



**POLICY BRIEF**

December 5, 2021

# Inclusion of Vulnerable Migrant Groups in COVID-19 Vaccination Strategies in the Kingdom of Saudi Arabia (KSA)

The COVID-19 pandemic caused widespread changes in labour migration – with the impact upon migrant workers’ jobs and lives, as well as those of their families being among the most detrimental. While the initial focus of countries of destination was to control the spread of the virus, migrant workers were disproportionately affected. The sudden economic downturn and ensuing changes in the labour market led to large-scale layoffs, delayed and non-payment of wages, while migrant workers also struggled to access healthcare, food, and hygienic accommodation.

Furthermore, vulnerable migrant groups such as those in irregular or undocumented status and domestic workers were severely impacted. Primarily seeking assistance from non-governmental organisations, trade unions, community/diaspora organisations and faith-based organisations, they 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 as much as for the containment of the virus, as well as in the recovery phase and more broadly for the protection and promotion of migrant workers’ rights.

This policy brief is developed for the purpose of informing the work of the United Nations Network on Migration (UNNM) in the Kingdom of Saudi Arabia (KSA) and its advocacy in ensuring inclusive and equitable access to COVID-19 vaccination for all migrants in KSA, regardless of their legal status. For this, we look at the existing context of access to healthcare for migrant workers, as well as concerns regarding COVID-19 vaccination, particularly among vulnerable and undocumented migrants. The brief recommends possible strategies for outreach to these groups, centring on the principles of *Building Back Better* and *No One Is Safe Until Everyone Is Safe* declared at the heart of the COVID-19 recovery by the WHO and the UN. The brief also proposes concrete areas of support which the UNNM can provide to the KSA government to ensure access and outreach of marginalised and vulnerable migrants.



## BACKGROUND

With the advancing of COVID-19 in the Kingdom of Saudi Arabia a series of steps were taken to ensure the virus is contained and protection measures put in place. In March 2020, the Saudi Ministry of Health announced the Royal Order regarding “free treatment to all coronavirus casualties, whether citizens, residents or those who have violated residency regulations” extending healthcare for COVID-19 related treatment to all migrants including those in an irregular status. KSA has a mixed public and private healthcare system, though the public healthcare system is open only to Saudi citizens and non-Saudi public sector workers. All other categories of migrants must purchase health insurance to access the private healthcare system. In April, the government announced that it will cover 60 per cent of the salaries of private-sector workers in industries and for companies forced to consider lay-offs due to the virus for the next three months up to 9,000 Saudi riyal per month.<sup>i</sup> Restaurants, cinemas and beauty salons remained closed however, affecting large sections of low-paid migrant workers in these industries.<sup>ii</sup> However, shops and malls, as well as construction companies and contractors continued working.

In May, the Ministry of Health reported a total of 127,541 cases, with 972 deaths, the highest among the six Gulf Arab states. The country allowed employees to return to offices, commercial centres to reopen and prayers at mosques to resume in a three-phase plan.<sup>iii</sup>

Arrests were reported of more than 120 people for supplying/procuring fraudulent coronavirus vaccines and test certificates, two days before the start of Hajj. Offenses included changing infection status, vaccination status and the number of vaccination doses administered.

By November 2020, the Ministry of Human Resource and Social Development announced major reforms to the labour-migration regime and the mobility of workers. These reforms mean migrants are allowed to:

- i. leave their jobs without the consent of the employer/*kafeel* upon the expiration of their employment contracts;
- ii. leave their jobs prior to the expiration of the employment contract, provided that the worker has been in the country for at least a year and has given 90 days' notice to the employer;
- iii. under certain conditions, permitting migrant workers to change jobs within the first year of employment;

The Ministry established an electronic portal where both workers and employers may submit notifications, job offers, and transfer requests, a task previously within only the sponsor's discretion.

While these reforms are significant, they do not cover domestic workers and also it is unclear whether employers can report workers for “absconding” from the workplace and/or accommodation.

