



POLICY BRIEF
NO. 1 / MAY 2021

Inclusion of Vulnerable Migrant Groups in COVID-19 Vaccination Strategies in the UAE

The COVID-19 pandemic caused widespread changes in the area of labour migration – with the impact upon migrant workers’ jobs and lives as well as those of their families. While the initial focus of countries of destination (COD) were to control the spread of the virus, migrant workers were seen as being disproportionately affected. In a larger sense, the sudden economic downturn and ensuing changes in the labour market led to large-scale layoffs and various other labour issues while at the most basic level, migrant workers struggled to secure access to healthcare, food, and uncrowded, hygienic accommodation.

Among them, vulnerable migrant groups such as those in irregular or undocumented status, domestic workers, and refugees (among others) were severely impacted in their daily lives. Primarily seeking assistance from non-governmental organisations, trade unions, civil society organisations such as community/diaspora organisations and faith-based organisations, these vulnerable migrant groups, many of whom worked in ‘essential’ sectors of the economy, also suffered from a lack of access to healthcare facilities in countries of destination. With the advent of various vaccines targeting the virus, the discourse on vaccine equity and prioritisation of vulnerable groups is critical not only for the containment of the virus but also for the protection and promotion of migrant workers’ rights.

This paper aims to understand migrant worker concerns regarding COVID-19 vaccination,

particularly among vulnerable migrants and looks to recommend possible strategies for outreach to these groups, particularly within the United Arab Emirates, with emphasis upon the principles of *Building Back Better* and “*No One Is Safe Until Everyone Is Safe*”. This paper is developed for the purpose of informing the work of the Inter-Agency Working Group on Migration in UAE and future advocacy in ensuring all migrants, regardless of their legal status receive access to COVID-19 vaccination. For this, we look at existing context of access to healthcare for migrant workers, vaccination strategy in UAE and the role to be played by civil society within advocacy and outreach.

BACKGROUND

UAE’s first case of coronavirus was reported on 23 January. In January, WHO had urged employers across the world to adopt “low-cost measures” to help prevent the spread of infections and to protect customers, contractors, and employees at the workplace – UAE employers were reported to have welcomed such measures.ⁱ By March, UAE had suspended all visas to all foreigners, including work visas, and further barred entry to valid resident visas holders for a renewable period of two weeks. Thereafter, lockdown was enforced with only essential stores open. Dubai was placed under an overnight curfew after it had previously sealed off the Al Ras area, which has a large migrant population.ⁱⁱ

Dubai airline carrier Emirates also changed a decision to suspend all flights by allowing repatriation flights due to ‘requests from governments and customers to support the repatriation of travellers’ and continued to operate passenger flights to 13 destinations.ⁱⁱⁱ On April 11, it was reported that the UAE announced it would review labour ties with countries ‘refusing to take

back' citizens, including those who lost their jobs or were put on leave, and said it was considering strict quotas for work visas issued to nationals of those states (without specifying which countries) – this was in response to countries of origin (COO) acting slowly to repatriation requests by migrant workers.^{iv} In the initial phases of repatriation missions, some migrant communities were reported to be using their savings to pay for charter flights to and from the UAE to their countries since the closing of borders in March.^v

When repatriation services were provided by origin countries, flights were arranged for migrant workers to return, including visit visa holders that were stranded in the UAE without work.^{vi} In September, reports from Missions of COO showed that thousands of migrants had been repatriated and several thousand returned after a few months to resume work.¹ Not everyone who boarded planes home lost jobs, with many on expired visitor visas and others taking annual leave. Confusion about the dates of visa extension and amnesty cover led to several returning without having to pay fines. Others switched to visitor visas to stay in the country legally (as per the Consul-General of the Philippines in Dubai).^{vii} By August, the Federal Authority for Identity and Citizenship (ICA) removed immigration procedures that required residents who were abroad, to apply for permission to return to the Emirates.^{viii}

The government (National Emergency Crisis and Disaster Management Authority) further announced that offences with respect to public health and safety occurred, recording over 20,000 offences between September 1 and September 15. It was further mentioned that Asians topped the list with 81 per cent offences, followed by Arabs at 19 per cent.^{ix} Coronavirus testing centres were also found to be providing fake negative results in exchange for cash, particularly for workers and commuters travelling between Dubai and Abu Dhabi, where the rules of quarantine were different. The employees were referred to the Emergency and Crisis Prosecution at the Federal Public Prosecution.^x

The government looked to ease restrictions and recovery of the economy, announcing it had resumed issuing entry permits, except for work,

starting from September 24.^{xi} Visit visas were opened up as well – while recognising that this may have been an important decision at the time, it needs to be considered that visit visas is an unresolved matter between the UAE and many COOs in terms of managing and preventing irregular migration and undocumented status.

By October, the UAE government resumed granting work permits for non-nationals employed at government and semi-government entities as well as for domestic workers.^{xii} However, reports of migrants becoming homeless due to labour crises presented by the pandemic, persisted.^{xiii} Repatriation efforts continued by Missions of COO. Certain Missions such as the Philippine Consulate reported migrant workers availing specific emergency measures such as financial assistance, free air tickets and other reintegration schemes upon return.^{xiv} In November, United Arab Emirates (UAE) suspended issuance of new employment and visit visas temporarily to citizens of 13 countries, including Iran, Turkey, Syria, Somalia, Afghanistan, Libya, Yemen, Algeria, Kenya, Iraq, Lebanon, Pakistan and Tunisia – some of whom form significant migrant populations within the UAE.^{xv} All visit and tourist visas issued in Dubai have been extended until March 31 this year without any fees, a top official told Gulf News on Monday. In December and then again in January all visit and tourist visas were extended without fees up to March 31, 2021.^{xvi}

The government also made efforts to reach out to migrant communities through charity initiatives. For instance, the Abu Dhabi government organised the 'Together We Are Good' initiative, through the Authority of Social Contribution in cooperation with private sector and individuals, raising more than AED 45 million (roughly USD 12 million) in the first 24 hours and offering medical aid, meals, and access to hospitals. In another instance, the Higher Committee of Human Fraternity, comprising of international religious leaders dedicated to mutual understanding and peace, condemned using the coronavirus as an excuse to incite racial discrimination and urged that citizens work together to not spread xenophobic, bigoted, or hateful rhetoric.^{xvii}

¹ More than 430,000 Indians have gone home since May, along with about 80,000 Pakistanis (the Pakistani Mission

estimates half of the amount had lost their jobs), 40,000 Filipinos and 20,000 Bangladeshis.

