



# Inclusion of Vulnerable Migrant Groups in COVID-19 Vaccination Strategies in Bahrain

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 Bahrain, 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 United Nations Network on Migration (UNNM) in Bahrain 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 strategies in different countries of destination and the role to be played by civil society within advocacy and outreach.

## BACKGROUND

The first case in Bahrain was detected in February 2020. <sup>i</sup> However, the country did not go into a lockdown like its neighbours, choosing instead to close only non-essential businesses in March and shutting down entry of foreign visitors. <sup>ii</sup> The government’s initial response was to relocate individuals out of camps and into several different buildings, including closed schools, to lessen overcrowding. The government also ensured that all employers designate extra accommodations that can hold up 10% of their workforce to better enforce social distancing precautions. The comprehensive public awareness campaign saw direct text messages across multiple languages as well as multilingual public health awareness pamphlets <sup>iii</sup>. Due to this, the country was reported to have the least mobility reduction and was praised by the WHO for ensuring all essential services were kept open. <sup>iv</sup>

The agency of Nationality, Passports and Residence Affairs (NPRA) provided facilities to visitors and residents in Bahrain since the initial months of the pandemic to extend their residency permits and visit visas without punitive fees attached. In October, NPRA further announced its' decision to automatically re-extend the validity of all types of visit visas until 21 January 2021 with fee exception to all visitors.<sup>v</sup>

In March, the government released the “BeAware Bahrain” app. Using GPS, it assists in alerting individuals in case they come in contact with a recent confirmed active case within the past 14 days, following up with home self-isolation and quarantine cases during the 10-day period, confirming their location within their home range and not leaving their home and booking for an Exit Test to be taken after finishing the designated quarantine period.

Individuals under optional home self-isolation are provided with an electronic bracelet that connects to the app, providing an updated and continuous notification to the team set by the Ministry. In case of not abiding by the optional home self-isolation guidelines or moving away from the phone by a 15-meter distance and/or changing the set quarantine location, a notification will immediately be sent on the importance of committing to the health guidelines to ensure the safety of the individual and the community. The app currently allows the user to register for vaccine and carry their vaccination certificate.<sup>vi</sup>

This app however was criticised due to its GPS functionality (instead of Bluetooth like apps developed in other countries). It was reported that through the functionality and the apps feature, authorities would easily be able to link sensitive personal information to an individual, as users are required to register with a national ID number.<sup>vii</sup>

In April, the government became among the first countries to offer a nine-month amnesty period to allow anyone living in Bahrain without the proper permits to regularize their status or return home without legal consequence. New work permits would be issued without penalty and migrants were allowed to return without affecting any future arrival for work into Bahrain. The LMRA further, waived monthly fees on expats until June as part of measures to support businesses during this period.

However, this amnesty did not apply to migrants with overstayed visit visas or pending court cases.<sup>viii</sup>

Simultaneously, a public order urged employers to ensure social distancing rules in usually densely populated labour accommodation sites. This decision came after data from the health ministry that indicated 90 percent of active coronavirus cases in the country were among migrant workers. Thousands of migrants were relocated to safe shelters and employers with over 2,2000 registered labour camps in the country were ordered to provide separate accommodation for infected workers.<sup>ix</sup>

However, despite their efforts, the interior ministry announced in November that female detainees tested positive for the virus. The detainees were being held on pending cases related to residency rules violations.<sup>x</sup>

In September the Minor Criminal Court ruled against those who violated domestic isolation rules and ordered fines for defendants as well as deportation for the migrants among them.<sup>xi</sup> However, deportations on migrants as ‘precautionary measures’ against the spread of COVID-19 were already occurring since the beginning of the pandemic in March.<sup>xii</sup>

Apart from this, the Flexi - Permit scheme still exists, launched by LMRA in 2018. The two-year renewable permit allows eligible irregular migrants to live and work for multiple employers in any non-specialised job. However, the program has a strict eligibility criterion. Those not eligible include:

