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Research Article

Healthcare Provisions for Migrant Workers in Qatar

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This paper examines the healthcare provisions for migrants in Qatar. Migration and health are intricately entwined in the GCC states, with ramifications for both migrants and their host countries in the Gulf. The GCC states are home to nearly 30 million non-national residents or migrants, constituting the largest concentration of temporary migrants in the world. The provision of healthcare services to such a large migrant population presents a tremendous challenge for most Gulf states. It is worth pointing out that migration to the GCC states is inherently transient in nature, which further compounds the healthcare challenge. This paper explores how the GCC states respond to the rising demand for migrant healthcare by focusing on healthcare infrastructure and healthcare provisions for migrants in Qatar. The study reveals that Qatar has invested heavily in the expansion of healthcare infrastructure in tandem with its growing migrant population. Qatar offers healthcare services to the increasing migrant population through the Hamad health card, which allows its holders to access public healthcare services. This study suggests that there is a need for more expansion of public healthcare facilities to meet the expanding healthcare needs in coming years.

1. Introduction

The six Arab Gulf Cooperation Council (GCC) states, which comprise Saudi Arabia, United Arab Emirates (UAE), Qatar, Bahrain, Oman, and Kuwait, constitute the largest destination region for the South-South flow of migrants globally. Although the Gulf region, historically, has hosted migrants, the discovery of oil in the mid-twentieth century has led to an unprecedented movement of migration to the region [1, 2]. After the oil boom, almost all the GCC states have begun capitalizing on oil revenues and developing their infrastructure [3, 4]. However, this required a substantial foreign workforce. Since their formation, the Gulf states have been comprised of a small population unable to fulfill the demand for skilled and low-skilled workforce needed for the developmental spree in sectors such as health, transport, housing, education, and other social services [5, 6]. An easy solution to this workforce shortage was to bring in foreigners with different skill sets on a temporary basis and tie them to sponsors and occupations with limited mobility [1].

Migration and healthcare are inextricably intertwined in complex ways, with implications for those who migrate and those who host migrants. Figure 1 presents the percentages of nationals and non-nationals in the six GCC states. The GCC states host nearly 52 percent non-nationals (almost 30 million) and 48 percent nationals (almost 28 million) out of a total population of approximately 58 million. More importantly, countries like Qatar and the UAE are home to nearly 88 percent (nearly 2.4 million) and 87 percent (nearly 8 million) non-national populations, respectively [7]. The challenges of offering healthcare provisions to such a large migrant population are immense, and most Gulf states are struggling to meet the healthcare needs for their non-national migrant population. Migration to the GCC states is inherently temporary in nature, which further compounds the healthcare challenge. It is worth pointing out that substantial investment in the healthcare for temporary migrants is often viewed as fiscally irresponsible from an economic perspective (for details, see [8]). Thus, the ramifications of migration on their healthcare systems are far-

reaching and demand a thorough investigation, transcending beyond the traditional discourses of inclusion, exclusion, and blame.

We may broadly categorize the non-national resident population of Qatar into three groups of migrants: low-skilled or semi-skilled migrant workers, skilled and professional migrants, and dependents of immediate family members of skilled and professional migrants or other long-term residence permit holders [9–11]. Low-skilled migrant workers account for the majority of migrants in the Gulf, and most of them hail from Asian and African countries [12, 13]. They are primarily single male or female migrants, working largely in the construction, service, manufacturing, marine, and agricultural sectors. Secondly, skilled migrants who work in professional and managerial positions in all major sectors come from all over the world. However, a sizable number of skilled migrants are of Middle East and North African (MENA) origin [9, 14, 15]. Finally, dependent migrants are part of the immediate family of skilled and professional migrants. Their residence status is tied to earning members of their families who work in professional and managerial capacities.

The Gulf states have undertaken several institutional measures to accommodate migrants' diverse needs and provide them with various services, including healthcare. This is in recognition to the importance of migrants to their economies and infrastructures. Healthcare is indisputably one of the areas that have undergone rapid transformation in the Gulf region. In general, the Gulf healthcare infrastructure is highly equipped with modern facilities designed to provide cutting-edge medical treatment to residents. However, Gulf states prioritize their citizens when it comes to healthcare needs and services [16, 17]. For instance, the citizens enjoy healthcare benefits that migrants are excluded from, such as cost-free treatment at home and sponsored overseas travels for medical tourism. However, the GCC states are not unique in this case; research on the health of immigrants and refugees in developed countries also suggests that health policy is tied to political representation in a host country [18].

Gulf migrants and their healthcare issues have come to the forefront during the COVID-19 pandemic [19, 20]. While many migrants were left stranded without jobs in their host states with no means of transportation to return to their home countries, many others were locked in isolation. The dominant narrative in the global media was that the migrants in the Gulf countries were disproportionately exposed to COVID-19, and they were vulnerable to repatriation, neglect, and discriminatory policies [9, 21, 22]. Although research on migration and health is limited in the Gulf region, several works provide us with deep insights into the phenomenon [16, 17, 23–33]. In general, the existing literature tends to portray the experiences of migrant healthcare negatively, often documenting the plight of low-skilled migrants and the need for improvement in the healthcare sector. In addition to migrant-focused healthcare studies, there also exist several works that deal with healthcare policies and infrastructure in the Gulf, giving us a glimpse of the state of healthcare in the region [34–39].

