COVID-19 Response
PoEs Rapid Assessment Ghana

JUNE 2020

In a global public health emergency such as the COVID-19 pandemic, PoEs and border communities play an important role in response and recovery efforts. They are usually part of front-line efforts to ensure disease surveillance, risk communication and community engagement (RCCE), infection prevention and control (IPC), cross border coordination and information exchange, and protection of vulnerable persons in mobility. To ensure the efficacy of measures put in place to respond to the pandemic outbreak and also ensure that recovery measures, including the resumption of international trade and travel, are carried out in a safe and effective manner, the capacities of PoEs and border communities in Ghana have to be enhanced to play their critical functions in COVID-19 response and recovery. This assessment presents information on the operational status as well as the public health measures that have been put in place at **48 PoEs across the country**. The purpose of this assessment is to help national authorities, United Nations' agencies, civil society organizations and other key stakeholders develop adequate pandemic preparedness and response interventions at PoEs.

ASSESSMENT METHODOLOGY

During the month of May 2020, data was collected at **48 PoEs** in **11** out of the 16 **regions** of the country, through phone interviews with key informants.

3 International airports

45 land and sea border crossing points

STATUS OF PoEs AND CROSSBORDER MOBILITY

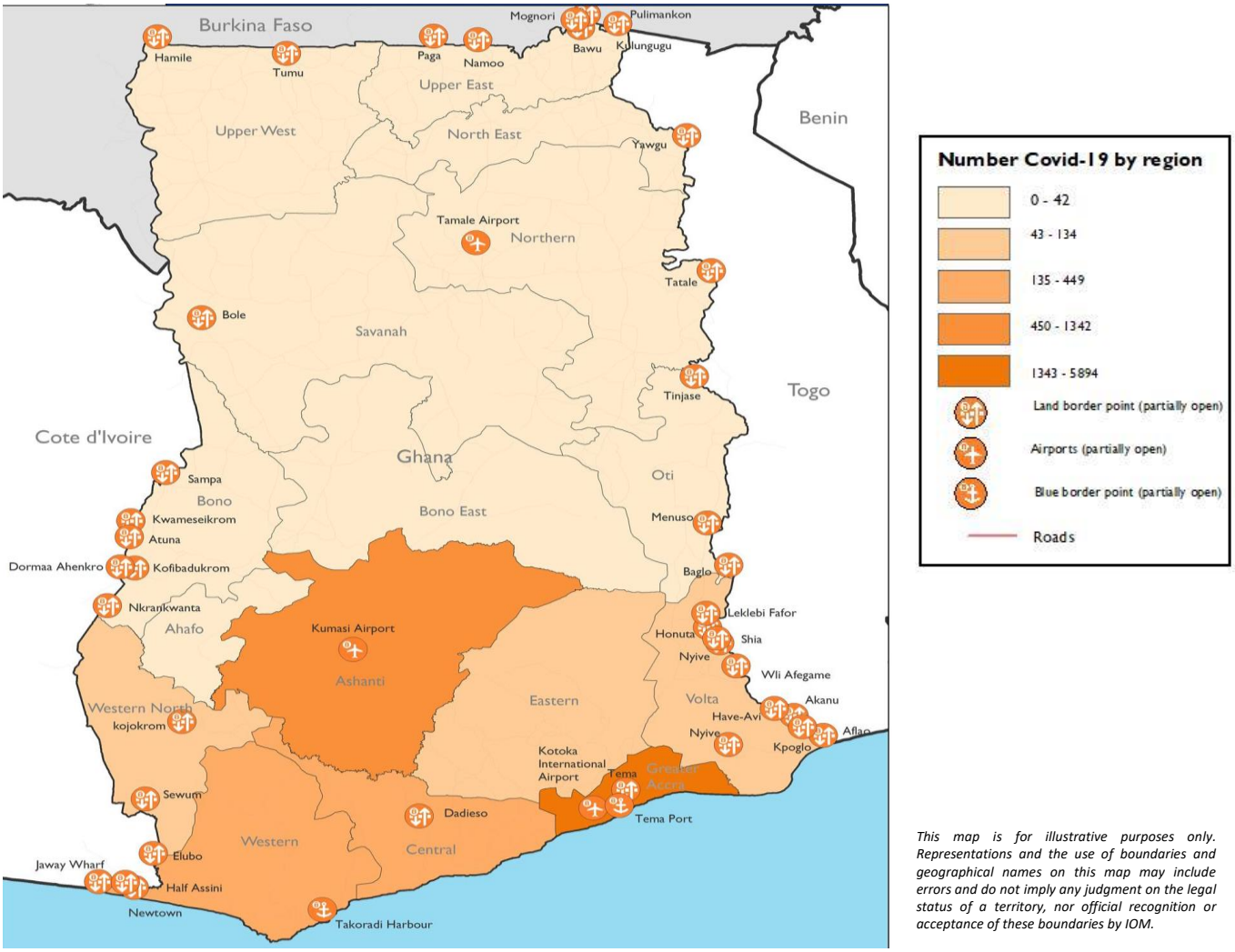
0 open

48 partially open

0 closed

All **48 PoEs** and associated outposts were **closed to human traffic** at the time of the assessment but remained partially open to allow **transport of goods/ cargo** into and out of the country. 14 PoEs (1 airport, 2 seaports and 11 ground crossings) are designated IHR (2005) PoEs. The borders remain closed and the Government of Ghana has outlined evacuation plans for stranded nationals abroad. The border closures have also affected important trading hubs including Aflao, Sampa and Elubo, resulting in a significant reduction in border commerce. The incidence of migrant smuggling has been rising with Immigration officials intercepting several persons entering and exiting through unapproved routes.

