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GULF MIGRANTS AMID THE COVID-19 PANDEMIC: LESSONS FOR THE GLOBAL SOUTH

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ABSTRACT

As the COVID-19 pandemic unfolds, countries in the global South face an unprecedented challenge of holding back the spiralling COVID-19 cases. The challenge has become even more formidable in containing the virus among migrant workers throughout the Arab Gulf countries. This study explores the patterns of COVID-19 infections, identifies the challenges that the major receiving countries have encountered, and finally reviews the governments' responses to contain the infections among migrant workers. Empirically, this research focuses on the Gulf Cooperation Council (GCC) countries, considered a major destination for Southeast Asian and South Asian migrant workers. The study reports that the GCC countries have been relatively successful in containing the pandemic due to governments' proactive measures. The paper identifies several best practices that may be replicated in other migrant-receiving countries in the global South. This paper suggests that the COVID-19 pandemic exposes the need for better accommodation and healthcare policy for migrant workers throughout the Gulf states.

Keywords: COVID-19, Asia, Gulf states, migration, pandemic

INTRODUCTION

The 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 industrialised world had tended to underestimate the disruptive potential of such diseases (for an overview, see Snowden 2019; Gottfried 1983; Hays 2005; Byrne 2012). Significantly, today's pandemic is caused by a novel coronavirus that 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 the 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 and in February 2020, the GCC health ministers also met (Arab News 2020) 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 the regional administrations' urgent declaration of strict precautionary actions. Restrictions were imposed on public gatherings, and schools and universities were closed or shifted online (Ullah et al. 2021). These bans were kept in place for over four months. Only in the latter half of June 2020, the Gulf countries permitted some relaxation to facilitate economic life and 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 et al. 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). The migration of labour from Southeast Asia, South Asia, and Africa to the

GCC states is considered the largest flow of South-South migration in the globe (Ullah 2014). Migration to the Arab Gulf states has been topic of scholarly investigation since the beginning of large-scale migration in the early 1970s (Arnold and Shah 1986; Diop et al. 2017; Eelens and Speckmann 1990; 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 2020). In 2019, officially recorded remittance flows to low- and middle-income countries were $548 billion (Ratha et al. 2021). The GCC states are a major source region for remittances globally. In 2019, remittance flows from the GCC states to other countries were $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 in sending countries, including Southeast Asia and South Asia (Rosa and Goldstein 2020; Guadagno 2020).

Most of the low-skilled migrants in the GCC states hail from Southeast Asia and South Asia. Given the size of the migrant population in the GCC states, a question arises as to how the GCC states have been responding to the COVID-19 pandemic in relation to low-skilled 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 unknown is 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 challenges to contain the virus among them. 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 highlighting 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 discussions with migrants and their community level organisations during the pandemic.

The paper is divided into four sections. The first section discusses healthcare policy in the GCC countries, emphasising 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
UAE	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 7 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 2021; 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 incoming migrant workers from South Asia, Southeast Asia, and Africa. The issuing of residence permits is contingent on passing another round of medical tests when migrants arrive in the GCC states. In the GCC countries, except Oman, employers are responsible for the healthcare of their migrant workers (Khadria et al. 2019). The Situation Report on International Migration 2019 provides an admirable overview of the healthcare issues of migrant workers in the Middle East/North Africa (MENA) region (see United Nations Economic and Social Commission for Western Asia [ESCWA] and International Organization for Migration [IOM] 2020: 111–146).

Table 2 presents an overview of healthcare policy for migrants in the GCC states. Starting with Bahrain, the country makes it compulsory for health insurance coverage to be provided to all. However, the government pays contributions/premiums only for Bahraini citizens while tourists and visitors have to pay for the health insurance by themselves. For non-national employees (a term widely used in the Gulf to denote foreign professionals and migrant workers), the employers are responsible for the payment. Temporary workers are enrolled in the visitor insurance package in Bahrain (Ahmad 2020). In Kuwait, free healthcare facilities for citizens are provided by the State. For migrant workers, a low-cost public insurance scheme is

being provided by the state. Separately, healthcare services, including insurance, are also being run by private providers. 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 (International Medical Travel Journal 2016).

In Oman, migrant workers visit private healthcare facilities for non-emergency medical treatment. In cases, where there is no health insurance, individual migrants need to foot the bill for medical expenses at first. Later, they make a claim for reimbursement to their companies. However, a new law is expected to come soon where employers are required to provide health insurance for low-skilled migrant workers. It is important to mention that high-skilled professionals are covered by various employer-paid health insurances. It is the low-skilled migrants who are sometimes not covered. The regulations further make it compulsory for large companies to ensure trained nurses, specialist doctors, and complementary medicines (Mawany 2017). Oman has also planned for universal healthcare facilities for migrant workers hailing from the private sector, domestic workers and, temporary residents since 2020 (Times News Service 2019). In Qatar, as well as in the UAE, the government has made it compulsory for 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 (Hukoomi 2020). Furthermore, Qatar makes it mandatory for every employer to provide medical facilities to employees to the standard determined by the Ministry of Labour and Social Affairs and the Ministry of Public Health. Qatar's insurance system gives beneficiaries the option to choose between a number of service providers from both the public and private sectors.

In Saudi Arabia, the government provides a comprehensive healthcare scheme for all Saudi citizens and expatriates working for the public sector.[1] Similarly, for the private sector, the government has also made it compulsory for employers to provide healthcare protection to Saudi and non-Saudi employees (Almalki et al. 2011). In general, the kingdom facilitates access to healthcare for those insured by making the citizen ID card or the resident's residency card the sole basic identifier of insurance when visiting the health service provider (Council of Cooperative Health Insurance 2020).

In the UAE, 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 dictates that employers provide adequate medical facilities and appropriate cleanliness, ventilation, lighting, and water. Every employer or sponsor is required by law to offer health insurance for employees or those under their sponsorship and family members living in the UAE, including up to three children under the age of 18 years old. The Health Insurance Scheme for the Emirate of Abu Dhabi requires businesses to cover the cost of basic health insurance for employees and their dependents. However, it does not explicitly address healthcare provisions in 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. Most of these countries depend largely on employers to furnish health insurance. However, the regulations do not cover domestic workers and irregular workers—who do not fall under the broader definition of "labour;" hence, most of these workers are often neglected (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. 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. As the public healthcare facilities cannot cope with the rising demand from non-national employees, it is apparent that some governments have shifted the migrant healthcare to employers by introducing the compulsory health insurance for migrant workers.