Thus, while the available literature tends to focus on the healthcare experiences of Gulf migrants, there is a paucity of studies on the healthcare implications for the host states, centering on institutional development and healthcare provisions for migrants. Currently, we have a limited understanding of the intersections between migration and healthcare infrastructure and healthcare provisions for migrants. We are not adequately aware of how some Gulf states have expanded the healthcare infrastructure to accommodate the healthcare needs of their growing migrant population over the decades. Focusing on the case of Qatar, this paper investigates the healthcare infrastructure and the healthcare provisions for three non-national resident groups: low-skilled migrant workers and skilled and professional migrants and their dependents. This study takes an institutional approach to understanding the expanding healthcare infrastructure and migrants' healthcare provision. We chose Qatar as a case study due to the fact that a third-fourth of Qatar's total population, which is approximately 2.9 million, consists of non-citizens [40]. We refer to the non-citizen resident population as "migrants" on the ground that they reside in the country on temporary residence permits, obligated to return to their home countries immediately upon the cancellation of their residency permits [5].

The following discussion is divided into seven sections. As the next section proceeds, theoretical and conceptual issues related to migration and health are discussed, followed by sections that discuss research methods and provide an overview of Qatar's healthcare infrastructure. In the fourth section, we examine healthcare facilities available to skilled migrants and their dependents. The fifth section provides a description of the provision of public and private healthcare, medical insurance, as well as other related issues that have an impact on the healthcare experience of low-skilled migrants. Our sixth section discusses migrants' healthcare during the COVID-19 pandemic, and we conclude with some policy implications and future research directions.

2. Theoretical and Conceptual Issues

The relationship between migration and health has been studied from wide-ranging perspectives that include migrants' vulnerability to communicable diseases, the health of irregular migrants and that of left-behind family members, the role of civil society, health policies in the host countries, and other related issues [41–44]. Since the states occupy the central role in delivering services to the migrant population, scholars tend to look at migration and health from the host states' policy perspective. Healthcare policy making is not limited to taking care of citizens in countries where migrants are structurally embedded in the national economies. We find studies that show the changes in the health policies of host countries due to the increasing healthcare needs for the migrant population [17, 45, 46]. This policy approach to the relationship between migration and health is relevant to the Gulf states [36].

Existing literature tends to demonstrate that temporary migrants are viewed as a mobile and "disposable" population which contributes to their vulnerability to neglect,

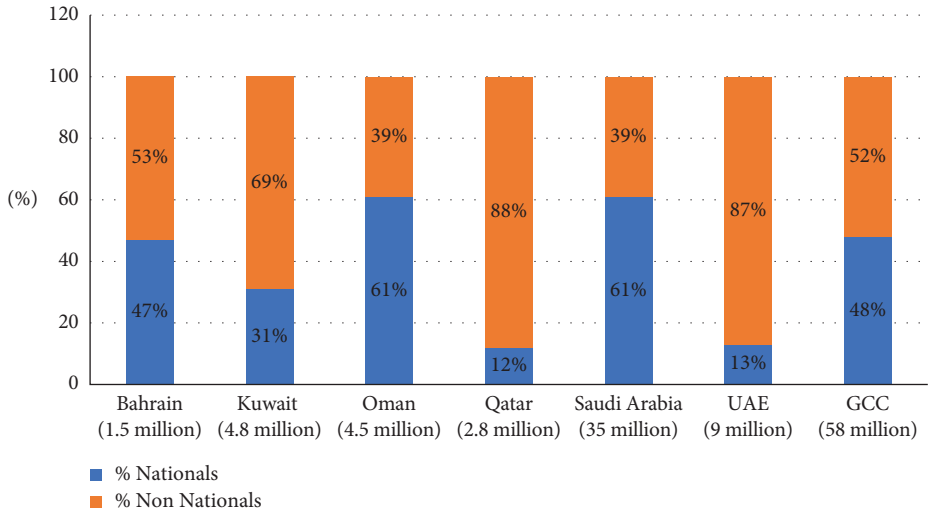


Figure 1: Percentages of nationals and non-nationals in the GCC States, 2020 (source: compiled from data found in Gulf Labour Markets, Migration, and Population (GLMM); population figure for each country is rounded off for convenience; data were retrieved on the 30th of October, 2022: https://gulfmigration.grc.net/explaining-the-demographic-imbalance-in-the-gulf-states/).

repatriation, and health issues [47, 48]. Irregular migrants' health issues have also drawn scholars' attention. The literature generally examines the impact of migrants' unauthorized, irregular status on their access to healthcare in the host country [49]. There is also a body of literature on sexuality and vulnerability to STDs/HIV/AIDS that reports a connection between rapid spread and high prevalence of HIV/AIDS among migrant communities [45, 47–49].

Due to the health vulnerability of migrants, many civil society organizations have sought to address the issue of migrant health in host countries [50]. This stream of research demonstrates the indispensability of civil society in securing migrants' welfare and their rights to healthcare [32, 51, 52]. Furthermore, in the context of temporary migration in the Global South, the relationship between migration and health involves not only individual migrants' issues but also the health of left-behind families. Considering this fact, researchers have studied the health issues of left-behind migrant families in some sending countries [50–53]. Migration and health have generated intense debates about whether migrants face greater health risks than citizens in host countries. While the findings are limited and inconclusive, some scholars have argued that migrants tend to be healthier than the native-born, and this supports the argument that migration is a selective process that favors healthier individuals [43, 54, 55]. As we shall discuss later, the selectivity of migration influences the health outcomes for migrants in a host country.