ISSUES FACED BY VULNERABLE MIGRANT GROUPS DURING COVID-19

Most COO's and COD's in Asia were less prepared to manage the extreme health crisis and immediate socio-economic impacts. As mentioned above, we observe that migrant workers faced issues from the start of the pandemic with respect to job losses, non-payment of wages, repatriation, access to basic services. Due to the nature of the disease, the consequences faced by migrants were determined by their standards of living – crowded accommodations, lack of sanitation facilities, inaccessible healthcare, and starvation experienced due to non- payment of wages or job losses.

Furthermore, the effects of the pandemic on migrant workers and specifically vulnerable migrant groups such as irregular or undocumented migrants, refugees, etc. were highlighted. Conditions of exclusion and lack of access to services and facilities were recognised as being exacerbated by international organisation, state bodies and civil society who further advocated against infringement upon their basic rights as human beings, migrants, and workers.

Despite forming majority of the labour force in crucial and essential sector such as care work, sanitation, logistics, agriculture etc., migrant groups were found to be hardest hit by economic pressures, closure of public facilities, and lack of access to services. In labour migration governance systems that emphasise employers as responsible for provision of access to basic services such as health, food and accommodation, the pandemic exposed the gaps in employer accountability as well as institutional gaps in enabling migrant access to the same.

In March, MOHRE passed Resolution No.279², which exclusively applies to non-UAE employees. The Resolution outlines measures that private sector companies affected by government regulations to limit the spread of COVID-19 can take in relation to

migrant workers. Under Article 2, the resolution states that businesses that wish to temporarily reduce the wages of migrant workers while COVID-19 measures are in place must add an appendix to their employees' labour contracts and provide a copy to the Ministry, if requested to do so (Article 5). Companies that wish to permanently reduce the wages of their employees must first obtain approval from the Ministry (Article 6). The consequence and the policy contradiction this created, affected migrant workers mobility and precarity immensely. Migrants were shown to undertake multiple jobs to maintain the wages they previously earned. Since this is not legally possible, it forced them to take up these assignments unofficially or irregularly – thereby pushing more workers into irregular work.

For migrant workers in an irregular or undocumented situation, these issues were further magnified as their lack of documentation meant basic services were inaccessible to them and attempting to do so has a high risk of detention and deportation.³ Moreover, racist, and xenophobic narratives with respect to workers in this predicament only worsened the levels of social exclusion and provoked anxiety and fear among such vulnerable populations.

The insufficient support by state actors and employers meant that (a) migrants continued to work during the pandemic putting their lives at risk to avoid job losses or wage cuts (b) migrants experienced deeper levels of deprivation and exclusion previously unseen (c) the conditions of lockdown made it near impossible for migrants to survive.

Civil society organisations (CSOs)⁴ including faith-based organisations, diaspora /community organisations, NGOs attempted to fill gaps unaddressed by governments and business, particularly with respect to vulnerable migrant

² <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/supporting-the-labour-market-in-the-private-sector-in-times-of-covid19/regulating-employer-employee-relationship-in-the-private-sector>
File URL: <https://u.ae/-/media/Information-and-services/Jobs/Ministerial-Resolution-279MoHRE.ashx>

³ CODs such as Malaysia and KSA were found to be conducting arbitrary raids of migrant worker

accommodation and detaining irregular migrants during the lockdown period in these countries.

⁴ CSOs activity is based upon Migrant Forum in Asia (MFA) members and partners. MFA is a regional network of CSOs, non-governmental organisations, community associations, trade unions and advocates, present in South, Southeast, Northeast Asia and the Pacific regions, working together to promote the protection and rights of migrant workers.

groups. Even though operational freedom in many countries in the region was limited, CSOs responded in an effective and resilient manner and were recognised in public discourse for their service.

At the grassroots level, civil society acted to provide basic needs to marginalised and vulnerable populations such as migrant workers, refugees, undocumented workers, domestic workers, and migrant families. As the gravity of the situation escalated in other parts of Asia, including South Asia and West Asia, CSOs engaged fully in relief and advocacy activities. CSOs in the Philippines, Malaysia, Cambodia, Indonesia, Kuwait, Bahrain, and the UAE assisted and advocated for migrant workers who were either stranded in destination countries or who had returned home during the crisis.

In the GCC region, community leaders and diaspora organisations supported migrants who lost jobs due to the crisis, undocumented/irregular workers who could not access any services, and migrant workers who were stranded in poor working and living conditions due to lockdown. From the beginning of March, CSOs also distributed reliable online and offline information in languages of different migrant communities, about the pandemic and precautions needed to protect the workers from infections. This was also important to counter disinformation and false narratives about the pandemic.

In both CODs and COOs, they shifted their focus from long-term objectives to immediate relief activities for stranded, jobless migrants.

This includes:

- Service provision
 - Provision of food and essentials for stranded migrants and families in country of origin, destination and also for internal migrants.
 - Medical assistance and distribution of protective gear.
 - Helpline services for migrants in distress.
- Strengthening advocacy to ensure basic human rights of migrant workers.
 - Online and offline awareness campaigns on the COVID-19 pandemic.
 - Strengthening networks regionally and globally to fight the human rights violations.
 - Developing strategies for post- COVID-19 World of Work.
 - Conducting basic situational analysis about the conditions of the migrant workers at destination countries and upon return.
- Co-ordinating efforts with government and other stakeholders.
 - Ensuring access to justice including case/complaints filing.
 - Assisting repatriation and amnesty in destination countries.
 - Assistance for quarantine and post-repatriation life.
 - Welfare support for return migrants and their families.

Makan4Migrants Program – Our Journey (Malaysia)

(This example has been added as Malaysia as a COD, has a similar context to the UAE and primarily serves vulnerable groups)

The pandemic reached Malaysia in January. Even though the number of cases remained low, the massive population of immigrants, and Malay seasonal workers in Singapore, was a concern in the country. On 22 March Malaysia's defence minister called on undocumented migrant workers to get tested and promised that their legal status would not be checked, and no action would be taken if they were not documented. **In May**, 586 undocumented migrants and refugees in Malaysia were rounded up and taken to detention buildings. The raid took place in three buildings in Kuala Lumpur that house an estimated 9,000 migrant workers, primarily from Bangladesh, Pakistan and India. Malaysian authorities said they were trying to contain the spread of the coronavirus, and to prevent migrant workers from moving freely making it difficult to track and contact trace if needed.

