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COVID-19 and Migrants in the GCC states: Challenges, responses and key lessons

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Abstract

As the COVID-19 pandemic unfolds, the GCC countries face an unprecedented challenge of controlling the spiralling COVID-19 cases. The challenge has become even more formidable in containing the virus among non-national populations, mainly migrant workers. This study explores the patterns of COVID-19 infections, identifies the challenges that the GCC states have encountered, and finally reviews the respective Gulf governments' responses to flatten the curve and limit the infection rates. The study reports that the GCC countries have been relatively successful in containing the pandemic due to Gulf governments' significant and proactive measures. This paper suggests that there is a need for developing a long-term strategy to manage such pandemics in the GCC states in near future.

About the author

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Introduction

Contagious disease has been a key factor in shaping human history and like all pandemics, COVID-19 is not an accidental event. Although the Black Death (1347–1352), the Third Cholera Pandemic (1852–1860), the Flu Pandemic (1889–1890), and the Influenza (Spanish Flu) pandemic (1918-1920), to mention just a few examples, are well known to historians, the modern industrialized world had tended to underestimate the disruptive potential of such diseases (for an overview, see Snowden, 2020; Gottfried, 1983; Hays, 2005; Byrne, 2012). Significantly, today's pandemic is caused by a novel Coronavirus has already had a powerful impact on international migration throughout the world (Abella, 2020; Papademetriou and Hooper, 2020; Sirkeci and Yucesahin, 2020). Following the outbreak of COVID-19, first identified in China, the United Arab Emirates (UAE) reported first case of COVID 19 in the Gulf Cooperation Council (GCC) countries (namely, Qatar, Saudi Arabia, UAE, Oman, Kuwait, and Bahrain) in January 2020.

Attempts to combat the crisis in the GCC began as early as January 2020. On 29 January a discussion of the "Communicable Diseases Committee for Coordination and Cooperation" was held regarding the virus;[1] in February 2020, the GCC health ministers also met;[2] and by the end of February each GCC state was taking unprecedented action to curtail the spread of the virus. The growing COVID-19 cases demanded urgent declaration of strict precautionary actions by the regional administrations. Restrictions were imposed on public gatherings, and schools and universities were closed or shifted online (Ullah, Nawaz and Chattoraj, 2021). These bans were kept in place for over four months, and it was only in the latter half of June 2020 that the Gulf countries permitted some relaxation to facilitate economic life, and to enable family reunions and social-emotional support. However, the practice of strict control measures has been contingent on the rates of infections in the region. As of early March 2021, the GCC states as a whole had reported 1,422,635 COVID-19 infected cases, 1,354,974 cured cases, and 11,268 death cases (Table 1). COVID-19 infection has also brought a strong stigma and psychological fear, and within this context there is increasing discussion about the role of migrants as a cause of virus spread in the region and beyond (Ali, Al-Khani, and Sidahmed, 2020, Babar, 2020a).

The GCC member states altogether host nearly 35 million international migrants out of a total population of 54 million (Babar, 2020b:343). There exist number studies that have reported various aspects of Gulf migration since the beginning of large-scale migration in early 1970s (Arnold and Shah, 1986; Diop et al. 2017; Eelens and Speckmann, 1991; Esim and Smith, 2004; Gardner, 2010; Babar, 2017; Fargues and Shah, 2018). The remittances to home countries by these migrants in the GCC countries make a significant contribution around the world (Rajan and Oommen, 2019). It is only from 2013 to 2017, a total of $551.8 billion was sent in remittances from the GCC countries to mostly the global South (KNOMAD, 2020); in 2019 alone, this figure was $120 billion (Karasapan, 2020). Since the beginning of the pandemic, work closures and lockdowns have also amplified debates about wage cuts by employers, and these wage cuts—or even loss of work outright—have also hit remittances and endangered the livelihood of millions of migrant families back home (Rosa and Goldstein, 2020; Guadagno, 2020).

[1] Arab News (19 February 2020). GCC health ministers: All precautionary measures have been taken to deal with coronavirus. Arab News. Retrieved on 14 June 2020 from https://www.arabnews.com/node/1630246/middle-east.

[2] Arab News (19 February 2020). GCC health ministers: All precautionary measures have been taken to deal with coronavirus. Arab News. Retrieved on 14 June 2020 from https://www.arabnews.com/node/1630246/middle-east.

Given the size of the migrant population in the GCC states, which is surpassing nearly 70 percent of the resident population of the six GCC states, a question arises how the GCC states have been responding to the COVID-19 pandemic in relation to migrant workers. It is widely argued that migrants were exposed to COVID-19 disproportionately (Karasapan, 2020; Babar, 2020a; Joob and Wiwanitkit, 2020). However, an area that remains relatively virgin is what are the challenges that the GCC states are facing to control the spread of COVID-19 among migrant workers and how they are responding to the COVID-19 pandemic in relation to migrant workers. This paper attempts to fill the gap by shedding light on the patterns of COVID-19 cases, identifying the challenges that the GCC states are facing, and singling out the responses adopted by the respective governments in GCC states. This study draws heavily on existing government reports, national news media, blogs, embassy reports, and academic literature, supplemented by unstructured interviews with migrants and their community level organizations during the pandemic.

The paper is divided into four sections. The first section discusses healthcare policy in the GCC countries with an emphasis on the migrant workers. The second section discusses the patterns of COVID-19 infections and the challenges posed to the individual GCC countries, followed by the GCC states' responses to contain the COVID-19 pandemic. The final section concludes with policy recommendations.

Table 1 A snapshot of the COVID-19 situation in the GCC countries, March 2021

Country	Infected	Deaths	Cured	Death Rate	Tests Per 1 Million
Qatar	166,475	262	155,700	0.16	560,409
United Arab Emirates	408,236	1,310	391,205	0.32	3,209,727
Bahrain	126,126	469	119,047	0.37	1,826,126
Kuwait	199,428	1,120	185,231	0.56	426,889
Oman	142,896	1,583	133,491	1.11	298,426
Saudi Arabia	379,474	6,524	370,300	1.72	395,976
	1,422,635	11,268	1,354,974		

Source: https://coronavirus.thebaselab.com/ (As of 07 March 2021)

Healthcare Policy for Migrants in the Gulf

Migrant healthcare is a topic of sustained academic interest in Gulf migration research and analysis (Jamil and Kumar, 2020; Alkhamis et al. 2017). However, the current pandemic has revived the question of migrant healthcare facilities in the region. It is important to note that the GCC countries require a thorough medical check-up report for all in-coming migrant workers from South Asia, Southeast Asia and Africa. The issuing of residence permits is contingent on passing of another round of medical tests when migrants arrive in the GCC states. In all GCC countries except Oman, employers are responsible for the healthcare of their migrant workers (Khadria, et al., 2019). The Situation Report on international migration: the global compact for safe, orderly and regular migration in the context of the Arab region provides an admirable overview of the healthcare issues of migrant workers in the MENA region (ESCWA and IOM, 2020:111-146).