- Domestic workers
- Irregular migrants who entered Bahrain on a visit visa
- Irregular migrants with “runaway” complaints against them and those with travel bans or court cases.
- Irregular migrants with expired passports or with passports that are valid for less than six months<sup>xiii</sup>

During the pandemic, the LMRA began an inspection campaign to ensure those on Flexi Permit do not indulge in professions that are not part of the deal and if they are found doing so, would be deported and blacklisted as part of stringent new rules.<sup>xiv</sup>

Moreover, in February 2021, Bahraini MPs approved an urgent proposal that requests the government to take immediate and tougher action against “absconding” domestic workers. The proposal, if enacted, will require domestic workers who leave their employers without permission to reimburse their sponsors, pay for their own repatriation costs, and punish those sheltering them with jail and fines.<sup>xv</sup> Subsequently, a proposal put forth by certain MPs detailed the creation of a private closed company under Mumtalakat, Bahrain’s sovereign wealth fund, for the recruitment of foreign housemaids and those carrying out similar tasks.<sup>xvi</sup>

The government however attempted to ensure all migrants have access to basic resources and amenities such as food and social security, in the face of xenophobic rhetoric and negative public reaction. In September, the government attempted to extend the duration a scheme which pays half of the salaries of employees in parts of the private sector. The scheme applies to people registered with the government’s unemployment insurance scheme. The cabinet also approved the payment of 50 percent of salaries to more than 500 uninsured female workers in kindergartens and nurseries. The cabinet also said 150 Bahraini dinars (\$400) will be paid monthly to support 950 taxi, bus and other public transport drivers, and more than 800 driving instructors who are not insured. Finally, it approved a draft law concerning insurance against those unemployed or stalled from work.<sup>xvii</sup>

The ministry shared several posts on social media outlining insurance services and benefits provided

in the Social Insurance Law (SIL) – the entitlement to unemployment benefits, which also extends to foreign workers. However, this was badly received by nationals and the policy was withdrawn after social outcry against including migrant workers in the unemployment fund.

The policy within itself was also noted to have gaps as unemployed migrants only 30 days to regularise their status by transferring to another job, or else they are rendered irregular and therefore ineligible for benefits. Unfortunately, it takes up to two months to set up a claim account at the ministry to start receiving unemployment pay.<sup>xviii</sup> In February 2021, the Social Insurance Organisation was reported to be undertaking a study to include migrant workers into pension funds.<sup>xix</sup>

In another instance, an online campaign launched by Bahrainis at the start of the pandemic aimed to assist foreign residents who were unemployed during the pandemic. Volunteers distributed food parcels, including rice, sugar and snacks.<sup>xx</sup> However, this as well as attempts to provide migrants iftar meals during Ramadan were the target of inflammatory statements and accusations of promoting the spread of the virus, despite government authorities defending these actions.<sup>xxi</sup>

On December 17, the kingdom launched mass vaccinations against COVID-19. Over 250,000 people or 14.7 per cent of Bahrain’s total population of 1.7 million have since received the first dose of the vaccine. As of now, Bahrain has the second-highest vaccination rate in the world, the first being Israel, with a reported rate of 3.49 vaccination doses per 100 individuals.

## ISSUES FACED BY VULNERABLE MIGRANT GROUPS DURING COVID-19

Most COO’s and CODs in Asia were less prepared to manage the extreme health crisis and immediate socio-economic impacts. 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 organisations, 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.

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.<sup>1</sup> 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)<sup>2</sup> including faith-based organisations, diaspora /community organisations, NGOs attempted to fill gaps unaddressed by governments and business, particularly with respect to vulnerable migrant 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.

<sup>1</sup> 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.

<sup>2</sup> 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.

At the grassroot 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.
- Assisting repatriation and amnesty in destination countries.
- Assistance for quarantine and post-repatriation life.
- Welfare support for return migrants and their families.
- Co-ordinating efforts with government and other stakeholders.
  - Ensuring access to justice including

### **Makan4Migrants Program – Our Journey (Malaysia)**

(This example has been added as Malaysia as a COD, has a similar context to Bahrain 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.

case/complaints filing.