MFA's partner in Malaysia 'Our Journey' was able to reinvent itself from an advocacy organisation to that of a humanitarian aid provider. Their initiative named #Makan4Migrants (which translates to Food for Migrants) launched in March 2020 and aimed to address immediate concerns of the migrants i.e., access to food (geographically and financially). Serving in up to 6 states in Malaysia, the program funds individuals, and organisations in these states to serve migrant communities in their locations.

Partnering with Bar Council and Migrants, Refugees and Immigration Affairs Committee who were available to provide legal advice, the program initially was funded via crowdsourcing and later involved private entities. Makan4Migrants identified vulnerable migrants who are in dire need of assistance with the help of migrant associations such as PERTIM - an Indonesian migrant community organisation, AMMPO – a Filipino migrant community organisation and Bhalobashi Bangladesh - a Bangladesh Migrant Community and a few community leaders. The program also partnered with Missions of COO to identify vulnerable migrant groups.

The initiative provides dry provisions because frequently the migrants being supported do not have refrigerators to keep cooked food or fresh food (most buy vegetable and meat on a daily basis). The program considers the cultural preference of the migrants and provisions are carefully divided to ensure the migrants and their families receive equal and adequate provisions for a month from the date of delivery (including providing milk for children below 6 years old). The initiative engaged a wholesaler to facilitate bulk purchases and delivery to the migrants and carefully kept small teams so as to not violate health and safety regulations.

Difficulties in paying the accommodation for rentals remains an important concern for the migrants and the project allocated a budget to pay for the rental of high needs migrants for the months of March, April and May. Rentals were paid directly to the house owners with proof of bank-ins and receipts. Migrants were asked to negotiate with the following suggestions prior to paying the rental: ● To defer payment for a reasonable time. ● Reduction/partial payment of rental to be paid. ● Sharing of house with other migrants to share the rental cost

VACCINATION PROGRAMME IN THE UAE

There are four vaccines in the UAE available for use on eligible individuals- by Sinopharm, by Pfizer-BioNTech, the third by Sputnik V and the latest by Oxford-AstraZeneca. These vaccines are available for citizens and residents free of charge and on optional basis after ensuring that the person has no condition or symptom that make it inadvisable.⁵

As of 24 February, Ministry of Health and Prevention (MoHAP) announced that 5.66 million doses have been provided, with a distribution rate of 57.31 per 100 people.

Eligibility

On February 7, health authorities announced that first doses of the vaccines were available only to priority groups for a period of six weeks. However, residents who are due to get their second vaccine dose can still avail of the shots during this time. The priority groups have been identified as the following:

- UAE nationals and their household workers
- Senior citizens and residents (those who are 60 years old and above)
- People of determination (differently abled individuals)
- People with chronic illnesses
- Those working in the health and education centres.⁶

With respect to domestic workers having access to the vaccine (assuming this refers to care workers in particular), it becomes necessary to see whether other essential workers could have been included, particularly those who are also in constant contact with households – gardeners, drivers, etc.

No prior appointments are required for people who meet the eligibility criteria.^{xviii} Nursing mothers, pregnant women, and children below 18 are explicitly excluded from COVID-19 vaccinations.

In March, it was reported that the Emirate of Dubai has expanded its vaccination campaign. It now includes the following:

- All valid Dubai **residency visa** holders aged 40 and above.
- Dubai visa holders with chronic diseases or people of determination aged 16 and above.
- All Emiratis aged 16 and above.
- Elderly individuals aged 60 and above with a valid residency visa issued in any Emirate, provided they can prove they reside in Dubai.
- Gulf nationals with a valid Emirates ID.
- **Frontline and vital sector workers.**

However, no other Emirate has made similar announcements.⁷ This affects workers who may work in Dubai but stay in other emirates, which is a common practice among migrant workers in the UAE. Such discrepancies among policies within different Emirates of the country were also noted to affect quarantine rules.

As per Ministry of Human Resources & Emiratisation (MOHRE) and Federal Authority for Identity and Citizenship (ICA), labourers and support service staff such as domestic workers whose work permits have expired would be exempt from medical tests for renewing their work permits and residence visas. Their work permits and resident visas have also been renewed automatically. However, unlike tourist and visit visas, the renewal fee has to be paid as per usual practice.⁸ This statement still fails to mention whether their access to healthcare and vaccination is guaranteed.

Process

Only an Emirati ID and phone number is needed to register. They may also require the Al Hosn app (which shows statistics and other important information regarding COVID-19). Vaccination centres are open on working days from 10am - 7pm.^{xix}

⁵ <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/vaccines-against-covid-19-in-the-uae>

⁶ <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/vaccines-against-covid-19-in-the-uae>

⁷ Dubai expands Covid vaccine drive; age limits revised. Retrieved from

<https://www.khaleejtimes.com/coronavirus-pandemic/dubais-revised-covid-vaccine-drive-kt-explains-who-is-eligible>

⁸ <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/supporting-the-labour-market-in-the-private-sector-in-times-of-covid19/renewal-of-work-permits-and-residence-visas-amid-covid-19>

The major channels of communication are the MoHaP website and the Weqaya platform. The MoHaP which contains information of the list of vaccination centres through the UAE – this also includes private hospitals where vaccines are available free of charge. This list is available in 3 languages- Urdu, Filipino and Mandarin. The National Emergency Crisis and Disasters Management Authority also designed a platform named ‘Weqaya,’ to raise awareness on public health issues.

Appointments have to be booked through the Ministry of Health and Prevention (MoHaP); SEHA (Abu Dhabi Healthcare Company) through the SEHA app for vaccination at their drive-through centres and temporary sites across the UAE or their toll-free number; Dubai Health Authority through the DHA app or the call centre by calling on the toll-free number 800-342. Sinopharm vaccine is available through SEHA whereas the Pfizer-BioNTech’s COVID-19 vaccine, an appointment must be made through the Dubai Health Authority (DHA) app, or through the call centre on the toll-free number.⁹

The process, which is the same for both migrants and nationals, to receive the vaccine is as follows:

1. Register via the DHA app or call the toll-free number.
2. Receive a text message with instructions and tips (if they meet the criteria)
3. Receive an SMS 15 minutes after having finished the vaccination which provides details of the vaccination certificate and

the appointment date and time for the second dose of the vaccination.

