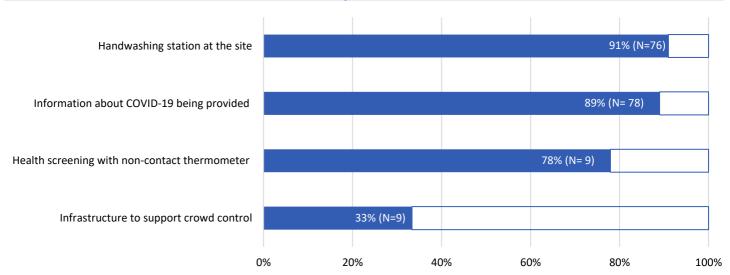
The following public health measures were reported in specified airports through IOM's missions participating in this exercise within the EEA region (for further information, see Table 6).

Regarding risk communication and community engagement, which refer to information provision to travellers concerning COVID-19 on site through leaflets, posters or announcements, 89 per cent of the assessed airports (69 out of 78 identified airports) reported that information was provided on site accordingly. In 91 per cent of the assessed airports (69 out of 76 identified airports) handwashing stations were reportedly available as an infection prevention and control measure.

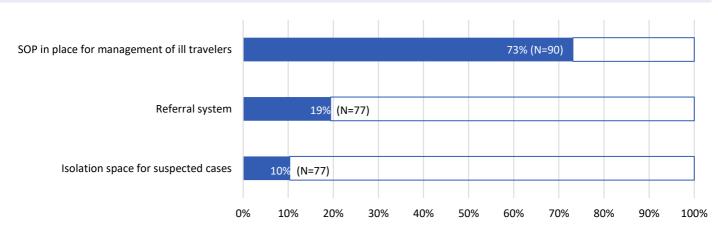
Health screening through non-contact thermometers was reported to be in place in a limited number of the assessed airport where this information was available (7 identified airports). Moreover, only 33 per cent of all assessed airports (3 out of 9) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

For the detection, management and referral of ill travellers, standard operating procedures (SOPs) were reported to be in place in 73 per cent of identified airports (66 out of 90 identified airports), while a referral system was reported to be in place in only 15 out 77 of the identified airports (19%) where this information was available. Finally, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was reported to be in place in 8 out of 77 specified airports (10% of the total).

Public health measures in place at the assessed locations⁵



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



5. Information on the implementation of each listed public health measures was available for a variable number of assessed locations. Hence, the number of total assessed locations (N) changed per each measure.



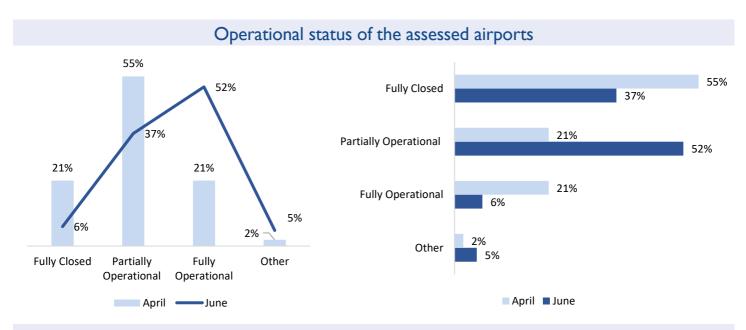
3. Overview of Airports

Changes in mobility restrictions over time (April – June 2020)

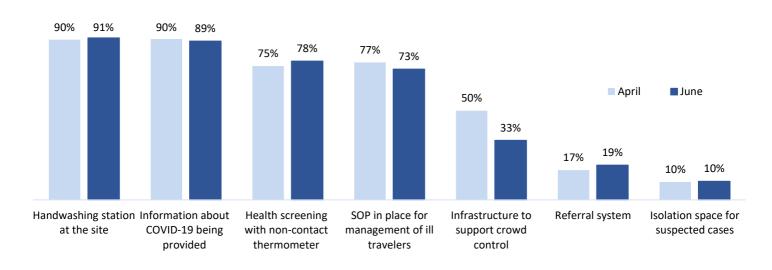
The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of airports and the restriction measures in place at the assessed locations.

