



The current outbreak of COVID-19 has affected global mobility in complex and unprecedented ways in the form of various travel restrictions, suspension of air travel and border closures. To better understand this, the **International Organization for Migration (IOM)** has developed a global mobility database (<https://migration.iom.int/>) to map these impacts on human mobility, across global, regional and country levels. Furthermore, COVID-19 has had a disproportionate impact on vulnerable populations in camps and camp-like settings as well as exacerbated the vulnerabilities of mobile populations who may now be stranded owing to COVID-19 related mobility restrictions. This data is particularly important when addressing specific needs faced by migrants and mobile populations. The purpose of this assessment is to help national authorities, United Nations agencies, organizations and other key stakeholders identify and develop adequate pandemic preparedness and response interventions at Point of Entry (PoE). This report presents an update of information on the operational status as well as the public health measures that have been put in place at **37 Points of Entries across the country**.

### ASSESSMENT METHODOLOGY

During May 2020, data was collected at **37 PoE at the border with Guinea, Burkina Faso, Niger, Mauritania, Cote d'Ivoire and Senegal**, in the 9 regions of Mali through interviews with a large number of key informants.

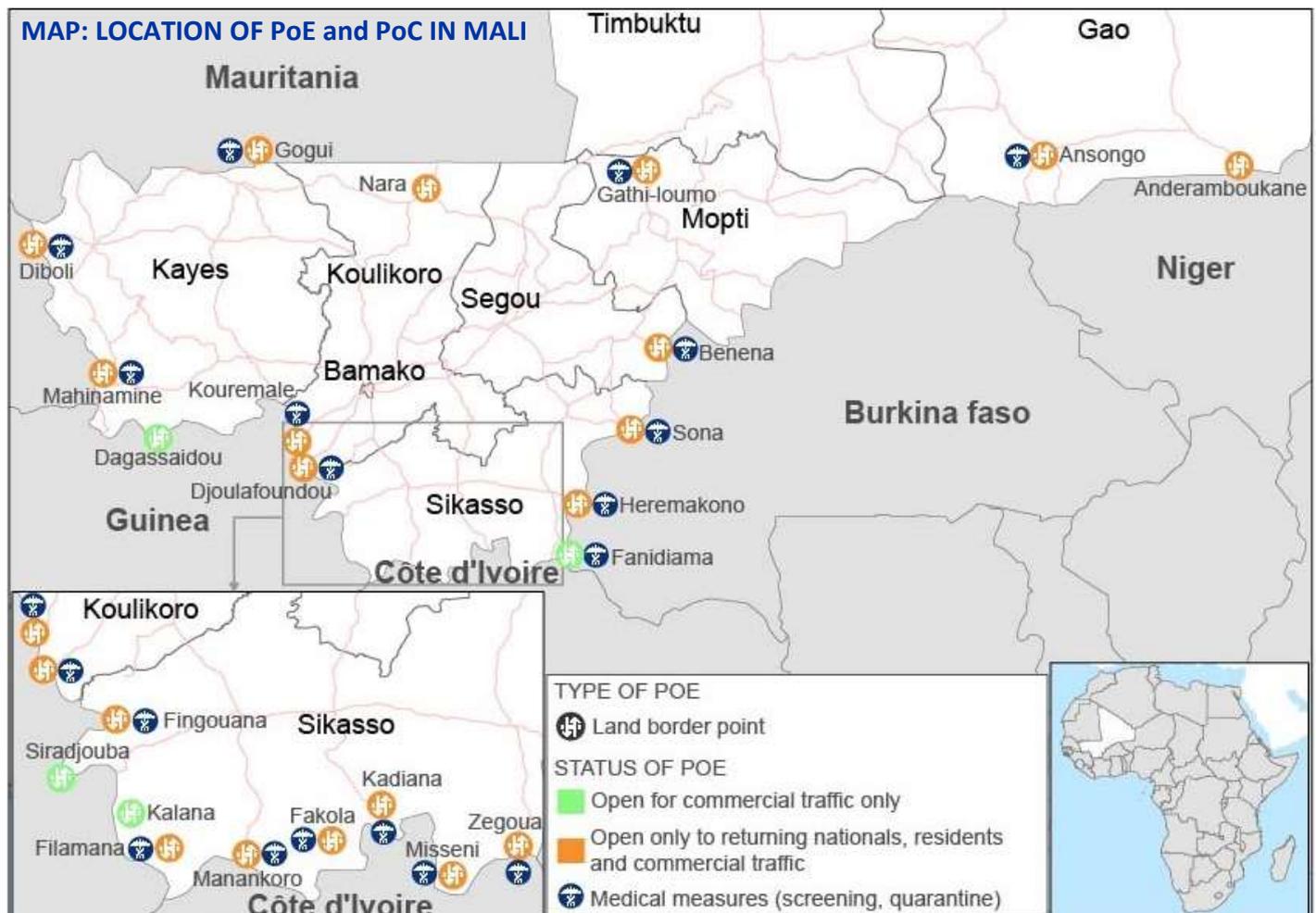
The geographic coverage by regions were : 15 PoE in Sikasso, 5 PoE in Koulikoro, 5 PoE in Kayes, 5 PoE in Menaka, 3 PoE in Tombouctou, 2 PoE in Gao, and 1 PoE in each region for Segou and Mopti.