Table 2: Healthcare mechanisms for migrants in the GCC countries: An overview

Country	Mechanisms	Responsible Authority
Bahrain	1. Basic Healthcare fees (not insurance) "cost BD144 (USD382) for a two-year work permit and BD72 (USD191) for a one-year work permit". These payments are given to the Ministry of Health and provide access to public healthcare facilities only. 2. Decision No. 23 of 2018 "resulting in the Health Insurance Law requires employers to pay fees for health insurance subscription on behalf of their non-Bahraini workers to cover the benefits listed under the compulsory health package for residents (Article 28a-2)". Article 28a-6, "requires sponsors to pay subscription fees for persons they sponsor who do not have an employer, a measure that protects migrants whose sponsor is not their employer". 3. Expatriates not subscribed to primary healthcare services must pay a BD7 (USD18.60) fee for every visit to public hospitals or clinics and also pay for some medical services provided by the Ministry of Health's health facilities. 4. Emergency services remain free in all public services for Bahrainis and non-Bahrainis alike. 5. It is not mandatory for employers to provide health insurance to employees. However, establishments that hire more than 50 workers may be required to provide one. Many private insurance companies offer individual or small- and medium-enterprise health plans at differing prices.	Employer
Kuwait	1. Kuwaiti Law No. 1 of 1999 on alien health insurance grants foreigners access to medical services under the general health insurance and medical security schemes (Article 1). 2. A foreign worker's employer is required to obtain and pay for the worker's health insurance policy before a residence permit is issued (Article 2). 3. Ministerial decree No. 68 of 2015 extends to domestic workers the employer's compulsory coverage of medical expenses (together with food, clothes, and accommodation). 4. Expatriates must pay a KD10 fee for most medical services at public hospitals. Some clinics segregate appointments between Kuwaiti nationals and expatriates. Expats are denied access to healthcare at public hospitals during mornings except for emergencies. These practices have been widely criticised as limiting migrants' access to healthcare. 5. A new healthcare insurance system is scheduled to be fully implemented soon. The health insurance will cover non-Kuwaiti workers in Dhaman medical centres. The health insurance will cost KD130, and the employer will bear the cost. Non-Kuwaiti employees, however, have to pay KD2.5 to access Dhaman medical services.	Employer

(*continued on next page*)

Table 2: (*continued*)

Country	Mechanisms	Responsible Authority
Qatar	1. Qatari decree No. 16 of 2005 of the Ministry of Civil Service Affairs and Housing stipulates employers' obligation to cover their foreign employees' health insurance. Article 1 lists medical care to be provided for monitoring workers' health status and early detection of occupational diseases (check-ups for all workers, laboratory tests and X-rays, medicines, maternity care, vaccinations). Article 10 requires the employer to facilitate periodical medical check-ups while paying the employee for the time spent at the check-ups. 2. Law No. 7 of 2013 established a social health insurance system to cover basic health services for all Qatari citizens, GCC citizens, residents, and visitors (Article 2). Employers must pay the insurance policies for their non-Qatari employees and members of their families, and sponsors must pay the insurance policies for sponsored individuals (Article 13). 3. Any migrant worker with a residence permit receives a Hamad Medical Corporation health card, which they need to access public health centres. All services at the Hamad Medical Corporation are free or nearly free for all residents and visitors in Qatar. "Long term" accommodation is available for patients who do not have other options during their treatment. 4. The only limitation is for migrants without a health card, either because of their irregular status or if their employer failed to complete the necessary paperwork. 5. Non-Qatari residents can obtain a health card for QR100 annually. The card guarantees free or subsidised healthcare through Qatar's public healthcare system. The health card enables access to primary healthcare, including dental care, and tertiary care including surgeries, rehabilitative services, oncological care, and emergency services.	Employer
Saudi Arabia	1. The Saudi Arabian Cooperative Health Insurance Law of 1999 ensures the provision of health services to all non-Saudi residents and their dependents. Sponsors must subscribe their sponsored individuals to a health insurance scheme, which must cover the duration of their residence (Article 3). 2. Employers can expand the scope of basic services covered by insurance for a fee. Moreover, the Compulsory Employment-based Health Insurance of 2016 requires that patients contribute a fixed copayment for their medical expenses; however, whether migrant workers can afford the copayment remains questionable. 3. According to the "Implementing Regulations of the Cooperative Health Insurance Law", all employers in the private sector must provide private health insurance to their employees as well as their employees' dependents. The issuance and renewal of residency for expatriate employees is now linked to the provision of health insurance.	Employer

(*continued on next page*)

Table 2: (*continued*)

Country	Mechanisms	Responsible Authority
UAE	1. The UAE law requires every employer or sponsor to provide health insurance for their employees or persons under their sponsorship and their family members up to three children under 18 (Law No. 23 of 2005). 2. The law specifies that "an employer shall bear the cost of basic health insurance policies for his/her employees and their dependents and shall not pass on this cost, or any part of it, to his employees" (Article 11 [5]). 3. Health insurance covers workers in Dubai and Abu Dhabi. The employer or sponsor must provide health insurance to expats and their dependents. Employers in the other five emirates are not required by law to provide health insurance to their employees. 4. Insured expat employees can access private, and public health services but must pay certain fees/copayments.	Employer
Oman	1. The migrant is responsible. Oman is the only GCC country where the law does not stipulate that employers must cover their foreign employees' health insurance. 2. Sultan's decree No. 72/1991 resulting in the Social Insurance Law and its amendments applies to citizens employed in private companies in Oman or another GCC country, but not to foreign workers, household workers, self-employed persons, and artisans. 3. In 2006 the law was amended to include the right of foreigners who become naturalised citizens to retroactively benefit from social insurance for the period before the law came into effect. 4. The Omani public health scheme covers Omani and other GCC citizens but excludes non-GCC foreigners living in the country unless they are employed in government jobs. 5. Expats must pay to access public and private health facilities, with an exception for emergency services. 6. There is currently no mandatory health insurance coverage. However, a new law will soon require employers to provide health insurance for non-Omani workers.	Migrant

Source: This table is compiled using information found in ESCWA and IOM (2020: 111–146) and other sources such as national newspapers in the GCC countries and international news media (Mawany 2017; Times News Service 2019; Indian Workers Resource Centre [IWRC] n.d.; Almalki et al. 2011; Council of Cooperative Health Insurance 2020; Khadria et al. 2019; Hukoomi 2020; Ahmad 2020; International Medical Travel Journal 2016).