Based on Hull's study, the causal link between migration and health can be in either of two directions: either migration may affect the health of individuals and communities, or the health of individuals and communities may stimulate migration [56]. However, migration and health are intertwined phenomena, whose contexts and forms require conceptual clarification. The Gulf migration context lies at the heart of South-South migration, and it is fundamentally a temporary form of migration [5, 57]. The South-South migration context and its transience character need to be factored in any analysis of migration and healthcare. There is a need to consider whether migrants face greater health vulnerabilities in host countries compared to their home countries. The migrant receiving countries tend to impose health requirement on potential migrants, which enables them to select healthy migrants free from any serious medical conditions. This selection of healthy migrants has implications for migrants and their host countries.

In general, Gulf states have better healthcare facilities than most low-skilled migrant-sending countries; hence, moving to the Gulf can sometimes provide migrants with better healthcare services. Vaccine accessibility during the COVID-19 pandemic provides ample evidence of this. For instance, during the early phase of inoculation in the Gulf states, migrants received doses of sophisticated vaccines like Pfizer-BioNTech, Oxford-AstraZeneca, Moderna, and Janssen, much earlier than their compatriots back home. The COVID-19 vaccination is a model case of how migration to Gulf countries offers not only economic benefits but also health benefits to migrants, a perspective missing in the existing literature.

Research on the healthcare experiences of migrants in the Gulf usually concludes that they do not have adequate access to health services in host countries [16, 31, 32]. The existing literature portrays the precarious conditions under which they live and work [58, 59]. Studies suggest that migrants working in construction, agriculture, domestic work, manufacturing, marine, and other labour-intensive sectors often face unique health burdens associated with both cultural barriers as well as low socioeconomic status [47]. Jamil and Kumar [16] show that the concept of "precarity" is used to describe both as a labour condition [60] and a distinct class [61].

In studying the linkages between migration and health in the Global South, most research tends to take either a behavioral or an institutional approach [53, 62–65]. The

behavioral approach argues that certain migrant cultures, values, beliefs, and behavioral patterns in relation to health and medical care are crucial to understanding the relationships between migration and health [66]. This culture-centered approach pathologizes the migrants and their culture as inappropriate and inferior [18, 67]. The institutional approach, however, takes a broader perspective on migrants' health. It argues that migrants face healthcare problems due to their position in the social structure of the host society. Biao [62], through his study of Chinese migrants, demonstrates that formal institutional arrangements are fundamentally responsible for migrants' health problems [62]. We believe that an institutional approach to migrant healthcare may provide a window into how healthcare infrastructure can be reconfigured in order to provide migrants with healthcare. This paper explores Qatar's response to the increasing health needs of migrant community by focusing on institutional provision of healthcare for migrants.

3. Research Methods

This is a qualitative study which draws heavily on existing literature on migration and healthcare, both in the Global South and in the Global North. In this paper, we reviewed various empirical studies on healthcare behavior, access to healthcare services, and healthcare provision for migrants under the conditions of temporary migration in the GCC states in general and Qatar in particular. We investigate the development of healthcare infrastructure as it is the precondition for healthcare service delivery to nationals and non-nationals. There are two common dichotomies used widely in the GCC states, namely, nationals and non-nationals and residents and non-residents. Nationals and non-nationals refer to citizens and non-citizens. While nationals include Qataris in the case of Qatar, non-nationals include citizens of all other countries who are living in Qatar on renewable temporary resident permits. Residents include everyone living in Qatar with a Qatari ID and non-residents refer to those who are on tourist visas or other types of visas without a Qatari ID. Our focus is on healthcare provisions for migrants after 1979, the year when Qatar's government established Hamad Medical Corporation (HMC), an entity that manages the country's public health facilities.

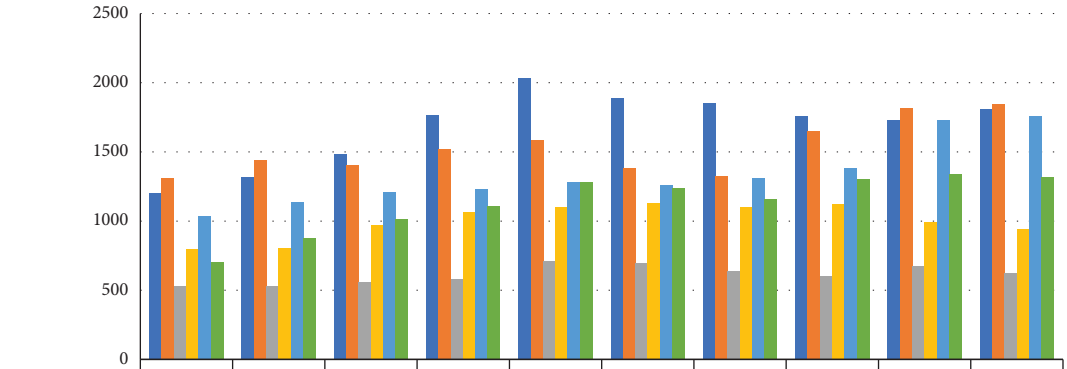
To understand the healthcare behavior and health issues of migrants in Qatar, we searched for studies on PubMed and Scopus databases. The keywords used were "migrants," "health," and "Qatar." The search result provided us with nearly hundred studies, out of which only twenty studies were related to migrant healthcare provision issues in Qatar. Our systemic review of existing studies suggests that the scope of healthcare provision and healthcare infrastructure are underrepresented in the existing literature. Since our objectives are to investigate the healthcare provisions for skilled and low-skilled migrants in Qatar, we also look at various governmental and non-governmental documents, such as annual reports from Qatar's Ministry of Public Health (MoPH), HMC, Primary Health Care Corporation (PHCC), the MOPH press releases, and newspaper reports on migrant healthcare. We also examine health statistics for 10 years from 2010 to 2020, published by national and international organizations on healthcare services and provisions for nationals and non-nationals in the GCC states. Our research also includes an analysis of welfare mechanisms such as public and private insurance and company provisions for migrant healthcare.