## VACCINATION PROGRAMME IN THE KINGDOM OF KSA

In December 2020, KSA launched its COVID-19 vaccination campaign after the Ministry of Health approved Pfizer Inc. and BioNTech SE's vaccine. It was the first country in the region to roll out the two vaccines. In January 2021 KSA approved the



AstraZeneca vaccine to speed up the vaccination campaign in the country.<sup>iv</sup> Migrants were given equal access to the vaccine on the same basis as residents.

Vaccination centres were opened first in Riyadh and Jeddah (in December) and then in Medina, Tabuk and the Eastern Province.<sup>v</sup> Mass vaccination campaigns were carried out at universities such as Umm Al-Qura University Vaccination Center in Al-Abdiyah, Makkah (to help speed up vaccination prior to Hajj period).<sup>vi</sup> By March, the country had opened over 100 vaccine centres and announced free COVID-19 vaccines in pharmacies.<sup>vii</sup> Furthermore, the second dose of the vaccine was made available to the elderly at 60 years and above, but this was later suspended to ensure availability of the first shot to a wider scale. The second dose of vaccines were made available by June.<sup>viii</sup>

### The program has been designed in three phases

- **Phase 1:** Those over 65, those with chronic diseases and low immunity and health workers<sup>ix</sup>
- **Phase 2:** Launched in February 2021 – targeting citizens and residents over 50 years, and those with one of the following chronic diseases: asthma, diabetes, chronic kidney disease, chronic heart disease, including coronary artery disease, and chronic obstructive pulmonary disease, active cancer, and those with obesity and a Body Mass Index (BMI) between 30-40
- **Phase 3:** In October 2021 - the Health Ministry has said that registering for the booster jabs is available for people over the age of 18 and those who got the second dose of the vaccine at least six months before.

In February 2021, Health Ministry spokesman Dr. Mohammed Al-Abdulaali announced that the National Committee for Infectious Diseases has approved one dose for those who have previously been infected with the virus six months on from their recovery. In March, the Health Ministry announced that it will start vaccinating the population aged 16 and above with Pfizer vaccines, citizens and residents aged of 18 and above will have AstraZeneca shots.

Furthermore, it was announced that all workers must be vaccinated prior to 13 May (or 15 May in some cases). Workers not vaccinated before the respective dates must provide negative PCR test results every seven days at the expense of the employer to be allowed to continue working. The workers targeted include:

- Under Ministry of Municipal and Rural Affairs and Housing: all barbershop, salon, restaurant and café workers in KSA from 15 May onwards. All workers who provide services to pilgrims and Umrah performers in Makkah and Madinah to be vaccinated by the first day of Ramadan.
- Under Ministry of Human Resources and Social Development: all workers in recruitment agencies and companies that provide temporary domestic work services to be vaccinated by 13 May.
- Under Ministry of Sports: those working in all gyms and sports centres.
- Under Transport General Authority: all public transport workers after May 13. <sup>x</sup>

In July, KSA's Food and Drug Authority approved Moderna and Johnson & Johnson COVID-19 vaccines for use in the Kingdom.<sup>xi</sup> By then, the country had administered more than 21 million coronavirus vaccine doses and was continuing the strategy of ensuring first dose vaccines with second dose for priority groups alone.<sup>xii</sup>

Furthermore, the government instituted institutional quarantine for those who test positive on arrival and that all travellers must, also, obtain medical insurance to cover their COVID-19 treatment and institutional quarantine<sup>xiii</sup>.



KSA requires upon arrival that passengers show proof of vaccination with one of the following vaccines — two doses of Pfizer-BioNTech, two doses of Oxford-AstraZeneca, two doses of Moderna or one dose of Johnson & Johnson's. Vaccine certificates are to be attested by official health authorities from the origin country, and the duration between receiving the last dose should not be less than 14 days before travelling to KSA. Travellers must carry their certificates at all times (or proof of health status through applications and accredited programmes in the Kingdom). Failure to comply will lead to legal liabilities and entry ban into the Kingdom.<sup>xiv</sup>

In June, the government stated that certain categories of workers are also exempt from workplace attendance in public, private and non-profit sectors<sup>xv</sup>. However, they may go to work if they were fully vaccinated and could display their vaccination status on the Tawakkalna app.<sup>xvi</sup> Vaccination was also extended to include children aged 12-18.<sup>xvii</sup>

