

IOM COVID-19
IMPACT ON
POINTS OF ENTRY
WEEKLY ANALYSIS
10 JUNE 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 dtmccovid19@iom.int

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TABLE OF CONTENTS

| | |
|--|----|
| METHODOLOGY & DEFINITIONS | 3 |
| EXECUTIVE SUMMARY | 5 |
| 1. PoE SCOPE AND COVERAGE: NUMBERS AT A GLANCE | 6 |
| 2. PoE SITUATIONAL OVERVIEW..... | 7 |
| 3. PoE TIME SERIES..... | 9 |
| 4. OVERVIEW OF AIRPORTS | 10 |
| 5. OVERVIEW OF BLUE BORDER CROSSING POINTS | 13 |
| 6. OVERVIEW OF LAND BORDER CROSSING POINTS..... | 16 |
| | |
| ANNEX | 19 |

Methodology & Definitions

IOM COVID-19 Impact on Points of Entry Weekly Analysis is meant to serve IOM Member States, IOM, UN and voluntary partner agencies, the civil society (including media) as well as the general population in analysing the impact of COVID-19 pandemic on Points of Entry. It is particularly relevant when identifying and addressing specific needs faced by migrants and mobile populations, disproportionately affected by the global mobility restrictions.

The report is based on information provided by IOM field staff, using resources available at the IOM country office level and is accurate to the best of IOM's knowledge at the time of compilation. All information is being constantly validated, including the 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 global mobility database has been updated in a way which reflects the varied stages of measures issued at different times by C/T/As. As such, the evolution of global restrictive measures, has resulted in varied update timelines and can explain the difference in monthly updates. The data collection period for this report is from 13 March to 4 June 2020. Information for 9 per cent of the PoEs has been updated in June, while 39 per cent of the data was last updated during the month of May and 29 per cent of PoE data was last updated in April. The remaining data (25%) was last updated in March. For more information see Table 1.2 in the annex.

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

Regional maps are available [here](#).

The dataset is available [here](#).

Data is collected on the following location types:

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

The following operational status is captured for each assessed PoE:

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

Points of Entry (PoEs):

- 3,498 PoEs were assessed in 169 C/T/As, including 763 Airports, 2,130 Land Border Crossing Points and 605 Blue Border Crossing Points.
- Overall, 40 per cent of the assessed PoEs were fully closed (-1 p.p. compared to last week), 41 per cent partially operational (+4 p.p.) and 13 per cent fully operational (no relative change), however the operational status of PoEs varied across IOM Regions and PoE types:
 - The IOM Region with the highest share of fully closed PoEs was Central and West Africa (60%, i.e. a 2 p.p. decrease on a weekly basis), followed by the Middle East and North Africa (59%, i.e. a 1 p.p. increase compared to last week);
 - The European Economic Area was the IOM Region with the highest percentage of fully operational PoEs (29%, i.e. a 2 p.p. decrease compared to last week's figure), followed by South-Eastern Europe, Eastern Europe and Central Asia (14%, i.e. a 3 p.p. increase on a weekly basis)
 - 48 per cent of the assessed land border crossing points globally were fully closed, while this percentage was respectively 31 and 22 for airports and blue border crossing points, with a slight downward trend across all PoE types;
 - The share of fully operational PoEs was more stable across PoE types (17% for airports, 16% for blue border crossing points and 11% for land border crossing points).
- Mobility restrictions on arriving to or departing from the assessed PoEs were the most adopted restrictive measures in all the types of PoE (around 70% of the assessed PoEs), followed by medical requirements (more than 30% in all PoE types with a peak of 44% for airports).
- The most common duration of the restrictive measures adopted in the assessed PoEs was 14 days to one month (41% of the cases for airports), however the foreseen duration of these restrictive measures was unknown for 50 and 43 per cent of the blue and land border crossing points, respectively.
- Regular travelers and nationals were the most affected population categories across all PoE types.
- Airports were the PoE type where public health measures, such as health screening through non-contact thermometers, the provision of information about COVID-19 on site or the presence of a handwashing station, were most commonly adopted by the managing authorities. Aligned with this result, airports were also the PoE type with the highest number of available tools in the event of a suspected COVID-19 case transiting through the PoE. These available tools included standard operating procedures for the detection and management of ill travelers, referral systems and availability of an isolation space for suspected COVID-19 cases.

I. PoE Scope and Coverage: Numbers at a glance

3,498

Assessed Points of Entry

169

Assessed C/T/As

The current COVID-19 pandemic has affected global mobility in the form of various travel disruptions and restrictions. To better understand how COVID-19 affects global mobility, IOM has developed a global mobility database to map and gather data on the locations, status and different restrictions at PoEs globally, including airports, blue border crossing points and land border crossing points. This report also looks at the impacts on stranded migrants and other populations such as tourists who are affected by the changes in mobility measures using a compilation of inputs from multiple sources, including from IOM staff in the field, DTM reports on flow monitoring and mobility tracking as well as from trusted media sources.

The IOM COVID-19 Impact on Points of Entry Weekly Analysis report provides an overview and analysis on the data from a global and regional perspective, using data updated as of **4 June 2020**.

IOM has assessed a total of 3,498 PoEs in **169 countries, territories and areas** so far. Many of these locations (61%) were land border crossing points, 22 per cent were airports and 17 per cent were blue border crossing points (sea-, river and lake ports). More details can be found in Table 1.

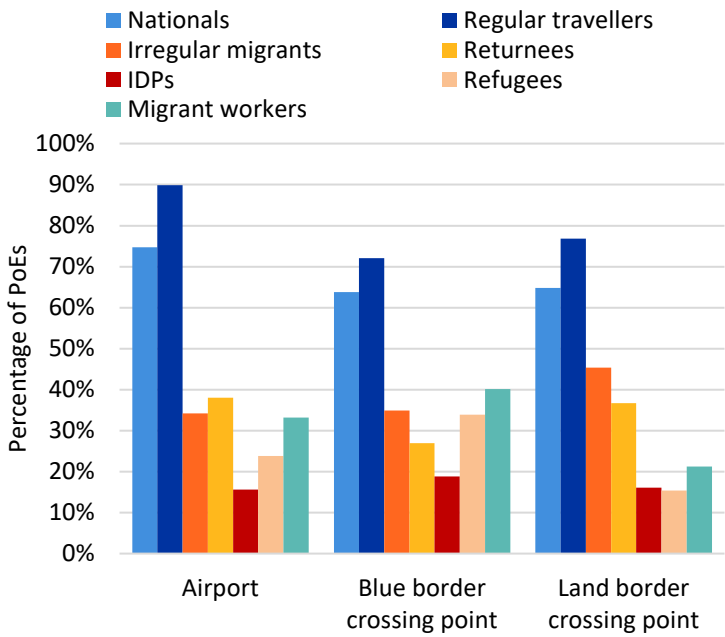
Of all assessed PoEs, **40 per cent were reported as fully closed and 13 per cent were reported to be fully operational**. Another **41 per cent were partially operational**. More details can be found in the annex, Table 3. At the regional level, the highest rate of fully closed assessed PoEs were located in Central and West Africa (60%), followed by the Middle East and North Africa (59%) and South-Eastern Europe, Eastern Europe and Central Asia (57%). Conversely, the lowest number of fully closed assessed locations were found in Central and North America and the Caribbean with 26 per cent and European Economic Area with 19%. More details can be found in annex, Table 2.

Table 1: Number of assessed Points of Entry by type and IOM region

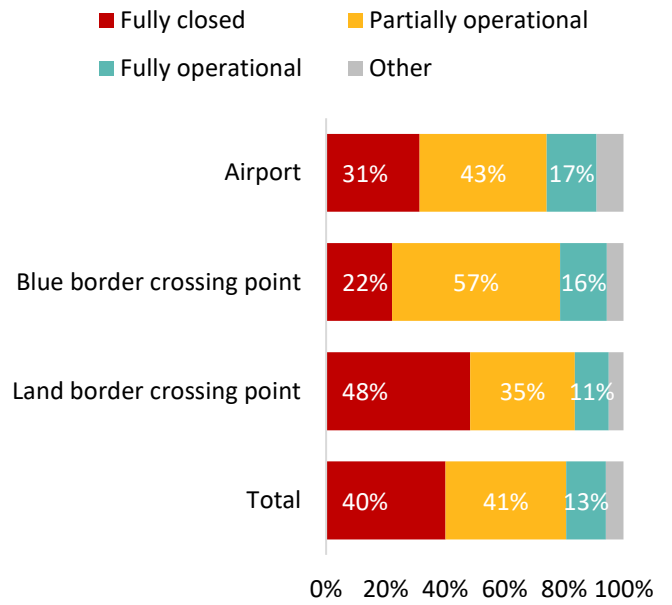
| Region | Airports | | Land border crossing points | | Blue border crossing point | | Total | | No. of C/T/A |
|---|------------|------------|-----------------------------|------------|----------------------------|------------|-------------|-------------|--------------|
| | N | % | N | % | N | % | N | % | N |
| Asia and the Pacific | 190 | 35% | 218 | 40% | 134 | 25% | 542 | 100% | 37 |
| Central and North America and the Caribbean | 36 | 20% | 112 | 62% | 32 | 18% | 180 | 100% | 14 |
| Central and West Africa | 43 | 10% | 358 | 81% | 43 | 10% | 444 | 100% | 20 |
| East and Horn of Africa | 44 | 14% | 188 | 61% | 77 | 25% | 309 | 100% | 9 |
| European Economic Area | 158 | 20% | 475 | 60% | 154 | 20% | 787 | 100% | 28 |
| Middle East and North Africa | 66 | 28% | 120 | 52% | 46 | 20% | 232 | 100% | 17 |
| South America | 21 | 26% | 50 | 63% | 9 | 11% | 80 | 100% | 10 |
| South-Eastern Europe, Eastern Europe and Central Asia | 122 | 20% | 405 | 67% | 75 | 12% | 602 | 100% | 19 |
| Southern Africa | 83 | 26% | 204 | 63% | 35 | 11% | 322 | 100% | 15 |
| Total | 763 | 22% | 2130 | 61% | 605 | 17% | 3498 | 100% | 169 |