The operational status of the assessed airports varied between April – June 2020. The percentage of airports classified as fully closed decreased from 21 per cent in April to 6 per cent at the end of June. Also, the number of airports that were fully operational increased significantly from 21 per cent (recorded in April), to 51 per cent by the end of June 2020. At the same time, partially operational airports decreased from 55 per cent to 37 per cent of the assessed locations between the end of April and the end of June.

The public health measures in place at the specified airports within the EEA region remained relatively stable during April – June 2020. Slight increases of public health measures and available measures/tools were recorded. The number of referral systems in place at the assessed sites increased by 2 per cent by the end of June (from 17% to 19%), while the number of standard operating procedures (SOPs) had decreased by 4 per cent (from 77% to 73%) in the same period. At the same time, health screening with temperature check using non-contact thermometer increased by 3 per cent from 75 per cent to 78 per cent (April – June 2020). Finally, a minor increase in handwashing stations (from 90% to 91%) at the assessed sites was reported, while risk communication and community engagement decreased by 1 per cent (from 90% to 89%) reportedly.



Public health measures in place at the assessed airports





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

154

Assessed
Blue Border Crossing Points
in 18 C/T/As

6%

of the assessed blue border crossing points are closed

14 days to one month

most common duration of restrictions (54% of the cases)

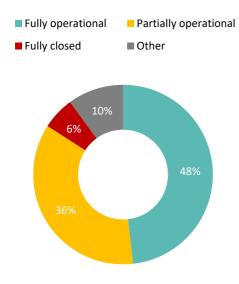
IOM assessed a total of 154 blue border crossing ports in 18 different countries, territories and areas. The operational status of the assessed ports varied: while 48 per cent of the blue border crossing points (74 locations) were fully operational, 36 per cent of blue border points (55 locations) were partially operational and 6 per cent (9 locations) fully closed. Finally, 16 (10%) of the assessed ports were reported as other (for more details, see Table 2 and 2.1).

The most common mobility restrictions or restrictive measures imposed at ports concerned disembarkation at and embarkation from a port (48% and 18%, respectively), followed by medical requirements (37%) such as medical screening, requirement of medical certificates or quarantine measures. Less common restrictive measures in place at blue border crossing points were restrictions imposed on specific nationalities (in 10% of the assessed locations) and changes in visa requirements (1%). None of the blue border crossing points assessed required specific medical certificate confirming a negative COVID-19 test result. Finally, in 35 per cent of the assessed ports other mobility limitations were in place.

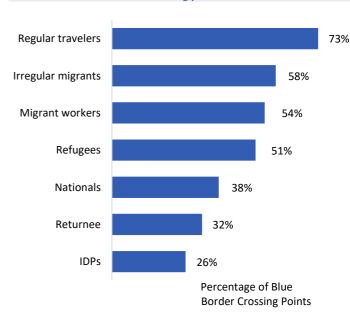
The share of restrictions expected to be in place for a period between 14 days and one month was recorded in 54 per cent of the cases, while 11 per cent of them were expected to remain in place for a duration between one to three months. Only in 1 of the assessed blue border crossing points restrictions were planned to be valid for less than 14 days. Also, in 32 per cent of the assessed ports (50 out of 154 assessed ports), the foreseen duration of the restrictive measures was reported as other (i.e. other restriction measures or information unavailable).

The restrictive measures imposed at the assessed ports had an impact on mobile populations (see Table 3 and 3.1), largely affecting regular travellers (in 73% of assessed locations), irregular migrants (58%), migrant workers (54%), refugees (51%), nationals (38%), returnees (32%), and finally IDPs (26%).