The details requested include: Name, Gender, Age, Nationality, Employer name, Contact details (email & mobile no.), Emirates ID or passport number, Preferred location for vaccination.^{10 11}

Vulnerable groups

Migrants whose visa is expired may be allowed to access the vaccine – however it is unclear whether those with expired work permits would have access to healthcare and the vaccine.

Only in one reported instance were those with expired visit visas allowed to take the Sinopharm vaccine at an Indian association in Abu Dhabi. The Indian Islamic Centre (IIC), in coordination with the local health authorities, carried out a 12-hour vaccination drive. According to the office-bearers, nearly 4,200 people, including more than 50 with expired entry permits, took the shot till 9pm. It is reported that this was done with the permission of unspecified government officials who allowed them to vaccinate people on visit visas, expired visas and Emirates ID. The only precondition was that they should be here for the next 21 days to take the second dose.¹² However, apart from this instance of a community organisation given permission to do so, there has been no **official** communication which explicitly indicates that migrants with expired visas or resident permits are allowed to access the vaccine.

CONSIDERATIONS IN INCLUSION OF VULNERABLE MIGRANT GROUPS WITHIN PUBLIC HEALTH PROGRAMMES

We observe that strategies of vaccination are largely conducted in a phased manner where groups at risk are placed as priority. However, few destination countries have explicitly considered vulnerable migrant populations as a possible priority group. This can lead to a risky environment since vulnerable migrant groups still work and stay at the COD. The pandemic has revealed the prevalence of migrant

workers in essential sectors such as care work, sanitation, logistics, agriculture. Their work may also involve low-skilled occupations, odd jobs, gig work, or informal occupations – all of which require interaction in common, crowded spaces or face-to-face communication and contact. This not only puts them at significant risk but also the population they may interact with. The risk is heightened if there are

⁹ DHA is in charge of the COVID-19 response only in Dubai. For the rest of the Emirates, it is under SEHA.

¹⁰ 14 December 2020. <https://gulfnews.com/living-in-uae/health/covid-19-vaccine-in-the-uae-what-you-need-to-know-1.1607946824573>

¹¹ Through the Emirates ID, the information regarding Employer, Nationality, etc would already be available.

¹² <https://www.khaleejtimes.com/coronavirus-pandemic/uae-covid-vaccine-expired-visa-holders-get-vaccinated-in-abu-dhabi>

vulnerable migrants who are 'at risk' but as yet undetected due to an exclusionary healthcare system.

Migrant Concerns regarding the UAE vaccination programme

"Undocumented workers are allowed to register if they have their valid passport, although official announcements on this are not available" – Adv. Maya Biju, member of legal panel of the Indian Embassy, UAE

"It is definitely difficult for undocumented workers to access the vaccine because the Emirates ID is compulsory – any stray incidents indicating that they have been given the vaccine would have been special permission provided only at that time. Furthermore, it has been difficult for them to access the PCR test since the Emirates ID is compulsory there as well. They will have to show that they are taking the PCR test for the purpose of return/repatriation" – Indian community leader, Malayali Association Sharjah (MASS)

- Migrants are not explicitly excluded but in the national policy, apart from care workers, there is no further mention of including them or as part of target groups, due to being essential workers or working in essential sectors.
- The Dubai vaccination policy includes vital sector workers but there is no clarity on which sectors are considered vital.
- There has been no official communication with respect to undocumented migrants' access to vaccines (apart from the mentioned report).
- There is currently no available information on visit visa holders accessing the vaccine. Several migrant workers become vulnerable in such a situation.
- The vaccination drive at IIC is reported as a programme that was held and there are questions that arose about the programme from migrants:
 - It is unclear whether migrants not connected to the organisation knew of this.
 - It is also unclear whether other community organisations were or are allowed to do the same.
 - Due to lack of official communication regarding the issue, it is not determined

whether such methods of dissemination are only applicable to Abu Dhabi.

- It is also vague whether such vulnerable migrants can access vaccines through community organisation, or they can access through hospitals as well.

- Beyond the issue of access to vaccines, there are broader issues of knowledge of the vaccine given to migrants such as details of the trials being held, whether there is informed consent particularly during testing/trials of the different vaccines and awareness of differences between the types of vaccines available.
- Information is noted to be one-way, provided without consultation with other actors such as Missions of COO – in such a scenario, different actors may interpret this as well as information gaps in different ways.
- If vulnerable migrants are allowed access, there is concern as to whether free hospitalisation be provided if they face adverse effects and who would take accountability in such cases.
- Since vaccination is currently optional, a possible concern was whether employers would continue to take responsibility in providing PPE kits, sanitised workplaces, and spacious accommodations w/ social distancing etc., for migrants that are unable or unwilling to take the vaccine until later.
- Currently, domestic workers are trained and/or recruited through Tadbeer centres in the UAE. Several arrive irregularly through visit visas as well. However, unlike other migrants, labour inspections cannot be carried out at homes where domestic workers are employed – despite the system which ensures disputes are resolved at the Tadbeer centre, this gap leads to a lack of accountability on part of the employer. Domestic workers commonly report that their access to healthcare and other public services is largely determined by the employer.

"Currently only domestic workers taking care of senior members in the household can take the vaccine. What about the rest of us who work as nannies or cook and clean the house and are constantly exposed due to the employer and his family that go out in public or due to travelling with them? What about our security?"

The underlying issue is not only whether the migrant population as a whole is adequately served and protected, but also of inclusion and social protection of the most vulnerable. During a pandemic, societal resilience is only as strong as its weakest links and the exclusion of vulnerable groups based upon their documentation and related factors affects the general population as a whole. The existing gaps in migrant protection during the pandemic include a context of dichotomous relations between citizens/residents and non-residents and individuals in an irregular status, which was evident - which prevented crucial access to essential support and services for a significant section of the population. Despite the recognition of migrants as an essential yet specifically vulnerable category, women migrants and irregular migrant workers were especially affected due to lack of existing protections accorded to them in labour migration governance system.

