The COVID-19 pandemic has led to the loss of livelihood for many Indian migrants working abroad. In light of this, an inclusive migration governance framework is the need of the hour to provide Indian workers with a social safety net during crises.

The COVID-19 pandemic, that originated in the Chinese city of Wuhan, has spread to nearly every country across the globe, leading to numerous lockdowns and closure of most international borders. At the time of publication of this article, India alone had recorded over 22 lakh cases (Sharma 2020). Assessing the threat of the spread of infection owing to migration, India closed its international borders in March 2020 in an attempt to “flatten the curve” and localise the spread of the virus. However, this sudden announcement sparked a chaotic rush among Indian migrant workers abroad, particularly in countries in the Gulf, to return home amidst concerns of mandatory quarantine, cancellation of flights, and the loss of livelihood.

The state of Kerala recorded India’s first COVID-19 case in January 2020 when students studying in Wuhan returned to the state. These cases were immediately detected, the students quarantined and later cured (PTI 2020). However, the cases recorded in Kerala...
after March 2020 spread from migrants or non-resident Indians who travelled to the state from Europe and the Gulf. This raised questions on the health and safety of migrant workers in the Gulf Cooperation Council (GCC) countries, who live in highly populated labour camps with poor living conditions and associated work-related health risks.

This article aims to highlight the mass exodus of migrants from the Gulf, the ensuing effect on the Indian economy and healthcare system, and the role of migrants in India’s pandemic preparedness plans.

**Migration And Pandemic Preparedness**

In 2007, the World Health Organization released a bulletin stating that international human mobility is factorial to the globalisation of infectious and chronic diseases in the current world environment. It further highlighted that this movement of people, primarily through migration, would ultimately become a national security threat, leading to a concentration of national resources into non-traditional areas of security, namely biosecurity (McPherson et al 2007).

Influenza pandemics have been a recurring event in human history. In the 1800s, travel and trade by sea restrained migration and the consequent spread of epidemics due to the difficulty in reaching destinations. This resulted in infections usually dying down along the way, even though diseases like cholera and smallpox still managed to infect many across continents through the British empire’s trading routes (History 2020).

In the recent past, coronaviruses such as the severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), and now COVID-19, have resulted in unprecedented casualties around the world. The SARS outbreak originated in China and spread to the surrounding East Asian countries like Taiwan, Thailand, and Vietnam. Studies conducted during the outbreak highlighted the problematic nature of rural–urban migration, where migrants were both susceptible to the disease and also acted as carriers. This brought to light the absence of a universal medical care system and protocols to regulate migration, healthcare, and pandemics (Xiang 2003). MERS, which originated in Saudi Arabia, posed a risk to migrant workers and the associated major labour-exporting countries. It resulted in discussions among public health experts and policymakers on the preparedness and response strategies to be adopted by the host and sending countries. Consequently, countries like India issued guidelines for Hajj and Umrah pilgrims to and from Saudi Arabia (Kumar et al 2015). Related research on MERS also emphasised the need for healthcare systems to deal with the inflow of migrants and pandemic situations and the associated vulnerability of rural communities (Wickramage et al 2013). Unfortunately, little seems to have been learnt from these experiences. The spread of COVID-19 has followed a similar route, exacerbating the vulnerability of migrant workers and has exposed the lack of awareness and readiness of world governments.
In 2015, the International Organization for Migration issued a migration governance framework (MiGoF), that defines the essential elements to facilitate the safe and responsible movement of migrants in times of crises or pandemics through a well-planned migration governance strategy (IOM 2015). This framework was endorsed by member states, including India, and is the only internationally agreed upon SDG[2] to ensure migration governance.

The main dimensions of migration governance include (i) “migrant rights,” which assesses the extent to which migrants have the same status as citizens in terms of health, education, and social security; (ii) “government approach,” which assesses institutional legal and regulatory frameworks related to migration policies; (iii) “partnerships,” which focus on governments’ efforts to cooperate with other countries and bodies on migration-related issues; (iv) “well-being of migrants” to manage the socioeconomic well-being of migrants; (v) “mobility dimension of crises,” which studies the type and level of preparedness of countries faced with disasters relating to environment or conflict; (vi) “safe orderly and dignified migration,” which analyses a country’s approach to migration management in terms of border control, enforcement policies, preparedness and resilience in case of unexpected migration flows, and incentives to help integrate returning citizens.