COVID-19 CASES, PATTERNS, AND CHALLENGES

The GCC countries have confronted this invisible enemy in a speed unparalleled to any other region 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 UAE has been one of the most affected countries in GCC, with 408,236 infections in early March 2021, followed by Saudi Arabia, Kuwait, Qatar, Oman, and Bahrain. However, a high number of cases is not always indicative of failure by a country to contain the virus. The country may also have undertaken widespread testing and reporting 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 low COVID-19 cases until September 2020, but the country reported high cases in the second wave, starting from December 2020. The other four GCC countries managed to maintain the number of infections below 200,000 until March 2021 (Figure 1).

Having offered an overview of COVID-19 cases in the GCC countries in general, the following discussion provides the experiences of individual GCC countries. The first case of COVID-19 in Bahrain was reported on 21 February 2020, and by 23 June 2020 there were 23,062 COVID-19 infections, among these 16,450 people recovered, and 67 had died. According to the Bahrain Government, Indians had the most number of infections among immigrants, followed by Bangladeshis, Pakistanis, and Nepalis (Himalayan News Service 2020). On 24 April 2020, Bahrain reported the first death of an Indian (Ministry of Health Bahrain 2020), on 26 April 2020, the Ministry of Health announced 301 cases that included 212 migrant workers, and on 29 April 2020, 126 Nepali workers were discovered to be infected (Himalayan News Service 2020). There were some reports about the deteriorating status of labour camps[2] 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 (Ara 2020). In view of the fact that the greater part of COVID-19 cases is 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 temporarily.

The initial infection in Kuwait was reported on 24 February 2020, and by 1 May 2020, Kuwait reported 4,313 cases and this increased further to 52,007 on 8 July 2020 (Abueish 2020). By 16 August 2020, there had been nearly 75,697 cases. The death toll was only three on 16 April 2020

but it reached 498 by 16 August 2020. The spread of COVID-19 in Kuwait affected the migrant workers seriously (Times News Service 2020a). 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 (Jordan News Agency 2020). As of 16 April, 635 migrants had been found to be infected with COVID-19 (Times News Service 2020b). 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 were migrants (Times News Service 2020c). The strict measures enacted to stop the movement of people resulted in closures of schools, shopping malls, and prayer places.

The first case in Qatar was reported on 27 February 2020; by the end of March 2020, known cases had increased to 700 (Serrieh 2020) and by 16 August 2020, Qatar reported over 115,000 cases of COVID-19. By 15 April 2020, 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 (United News of Bangladesh 2020a). Qatar offered free treatments to all migrant workers and guaranteed that those under quarantine would continue to receive wages. However, the official statements have not always matched the hard reality in the pandemic. For instance, migrants living in industrial area were quarantined and left without food and work.

In Saudi Arabia, there are indications that the virus has affected migrants severely. The Saudi Health Ministry said on 5 April 2020 that more than half of COVID-19 cases involved migrants, and the 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 (2020) reported that eight Indians, including two engineers, had died in Saudi Arabia due to the virus while the Ministry of Foreign 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 (BBC Monitoring South Asia 2020). 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 of 262 (Khalid 2020a). Many migrants were deported at the time of the pandemic, and the repatriation of migrant workers was highly controversial (United News of Bangladesh 2020b).

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 10 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 et al. 2011; Ullah et al. 2015; Hatem et al. 2019; Loney et al. 2013). The 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.

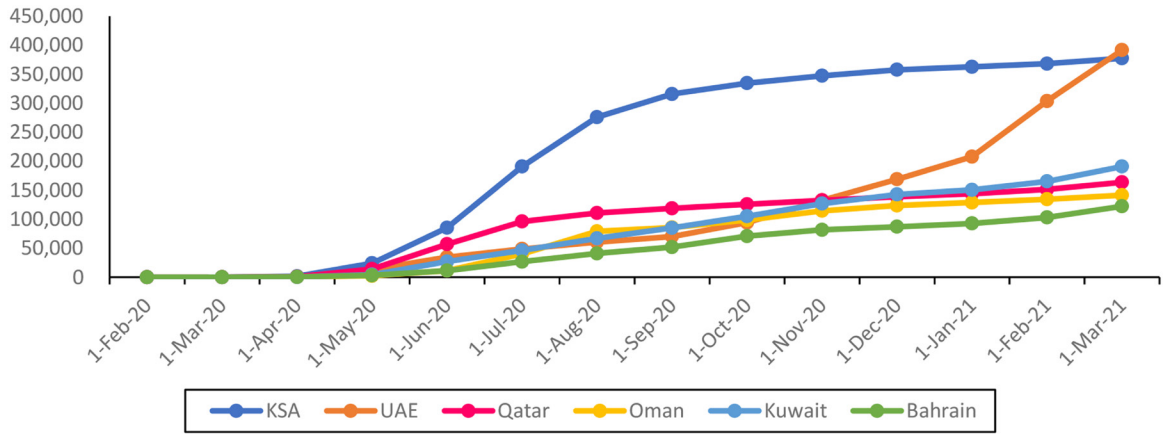

Figure 1: Patterns of COVID-19 cases in the GCC countries, March 2021.
Source: World Health Organization (WHO) (https://covid19.who.int/, accessed 7 March 2021).