2. PoE Situational Overview

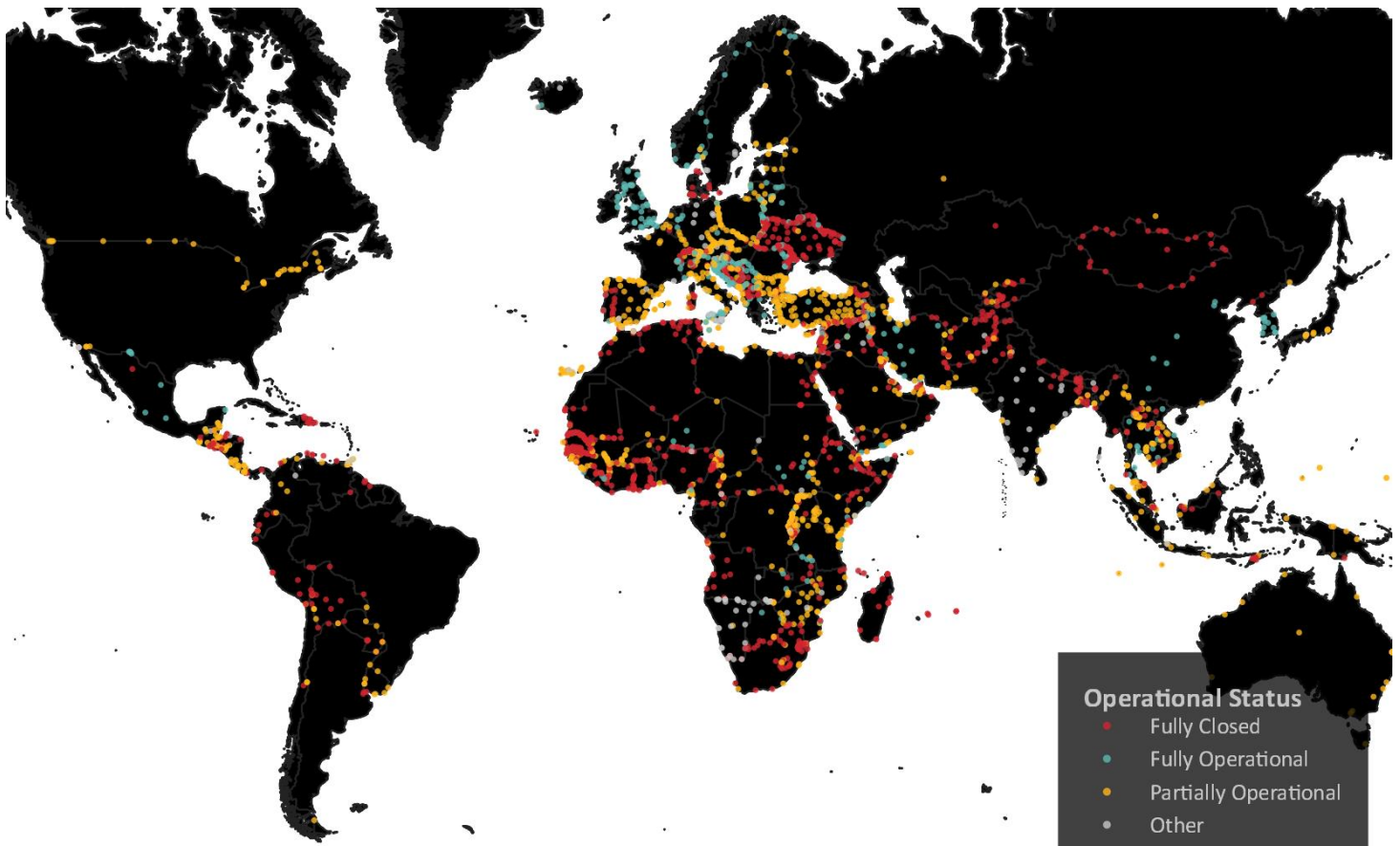
Affected population categories at assessed PoEs