The authors of this paper have been living and working in Qatar. One author is a national resident while the other two authors are non-national residents. Authors' living experiences in Qatar including healthcare experiences and access to wider local networks have been an added advantage for this research. Our conversations with migrants, both skilled and low-skilled, and medical professionals supplemented our understanding of migrants' access to healthcare services and healthcare provisions in Qatar. Therefore, while our research relies heavily on existing literature, our lived experiences in Qatar provide us with valuable insights into the healthcare provisions for migrants on the ground. Our discussion of migrant healthcare during the COVID-19 pandemic stems from our research on the impact of the COVID-19 pandemic on migrant workers in Qatar [68]. We appreciate the importance of the first-hand data; however, we are constrained by the lack of access to physical fieldwork, which is a limitation of our study. Despite the limitations, our diverse sources of information enable us to gain adequate insights into migrant healthcare provisions as a whole.

4. Healthcare Infrastructure in Qatar

Qatar's healthcare system has developed exponentially in the last 30 years [68]. It ranked 25th globally for quality and accessibility of healthcare and the country is set to become a major destination for health tourism in the near future [69]. Figure 2 shows that Qatar has one of the highest per capita expenditures in the region. As per the World Bank, the country spent 2.91 percent of its GDP, an amount more than $5 billion, on the health sector in 2019 [70]. The healthcare industry is estimated to be worth US $12 billion by the end of 2024 [71]. Additionally, Qatar has most doctors per capita compared to its neighbours, Saudi Arabia, the UAE, Kuwait, Oman, and Bahrain. In 2020, there were 7.74 doctors per 1,000 people, while globally there were only 1.13 doctors per 1,000 people [72]. In 2019, 69 percent of doctors and 90 percent of nurses were expatriates [73]. The country has 20 hospitals and 599 outpatient clinics. There were fourteen public hospitals, six private hospitals, 109 outpatient public clinics, and 490 private clinics, and the total patient visits to hospitals and clinics increased from 9.1 million in 2017 to 9.3 million in 2018 [74].

Developments in public health sector in Qatar go back to 1957 when Qatar established its first health facility, Rumailah Hospital. Moving on, in 1979, Hamad Medical Corporation (HMC) was eastablished by Emiri decree. The HMC is an institutionalized body of healthcare facilities which manages public hospitals. Since its inception in 1979, the HMC has overseen the development of 12 healthcare facilities, including primary and tertiary health centers.



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Qatar	1206	1318	1487	1765	2031	1891	1856	1760	1730	1807
UAE	1314	1438	1403	1523	1588	1385	1322	1650	1817	1842
Oman	529	533	559	584	710	695	637	601	677	625
Bahrain	796	805	971	1066	1101	1129	1099	1126	994	940
Kuwait	1033	1134	1212	1228	1285	1259	1308	1385	1733	1759
Saudi Arabia	702	881	1014	1109	1278	1237	1160	1303	1341	1316

Figure 2: GCC countries' health expenditure per capita (current US$) from 2010–2019 (source: compiled from data found in World Health Organization Global Health Expenditure database (apps.who.int/nha/database), 2022; the data were retrieved on March 09, 2023, from https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?end=2019&locations=QA-AE-BH-OM-KW-SA&start=2019&view=bar).

Prominent among them are Hamad General Hospital (1982), Qatar Rehabilitation Institute (2017), Women's Wellness Research Center (2017), and Hazm Mebaireek General Hospital (2018) [75]. As per the latest 2017 HMC report, the entity now holds more than 2000 hospital beds across 12 hospitals (HMC Annual Report 2017. Retrieved September 27, 2022, from https://www.hamad.qa/Publication/18-0100-Annual-Report-2017-EN.pdf). As a result, the total number of beds in the country has increased over the years, from 2,627 in 2016 to 3,535 in 2018 [69].

In 2011, Qatar launched the National Health Strategy (NHS), which set out the detailed roadmap for developing Qatar's healthcare infrastructure to achieve Qatar National Vision (QNV) 2030 (National Health Strategy 2018–2022. Retrieved October 18, 2022, from https://www.moph.gov.qa/english/strategies/National-Health-Strategy-2018-2022/Pages/default.aspx). One of the four core pillars of QNV 2030 is "human development," which primarily focuses on health (Qatar National Vision 2030. Retrieved October 5, 2022, from https://www.gco.gov.qa/wp-content/uploads/2016/09/GCO-QNV-English.pdf). To achieve the QNV 2030 objectives, NHS focuses on seven priority population groups (National Health Strategy 2018–2022, 2020). One of these groups is "healthy and safe employees" which, largely, consists of the country's migrant population. As per the QNV 2030, access to healthcare facilities is significant in ensuring a healthy population. Towards achieving this goal, the government has implemented a social health insurance scheme which facilitates smooth access to government-run health facilities for residents including migrant workers and professionals and their family members. Access to public health is facilitated through government-provided health card, also known as Hamad Card. The card enables residents to enjoy medical care benefits in public healthcare centers and hospitals at a nominal fee.

Another public entity tasked with providing healthcare services in Qatar is Primary Health Care Corporation (PHCC). Since its establishment in 2012, the government owned PHCC has acquired 28 primary health centers across the country. As per the 2019 PHCC report, 78 percent of the total patients registered with PHCC were migrants (Figure 3) (PHCC Annual Statistical Report 2019. Retrieved October 14, 2022, from [76]). Since healthcare at PHCC is inexpensive and migrant-friendly in terms of language, location, and opening hours, low-income migrants tend to visit such healthcare centers in a large number.

