



Policy brief for the Inclusion of All Migrants in Bahrain's COVID-19 Vaccination Programme

CONTEXT

This policy brief is informed by an analysis of the situation of vulnerability faced by migrants in the context of both the health and socio-economic dimensions of the COVID-19 pandemic. Migrant workers and their families are among those most affected by the pandemic, and they have also been on the frontline of the COVID-19 response. The *No One is Safe Until Everyone is Safe* and *Leave No One Behind* principles have been declared by the UN and WHO at the heart of the COVID-19 recovery. In reaffirming these principles, the below recommendations have been agreed by the UN Network on Migration in Bahrain to ensure inclusive and equitable access to the COVID-19 vaccination for all migrants.

BACKGROUND

The first case of COVID-19 in Bahrain was detected in February 2020 with the country closing non-essential businesses in March and shutting down entry for touristsⁱ. The government's initial response relating to migrant workers was to issue a public order, mandating employers to ensure social distancing rules in densely populated labour accommodation sites. Thousands of migrants were relocated to safe shelters and employers with over 2,200 registered labour camps in the country were ordered to provide separate accommodation for infected workers.ⁱⁱ Simultaneously, a comprehensive public awareness campaign took place with direct text messages across multiple languages as well as publication of multilingual public health awareness pamphletsⁱⁱⁱ. As a result, the country was praised by the WHO for ensuring all essential services were kept open.^{iv} WHO is also working on documenting the best practices that were implemented by Bahrain in its response to the COVID-19 pandemic to use as a guide regionally and globally as they cover all the requirements of the right to health. The National Medical Taskforce for Combating the Coronavirus (COVID-19) was established as the central authority under the Ministry of Health to deal with the Coronavirus pandemic and oversee the vaccination campaign. Recognizing



that COVID-19 does not discriminate between nationals and residents, the government adopted a whole of community approach from the onset. A Command-and-Control Centre for COVID-19 was also established in which representatives from the Ministry of Health, Ministry of Interior, Ministry of Defense, Ministry of Information Affairs, and the Labour Market Regulatory Authority take part.

In April 2020, Bahrain was among the first countries to offer a nine-month amnesty period to allow those living in Bahrain without the proper documentation to regularize their status or leave the country without legal consequences. The amnesty covered workers in irregular status with expired or terminated work permits and those absent from work (i.e., those with ‘absconding’ charges). Migrant workers with expired or terminated work permits can sponsor themselves by applying for the Flexible Work Permit issued by the Labour Market Regulatory Authority (LMRA). However, it was reported that this amnesty did not apply to those who overstayed on visit visas or with travel bans imposed, or those who have pending court cases^v.

The government attempted to ensure all migrants had access to basic resources and amenities such as food and social security. An online campaign launched by Bahrainis at the start of the pandemic aimed to assist migrants who were left without work and income during the pandemic. Volunteers distributed food parcels, including rice, sugar and snacks.^{vi} Large retailers also provided food parcels for destitute migrants initially and later on provided discounts for food.

All migrants were provided with free access to COVID-19 related health care, including hospitalization.^{vii} During the initial period of the pandemic, the Ministry of Health issued a temporary ID to undocumented migrants to authenticate their identity for COVID-19 testing^{viii}. To facilitate access to health care, the Ministry of Health also suspended the BD7 medical consultation fee or health fees for non-Bahrainis.^{ix}

ANALYSIS ON INCLUSION OF MIGRANTS IN THE COVID-19 VACCINATION PROGRAMME IN BAHRAIN

On December 13, 2020, Bahrain announced its COVID-19 Vaccination Programme with vaccines offered for free to all residents and citizens, 18 years and above^x. As of 11 August 2021, approximately 1,120,943 (66%) of Bahrain’s total population of 1.7 million have since received the first dose of the vaccine and 1,066,070 (63%) of Bahrain’s total population have received both doses of the vaccine.^{xi} There are four vaccines that are approved and available in Bahrain: Sinopharm, Covishield-AstraZeneca, Pfizer-BioNTech and Sputnik V. Migrants with valid CPRs are fully included in the vaccination programme with equal access to the available vaccines.

