Improving Single Male Laborers' Health in Qatar

Policy Brief

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مؤتمر القمة العالمي للابتكار في الرعاية الصحية
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Center *for* International *and* Regional Studies

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Center for International and Regional Studies, Georgetown University in Qatar & World Innovation Summit for Health

In recent years, both private enterprises and state agencies have made significant strides in improving the conditions of migrant workers in Qatar. In May 2019, in fact, the International Labor Organization praised Qatar for its implementation of sweeping legal and practical measure designed to improve working and living conditions of migrant laborers. Challenges remain, however, both in the provision and scope of legal protections afforded migrant workers and in their access to various services that are, or are meant to be, available to them. This access is particularly restricted when it comes to healthcare, which is readily available in Qatar and is among the best in the world. Nonetheless, for a variety of reasons, a sizeable number of migrant workers have restricted access to healthcare, either due to fears of reporting ailments to their supervisors, or limited time or transportation from work sites to health facilities, or cultural reasons.

This policy brief zeros in on one category of migrant workers in Qatar, namely single male migrants, and their access, or lack thereof, to healthcare. Female migrants, many of whom form a sizeable portion of the informal labor force in the country, face challenges that are unique to those faced by their male counterparts. Since male migrant workers vastly outnumber females, we use the study of their healthcare access as our starting point. Our hope is that future studies explore issues related to female workers' access to healthcare.

This policy brief benefited from the input of several stakeholders, many of which were brought together in two different workshops held at Georgetown University Qatar's CIRS and Qatar Foundation's WISH. We are grateful to the entities that shared their experiences and knowledge with us. Our hope is to continue working with these and other partners to improve migrant worker access to healthcare across the various sectors in Qatar. As such, we see this policy brief as only the start of a long-term commitment to this issue.

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Executive Summary

SINCE WINNING THE BID in 2010 to host the FIFA (Federation Internationale de Football Association) World Cup 2022, Qatar has undertaken a rapid spate of infrastructural and economic developments. The launching of a number of construction projects associated with the World Cup has necessitated an overall increase in the number of migrant workers, the bulk of whom are single men. While Qatar is successfully moving ahead to meet its commitments as host of FIFA 2022, accommodating such large numbers of temporary workers has not come without its own challenges. Studies have suggested that single male migrant workers in Qatar face a number of vulnerabilities and potential rights' violations—and access to timely and effective healthcare is one of them. In alignment with the expectations outlined in Qatar's Vision 2030, the country has initiated robust measures in recent years to increase both the quantity and quality of healthcare access to all of its residents, including its expatriate population. While great strides have been made in augmenting overall national levels of healthcare in Qatar, access challenges to the system remain for single male migrant workers occupying lower-skill positions.[1]

The aim of this policy brief is to provide some understanding of the health constraints faced by workers, the policy efforts underway to enhance their access to healthcare, and further actions that ought to be undertaken to strengthen and improve healthcare for this group of migrant workers in Qatar.[2]

[1] A number of different terms are used in the scholarly and policy worlds to refer to foreign workers present in the GCC region, who occupy positions in many different fields and at different levels of skill and income. For the purpose of this report and the focus of this study we use the term Single Male Laborers (SML) and apply the standard adopted by Gardner et al. in that this term refers primarily to "foreign single male workers with an income of less than QR2,000" (approximately USD 550). While we recognize that female migrant workers, particularly domestic workers, also face similar issues of potential abuse in the workplace, i.e., poor mental health and poor access to healthcare, the focus of this paper is SMLs.

[2] In this work we want to understand more precisely the health environmental situation of SMLs and their health conditions. Migrant workers' limitations in accessing appropriate healthcare is closely linked to their overall vulnerability of occupying a low social, economic, and legal status.

Key Recommendations

1. The gathering of more accurate and robust data collections and data type and a more comprehensive data set of health conditions and health status of the migrant population.

2. Strict measures of accountability must be in place to ensure that employers issue Qatar IDs and health cards to their employees in a consistent and timely manner.

3. Increased employer awareness about the value of health through their workforce, encouraging routine medical check-ups for all their employees, and stressing the strong correlation between migrants' health and well being and on-site long-term productivity.

4. Availability of written materials in the workers' own language stating their rights to a health card and instructions on how to access the health system for free in Qatar.