Along with the HMC and PHCC, the private health sector also contributes significantly to Qatar's healthcare needs. The country has seen a meteoric rise in private healthcare facilities to cater to the needs of the increasing number of expatriates. In 2019, private health expenditure accounted for nearly 27 percent of Qatar's healthcare spending [103]. The government is taking various initiatives to enhance the operation of private healthcare sector so that it meets the rising demand for healthcare services. For instance, Qatar plans to attract foreign direct investment through public-private partnership initiatives in the healthcare sector. As Qatar's healthcare needs grow, both public and private healthcare services complement each other.

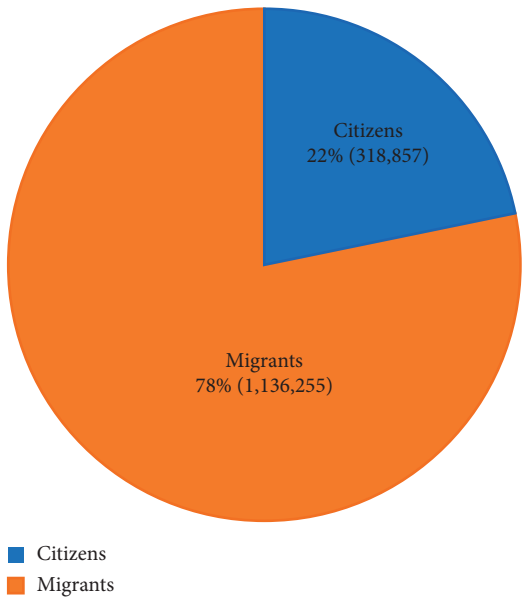


Figure 3: PHCC registered patients: citizens vs. migrants ratio (total patients: 1,445,691) (source: 2019 PHCC Annual Statistical Report, Qatar).

5. Healthcare Provision for Skilled Migrants and Their Dependents

The skilled migration movement has sparked discussion on the supply mechanisms of skills as well as the so-called "global war for talent" at political and academic levels in developed, emerging, and developing nations alike [103–82]. Migration of skilled and professional workers is often referred to as brain gain and brain drain in economic and development literature [83–85]. In any combination of settings, these issues are pertinent, including North-North, South-South, South-North, North-South, East-West, and West-East [86]. The knowledge economy and the global economic climate are particularly affected by the global circulation of "brains" or "talents" [86–88]. Skilled migration also contributes to cross-border economic development and exchange [89].

In the Gulf states, skilled or professional migrants occupy the top three occupational groups: (a) legislators, senior officials, and managers, (b) professionals, and (c) associate professionals and technicians [90]. These categories of migrants are at the center of economic diversification in the Gulf region. To attract skilled migrants, most Gulf companies usually offer a competitive benefit package that also includes a private health insurance with international medical coverage. It is not only expatriates but also their immediate family members who are entitled to enjoy a similar insurance package. Thus, skilled migrants have the option to choose between both public and private healthcare services.

As mentioned in the previous section, non-national residents must obtain a health card to access public healthcare facilities in Qatar. To obtain the health card, expatriates and their families should register at a nearby PHCC health center, where they are assigned to a physician and a health team. This assignment ensures their personalized diagnoses and health advice. A resident cannot avail themselves of a PHCC health center's services if they are not registered there. This arrangement guarantees sustained contact with the assigned doctors and facilitates better management of migrants' healthcare needs. However, given the size of the resident population and its pressure on public healthcare facilities, visits to doctors are managed through a prebooking appointment system, except for emergency services that can be availed through walk-in visits.

While skilled migrants and their dependents take advantage of public healthcare facilities, they are particularly privileged to have employer-paid private medical insurance; nevertheless, the range of benefits is contingent on their occupations, positions, and companies. Employers need to ensure that their employees are provided with health insurance through local medical insurance companies (Press Release on Promulgation of Law No. [91]). Private medical insurance allows skilled migrants to receive quick, personalized, and better-quality health services at private healthcare facilities. Moreover, skilled migrants and their dependents tend to visit private healthcare facilities for general medical consultations because of their ability to provide an expedition service, which is not generally a characteristic of public health facilities. The average waiting time for an appointment for major medical procedure at public hospital is sometimes a couple of months.

Nevertheless, expatriates tend to keep public hospitals as a viable option for complicated and chronic health conditions that require specialized treatment. In Qatar, skilled migrants' healthcare service utilization remains high compared to low-skilled migrants due to their private and public healthcare access. Furthermore, studies have found that skilled migrants are satisfied with the quality of healthcare services [92, 93]. An analysis of a national survey conducted in Qatar shows that 87.8 percent of skilled migrants interviewed showed satisfaction with healthcare services in Qatar [94]. The high level of satisfaction is attributed to the quality of healthcare provided by public and private healthcare facilities to skilled migrants.

6. Healthcare Provision for Low-Skilled Migrant Workers

Qatar has seen a significant increase in the low-skilled migration population in the years following the country's announcement as the host of the 2022 FIFA World Cup [95]. At present, low-skilled migrants, otherwise referred to as migrant workers, constitute 85 percent of Qatar's workforce, while some source claims it is over 2 million or 95 percent of the country's total labour force [1]. Asian and African countries account for the source of the majority of these migrant workers [57].