To start with Bahrain, the country makes it compulsory for health insurance coverage to be provided to all. However, the government pays contributions/premiums for Bahraini citizens. For tourists and visitors, the payment for health insurance will be paid by themselves,

while for non-national employees, the employers are responsible for the payment. Temporary workers are enrolled into the visitor insurance package in Bahrain.[3] In Kuwait, free healthcare facilities of citizens are provided by the State. For expatriates, there is a low-cost public insurance scheme is being provided by the state. Separately, healthcare services including insurance are also being run by private providers.[4] Previously, Kuwait had had a unified healthcare scheme for nationals and non-nationals alike; however, the Kuwaiti Government subsequently imposed a ban on foreigners accessing public healthcare services, and implemented an employer-driven healthcare service for migrant workers.[5]

In Oman, labour law makes it mandatory for the employers to provide healthcare facilities to migrant workers in the country. The regulations further make it compulsory for the large organization to ensure availability of trained nurse, specialist doctors and complementary medicines.[6] Oman has further also planned for universal healthcare facilities for the migrant workers hailing from private sector, domestic workers and, temporary residents since 2020.[7] In Qatar, as well as in the UAE, Government has made it compulsory for the employers to ensure medical protection to their workers. However, Qatar's universal healthcare system is a part of the National Health Strategy of Qatar, developed under the banner of the Qatar National Vision.[8] Further, Qatar also makes it mandatory for every employer to provide medical facility to employees to the standard determined by the Ministry of Labour and Social Affairs and the Minister of Health. Qatar's insurance system gives beneficiaries the option to choose between a number of service providers from both public and private sectors.

In Saudi Arabia, government provides a comprehensive healthcare scheme for all Saudi citizens and expatriates who are working for the public sector.[9] Similarly for private sector also, government has made it compulsory for the employers to provide healthcare protection to Saudi and Non-Saudi employees (Almalki, Fitzgerald and Clark, 2011). In general, the kingdom facilitates access to healthcare for those who are insured, by making the citizen ID card or the resident's residency card and it is the sole basic identifier of insurance when visiting the health service provider.[10]

In the United Arab Emirates, the responsibility of healthcare for expatriate workers rests on the employer. The UAE Federal Labour Law specifies certain provisions for employee safety and healthcare. The existing law dictate employers to provide adequate medical facilities along with appropriate cleanliness, ventilation, lighting and water. Law requires every employer or sponsor to provide health insurance for employees or persons under their

[3] Ahmad, I. (2020). Bahrain- Decent Work Check, 2020. Retrieved 23 April 2020 from https://wageindicator.org/documents/decentworkcheck/gulf-middle-east/bahrain-english.pdf.

[4] Health Services, Kuwait. Retrieved 23 April 2020 from http://www.embassyofkuwait.ca/pages/LivingInKuwait/HealthServices.htm.

[5] International Medical Travel Journal (10 October 2016). New Health Insurance Schemes in Kuwait. Retrieved April 2020 from https://www.imtj.com/news/new-health-insurance-schemes-kuwait/.

[6] Mawany, A. (November 2017). Health Insurance for The Private Sector In Oman. Al Tamimi & Co. Retrieved 23 April 2020 from https://www.tamimi.com/law-update-articles/health-insurance-private-sector-oman/.

[7] The Times of Oman (24 September 2019). Mandatory health insurance likely from mid-2020. Times News Service.

[8] Health Insurance, Social Health Insurance Scheme, Hukoomi, Qatar Government, Retrieved 23 April 2020 from https://portal.www.gov.qa/wps/portal/topics/Health/healthinsurance.

[9] care system in Saudi Arabia: an overview, World Health Organization. Retrieved 23 April 2020 from http://www.emro.who.int/emhj-volume-17/volume-17-issue-10/article-11.html. And also see: LAW FAQS, Labour Laws, retrieved 23 April 2020 from http://www.iwrcuae.in/FAQ/FAQs_of_UAE_LABOUR_LAW.pdf.

[10] Council of Comparative Health Insurance (01 December 2020). Identity and Residency Cards are the Sole Basic Identifier When Visiting Health Care Provider. Retrieved 23 April 2020 from https://www.cchi.gov.sa/en/MediaCenter/News/Pages/news-18-11-2019.aspx.

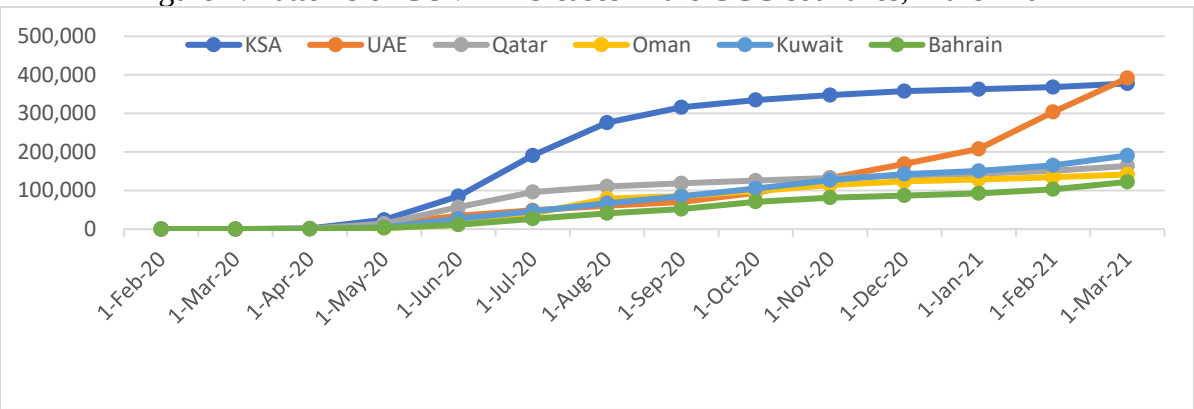
sponsorship, as well as for family members including up to three children under 18 living in the UAE. For the Emirate of Abu Dhabi, the Health Insurance Scheme stipulates that employers shall bear the cost of basic health insurance for employees and their dependents. However, it does not clearly cover the healthcare provisions in the specific cases of Sharjah, Fujairah, Ras al Khaimah, Ajman, and Umm Al Quwain.