Operational status of assessed PoEs

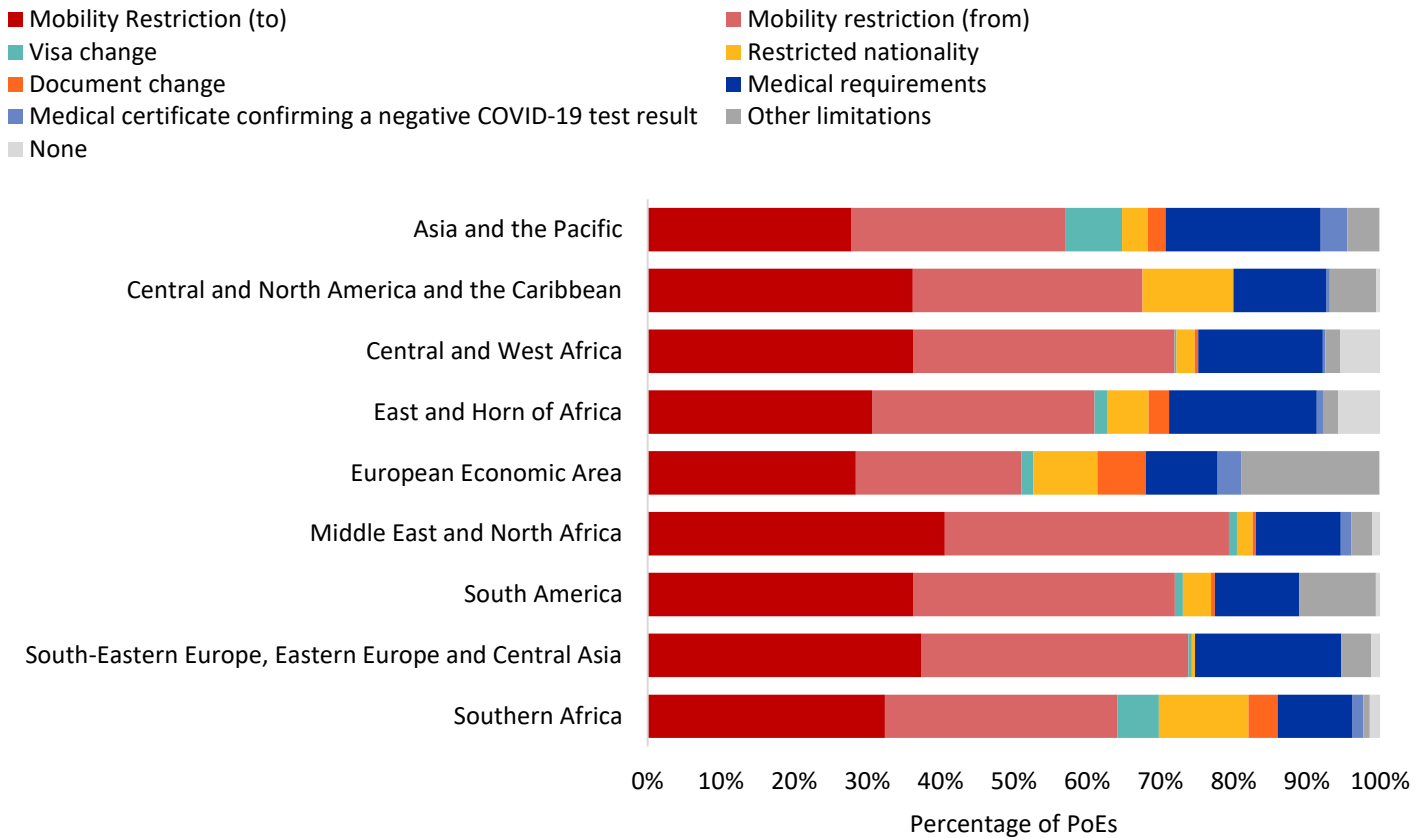


Global map of assessed PoEs and their operational status

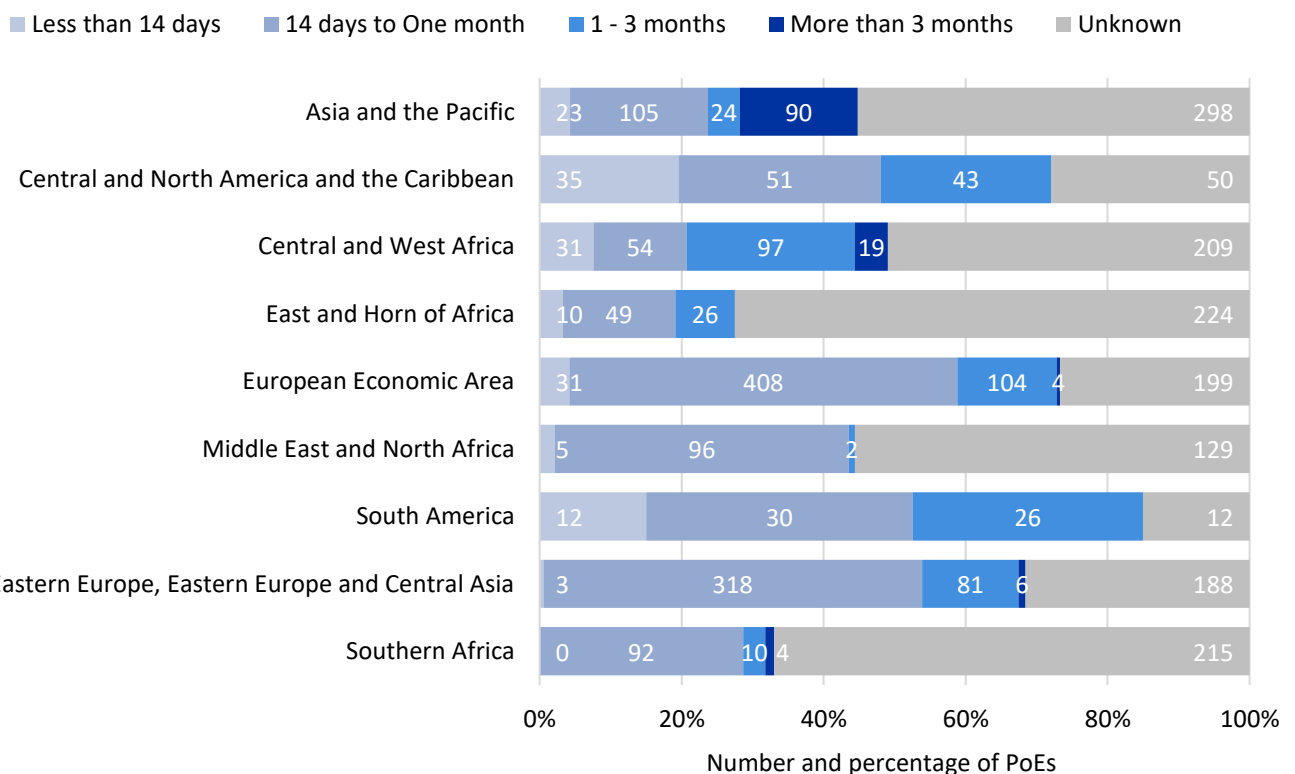


2. PoE Situational Overview

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



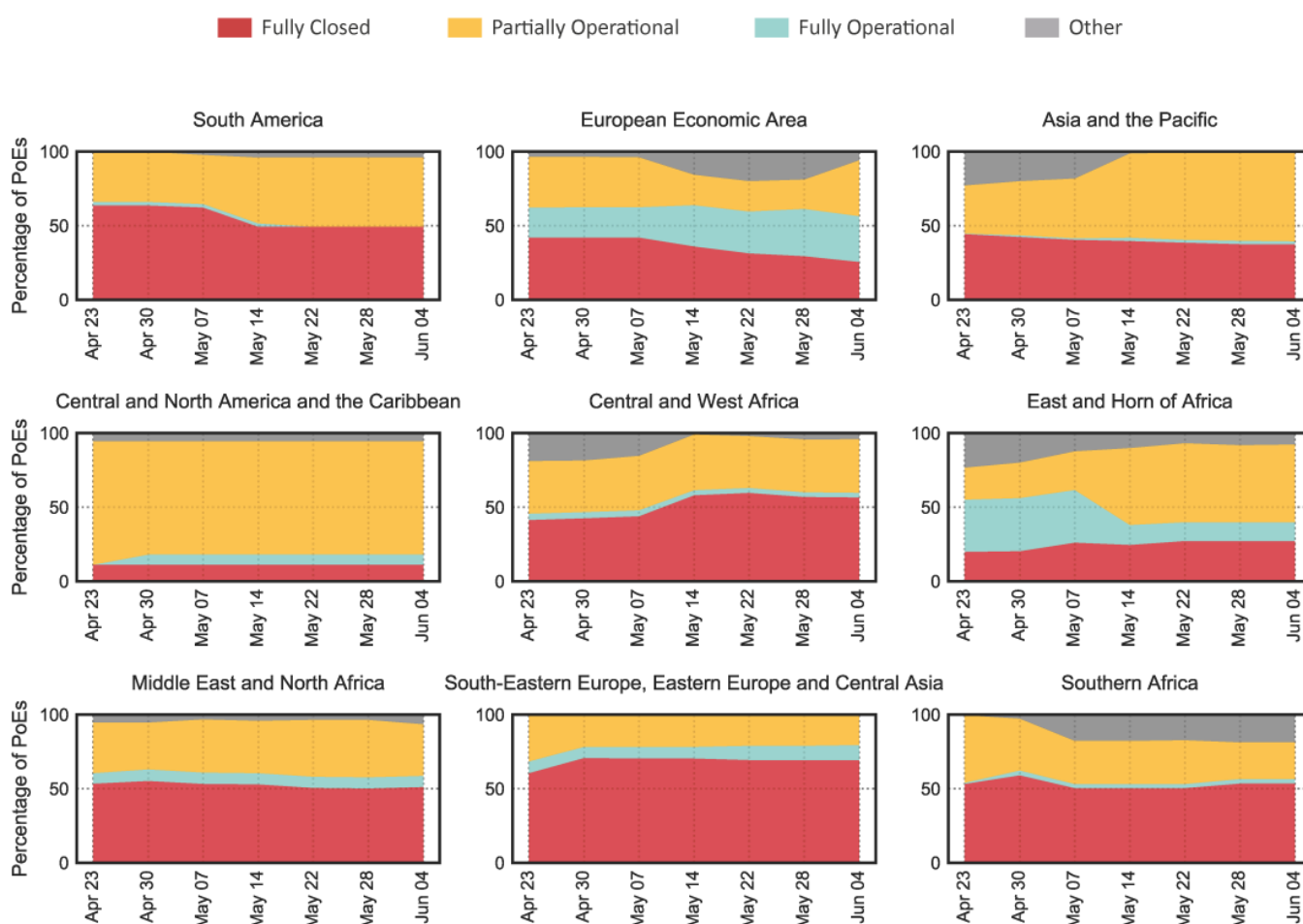
Duration of restrictive measures imposed at assessed PoEs by IOM region



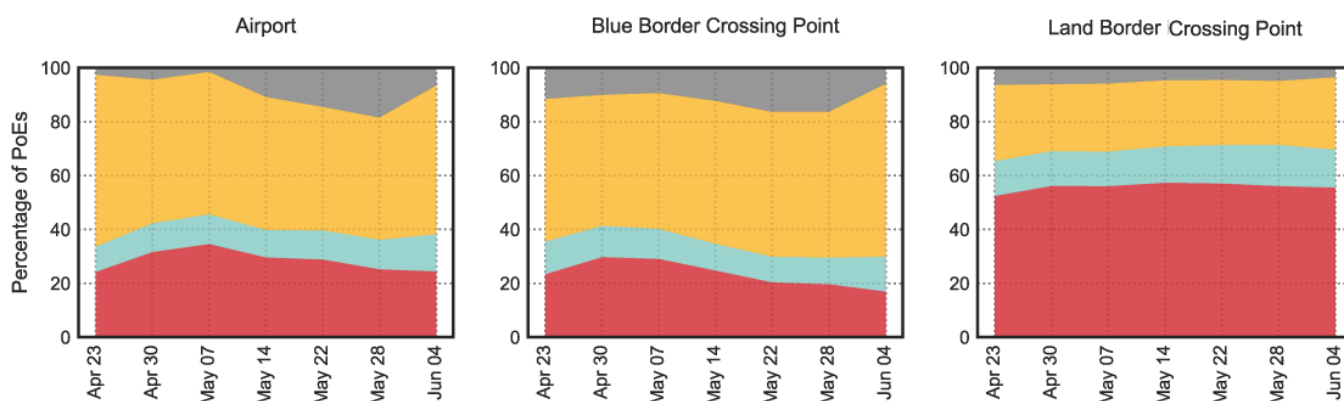
3. PoE Time Series: Operational Status

This time series data aims to give a visual overview of the evolution of COVID-19-related impact on operational status of PoEs disaggregated by IOM region and location type. Dates below represent the weekly updates of the IOM global mobility database. It is worth noting that trends observed in PoE operational status both globally and by IOM region, are reflective of the complexity of the pandemic and varied responses of C/T/As. As the situation has advanced, observed trends have been affected by the recategorization of operational status to more accurately present the data, and by differing update timelines of C/T/As responding to their specific COVID-19 situation. Due to the quickly evolving situation on the ground, not all PoEs have been updated every month so the trends displayed do not represent all PoEs in the dataset. For more information on update rates, see Table 1.2 in the annex.

PoE Operational Status by IOM Region



PoE Operational Status by Location Type



4. Overview of Airports

763

Airports
assessed in 163
C/T/As

31%

of the assessed airports
were fully closed (-1 p.p.
compared to last week)

14 days to one month

Most common (41%) duration
of restrictions imposed (+ 1 p.p.
compared to last week)

IOM assessed **763 airports in 163 countries, territories and areas**, (same number compared to last week's report). The operating status of the assessed airports varied slightly between. Of the assessed airports, **31%** or 240 airports were reported to be **fully closed**, which represents a decrease of 1 p.p. compared to last week. **Partially operational** was the operational status reported for **43%** or 326 airports, an increase of 6 p.p. compared to last week. **Up to 17 per cent** (or 128 airports) **of the assessed airports remained fully operational**, (1 p.p. increase compared to last week). Information was not available for the remaining 9 per cent (or 69) of assessed airports (for more details, see Table 3).

Of the total 240 assessed fully closed airports, the IOM regions with the highest percentage of fully closed airports were located in the Middle East and North Africa and South-Eastern Europe, Eastern Europe and Central Asia, with 19 per cent (45 assessed airports) and 18% (43 airports), respectively. The IOM region of Southern Africa followed, with 15 per cent or 37 closed airports. Out of the 326 assessed partially operational airports, the highest share was located in the IOM region of European Economic Area with 27% or 88 assessed airports, followed by Asia and the Pacific with 22 per cent or 73 assessed airports. Finally, with 52 out of the 128 assessed fully operational airports, Asia and the Pacific had the highest share of airports that were still fully operational with 41 per cent, a decrease of 2 p.p. compared to last week.