India’s Migration Policy

The Emigration Act, 1983 is currently the only legal instrument in India that deals with emigration matters and the welfare of migrants. Due to its shortcomings, the government introduced an updated draft Emigration Bill in 2019 for debate and consideration, but it is yet to be passed by Parliament (India Migration Now 2019). The bill aims to put forward a responsive, easily accessible, and technology-driven institutional framework that strengthens the welfare and protection of Indian nationals who are abroad. Under this umbrella, the central government has launched several initiatives such as MADAD, the Indian Community Welfare Fund, Pravasi Bharatiya Sahayata Kendras, Pravasi Kaushal Vikas Yojana, and the Pre-departure Orientation Programme. Further, the “e-migrate” online system facilitates the immigration of Indians for work-related purposes. Other schemes include the Pravasi Bharatiya Bima Yojana, that consists of a mandatory insurance scheme that covers work-related travel, and the Mahatma Gandhi Pravasi Suraksha Yojana, that provides pension and life insurance cover against natural death as well as a contribution towards return and resettlement (Rajan and Sumeeta 2020).

A stringent set of legal conditions and procedures are also adhered to by the Indian migrants to the Gulf region. This has three phases. First, the pre-departure phase includes recruitment, obtaining a passport, searching for an appropriate job, insurance procurement, travel booking, and emigration clearance from the Ministry of Overseas Indian Affairs. These procedures are facilitated by a registered recruitment agent. Second, the employment phase consists of the period in which the assigned Indian migrant works for an employer in a Gulf country (also labourers who are sponsored by a national of a Gulf country). Third, the
final phase in the migration process entails the return of the migrant to India (also known as the capacity-building phase), in which the migrant worker utilises acquired resources and skills to sustain their lives back at home (CIRS 2011).

However, India’s migration policy lacks a comprehensive migration governance framework that focuses on mobility during crises and an integrated rights-based approach for migrants in policies and programmes. Migration related issues seem to be only highlighted in cooperation agreements such as memoranda of understanding between India and the host country.

**Coronavirus And The Gulf Migrants**

As of 2018, there are 8.5 million non-resident Indians (NRIs) working in the Gulf countries (Ministry of External Affairs 2018). The Indian expatriate community in the Gulf tends to consist of domestic workers and unskilled labour employed in construction companies, municipalities, and agricultural farms. This labour forms 70% of the diaspora. Skilled and semi-skilled workers—doctors, engineers, and accountants employed in government and private sectors, and businessmen—form between 20% and 30% of the diaspora workforce, and domestic workers comprise around 5% of the diaspora population (Khadria 2007). A majority of the Indian community in the GCC is from the southern states of Kerala, Andhra Pradesh, and Tamil Nadu. The rest belong to Uttar Pradesh, Gujarat, Maharashtra, Goa, Punjab, Bihar and Rajasthan.

As has been witnessed during the ongoing pandemic, these extensive economic linkages have increased the risk of a high infection rate, and have also adversely impacted the global economy due to collapsing oil prices, border closures, and restrictions in international travel.