5. Importance of supervisors being informed of their duty of care when it comes to supporting workers' health needs

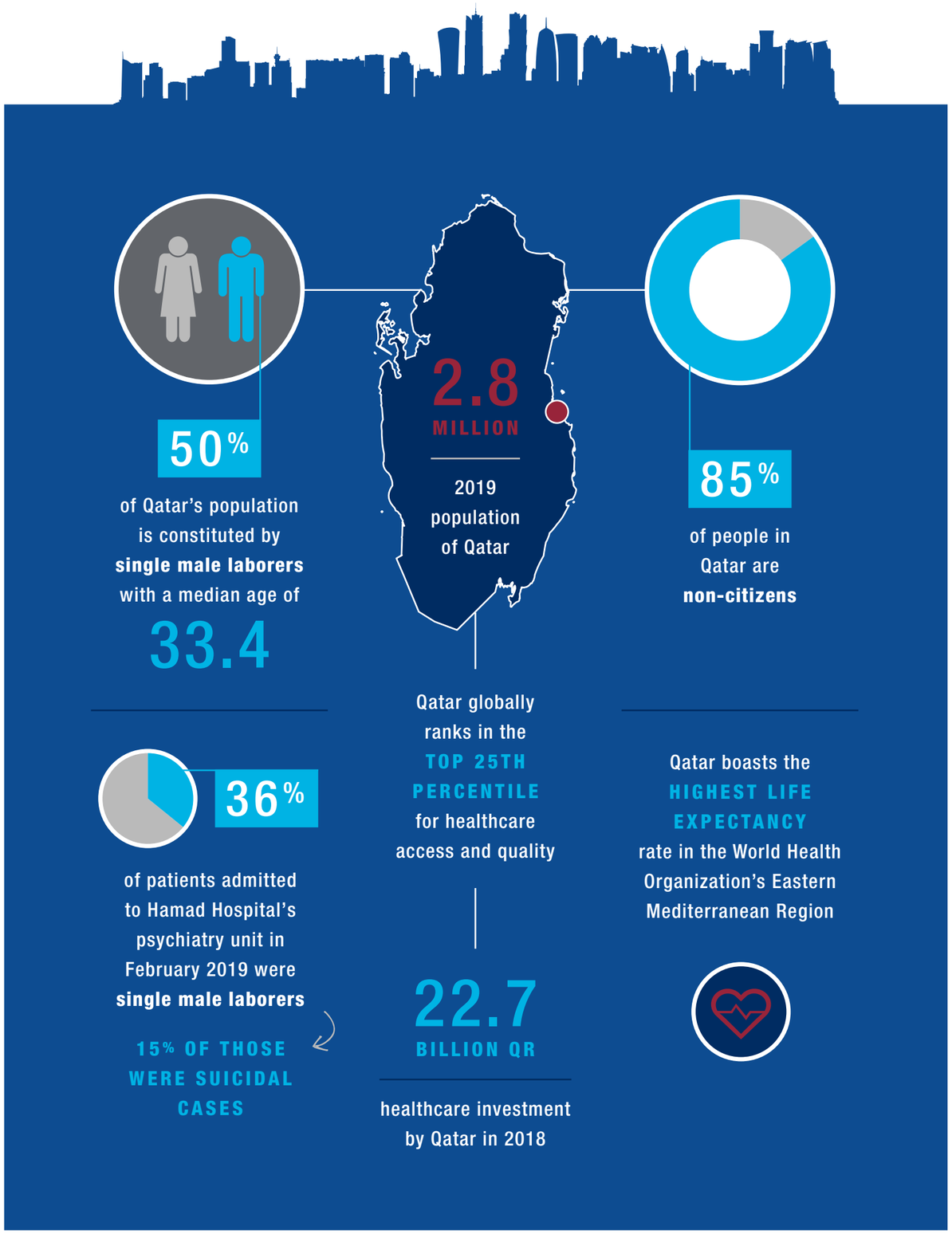
6. Company clinics need to operate along standards established by the Ministry of Public Health (MoPH), and should complement the services provided by Hamad Medical Corporation (HMC) & Qatar Red Crescent Society (QRCS).

7. Ensuring that employers are supporting their workers' access to timely and appropriate healthcare, and are committed to meeting their workers' health needs in a timely and systematic manner.

8. Developing health promotion programs.

9. Developing accessible, adequate, and timely healthcare that is culturally and linguistically appropriate.

10. More frequent and thorough inspections by the Ministry of Administrative Development, Labor and Social Affairs (MoADLSA) to strengthen enforcement of existing regulations.



Introduction

The State of Qatar is one of the six Arab monarchies that comprise the Gulf Corporation Council (GCC). Based on United Nations estimates, in 2019, Qatar's population was approximately 2.8 million people. The vast majority, over 85 percent of the population, is non-citizen, and this non-citizen population is predominantly male, with a median age of 33.4 years old.[3] During the past several decades, Qatar has witnessed rapid infrastructural and economic development, especially in the petroleum, airline, maritime, commercial, and construction sectors, which has led to an influx of migrant workers to assist with building the required infrastructure of the country.[4] Moreover, since winning the bid in 2010 to host the FIFA World Cup in 2022, additional migrant workers have been recruited specifically to undertake various developmental projects in preparation for the World Cup.[5] Current estimates suggest that single male laborers (SMLs) constitute 50 percent of Qatar's population, making the issue of their healthcare access a core policy issue for the state and society.[6]