In January 2021, Bahrain became the first country in the world to allow COVID-19 vaccine appointments via a mobile app – the BeAware Bahrain app.^{xii} Those who cannot or would prefer not to use the app can alternatively book their appointment through the Bahraini Ministry of Health (MoH)’s website or through a hotline. They may also visit designated residential health centres.^{xiii}

The government also instituted mobile vaccination units to cater to the elderly and people with special needs and chronic illnesses, regardless of nationality, with the exception of visitors.^{xiv} These units involve medical



teams making home visits, their service being booked through the BeAware app or MoH's website. Vaccines have also been offered in prisons and detention facilities^{xv}.

Visitors on long-term visas of over a year are also eligible for vaccination, and in some cases, those on short term visas also can qualify if they can prove they have been frequenting Bahrain or have family members and have visited at least four times a year.

Information sessions, in collaboration with embassies, were organized for workers to promote the benefit of vaccination and to address any concerns and vaccine hesitancy they may have. Appointments outside of working hours were also made available to secure the cooperation of businesses as well as provide transportation for workers to and from their appointments.

Furthermore, there are an estimated 80,000 migrants in an irregular status in Bahrain – 70,000 with expired CPRs and residence permits, as well as an estimated (but unverified) 10,000 migrants on expired visit visas¹. Vaccination is made available to these categories of migrants, although this has not been widely publicly advertised.

As of August, 13,762 undocumented migrants were vaccinated. This included 10,086 from India, 1,878 from Bangladesh, 1,292 from the Philippines, 282 from Pakistan and 224 from Sri Lanka. Vaccination days were organized in Sitra Mall. Underlying principle of the vaccination was to ensure safety and access to vaccines without any legal repercussions. To this end, the Task Force also worked with the Embassies of India, Bangladesh and the Philippines to reach out and register undocumented migrants that seek access to vaccination. Yellow Vaccination Certificate is issued to all undocumented migrants who has received the vaccine. No major challenges were recorded for the undocumented migrants turnout for the second vaccination dose.

These efforts from the COVID-19 National Taskforce are an important step in ensuring all migrants receive vaccination. Despite that however, many undocumented migrants remained reluctant to come forward to receive COVID-19 vaccine, they also remain hard to reach and face specific challenges related to access and outreach. Domestic workers are a specifically vulnerable group as they may have more limited access to public information when compared to commercial workers. COVID-19 vaccination is a voluntary process and the Government of Bahrain is ensuring that vulnerable groups, such as domestic workers, are well informed of their right to choose prior to administering vaccination.

GUIDELINES FOR INCLUSION OF MIGRANTS

With respect to improving inclusion of migrant workers into public health systems, there needs to be a concerted effort to reflect the values enshrined in core human rights instruments, including the Convention on the Elimination of All Forms of Racial Discrimination (CERD)^{xvi} and the International Covenant on Economic, Social and Cultural Rights (ICESCR)^{xvii}, as well as those in the Global Compact for Safe, Orderly and Regular Migration, specifically Objectives 13, 15, 16 and 22,^{xviii} and the Sustainable Developmental Goals, specifically Goal 3.8 and 10.7.^{xix}

¹ This data has not been verified by the UN



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

- **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.^{xx}*
- **National Equity:** *Ensure equity in vaccine access and benefit within countries for groups experiencing greater burdens from the COVID-19 pandemic.*
- **Reciprocity:** *Honour obligations of reciprocity to those individuals and groups within countries who bear significant additional risks and burdens of the 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 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 the population.

Among the above values, the principles of **equal respect**, **reciprocity** and **national equity** explicitly recognize the role of migrant groups and prioritize vulnerable populations of migrants. Objectives under the aforementioned principles relate 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)^{xxi}*
- *'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)*

Among the **vulnerable populations** recognized within the framework are specifically low-income migrant workers, and vulnerable migrants in irregular or undocumented status.