MAP: LOCATION AND STATUS OF PoEs IN GHANA



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.

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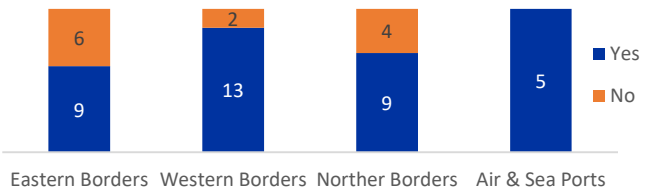
ANALYSING PUBLIC HEALTH MEASURES IN PLACE AT THE ASSESSED POINTS OF ENTRY

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 points of entry since the start of the epidemic. In particular, the assessments look to identify: the presence of **health workers** at the PoEs; the implementation of **RCCE** activities; the **health screening process** and setup of **referral systems;** the design and implementation of **Standard Operating Procedures** (SoPs) for managing response operations; **infection, prevention and control** (IPC) measures, and processing of data at PoEs. This assessment analyses these measures to understand their impact on key PoE functions during this public health emergency. This section presents the data collected during the assessment. The next section provides an analysis of the data. The report concludes with outlining recommendations to improve critical functions at PoEs, including disease surveillance, IPC, RCCE, cross border coordination and protection of vulnerable persons on the move, referral mechanisms and SoPs.

PRESENCE OF HEALTH WORKERS

Health workers are not present at **25%** of the assessed PoEs (12 out of 48). Port health is present in 27% (13 out of 48), with temporary community health personnel present in 23 POEs (48%). There are relatively more borders without the presence of health workers at the East.

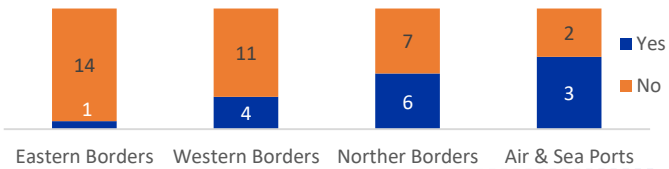
Graph 1: Presence of health workers at assessed PoEs



STANDARD OPERATING PROCEDURES (SOPs)

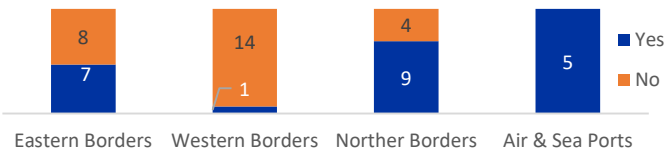
Less then 30% (14 out of 48) of assessed PoEs **have SOPs** in place for managing flows, infection prevention & control and for the detection and referral of ill travellers. Amongst PoEs with SOPs, no COVID-19 specific training has been carried out using the SOPs. SOPs must be in place at every POE and majority of staff on site should have been trained on these SOPs in relation to COVID-19.