This brief survey shows that all the GCC countries have taken measures to ensure basic healthcare services to migrant workers. However, most of these countries depend largely on employers to furnish health insurance, and the regulations do not cover domestic workers and irregular workers—not falling under the broader definition of 'labour,' most of these workers hence often get ignored (Roper and Barria, 2014; Romero, 2018; Kumar and Jamil, 2020). Overall, the survey of healthcare in GCC countries suggests that each country has its own preferences in the healthcare of migrant workers. Mandatory healthcare insurance is not implemented in Bahrain, Kuwait, Oman, and Qatar; in Saudi Arabia it is mandatory for private workers to be covered by health insurance, and in the UAE the law is only applicable in Dubai and Abu Dhabi. All four countries without mandatory health insurance have plans to implement a scheme soon, whereas Qatar, in place of mandatory health insurance, has instituted comprehensive healthcare coverage to cover all the residents of the country including male migrant workers and domestic workers with a minimal annual fee.

COVID-19 cases, patterns, and challenges

The GCC countries have confronted this invisible enemy in a speed unparallel to any other regions in the world. By the first week of March 2020, the cases of COVID-19 were reported in all GCC countries. Table 1 presents the cases of infections, deaths, cured persons, and death rates and tests per million. The United Arab Emirates has been one of the most affected country in GCC with 408,236 infections in early March 2020, followed by the Saudi Arabia, Kuwait, Qatar, Oman and Bahrain. However, a high number of cases is not always indicative of failures by a country to contain the virus, since it may also be that the country has undertaken widespread testing and reporting in an effort to contain the virus. Saudi Arabia has the highest number of death cases and death rates while Qatar has the lowest death cases and death rates in the GCC states (Table 1). Figure 1 presents the patterns of COVID-19 infections in the GCC countries. The cases of COVID-19 infections for Saudi Arabia have been exceptional among the other GCC countries; the cases started to grow from May 2020 and remained constantly high until March 2021. The UAE managed to have the low COVID-19 cases until September 2020, but the country reported high cases in the second wave, starting from December 2020 (Figure 1).

Figure 1: Patterns of COVID-19 cases in the GCC countries, March 2021



Source: WHO, https://covid19.who.int/ retrieved on the 7th March 2021

Having offered an overview of COVID-19 cases in the GCC countries in general, the following discussion provides the experiences of individual GCC countries. Table 2 presents the spread of COVID-19 in Bahrain. The first case of COVID-19 in Bahrain was reported on 29 February 2020, and by 23 June 2020 there were 23,062 COVID-19 infections, among these 16,450 had people recovered and 67 had died. According to the Bahrain Government, among immigrants, Indians had most infections followed by Bangladeshis, Pakistanis, and Nepalis.[11] On 24 April 2020 Bahrain reported the first death of an Indian;[12] on 26 April 2020 the ministry announced 301 cases that included 212 migrant workers and on 29 April 2020, 126 Nepali workers were discovered to be infected.[13] There were some reports about the deteriorating status of labour camps in Bahrain; throughout the pandemic, in fact, labour camps remained a challenge and were 'hot spots' in relation to the spread of COVID-19 throughout the GCC states. On 22 April 2020, 97 Bangladeshi nationals were discovered to be infected.[14] In view of the fact that the greater part of COVID-19 cases are related to overcrowding in labour camps, Bahrain was prompt to shift migrant workers out of the labour camps to available spaces such as schools, sports centres, and theme parks.

Table 2: Coronavirus spread in Bahrain, 2020

Date	No. of Cases	Deaths
29 February	2	0
1 March	40	0
16 March	221	1
1 April	569	4
16 April	1,698	7
1 May	3,169	8
16 May	6,655	12
1 June	11,398	19
16 June	19,013	46
1 July	26758	87
16 July	34560	117
1 August	40982	148
16 August	46430	170

Note: The first COVID-19 case was reported on 29 February and the first death on 16 March.
Source: WHO Coronavirus (COVID 19) Dashboard: Bahrain. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/bh.

Table 3 presents the spread of COVID-19 in Kuwait. The initial infection in Kuwait was reported on 24 February 2020 and by 1 May 2020, Kuwait reported 4,313 cases and increasing further to 52,007 on 8 July 2020.[15] By 16 August 2020, the had nearly 75,697 cases. The death toll was only 3 on 16 April, 2020 but it reached to 498 by 16 August 2020. The spread of COVID-19 in Kuwait affected the expatriate population and citizens equally.[16] Table

[11] The Himalayan Times (6 May 2020). 88 Nepalis contract COVID-19 in Bahrain. Himalayan news service.
[12] DT News (24 April 2020). Indian dies of Covid-19 in Bahrain. DT News.
[13] The Himalayan Times (06 May 2020). 88 Nepalis contract COVID-19 in Bahrain. Himalayan Times.
[14] The Financial Express (Bangladesh) (25 April 2020). Bahrain to send back 347 workers this week. The Financial Express (Bangladesh).
[15] Abueish, T. (8 July 2020). Coronavirus: Kuwait confirms 762 new COVID-19 cases, 593 recoveries in 24 hours. Al Arabiya
[16] Times News Service (19 April 2020). Omani citizen in Kuwait tests positive for COVID-19. Times of Oman.

4 presents the spread of COVID-19 in Oman. On 24 February 2020, Oman reported it first case. By 6 May 2020, the total number of infections had climbed to 2,903, with a total of 888 patients reported as having recovered.[17] As of 16 April, 635 expats had been found to be infected with COVID-19.[18] In the week leading up to 7 July 2020, a total of 8,927 new cases of COVID-19 were reported, of which 6,369 were Omanis, and the remaining 2,558 expatriates.[19] The strict measures enacted to stop the movement of people resulted in closures of schools, shopping malls and prayer places.