Hosting millions of low-skilled migrants pose several challenges for Qatar's health infrastructure. One of the challenges is to ensure that incoming migrants do not possess a risk of transmitting communicable diseases and are fit for work. For this reason, like other GCC countries, Qatar requires all incoming migrants from South Asia, the Philippines, and a few

African countries to undergo a preliminary health checkup before arriving in Qatar. The test includes blood test for HIV/AIDS, syphilis, hepatitis B and C, and X-rays for tuberculosis and pulmonary fibrosis (Medical Test Rules for Expats in Qatar, 2019). This health checkup is conducted in designated medical facilities in their home countries and their employment visa is subject to negative results. Furthermore, every migrant upon arrival in Qatar must undergo a general health screening where blood samples and X-rays are taken, which is a precondition to receiving the residency permit [96]. It avoids healthcare burden—a policy principle widely applied in the management of temporary migration in other GCC states as well [97]. Once a worker receives his or her residence permit, he or she is required to obtain a health card, just like skilled migrants and their dependents. However, there have also been instances of migrants not having health cards. Qatar does not deny healthcare services to migrants without a valid residence permit and healthcard. Migrants without a residence permit and health card can still receive emergency healthcare in public hospitals and health centers without any fear of deportation.

However, unlike skilled migrants who have access to expensive, private healthcare facilities, low-skilled migrants rely principally on public healthcare facilities, that is, HMC and PHCC. Due to the affordable medical care that public health facilities offer, migrant workers constitute Qatar's largest beneficiary of public health sectors. As per the 2019 PHCC report, 78 percent of the total patients registered with PHCC were migrants. In addition to government-run hospitals, the Qatar Red Crescent Society (QRCS) also offers free health services to migrant workers. The QRCS operates several health centers such as Al Hemailah Health Center, Mesaimeer Health Center, and Zekrit Health Center for migrant workers (Free medical care for labour migrants, Qatar. Migration Smart Practices. Retrieved October 12, 2022, from https://migrationsmartpractices.ifrc.org/smart-practice/free-medical-care-for-labour-migrants-qatar/#:~:text=TheQatarRedCrescentSociety,Crescenthealthfacilitiesforfree).

We have identified at least five key issues in healthcare provision for low-skilled migrant workers in Qatar. Firstly, migrant occupations that are inherently difficult and dangerous make them vulnerable to various health-related issues. Most migrants work as construction workers, plumbers, scaffolders, cleaners, and other related occupations that expose them to occupational injuries. Considering the inherent risk attached to some occupations, the government has introduced clear measures to reduce occupational injuries-related healthcare issues. In 2013, the NHS launched the Occupational Health Project (OCH) to reduce workplace injuries and deaths (Management4health. (n.d.). Support for the Occupational Health Sector in Qatar. Retrieved October 19, 2022, from https://m4health.pro/about-us/). The prime task of OCH is to assist in devising and managing occupational health policies. Since the implementation of OCH standards, deaths caused by injuries at work in Qatar have gone down to 3.34 cases per 100,000, a ratio within EU-28 countries' range (ibid.). However, the Occupational Health Project (OCH) implementation needs to be monitored and maintained in a sustained manner.

Secondly, most migrants do not possess the linguistic skills necessary to communicate with health professionals. Research conducted on the challenges patients face due to the language barrier at Hamad General Hospital-Outpatient Clinics concludes that the patients not fluent in Arabic and English often face difficulties in accessing health services [98]. In response, PHCC and HMC have developed a multilingual appointment system to reduce language barriers and to ensure that healthcare is accessible to all residents equally. This system allows migrants to communicate in their mother tongue with medical staff. Furthermore, a concerted effort is underway to hire medical personnel with diverse nationalities at pharmacies, testing centers, and customer service desks in an effort to reduce language and cultural barriers.

Thirdly, most migrants require authorization and financial support for medication and transportation from their employer to access healthcare facilities. This dependency can sometimes delay their visits to hospitals and health centers. To tackle this issue, the Qatar government established Hazm Mebaireek General Hospital (HMGH) in 2018, in the Industrial Area where most labour migrants live (Hazm Mebaireek General Hospital (HMGH). (n.d.). Hukoomi Qatar E-Government. Retrieved October 28, 2022, from https://hukoomi.gov.qa/en/hospital/hazm-mebaireek-general-hospital). This hospital is one of the latest additions to the list of medical facilities managed by the HMC. The HMGH offers health services exclusively for male migrant patients. Furthermore, medium, and large companies also provide health services to migrant workers in clinics operating in their premises where migrants can receive free preliminary medical services. If migrants are diagnosed with serious health complications, they are referred to public hospitals for better treatment. The healthcare facilities at companies' premises ensure prompt medical care for migrants and also enable their smooth access to professional care at public health facilities. During the peak of COVID-19 pandemic, these health clinics played a significant role in frontline care. These clinics first identified the COVID-19 patients and then transferred them directly to designated facilities for urgent medical assistance. Although there is no exact number of such clinics, there can be a significant number of migrant-centered health clinics in migrant-concentrated areas and in the premises of medium and large-sized companies.

Fourthly, medical expenses for patients with complicated health conditions such as kidney, heart, cancer, psychiatry, and other serious health complications are often unaffordable for low-income migrants. These complications require expensive, specialized medical treatment for an extended period. However, migrants with these complications are also admitted to HMC hospitals, where they receive medical treatments regardless of the financial conditions. Often, Qatar Charity covers the costs of medical treatment under an arrangment between HMC and Qatar Charity. We were able to confirm this in our meeting with one of the low-skilled female migrants, aged roughly 33 years, from Philippines who was suffering from cancer. She mentioned:

> "I was a working as a domestic worker in Hongkong where I was diagnosed with cancer, I could not afford a treatment there because it was quite expensive. Then I

came to Qatar for a job. When I visited the doctor here at Hamad Hospital, they were angry at me that I did not take care of me while my cancer was in stage 4. The doctor immediately recommended me to go through chemotherapy. I am glad that I was able to go through the procedure without having to worry about the cost as my cancer treatment was done free of cost."