FOUNDATIONAL GAPS

Three highlighted gaps in vulnerable migrant protection as stated by migrants, community leaders and grassroots-level civil society organisations which could further affect public health and vaccination strategies include the following:

- **Lack of disaggregated data:** In countries of destination and origin, channels of transparent data collection was found to be limited – particularly for migrant workers, community leaders report that neither Missions of COO nor COD governments were able to estimate the numbers requiring repatriation, access to services and basic amenities such as food and shelter. This led to delayed decision-making and service provision, increasing the strain upon non-state actors in a setting of increased restriction and limited resources. Moreover, data collection by state actors is often not disaggregated by migrant status nor comparable across different groups and countries.

The poor visibility of migrants in data as well as the lack of transparency with respect to data limits understanding of their needs and reduces the accountability of governments and service providers. Transparent, updated, and accessible data affects policymaking as well –

Within Asia, Thailand is one such destination country which recognises migrant worker as vulnerable population requiring social safety nets and access to healthcare and health insurance.

The Thai Ministry of Public Health set up the migrant health insurance scheme for all migrants (documented and undocumented) who are not covered by social health insurance in 2001. This was later extended to migrants' dependants including spouses and children in 2005. Migrant health insurance is a voluntary prepayment scheme financed by an annual premium paid by the migrant worker (2200 baht in 2015, equivalent to US\$ 73), with no employer or state contribution.

In December 2020, Thailand announced that it would allow such vulnerable migrant groups to register for a work permit, valid for two years – this was done to contain the spread of the virus. They would have to be registered by an employer and need to undergo health checks costing roughly \$100, for application. As for the vaccine, the government also mentioned that recipients would be workers in service, tourism and industrial sectors with employers co-paying for the vaccination of their migrant workers.

despite effective short-run initiative undertaken to address immediate issues for migrants, the lack of reliable data would affect vaccination and healthcare strategies as well as long-term strategy (such as regularisation pathways, nationalisation of labour market sectors, protection of domestic and low-skilled workers, etc.).

Lack of social protection: Due to their status as non-resident in their own countries and non-nationals in countries that they migrate to, migrant access to social protection and security measures are limited and this was worsened further during the pandemic. Migrants and specifically irregular migrants report that during the initial period of the pandemic, they faced starvation and, in some cases, homelessness due to loss of job and accommodation; they were completely reliant upon community leaders and diaspora organisations for daily subsistence. Moreover, migrants also report that if as an employee, their visa is cancelled by the employer (or it becomes invalid after job loss), their access to health insurance is also cancelled (since it is employer-provided). There is a concern of how to ensure migrants are protected whether they are in between jobs or of irregular status.

Two main aspects of migrants' access to social protection include that of access in the destination country to healthcare, family benefits, housing, insurance, etc., and that of access to social security entitlements earned in one country when they move to another country or return home (pension, insurance contributions, etc.). Migrant workers in many cases face administrative (and in some cases legislative) hurdles to obtaining their end-of-service benefits, and compensation, particularly among low-skilled workers, domestic workers, and irregular migrants; for instance, the disbursement of death or injury compensations are dependent upon the contact between the employer and the embassy of the COO.

- **Institutionalised exclusion:** With the contracts in place and existing barriers, migrant workers are often perceived to be “temporary”. Lack of inclusion was clearly observed among civil society advocates during initial efforts of focused services provided during the pandemic, wherein irregular migrants were excluded entirely from schemes or schemes had prerequisites that required to be fulfilled. This particular blind spot cost countries of destination and origin dearly as migrant workers were most affected, and the

compensatory actions performed were delayed and lacked preparation.

SPECIFIC CONSIDERATIONS FOR THE IMPLEMENTATION OF VACCINATION STRATEGIES

⌘ **Registration for vaccine:** Although the process of accessing vaccines seems simplified, the lack of valid documentation (whether its Emirates ID or visa) would make healthcare inaccessible for a major portion of irregular migrants. Grassroot level field workers suggest that the registration process could be an avenue for irregular migrants to record their details and thereby access basic services such as healthcare, grievance redressal, etc.

Similar to the Sweden practice of a ‘reserve number’¹³, they may be provided with a separate card/number upon arrival (provided to all regardless of visa category) that allows them to only access primary healthcare services (including detection, treatment, and vaccines for infectious diseases). Migrants also mention that their employers should be allowed to register irregular migrants (particularly in the case of care workers) working under them for the purpose of accessing vaccines. This may further be done in a phased manner with essential sectors, gig workers and informal occupations targeted initially, and remain separate from the process of regularisation - although for employers this can be a pathway for regularising their workforce.

⌘ **Awareness:** Mobile phone applications and online websites currently are the go-to way to generate awareness regarding vaccines and the COVID-19 response. However, community leaders recommend that concerted efforts are required such as through a parallel offline channel of awareness raising, for vulnerable populations – many of whom may not have phones of their own, nor smartphones. Moreover, digital infrastructure within labour accommodations may not be adequate to access these channels. Establishments within areas of migrant worker concentration or essential stores (and locations that migrant may frequent such as remittance centres, ethnic restaurants, souqs, etc.) should be focal points of

¹³ <https://www.thelocal.se/20210217/how-to-get-a-covid-19-vaccination-without-a-personnummer/>

information and communication providing accessible information via leaflets or flash cards with essential information and contact information of relevant government bodies and Missions – this should be provided in major languages of migrant worker communities. COVID-19 information helplines may also be set up with the assistance of Missions of COO for easier communication, registration, and information provision as necessary.

⌘ **Establishing long-term frameworks:** While the initial troubles of the pandemic have ebbed, the burden upon healthcare infrastructure, economic troubles and the vaccination strategy requires long-term engagement and foresight. The pandemic has changed the world of work and in a situation where the government is looking to increase the participation of nationals within its workforce, the roles, and responsibilities of the state towards migrant groups need to be re-examined. This includes unfettered or unconditional access to basic services to sustain human life and dignity, strengthened monitoring of labour standards and equitable access to social protection.

CHALLENGES IN MAPPING COMMUNITY ORGANISATIONS IN UAE

Challenges persist in the current scenario to map community organisations at countries of destination that could assist with the vaccination program.