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 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 nine response metrics

i.e., 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.[3] 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, summarising 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 climbed again after the second wave in late December 2020, resulting in the current values 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 government response stringency index patterns 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 on a limited scale, relaxed stay-at-home requirements and internal movements, and continued public information campaigns. What is good about governments' various normalising initiatives is that more and more residents are coming out of their homes, following appropriate health cautionary measures (e.g., face mask, handwashing, and social distancing), and adapting to COVID-19 induced changes in everyday life.

As mentioned earlier, Google's COVID-19 CMR helps understand how national human mobility has changed in response to COVID-19 induced policies in 131 countries worldwide.[4] 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 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 lockdown, the index can be understood as a parameter, which

measures progress in return to everyday 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 3).

Table 3 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 a 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 a higher degree of internal movements in Qatar in the other four areas such as retail and recreation, grocery and pharmacy, parks, and workplaces. However, based on the dataset in March 2021, the second wave of COVID-19 has negatively affected the mobility patterns in some GCC countries. 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 periods suggest a substantial return to normalcy in the GCC states. When the findings of Qatar, a relatively well-performing GCC country, are compared with the U.K. and the U.S., internal mobility in two areas i.e., parks and residential places is higher in the U.K. and the U.S. than in Qatar. However, Qatar and some other GCC countries are experiencing higher internal mobility in other four key areas namely retail and recreation, grocery and pharmacy, workplace, and transit stations, suggesting the prospect for earlier return to normal life in the GCC states.

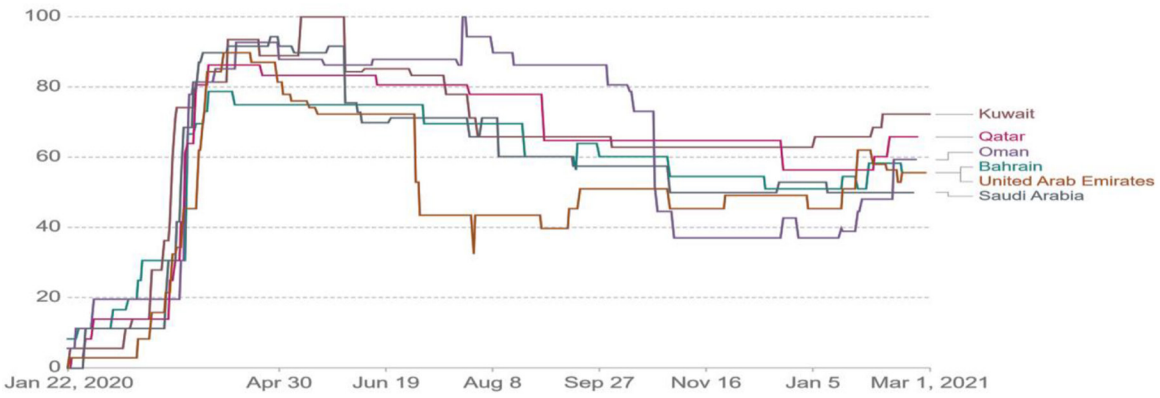

Figure 2: Government response Stringency Index in the GCC states, March 2021.
Source: Hale et al. (2021) and Oxford COVID-19 Government Response Tracker as of 7 March 2020 (https://ourworldindata.org/, accessed 7 March 2020).

Table 3: Google's COVID-19 CMR for the GCC states, August 2020 and March 2021

GCC Country	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
U.S.	NA	–16	NA	–8	NA	–10	NA	–33	NA	–29	NA	+9
U.K.	NA	–53	NA	–6	NA	+8	NA	–57	NA	–44	NA	+18

Note: NA = not available.
Source: Google's COVID-19 CMR
(https://www.google.com/covid19/mobility/index.html?hl=en accessed 11 August 2020 and 7 March 2021).

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 the usage of face shields among workers in the workplace. Employers also bore responsibility for checking workers' health conditions, which includes monitoring the 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 take appropriate measures.

Bahrain required organisations to have maximum of five employees accommodated in the same apartment and that workers could remain three metres away from each other. From the early days of the 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 sterilisation of labour camps where substantial numbers of workers are housed. It was also made mandatory to have sufficient toilets at the workplace and in labour camps, follow appropriate social distancing among migrant workers, and house the infected workers separately (Piper 2020). Bahrain also made significant use of a mobile app, BeAware, and it provides global, regional, and local statistics on COVID-19 (Gulf Daily News 2020). The Labour

Market Regulatory Authority introduced a nine-month grace period for all irregular migrants in Bahrain in order to prevent the 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 (Naar 2020). As part of Kuwait's efforts to curb the virus, many employees—including migrant workers—were shifted from their accommodation and housed in alternative accommodation such as schools, theme parks, stadiums, and compound villas. The Interior Ministry of Kuwait declared an amnesty whereby undocumented migrant workers could leave the country and return to Kuwait in future (Kuwait Times 2020). According to estimates, approximately 23,500 migrant workers have reported to the authority under the amnesty terms, including workers from South Asia and MENA (Ullah 2020). 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 major telecoms company Omantel launched the Omantel app, aiming to enhance the provision of digital services during the pandemic in May 2020 (Muscat Daily 2020). 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 (WHO 2020). Confronted with the COVID-19 induced economic slowdown, Oman made plans to increase the "Omanisation" of its workforce and lower the size of the migrant worker population (Times Now 2020). To this end, Oman's Financial and Administrative Audit Institution surveyed government firms to determine the number of expatriates (professional group) who occupy leadership and supervisory jobs. Oman has called on the replacement of the 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 minimise 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 (Government Communications Office 2020). Qatar introduced new health and safety guidelines to protect workers in labour camps and construction sites and worked 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 adhered 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 tested positive for coronavirus.

Qatar made it clear that neither employers nor employees could cancel the arrangements. All workers in isolation under medical observation will be entitled to wages and benefits, whether they are eligible or not. Many employers were unable to retain migrant workers due to the economic slowdown. However, employers were not allowed to terminate employment contracts erratically; Qatar upheld the provisions of the Labour Law for any termination of the contract, 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 Qatar's efforts to 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 prioritise testing (The Peninsula 2020). This application help follows 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 severely affected the Saudi economy, especially due to nationwide lockdown and the 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 victimisation. Saudi Arabia was 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%. 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 (Khalid 2020b). 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 (The Frontier Post 2020). 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 "Ajeer portal" services—an alternative to recruiting from abroad. This portal assisted unemployed migrants in finding jobs. Like other countries in the region, in June 2020 Saudi Arabia introduced an app, 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 (Khalid 2020c).