Table 3: Coronavirus spread in Kuwait, 2020

Date	No. of Cases	Deaths
24 February	5	0
1 March	45	0
16 March	123	0
1 April	317	0
16 April	1,524	3
1 May	4,377	30
16 May	13,802	107
1 June	27,043	212
16 June	36,431	298
16 August	75697	498

Note: The first COVID-19 case was reported on 24 February and the first death on 4 April.
Source: WHO Coronavirus (COVID 19) Dashboard: Kuwait. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/kw

Table 4: Coronavirus spread in Oman, 2020

Date	No. of Cases	Deaths
24 February	2	0
1 March	6	0
16 March	22	0
1 April	210	1
16 April	1,019	4
1 May	2,447	11
16 May	5,029	21
1 June	11,437	49
16 June	24,524	108
16 August	82924	562

Note: The first COVID-19 case was reported on 24 February and the first death on 1 April.
Source: WHO Coronavirus (COVID 19) Dashboard: Oman. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/om

[17] Jordan News Agency (Petra) (6 May 2020). Oman reports 168 new COVID-19 cases. Jordan News Agency (Petra).
[18] Times News Service (16 April 2020). Live: 635 expats infected with Covid-19. Times News Service.
[19] 71 percent of new COVID-19 in Oman past week were https://timesofoman.com/article/3016823/oman/71-per-cent-of-new-covid-19-in-oman-past-week-were-citizens.

Table 5 presents the spread of COVID-19 in Qatar. The first case in Qatar was reported on February 27, 2020; by the end of March 2020, known cases had increased to 700[20] and by 16 August 2020, Qatar reported over 115,000 cases of COVID-19. By 15 April 202, five Coronavirus cases had been detected among migrant workers at three World Cup stadiums, these being the first confirmed instances among workers involved in preparations for the 2022 tournament. Among the migrant population, as of 15 April 2020, three Bangladeshi nationals had died from Coronavirus while more than 500 were receiving treatment.[21] Qatar offered free treatments to all migrant workers and guaranteed that those under quarantine will continue to receive wages. However, the official statements have not always matched with the hard reality in the time of pandemic. For instance, migrants living industrial area were quarantined and left without food and work.

Table 5: Coronavirus spread in Qatar, 2020

Date	No. of Cases	Deaths
29 February	1	0
1 March	3	0
16 March	401	0
1 April	781	2
16 April	4,103	7
1 May	14,096	12
16 May	30,972	15
1 June	56,910	38
16 June	80,876	76
16 August	114,809	192

Note: The first COVID-19 case was reported on 29 February and the first death on 30 March.
Source: WHO Coronavirus (COVID 19) Dashboard: Qatar. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/qa/

Table 6 presents the spread of COVID-19 in Saudi Arabia. In Saudi Arabia, there are indications that the virus has affected migrants severely. The Saudi Health Ministry said on April 5, 2020 that more than half of COVID-19 cases were involved expatriates, and King announced in early March 2020 that the government would treat anyone with COVID 19 infection freely. By 16 August 2020, the cases rose to 298,542. On 19 April the Press Trust of India reported that eight Indians, including two engineers, had died in Saudi Arabia due to the virus,[22] while the Ministry of External Affairs of the Government of Bangladesh confirmed the deaths of 15 Bangladeshis, this being the highest number of Bangladeshi nationals to die of the virus in any GCC country at that point. According to Saudi Arabia's mission report in Dhaka, 82 Bangladeshi nationals had tested positive for COVID-19 in Saudi Arabia by April 2020.[23]

[20] Serrieh, J. (27 April 2020). Coronavirus: Qatar reports 957 new cases, 54 recoveries, 10,168 cases active. Al Arabiya.
[21] United News of Bangladesh (15 April 2020). 3 Bangladeshi corona patients die in Qatar, over 500 infected: Envoy. United News of Bangladesh.
[22] Press Trust of India (19 April 2020). COVID-19: 2 engineers among eight Indian fatalities in Saudi. Press Trust of India.
[23] BBC Monitoring South Asia (16 April 2020). Highlights from Bangladesh's Bengali-language press, websites 16 Apr 20. BBC Monitoring South Asia.

Table 7 presents the spread of COVID-19 in the UAE. In the UAE, there were under 20 known cases at the end of February 2020, climbing to 660 by the end of the following month. On 30 May 2020 the UAE reported 33,896 cases and the death toll to 262.[24] Many migrants were deported at the time of pandemic and the repatriation of migrant workers was highly controversial[25].

Table 6: Coronavirus cases in Saudi Arabia, 2020

Date	No. of Cases	Deaths
2 March	1	0
16 March	133	0
1 April	1,720	1
16 April	6,380	16
1 May	24,097	83
16 May	52,016	169
1 June	85,261	503
16 June	132,048	1011
16 August	297315	3369

Note: The first COVID-19 case was reported on 2 March and the first death on 24 March.
Source: WHO Coronavirus (COVID 19) Dashboard: Saudi Arabia. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/sa

Table 7: The spread of COVID-19 cases in the UAE, 2020

Date	No. of Cases	Deaths
29 January	4	0
1 February	5	0
16 February	9	0
1 March	21	0
16 March	98	0
1 April	664	6
16 April	5,365	33
16 May	21,831	210
16 June	42,636	291
16 August	64102	361

Note: The first COVID-19 case was reported on 29 January and the first death on 21 March.
Source: WHO Coronavirus (COVID 19) Dashboard: UAE. Retrieved on 28 Mar. 2021 from https://covid19.who.int/region/emro/country/ae

In general, most migrant labourers in the Gulf are low-income workers, generally housed in labour camps equipped with small rooms usually containing from six to twelve people sleeping in bunk beds, with shared lavatories and pantries that are every so often inadequate and unsuitable (Babar, 2020a; Fargues and Shah, 2018; Almalki, Fatizgerald and Clark, 2011; Ullah, Mallik and Maruful, 2015; Hatem et al. 2019; Loney, et al. 2013). The

[24] Khalid, T. (30 May 2020). Coronavirus in UAE: 726 new infections, 2 deaths, tally at 33,896 cases, 262 deaths. Al Arabiya English.
[25] United News of Bangladesh (14 April 2020). UAE reconsidering ties with countries refusing to take back nationals: Embassy. United News of Bangladesh.

spread of COVID-19 has underlined the seriousness of this situation and the urgent need to rectify it, since it is entirely impossible to follow the hygiene rules under these conditions.