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



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

As Bahrain pivots from the COVID-19 response to the COVID-19 recovery, ensuring equitable and safe access to vaccination for all migrants regardless of their immigration status will be centered on the principle that *No One Is safe Until Everyone is Safe* and the commitment of the Sustainable Development Goals to *Leave No One Behind*.

RECOMMENDATIONS

I. Inclusive COVID-19 Vaccination Programme

1. Continue to allow migrants' access to health care and COVID-19 vaccination regardless of their immigration status and the absence of formal or valid documentation.
2. Continue to establish firm guarantees and commitments, either through legislative or policy measures, that migrants with expired or lacking documentation related to their immigration status who come forward for vaccination will not be reported to the immigration authorities, and arrested, detained or deported. Provide a firewall between data sharing ensuring that any information or data informally or formally obtained about a person's residence status in the course of providing COVID-19 vaccination and related care will not be used against them, to prompt immigration proceedings.
3. Consider the use of one shot COVID-19 vaccines with migrant communities in an irregular status to ensure completion of required dose and decrease the high risk of a no show for a second dose.

II. Risk Communication and Community Engagement (RCCE)

4. Engage communities in COVID-19 vaccination planning and implementation and enhancing effective communication to build trust, counter misinformation and address vaccine hesitancy along the lines of the WHO interim guidance on *COVID-19 immunization in refugees and migrants: principles and key considerations*^{xxiii}.
5. Continue measures to provide accessible and reliable information on migrant workers' access to vaccination, including those with expired residence permits, with expired visit visas or with other irregular or marginalized status. Information should be provided both offline – through leaflets, flyers distributed at locations where migrants gather; and online – content that can be shared on social media, WhatsApp groups, etc. It should be provided in the main languages of migrant communities in Bahrain.
6. Continue to work with Embassies of countries of origin, employers, migrant community organizations and faith institutions in translating, interpreting, and delivering correct information to migrant workers.



7. Continue to make mobile vaccination units available to those who are unwilling or unable to leave the areas where migrant communities live, as well as continue organizing localized vaccination days in places where migrants can conveniently access vaccination in collaboration with community and faith centres.

III. Support the UNNM can provide

8. The combined expertise of the UN agencies in the UNNM is offered, to work with the COVID-19 National Task Force to ensure vulnerable migrants and migrants in an irregular status have access and outreach in the COVID-19 Vaccination Programme. We recommend the following joint initiatives:
 - i. Support the government in ensuring the provisions put in place for vaccination guarantee that any information and data informally or formally obtained about a person's residence status in the course of providing COVID-19 vaccination and related care will not be used for immigration proceedings, detention and deportation.
 - ii. Support the government in developing a targeted COVID-19 vaccination outreach campaign to migrant groups that are hard to reach and lack access to information. This outreach can be in collaboration with migrant diaspora and community organizations, Embassies of countries of origin, trade unions, civil society organizations and faith groups.
 - iii. Support the government to report and showcase best practices for the inclusion of all migrants in Bahrain's COVID-19 vaccination programme in, both, regional and global fora.

ENDNOTES

ⁱ "Ministry of Health confirms first case of Coronavirus disease (COVID-19) in Bahrain", 24 February 2020, Bahrain News Agency, Retrieved from: <https://www.bna.bh/en/COVID19.aspx?cms=q8FmFJgiscL2fwlzON1%2BDgdRwjYzx8yqJfGfSBhU4yl%3D>

ⁱⁱ "Major companies in Bahrain respond to government's clean-up call in labor camps", 21 April 2020, Arab News, Retrieved from: <https://www.arabnews.com/node/1662661/middle-east>

ⁱⁱⁱ G. O'Brien, "COVID-19 in Bahrain Impacts Migrant Workers" 22 July 2020, Borgen Magazine, Retrieved from: <https://www.borgenmagazine.com/covid-19-in-bahrain/>

^{iv} "Bahrain experienced least mobility reduction in GCC amid Covid-19 response", 27 April 2020, Arabian Business, Retrieved from: <https://www.arabianbusiness.com/culture-society/445775-latest-google-research-shines-light-on-bahrain-covid-19-response>