## VACCINATION PROGRAMME IN BAHRAIN

There are 5 vaccines available in Bahrain: the vaccine by Sinopharm; by Oxford-AstraZeneca; by Pfizer-BioNTech; by Johnson & Johnson; by Sputnik V – it is the only country in the GCC to do so.<sup>xxii</sup>

Vaccines are being offered for free to all residents and citizens, 18 years and above. The government stated that distribution of the vaccine will be done through 27 medical centres.<sup>xxiii</sup>

The MoH has licensed 15 private hospitals to conduct testing.<sup>3</sup> For self-isolating individuals, the MoH also set up drive-through testing centres – requiring them to book the test through the BeAware app and on the date of the appointment, they should provide their ID card and appointment receipt.<sup>4</sup>

### Eligibility

The priority groups outlined by the government currently only include the elderly, those with chronic conditions and people with special needs. In February, it also opened registration for pregnant women and breastfeeding mothers.<sup>xxiv</sup>

### Process

In January, Bahrain became the first country in the world to allow COVID-19 vaccine appointments via a mobile app (BeAware).<sup>xxv</sup> Those who cannot or would prefer not to use the app can alternatively book their appointment through the Bahraini Ministry of Health's website or through a hotline. They may also head to the designated residential health centres, which are open for vaccination provision from 8am-6pm daily.<sup>5</sup>

Registration requires the following information from the person:

- Their preference of vaccine
- Block Number
- ID Number
- CPR Expiry Date (a valid CPR is required for registration)

To maximize accessibility and availability, there are 2 preferences of vaccines a person may select and through the same pathways, the person may also

change their preferred vaccine after registration.<sup>6</sup> It has also increased the interval between the first and second doses from 4 to 8 weeks, as per SAGE-WHO advice.<sup>xxvi</sup>

Once vaccinated, the person receives the COVID vaccine passport – a green 'COVID-19 Vaccinated' shield – with the user's name, date of birth, nationality and which vaccine they received. This will help authorities to verify the validity of users by scanning a QR code which is linked to a national vaccine register. It enables residents to show their immunity status two weeks after receiving both Covid vaccination doses.<sup>xxvii</sup>

The government also instituted mobile vaccination units to cater to the elderly, people with special needs and chronic illnesses, regardless of nationality, with the exception of visitors.<sup>xxviii</sup> These units involve medical teams making home visits, their service being booked through the BeAware app or MoH's website. Applicants and/or their families/caregiver are selected after the Ministry monitors applications and determines needs of those registered - they will be then contacted by a member of the mobile unit.<sup>xxix</sup>

### Vulnerable groups

During the initial period of the pandemic, the Ministry of Health issued a temporary ID to undocumented workers to authenticate their identity for COVID-19 testing.<sup>xxx</sup> It is unclear whether this measure has been extended into vaccination rollout. To facilitate access to healthcare, the Ministry of Health suspended the BD7 medical consultation fee or health fees for non-Bahrainis as well.<sup>xxxi</sup>

Vaccines have been offered at prison and detention facilities. A field hospital was allocated for the purpose and quarantine implemented for new inmates, in addition to redistributing inmates and providing new buildings. Inmates can voluntarily register their personal details and select the vaccine of their choice.<sup>xxxii</sup> However, beyond this specific measure, brought about by positive cases within these facilities, there has been no explicit

<sup>3</sup>[https://healthalert.gov.bh/uploads/z01rj0cl\\_icw.pdf](https://healthalert.gov.bh/uploads/z01rj0cl_icw.pdf)

<sup>4</sup>[https://healthalert.gov.bh/uploads/yc41zs0g\\_4g2.pdf](https://healthalert.gov.bh/uploads/yc41zs0g_4g2.pdf)

<sup>5</sup>[https://healthalert.gov.bh/uploads/t3k4hbwp\\_nar.pdf](https://healthalert.gov.bh/uploads/t3k4hbwp_nar.pdf)

<sup>6</sup>[https://healthalert.gov.bh/uploads/xprfr1jn\\_uvr.pdf](https://healthalert.gov.bh/uploads/xprfr1jn_uvr.pdf)

indication that migrants would be considered a priority group.