There is limited scholarship on migration and health in the context of the six monarchies of the GCC, and there is a paucity of available data and statistics on the health conditions and health outcomes for labor migrants in the region. Mostly anecdotal and journalistic accounts exist and these emphasize that the poor conditions of migrant workers' health is closely tied to their vulnerable position in Gulf society. Broader research on migrant workers has suggested that as a sub-category of a national population, non-citizen migrants are more likely to be exposed to having their economic, social, and human rights violated.[7] Lower-skill migrants tend to work in sectors that are more hazardous, such as construction, and the nature of their work in these sectors also requires proper safety training, familiarity with equipment, and access to protective clothing. Lower-skill migrants also frequently face greater exposure to outdoor work, and, as a result, may be more likely to experience heat-related sickness in the summer months.[8] Furthermore, they face fundamental challenges in readily accessing

[3] Central Intelligence Agency, "Middle East: Qatar," The World Factbook, 2019, www.cia.gov/library/publications/the-world-factbook/geos/qa.html.
[4] Ministry of Development Planning and Statistics, "The State of Qatar Second Voluntary National Review, 2018," July 8–19, 2018, 35, https://sustainabledevelopment.un.org/content/documents/20443SDG_Qatar_En_Draft7_Landscape_3.pdf.
[5] Ministry of Development Planning and Statistics, "Qatar Voluntary National Review 2017," 2017, 40, https://sustainabledevelopment.un.org/content/documents/16517Qatar_VNR_2017_En.pdf.
[6] Gulf Research Center, "Demography, Migration, and the Labour Market in Qatar," Gulf Labour Markets and Migration (GLMM) *Explanatory Note* no. 3 (2017), http://gulfmigration.org/media/pubs/exno/GLMM_EN_2017_03.pdf.
[7] Ibid.
[8] GCC states including Qatar have attempted to address heat-related illnesses by providing for an adjusted working day, with no outdoor work to take place

healthcare services, including lack of health cards to access government subsidized health services and lack of effective geographical access to hospitals and medical centers. Additional challenges may pose extra risks to migrant workers in terms of their ability to have their medical needs met. These challenges include: language barriers, fear of punishment, cultural issues, stigma, lack of awareness about emerging health issues that may be affecting them, ability to navigate the healthcare system, migrants' legal position and their low socioeconomic status, gaps in information, and access to affordable public transport services to health facilities.

Similar to other countries in the region, Qatar has witnessed a rapid change in many aspects of life over the past four decades. Primarily as a result of rapid urbanization and socioeconomic development following the region's "oil boom" that took place between 1970–1980, Qatar's population today enjoys a very different standard and way of life compared to earlier generations. Qatar has recently emerged as one of the wealthiest countries in the world when measured in terms of gross domestic product (GDP) per capita.[9] Among other indicators, great progress has also been seen when it comes to the country's health data, which reveals an increasing life expectancy and a significant drop in infant mortality. Qatar has achieved overall better health outcomes over the past several decades as a result of making significant investments in the healthcare infrastructure. The state boasts the highest life expectancy rate in the World Health Organization's Eastern Mediterranean Region (EMRO), and globally ranks in the top 25th percentile for healthcare access and quality. Qatar's healthcare expenditure and investment is also among the highest in the Middle East, with QR 22.7 billion (USD 6.2 billion) invested in 2018. These achievements have led some organizations to rank Qatar fifth in the world for healthcare.[10]

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during the hottest part of the afternoon during the summer months. In Qatar, these laws are mandated and legally enforced by the Ministry of Labour.

[9] The Heritage Foundation, "2019 Index of Economic Freedom: Qatar," 2019, www.heritage.org/index/country/qatar.

[10] Legatum Institute, "The Legatum Prosperity Index: Qatar," 2018, www.prosperity.com/globe/qatar.

Migration and Health

Migration as a phenomenon brings both benefits and challenges for the individuals who undertake it. Leaving one's homeland to seek opportunities overseas enables millions of people to better their lives, but it also places them in vulnerable situations that can negatively impact their health and well being. The migration process itself can be both stressful and dangerous and may increase people's susceptibility to ill health. This is particularly true for those who migrate out of duress or for whom migration has come with high economic and social costs. For lower-income, lower-skill migrants, the process of migration is difficult, time-consuming, and expensive, and, once in their destination country, they often contend with overall work and life challenges that may impact their health and wellness. Existing scholarship on migrants and healthcare indicates that migrants' health needs must be broken down into stages that cover their entire period of migration—and this work suggests that migrants have different requirements when it comes to their healthcare at pre-departure, while in the host state, or upon return to their country of origin.[11] At each of these stages, there are particular healthcare challenges and constraints, and these are all, to some extent, caused by the socioeconomic conditions that lower-skill, low-income migrants face.

