Policy brief on the Inclusion of All Migrants in the United Arab Emirates COVID-19 Vaccination Policy

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 COVID-19. Migrant workers — and vulnerable populations such as refugees, undocumented workers, domestic workers, and migrant 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 Inter Agency Working Group on Migration in the United Arab Emirates to ensure inclusive and equitable access to COVID-19 vaccination for all migrants.

BACKGROUND

The UAE’s first case of coronavirus was reported on 23 January 2020. By March, the UAE had suspended all visas to all foreigners, including work visas, and further barred entry to valid resident visas holders for a renewable period of two weeks. Thereafter, lockdown was enforced with only essential stores open. Dubai was placed under an overnight curfew after it had previously sealed off the Al Ras area, which has a large migrant population. The UAE government has made extensive efforts to reach out to migrant communities during the COVID-19 pandemic.

For instance, in March 2020, the Abu Dhabi government organized the ‘Together We Are Good’ initiative, through the Authority of Social Contribution in cooperation with private sector and individuals, raising more than AED 45 million within 24 hours and offering medical aid, meals, and access to hospitals. In another instance, the Higher Committee of Human Fraternity, comprising international religious leaders dedicated to mutual understanding and peace, condemned using the coronavirus as an excuse to incite racial discrimination and
urged citizens to work together to not spread xenophobic, bigoted, or hateful rhetoric. At the grassroot level, civil society acted to address basic needs to marginalized and vulnerable populations such as migrant workers, refugees, undocumented workers, domestic workers, and migrant families.

Despite the efforts of the Government and grassroots support, COVID-19 has exposed challenges faced by many migrant workers in accessing services and support. For migrants with irregular status in particular, the fear of detention and deportation deterred them from seeking out basic health care and assistance services.

**INCLUSION OF MIGRANTS IN THE COVID-19 VACCINATION STRATEGY IN UAE**

The National Policy on Vaccinations was approved by the UAE Cabinet in September 2020. It is a multi-sectoral national framework for combatting communicable diseases and reducing their risks to individuals and society. The policy acts as a coordination framework for all parties involved in the immunisation field and enhance the efficiency of services. It also aims to:

- bring together the non-governmental sector and community members to support the UAE’s fight against communicable diseases by promoting healthy lifestyles
- ensure the delivery of the best quality of vaccination services and preventive care nationwide
- make vaccines widely available, ensure their sustainability and quality, raise awareness of their importance, and support innovation and research in the field
- enhance the country's position as a regional and international healthcare hub, in light of its development of a comprehensive and sustainable health system, and through ensuring the provision of the best quality immunization services in compliance with international safety practices.

According to the information published on the UAE’s Government portal, there are four available vaccines in the UAE - Sinopharm, Pfizer-BioNTech, Sputnik V and Oxford-AstraZeneca. These vaccines are available for citizens and residents free of charge and on optional basis after ensuring that the person has no condition or symptom that make it inadvisable.

Most recently the Ministry of Health and Prevention (MoHAP) announced that 11 million doses of the vaccine have been provided, and 3.84 million people (39.3% of the population) have been fully vaccinated.

In terms of access to vaccination, all residents of UAE, including nationals and migrant workers with valid national IDs have been given access to the vaccine. Furthermore, migrants with expired residence permits have also been able to access vaccination on an ad hoc basis.

While the UAE is set to announce a fresh amnesty to illegal immigrants to encourage them to leave and avert prosecution, migrants who came illegally or on a visit or tourist visa which has subsequently expired are not included in vaccination programme thus far. The status of refugees is also unclear.
On 11th June 2021, the Committee for the Management of Emergencies, Crises and Disasters caused by the Corona Pandemic in the Emirate of Abu Dhabi approved the provision of a free COVID-19 vaccine to all holders of expired visas and residencies in the Emirate. This step came in consideration of the exceptional circumstances resulting from the pandemic and in the interest of the health of those with irregular residence, as well as public health. The COVID-19 vaccine can be received by registering at designated vaccination centers using any proof of identity, even if it is expired. The vaccination status will be updated in the ALHOSN app, which is available to everyone in the UAE with an Emirates ID (even if it is expired) or a Unified ID (available to visit visa holders). According to informal information this provision is expected to be rolled out from 29 July and further extended across the UAE to all Emirates and holders of expired residence and visas.