The UAE took various measures to serve the migrants who were affected severely by the pandemic. The UAE's measures 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 (Khaleej Times 2020). 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 (United News of Bangladesh 2020b). 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" (Kumar 2020). The Philippine Government sponsored a chartered flight to fly home 382 Filipinos (Sebugwaawo 2020). 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" (McArthur 2020).

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 smartphones 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 the 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 (Bahrain News Agency 2020), 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. Bahrain's Labour Market Regulatory Authority has thus introduced a nine-month grace period for all undocumented foreign workers to either legalise their stay or leave the country. In Kuwait, the Interior Ministry issued an amnesty allowing residency violators to leave the country in April 2020, 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. Recognising the psychological impact of the fear of disease and the isolation-induced by lockdown 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 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 their legal status. Thus, for example, Qatar and Saudi Arabia are offering free healthcare services to all migrant workers, whether legalised 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 (Qatar National Research Fund 2020). Despite many criticisms, these are some good lessons that the GCC states set to deal with the COVID-19 pandemic. Although vaccinations are available for emergency use in some countries, the COVID-19 is going to stay, and the key lessons learnt in responding to the COVID-19 pandemic remain relevant to future scientific research.

CONCLUSION

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 taking 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 taken a science-based approach to the pandemic, giving public reports of all facts and figures about coronavirus infections. Trust in the Gulf governments' approach towards pandemics has been high and has remained so since the start of the crisis.

For instance, the GCC countries were able to get an 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 such as offering alternative temporary accommodation, providing medical care to the infected migrants, running mass testing and quarantine facilities, adopting mobile application for monitoring the movements, offering amnesty to irregular migrants, and other related measures.

However, one of the obvious reasons for spreading COVID-19 among migrant workers in the GCC states is the cramped communal living conditions. However, migrants have been living and working in miserable conditions for a long time, and the existing literature has also widely reported the plight of migrants in the region (Joshi et al. 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 a 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 mainly due to the lack of long-term planning and subsequent infrastructural development. The low-skilled migrants who constitute the bulk of the 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 healthcare remains minimal. However, there seems to be some realisations in some Gulf countries that low-skilled migrant workers constitute structural demand for the economy and that they are required to integrate into the mainstream economy with more rights and privileges and treat them in the light of Islamic ethics (Jureidini and Hassan 2019).

Last but not least, the solution to the pandemic does not solely lie in the vaccination; many other social, environmental, and health measures to contain COVID-19 and prevent similar pandemics in the future must be observed. In WHO Chief Tedros' remark, there is a consensus that "we are not just fighting a virus. We are fighting for a healthier, safer, cleaner and more sustainable future" (UN News 2020). From the policy perspective, viruses including COVID-19 do not behave in a discriminate way; in today's globalised world, everyone is invariably predisposed to such pandemics regardless of nationality, race, skill composition, or gender. The healthcare policy principle of the Gulf Arabian states involving low-skilled migrants demands substantial revisions with an appreciation of the fact that a 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, the principle of equitable, inclusive healthcare policy will yield higher returns for the Gulf in the long run.

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NOTES

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1 Please see Almalki et al. (2011) and IWRC (n.d.).

2 "Labour camp" refers to the residence compound for low-skilled migrant workers. In the Arab Gulf states, "labour camp" is a popular term. It is usually understood that labour camps are located far away from the city as well as national and high-skilled expatriate residences, and such camps are equipped with minimal facilities.

[3] For details about the Oxford Coronavirus Government Response Tracker, please see https://ourworldindata.org/covid-government-stringency-index (accessed 10 March 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.

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

REFERENCES

Abella, M. I. 2020. Commentary: Labour migration policy dilemmas in the wake of COVID-19. *International Migration* 58 (4): 255–258. https://doi.org/10.1111/imig.12746

Abueish, T. 2020. Coronavirus: Kuwait confirms 762 new COVID-19 cases, 593 recoveries in 24 hours. *Al Arabiya*, 8 July 2020. https://english.alarabiya.net/coronavirus/2020/07/08/Coronavirus-Kuwait-confirms-762-new-COVID-19-cases-593-recoveries-in-24-hours (accessed 7 June 2022).

Ahmad, I. 2020. Bahrain: Decent work check 2020. Amsterdam: WageIndicator Foundation. https://wageindicator.org/documents/decentworkcheck/gulf-middle-east/bahrain-english.pdf (accessed 23 April 2020).

Ali, M. A., Al-Khani, A. M. and Sidahmed, L. A. 2020. Migrant health in Saudi Arabia during the COVID-19 pandemic. *Eastern Mediterranean Health Journal* 26 (8): 879–880. https://doi.org/10.26719/emhj.20.094

Alkhamis, A., Cosgrove, P., Mohamed, G. and Hassan, A. 2017. The personal and workplace characteristics of uninsured expatriate males in Saudi Arabia. *BMC Health Services Research* 17: 56. https://doi.org/10.1186/s12913-017-1985-x

Almalki, M., Fitzgerald G. and Clark, M. 2011. Health care system in Saudi Arabia: An overview. *Eastern Mediterranean Health Journal* 17 (10): 784–793. https://doi.org/10.26719/2011.17.10.784

Ara, A. 2020. Bahrain to send back 347 workers this week. *The Financial Express*, 25 April 2020. https://thefinancialexpress.com.bd/public/trade/bahrain-to-send-back-347-workers-this-week-1587783759 (accessed 7 June 2022).

Arab News. 2020. GCC health ministers: All precautionary measures have been taken to deal with coronavirus. *Arab News*, 19 February 2020. https://www.arabnews.com/node/1630246/middle-east (accessed 14 June 2020).

Arnold, F. and Shah, N. M., eds. 1986. *Asian labor migration: Pipeline to the middle east* (1st ed.). New York: Routledge.