Mobility restrictions or restrictive measures imposed at assessed airports remained largely unchanged. The most common measures continued to be landing in and departing from the assessed airport with 78 and 66 per cent of the assessed airports affected by these measures, respectively (see Table 5). This constant compared to last week. Other common restrictive measures imposed at airports were medical requirements, such as medical screening, medical certificates or quarantine measures (adopted in 44% of the assessed locations, a 3 p.p. increase), restrictions imposed on specific nationalities (in 18% of the assessed airports), changes in visa requirements (10%), a medical certificate confirming a negative COVID-19 test result (5%), changes in rules concerning identification and travel documents (6%, an increase of 3 p.p.) and other limitations (15%). In one per cent of the assessed airports, there were no restrictions imposed.

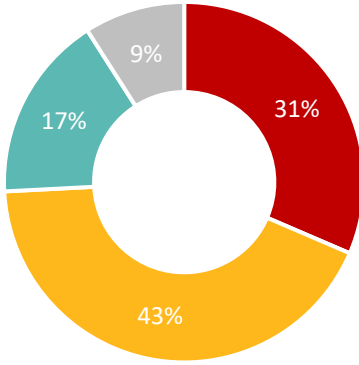
As of 4 June 2020, the most common duration of imposed restrictions at assessed airports was 14 days to one month (41% of the cases or 309 out of 763). In 40 per cent of cases the foreseen duration of the imposed restrictions at assessed airports was reported to be unknown (i.e. information was unavailable), followed by one to three months (10%), less than 14 days (5%) and more than three months (4%). Finally, less than 1 per cent, there was a specific date reported (in 1 location).

The restrictive measures imposed at assessed airports remained unchanged and continue to have had an **impact** on mobile populations (see Table 4), largely affecting **regular travelers** (in **90%** of assessed locations), **nationals** (**75%**), **returnees** (**38%**), **irregular migrants** (**34%**), migrant workers (**33%**), refugees (**24%**) and finally **IDPs** (**16%**).

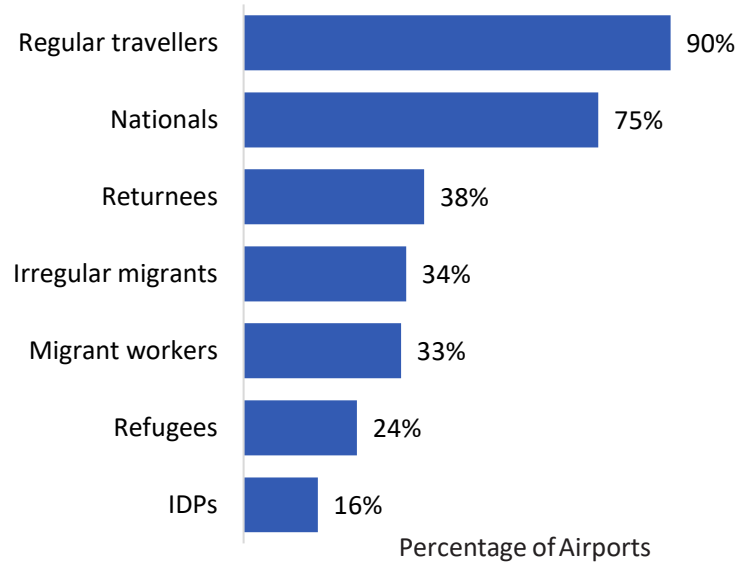
4. Overview of Airports

Operational status of the assessed airports

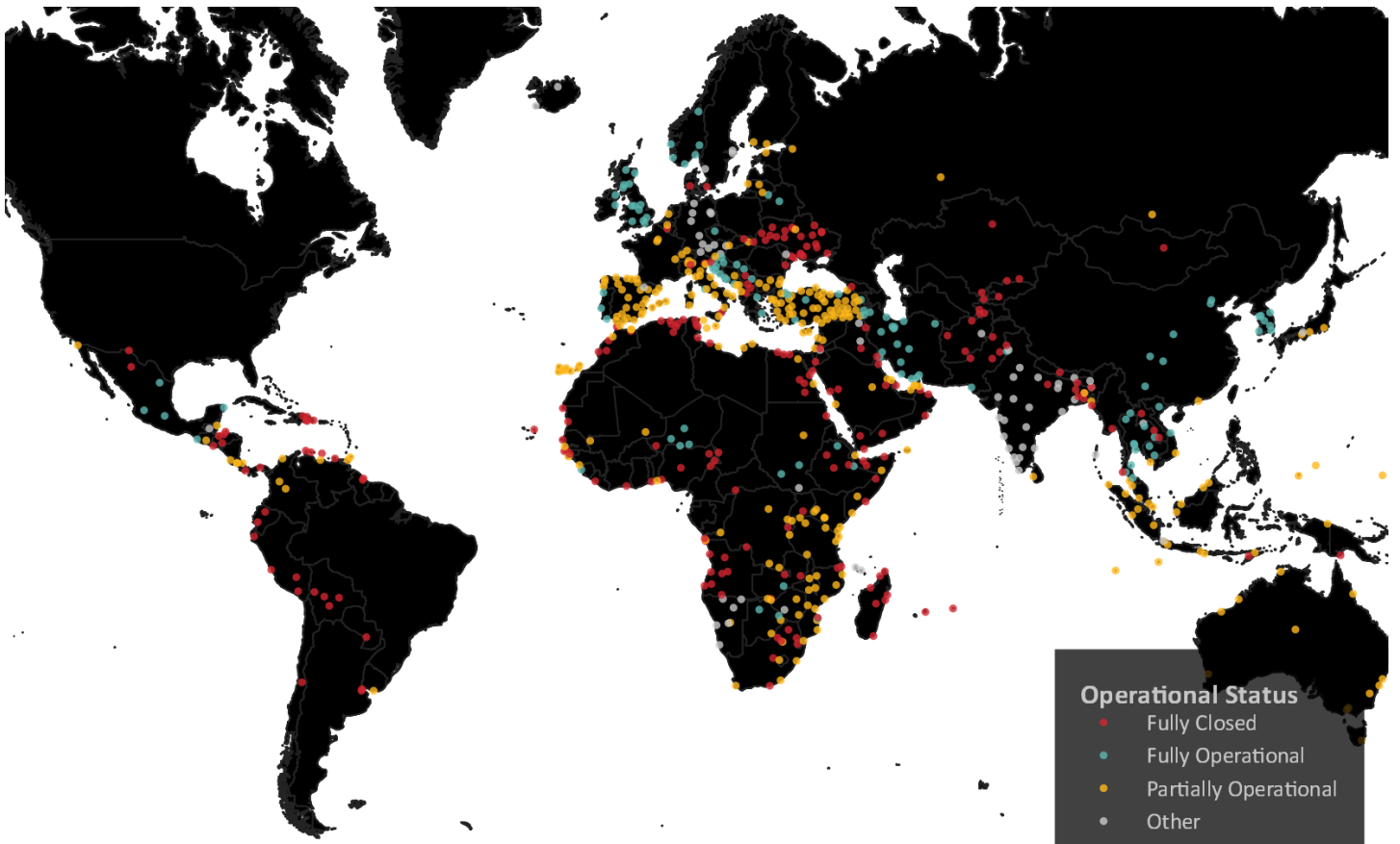
- Fully closed
- Fully operational
- Partially operational
- Other



Affected population category at assessed airports



Global map of assessed airports and their operational status



4. Overview of Airports

Public Health Measures

The following public health measures were reported to be in place in assessed airports through IOM’s missions participating in this exercise (for further information, see Table 6).

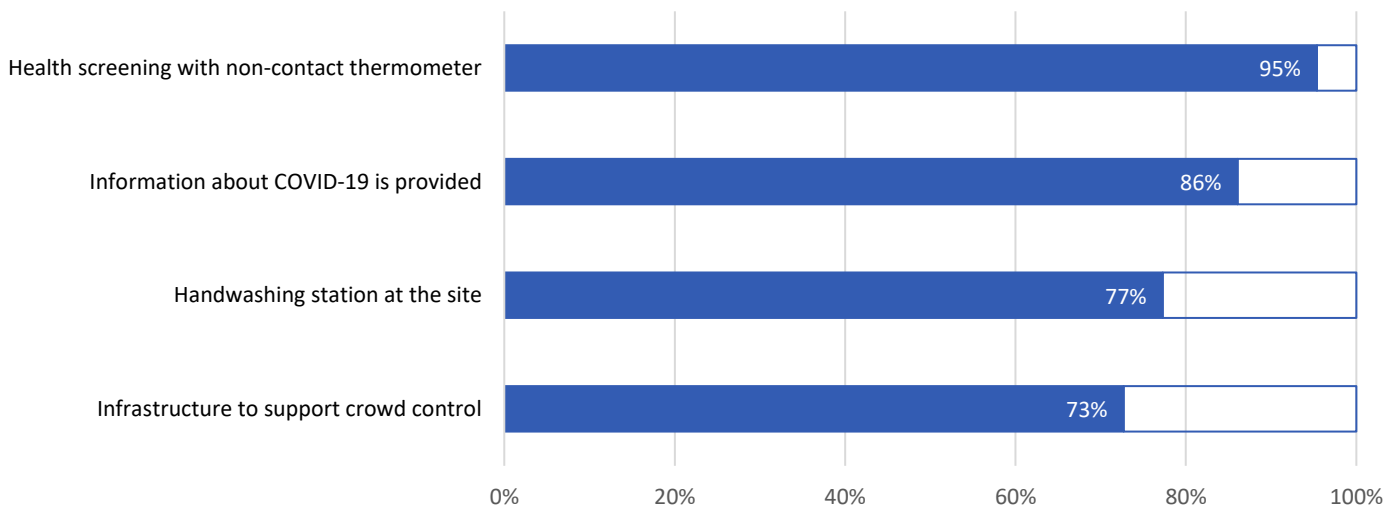
On risk communication and community engagement, in 86 per cent of the assessed airports (340 out of 395 identified airports) information on COVID-19 was being provided to travelers at the site through leaflets, posters or announcements. Additionally, 77 per cent of the responses (299 out of 387 identified airports) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported by almost all airports where this information was available (186 out of 195 identified airports, 95% of the total). Moreover, 73 per cent of the assessed locations (141 out of 194) reported that there was infrastructure in place to support crowd control and ensure safety of screeners.