**COVID-19 in the Gulf Countries**

Latest statistics report the number of coronavirus cases to be around 2,60,394 in Saudi Arabia, 57,988 in the UAE, 1,08,244 in Qatar, 37,996 in Bahrain, 61,872 in Kuwait, and 72,646 in Oman. The Gulf countries are heavily dependent on the free movement of expatriate workers, and the susceptibility of migrants to the virus is thus a threat to the region. Due to the spike in cases among migrants, Gulf countries have been making arrangements to cushion themselves against the impact of the crisis: UAE and Bahrain have called for stricter labour camp inspections and have relocated many migrant workers to less crowded establishments, including in their places of work. The Bahraini government issued a circular to employers to reduce the number of workers living in the same room in labour camps, to restrict visits, increase sanitation facilities, and also sterilise workplaces (Ministry of Labour and Social Development 2020). The UAE has also allowed contracting firms to set up labour accommodations at their work sites to reduce the mixing of workers (Nammour 2020). Saudi Arabia has announced free treatment for all infected by COVID-19, including
foreigners (Kirkpatrick and Hubbard 2020). More significantly, the UAE also passed a new regulation empowering companies to grant paid and unpaid leave to workers, as well as lower wages, either temporarily or permanently, for non-citizen employees (Hubbard 2020).

In localities such as the port of Mutrah in Oman, there has been growing apprehension among nationals due to the number of labour camps present in the area. Similarly, migrant-populated areas are also being seen as a potential threat in the UAE and Bahrain, where security forces have been deployed to restrict the movement of these workers and to conduct randomised testing. This has also led to debates in the region regarding the reliance of the Gulf countries on migrant workers and the need to redefine the responsibility of businesses during the pandemic. Governments have also roped in facilities to keep a track on migrant workers and their accommodations, holding sponsors responsible for the deteriorating conditions of migrant workers.

**Why are Migrants in the Gulf Vulnerable?**

Low-income migrant workers in the Gulf are mostly excluded from social security and health insurance. A number of health risks, such as poor living conditions, work in hazardous sectors, such as construction and oil and gas, and the associated exploitation, exacerbates existing health risks. Many migrants also work in the service sectors, including hospitality, which requires frequent exposure or proximity to others. Lower income migrants also tend to possess lower levels of education and language skills, inadequate access to information on health rights and benefits, and cultural sensitivities, which affect their ability to address their health conditions during a normal migratory process, thus exacerbating their condition during cross-society pandemics.

Migrant workers may also be disproportionately affected in the event of health emergencies, with irregular or undocumented migrants experiencing even greater vulnerabilities (Wickramage et al 2018). They have limited awareness of and access to health and welfare services, as well as their legal rights due to the existing conditions of labour and migration in the region, which limit healthcare based on the type and availability of work visa status. Migrant groups also tend to avoid health services due to fears of deportation, discrimination, and other linguistic, economic and cultural barriers. Periodic medical check-ups are designed to detect any community-scale outbreaks, but these check-ups only alleviate existing healthcare anxieties of these migrants who fear the loss of work contracts and deportation. Migrants also feel obligated to work despite health restrictions due to the existing debt burdens back home in India. This in turn affects the Gulf governments’ efforts to encourage migrants to engage with medical authorities (Calabrese 2020; Martinez et al 2015; Babar 2020).

Despite stringent mechanisms being imposed by the Gulf countries to limit the spread of the virus in labour camps, many industrial zones in the Gulf have been reported as infection hotspots, thereby putting migrant workers residing there at risk (Reuters 2020).
Undocumented migrants and free visa workers are also reported to be at greater risk of infection. There have also been reports of increasing number of deaths by suicide among migrants who had lost their jobs or visas (Al Sherbini 2020). Many migrant workers succumbed to the coronavirus due to pre-existing health conditions and a lack of healthcare facilities (Gulf Daily News 2020), thus pressurising the state government and the families to take immediate action for repatriation.

**Repatriation Efforts by Indian Government**

The Government of Kerala, with the largest expatriate population, called upon the centre for the urgent repatriation of thousands of Indian workers in the Gulf, citing inadequate healthcare and the nature of labour camps, and also assumed full responsibility for workers returning to the state. Subsequently, the Kerala High Court asked the central government to respond to a public interest litigation seeking the return of Indian expatriates stranded in the Gulf countries due to the restrictions on flight services to India (Gulf News 2020a). In April 2020, the Kerala government began online registrations of migrant workers from Kerala who wished to return to India for various reasons. These included migrants who are on a visit visa, who had lost their jobs, senior citizens, pregnant women, students, and those released from prisons.