- During the pandemic, several community members returned to the COO due to job layoffs, etc. Consequently, community organisations are being reorganised to accommodate these changes and to ensure services are not entirely stopped.
- Most community organisations work through contributory and crowd funding. Layoffs at work and financial crunches have also affected prevailing networks and mobilisation of resources for services and activities.

- Community organisations have become increasingly sensitive in carrying out their services and activities due to following COVID-19 protocol on social distancing to ensure the lives of grassroots level workers are not at risk.
- Some groups are not institutionally registered and so they do not have mandate to perform relief work in an official capacity or large-scale basis.
- Missions of COO have shifted many services online due to health protocols and so face-to-face meetings, which were a major advocacy and communication point for grassroots level workers, have been limited and scaled down.
- Policies that promote increased monitoring of online activity have triggered anxiety and stress among migrant workers and grassroots level workers, who have become unsure of communicating migrant issues and seeking assistance online, due to fears of causing offense and retaliatory action such as job loss or deportation.

In such a situation where community organisation and grassroots-level workers have been affected in mobility and human resources, the above constraints as well as daily operational constraints during such a time do not allow for an accurate, reliable mapping of community organisations that may be tapped at this stage.

A pertinent suggestion in this regard would be for respective Ministries of the UAE such as MoHAP and MOHRE to keep in contact with Embassies, which could then, reach out to community organisations to create positive reception to the vaccination program.

RECOMMENDATIONS

With respect to improving inclusion of migrant workers into public health systems, there needs to be a concerted effort to inculcate values enshrined in human rights covenants including the Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Global Compact on Migration¹⁴ and Sustainable Developmental Goals.¹⁵ For instance, the argument used for South Africa's approach to vaccine distribution among asylum seekers and irregular migrants was based upon its commitments to these covenants and its own constitution that disallows discrimination based on national origin or residency status. This became an important marker during discourse as the President Ramaphosa and the Health Minister held differing views of migrant access to vaccines. (Mavhinga, 2021)

The **WHO-SAGE Values Framework for the Allocation and Prioritization Of COVID-19 Vaccination** has been an instrumental development to guide state actors in equitable distribution globally and nationally. The primary principles or values included are as below:

- **Human Well-Being:** *Protect and promote human well-being including health, social and economic security, human rights and civil liberties, and child development.*
- **Equal Respect:** *Recognize and treat all human beings as having equal moral status and their*

interests as deserving of equal moral consideration.

- **Global Equity:** *Ensure equity in vaccine access and benefit globally among people living in all countries, particularly those living in low-and middle-income countries.¹⁶*
- **National Equity:** *Ensure equity in vaccine access and benefit within countries for groups experiencing greater burdens from the COVID-19 pandemic.*
- **Reciprocity:** *Honor obligations of reciprocity to those individuals and groups within countries who bear significant additional risks and burdens of COVID-19 response for the benefit of society.*
- **Legitimacy:** *Make global decisions about vaccine allocation and national decisions about vaccine prioritization through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties.*

¹⁴ 13 (f): Reduce the negative and potentially lasting effects of detention on migrants by guaranteeing due process and proportionality, that it is for the shortest period of time, safeguards physical and mental integrity, and that, as a minimum, access to food, basic healthcare, legal orientation and assistance, information, and communication, as well as adequate accommodation is granted, in accordance with international human rights law.

15 (e) : Incorporate the health needs of migrants in national and local health care policies and plans, such as by strengthening capacities for service provision, facilitating affordable and non-discriminatory access, reducing communication barriers, and training health care providers on culturally-sensitive service delivery, in order to promote physical and mental health of migrants and communities overall, including by taking into consideration relevant recommendations from the WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants

16 (c): Develop national short-, medium- and long-term policy goals regarding the inclusion of migrants in societies, including on labour market integration, family

reunification, education, non-discrimination, and health, including by fostering partnerships with relevant stakeholders.

22 (b): Conclude reciprocal bilateral, regional or multilateral social security agreements on the portability of earned benefits for migrant workers at all skills levels, which refer to applicable social protection floors in the respective States, applicable social security entitlements and provisions, such as pensions, healthcare or other earned benefits, or integrate such provisions into other relevant agreements, such as those on long-term and temporary labour migration

¹⁵ SDG 3.8: Achieve universal coverage, including financial risk protection, access to quality essential health care services and access to safe effective, quality, and affordable, essential medicines and vaccines for all.

¹⁶ One among these is the COVAX Facility, a global platform aiming to bring together governments and manufacturers to ensure that COVID-19 vaccines reach those in greatest need at affordable pricing. The UAE government has been designated as a signee with intent to participate.

The framework understands reliance upon utility principles within the context of limited vaccine supply as perpetuating and exacerbating existing injustices affecting human wellbeing. It places emphasis upon equity rather than efficiency to address moral concerns in the realm of public health and further requires public policy on health to reflect and reduce unjust disparities in health and other aspects of well-being – these unjust disparities are further based upon gender, race, socio-economic status, ability to pay, location and other factors that often contribute to inequities within population.

Among the above values, the principles of equal respect, reciprocity and national equity explicitly recognise the role of migrant groups and prioritise vulnerable populations of migrants. Objectives under the mentioned principles intend to:

- *'Treat the interests of all individuals and groups with equal consideration as allocation and priority-setting decisions are being taken and implemented'* (**Equal Respect**)¹⁷
- *'Ensure that vaccine prioritization within countries considers the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic'* (**National Equity**)
- *'Develop the immunization delivery systems and infrastructure required to ensure COVID-19 vaccines access to priority populations and take proactive action to ensure equal access to everyone who qualifies under a priority group, particularly socially disadvantaged populations'* (**National Equity**)
- *'Protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others, including health and other essential workers'* (**Reciprocity**)

Vulnerable populations are recognised within the framework as: • People living in poverty, especially extreme poverty • Homeless people and those living in informal settlements or urban slums •

¹⁷ The equal respect principle requires that state actors consider the eligibility for inclusion in national immunization programs, so that 'no one is left out of consideration for unjustifiable reasons'.