## REGISTRATION PROCESS

There are two apps through which citizens and residents may register for their vaccination – 'Sehaty' and 'Tawakkalna'. A point to note is that the use of both apps requires an Absher account<sup>xviii</sup>. An Absher account requires the individual's details (ID/Iqama number, date of birth and mobile number). After completing the identification process, they will receive a message stating that they can register in the Tawakkalna application. In case the registrant does not have an Absher (which is necessary), they need to register using an existing user's profile and will get a verification code, after which they will be able to complete the identification process. Those without ID's can use their family registration number and telephone number or someone registered with Absher. Those with expired ID's can also use the app. The app further requires listing domestic staff of a household by the employer, but migrant workers (both domestic and non-domestic) are encouraged to register independently.

Sehaty is an application (in Arabic and English) providing various health services for all individuals in KSA. These services include testing for COVID-19, appointment booking, medicine search, medicine list, sick leave, e-prescription, infection prevention & control, dependent service, biomarkers, and school screening.<sup>xix</sup> The app provides remote services as well with authorities stating that the app is well received.<sup>xx</sup> Citizens and migrants who have valid national IDs and residency permits are eligible to receive the vaccines and can register to receive the dose on the "Sehaty" application.<sup>xxi</sup> After submitting the request, and within 48 hours, applicants will receive a message on the specified date for receiving vaccine doses.<sup>xxii</sup> As of April 2021, more than three million people had taken the vaccine in KSA, making up about 70 per cent of citizens and residents who registered through the Sehaty app to receive the dose.<sup>xxiii</sup> In October, it was reported that the government planned to vaccinate visit visa holders at 'designated' centres - information regarding vaccination centres for visitors can be obtained by calling the toll-free number 937. Visit visa holders can also register and book appointments via the Sehaty application similar to citizens and residents.<sup>xxiv</sup>

As of 5<sup>th</sup> December, the Saudi government has provided 47,536,454 doses of COVID vaccines - about 69.4% of the country's population<sup>xxv</sup>.

The Tawakkalna app<sup>xxvi</sup> was developed by the Saudi Data and Artificial Intelligence Authority (SDAIA) specifically to assist government efforts against COVID-19. The app is available in Arabic and English and performs extensive set of functions as well as is used to book and register vaccination status. These include the following functions, among others:



- COVID-19 Test: A feature that allows users to book a COVID-19 testing appointment and view the results on the app easily.
- Covid-19 Vaccine: A feature that enables users to book a COVID-19 vaccine appointment after confirming their eligibility.
- Health Passport: A Tawakkalna feature confirming that the user has taken all doses of COVID-19 vaccine and is now “immune”.
- Caution Mode: This feature enables users to view the health status of other users in crowded areas. To activate "Caution Mode", Bluetooth must be turned on.
- Gathering Permit: The gathering permit is a new feature added to Tawakkalna to enable users (government, commercial, or personal) to issue gathering permits and get QR codes for visitors. The code can be shared and used to report suspected cases, edit or delete permits, check entry permits' status, and record users' usage statistics.
- Digital Identities and verification of mobile number and address: The Digital Identities is a feature that allows users to preview their official documents; National ID and Iqama digitally.
- Umrah Permit Feature: A feature linked with Eatmarna app to view the Umrah permit on Tawakkalna, the permit will be automatically cancelled if the pilgrim's health condition changes, ensuring a safe Umrah to all.
- Exploring Violations: The service enables users to explore their curfew violations as well as for those that could not register or not access Tawakkalna. To view a violation ticket, you need to have the ID number of the person, their date of birth, and the violation ticket number.
- Request movement permits electronically for necessary supplies during curfew/lockdown period. It also allows for the movement of employees from both public and private sectors excluded from the curfew - hospital workers, pharmacy workers, catering companies and other vital entities - from and to their workplaces, by enabling entities to submit their workers' permits online via Tawakkalna.
- Access to FAQ's and latest COVID-19 news
- The user can also report suspected Covid-19 cases to help individuals receive medical assistance and thus to stop the spread of the virus.
- Previewing medical, civil affairs, and passports appointments: This feature allows users to preview their Ministry of Justice appointments that are related to their ID number, as well as appointment details.