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



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Information about COVID-19 is provided in **46%** (22 out of 48) of the assessed PoEs, with the lowest proportion in the East region (33%). This includes posters, leaflets and announcements on prevention at the PoEs. At 23 (48%) out of the 48 assessed POEs, travellers **are informed on where to seek care** if their symptoms worsen or if they develop symptoms and are at higher risk of severe symptoms.



INFECTION PREVENTION AND CONTROL

All 48 POEs assessed have **hand-washing stations** available; all are equipped with soap and water.

However, access to **potable water** on site remains a challenge for the majority of the PoEs. Most of the PoEs do not have washrooms for travellers. There is the need to provide permanent Water, Sanitation and Hygiene (WASH) facilities, including potable water and restrooms available to travellers..

HEALTH SCREENING PROCESS AND REFERRAL SYSTEMS

43 (90%) out of the 48 PoEs assessed are using **non-contact thermometers** to check the temperature of travellers. Health screening which involves travellers filling out a **health declaration form** takes place in 20 (40%) out of the 48 PoE.

71% of the PoEs **have Personal Protective Equipment (PPE) available** for and worn by screeners while only 22 of the 48 POEs have **installed infrastructure (sheds, cabanas) to support crowd** control and ensure the safety of screeners.

Referral systems are in place in 43 PoEs (though over 70% are **not written**) with 72% evaluating the referral system as effective.

DATA COLLECTION AND DIGITIZATION

All **48 assessed PoEs** collect **embarkation and disembarkation data** which can be disaggregated by gender, age and sex.

However only **9 (19%)** out of the 48 PoEs have the movement data digitised. When data is digitised, digitization is carried out by either capturing the data into a Border Management Information System (4 out of the 48 POEs) or transferring of the manually collected data unto a computer (5 out of 48 POEs).

This means movement data is **manually collected at over 80% of the POEs.**

For further explanations on the methodology use, please refer to the Methodology Framework, available at the following link https://migration.iom.int/

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DISEASE SURVEILLANCE

Through traveller screening, review of travel history and medical documents, as well as community events based surveillance (CEBS) in border communities, PoEs play an integral role in disease surveillance. In Ghana entry/exit screening and non-invasive health screening are carried out regularly, with all PoEs collecting travellers' data and 90 % of PoEs equipped with non-contact thermometers. However, only 71% of PoEs have adequate PPEs and only 46% have adequate infrastructure to screen in a safe manner. Further, data is collected in written form at 81% of PoEs, meaning that it is not processed or analysed in real time and it is difficult to use efficiently for contact tracing and assessing the mobility impact of the outbreak. Border communities are also not integrated into a system for CEBS, meaning that there are gaps in monitoring possible spread of the disease through irregular crossing points.

STANDARD OPERATING PROCEDURES (SOPs)

Referral mechanisms define pathways of intervention and agencies who would carry out interventions if a suspected case is encountered at a PoE. This intervention process should be grounded in SoPs, triggering specific action by designated officials. SoPs should also govern other operations at the PoE, including disease surveillance and IPC. SoPs are integral to contingency planning at PoEs and should be integrated into standardized capacity building for officials. 89% of PoEs have some sort of referral mechanism in place. However, 70 % of them operate in an ad-hoc manner and are not codified. Further, only 30% of PoEs have SoPs in place and for those with SoPs, no COVID-19 specific training has been carried out using the SoPs. This represents a large gap in standardizing the process of case management at borders. Officers without knowledge of SoPs would not be able to respond adequately if confronted with a suspected case and could increase the risk of spreading the virus.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

PoEs provide travellers with tailored messaging on COVID-19, including information, education, and communication (IEC) materials. PoEs are also a platform for engaging with border communities on prevention measures at irregular entry points and countering stigma. Currently, information on COVID-19 is only provided in 46% of PoEs and only 48% of PoEs are providing information on places to seek medical assistance if unwell. Consequently, there is a risk of travellers being misinformed about prevention measures in place and how to seek care if sick. Engagement of border communities is carried out in an ad-hoc manner, meaning that these communities might be unclear on their role in prevention strategies and mitigation measures against stigma are not standardized.