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

### ***Migrant Concerns regarding the Bahrain vaccination programme***

*“Undocumented workers usually lose out access to the vaccine if their CPR or visa has expired, although the government has been encouraging migrants to regularise themselves” – Adv. Madhavan Kallath, member of Indian Community Relief Fund (ICRF)*

- Migrants are not explicitly excluded but in the national policy and except for LMRA’s statement in the initial period of the pandemic, there is no further mention of including them or as part of target groups, due to being essential workers or working in essential sectors, within official communication as well as the MoH website.
- There has been no official communication with respect to undocumented migrants’ access to vaccines (apart from the mentioned report on detainees).
- There is currently no available information on visit visa holders accessing the vaccine. Several migrant workers become vulnerable in such a situation.

- It has not been publicly indicated unclear whether the temporary IDs given to undocumented workers during testing has been continued for the vaccination program.
- Mobile units of vaccination are essential in ensuring outreach, but it is unclear whether it also serves the caregivers and domestic workers within the homes of seniors and those with special needs.
- 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 and awareness of differences between the types of vaccines available.
- 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 but highly encouraged, 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.
- There has not been a concerted effort to ensure employers provide access to the vaccination for their domestic workers. 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. Domestic workers commonly report that their access to healthcare and other public services is largely determined by the employer. The new agency being proposed for the recruitment of domestic workers has been created solely with the employers in mind and does not discuss ways the domestic worker may be protected.

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. A notable point that was consistently reported was the lack of data in Bahrain on the number of adults that would fall under the priority categories of the elderly and those with special needs.

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 – 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 pre-requisites 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.

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.

## 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 CPR 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’<sup>7</sup>, 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. Mobile units deployed for vaccination outreach could be further used for registration as well.

⌘ Awareness: Mobile phone applications and online websites currently are the go-to way to generate awareness regarding vaccines and the COVID-19 response. The AI app proposed by LMRA with respect to post-arrival orientation for migrant workers may be utilised for the purpose and further built upon.<sup>8</sup> 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. The various

<sup>7</sup> <https://www.thelocal.se/20210217/how-to-get-a-covid-19-vaccination-without-a-personnummer/>

<sup>8</sup> Language app for expats in Bahrain. (2021). Retrieved 8 March 2021, from [https://www.zawya.com/mena/en/business/story/Language\\_app\\_for\\_expats\\_in\\_Bahrain-SNG\\_200259678/](https://www.zawya.com/mena/en/business/story/Language_app_for_expats_in_Bahrain-SNG_200259678/)

pathways provided by the MoH such as the helpline, website and in-person registration need to be further emphasised in the care of irregular migrants and vulnerable populations.

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 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. It also becomes imperative to ensure the involvement of various trade unions and community organisations in the design and monitoring of programmes serving irregular migrants.

## CHALLENGES IN MAPPING COMMUNITY ORGANISATIONS IN BAHRAIN

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.

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 Bahrain such as LMRA and MoH to keep in contact with Embassies, which could then, reach out to community organisations to create positive reception to the vaccination program. The respective Ministries could also consult and mobilise local NGO's, CSO's and trade unions to link up with grassroots-level community organisations for the same.

## 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 Migration<sup>9</sup> and Sustainable Developmental Goals.<sup>10</sup> 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

<sup>9</sup> 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

<sup>10</sup> 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.

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.*<sup>11</sup>
- **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.*

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

<sup>11</sup> 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.

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**)<sup>12</sup>
- *'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
- 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

<sup>12</sup> 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'.

Essential workers outside health sector (examples: police officers and frontline emergency responders, municipal services, teachers, childcare providers, agriculture and food workers, transportation 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.<sup>13</sup>

When considering the framework, we realise that

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.