Operational status of the assessed blue border crossing points



Affected population category at assessed blue border crossing points





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

Public Health Section

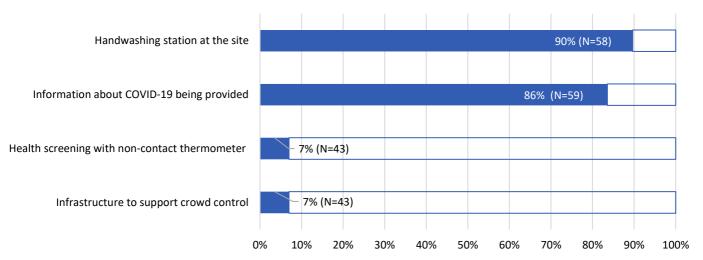
The following public health measures were reported in specified blue border crossing points through IOM's missions participating in this exercise within the EEA region (for further information, see Table 6.1).

Regarding risk communication and community engagement, in 86 per cent of the specified blue border crossing points (51 out of 59 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Furthermore, in 52 out of 58 blue border crossing points assessed (90% of the identified locations) handwashing stations were reportedly available as an infection prevention and control measure.

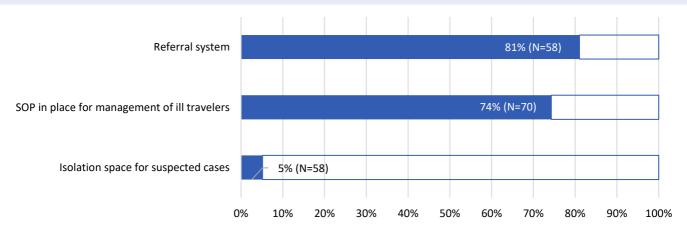
Health screening through non-contact thermometers was reported in 7 per cent of the assessed blue border crossing points (3 out of 43 assessed locations). Moreover, of the 43 identified locations where information was available, only 3 blue border crossing points (7%) had infrastructure in place to support crowd control and ensure safety of screeners.

For the detection, management and referral of ill travellers, SOPs were reported to be in place in 74 per cent of identified blue border crossing points (52 out of 70 identified locations), while a referral system was reported to be in place in 81 per cent of the specified locations (47 out of 58 identified blue border crossing points). Finally, only 3 out of the 58 specified blue border crossing points (or 5%) reported the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral.

Public health measures in place at the assessed locations⁶



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



6. Information on the implementation of each listed public health measures was available for a variable number of assessed locations. Hence, the number of total assessed locations (N) changed per each measure.



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

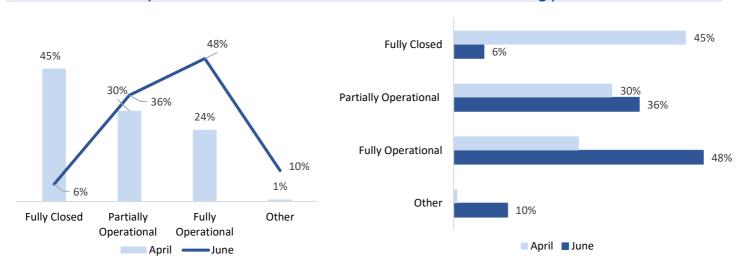
Changes in mobility restrictions over time (April – June 2020)

The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of blue border crossing points and the restriction measures in place at the assessed locations.

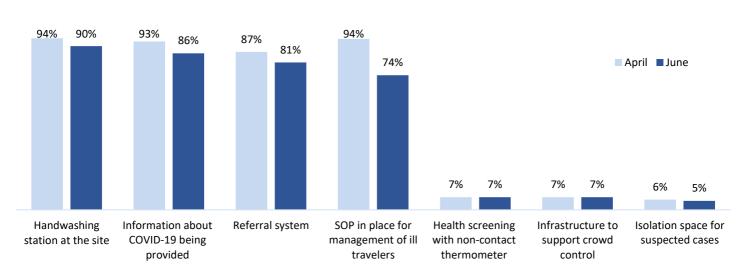
The operational status of the assessed blue border crossing points (ports) varied between April – June 2020. The percentage classified as fully closed changed remarkably (45% in April and 6% at the end of June). Also, the number of fully operational blue borders increased by 24 per cent by the end of June 2020 when comparing with April (from 24% to 48%). At the same time, the partial operationalization of the assessed ports decreased from 30 per cent to 36 per cent by the end of June since April.