Disadvantaged or persecuted ethnic, racial, gender, and religious groups, and sexual minorities and people living with disabilities • Low-income migrant workers, refugees, internally displaced persons, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations, nomadic populations • Hard to reach population groups • Essential workers outside health sector (examples: police officers and frontline emergency responders, municipal services, teachers, childcare providers, agriculture and food workers, transportation

The approach of "no one is safe until everyone is safe" has been considered with respect to vaccine deployment strategies, as designed by the European Centre for Disease Prevention and Control. Through this regional mechanism, some countries in the EU prioritise workers of essential public services other than those in health such as police, firefighters, and educational institutions workers. For instance, France declared that the vaccines will be available to all people living in France, regardless of residence status. In practice, the vaccines will be free for all and no health insurance card will be required. For the Netherlands, the strategy explicitly mentions undocumented migrants as a group to be vaccinated.

workers). The framework further includes 'Employment categories unable to physically distance' and 'Social groups unable to physically distance (examples: geographically remote clustered populations, detention facilities, dormitories, military personnel living in tight quarters, refugee camps)' as populations with significantly elevated risk of being infected.¹⁸

When considering the framework, we realise that vulnerable migrant groups such as those in an irregular or undocumented status, stranded migrants, etc. are critical groups to be prioritised in order to ensure complete coverage of the

¹⁸ WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1

population. Not only access to the vaccine, but the restrictive environment that surrounds migrant access to healthcare must be addressed such as burdensome administrative procedures, ineligibility for free or covered care, and exposure to immigration consequences for trying to access services. Including vulnerable migrants in national vaccination strategies - and in a larger sense, public health policy – ensures the states remain prepared to tackle similar shocks in the future, fix gaps in healthcare institutions and social protection, and work to mitigate inequalities and exclusion faced by migrants as a necessary part of the population. ^{xx}

The UN Network on Migration, in a statement, recognised that few national deployment and vaccination plans (NDVPs) included migrants. It further called on governments to make every effort to address and reduce vulnerabilities faced by migrants.

This was to be achieved by:

- o guaranteeing migrants' inclusion in national vaccination plans and programmes and their equitable and affordable access to vaccines and treatments.
- o ensuring that migrants, regardless of their status, can access COVID-19 vaccines without fear or risk of deportation, immigration detention or other penalties as result of migration status.
- o mitigating potential cultural, linguistic or other barriers to migrants' accessing services and vaccines; and,
- o Increasing efforts to provide vaccines to low- and middle-income countries, allowing migrants anywhere to protect themselves and their communities.

I. Access to Healthcare

- a. **Firewalls are required between health and immigration departments.** There must be clear assurances that any information or data informally or formally obtained **about a person's residence status** in the course of providing care will not be used against them, to prompt immigration proceedings.
 - Healthcare providers must not be required to ask for proof of identity or of immigration status from patients wishing to register and provide them with a separate identity number which assists in accessing

healthcare (similar to a hospital membership card, etc.). This card may also be provided for those on **visit visas** with details of the sponsor (if required). The card may also allow migrants to access walk-in vaccinations without prior registration.

- There must be data protection laws and patient confidentiality obligations in place that supports the existence of the firewall.
- b. Migrants access to healthcare must not be dependent upon their documentation. The **absence of formal documentation** cannot be a barrier to signing up for or getting a vaccine (or testing, for that matter). A hospital/clinic/healthcare provider must outline practice where a patient cannot be refused treatment because they do not have identification, proof of address or expired documents.
 - c. Migrants, regardless of their status, should have access to **free screening and treatment for COVID-19** without fear of arrest and detention.
 - d. Migrant workers healthcare must be covered by health insurance provided by their employers. There must also be an alternate arrangement in case of visa cancellation or job loss wherein the period of insurance coverage may be extended till the migrant worker is repatriated or joins another workplace – the insurance scheme may/may not be transferable as per the wish of the new employer.
 - e. For domestic workers, Tadbeer must assist in ensuring domestic workers are being tested and have access to healthcare and the vaccine. Tadbeer centres must be able to hold employers accountable and monitor the provision of testing and vaccination (as well as broader healthcare services such as health insurance, hospitalisation, and medicines). Testing and vaccination for COVID-19 may be provided at the Tadbeer centres as well with employers being required to bring their domestic workers to the centre for the service.

II. Access to Information

- a. Information on all channels (offline and online) should be provided in main languages of all major migrant communities in the UAE.

- b. Governments should work with Missions of COO, employers, and migrant community organizations in translating, interpreting, and delivering correct information to migrant workers.
- c. Create code of conduct for media organisations regarding xenophobic content and disinformation regarding migrant workers.

III. Expanding Scope of Migrant Rights:

Governments must ensure that all migration and development policies designed and implemented at national, regional, and international levels are based on a human centred approach. This means giving primacy to the needs, priorities, and rights of vulnerable migrants as humans, rather than as economic entities. States must also endeavour to transform racist and xenophobic narratives against migrants and embrace the social and cultural wealth that migrants bring to countries of destination.

- a. Effective immigration pathways must be flexible and allow migrants to regularise themselves, without dependence upon the employer.
- b. Recognising contributions of migrants as essential workers and develop pathways to citizenship and residency through a permanent cycle of contracts.
- c. States should focus upon inclusion of particularly vulnerable groups such as domestic workers, essential workers, low-skilled labour into social protection schemes, based upon shared responsibility with the employer.
- d. Break the link between immigration status and eligibility for social protection by establishing firewalls between government departments of

immigration issues and social protection institutions.

- e. Eligibility criteria should be objective, reasonable, and transparent, and stigmatization of beneficiaries should be avoided.
- f. Require those who do not wish to be covered to have to “opt out”, rather than requiring “opt-in” social protection schemes.
- g. Companies and private entities should encourage governments to include migrant workers in any and all social safety net schemes. When contracts are terminated, companies should observe their obligations regarding notice periods, the payment of wages, compensation, and end-of-service benefits.

IV. Centering Migrant Voices in Building Back Better:

Migrants must be involved in the processes that affect their lives. At this critical juncture for global migration governance, support by States for meaningful and sustained involvement of migrants, trade unions, and civil society organisations in the multiple ongoing processes at national and regional levels is needed. Within the UAE, it can include diaspora organisations recognised by the Community Development Authority and Missions of COO such as Sahana (Sri Lanka), Indian Community Welfare Committee (ICWC), Filipino Social Club (FilSoc). However, there also needs to be an expansion into grassroot-level organisations such as smaller community associations (Malayali Association Sharjah, for example), faith-based organisations (such as community churches) and volunteers/ community leaders recognised by Missions of COO (but not the CDA).