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 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

<sup>13</sup> 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](https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE_Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1)

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.<sup>xxxiii</sup>

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.
  - i. 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).
  - ii. 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, detention and in the case of Bahrain, deportation to “curb the spread of COVID-19”.
- d. The suspension of health fees upon foreign workers must hold for all irregular and vulnerable migrants.
- e. 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.
- f. For domestic workers, mobile vaccination units must be able serve to test and vaccinate them at the households they work. If the proposal to begin a centralised recruitment agency is followed through, access to health and related services must also be considered under this body’s purview. The body created 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).

## II. ACCESS TO INFORMATION

- a. Information on all channels (offline and online) should be provided in main languages of all major migrant communities in Bahrain. In this line, the current pathways of registration and information need to be made accessible to all.
- b. Governments should work with Missions of COO, trade unions, employers, and migrant

community organizations in translating, interpreting, and delivering correct information to migrant workers.

- c. Create sensitisation programmes among public figures and state actors as well as 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. The amnesty offered in Bahrain refused to include migrants who overstayed their visit visas and those with absconding cases against them – which community leader claim are critical gaps in governance. Apart from amnesties, alternate stable pathways to regularisation must be considered which is inclusive of all irregular and vulnerable migrants (which the Flexi-Permit fails to consider such as domestic workers, those on visit visas, ‘runaway’ cases and those with expire passports).
- 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. The current effort to see how migrants may be included into pension

schemes is a good start in this area. However, unlike the withdrawal of the unemployment scheme serving migrants, it becomes necessary to ensure that political pressure does not become debilitating.

- d. Improving the capacity of the Social Insurance Organisation with respect to public and civil sensitisation to migrant issues and lack of access to social protection.
- e. Break the link between immigration status and eligibility for social protection by establishing firewalls between government departments of immigration issues and social protection institutions.
- f. Eligibility criteria should be objective, reasonable, and transparent, and stigmatization of beneficiaries should be avoided.
- g. Require those who do not wish to be covered to have to “opt out”, rather than requiring “opt-in” social protection schemes.
- h. 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 Bahrain, it can include diaspora organisations recognised by Missions and the Bahrain government such as Indian Community Relief Fund (ICRF), Filipino Club Bahrain, etc. However, there also needs to be an expansion into grassroot-level organisations such as Gulf Trade Union (GTU), General Workers Federation (GWF), etc., faith-based organisations (such as community churches)

and volunteers/ community leaders recognised by Missions of COO (but not the government).

## 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, trade unions, 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 and trade unions) 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 is a good starting point.

### Design/Approach

- Instead of a top-down approach, the role of state actors (such as the Labour Market Regulatory 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 Bahrain 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 state 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 Bahrain 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.

### Implementation

- Government bodies of immigration, health (MOH) and LMRA 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 industrial areas). In terms of outreach to domestic workers and large sections of workers at labour camps/similar grouped accommodations, mobile vaccination units must be expanded.
- There needs to be an efficient public messaging system required with respect to tackling xenophobic rhetoric among political actors, through sensitisation strategies.