A Filipina migrant, 33 years, Qatar, 2022.

Along with free treatment, HMC also has a dedicated program for cancer patients called "Quality of Life." The program is designed to provide customized support to cancer patients "and enables patients and their families to cope with their emotions, ideas, stressful events, deal with changes in life circumstances, overcome any feelings of distress, anxiety, depression, and other emotional distress, interpersonal and family life, and other matters that affect their overall equilibrium" [99]. Moreover, many low-income migrants also benefit from the arrangement between HMC and charity organizations in Qatar. The Qatar Charity, for instance, supports medical expenses for migrant patients with low income. However, there is a need for more institutional arrangements to foot the hospital bills for such migrant patients.

Fifth and finally, health insurance for low-skilled migrants has been a major healthcare challenge throughout the Gulf region. Several factors contribute to this, including the large number of low-skilled migrants, their occupations, the size, and turnover of companies hiring migrants, their salaries, their skill level, and their immigration status (regular or irregular migrants), among others. The GCC countries have undertaken various measures to implement compulsory health insurance for low-skilled migrants with mixed outcomes. The Qatari government has pursued a social insurance scheme under which all migrants are eligible for public healthcare. In addition, Qatar is developing a compulsory private health insurance scheme (basic health insurance coverage) for all migrants [100]. According to the proposed health insurance scheme, migrant workers need to have private basic health insurance for the duration of their stay. Employers are responsible to enroll their non-Qatari employees and to provide proof of their health insurance coverage when applying or renewing their residence permits. This private health insurance is expected to provide with greater access to basic healthcare services to the growing migrant workers in near future.

7. Migrants and COVID-19 in Qatar

The COVID-19 pandemic has dealt a blow to the healthcare systems globally. Even the Organization for Economic Cooperation and Development (OECD) countries have felt the strain of increased healthcare costs and rising death tolls caused by the coronavirus. As the COVID-19 pandemic spread globally, the GCC countries faced an unprecedented challenge in controlling the transmission of coronavirus among citizens and non-nationals in the country. Moreover, since migrants in Gulf states are generally housed in labour camps or overcrowded dormitories, they were particularly vulnerable to the COVID-19 infection [68]. The number of COVID-19 infections in the country increased from hundreds to thousands in just five months. It is imperative to highlight that the GCC states have demonstrated remarkable tenacity in combating the virus.

Table 1 presents vital COVID-19 statistics in the GCC states. As of October 2022, Qatar managed to keep the recovery rate above 99 percent. The number of deaths in Qatar is also the lowest in the region. This perhaps is due to the low number of COVID-19 infections. However, comparing Qatar's case-fatality rate with Bahrain, which has somewhere around 30 percent more COVID-19 infection than Qatar but has a death rate of more than double that of Qatar, provides us a better picture of Qatar's COVID-19 pandemic management. Similarly, Qatar has vaccinated nearly all of its residents. The country is not far behind UAE, which has the highest vaccination rate in the region. Moreover, Qatar ranks third globally, much ahead of developed countries in Global North, in terms of the percentage of the population fully vaccinated, which is around 97 percent.

Overall, Qatar's health sector has navigated safely during the COVID-19 pandemic. Since the beginning of the COVID-19 cases, Qatar took several initiatives and imposed lockdown measures to combat the spread of the COVID-19 virus, significant among which was designating seven hospitals to the treatment of COVID-19-infected patients [101]. At the same time, other healthcare facilities routinely provided non-COVID-19 health services. Qatar's health ministry (MOPH) ordered the construction of a large quarantine center with a capacity of almost 18,000 beds capable of providing a cutting-edge treatment facility for infected patients [102]. The country was able to provide more than 3000 acute beds and around 750 ICU units for infected patients [103]. Even at the peak of the COVID-19 pandemic, only 72 percent of acute beds and 76 percent of ICU units were occupied [103]. Among the indicators of Qatar's successful response to the COVID-19 pandemic was that its COVID-19 case-fatality rate was the lowest in the Gulf region (Mortality Analyses. Johns Hopkins. Retrieved October 27, 2022, from https://coronavirus.jhu.edu/data/mortality).

Qatar's response to the COVID-19 pandemic was geared towards protecting citizens and migrants on equal terms. The country implemented a method of border control and installed thermal cameras at Hamad International Airport and international seaport to detect cases early on in the pandemic. Considering language barriers for low-skilled migrants, the government released COVID-19 awareness and protection guidelines in several languages: Hindi, Malayalam, Urdu, Bengali, Tagalog, Tamil, Sinhalese, Indonesian, and Nepali, primarily spoken by low-skilled migrants [104]. Studies indicate that distributing guidelines in migrant languages during the pandemic played a key role in spreading awareness [105]. Moreover, the government designated Hazm Mebaireek General Hospital (HMGH) as a COVID-19 treatment facility due to the increasing number of COVID-19 cases among migrant workers [75].

Table 1: Vital COVID-19 statistics across GCC countries (as of October 24, 2022).