The public health measures in place at the specified blue border crossing points within the EEA region remained relatively stable during April – June 2020. Slight increases and decreases of public health measures and available measures/tools were recorded. The number of SOPs in place at the assessed sites decreased the most by 20 per cent by the end of June (from 94% to 74%), while the number of referral systems decreased by 6 per cent (from 87% to 81%) in the same period. At the same time, percentage of reported health screening – with temperature check using non-contact thermometer and infrastructure to support crowd control being available on site – remained unchanged (7% in April and June respectively). Finally, the number of handwashing stations slightly decreased by 4 per cent (from 94% to 90%), while the availability of isolation spaces for suspected cases present on site at the assessed locations decreased from 6 to 5 per cent by the end of June since April.

Operational status of the assessed blue border crossing points



Public health measures in place at the assessed blue border crossing points





5. Overview of Land Border Crossing Points

475

Assessed
Land Border Crossing Points
in 24 C/T/As

11%

of assessed land border crossing points are completely closed

14 days to one month

most common duration of restrictions (41% of the cases)

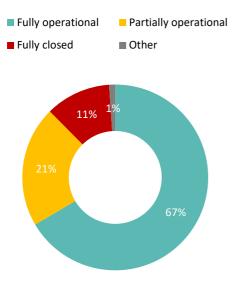
Among the 475 assessed land border crossing points monitored in 24 countries, territories or areas, most were fully operational or partially operational (67% and 21% of the total, respectively), while 11 per cent of the assessed locations were fully closed. Additionally, 5 (1%) of the assessed land border crossing points were reported as other (for more details, see Table 2 and 2.1).

In total, 54 out the 475 assessed locations were completely closed, corresponding to 11 per cent of the land border crossing points assessed in this region. Limitations on entry to and exit from a land border crossing point were the most frequent restrictive measures used to curb the spread of COVID-19 at land border crossing points: both restrictions were used in 56 and 52 per cent of assessed land border crossing points, respectively (see Table 4.1). Additional restrictions were imposed. These were medical measures, such as quarantine or medical screening (16 per cent of the cases), followed by changes in visa requirements (26%), restrictions on specific nationalities and document change (14% of the assessed land border crossing points, respectively), while only 3 of the assessed locations (1%) reported that medical certificate confirming a negative COVID-19 test result was required. Furthermore, in 19 per cent of the assessed locations other limitations were imposed.

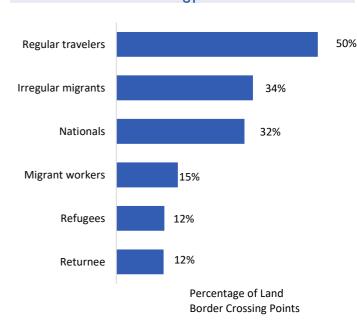
As of 26 of June 2020, the most common duration of restrictions at assessed land border crossing points was 14 days to one month (41% of the cases), followed by while 13 per cent of them will be in place for a duration between one to three months. Only 18 of the assessed blue border crossing points were going to apply restrictive measures for less than 14 days (4%), while only 4 land broder crossing points were expected to impose restrice measures for more than three months (1%). In 33 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported as other (i.e. other restriction measures or information unavailable).

The abovementioned measures had an impact on all categories of populations (see Table 3 and 3.1), with regular travellers being the mostly affected at 50 per cent of the assessed land border crossing points, followed by irregular migrants (34%), nationals (32%), migrant workers (15%), returnees and refugees (12%, respectively), and finally IDPs (only in 2 of the assessed locations).