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

- <sup>i</sup> <https://www.bna.bh/en/COVID19.aspx?cms=q8FmFJgicL2fwlZON1%2BDgdRwYzX8yqJfGfSBhU4yI%3D>
- <sup>ii</sup> 6 May 2020. COVID-19: Bahrain eases coronavirus restrictions, Saudi announce hefty fines. (2020). Retrieved from <https://gulfnews.com/world/gulf/covid-19-bahrain-eases-coronavirus-restrictions-saudi-announce-hefty-fines-1.1588785138344>
- <sup>iii</sup> COVID-19 in Bahrain Impacts Migrant Workers - BORGEM. Retrieved from <https://www.borgenmagazine.com/covid-19-in-bahrain/>
- <sup>iv</sup> 27 April 2020. <https://www.arabianbusiness.com/culture-society/445775-latest-google-research-shines-light-on-bahrain-covid-19-response>
- <sup>v</sup> 17 October 2020. Tawfiq Nasrallah, S. COVID-19: Bahrain extends validity of all types of visit visas until 2021. Retrieved from <https://gulfnews.com/world/gulf/bahrain/covid-19-bahrain-extends-validity-of-all-types-of-visit-visas-until-2021-1.74635986>
- <sup>vi</sup> 31 March 2020. MGZN, S., & MGZN, S. (2020). Startup MGZN – ‘BeAware Bahrain’ app officially launched by iGA. Retrieved from <https://www.startupmgzn.com/english/news/beaware-bahrain-app-officially-launched-by-iga/>  
<https://healthalert.gov.bh/en/>
- <sup>vii</sup> 16 June 2020. Coronavirus: Alarm over 'invasive' Kuwait and Bahrain contact-tracing apps. (2020). Retrieved from <https://www.bbc.com/news/world-middle-east-53052395>
- <sup>viii</sup> 7 April 2020. Amnesty launched for illegal workers in Bahrain. (2020). Retrieved from [https://www.zawya.com/mena/en/legal/story/Amnesty launched for illegal workers in Bahrain-SNG 171825832/](https://www.zawya.com/mena/en/legal/story/Amnesty%20launched%20for%20illegal%20workers%20in%20Bahrain-SNG%20171825832/)
- <sup>ix</sup> 21 April 2020, <https://www.arabnews.com/node/1662661/middle-east>
- <sup>x</sup> 23 November 2020. Detainees in Bahrain test positive for COVID-19 . (2020). Retrieved from <https://www.arabnews.com/node/1767156/middle-east>
- <sup>xi</sup> 18 September 2020. Ramadan Al Sherbini, C. (2020). COVID-19: Bahrain to deport foreigners for violating isolation rules. Retrieved from <https://gulfnews.com/world/gulf/bahrain/covid-19-bahrain-to-deport-foreigners-for-violating-isolation-rules-1.73950166>
- <sup>xii</sup> 2 March 2020. Bahrain immigration authorities deport 38 Nepali workers. (2020). Retrieved from <https://thehimalayantimes.com/nepal/bahrain-immigration-authorities-deport-38-nepali-workers>
- <sup>xiii</sup> <https://www.migrant-rights.org/2018/08/one-year-since-launch-has-bahrain-flexi-permit-lived-up-to-its-hype/>
- <sup>xiv</sup> 8 October 2020. <https://www.gdnonline.com/Details/874027/LMRA-vows-to-deport-flexi-permit-violators>
- <sup>xv</sup> 20 February 2021 . “Stricter actions against absconding domestic workers”: Proposal in Bahrain’s parliament steeped in falsehoods | Migrant-Rights.org. (2021). Retrieved from <https://www.migrant-rights.org/2021/02/stricter-actions-against-absconding-domestic-workers-proposal-in-bahrain-parliament-steeped-in-falsehoods/>
- <sup>xvi</sup> Bahrain MPs propose new firm to recruit maids. (2021). Retrieved 8 March 2021, from [https://www.zawya.com/mena/en/business/story/Bahrain MPs propose new firm to recruit maids-SNG 201502030/](https://www.zawya.com/mena/en/business/story/Bahrain%20MPs%20propose%20new%20firm%20to%20recruit%20maids-SNG%201502030/)
- <sup>xvii</sup> 28 September 2020. Bahrain extends 50% salary payment in sectors impacted by coronavirus. (2020). Retrieved from <https://www.arabnews.com/node/1741431/middle-east>
- <sup>xviii</sup> 11 November 2020. Bahrain’s unemployment benefits for migrants sparks backlash, backpedalling from Ministry | Migrant-Rights.org. (2021). Retrieved from <https://www.migrant-rights.org/2020/11/bahrain-unemployment-benefits-for-migrants-sparks-backlash-backpedalling-from-ministry/>
- <sup>xix</sup> [https://www.zawya.com/mena/en/story/Study underway in Bahrain to include expats in pension funds-SNG 197923890?utm\\_campaign=magnet&utm\\_source=article\\_page&utm\\_medium=related\\_articles](https://www.zawya.com/mena/en/story/Study%20underway%20in%20Bahrain%20to%20include%20expats%20in%20pension%20funds-SNG%20197923890?utm_campaign=magnet&utm_source=article_page&utm_medium=related_articles)
- <sup>xx</sup> 11 April 2020. Ramadan Al Sherbini, C. (2020). COVID-19: Bahrainis launch initiative to aid jobless foreigners. Retrieved from <https://gulfnews.com/world/gulf/bahrain/covid-19-bahrainis-launch-initiative-to-aid-jobless-foreigners-1.70930610>
- <sup>xxi</sup> 18 May 2020. Ramadan Al Sherbini, C. (2020). COVID-19: Bahraini official defends food to expats after criticism. Retrieved from <https://gulfnews.com/world/gulf/bahrain/covid-19-bahraini-official-defends-food-to-expats-after-criticism-1.1589793950823>
- <sup>xxii</sup> 26 February 2021. Bahrain introduces fifth vaccine, extends COVID-19 safety measures. (2021). Retrieved from <https://www.arabnews.com/node/1816131/middle-east>