Gulf responses to the COVID-19 pandemic

Globally, multiple agencies have come up with valuable datasets on the responsiveness of individual countries and their observance of safety measures. Two such datasets are Oxford Coronavirus Government Response Tracker (OxCGRT) and Google's COVID-19 Community Mobility Report (CMR). This study draws on both OxCGRT and Google's CMR data sets to demonstrate the GCC states' responses to COVID-19. The OxCGRT has developed a Stringency Index to show how a country is responding to COVID-19 pandemic while Google's CMR is designed to provide insights into what has changed in response to policies aimed at combating the COVID-19. The Stringency Index comprises of nine of the response metrics such as school closures, workplace closures, cancellations of public events, restrictions on public gatherings, closures of public transport, stay-at-home requirements, public information campaigns, restrictions on internal movements and international travel controls[26]. While this index presents the strictness of government policies, it is important to note that it does not measure the effectiveness of a country's response to COVID-19.

Figure 2 demonstrates OxCGRT's Stringency Index, summarizing the overall performance of GCC countries since the outbreak of COVID-19 and mapping their performance on a scale of 1 to 100 (a higher score indicates a stricter response, i.e., 100= strictest response). According to the Stringency Index, Oman and Qatar have had consistent high rankings since the early days of the pandemic. As of 5 August 2020, Oman had the highest score with 94.44, and Qatar was second highest with 77.78, followed by Saudi Arabia (71.30), Bahrain (69.44), Kuwait (58.52), and UAE (50.00). However, the ranking started to decline for all GCC states after August 2020 and climb again after second wave in late December 2020, resulting in the current value of Saudi Arabia (50 on 22 Feb 2021), Oman (60 on 7 March 2021), Qatar (65 on 7 March 2021), UAE (50 on 7 March 2021), Kuwait (72 on 28 Feb 2021), and Bahrain (55 on 9 March 2021)

The patterns of Government response stringency index reveal that the GCC governments were remarkably up-and-coming in responding to the outbreak in the initial phase; however, they showed leniency in the second half of 2020 and resorted to somewhat stringent measures since January 2021 in proportion to the rising COVID-19 cases. The GCC governments took some initiatives to open schools, workplaces, public gatherings, public transport in a limited scale, relaxed stay-at-home requirements and internal movements, and continued public information campaigns. What is good about governments' various normalizing initiatives is that more and more residents are coming out of their homes, following appropriate health cautionary measures (e.g., face mask, handwashing, social distancing), and adapting to COVID-19 induced changes in everyday life.

As mentioned earlier, the Google's COVID-19 community mobility report (CMR) helps understand how national human mobility has changed in response to COVID-19 induced policies in 131 countries worldwide.[27] This CMR dataset highlights how the number of visits and length of stays change over time on the national level in six areas such as retail and

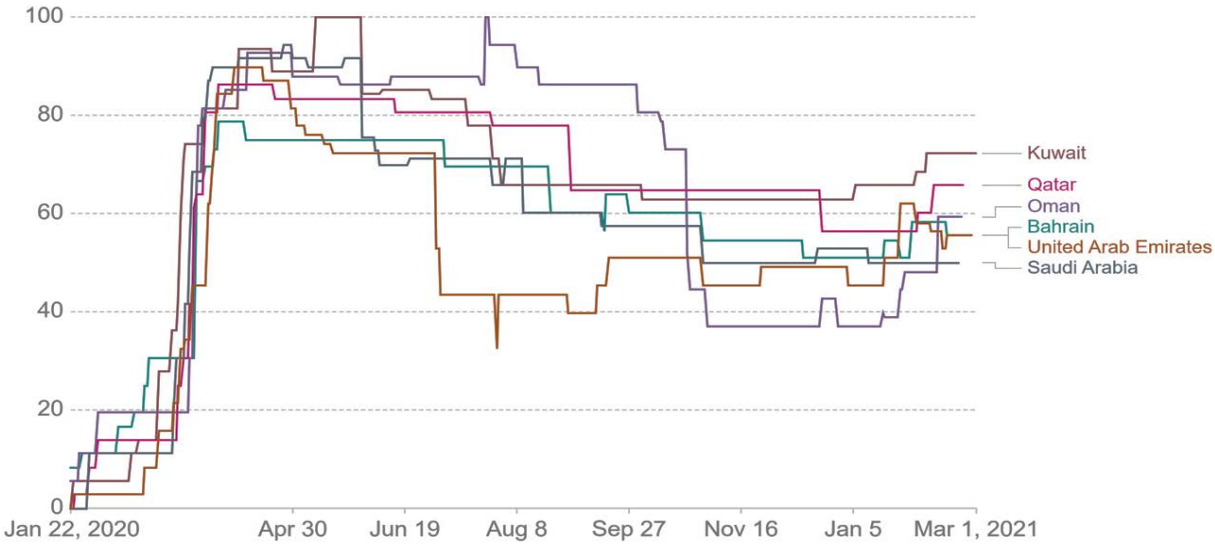
[26] For details about the Oxford Coronavirus Government Response Tracker, please see https://ourworldindata.org/covid-government-stringency-index Retrieved on March 10, 2021. This index simply records the strictness of government policies. It does not measure or imply the appropriateness or effectiveness of a country's response. A higher score does not necessarily mean that a country's response is 'better' than others lower on the index.

[27] For details, please see Google's support for public health policy: https://migrationdataportal.org/data-innovation-57 retrieved on 10 March 2021

recreation, grocery and pharmacy, parks (e.g. national parks, public beaches, marinas, dog parks, plazas, and public gardens), transit stations, workplaces, and residential places. After nearly five months of lock-down, the index can be understood as a parameter, which measures progress in return to normal life. To present the national mobility changes in six GCC states, this study mines the dataset two times: first in August 2020 and second in March 2021 (Table 8).

Table 8 demonstrates Google's COVID-19 community mobility findings for the GCC states. We find that Bahrain's transit stations and Kuwait's residential places experienced relatively higher degree of internal movements as per the first dataset retrieved in August 2020. With the exception of transit stations and residential places, there was higher degree of internal movements in Qatar in other four areas such as retail and recreation, grocery and pharmacy, parks, and workplaces. However, when we look at the dataset in March 2021, we find that the second wave of COVID-19 has affected the mobility patterns in some GCC countries negatively. Despite the second wave in the region, Qatar has experienced higher mobility in three areas such as retail and recreation, transit stations, and workplaces. Thus, the overall findings of the two time periods suggest substantial return to normalcy in the GCC states. If we compare the findings of Qatar, a relatively well-performing GCC country, with the UK and the USA, we notice that internal mobility in two areas - parks and residential places- are higher in the UK and the USA than in Qatar. However, Qatar and some other GCC countries are experiencing higher internal mobility in other four key areas: retail and recreation, grocery and pharmacy, workplace, and transit stations, suggesting the prospect for earlier return to normal life in the GCC states.