## GUIDELINES FOR INCLUSIVE VACCINATION PROGRAMMES

With respect to improving inclusion of migrant workers into public health systems, there needs to be a concerted effort to reflect the principles enshrined in the human rights covenants including the Convention on the Elimination of All Forms of Racial Discrimination (CERD), as well as the Global Compact on Migration<sup>xxvii</sup> and Sustainable Developmental Goals<sup>xxviii</sup>.

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>xxix</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.*

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>xxx</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
- 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>xxxii</sup>.

## INCLUSION OF MIGRANTS IN THE COVID-19 VACCINATION PROGRAMME IN SAUDI ARABIA – KEY ISSUES

Migrant workers who are legally resident in KSA have been provided with access to vaccination from the onset. The provisions and registration process put in place for COVID-19 vaccination were the same for both citizens and residents and the vaccination was provided free of charge. There have also been reports that vaccination is being extended to migrants with expired Iqamas but these have not been confirmed and it is unclear if any or how many migrants have availed themselves of the opportunity.

### Vaccine recognition

There have been complications with regard to the different types of vaccinations received and recognised in KSA. Many major countries of origin including Bangladesh, India, Pakistan, among others, have relied on vaccines such as Sinopharm or Sinovac to vaccinate migrant workers. To help workers stranded at home, the government in Bangladesh started giving Pfizer and Moderna vaccines at seven health facilities in Dhaka, received through the COVAX global vaccine-sharing program. The issue with Sinopharm and Sinovac was also faced by Pakistani migrants (in June 2021), who couldn’t return to their jobs in KSA or would have to face institutional quarantine at their/employers expense<sup>xxxii</sup>. Some countries took proactive steps to deal with the issue. For example, the Philippines suspended the deployment of workers to KSA after it received reports that employers and recruiters were making workers’ pay for COVID-19 testing, quarantine, and insurance upon arrival in Saudi Arabia. Since it was a sudden decision, over 400 migrant workers returning to KSA were stranded at the airport, as they were not allowed to board the flight<sup>xxxiii</sup>. Within a day, this ban was lifted after the Saudi government assurance that employers are to bear costs. The reasoning for the temporary ban was explained as protecting migrant workers ‘after learning about Saudi quarantine rules whereby OFWs needed to be tested and quarantined for 10 days after arrival at the cost of \$3,500 each’<sup>xxxiv</sup>. The Kerala state government (India) issues vaccination certificates that say AstraZeneca, but they have to be applied by emigrants separately. Several people seeking to travel abroad said that having two different vaccination certificates made the process more difficult and had led some countries to stop processing visa applications from India completely<sup>xxxv</sup>.





In October, the Saudi government reported that those who received Sinovac or Sinopharm and an additional booster dose of one of the approved vaccines in the Kingdom would receive immune status in the Tawakkalna app.<sup>xxxvi</sup>

## Registration for the vaccine

The registration for vaccination through both Sehaty and Tawakkalna requires an Absher account, which in turn requires ID/Iqama number, date of birth and mobile number. While migrants are allowed to register using another person's account, the registration to Absher has posed some problems, which worsens if the worker is in an irregular situation, or with limited resources and IT literacy.

If the mobile number is not registered with Absher and those who cannot give to Tawakkalna or those whose numbers got deactivated, cannot access the services. Receiving OTP via email is possible only if they have registered their email id earlier with Absher. For migrants who may not have been able to return to Saudi for more than a year or so, the chances of having registered their email and phone is less their number may have been deactivated or not registered with Absher and so on. This is being commonly reported. Hence, they will have to undergo institutional quarantine upon arrival in KSA and then update their Tawakkalna information and register their number.

Another option is to request a friend or somebody you know to register on Tawakkalna for you on a previously unregistered number – the chances of migrant workers having more than one number is low as well<sup>xxxvii</sup>.

## Institutional quarantine

The introduction of institutional quarantine option is the responsibility of employer – this can lead to wage cuts or the employer unwilling to pay and taking money from the migrant worker prior/post arrival in KSA for the quarantine cost. Therefore, workers must be able to register themselves and not depend on employers.