### STATUS OF PoE AND CROSSBORDER MOBILITY

During this update exercise, the focus has been put on the main PoE at international borders with high mobility of persons. **The majority of PoE are opened for commercial transportation and returning nationals.**

**37**  
Points of Entry

**905**  
Average of Daily flows



This map is for illustrative purposes only. Representations and the use of boundaries and geographical names on this map may include errors and do not imply any judgment on the legal status of a territory, nor official recognition or acceptance of these boundaries by IOM.



### PUBLIC HEALTH MEASURES IN PLACE AT THE ASSESSED POINTS OF ENTRY

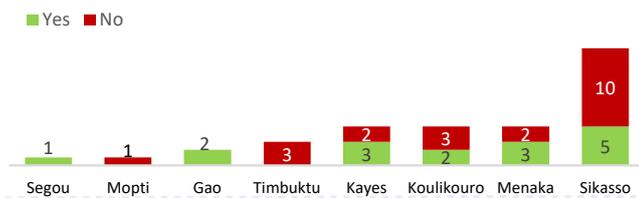
Apart from capturing the operational status and identifying the types of restrictions / measures in place at each PoE, the assessment seeks to identify what (if any) **preventive health measures** have been set up at these points since the start of the epidemic. In particular, the assessment seeks to identify:

- the presence of **health workers** at the PoE
- the implementation of **Standard Operating Procedures (SOPs)** for managing flows, occupational health and safety of staff (Infection Prevention and Control - IPC), and detection (health screening), registration, notification, management of ill travellers
- The implementation of **Risk Communication and Community Engagement (RCCE)** activities
- The installation of **hand-washing stations** (IPC)
- The implementation of a **health screening process** and setup of a **referral system**

#### PRESENCE OF HEALTH WORKERS

Health workers are present at **43%** of the PoE assessed (16 out of 37). These include volunteers' workers from the Ministry of Public Health or local health authority staff. There are no health workers deployed at the assessed PoE in Mopti and Timbuktu.

Graph 1: presence of health workers at assessed PoE



#### RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

**32%** of the PoE do not provide information or materials to raise awareness about COVID.

At the various crossing points, most of the travellers are not informed about the symptoms of COVID and what to do if they develop symptoms.

Most of them are not notified about where to seek health care, if their symptoms worsen or if they develop symptoms. RCCE tools and materials need to be strengthened in all regions in order to better protect travelers and border communities.

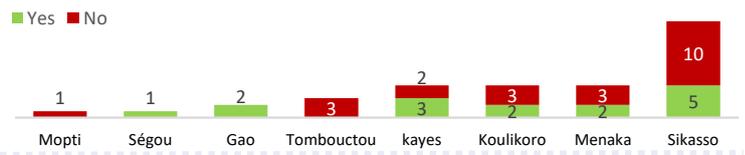
#### STANDARD OPERATING PROCEDURES (SOPs)

**More than half** (22 out of 37) of PoE **do not have SOPs** in place for managing flows, health screening procedures, detection, isolation and referral of suspect cases and ill travellers.

Points of Entry in Mopti, Timbuktu and Menaka are the most in need on this matter.

In Kayes, Koulikoro, Sikasso and Menaka regions, **62%** of PoE's staffs need strong training on SOP.

Graph 2: SOPs developed and put in place at assessed PoE



#### MEDICAL MEASURES

In the 37 crossing points, a significant proportion (22 out of 37), have implemented medical measures to control the spread of COVID-19. These medical measures relate to the mandatory quarantine or additional medical checks required at PoE (handwash, temperature screening, etc.).

Graph 3: Medical measures put in place at assessed PoE



#### REFERRAL SYSTEMS

**78%** of PoE do not have a referral system in place to ensure a rapid intervention for suspect cases. Timbuktu, Gao, Mopti, Koulikoro, Menaka and Sikasso regions are the most in need of support on the matter.

Graph 4: Referral system put in place at assessed PoE



#### NEXT STEPS

Conduct an awareness raising campaign about COVID for the different categories of travellers and for border communities.

In coordination with stakeholders (Ministry of Health, WHO, UNICEF), identify key PoE where sanitary surveillance needs to be set up and/or reinforced

Trainings on SOPs for border agents, provision of protection equipment, sensitization of border communities

For further explanations on the methodology used, please refer to the *Methodology Framework*, available on the following link <https://migration.iom.int/>