Figure 2: Government Response Stringency Index in the GCC States, March 2021



Source: Hale et al. (2021), Oxford COVID 19 Government Response Tracker, as of 07 March 2020, Retrieved from https://ourworldindata.org/ on 07 March 2020

Table 8: Google's COVID-19 Community Mobility Report for the GCC States
August 2020 and March 2021

GCC Countries	Retail and Recreation		Grocery and Pharmacy		Parks		Transit Stations		Workplaces		Residential	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
UAE	–23	–11	–6	+12	–41	–25	–43	–30	–22	–21	+11	+7
Bahrain	–23	-17	–10	–3	–18	–28	–23	–9	–22	–19	+12	+5
Kuwait	–30	–26	–18	–13	–27	–28	–35	–16	–31	–27	+14	+8
Oman	–33	–15	–26	–5	–33	–36	–49	–24	–27	–30	+12	-4
Qatar	–8	–4	+12	+18	+8	-12	–26	–3	–7	–9	+10	-2
Saudi Arabia	–18	–4	–9	+24	+5	-4	–46	–32	–27	–14	+9	+4
United States	na	-16	na	-8	na	-10	na	-33	na	-29	na	+9
United Kingdom	na	-53	na	-6	na	+8	na	-57	na	-44	na	+18

Source: COVID-19 Community Mobility Report, Google, Retrieved on 11 August 2020 and 07 March 2021 https://www.google.com/covid19/mobility/index.html?hl=en

Having offered an overview of regional responses to COVID-19 in general, the following discussion points out the experiences of individual GCC countries. For instance, in Bahrain, in a circular dated 23 April 2020, the Ministry of Labour and Social Development made it "mandatory for employers to protect workers from COVID-19". It was compulsory for employers to offer and promote usage of face shield among workers in the workplace. Employers also bore responsibility for checking the health condition of workers which include mapping temperature of employees while entering and exiting sites, and when leaving the housing assigned to them. A National Taskforce, 'Team Bahrain' is being set up by the Government of Bahrain to look into the spread of Coronavirus and took appropriate measures.

Bahrain required organizations to have maximum five employees accommodated in same apartment and that workers could remain three metres away from each other. From the early days of COVID 19 spread, the Bahraini Government has isolated workers in their places of residence, including formal accommodation sites. Bahrain's Ministry of Labour issued a circular to employers requiring the regular sterilization of labour camps where substantial numbers of workers are housed. It was also made mandatory to have a sufficient number of toilets at the workplace and in labour caps, to follow appropriate social distancing among migrant workers, and to house the infected workers separately.[28] Bahrain also made significant use of a mobile app, 'BeAware', and it provides global, regional, and local statistics on COVID-19.[29] The Labour Market Regulatory Authority introduced a nine-month grace period for all irregular migrants in Bahrain in order to prevent undetected spread of COVID-19. That such an initiative could be taken, hardly conceivable in previous times, shows the seriousness of the official response to these incredible developments.

Kuwait suspended new visa issuances partially and all commercial flights in the early phase of COVID-19. Quarantine was imposed on all arrivals to Kuwait. Kuwait suspended work across all state institutions and expanded its nationwide curfew.[30] As part of Kuwait's efforts to curb the virus, many employees were shifted from their accommodation and were housed in the alternative accommodation. some workers were evacuated from their labour

[28] Piper, DLA (June 16 2020). Global: Coronavirus COVID-19 Daily Update for Employers. Lexology. Retrieved from https://www.lexology.com/library/detail.aspx?g=15623298-0d1b-497e-9e49-fa2544a583a2

[29] Gulf Daily News (17 June 2020). BeAware app limiting spread of Covid-19. Gulf Daily News.

[30] Naar, I. (20 April 2020). Kuwait expands coronavirus curfew during Ramadan, extends public sector suspension. Al Arabiya

camps for alternative accommodation. The Interior Ministry of Kuwait declared an amnesty whereby undocumented migrant workers could leave the country and return to Kuwait in future.[31] According to estimates, approximately 23,500 migrant workers have reported to the authority under the amnesty terms, including workers from South Asia and MENA.[32] However, as most of the home countries were not operating flights, these migrants were housed in camps where social distancing was difficult to follow. As a result, the condition of workers in Kuwait has remained contentious, with a number of reported cases of cramped living conditions and incidents in which workers were housed in unhygienic conditions after reporting for amnesty.

Oman took several initiatives to restrict the spread of Coronavirus and secure business continuity. Oman's t major telecoms company 'Omantel' launched 'Omantel App,' aiming to enhance the provision of digital services during the pandemic in May, 2020.[33] Later, Oman supplemented this initiative by launching a sophisticated technological surveillance system to monitor the spread of COVID-19. The system, known as Tarassud Plus.[34] Confronted with the COVID-19 induced economic slowdown, Oman made plans to increase the "Omanization" of its work force and lower the size of the migrant worker population[35]. To this end Oman's Financial and Administrative Audit Institution surveyed government firms to determine number of expatriates who occupy leadership and supervisory jobs. Oman has called on replacement of workforce from expatriates to natives. However, this initiative amid the pandemic invited wide criticisms.

As shown earlier, Qatar has imposed the most stringent measures and played the most proactive role in curbing virus spread. From the early days of the pandemic the Government of Qatar took steps to minimize the risks. In a statement by the Government Communications Office dated 15 April 2020 in response to Amnesty International's report regarding repatriated workers, Qatar ensured the response to Coronavirus driven by the highest international standards of public health policy and the promotion and protection of human rights.[36] Qatar introduced new health and safety guidelines to protect workers in labour settlements and construction sites, and worked in collaboration with companies to enforce strict hygiene practices. Government inspectors made regular visits to various workplaces, while the designated government body developed a framework for workplaces and accommodation to ensure that companies adhere to the policies issued by the ministry. The Government of Qatar sought to contain the virus by shutting down major sites for virus spread such as labour camps, shops, religious places, and other establishments, and declared free treatment to the migrants who tests positive for the Coronavirus.

Qatar made it clear that neither party can cancel the arrangements. All workers in isolation under medical observation will entitled for wages and benefits, whether they are eligible or not. Many employers were unable to retain migrant workers due to economic slowdown. However, employers were not allowed to terminate employment contracts erratically; Qatar upheld the provisions of the Labour Law for any termination of contract

[31] Kuwait Times (30 June 2020). Coronavirus in Kuwait: What we know so far. Kuwait Times.