ADVOCACY STRATEGY TO INCLUDE VULNERABLE MIGRANT POPULATIONS INTO THE NATIONAL IMMUNISATION PROGRAM

Institutional capacity

- It is imperative that when considering the inclusion of vulnerable migrant groups into public services such as healthcare, grievance redressal, etc., the UNNM would need to leverage government in creating a specific agency for the purpose. The nature of any new bodies or agencies created for the purpose must be **'neutral' in nature, rather than state-sponsored** – this body would then include members of national human rights institutions (which are usually independent bodies), international NGOs or rights bodies (such as Red Crescent, Doctors Beyond Borders) CSOs, community leaders, faith-based organisations, etc. It is intended to work with state actors (both COD government and Missions of COO) and be a vital stakeholder in the policymaking process.
- The dominant role that **grassroot-level community leaders and diaspora organisations in the COD** (as well as international NGOs, CSOs) play as advocates and safekeepers of migrant rights, was instrumental in bridging key gaps in governance and service provision during the pandemic. Any strategy which is concerned with the inclusion of vulnerable migrant groups into public services, must necessarily include these parties as stakeholders within the design and monitoring of program effectiveness, not only in implementation. Approaching Missions of COO to connect with and facilitate collaboration with migrant groups that are recognised by them (instead of the CDA) is a good starting point.¹⁹

Design/Approach

- Instead of a top-down approach, the role of state actors (such as the Community Development Authority) may be **minimised** to the providers of accurate, updated information alone. Beyond this, any advocacy strategy must be based upon **peer-to-peer communication**

and build upon **trust within strongly embedded community networks**. (See [Makan4Migrants Programme](#)) This would also help in accurate translation into necessary languages of migrant communities.

- Advocacy must tackle xenophobic and racist narratives in order to **manage public support and cooperation** with emphasis upon the fact societal resilience depends upon systemic access to vaccination and healthcare infrastructure.
- It is necessary that the UNNM encourage the UAE government to **create an enabling environment for engaging with community leaders and migrant groups**. The biggest challenge that faces such groups is the lack of social infrastructure and environment that would recognise migrant groups and give them (as organisations and leaders), their views, and their actions legitimacy. Even for organisations working closely with Missions, the lack of an enabling environment in the COD has frequently been expressed (including that it is mostly one-way communication with state actors) - so their ground-level activities are performed in informal settings as well. Organisations that are recognised by the CDA are required to complete certain pre-requisites, the resources of which smaller community associations and community leaders would not possess -hence although recognised by their own Missions, they lose legitimacy in the eyes of the UAE government. Naturally, the risk for community leaders and migrant groups is far greater and their involvement in public advocacy efforts must be, then, preceded by **their recognition** (without prerequisites of membership size and such), **the legitimization of their voices and the 'guarantee' or agreement of not facing repercussions** for their views and activities in the interest of vulnerable migrant groups.

¹⁹ This is due to issues of non-recognition and 'cease and desist' orders given to migrant groups that are unrecognised by the CDA.

<https://www.khaleejtimes.com/nation/dubai/106-filipino-groups-asked-to-stop-activities-in-dubai>

Implementation

- Government bodies of immigration, health (MOHAP) and MOHRE must be engaged with to advocate for vulnerable migrant groups including those performing **unpaid work and in key sectors** such as care work, sanitation, logistics, informal occupations, and gig work to be necessarily considered **as full residents** and as part of targeted groups within public health strategies.
- Advocacy must focus on ensuring that information and services must 'go to' the migrants rather than have migrants 'seek' these services i.e., inclusion into vaccination strategy and public health policy must be proactive in approaching migrants. Creating an inclusive healthcare infrastructure for vulnerable migrant groups requires a **two-way channel of access** where not only is it easier for vulnerable migrant groups to access basic healthcare and services, but public health actors also dynamically approach these groups to mandatorily register and include them into such mechanisms.
- Implementation may be facilitated by setting camps and booths in areas where migrants usually congregate on days off such as souqs, malls, religious institutions and areas where migrant accommodations are usually concentrated (such as Muhaisnah/Sonapur in Dubai or industrial areas). It may also be set up at Tawjeeh and Tadbeer service centres. In terms of outreach to domestic workers and large sections of workers at labour camps/similar grouped accommodations, mobile vaccination units may also be considered.
- Most importantly, advocacy must support **the long-term engagement** of these recommendations and measures – particularly to be fully backed and worked upon **beyond the Expo 2021**.

As a possible reference of key messaging to be used, the example of UNHCR's Advocacy Messages on Access to Vaccines (February 2021) may be considered as below:

Key Messaging

Vulnerable migrants, Refugees, IDPs must be included in national vaccination schemes:

- COVID-19 vaccination plans must not discriminate. The pandemic will only be brought under control when vaccines are available on an equal basis to all people regardless of their status.
- Health is a fundamental human right but refugees and asylum seekers, stateless people and the internally displaced are often excluded from health systems due to a lack of inclusive policies, language barriers, documentation issues, or costs.
- We appeal to all countries to include refugees in their vaccination programs on par with nationals and in line with COVAX allocation principles.
- Refugees, IDPs, stateless people and their local communities must be included in all national responses to the pandemic, on an equal footing as citizens.
- Inclusion is key to protecting refugees, IDPs and their hosts – from health responses, vaccines to social safety nets. Safeguarding their health also protects the health of their host communities and societies. It is not in the interest of any community, state or for the world at large to have people falling through the cracks, marginalized, exposed and unprotected.

[Note: we are not advocating for the preferential treatment of refugees, but rather non-discrimination so they are not excluded from national vaccination plans.]

Endnotes

- ⁱ <https://gulfnews.com/uae/health/coronavirus-new-guidelines-issued-for-workplaces-business-travel-1.70023627>
- ⁱⁱ <https://www.cnbc.com/2020/03/18/coronavirus-uae-bans-citizens-from-traveling-mandates-14-day-quarantine-for-entrants.html>
- ⁱⁱⁱ <https://www.thehindu.com/news/international/coronavirus-uae-to-suspend-all-passenger-flights-state-media/article31139817.ece>
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