The ban on unvaccinated individuals from August 1 also affects migrants who were vaccinated at the origin countries but after return, their immunisation status has not been updated on the MoH website. Many are worried if the vaccination certificate from the COO will be validated in KSA. Several migrant workers have taken the vaccination in Saudi as well (despite receiving both their doses in the country of origin)<sup>xxxviii</sup>.

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. 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.





Article 66 of the KSA Labour Law permits a number of potential disciplinary penalties that can be enforced by the employer (in addition to any other internally- prescribed penalties). This may be in the form of Fines (for an amount not in excess of a five-day wage); Suspension from work and withholding of wages (no more than a five-day wage shall be deducted from wages in one month in payment of fines, and any suspension from work without pay may not exceed five days a month); and dismissal (for example, for failing to perform his/ her essential obligations arising from the work contract, or to obey legitimate orders), which may lead to arbitrary dismissal<sup>xxxix</sup>.

## Lack of disaggregated data

The poor visibility of migrants in data as well as the lack of transparency with respect to data limits the 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.).

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>xl</sup> For instance, even in 2021, it was reported that 5000 Filipino migrant workers were stranded in KSA as per government data, and that the government was struggling to repatriate them. All of them had expired work contracts, with most of them staying with former employers that cannot rehire them due to the pandemic<sup>xli</sup>.

## Challenges in Mapping Community Organisations

Challenges in accessing vulnerable and irregular migrants in KSA persist and they relate to the limited capacities of community organisations in Saudi Arabia that could assist with outreach and information work related to the vaccination program. Some of these challenges include:

- 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 affecting 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 KSA such as MOHRSD and MoH to keep in contact with Embassies, which could then, reach



out to community organisations to create positive reception to the vaccination program and improve migrant engagement, including with irregular migrants. The respective Ministries could also consult and mobilise local NGO's, CSO's and trade unions to link up with grassroot-level community organisations for the same.

## SPECIFIC CONSIDERATIONS FOR EXTENDING VACCINATION TO MIGRANTS IN IRREGULAR STATUS IN SAUDI ARABIA

- **Registration for vaccine:** Although the process of accessing vaccines seems simplified, the lack of valid documentation (whether Iqama or visa) would make healthcare inaccessible for a major portion of irregular migrants, beyond the very specific event of the COVID-19 pandemic. 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. – such as the option provided through the Tawakkalna app.

Similar to the practice of a 'reserve number'<sup>xliii</sup> in Sweden 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). Mobile units deployed for vaccination outreach could be further used for registration as well. Also, in the situation where migrants are returning for work, the process of validating their vaccines needs to be simplified to accommodate vaccination strategies and policies of the COO.

- **Awareness:** Mobile phone applications and online websites currently are the go-to way to generate awareness regarding vaccines and the COVID-19 response. However, community leaders recommend that concerted efforts are required such as through a parallel offline channel of awareness raising, for vulnerable populations – many of whom may not have access to a smartphone. Moreover, digital infrastructure within labour accommodations may not be adequate to access these channels. The various pathways provided by the MoH such as the helpline and 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 Embassies or diplomatic 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 challenges and the vaccination strategy requires long-term engagement and foresight. This includes access to basic services, strengthened monitoring of labour standards and equitable access to social protection.

Support the UNNM can provide



**United Nations  
Network on Migration**

*Working Better Together*

The combined expertise of the UN agencies in the UNNM is offered, to work with the relevant government authorities to ensure vulnerable migrants and migrants in an irregular status have access and outreach in the COVID-19 Vaccination Programme in Saudi Arabia. This could cover, but is not limited to 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 KSA's COVID-19 vaccination programme in, both, regional and global fora.