The central government was reluctant to repatriate migrants from the Gulf due to the risk of a spike in cases across the country. However, these Gulf nations did not react kindly to this. The UAE threatened to enforce strict restrictions on countries reluctant to take back migrants and also threatened to restructure or suspend its MoU on labour with these countries. This included imposing restrictions on the recruitment of workers from these countries and enforcing a quota system in recruitment operations (Nasrallah 2020). Similarly, Kuwait also instructed the Indian government to evacuate migrants, given the large number of cases of infection in the community, and also agreed to arrange for the return of undocumented workers, who are more likely to be at risk (UN 2020). Amidst mounting concerns, the central government initiated the Vande Bharat mission, the largest commercial evacuation plan for Indian expatriates around the world, coordinated by the Ministry of External Affairs and the Ministry of Civil Aviation, to be conducted in a phased manner. Simultaneously, the Indian government also sent medical teams consisting of doctors, healthcare professionals, and nurses to both Kuwait and UAE to provide medical assistance as well as training for responding to COVID-19 (Chaudhury 2020; Sassendran 2020).

**Existing Challenges For Migrants**

The Vande Bharat mission, however, is a selective process focused on repatriating those falling in vulnerable categories, such as people who are sick, elderly, those who have family emergencies, pregnant women, and tourists.

A number of expatriates have been laid off in the private and public sector, with the focus
on nationalisation of the workforce in the Gulf countries. While a number of workers have been able to return on the Vande Bharat flights, albeit with their own money. Organisations of Indian expatriates and business persons have been helping by paying for airfare for those who have lost their jobs and wish to return to India. For those who have been unable to return, these organisations registered with Indian embassies in the Gulf have been providing basic necessities such as food and accommodation (Gulf News 2020b). However, new job ventures seem limited for these migrants given the current situation.

**Effect on the Indian Economy**

The health of the Gulf economy, already unstable due to declining oil prices, has been worsened by the pandemic. As a consequence, employers may choose to either cancel or postpone the recruitment of workers. The aftermath of the pandemic may also have an adverse impact on Indian workers who have obtained their work visas but are unable to enter the Gulf countries due to the lockdown. This may further affect the already declining rate of recruitment of migrant workers in the Gulf and lead to the stigmatisation of migrants returning from the Gulf. Reports indicate that a large number of migrant workers in the Gulf have been living on handouts and charitable donations due to their financial constraints and the outbreak of infection in labour camps (Dar 2020). Their movement is restricted to their cramped confinements and they are unable to earn wages. Countries such as Bahrain have already initiated plans for Bahraini nationals to occupy posts left vacant by expatriates who have either lost jobs due to the crisis or have been absent from the country (Gulf Daily news 2020; Al A’Ali 2020). For India, such a measure will lead to a return of a large number of unemployed migrants, leading to a fall in remittances of up to 23% (Times News Network 2020), and also strain the Indian job market further.

**Effect on Indian Healthcare**

The socio-economic status and circumstances of the migrants in the Gulf negatively impacts their chance to take precautionary measures against the pandemic and receive timely medical care. Undocumented or irregular migrants and free visa workers are at an increased risk of social stigmatisation due to restrictive healthcare policies towards migrants. They are not issued identity cards, have no health insurance, and are fearful of availing state medical care as they may be reported and deported by immigration authorities (McAuliffe and Bauloz 2020). GCC countries have not done much to mainstream labour health needs into national health policy frameworks, nor has India requested migrant inclusive health policies under the memorandum of understanding agreements on labour. The Gulf countries are currently in a restrained fiscal space, which may limit their ability to help foreign workers (Indulekha 2020).

Barring Kerala, most states in India have poor healthcare infrastructure (New Indian Express 2018). Coupled with low testing rates, shortage of staff, lack of protective equipment, and a poor disease surveillance system, those returning could strain India’s
already fragile healthcare sector (Bansal 2020).