Babar, Z. 2020a. The COVID-19 pandemic in the GCC: Underlying vulnerabilities for migrant workers. https://cirs.qatar.georgetown.edu/covid-19-pandemic-gcc-underlying-vulnerabilities-migrant-workers/ (accessed 7 June 2022).

_____. 2020b. Migrant workers bear the pandemic's brunt in the Gulf. *Current History* 119 (821): 343–348. https://doi.org/10.1525/curh.2020.119.821.343

_____. 2017. The "humane economy": Migrant labour and Islam in Qatar and the UAE. *Sociology of Islam* 5 (2–3): 200–223. https://doi.org/10.1163/22131418-00503004

Bahrain News Agency. 2020. The Ministry of Health continues random COVID-19 testing for citizens and residents. *Bahrain News Agency*, 17 April 2020. www.bna.bh/en/TheMinistryofHealthcontinuesrandomCOVID19testingforcitizensandresidents.aspx?cms=q8FmFJgiscL2fwIzON1%2BDvWacKOUWuU7T3FPLKz%2FGhE%3D (accessed 7 June 2022).

BBC Monitoring South Asia. 2020. Highlights from Bangladesh's Bengali-language press, websites. *BBC Monitoring South Asia*, 16 April 2020.

Byrne, J. P. 2012. *Encyclopedia of the Black Death*. Santa Barbara, CA: ABC CLIO.

Council of Cooperative Health Insurance. 2020. Identity and residency cards are the sole basic identifier when visiting health care provider. https://www.cchi.gov.sa/en/MediaCenter/News/Pages/news-18-11-2019.aspx (accessed 23 April 2020).

Diop, A., Jardina, A. E., Tessler, M. and Wittrock, J. 2017. Antecedents of trust among citizens and non-citizens in Qatar. *Journal of International Migration and Integration* 18 (1): 183–202. https://doi.org/10.1007/s12134-016-0474-0

Eelens, F. and Speckmann, J. D. 1990. Recruitment of labor migrants for the Middle East: The Sri Lankan case. *International Migration Review* 24 (2): 297–322. https://doi.org/10.1177/019791839002400205

Esim, S. and Smith, M., eds. 2004. *Gender and migration in Arab states: The case of domestic workers.* Geneva: International Labour Organisation.

Fargues, P. and Shah, N. M., eds. 2018. *Migration to the Gulf: Policies in sending and receiving countries*. Cambridge: Gulf Research Centre.

_____., eds. 2017. *Skilful survival: Irregular migration to the Gulf* (edited volume). Cambridge: Gulf Labour Markets and Migration (GLMM) Programme, Gulf Research Center.

Fernandez, B. 2014. Essential yet invisible: Migrant domestic workers in the GCC, explanatory note no. 4/2014. Florence: Migration Policy Centre, European University Institute.

Gardner, A. M. 2010. *City of strangers: Gulf migration and the Indian community in Bahrain.* Ithaca, NY: Cornell University Press. https://doi.org/10.26530/OAPEN_627411

Gottfried, R. S. 1983. *The Black Death: Natural and human disaster in Medieval Europe*. New York: The Free Press.

Government Communications Office. 2020. 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 (accessed 7 June 2022).

Guadagno, L. 2020. *Migrants and the COVİD-19 pandemic: An initial analysis*. Geneva: International Organization for Migration.

Gulf Daily News. 2020. BeAware app limiting spread of Covid-19. *Gulf Daily News*, 17 June 2020. http://www.gdnonline.com/Details/825554/BeAware-app-limiting-spread-of-Covid-19 (accessed 7 June 2022).

Hale, T., Angrist, N., Goldszmidt, R., Kira, B., Petherick, A., Phillips, T., Webster, S., et al. 2021. A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker). *Nature Human Behaviour* 5: 529–538. https://doi.org/10.1038/s41562-021-01079-8

Hatem, I., Salama, A., Wiedmann, F., Awwaad, R. and Aboukalloub, B. 2019. Investigating housing distribution for the expatriate population in Doha. *Urban, Planning and Transport Research* 7 (1): 34–52. https://doi.org/10.1080/21650020.2019.1635520

Hays, J. N. 2005. *Epidemics and pandemics: Their impacts on human history*. Santa Barbara, CA: ABC-CLIO.

Himalayan News Service. 2020. 88 Nepalis contract COVID-19 in Bahrain. *The Himalayan Times*, 7 May 2020. https://thehimalayantimes.com/nepal/88-nepalis-contract-covid-19-in-bahrain (accessed 7 June 2020).

Hukoomi. 2020. Health insurance: Social health insurance scheme, 6 September 2020. https://hukoomi.gov.qa/en/article/health-insurance (accessed 7 June 2022).

Indian Workers Resource Centre (IWRC). n.d. Law FAQs. http://www.iwrcuae.in/FAQ/FAQs_of_UAE_LABOUR_LAW.pdf (accessed 23 April 2020).

International Medical Travel Journal. 2016. New health insurance schemes in Kuwait, 10 October 2016. https://www.imtj.com/news/new-health-insurance-schemes-kuwait/ (accessed 7 June 2022).

Jamil, R. and Kumar, R. 2021. Culture, structure, and health: Narratives of low-income Bangladeshi migrant workers from the United Arab Emirates. *Health Communication* 36 (11): 1297–1308. https://doi.org/10.1080/10410236.2020.1750773

Joob, B. and Wiwanitkit, V. 2020. COVID-19 and migrant workers: Lack of data and need for specific management. *Public Health* 183: 64. https://doi.org/10.1016/j.puhe.2020.05.008

Jordan News Agency. 2020. Oman reports 168 new COVID-19 cases. *Jordan News Agency*, 6 May 2020. https://petra.gov.jo/Include/InnerPage.jsp?ID=24927&lang=en&name=en_news (accessed 7 June 2022).

Joshi, S., Simkhada, P. and Prescott, G. J. 2011. Health problems of Nepalese migrants working in three Gulf countries. *BMC International Health and Human Rights* 11: 3. https://doi.org/10.1186/1472-698X-11-3

Jureidini, R. 2017. Wage protection systems and programmes in the GCC, GLMM research report no. 01/2017. Florence: Migration Policy Centre, European University Institute.