^v "Amnesty launched for illegal workers in Bahrain", 7 April 2020, Zawaya, Retrieved from:

https://www.zawaya.com/mena/en/legal/story/Amnesty_launched_for_illegal_workers_in_Bahrain-SNG_171825832/

^{vi} C. Ramadan Al Sherbini, "COVID-19: Bahrainis launch initiative to aid jobless foreigners" 11 April 2020, Gulf News Retrieved from: <https://gulfnews.com/world/gulf/bahrain/covid-19-bahrainis-launch-initiative-to-aid-jobless-foreigners-1.70930610>

^{vii} "The Ministry of Health is to provide all the necessary COVID-19 medical care and health services to all citizens and residents", 31 March 2020, Ministry of Health of the Kingdom of Bahrain, Retrieved from: <https://healthalert.gov.bh/en/article/ministry-of-health-31March2020>

^{viii} "GCC states must ensure all residents have access to Covid-19 vaccines", 14 January 2021, Migrant-Rights.org, Retrieved from: <https://www.migrant-rights.org/2021/01/gcc-states-must-ensure-all-residents-have-access-to-covid-19-vaccines/>

^{ix} "Suspending the fees for health services provided to foreign patients", 9 April 2020, Ministry of Health of the Kingdom of Bahrain, Retrieved from: <https://healthalert.gov.bh/en/article/the-minister-of-health-09April2020>



^x “Ministry of Health launches online registration for COVID-19 vaccination”, 13 December 2020, Ministry of Health of the Kingdom of Bahrain, Retrieved from: <https://healthalert.gov.bh/en/article/News-548301>

^{xi} Daily COVID-19 Report by the Ministry of Health of the Kingdom of Bahrain, accessed on August 11, 2021, Retrieved from: <https://healthalert.gov.bh/en/>

^{xii} R. McArthur, “Bahrain first country to allow vaccine appointment via mobile app”, 6 January 2021, Mobile Health News, Retrieved from: <https://www.mobihealthnews.com/news/emea/bahrain-first-country-allow-vaccine-appointment-mobile-app>

^{xiii} Public Awareness Campaign to Combat Coronavirus (COVID-19) New Bulletin, Ministry of Health of the Kingdom of Bahrain, Retrieved from: https://healthalert.gov.bh/uploads/t3k4hbwp_nar.pdf

^{xiv} N. AlTaher, “Vaccines on wheels: Bahrain's door-to-door Covid service”, 4 February 2021, The National News, Retrieved from: <https://www.thenationalnews.com/gulf-news/vaccines-on-wheels-bahrain-s-door-to-door-covid-service-1.1159104>

^{xv} “Inmates in Bahrain prison given COVID-19 jabs”, 8 March 2021, Zawaya, Retrieved from:

https://www.zawya.com/mena/en/life/story/Inmates_in_Bahrain_prison_given_COVID19_jabs-SNG_203242146/

^{xvi} Bahrain acceded to the Convention on the Elimination of All Forms of Racial Discrimination (CERD) in March 1990, Retrieved from: https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-2&chapter=4&clang=en

^{xvii} Bahrain acceded to the International Covenant on Economic, Social and Cultural Rights (ICESCR) in September 2007, available at Retrieved from: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&clang=en

^{xviii} 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 health care, 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, health care or other earned benefits, or integrate such provisions into other relevant agreements, such as those on long-term and temporary labour migration

^{xix} 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.

^{xx} 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.

^{xxi} 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.

^{xxii} “Undocumented people and the COVID-19 vaccines: What is Europe doing?”, 18 January 2021, PICUM, Retrieved from: <https://picum.org/undocumented-people-and-the-covid-19-vaccines-what-is-europe-doing/>

^{xxiii} World Health Organisation (WHO), *COVID-19 immunization in refugees and migrants: principles and key considerations*, Interim guidance, 31 August 2021: <https://www.who.int/publications/i/item/covid-19-immunization-in-refugees-and-migrants-principles-and-key-considerations-interim-guidance-31-august-2021>