[32] 'Like sardines': Migrant workers suffering in Kuwait's https://www.middleeasteye.net/news/coronavirus-kuwait-migrant-workers-bangladesh-detention-camps.

[33] Oman Daily Observer (6 May 2020). Omantel App provides unmatched digital services during COVID-19. Oman Daily Observer.

[34] https://www.who.int/news-room/feature-stories/detail/oman-launches-technological-surveillance-system-to-track-covid-19.

[35] The Economic Times (01May 2020). Covid-19 impact: Oman asks firms to fire expats, hire locals https://economictimes.indiatimes.com/news/international/world-news/covid-19-impact-oman-asks-firms-to-fire-expats-hire-locals/videoshow/75484124.cms?from=mdr

[36] Statement by the Government Communications Office in response to Amnesty International's report regarding repatriated workers (15 April 2020). www.gco.gov.qa/en/2020/04/15

including notice period and conveyed all necessary benefits (e.g., return tickets). Even in the event of termination of employee contracts, employers are required to provide free meals and free housing or equivalent cash benefits to employees as long as the employee remains in Qatar. Qatar's telecom companies such as Ooredoo and Vodafone have aided to the Qatar's efforts with a focus on doubling the Internet speed without any additional fees. Qatar launched the Ehteraz app, which helps trace transmission chains, alert individuals and stakeholders to expedite the provision of medical support and prioritizing testing'.[37] This application help follow up those in quarantine and ensure their stay in quarantine and aiding agencies to reach people and provide necessary healthcare.

COVID-19 induced economic slowdown has affected the Saudi economy severely, especially due to nation-wide lockdown and closure of two Holy sites that brought millions of international pilgrimages throughout the year. In such a dire economic situation, it is the migrants who have been more susceptible to victimization. Saudi Arabia allowed to reduce the salaries of employees in order to mitigate the economic and financial impact of the pandemic; however, the country also put a cap up to 40 percent. There is a provision of annual leave for migrants and employers were allowed to determine when an employee can take annual leave based on the working conditions, giving way to get rid of migrants at the time of crisis.[38] In early May 2020, Pakistan reported that 30,000 Pakistanis wanted to return from Saudi Arabia and that the country was making arrangements for their repatriation.[39] On a more positive note since many migrant workers had no full time jobs, Saudi Arabia allowed off-labour-market expatriates to temporarily benefit from the services of the 'Ajeer portal' - an alternative to recruiting from abroad. This portal assisted the unemployed migrants to find jobs. Like other countries in the region, in June 2020 Saudi Arabia introduced a Coronavirus app launched 'Tabaud' to manage the COVID-19 induced healthcare system. Thanks to the app, Saudi Arabia was ranked third globally in the use of technology to contain the virus.[40]

The UAE took various measures to serve the migrants who were affected severely by the pandemic. The measures that the UAE has taken to limit the impact of COVID-19 include the Dar Al Plum Association distributing more than 130,000 meals to workers in UAE camps. The Dar Al Plum Association formed a working group to identify workers facing food shortages.[41] On 14 April 2020 the UAE Government declared that any migrant-sending countries that would not accept their people back would be subjected to a quota system in future, saying that such measures had been forced upon them by the reticence of many countries to receive returning migrant workers.[42] On 17 April 2020, "two special flights repatriated 371 Indonesians stranded at Dubai and Abu Dhabi airports, while 204 cruise ship crew members returned home from Dubai, and a further 167 Indonesian nationals flew out from Abu Dhabi".[43]

[37] The Peninsula (25 April 2020). Ehteraz app available for download in Apple app store. The Peninsula Online.

[38] https://english.alarabiya.net/en/coronavirus/2020/05/07/Coronavirus-in-Saudi-Arabia-When-can-a-company-cut-employee-salary-or-end-contract-

[39] The Frontier Post (8 May 2020). At least 30 Pakistanis succumb to coronavirus in Saudi Arabia: Ambassador. The Frontier Post.

[40] Khalid, T. (28 June 2020). Saudi Arabia's coronavirus social distancing app 'Tabaud': All you need to know. Al Arabiya English

[41] Khaleej Times (17 April 2020). Coronavirus in UAE: Dar Al Ber Society distributes over 130,000 meals to labourers. Khaleej Times

[42] United News of Bangladesh (14 April 2020). UAE reconsidering ties with countries refusing to take back nationals: Embassy. United News of Bangladesh.

[43] Ashwani Kumar (17 April 2020). Coronavirus in UAE: 371 stranded Indonesians, crew members repatriated from Abu Dhabi. Khaleej Times.

The Philippines Government sponsored a chartered flight to fly home 382 Filipinos.[44] Although the Government permitted some return flights for migrant workers, some countries closed the border and did not allow their citizens to return, fearing that they might spread the disease back home. The UAE's Ministry of Health and Prevention "launched a COVID-19 virtual information center to serve as a national awareness platform".[45]

Some best practices in the GCC States

Building on the survey of measures taken to combat the pandemic, this study reports a number of key lessons. For instance, mobile applications are an important mechanism for supporting social distancing and isolation measures. All the GCC countries launched mobile applications to help residents to identify and curtail virus spread: for example, Bahrain's "BeAware" mobile application, Oman's enhanced applications for smartphone and tablets, Qatar's Ehteraz app, and Saudi Arabia's social distancing app "*Tabaud*." Mass testing has been key to success in efforts against the virus worldwide. Almost every country has conducted mass testing to overcome the impact of virus. In Bahrain the Information and eGovernment Authority (IGA) selects 20 individuals from each housing block on a daily basis, over a duration of 12 days,[46] and such mass testing has been significant for all countries which have successfully contained the virus. Qatar has recorded the highest recovery and lowest mortality rates in the region, while the UAE and Saudi Arabia are considered among the safest countries in the world, and Bahrain and the UAE have tested more than half their populations.

All GCC countries have implemented social distancing measures, with workers moved from cramped accommodation to temporary shelters created exclusively to restrict COVID-19 spread. Amnesties for illegal workers is both a humanitarian policy and a rational approach to combatting the spread of the disease among nationals and documented residents. The Labour Market Regulatory Authority of Bahrain has thus introduced a nine-month grace period for all undocumented foreign workers to either legalize their stay or leave the country. In Kuwait, the Interior Ministry issued an amnesty allowing residency violators to leave the country in April, free of charge, and retaining the chance to return to Kuwait later.