Jureidini, R. and Hassan, S. F., eds. 2019. *Migration and Islamic ethics: Issues of residence, naturalization and citizenship*. Leiden: Brill.

Karasapan, O. 2020. Pandemic highlights the vulnerability of migrant workers in the Middle East. *Brookings*, 17 September 2020. https://www.brookings.edu/blog/future-development/2020/09/17/pandemic-highlights-the-vulnerability-of-migrant-workers-in-the-middle-east/ (accessed 7 June 2022).

Khadria, B., Thakur, N., Nicolas, I., Lee, T., Yang, J. and Jang, Y. 2019. The UN global compact for safe, orderly and regular migration: Its impact on Asia. *International Migration* 57 (6): 286–302. https://doi.org/10.1111/imig.12654

Khalid, T. 2020a. Coronavirus pandemic is far from over, we need to adopt new lifestyle: UAE official. *Al Arabiya*, 30 May 2020. https://english.alarabiya.net/coronavirus/2020/05/30/Coronavirus-in-UAE-726-new-infections-2-deaths-tally-at-33-896-cases-262-deaths (accessed 7 June 2022).

_____. 2020b. Coronavirus in Saudi Arabia: When can a company cut employee salary or end contract? *Al Arabiya*, 7 May 2020. https://english.alarabiya.net/en/coronavirus/2020/05/07/Coronavirus-in-Saudi-Arabia-When-can-a-company-cut-employee-salary-or-end-contract- (accessed 7 June 2022).

_____. 2020c. Saudi Arabia's coronavirus social distancing app 'Tabaud': All you need to know. *Al Arabiya*, 28 June 2020. https://english.alarabiya.net/coronavirus/2020/06/28/Saudi-Arabia-s-coronavirus-social-distancing-app-Tabaud-All-you-need-to-know (accessed 7 June 2022).

Khaleej Times. 2020. Coronavirus in UAE: Dar Al Ber Society distributes over 130,000 meals to labourers. *Khaleej Times*, 17 April 2020. https://www.khaleejtimes.com/coronavirus/coronavirus-in-uae-dar-al-ber-society-distributes-over-130000-meals-to-labourers (accessed 7 June 2022).

Kumar, A. 2020. Coronavirus in UAE: 371 stranded Indonesians, crew members repatriated from Abu Dhabi. *Khaleej Times*, 17 April 2020. https://www.khaleejtimes.com/coronavirus/coronavirus-in-uae-371-stranded-indonesians-crew-members-repatriated-from-abu-dhabi (accessed 7 June 2022).

Kumar, R. and Jamil, R. 2020. Labour, health, and marginalization: A culture-centered analysis of the challenges of male Bangladeshi migrant workers in the Middle East. *Qualitative Health Research* 30 (11): 1723–1736. https://doi.org/10.1177/1049732320922180

Kuwait Times. 2020. Coronavirus in Kuwait: What we know so far. *Kuwait Times*, 30 June 2020.

Loney, T., Aw, T.-C., Handysides, D. G., Ali, R., Blair, I., Grivna, M., Shah, S. M., et al. 2013. An analysis of the health status of the United Arab Emirates: The 'Big 4' public health issues. *Global Health Action* 6: 1. https://doi.org/10.3402/gha.v6i0.20100

Mawany, A. 2017. Health insurance for the private sector in Oman. https://www.tamimi.com/law-update-articles/health-insurance-private-sector-oman/ (accessed 23 April 2020).

McArthur, R. 2020. UAE ministry launches COVID-19 'virtual information centre'. *Healthcare IT News*, 19 June 2020. https://www.healthcareitnews.com/news/europe/uae-ministry-launches-covid-19-virtual-information-centre (accessed 7 June 2022).

Ministry of Health Bahrain. 2020. The Ministry of Health announces death of 36-year-old expatriate male, 23 April 2020. https://healthalert.gov.bh/en/article/News-235495 (accessed 7 June 2022).

Muscat Daily. 2020. Omantel App provides unmatched digital services during COVID-19. *Muscat Daily*, 5 May 2020. https://www.muscatdaily.com/2020/05/05/omantel-appprovides-unmatched-digital-services-during-covid-19-pandemic/ (accessed 7 June 2022).

Naar, I. 2020. Kuwait expands coronavirus curfew during Ramadan, extends public sector suspension. *Al Arabiya*, 20 April 2020. https://english.alarabiya.net/coronavirus/2020/04/20/Kuwait-expands-coronavirus-curfew-during-Ramadan-extends-public-sector-suspension (accessed 7 June 2022).

Papademetriou, D. G. and Hooper, K. 2020. Commentary: How is COVID-19 reshaping labour migration? *International Migration* 58 (4): 259–262. https://doi.org/10.1111/imig.12748

Piper, D. L. A. 2020. Global: Coronavirus COVID-19 daily update for employers. *Lexology*, 16 June 2020. https://www.lexology.com/library/detail.aspx?g=15623298-0d1b-497e-9e49-fa2544a583a2 (accessed 7 June 2022).

Press Trust of India. 2020. COVID-19: 2 engineers among eight Indian fatalities in Saudi. *Business Standard*, 19 April 2020. https://www.business-standard.com/article/pti-stories/covid-19-2-engineers-among-eight-indian-fatalities-in-saudi-120041900986_1.html (accessed 7 June 2022).

Qatar National Research Fund. 2020. QNRF announces results for the first cycle of the rapid response call, 18 May 2020. https://www.qnrf.org/en-us/Newsroom/Announcements/qnrf-announces-results-for-the-first-cycle-of-the-rapid-response-call (accessed 7 June 2022).

Rajan, S. I. and Oommen, G. Z., eds. 2020. *Asianization of migrant workers in the Gulf countries*. Singapore: Springer. https://doi.org/10.1007/978-981-32-9287-1

Ratha, D., Kim, E. J., Plaza, S. and Seshan, G. 2021. Migration and Development Brief 34: Resilience: COVID-19 crisis through a migration lens. Washington, DC: KNOMAD-World Bank.