<sup>xxiii</sup> 10 December 2020. Reuters, A. (2021). Bahrain says Covid-19 vaccine free for all citizens and residents. Retrieved from <https://www.khaleejtimes.com/coronavirus-pandemic/bahrain-says-covid-19-vaccine-free-for-all-citizens-and-residents>

<sup>xxiv</sup> [https://www.zawya.com/mena/en/life/story/Pledge to vaccinate 300000 this month in Bahrain-SNG\\_202319770/](https://www.zawya.com/mena/en/life/story/Pledge%20to%20vaccinate%20300000%20this%20month%20in%20Bahrain-SNG_202319770/)

<sup>xxv</sup> 6 January 2021. <https://www.mobihealthnews.com/news/emea/bahrain-first-country-allow-vaccine-appointment-mobile-app>

<sup>xxvi</sup> <https://www.hoteliermiddleeast.com/news/123914-bahrain-increase-the-interval-between-first-and-second-covid-19-vaccine>

<sup>xxvii</sup> 17 February 2021. Ramadan Al Sherbini, C. (2021). Bahrain introduces new COVID-19 test for arrivals. Retrieved from <https://gulfnews.com/world/gulf/bahrain/bahrain-introduces-new-covid-19-test-for-arrivals-1.1613557929743>

<sup>xxviii</sup> 4 February 2021. <https://www.thenationalnews.com/gulf-news/vaccines-on-wheels-bahrain-s-door-to-door-covid-service-1.1159104>

<sup>xxix</sup> 14 January 2021. <https://www.mobihealthnews.com/news/emea/bahrain-launches-mobile-vaccination-units-seniors-and-individuals-special-needs>

<sup>xxx</sup> GCC states must ensure all residents have access to Covid-19 vaccines | Migrant-Rights.org. (2021). Retrieved 8 March 2021, from <https://www.migrant-rights.org/2021/01/gcc-states-must-ensure-all-residents-have-access-to-covid-19-vaccines/>

<sup>xxxi</sup> April 10 2020 Bahrain: Health Ministry Suspends BD7 Fee for Expats - Gulf Insider. (2020). Retrieved 8 March 2021, from <https://www.gulf-insider.com/bahrain-health-ministry-suspends-bd7-fee-for-expats/>

<sup>xxxii</sup> Inmates in Bahrain prison given COVID-19 jabs. (2021). Retrieved 8 March 2021, from [https://www.zawya.com/mena/en/life/story/Inmates in Bahrain prison given COVID19 jabs-SNG\\_203242146/](https://www.zawya.com/mena/en/life/story/Inmates%20in%20Bahrain%20prison%20given%20COVID19%20jabs-SNG_203242146/)

<sup>xxxiii</sup> Undocumented people and the COVID-19 vaccines: What is Europe doing? • PICUM. (2021). Retrieved from <https://picum.org/undocumented-people-and-the-covid-19-vaccines-what-is-europe-doing/>