Affected population category at assessed land border crossing points





5. Overview of Land Border Crossing Points

Public Health Section

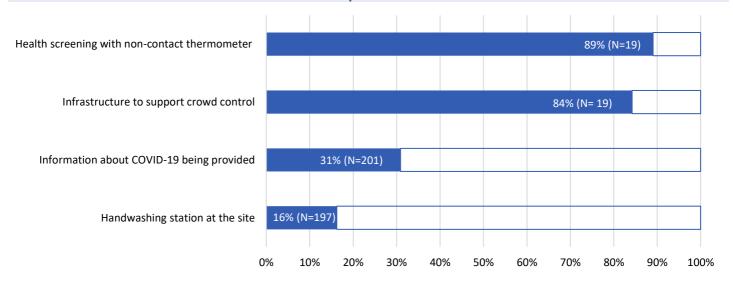
The following public health measures were reported in specified blue border crossing points through IOM's missions participating in this exercise within the EEA region (for further information, see Table 6.2).

Regarding risk communication and community engagement, in 31 per cent of the specified land border crossing points (62 out of 201 specified locations) information on COVID-19 was provided to travellers at the site through leaflets, posters or announcements. Furthermore, in 32 out of 197 land border crossing points (16% of the identified locations) handwashing stations were reportedly available as an infection prevention and control measure.

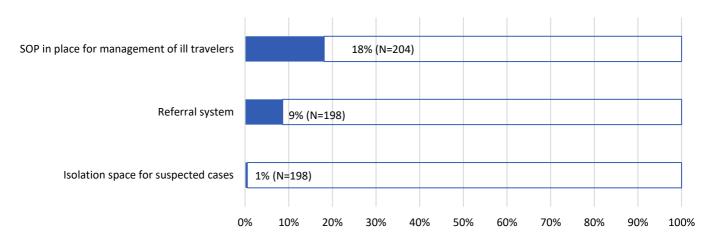
Health screening through non-contact thermometers was reported in 89 per cent of the assessed land border crossing points (17 out of 19 assessed locations). Moreover, of the 19 identified locations for which this information was available, a total of 16 land border crossing points (84%) had infrastructure in place to support crowd control and ensure safety of screeners.

For the detection, management and referral of ill travellers, SOPs were reported to be in place in only 18 per cent of the identified land border crossing points (37 out of 204 identified locations), while a referral system was reported to be in place in only 9 per cent of the specified locations (17 out of 198 identified land border crossing points). Finally, only 1 out of 198 identified locations of the specified land border crossing points reported availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral.

Public health measures in place at the assessed locations⁷



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



^{7.} Information on the implementation of each listed public health measures was available for a variable number of assessed locations. Hence, the number of total assessed locations (N) changed per each measure.



5. Overview of Land Border Crossing Points

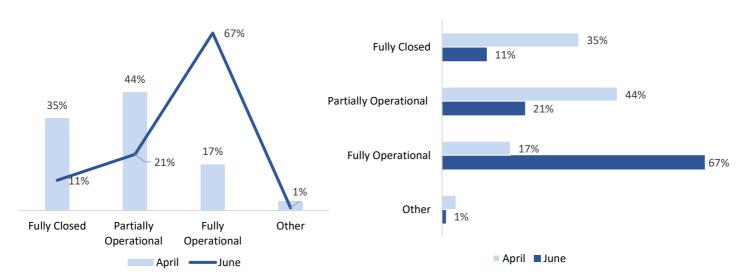
Changes in mobility restrictions over time (April – June 2020)

The effect of COVID-19 on global mobility is presently in flux. As of 26 of June 2020, while travel restrictions remain in place, there has been a slight decrease in the number of travel restrictions worldwide being reflected in the operational status of land border crossing points and the restriction measures in place at the assessed locations.