INFECTION PREVENTION AND CONTROL

IPC activities at PoEs include establishment of WASH facilities (water supply systems, handwashing stations, toilets, and waste management facilities); providing equipment and protocols for cleaning staff; and enhancing barriers to contact with infected persons, such as screens between frontline officials and travellers and temporary isolation spaces to keep ill persons before referral. Currently all PoEs in Ghana have handwashing stations with adequate soap. However, the water supply system at most PoEs is inadequate, with potable water remaining a challenge. Most PoEs do not have toilets or protocols for cleaning and infectious waste disposal. Only 45% of PoEs have infrastructure to ensure the safety of screeners and temporarily isolate ill persons if necessary. The current gaps in IPC at the PoEs could increase the risk of border officials, travellers and the general public to infection

CROSS BORDER COORDINATION AND PROTECTION OF PEOPLE ON THE MOVE

It is important that cross border coordination and protection of people on the move are integrated into COVID-19 response measures. Transnational coordination on disease surveillance, IPC, and border community engagement would increase effectiveness of the COVID-19 response, by facilitating information sharing on disease trends, CEBS, and best practices. Further, management of irregular border crossing points and detecting cases of migrant smuggling and human trafficking would require increased cross border collaboration. Even though COVID-19 response might mean an increase in surveillance measures at PoEs, it is essential that this does not lead to an increase in violation of the rights of people crossing the PoEs. Protection of migrants' rights must be central in the ways response measures are implemented, including in screening and data collection. Stigmatization of travellers must be countered and borders must remain protection sensitive to the needs of vulnerable persons, including survivors of trafficking, unaccompanied and separated minors, and refugees.

IOM'S PREVIOUS INTERVENTIONS AT POEs DURING THE EBOLA RESPONSE

- 1,010 volunteers and 176 supervisors trained to identify and properly report specific health risks spread by human mobility.
- 9 SOPs for the Identification, Management and Referral of Ill Persons developed for land POEs and 1 PHERP for Kotoka International Airport.
- Supported the testing and integration of SOPs at 4 POEs.
- 20 motorbikes to improve health surveillance logistics was donated to GHS.
- 781 frontline border officials trained on Ebola preparedness and 10,350 border residents educated on Ebola preventive measures.
- 80 frontline agency officials trained on the RING concept.

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RECOMMENDATIONS

DISEASE SURVEILLANCE

Ensure all PoEs have capacity to support disease surveillance, including adequate supplies of PPEs; dedicated spaces for temporary isolation; adequate equipment for processing data; and coordination platforms (including health workers, immigration officials, and border communities) to facilitate community-based surveillance. Priority areas are the northern borders especially the North-East frontiers between Burkina Faso, Ghana and Togo. A second priority will the eastern borders between Ghana and Togo. There are 3 airports with adequate disease surveillance preparation. However majority of the land borders are challenged with respect to the availability of PPEs, temporary isolation facilities, data processing equipment and coordination platforms, among others.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

COVID-19 related IEC materials should be available at all PoEs. Every traveller should be informed of prevention measures and how to access assistance if unwell. Border communities should be engaged on prevention strategies and their role within these strategies. Stigmatization should be countered through sensitization.

INFECTION PREVENTION AND CONTROL

To improve IPC, the WASH infrastructure at PoEs needs to be enhanced, notably at land borders. Water supply systems need to be put in place to support the provision of toilets and hand washing stations. Protocols on cleaning of sanitation facilities and frequently touched surfaces and disposal of waste should be standardized. Interview and isolation designated areas should be established.

STANDARD OPERATING PROCEDURES (SOPs)

COVID-19 response operations at PoEs should be governed by SoPs and case management should be managed through written localised referral mechanisms. SoPs should be developed at all PoEs to guide operations related to COVID-19. These SoPs should be written in line with contingency planning and be integrated into systemic capacity building for officials deployed at borders.

CROSS BORDER COORDINATION AND PROTECTION OF PEOPLE ON THE MOVE

Mechanisms to support cross border coordination around IPC, RCCE, and disease surveillance should be developed. Capacity building and coordination measures should also ensure that the rights and protection needs of persons on the move are always considered.

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