## ENDNOTES

<sup>i</sup><https://www.thenational.ae/world/gcc/saudi-government-to-cover-60-per-cent-of-salaries-amid-coronavirus-1.1001035>

<sup>ii</sup><https://www.thenational.ae/world/mena/coronavirus-saudi-arabia-eases-lockdown-and-reopens-businesses-1.1010949>

<sup>iii</sup><https://gulfnews.com/world/gulf/saudi/covid-19-saudi-arabia-calls-for-compliance-as-cases-rise-1.72051312>

<sup>iv</sup> The National. 1 Feb 2021. Corona vaccines across the Middle East: Which vaccine is Egypt, KSA and Qatar buying?. Retrieved from <https://www.thenationalnews.com/world/mena/corona-vaccines-across-the-middle-east-which-vaccine-is-egypt-saudi-arabia-and-qatar-buying-1.1123656>

<sup>v</sup> Krimly, R. 26 January 2021. Coronavirus: Where to get the COVID-19 vaccine in KSA. Al Arabiya English. Retrieved from <https://english.alarabiya.net/coronavirus/2021/01/26/Coronavirus-Coronavirus-Where-to-get-the-COVID-19-vaccine-in-Saudi-Arabia>

<sup>vi</sup> TRT World. 19 February 2021. KSA approves AstraZeneca's Covid-19 vaccine. Retrieved from <https://www.trtworld.com/middle-east/saudi-arabia-approves-astrazeneca-s-covid-19-vaccine-44323>

<sup>vii</sup><https://english.alarabiya.net/coronavirus/2021/03/03/Coronavirus-Saudi-Arabia-to-provide-free-COVID-19-vaccines-in-pharmacies-Health-minister>

<sup>viii</sup><https://gulfnews.com/world/gulf/saudi/saudi-arabia-second-dose-of-covid-19-jabs-available-in-july-1.80042448>

<sup>ix</sup> Reuters. 17 December 2020. KSA begins inoculating people with Pfizer COVID-19 vaccines. Retrieved from <https://www.reuters.com/article/us-health-coronavirus-saudi-idUSKBN28Q347>

<sup>x</sup> Al Amir, K. 24 March 2021. KSA: Compulsory COVID-19 vaccine for all transport workers. Gulf News: <https://gulfnews.com/world/gulf/saudi/saudi-arabia-compulsory-covid-19-vaccine-for-all-transport-workers-1.1616540936158>

<sup>xi</sup><https://www.reuters.com/business/healthcare-pharmaceuticals/saudi-arabia-approves-modernas-covid-vaccine-state-news-agency-2021-07-09/>

<sup>xii</sup><https://gulfnews.com/world/gulf/saudi/saudi-arabia-administers-over-22-million-covid-19-vaccine-jabs-1.80731310>

<sup>xiii</sup> Residents and GCC citizens are excluded

<sup>xiv</sup> Nasrallah, T. 25 June 2021. KSA updates entry rules: COVID-19 treatment insurance cover must for travellers. Gulf News. Retrieved from <https://gulfnews.com/world/gulf/saudi/saudi-arabia-updates-entry-rules-covid-19-treatment-insurance-cover-must-for-travellers-1.80199519>

<sup>xv</sup> These include people over the age of 60; those suffering from chronic lung disease or severe asthma and have been hospitalized at least once in the past six months; those with chronic heart disease (heart failure or coronary artery disease who have had at least one heart attack during the past year); those who have inherited immunodeficiency and anaemia (thalassemia and sickle cell anaemia); those with acquired immunodeficiency; people with organ transplants; people who use immunosuppressive or cancer treatment drugs; the severely obese with a body mass index of above 40; people suffering from chronic medical conditions such as uncontrolled diabetes; people who have been hospitalized at least once in the past six months due to high blood pressure, and people with chronic kidney diseases.

People of determination, are also exempt,

<sup>xvi</sup> Khaleej Times. 5 June 2021. KSA: Covid vaccine second dose available for only five categories. (2021). Retrieved from <https://www.khaleejtimes.com/coronavirus-pandemic/saudi-arabia-covid-vaccine-second-dose-available-for-only-five-categories>

<sup>xvii</sup><https://arab.news/rd9gy>

<sup>xviii</sup> Absher is an online government platform to access Interior Ministry services. Absher comes as a mobile app as well as an online portal. It offers e-services including renewing passports, applying for ID cards, paying traffic tickets, applying for or renewing migrant workers' visas, and obtaining hajj (pilgrimage) permits.