Countries	Total COVID-19 cases	Recovered	Recovery rate (%)	Total deaths	Completed vaccination	Vaccination rate (%)
Qatar	466,000	463,000	99.35	684	2,846,873	97.15
Bahrain	688,000	684,000	99.14	1,520	1,226,332	70.14
UAE	1,040,000	1,010,000	97.11	2,350	9,792,266	98.01
Kuwait	662,000	659,000	99.54	2,570	3,339,585	77.15
Oman	399,000	385,000	96.49	4,260	3,048,800	58.37
Saudi Arabia	821,000	807,000	98.29	9,400	25,432,103	71.96

Sources: COVID-19 Coronavirus Dashboard by thebaselab. Retrieved on October 24, 2022, from https://coronavirus.thebaselab.com/ (24 October 2022) and Covidvax.live Live COVID-19 Vaccination Tracker. Retrieved on October 24, 2022; https://covidvax.live/continent/asia (24 October 2022).

Furthermore, Qatar was among the first GCC countries to introduce RT-PCR test for SARS-CoV-2 which allowed both private and public healthcare facilities to provide COVID-19 test results within fifteen minutes of testing. The country also spearheaded in purchasing WHO-approved Pfizer/BioNTech and Moderna vaccines for all Qatari residents free of charge. As of October 2022, Qatar vaccinated approximately 97 percent of its total population (Covidvax.live. Covidvax.Live. Retrieved October 27, 2022, from https://covidvax.live/location/qat). Among the major beneficiaries of free vaccination were low-skilled migrants. Additionally, the MOPH introduced a COVID-19 contact-tracing app, Ehteraz, for the purpose of identifying individuals who may have been in close contact with a COVID-19-infected person [106]. The Ehteraz application was also essential for providing vital information about the numbers of COVID-19 infection, recovery, and COVID-19-related death cases. The pandemic has almost ended, but the lessons it has taught us are that the solution to the pandemic does not lie solely in vaccination. Many other social, environmental, and health measures need to be observed to curb the spread of COVID-19 virus and prevent similar pandemics in the future.

8. Conclusion

Some migrant-receiving countries in the Global South see substantial investment in migrant healthcare as fiscally irresponsible because of the temporary nature of migration. The fact that migration to the GCC states is inherently transient only serves to exacerbate the healthcare challenge. Against this backdrop, we have argued that despite managing migration as a transient phenomenon in GCC states, countries like Qatar have realized the permanency of temporary migration and have made various efforts to improve the basic health infrastructure of the country and provide health services to migrants. This study has reported that Qatar has one of the highest per capita investments in expanding its healthcare system in the Arab Gulf region. As a result, low-skilled migrant workers have been able to access public healthcare facilities indiscriminately. While other GCC states are imposing restrictions on migrant workers accessing public healthcare and even preventing them from seeking medical care at the public healthcare facilities [68], Qatar remains committed to offering public healthcare to resident population (both citizens and non-citizens) indiscriminately—an approach to migrant healthcare that is unparalleled in the GCC states.

We have shown that Qatar's healthcare infrastructure has undergone rapid transformation over the years. From a single hospital in the late 1970s, the country is now home to over 20 hospitals and 599 outpatient clinics. The country's healthcare system has become world class due to an increase in per capita spending on healthcare, the development of training centers for healthcare professionals, specialized hospitals, and the use of modern technology. Even though Qatar's citizen population is small, less than half a million, the size of Qatar's health infrastructure shows Qatar's commitment to ensuring a healthy resident population comprising citizens and migrants alike.

Qatar has an unparalleled approach to healthcare that assumes that migrant healthcare is the state's primary responsibility. Under the government-run social health insurance scheme, Qatar's residents (both citizen residents and non-citizen residents) are entitled to a health card for medical treatment in all public clinics and hospitals, including specialized hospitals for chronic, life-threatening diseases for a nominal fee. Moreover, skilled migrants and their dependents enjoy both public and private healthcare benefits. Often, they are offered health insurance packages with international coverage. We found that Qatar's migration policies are inherently geared towards allowing only healthy migrants to work in Qatar. A health screening pattern has been identified across skill lines. Low-skilled migrants from Asia and Africa are required to pass medical examinations in their home countries and again upon arrival in Qatar. Thus, there is a concerted effort by Qatar and other GCC states to invite only healthy migrants and reduce health burdens on them.

Finally, we have observed that the COVID-19 pandemic exposed the vulnerability of migrant workers in the GCC region. Qatar implemented various measures to contain the spread of virus among migrant community. Qatar secured Pfizer-BioNTech and Moderna vaccinations earlier than many other developed countries and offered them to all residents free of charge since early 2021. Qatar's vaccination of its migrant population against COVID-19 illustrates that migrants are integrated into the fabric of Qatari society. The citizens of many migrant-sending countries in Asia and Africa were primarily vaccinated with less effective vaccines such as Sputnik, Sinopharm, and Covaxin, if any, while migrants from Qatar were vaccinated with sophisticated

vaccines such as Pfizer-BioNTech, Moderna, and Johnson & Johnson. The COVID-19 pandemic thus reveals that migration also results in health benefits for migrants—a perspective that is relatively new in the relationships between migration and health in the Global South.

This paper approaches migration and healthcare from an institutional standpoint. While this approach gives us a window into the healthcare system and healthcare provision for migrants, it falls short of providing information about the overall healthcare experiences of migrants. Among the lines of research to be developed, the following areas merit attention: (i) migrant healthcare behavior by nationality, skill level, and gender; (ii) case studies of migrant health experience in each GCC state; and finally (iii) comparative studies of migrant healthcare behavior and healthcare provisions in the GCC states. More importantly, there is a need for fieldwork with different healthcare actors such as migrants, healthcare professionals, and healthcare policy makers.

Data Availability

No data were used to support this study.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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