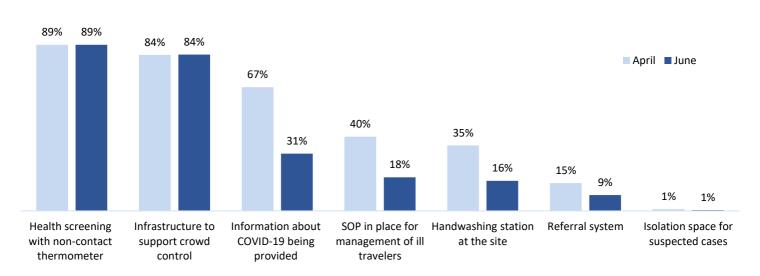
The operational status of the assessed land border crossing points varied between April – June 2020. While the percentage classified as fully closed decreased significantly by 24 per cent (35% in April and 11% by the end of June), the number of land border crossing points that were fully operational increased from 17 per cent in April, to 67 per cent by the end of June 2020. This is an increase of 50 per cent. At the same time, the partial operationalization of the land border crossing points decreased from 44 per cent (recorded in April), to 21 per cent in the same period.

The public health measures in place at the specified land border crossing points within the EEA region changed rather remarkably during April – June 2020. Slight decreases and increases of public health measures and available measures/tools were recorded. The number of SOPs decreased drastically by 22 per cent (from 40% to 18%) by June, while the number of referral systems decreased by 6 per cent (from 15% to 9%) in the same period. At the same time, the presence of health screening with temperature check using non-contact thermometer and isolation space for suspected COVID-19 cases remained unchanged. Finally, risk communication and community engagement activity and information provision decreased largely by 36 per cent (from 67% to 31%), while also the presence of handwashing stations on site decreased largely by 19 per cent (from 35% to 16%) at the assessed sites.

Operational status of the assessed land border crossing points



Public health measures in place at the assessed land border crossing points





6. Overview of Areas and Sites of Interest

6.1. Areas of Interest

79

Assessed areas in 15 C/T/As

21%

of the assessed areas have restrictions on public events

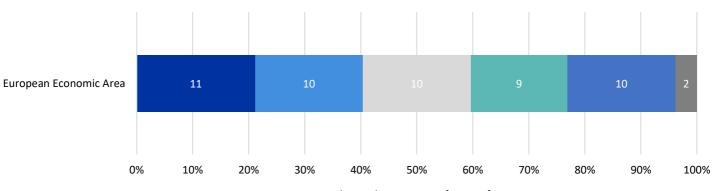
In total, 79 areas of interest were assessed in 15 countries, territories and areas. These were locations in different sub-administrative units, such as areas of outbreak of COVID-19 or areas under lockdown/quarantine. Assessed areas consisted of cities, towns and regions. Cancellation of public events, school closures, restricted operating hours for public establishments and alternative working arrangements can be listed as restrictive measures assessed in these areas.

The type of restrictive measures being imposed on the assessed areas in the EEA region varied. Although a total of 79 areas of interest was assessed, only 52 of the assessed areas responded to the question concerning type of restrictions imposed in the region. In 21 per cent of these specified areas (11 out of 52) public events were cancelled or postponed,. Additionally, in 19 per cent of the assessed locations schools closed, restricted operating hours imposed for public establishments (café, restaurant, etc.), and restricted mobility imposed (10 out of 52), respectively, while alternative working arrangements (working remotely) were imposed in 18 per cent of the assessed locations (9 out of 52). Only in 2 of the 52 assessed locations (4%), lockdown/quarantine measures were imposed by police or the military.

In the majority of the areas (51%, 40 out of 79 of the assessed areas), the expected duration of restrictions was 14 days to one month, followed by less than 14 days (4%, 3 out of 79). However, it is important to note that in 43 per cent of the assessed areas, the expected duration of restrictions was reported as unknown (i.e. information was unavailable).

Number and type of restrictions in areas of interest in EEA region

- Public events cancelled or postponed
- Schools closed
- Restricted operating hours for public establishments (café, restaurant, etc.)
- Alternative working arrangements (work remotely, etc.)
- Restricted movement
- Lockdown/ quarantine enforced by police or military



Number and percentage of areas of interest



6. Overview of Areas and Sites of Interest

6.2. Sites with Populations of Interest

Assessed sites in 16 C/T/As

94%

of the assessed sites have reported cases of stranded foreign nationals

In total, 109 sites were assessed in 16 countries, territories and areas. These sites were selected as they concern populations of interest such as stranded foreign nationals and IDPs. Airports, hotels, temporary reception centers, camps, transit centers and detention centers can be given as examples of assessed sites.