<sup>xix</sup><https://www.moh.gov.sa/en/Support/Pages/MobileApp.aspx>

<sup>xx</sup> Taha, R. 2 May 2021. Al Arabiya English. Retrieved from <https://english.alarabiya.net/coronavirus/2021/05/02/Saudi-Arabia-has-provided-9-5-mln-COVID-19-vaccines-so-far-Health-minister>

<sup>xxi</sup> Abueish, T. 3 March 2021. KSA to provide free COVID-19 vaccines in pharmacies: Health minister. Al Arabiya English. Retrieved from <https://english.alarabiya.net/coronavirus/2021/03/03/Coronavirus-Saudi-Arabia-to-provide-free-COVID-19-vaccines-in-pharmacies-Health-minister>

<sup>xxii</sup> Gov.sa. 5 January 2021. MoH: Registration for taking COVID-19 vaccine via Sehaty App, receiving a date within 24 hours. Retrieved from : [https://www.my.gov.sa/wps/portal/snp/content/news/newsDetails/CONT-news-05012021%201/!ut/p/z/0/4\\_Sj9CPykyssy0xPLmMnMz0vMAfIjo8zivQIsTAWdDQz9LQwCXQOCnVOMfYyNQgwM\\_M30g1Pz9L30o\\_ArAppiVOTr7JuuH1WQWJKhm5mXlq8f4ezvF6Kbl1perGtgamBoZGBkqGCoX5DtHg4AhqCvOg!!/](https://www.my.gov.sa/wps/portal/snp/content/news/newsDetails/CONT-news-05012021%201/!ut/p/z/0/4_Sj9CPykyssy0xPLmMnMz0vMAfIjo8zivQIsTAWdDQz9LQwCXQOCnVOMfYyNQgwM_M30g1Pz9L30o_ArAppiVOTr7JuuH1WQWJKhm5mXlq8f4ezvF6Kbl1perGtgamBoZGBkqGCoX5DtHg4AhqCvOg!!/)

<sup>xxiii</sup> Samir S. 1 April 2021. KSA mulls mandatory COVID-19 vaccines for all. Retrieved 19 July 2021, from <https://gulfnews.com/world/gulf/saudi/saudi-arabia-mulls-mandatory-covid-19-vaccines-for-all-1.78253060>

<sup>xxiv</sup><https://saudigazette.com.sa/article/612330>

<sup>xxv</sup><https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/saudi-arabia/>

<sup>xxvi</sup><https://ta.sdaia.gov.sa/en/index>



<sup>xxvii</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>xxviii</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.

<sup>xxix</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.

<sup>xxx</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’.

<sup>xxxi</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)

<sup>xxxii</sup> <https://healthpolicy-watch.news/pakistani-workers-fear-job-losses/>

<sup>xxxiii</sup> <https://www.reuters.com/world/asia-pacific/philippines-halts-deployment-workers-saudi-arabia-2021-05-28/>

<sup>xxxiv</sup> <https://www.arabnews.com/node/1867051/world>

<sup>xxxv</sup> <https://www.nytimes.com/2021/07/12/world/nepal-india-bangladesh-migrant-workers.html>

<sup>xxxvi</sup> <https://saudigazette.com.sa/article/612015/SAUDI-ARABIA/Tawakkalna-new-update-reduces-first-dose-immune-status-period-from-180-to-90-days>

<sup>xxxvii</sup> *Inputs from LT, community leader at Pleace India & Pravasi Legal Aid Cell*

<sup>xxxviii</sup> <https://arabianmalayali.com/2021/07/21/33527/>

<sup>xxxix</sup> Employers in KSA: Be Prepared – COVID-19 Vaccinations to Be Made Mandatory From 1 August for Employees to Attend the Workplace. June 2021. Retrieved from <https://www.squirepattonboggs.com/en/insights/publications/2021/06/employers-in-saudi-arabia-be-prepared-covid19-vaccinations-to-be-made-mandatory-from-1-august-for-employees-to-attend-the-workplace>

<sup>xl</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>xli</sup> Tulfo, R. (2021). *Repatriate our OFWs*. 20 July 2021. PhilStar News. Retrieved from <https://www.philstar.com/opinion/2021/07/20/2113721/repatriate-our-ofws>

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