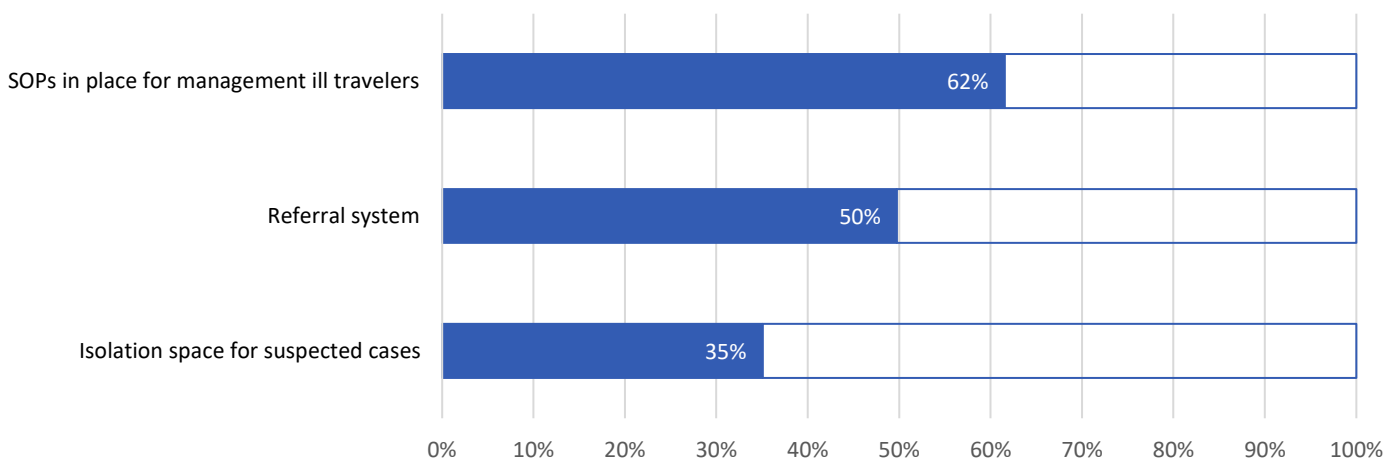
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 62 per cent of identified airports recording a response to this question (251 out of 408 identified airports), while a referral system was reported to be in place at 50 per cent of identified airports recording a response (191 out of 384 identified airports). Finally, the availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was also reported by 135 out of 385 specified airports (35% of the total).

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

Public health measures in place at the assessed locations



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



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

605

Blue Border
Crossing Points
Assessed in 92 C/T/As

22%

of the assessed
blue border crossing points
are fully closed (- 2 p.p.)

14 days to one month

Most common (31%) of
restrictions imposed (50% were
unknown, i.e. information
unavailable)

IOM assessed a total of **605 blue border crossing points in 92 countries, territories and areas**, which is consistent compared to last week. The operational status of the assessed ports varied slightly with **22 per cent** of ports (or 134 locations) which were **fully closed**, representing a decrease of 2 p.p. since last week. The portion of **partially operational** ports remained at 57 percent (342 ports), an increase of 7 p.p. compared to last week. Finally, **16 per cent** (95 ports) were to be reported as **fully operational**. Information was not available for 6 per cent (34 ports) (for more details, see Table 3).

Of the 134 assessed fully closed blue border crossing points, the highest per cent shifted to the Middle East and North Africa with 19 per cent or 25 assessed fully closed blue border crossing points. This was closely followed by the Southern Africa with 17 per cent or 23 ports. Additionally, out of the 342 assessed partially operational ports, the IOM region of Asia and the Pacific continued to be the region with the highest number of partially operational ports with 112 ports or 33 per cent., a decrease of 4 p.p. compared to last week. Finally, the European Economic Area region continued to be the IOM region with the highest percentage of assessed fully operational blue border crossing points with 64 out of 95 assessed locations or 68 per cent (an increase of 4 p.p. compared to last week).

The most common mobility restrictions imposed at ports continued to be restrictions to and from a particular port (68%, and 58%, a decrease of 1 p.p., each), followed by newly introduced medical requirements (43%, an increase of 6 p.p.) such as medical screening, requirement for medical certificates or quarantine measures. Less common measures imposed at blue border crossing points were restrictions on specific nationalities (in 9% of the assessed locations, increase of 1 p.p.), changes in visa requirements (3%), medical certificates confirming a negative COVID-19 test result (2%), changes in rules concerning identification and travel documents (5%, an increase of 4 p.p.) and other limitations or no restrictions (13% and 5%, respectively) (see Table 5).

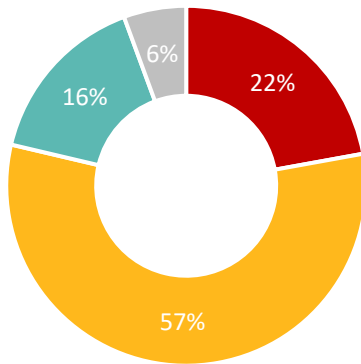
The trends in duration remained largely unchanged this week with the foreseen duration for restrictive measures recorded as unknown for 50 per cent of the assessed ports (304 out of 605 assessed ports, a 1 p.p. decrease). The share of restrictions expected to be in place for a period between 14 days and one month was recorded as 31 per cent of the cases, which represents an increase of 1 p.p. compared to the previous week. In 11 per cent of assessed locations the expected duration of restrictive measures was recorded as more than 3 months, whereas measures expected to last one to three months were recorded in 5 per cent of assessed locations. In 3 per cent of assessed locations restrictions were planned to be valid for less than 14 days and for 1 per cent (7 assessed locations), a specific date was recorded.

The restrictive measures imposed at assessed ports have had an **impact** on mobile populations (see Table 4), largely affecting **regular travelers** (in 72% of assessed locations), **nationals** (64%), **irregular migrants** (35%), **returnees** (27%), **IDPs** (19%), **migrant workers** (40%), and finally **refugees** (34%, an increase of 1 p.p.).

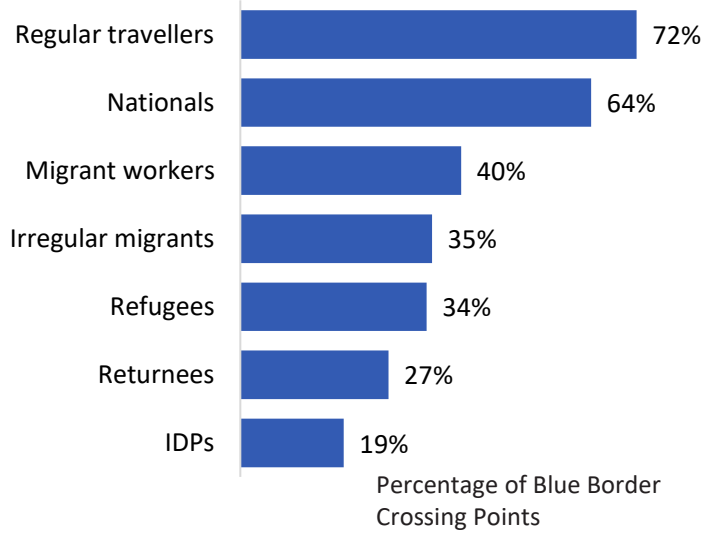
5. Overview of Blue Border Crossing Points (sea-, river and lake ports)

Operational status of the assessed blue border crossing points

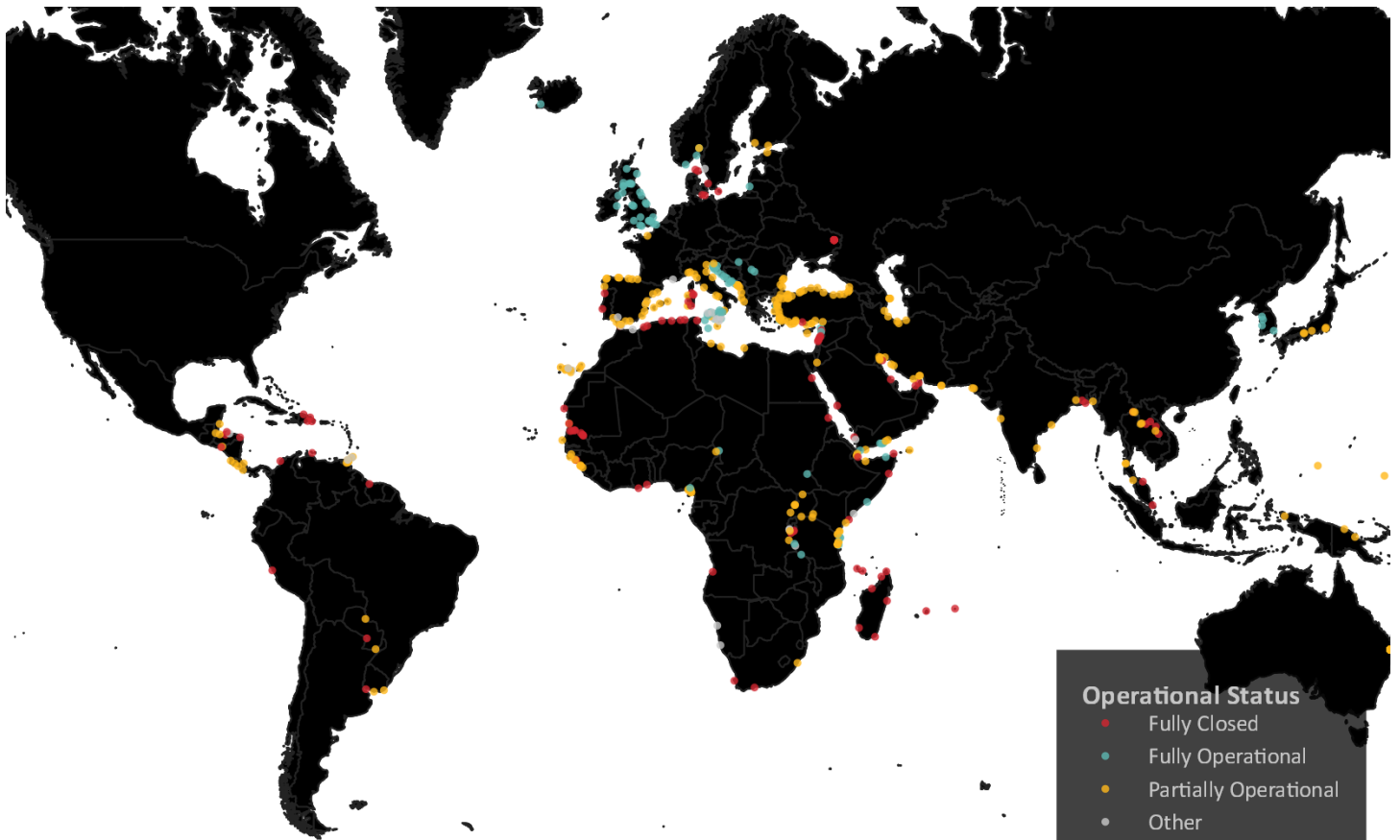
- Fully closed
- Fully operational
- Partially operational
- Other