Affected population groups consisted of stranded, repatriated and returning migrants, IDPs, nationals, asylum seekers and regular travellers. In 94% per cent of the assessed sites with populations of interest, foreign nationals were stranded there (102 out of 109 assessed sites), where there were reported cases of foreign nationals returning to their country of origin in 5 per cent of the assessed sites (5 sites). Furthermore, only one of the sites reported that nationals had been affected by imposed restrictive measures (1%), while none of the assessed sites reported that IDPs were being affected by the restrictive measures.

Number of sites disaggregated by population categories in the EEA region





Table 1.1: Percentage of assessed locations by type in EEA region

Location type	Percentage
Airport	16%
Area of Interest	8%
Sites of Interest	11%
Blue Border Crossing Point	16%
Internal Transit Point	0%
Land Border Crossing Point	49%
Total	100%

Table 2: Number of assessed location by operational status and type in the EEA region

Location type	Fully Closed	Partially Operational	Fully Operational	Other	Total
Airport	10	58	82	8	158
Blue Border Crossing Point	9	55	74	16	154
Internal Transit Point	0	1	0	1	2
Land Border Crossing Point	54	100	316	5	475
Total	73	214	472	30	789

Table 2.1: Percentage of locations disaggregated by operational status and type in the EEA region

Location type	Fully Closed	Partially Operational	Fully Operational	Other	Total
Airport	6%	37%	52%	5%	100%
Blue Border Crossing Point	6%	36%	48%	10%	100%
Internal Transit Point	0%	50%	0%	50%	100%
Land Border Crossing Point	11%	21%	67%	1%	100%
Total	9%	27%	60%	4%	100%

Table 3: Number of assessed locations by affected population categories

Location type	Nationals	Regular travelers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	Other	No. of locations assessed
Airport	73	130	96	58	31	84	88	6	158
Blue Border Crossing Point	58	112	89	49	40	78	83	6	154
Internal Transit Point	1	2	2	2	0	2	2	1	2
Land Border Crossing Point	152	239	162	56	2	57	73	8	475
Total	284	483	349	165	73	221	246	21	789

Table 3.1: Percentage of assessed locations disaggregated by affected population categories

Location type	Nationals	Regular travelers	Irregular migrants	Returnees	IDPs	Refugees	Migrant workers	Other	No. of locations assessed
Airport	46%	82%	61%	37%	20%	53%	56%	4%	158
Blue Border Crossing Point	38%	73%	58%	32%	26%	51%	54%	4%	154
Internal Transit Point	50%	100%	100%	100%	0%	100%	100%	50%	2
Land Border Crossing Point	32%	50%	34%	12%	0%	12%	15%	2%	475
Total	36%	61%	44%	21%	9%	28%	31%	3%	789



Table 4: Overview of measures imposed on locations, disaggregated by type of location

Location type	Mobility restriction (to)	Mobility restriction (from)	Visa change	Restricted nationality	Document change	Medical	Medical certificate confirming a negative COVID- 19 test result	Other	None	No. of locations assessed
Airport	104	43	11	31	31	48	4	80	0	158
Blue Border Crossing Point	74	27	2	16	33	57	0	54	1	154
Internal Transit Point	0	0	0	0	0	1	0	1	1	2
Land Border Crossing Point	265	245	123	66	65	78	3	88	37	475
Total	443	315	136	113	129	184	7	223	39	789