Psychological support is essential to mitigate the long-term human cost of the pandemic, as well as the indirect human costs of the measures taken to combat it. Recognizing the psychological impact of the fear of disease, as well as of the isolation induced by lock-down measures, the Kuwait Psychological Association, for example, is providing phone consultations with doctors for people suffering from psychological ill-health. Strict health and safety guidelines are essential to protect workers in labour accommodation and on construction sites, where government regulations must be implemented in coordination with employers, and depend crucially on company buy-in. The Government of Qatar, for example, has offered loans to businesses to ensure that workers living in quarantine, isolation, or under lockdown will continue to be paid.

The pandemic has reminded humanity that no state is an island, and that the health of any subsection of a population can crucially depend on the health of the whole, irrespective of

[44] Sebugwaawo, I. (15 June 2020). Coronavirus news bulletin from UAE: Sheikh Mohammed's big bonus announcement; New recoveries rise on Sunday; senior couple recover; Jobless Filipina gets Dh10K support to feed people. Khaleej Times.

[45] UAE ministry launches COVID-19 'virtual information centre .... https://www.healthcareitnews.com/news/europe/uae-ministry-launches-covid-19-virtual-information-centre.

[46] www.bna.bh/en/TheMinistryofHealthcontinuesrandomCOVID19testingforcitizensandresidents.aspx?cms=q8FmFJgiscL2fwIzON1%2BDvWacKOUWuU7T3FPLKz%2FGhE%3D

their legal status. Thus, Qatar and Saudi Arabia, for example, are offering free healthcare services to all migrant workers whether legalized or not. Investment in research and development is vital to fuel a science-based response to the virus. The Qatar National Research Fund, for example, responded to this necessity by issuing a call for "novel and cutting-edge potential solutions to the numerous challenges currently faced across all sectors and at all levels of society because of the COVID-19 outbreak"; of the 230 proposals it received, 21 were selected to receive funding, with researchers awarded up to QR100,000 with three months to complete their projects.[47] Despite many criticisms these are some good lessons that the GCC states sets to deal with the COVID-19 pandemic. Although vaccinations are available for an emergency use in some countries, the COVID-19 is going to stay with us and the key lessons learnt in responding to the COVID-19 pandemic remain relevant to future scientific research.

Conclusions

The unprecedented shock to world society caused by the sudden appearance of COVID-19 has been exacerbated by what has been called the 'management of mis-managed responses.' As the virus exploded across the world, no country had time to strategize with a cool head; rather, decisions were made in haste or through simple replication of standard protocols that came readily to hand, but which were scarcely well adapted for managing this mysterious respiratory disease. The GCC countries must be credited for having taken the COVID-19 pandemic seriously at an early stage—something which not all developed countries can justly claim—and for having proposed a series of policy measures to tame the virus and adapt to the changing circumstances during the pandemic. Most importantly, the GCC countries have all taken a properly science-based approach to dealing with the pandemic, giving public reports of all facts and figures about coronavirus infections. Trust in the Gulf governments' approach towards pandemic has therefore been high and has remained so since the start of the crisis.

For instance, the GCC countries were able to get early estimation of virus spread through its large-scale testing programme combined with containment of infected persons, and by the end of June 2020 there were massive testing programmes in place across the GCC countries. In absolute numbers, the GCC countries have among the lowest numbers of death and people under treatment in the world, reflecting the success of the policies surveyed in this paper. Contrary to the familiar, non-crisis pattern in which an anticipated increase in demand leads to subsequent development of greater capacity, the sudden emergence of COVID-19 gave the Gulf governments no time to strategize and prepare. Despite many limitations, this study suggests that the region is recovering from the shock of the pandemic, due to the significant and proactive measures taken by governments in the early days of the spread of the infection.

However, one of the obvious reasons for spreading COVID-19 among migrant workers in the GCC states are the cramped communal living conditions. However, migrants have been living and working in miserable conditions for long time and the existing literature has also widely reported the plight of migrants in the region (Joshi, Simkhadia, and Prescott, 2011; Jureidini, 2017; Fernandez, 2014; Fargues and Shah, 2017). It is obvious that COVID-19 has imposed unprecedented healthcare demands upon all six countries of the GCC. There has been high demand for healthcare services by both migrants and non-migrants, which has imposed pressures on the healthcare infrastructure of GCC countries. In fact, the challenges to contain COVID-19 among migrant workers remained beyond the means of most Gulf countries due mainly to the lack of long-term planning and subsequent infrastructural development. The low-

[47] https://www.qnrf.org/en-us/Newsroom/Announcements/qnrf-announces-results-for-the-first-cycle-of-the-rapid-response-call.

skilled migrants who constitute the bulk of migrant population in the region, are simply seen as temporary workforce, disposable at the time of any crisis including health crisis. Therefore, any long-term investment in housing and health care remains minimal. However, there seems to some realizations in some Gulf countries that low-skilled migrant workers constitute structural demand for the economy and that they are required to integrate into mainstream economy with more rights and privileges and treat them in the light of Islamic ethics (Jureidini and Hassan, 2019). If migrant workers' basic necessities, which include food, shelter, and healthcare, are taken care of now, then there is a reduced chance of further virus spread, and better prospects of life returning to normal in the near future.

Last but not the least, the solution to the pandemic does not solely lie in the vaccination; we need to observe many other social, environmental, and health measures to contain COVID-19 and prevent similar pandemic in the future. There is a consensus in WHO Chief Tedros's remark that "we are not just fighting a virus. We are fighting for a healthier, safer, cleaner and more sustainable future[48]". There is no country in the world whose healthcare infrastructure has not been shaken by the COVID-19 pandemic. Even the OECD countries have struggled with the pressure of healthcare needs and the rising death tolls caused by the new Coronavirus. It is important to recognize that the GCC states have shown substantial efficiency in keeping the virus at bay. From the policy perspective, viruses including COVID-19 do not behave in discriminate way; in today's globalized world we all are invariably predisposed to such pandemics regardless of nationality, race, skill composition or gender. Health care policy principle of the GCC states involving low-skilled migration demands substantial revisions with an appreciation of the fact that an non-discriminatory, inclusive healthcare policy is the bedrock of social and economic stability and prosperity for the region. Given the perennial structural demand for migrant workers, principle of equitable, inclusive healthcare policy will yield higher returns for the Gulf in the long run.

[48] UN News, 8 September 2020, 'Investment in public health, an investment in safer future, urges Tedros: https://news.un.org/en/story/2020/09/1071822 Retrieved on 15 March 2021

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