Affected population category at assessed blue border crossing points



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



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

Public Health Measures

The following public health measures were reported to be in place in assessed blue border crossing points through IOM's missions participating in this exercise (for further information, see Table 6.1).

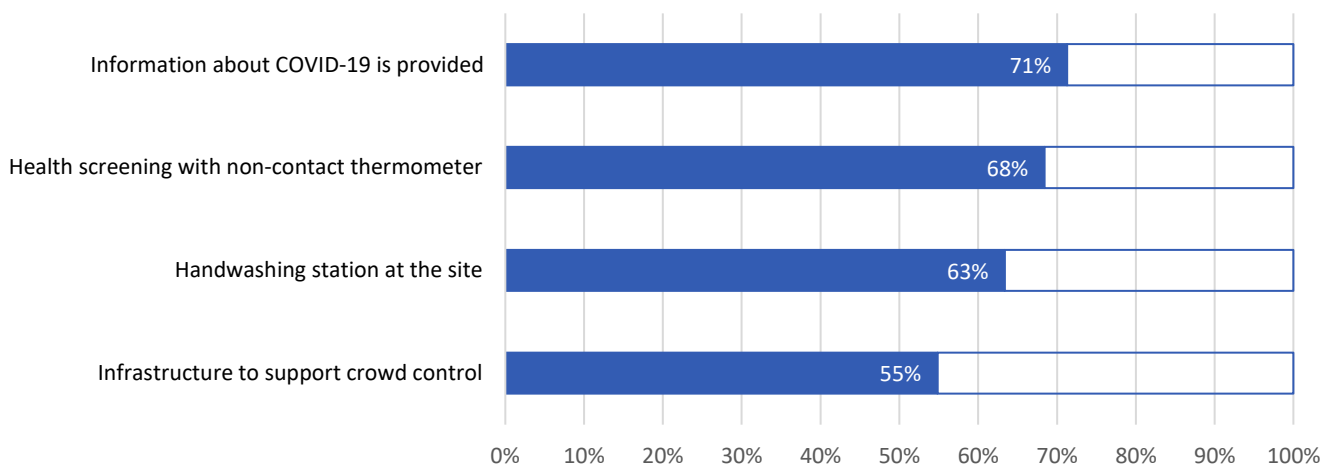
On risk communication and community engagement, in 71 per cent of the assessed blue border crossing points (221 out of 310 specified locations recording a response) information on COVID-19 was provided to travelers at the site through leaflets, posters or announcements. Additionally, 192 out of 303 blue border crossing points (63% of identified locations recording a response) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported in 68 per cent of the assessed blue border crossing points (93 out of 136 assessed locations). Furthermore, of the 135 identified locations for which this information is available, 74 blue border crossing points (55%) had infrastructure in place to support crowd control and ensure safety of screeners.

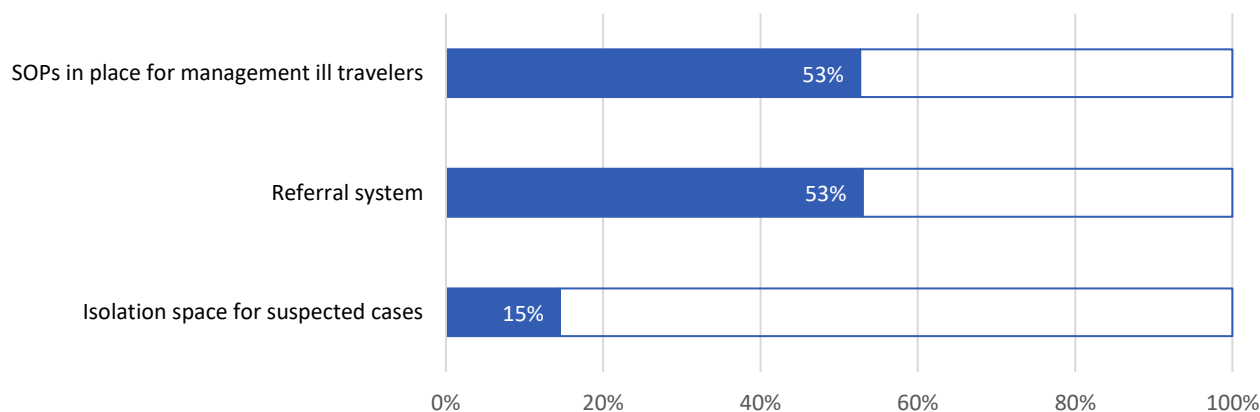
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place in 53 per cent of identified blue border crossing points (169 out of 321 identified locations recording a response), while a referral system was reported to be in place in 53 per cent of the specified locations (160 out of 302 identified blue border crossing points). Finally, only 15 per cent of the specified blue border crossing points reported the availability of an isolation space for suspected COVID-19 cases (44 out of 303 identified locations), prior to their appropriate referral.

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

Public health measures in place in the assessed locations



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



6. Overview of Land Border Crossing Points

2,130

Land Border Crossing Points
assessed in 126 C/T/As

48%

of assessed locations are fully closed
(-1 p.p. compared to last week)

**14 days to one
month**

Most common (33%) duration of
restrictions imposed, but duration
is unknown in 43% of the cases

Among the **2,130 assessed land border crossing points** (10 more compared to last week's report) in 126 countries, territories or areas, an overwhelming majority is either **fully closed** or **partially operational** (**48%** and **35%** of the total, respectively), while only **11 per cent** of the assessed locations were **fully operational** without any restriction. Compared to last week, it is noticeable an increase of 2 p.p. in partially operational land border crossing points and a decrease of 1 p.p. in both fully closed and fully operational land border crossing points (for more details, see Table 3).

South-Eastern Europe, Eastern Europe and Central Asia is the IOM region reporting the highest share of fully closed land border crossing points: 287 out of the 405 assessed locations were completely closed (four less than last week, i.e. a 1 p.p. decrease on a weekly basis), corresponding to 71 per cent of the total number of land border crossing points assessed in this region. Other IOM regions with a high proportion of fully closed land border crossing points include West and Central Africa (228 out of 358: 64%, i.e. a 1 p.p. decrease compared to last week), Asia and the Pacific (122 out of 218: 56%, i.e. no change compared to last week) and the Middle East and North Africa (66 out of 120: 55% of the total, i.e. a 1 p.p. increase on a weekly basis). The highest percentage of fully operational land border crossing points among IOM regions was in European Economic Area with 122 out of the 475 assessed land border crossing points that are open (26% of the total, i.e. a 6 p.p. decrease on a weekly basis).

As in the previous week, mobility restrictions on entry and exit through a land border crossing point were still the most frequent restrictive measures used to curb the spread of COVID-19 (for more details, see Table 5): these restrictions were used in 74 and 75 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 31% of the cases, i.e. a 1 p.p. increase from last week), restrictions imposed on specific nationalities (11%, i.e. no change compared to last week), changes in rules concerning identification and travel documents (6%, i.e. no change compared to last week), changes in visa requirements (5%, no change from last week) and the requirement of a medical certificate stating that the person had a negative COVID-19 test (5%, i.e. no change compared to last week).

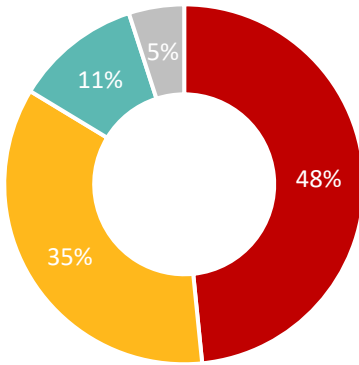
As of 4 June 2020, the most common duration of restrictions was 14 days to one month (33% of the cases, i.e. a 1 p.p. increase from last week), while 14 per cent of them will be in place for a duration between one and three months (no change on a weekly basis). Only 5 and 1 per cent of the restrictive measures will be in place for less than 14 days or more than three months, respectively. However, for 916 out of the 2,130 assessed land border crossing points (43% of the total) the foreseen duration of the restrictive measures was unknown (i.e. information was unavailable), i.e. a 1 p.p. decrease compared to last week's figure.

The abovementioned measures had an **impact** on all categories of populations (see Table 4), with **regular travelers** being the most affected at **77 per cent** of the assessed land border crossing points, followed by **nationals** (**65%**), **irregular migrants** (**45%**), **returnees** (**37%**), **migrant workers** (**21%**), **IDPs** (**16%**) and **refugees** (**15%**).