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), as well as those in the Global Compact for Safe, Orderly and Regular Migration, specifically Objectives 13, 15, 16 and 22, and the Sustainable Developmental Goals, specifically Goal 3.8 and 10.7.

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

- **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.
- **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 mentioned 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**)
- ‘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, refugees, internally displaced persons, asylum seekers, 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 healthcare 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 healthcare systems and social protection, and work to mitigate inequalities and exclusion faced by migrants as a necessary part of the population.\(^{xi}\)

As the UAE 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 Vaccination Policy**

1. Ensure migrants’ access to health care is not dependent upon their immigration status and the absence or expired formal documentation or proof of residence is not a barrier to receiving vaccination (or testing and health care). Healthcare providers should not be required to ask for proof of immigration status from patients wishing to register and should provide them with a separate identity number or temporary ID, which assists in accessing health care. Vaccination is also an opportunity for migrants to access other health services beyond COVID-19.
2. Ensure that all categories of migrants are included in the UAE COVID-19 Vaccination Programme, extending it to those with expired Emirates IDs, visit visa holders (Unified ID), refugees, asylum seekers, domestic workers, and migrant workers’ families.

3. 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.

4. Ensure employers’ responsibility and accountability for the provision of testing and vaccination for domestic workers under their employment (as well as COVID-19 related and broader healthcare services such as health insurance, hospitalization, and provision of medicines).

5. In those cases where migrant workers’ healthcare is covered by health insurance provided by their employers, put in place alternate arrangements in case of visa cancellation or job loss. Extend the period of insurance coverage until the migrant worker is repatriated or joins another workplace.

6. With government support, ensure the meaningful, inclusive, and sustained involvement of migrants in COVID-19 related healthcare and vaccination measures to ensure they are responsive to the needs of migrant workers. Migrant diaspora organizations, Embassies of countries of origin, as well as trade unions and civil society organizations can also be engaged in this endeavor.

II. Risk Communication and Community Engagement (RCCE)

7. 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 UAE.

8. Work with Embassies of countries of origin, employers, shelters, migrant community organizations and faith institutions in translating, interpreting, and delivering correct information to migrant workers.

9. Recognizing that migrant workers in irregular situations are often marginalized and lack access to information, the government should take steps to involve and work through community centres to provide guarantees, build trust, and share information regarding the COVID-19 vaccination.

10. To provide the opportunity for vaccination to those who are unwilling or unable to leave the areas where migrant communities live, continue to organize localized vaccination days in collaboration with community and faith centres (this has been done for instance in industrial areas in Abu Dhabi where a massive number of migrant workers reside).

11. Mobile vaccination units that are available for elderly citizens who are not able to move can also be used to provide vaccinations to domestic workers, who are otherwise unable or unlikely to leave the household they work in.
12. Maintain positive and inclusive public messaging regarding migrant workers to counter xenophobic and anti-migrant sentiments.

III. Support the Inter-Agency Working Group on Migration can provide

13. The UN agencies in the IAWG combined expertise is offered, to work with the Government of UAE to ensure all categories of migrants are included in the COVID-19 Vaccination Programme – those with expired Emirates IDs, visit visa holders (Unified ID), refugees, asylum seekers, domestic workers, and migrant workers’ families. Further roll out the provisions put in place in Abu Dhabi across the whole of the UAE.

14. 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. Such guarantees are essential to ensure take up of vaccination among migrants in irregular situations.

15. Support the government in engagement with migrant diaspora and community organizations, Embassies of countries of origin, trade unions, civil society organizations and faith groups to ensure their meaningful, inclusive, and sustained involvement in COVID-19 related healthcare and vaccination measures to ensure they are responsive to the needs of migrant workers and address their concerns, including vaccine hesitancy.

16. Recognizing that there are migrant groups, such as those in irregular situations, domestic workers, etc. which are often marginalized, hard to reach and lack access to information, develop a targeted outreach campaign working with different stakeholders (outlined above) to build trust, and share information regarding availability of COVID-19 vaccination.

17. Support the development of a positive and inclusive public messaging campaign regarding migrant workers to counter xenophobic and anti-migrant sentiments.

ENDNOTES


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.

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.

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

The 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.