Creating a Migration Governance Framework

In 2019, the Ministry of Health and Family Welfare (Government of India) and the World Health Organization jointly hosted a meeting of experts in the fields of public health, virology, clinical medicine, disaster management, risk communication, surveillance, and defence to identify and address challenges that India would face during a pandemic (WHO 2019). Health is an essential factor that can enable safe and orderly migration. However, despite being hugely dependent on remittances from the migrant population, health remains at the margins of migration governance, with limited engagement of health authorities beyond issues concerning health security, quarantine, and border health management. Migration policies in India barely address the inherent social determinants of migration and health. Any repatriation or return of migrants, from the Gulf and elsewhere, could pose serious risks and further strain the economy and healthcare sector in the country (Wickramage and Annunziata 2018).

Therefore, a number of recommendations need to be incorporated to enhance and not substitute the existing framework for India’s pandemic preparedness. Migrant workers, especially in the Gulf, should be brought under the purview of national health services, and mechanisms must be put in place to support migrants with durable solutions and long-term approaches towards recovery and transition (Dar 2020). Discussions on health coverage for migrants in the Gulf should be of utmost priority for India when devising a strategy to curtail the spread of a pandemic. This can include the coordination of expertise, treatment, vaccination, and exchange of research and healthcare developments between India and the Gulf countries. Due to existing sociocultural barriers in the region, appropriate institutions and authority figures, including religious and community leaders, should be involved in responding to the needs of affected communities. Cooperation agreements should also include the ability to address common concerns of communities to build trust and credibility, and also improve the cultural sensitivity of providers.

A migrant-inclusive approach needs to be followed to ensure that all migrants, irrespective of their social or legal status, are considered in public health planning and response. This includes culturally appropriate treatment, ensuring that all migrants, irrespective of their situation or status, are able to access health services in the host country without the fear of stigmatisation and the risk of deportation (IOM 2020). Some steps that can be taken include pre-departure training for migrants to increase awareness of healthcare in the host country, compulsory insurance schemes in case of disability or death in the host country, and measures to help migrants who return to access adequate health care in their home country (Dar 2020). The need of the hour is a transnational health framework that can be held accountable for migrants’ health conditions at different stages of the migratory process and bring together recruiters, employers, and participating countries under the umbrella of a successful migration governance framework.
End Notes:

[1] The COVID-19 coronavirus reached the Arab Gulf countries via Iran. An outbreak occurred in the holy region of Qom, and Shiite pilgrims who subsequently returned to their home countries carried the virus with them.

[2] MiGOF, endorsed through IOM council resolution 1310, is the only internationally agreed upon definition of UN SDG target 10.7 on implementing well managed migration policies. See IOM (2017).


[4] There is a discriminatory “national versus foreigner” narrative in the Gulf countries that manifests here as a “Arab versus Asian/South Indian” sentiment, leading to unequal access to healthcare treatment.

References:


CIRS(2011): Migrant Labour in the Gulf, Center for International and Regional Studies,


Sassendran, Sajila (2020): “88 Medical Staff to be Flown from India to UAE to Help Fight Coronavirus,” *Gulf News*, 2 May,  
https://gulfnews.com/uae/88-medical-staff-to-be-flown-from-india-to-uae-...

Sharma, Swati (2020): “Coronavirus Live Updates: Over 62,000 Covid Cases In India In A Day, 1,007 Deaths; Total Cases 22,15,074,” *NDTV*, 10 August,  
https://www.ndtv.com/india-news/coronavirus-india-live-news-updates-indi...

Times News Network (2020): “Remittances to India Projected to fall by 23%,” *Times of India*, 24 April,  
https://timesofindia.indiatimes.com/business/india-business/remittances-...

UN (2020): “Migrants stranded ‘all over the world’ and at risk from coronavirus,” *UN News*, 7 May,  


https://doi.org/10.1016/S0140-6736(18)32855-1.

WHO (2019): “India Readies Itself to Address the Threat of Pandemic Influenza,”  


**Image-Credit/Misc:**

Image Courtesy: Modified. [Wikimeda Commons/](https://commons.wikimedia.org/wiki/File:Paul_Keller_CC_BY_2.0)