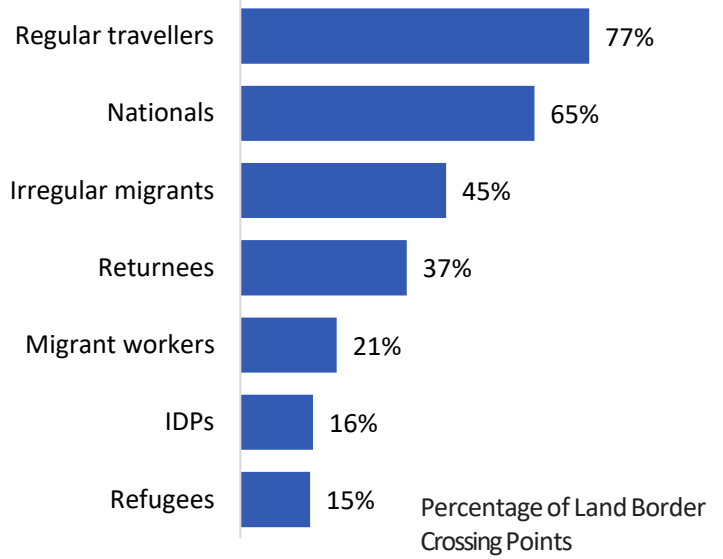
6. Overview of Land Border Crossing Points

Operational status of the assessed land border crossing points

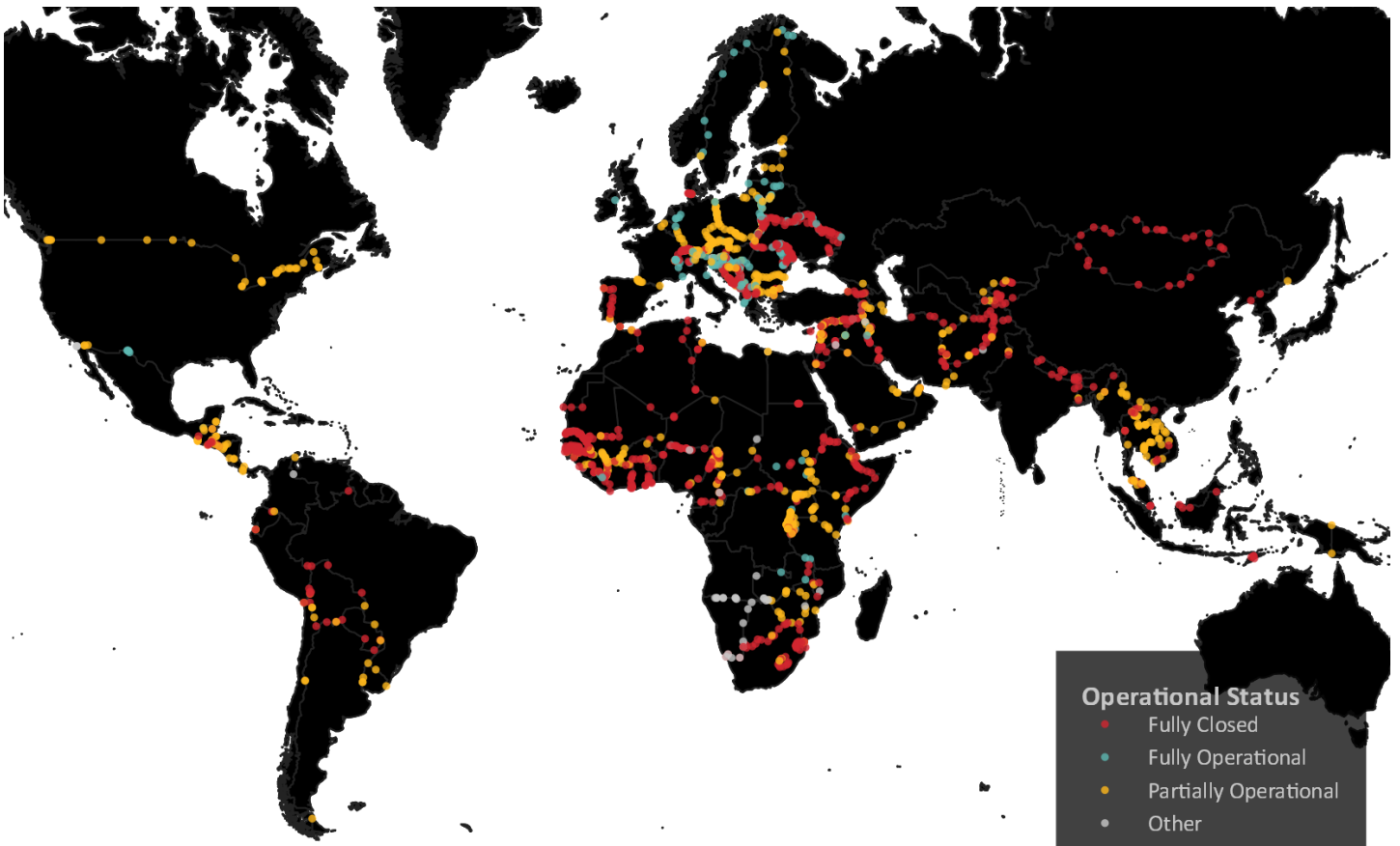
- Fully closed
- Fully operational
- Partially operational
- Other



Affected population category at assessed land border crossing points



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



6. Overview of Land Border Crossing Points

Public Health Measures

The following public health measures were reported to be in place in assessed land border crossing points through IOM's missions participating in this exercise (for further information, see Table 6.2).

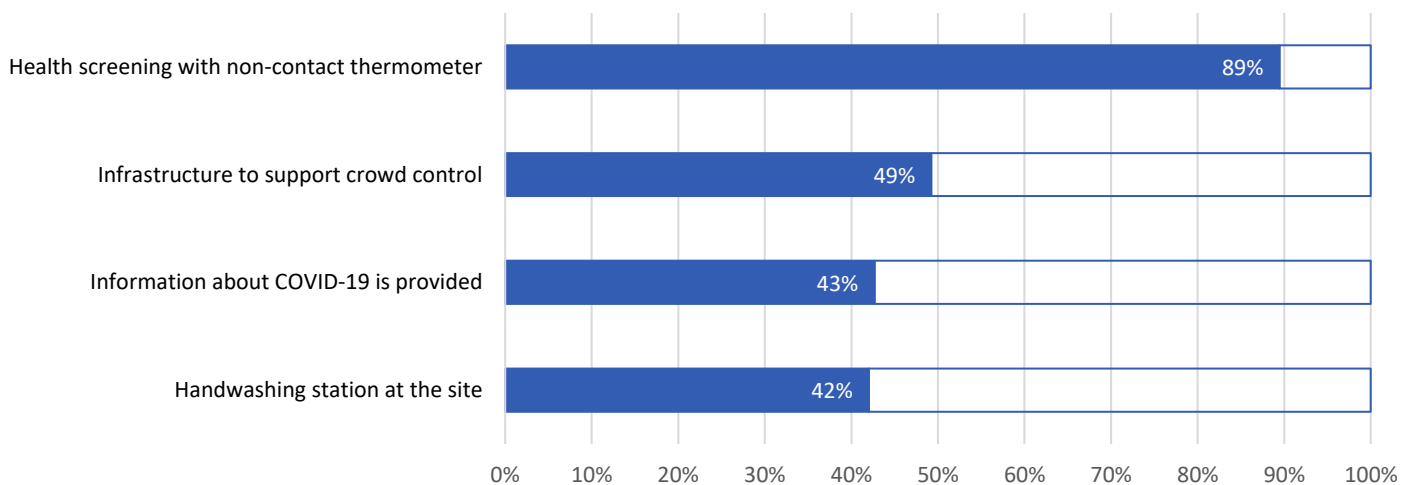
On risk communication and community engagement at the assessed land border crossing points, in 43 per cent of the locations information on COVID-19 was being provided to travelers through leaflets, posters or announcements. Additionally, 42 per cent of the identified land border crossing points (416 out of 990 identified locations) reported that handwashing stations were available as an infection prevention and control measure.

Health screening through non-contact thermometers was reported at 89 percent of identified land border crossing points recording a response (356 out of 398 specified land border crossing points). Moreover in almost half of the assessed locations (193 out of 392 identified land border crossing points) there was infrastructure in place to support crowd control and ensure safety of screeners.

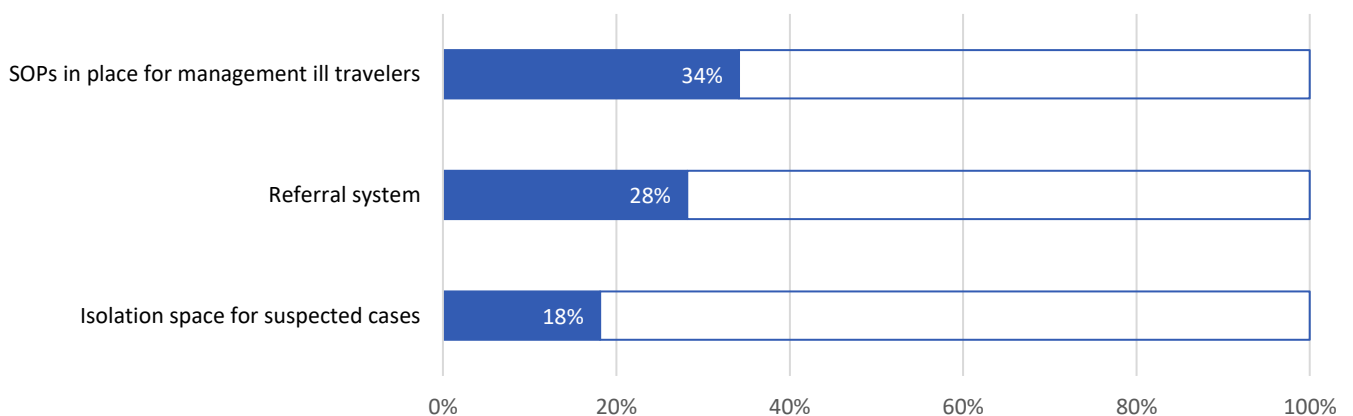
For the detection, management and referral of ill travelers, standard operating procedures were reported to be in place at 34 per cent of identified land border crossing points recording a response to this question (344 out of 1,007 identified sites), while a referral system was reported to be in place in 276 out of 980 assessed land border crossing points (28% of the total). The availability of an isolation space for suspected COVID-19 cases, prior to their appropriate referral, was reported in 178 out of 983 assessed locations (18% of the total number of specified land border crossing points).