Table 4.1: Percentage of different measures disaggregated by type of location

Location type	Mobility restriction (to)	Mobility restriction (from)	Visa change	Restricted nationality	Document change	Medical	Medical certificate confirming a negative COVID- 19 test result	Other limitations	None	No. of locations assessed
Airport	66%	27%	7%	20%	20%	30%	3%	51%	0%	158
Blue Border Crossing Point	48%	18%	1%	10%	21%	37%	0%	35%	1%	154
Internal Transit Point	0%	0%	0%	0%	0%	50%	0%	50%	50%	2
Land Border Crossing Point	56%	52%	26%	14%	14%	16%	1%	19%	8%	475
Total	56%	40%	17%	14%	16%	23%	1%	28%	5%	789

Table 5: Duration of restrictive measures imposed at assessed locations in the EEA region

Location type	Less than 14 days	14 days to One month	1 - 3 months	More than 3 months	Specific Date	Other	Total
Airport	2	103	22	1	0	30	158
Blue Border Crossing Point	1	83	17	0	3	50	154
Internal Transit Point	0	1	1	0	0	0	2
Land Border Crossing Point	18	195	64	4	37	157	475
Total	21	382	104	5	40	237	789

Table 6: Public Health Section for Airports

Question	Yes	No	Don't Know	Total
Handwashing station at the site	69	1	6	76
Health screening with temperature check using non-contact thermometer	7	2	0	9
Information about COVID-19 being provided at site	69	1	8	78
Infrastructure at the site to support crowd control and ensure safety of screeners	3	0	6	9
Isolation space exists for evaluation of any suspect case away from crowds	8	5	64	77
Referral system in place at the site	15	5	57	77
SOPs in place at the site for management and referral of ill travellers	66	4	20	90

Table 6.1: Public Health Section for Blue Border Crossing Points

Question	Yes	No	Don't Know	Total
Handwashing station at the site	52	0	6	58
Health screening with temperature check using non-contact thermometer	3	2	38	43
Information about COVID-19 being provided at site	51	1	7	59
Infrastructure at the site to support crowd control and ensure safety of screeners	3	0	40	43
Isolation space exists for evaluation of any suspect case away from crowds	3	1	54	58
Referral system in place at the site	47	0	11	58
SOPs in place at the site for management and referral of ill travellers	52	0	18	70

Table 6.2: Public Health Section for Land Border Crossing Points

Question	Yes	No	Don't Know	Total
Handwashing station at the site	32	13	152	197
Health screening with temperature check using non-contact thermometer	17	2	0	19
Information about COVID-19 being provided at site	62	4	135	201
Infrastructure at the site to support crowd control and ensure safety of screeners	16	0	3	19
Isolation space exists for evaluation of any suspect case away from crowds	1	22	175	198
Referral system in place at the site		5	176	198
SOPs in place at the site for management and referral of ill travellers	37	4	163	204

Table 7: Number of areas of interest in the EEA region

Region	No. of Areas of Interest	Perentage
European Economic Area	79	100%

Table 7.1: Number of type of restrictions in areas of interest assessed in EEA region

Region	Public events cancelled or postponed	Schools closed	Restricted operating hours for public establishments (café, restaurant, etc.)	Alternative		Lockdown/ quarantine enforced by police or military	Total *
European Economic Area	11	10	10	9	10	2	79

^{*}A total of 79 areas of interest was assessed, while only 52 out of 79 responded to the question of type of restrictions imposed in the areas of interest.

Table 7.2: Duration of restrictive measures in areas of interest

Duration	No. of Areas of Interest	Percentage
1 - 3 months	2	3%
14 days to One month	40	51%
Less than 14 days	3	4%
Other	34	43%
Total	79	100%



Table 7.3: Affected population in the sites of interest

Affect population categories	No. of Sites of interest	Percentage of sites
Foreign nationals returning to their country of origin (repatriation, deportation, etc.)	5	5%
Stranded foreign nationals in the country	102	94%
IDPs	n/a	n/a
Nationals	1	1%
Other	1	1%
Total	109	100%

Table 7.4: Number of sites with stranded migrants by in the EEA region

Region	Stranded foreign nationals in the country	Foreign nationals returning to their country of origin (repatriation, deportation, etc.)	IDPs	Nationals	Other	Total
European Economic Area	102	5	0	1	1	109