Romero, M. 2018. Reflections on globalized care chains and migrant women workers. *Critical Sociology* 44 (7–8). https://doi.org/10.1177/0896920517748497

Roper, S. D. and Barria, L. A. 2014. Understanding variations in gulf migration and labor practices. *Middle East Law and Governance* 6 (1): 32–52. https://doi.org/10.1163/18763375-00601001

Rosa, D. A. and Goldstein, A. 2020. What does COVID-19 distract us from? A migration studies perspective on the inequities of attention. *Social Anthropology* 28 (2): 257–259. https://doi.org/10.1111/1469-8676.12899

Serrieh, J. 2020. Coronavirus: Qatar reports 957 new cases, 54 recoveries, 10,168 cases active. *Al Arabiya*, 27 April 2020. https://english.alarabiya.net/coronavirus/2020/04/27/Coronavirus-Qatar-reports-957-new-cases-54-recoveries-10-168-cases-active (accessed 7 June 2022).

Sebugwaawo, I. 2020. Coronavirus news bulletin from UAE: Sheikh Mohammed's big bonus announcement; recoveries rise on Sunday; senior couple recover; jobless Filipina feeds people for free. *Khaleej Times*, 15 June 2020. https://www.khaleejtimes.com/coronavirus/coronavirus-news-bulletin-from-uae-sheikh-mohammeds-big-bonus-announcement-recoveries-rise-on-sun (accessed 7 June 2022).

Sirkeci, I. and Yucesahin, M. M. 2020. Coronavirus and migration: Analysis of human mobility and the spread of COVID-19. *Migration Letters* 17 (2): 379–398. https://doi.org/10.33182/ml.v17i2.935

Snowden, F. M. 2019. *Epidemics and society: From the black death to the present*. New Haven, CT: Yale University Press. https://doi.org/10.2307/j.ctvqc6gg5

Times News Service. 2020a. Omani citizen in Kuwait tests positive for COVID-19. *Times of Oman*, 19 April 2020. https://timesofoman.com/article/3013953/oman/health/omani-citizen-in-kuwait-tests-positive-for-covid-19 (accessed 7 June 2022).

_____. 2020b. Live: Our doctors are fully equipped to deal with coronavirus, says Minister. *Times of Oman*, 16 April 2020. https://timesofoman.com/article/3013884/oman/government/live-media-briefing-by-the-supreme-committee?fbclid=IwAR2bfBT6zhnuA2OAYhfakuJZOcNKobVpB0kjgnzN5PLUR5nT3tlQNDGs1QE (accessed 7 June 2022).

_____. 2020c. 71 percent of new COVID-19 in Oman past week were citizens. *Times of Oman*, 7 July 2020. https://timesofoman.com/article/3016823/oman/71-per-cent-of-new-covid-19-in-oman-past-week-were-citizens (accessed 7 June 2022).

_____. 2019. Mandatory health insurance is likely from mid-2020. *The Times of Oman*, 24 September 2019. https://timesofoman.com/article/80569-mandatory-health-insurance-likely-from-mid-2020 (accessed 7 June 2022).

Times Now. 2020. Covid-19 impact: Oman asks firms to fire expats, hire locals. *The Economic Times*, 1 May 2020. https://economictimes.indiatimes.com/news/international/world-news/covid-19-impact-oman-asks-firms-to-fire-expats-hire-locals/videoshow/75484124.cms?from=mdr (accessed 7 June 2022).

The Frontier Post. 2020. At least 30 Pakistanis succumb to coronavirus in Saudi Arabia: Ambassador. *The Frontier Post*, 8 May 2020. https://thefrontierpost.com/at-least-30-pakistanis-succumb-to-coronavirus-in-saudi-arabia-ambassador/ (accessed 7 June 2022).

The Peninsula. 2020. Ehteraz app available for download in Apple app store. *The Peninsula*, 25 April 2020. https://thepeninsulaqatar.com/article/25/04/2020/Ehteraz-app-available-for-download-in-Apple-app-store (accessed 7 June 2022).

Ullah, A. 2020. Like sardines': Migrant workers suffering in Kuwait's desert detention camps. *Middle East Eye*, 15 May 2020. https://www.middleeasteye.net/news/coronavirus-kuwait-migrant-workers-bangladesh-detention-camps (accessed 7 June 2022).

Ullah, A. K. M. A. 2014. *Refugee politics in the Middle East and North Africa: Human rights, safety and identity*. London: Palgrave McMillan. https://doi.org/10.1057/9781137356536

Ullah, A. K. M. A., Hossain, M. A. and Islam, K. M. 2015. *Migration and workers fatalities abroad*. London: Palgrave McMillan.

Ullah, A. K. M. A., Nawaz, F. and Chattoraj, D. 2021. Locked up under lockdown: The COVID-19 pandemic and the migrant population. *Social Sciences & Humanities Open* 3 (1): 100126. https://doi.org/10.1016/j.ssaho.2021.100126

UN News. 2020. Investment in public health, an investment in safer future, urges Tedros, 8 September 2020. https://news.un.org/en/story/2020/09/1071822 (accessed 15 March 2021).

United Nations Economic and Social Commission for Western Asia (ESCWA) and International Organization for Migration (IOM). 2020. *Situation report on international migration 2019: The global compact for safe, orderly and regular migration in the context of the Arab region*. Beirut: ESCWA.

United News of Bangladesh. 2020a. 3 Bangladeshi corona patients die in Qatar, over 500 infected: Envoy. *United News of Bangladesh*, 15 April 2020. https://unb.com.bd/category/Bangladesh/3-bangladeshi-corona-patients-die-in-qatar-over-500-infected-envoy/49600 (accessed 7 June 2022).

_____. 2020b. UAE reconsidering ties with countries refusing to take back nationals: Embassy. *United News of Bangladesh*, 14 April 2020. https://unb.com.bd/category/Bangladesh/uae-reconsidering-ties-with-countries-refusing-to-take-back-nationals-embassy/49592 (accessed 7 June 2022).

World Health Organization (WHO). 2020. Oman launches technological surveillance system to track COVID-19, 17 June 2020. https://www.who.int/news-room/feature-stories/detail/oman-launches-technological-surveillance-system-to-track-covid-19 (accessed 7 June 2022).