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

Public health measures in place in the assessed locations



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



Annex: Tables

Table I: Number (N) and percentage (%) of assessed PoEs by location type and IOM region

| Region | Airports | | Land border crossing points | | Blue border crossing point | | Total | | No. of C/T/A |
|---|------------|------------|-----------------------------|------------|----------------------------|------------|-------------|-------------|--------------|
| | N | % | N | % | N | % | N | % | N |
| Asia and the Pacific | 190 | 35% | 218 | 40% | 134 | 25% | 542 | 100% | 37 |
| Central and North America and the Caribbean | 36 | 20% | 112 | 62% | 32 | 18% | 180 | 100% | 14 |
| Central and West Africa | 43 | 10% | 358 | 81% | 43 | 10% | 444 | 100% | 20 |
| East and Horn of Africa | 44 | 14% | 188 | 61% | 77 | 25% | 309 | 100% | 9 |
| European Economic Area | 158 | 20% | 475 | 60% | 154 | 20% | 787 | 100% | 28 |
| Middle East and North Africa | 66 | 28% | 120 | 52% | 46 | 20% | 232 | 100% | 17 |
| South America | 21 | 26% | 50 | 63% | 9 | 11% | 80 | 100% | 10 |
| South-Eastern Europe, Eastern Europe and Central Asia | 122 | 20% | 405 | 67% | 75 | 12% | 602 | 100% | 19 |
| Southern Africa | 83 | 26% | 204 | 63% | 35 | 11% | 322 | 100% | 15 |
| Total | 763 | 22% | 2130 | 61% | 605 | 17% | 3498 | 100% | 169 |

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

| Location Type | March | March % | April | April % | May | May % | June | June % | Total | Total% |
|----------------------------|------------|------------|-------------|------------|-------------|------------|------------|-----------|-------------|-------------|
| Airport | 151 | 20% | 255 | 33% | 258 | 34% | 89 | 12% | 763 | 100% |
| Blue Border Crossing Point | 110 | 18% | 177 | 29% | 249 | 41% | 69 | 11% | 605 | 100% |
| Land Border Crossing Point | 523 | 25% | 569 | 27% | 847 | 40% | 171 | 8% | 2130 | 100% |
| Total | 784 | 22% | 1001 | 29% | 1354 | 39% | 329 | 9% | 3498 | 100% |

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

| Region | Fully closed | | Partially operational | | Fully operational | | Other | | Total | |
|---|--------------|------------|-----------------------|------------|-------------------|------------|------------|-----------|-------------|-------------|
| | N | % | N | % | N | % | N | % | N | % |
| Asia and the Pacific | 170 | 31% | 276 | 51% | 60 | 11% | 36 | 7% | 542 | 100% |
| Central and North America and the Caribbean | 47 | 26% | 112 | 62% | 12 | 7% | 9 | 5% | 180 | 100% |
| Central and West Africa | 267 | 60% | 139 | 31% | 21 | 5% | 17 | 4% | 444 | 100% |
| East and Horn of Africa | 98 | 32% | 156 | 50% | 37 | 12% | 18 | 6% | 309 | 100% |
| European Economic Area | 147 | 19% | 362 | 46% | 227 | 29% | 51 | 6% | 787 | 100% |
| Middle East and North Africa | 136 | 59% | 74 | 32% | 11 | 5% | 11 | 5% | 232 | 100% |
| South America | 43 | 54% | 35 | 44% | 0 | 0% | 2 | 3% | 80 | 100% |
| South-Eastern Europe, Eastern Europe and Central Asia | 344 | 57% | 173 | 29% | 84 | 14% | 1 | 0% | 602 | 100% |
| Southern Africa | 153 | 48% | 92 | 29% | 13 | 4% | 64 | 20% | 322 | 100% |
| Total | 1405 | 40% | 1419 | 41% | 465 | 13% | 209 | 6% | 3498 | 100% |

Annex: Tables

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

| Location Type | Fully closed | | Partially operational | | Fully operational | | Other | | Total | |
|----------------------------|--------------|------------|-----------------------|------------|-------------------|------------|------------|-----------|-------------|-------------|
| | N | % | N | % | N | % | N | % | N | % |
| Airport | 240 | 31% | 326 | 43% | 128 | 17% | 69 | 9% | 763 | 100% |
| Blue border crossing point | 134 | 22% | 342 | 57% | 95 | 16% | 34 | 6% | 605 | 100% |
| Land border crossing point | 1031 | 48% | 751 | 35% | 242 | 11% | 106 | 5% | 2130 | 100% |
| Total | 1405 | 40% | 1419 | 41% | 465 | 13% | 209 | 6% | 3498 | 100% |

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

| Location type | Nationals | | Regular travelers | | Irregular migrants | | Returnees | | IDPs | | Refugees | | Migrant Workers | | No. of locations assessed |
|----------------------------|-------------|------------|-------------------|------------|--------------------|------------|-------------|------------|------------|------------|------------|------------|-----------------|------------|---------------------------|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | | |
| Airport | 570 | 75% | 686 | 90% | 261 | 34% | 290 | 38% | 119 | 16% | 182 | 24% | 253 | 33% | 763 |
| Blue border crossing point | 386 | 64% | 436 | 72% | 211 | 35% | 163 | 27% | 114 | 19% | 205 | 34% | 243 | 40% | 605 |
| Land border crossing point | 1380 | 65% | 1637 | 77% | 966 | 45% | 782 | 37% | 342 | 16% | 328 | 15% | 453 | 21% | 2130 |
| Total | 2336 | 67% | 2759 | 79% | 1438 | 41% | 1235 | 35% | 575 | 16% | 715 | 20% | 949 | 27% | 3498 |

Table 5: Number (N) 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 | | |
| | N | % | N | % | N | % | |
| Mobility Restriction (to) | 592 | 78% | 414 | 68% | 1574 | 74% | 2580 |
| Mobility restriction (from) | 505 | 66% | 350 | 58% | 1588 | 75% | 2443 |
| Visa change | 77 | 10% | 21 | 3% | 112 | 5% | 210 |
| Restricted nationality | 141 | 18% | 52 | 9% | 229 | 11% | 422 |
| Document change | 45 | 6% | 33 | 5% | 133 | 6% | 211 |
| Medical requirements | 337 | 44% | 261 | 43% | 655 | 31% | 1253 |
| Medical certificate confirming a negative COVID-19 test result | 39 | 5% | 10 | 2% | 96 | 5% | 145 |
| Other limitations | 117 | 15% | 76 | 13% | 374 | 18% | 567 |
| None | 8 | 1% | 28 | 5% | 87 | 4% | 123 |
| No. of locations assessed | 763 | | 605 | | 2130 | | 3498 |

Annex: Tables

Table 6: Public Health Measures for Airports

| Question | Yes | No | Don't know | Total |
|--|-----|----|------------|-------|
| Handwashing station at the site | 299 | 12 | 76 | 387 |
| Health screening with temperature check using non-contact thermometer | 186 | 1 | 8 | 195 |
| Information about COVID-19 being provided at site | 340 | 9 | 46 | 395 |
| Infrastructure at the site to support crowd control and ensure safety of screeners | 141 | 13 | 40 | 194 |
| Isolation space exists for evaluation of any suspect case away from crowds | 135 | 59 | 191 | 385 |
| Referral system in place at the site | 191 | 34 | 159 | 384 |
| SOPs in place at the site for management and referral of ill travelers | 251 | 42 | 115 | 408 |

Table 6.1: Public Health Measures for Blue Border Crossing Points

| Question | Yes | No | Don't know | Total |
|--|-----|----|------------|-------|
| Handwashing station at the site | 192 | 27 | 84 | 303 |
| Health screening with temperature check using non-contact thermometer | 93 | 4 | 39 | 136 |
| Information about COVID-19 being provided at site | 221 | 43 | 46 | 310 |
| Infrastructure at the site to support crowd control and ensure safety of screeners | 74 | 11 | 50 | 135 |
| Isolation space exists for evaluation of any suspect case away from crowds | 44 | 58 | 201 | 303 |
| Referral system in place at the site | 160 | 45 | 97 | 302 |
| SOPs in place at the site for management and referral of ill travelers | 169 | 48 | 104 | 321 |

Table 6.2: Public Health Measures for Land Border Crossing Points

| Question | Yes | No | Don't know | Total |
|--|-----|-----|------------|-------|
| Handwashing station at the site | 416 | 218 | 356 | 990 |
| Health screening with temperature check using non-contact thermometer | 356 | 29 | 13 | 398 |
| Information about COVID-19 being provided at site | 422 | 212 | 355 | 989 |
| Infrastructure at the site to support crowd control and ensure safety of screeners | 193 | 85 | 114 | 392 |
| Isolation space exists for evaluation of any suspect case away from crowds | 178 | 338 | 467 | 983 |
| Referral system in place at the site | 276 | 268 | 436 | 980 |
| SOPs in place at the site for management and referral of ill travelers | 344 | 271 | 392 | 1007 |