Across multiple locations around the world, health screening has become a mandated component of complicated visa regimes and pre-departure processes that migrants have to navigate if they are seeking to work overseas. Rational concerns on the part of host countries over their need to prioritize the health and safety of their domestic populations and protect themselves against disease epidemics have led to the generation of immigration policies designed to keep out migrants who might pose health risks. Pre-departure health screenings are designed to deny entry to potential migrants on the basis of their health status and, as a result, these processes serve to "exclude before arrival." The governments of the GCC have adopted approaches to health processing of migrants that have been disease-based and focused on health screening primarily to detect infectious diseases. However, pre-departure screening for non-communicable diseases (NCDs) and mental health conditions are not included. These screening systems are not governed by public health law or logic, nor for designing and implementing better and effective healthcare strategies for populations, but rather by the logic of migration governance that seeks to control and limit migrants who are deemed in some way to not qualify for entry.

[11] International Federation of Red Cross and Red Crescent Societies, "Smart Practices that Enhance Resilience of Migrants," 2019, http://media.ifrc.org/global-review-on-migration/table-of-contents/responses-to-migrant-needs.

Undergoing compulsory medical tests even before arriving in the Gulf causes migrant workers, from very early stages of the migration process, to become cautious about revealing information regarding their health. From the pre-departure stage, migrants come to associate their "good health" with being given permission to legally live and work in the GCC. The process that screens out potential migrants on the basis of health concerns leads to many lower-income migrants associating being healthy as a core prerequisite for being in the Gulf in the first place—as only "healthy" migrants are permitted to access jobs, the assumption becomes that only "healthy migrants" can retain their jobs. As a result, there is an innate sense among migrants that in order to avoid job loss and deportation they must be able to claim good health.

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The lack of screening for NCDs and mental health assessments means that underlying pre-existing health conditions may be missed. In addition, migrants' work and living environments may potentially contribute to the deterioration of their health conditions while residing in the host state. The most common factors that can lead to a deterioration of health in the host state are: poor living conditions; poor income and food sources; marginalization; dangerous work; poor lifestyle and diet; language and cultural barriers; poor health literacy; lack of access to healthcare, including effective geographical access to hospitals and medical centers; and lack of health cards to access government-subsidized health services.[12]

GCC host states have not taken significant measures to mainstream labor migrants' health needs into national health policy frameworks. Migrant-inclusive health policies are a good practice in general, and are also essential in contexts such as the GCC where there is such a large proportion of migrants within the total population of most of the six states. Recognizing the health gaps faced by their citizens overseas, sending countries have taken more proactive steps to formulate practices and policies around the health needs of migrants as a special category of health vulnerability. Many migrant-sending states now enforce mandatory provision of pre-departure trainings for migrants, and a portion of this training is to provide migrants with an awareness of healthcare systems and practices in the host states they are moving to. Sending countries increasingly also provide compulsory insurance schemes to their citizen-migrants, and these are designed to address cases of both disability and death. A few states have also adopted strategies to support returning migrants with access to adequate healthcare once they are in their country of origin. Despite these positive steps, there continues to be an absence of an overall comprehensive and specialized "health framework" for migrants—one that binds recruiters, sending states, employers, and receiving states to certain health commitments for migrants at each stage of the migration journey.

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[12] Migration Data Portal, "Migration and Health," 2019, https://migrationdataportal.org/themes/migration-and-health.

Single Male Workers in Qatar

In 2018, Qatar launched its second National Health Strategy (NHS, 2018–2022), which signified an important step in the state's health system development. The second national health strategy was developed taking into account the United Nation (UN) Agenda for Development, the World Health Organization (WHO) concept of Universal Health coverage, as well as the regional context of political fluctuations, mobile workforces, fluctuating demographics, critical economic shifts, and competition amongst healthcare services. The NHS 2.0 has established three main objectives: better health, better care, and better value. Priority areas include the development of an integrated model of high-quality care and service delivery for the state of Qatar; enhanced health promotion and disease prevention; enhanced health protection; health integrated across the country in all policies; and establishing effective systems of health governance and leadership.

The NHS 2.0 has identified seven priority populations that will guide and direct action across the sector for the coming years, with one of the priority populations being "healthy and safe employees."[13] While healthcare is free for all citizens and residents in Qatar, non-Qatari and non-GCC residents are required to pay a minimal co-payment fee, which is heavily subsidized, and includes the cost of medication. While the amount of payment may seem nominal to many patients, for lower-income patients (such as the SML population), being required to pay as much as 20 percent of the medical fees and medicine costs can have an impact on their care. For example, covering 20 percent of the cost of a full course of certain critical medicines could end up being in excess of a 1,000 Qatari riyals, an amount that exceeds the monthly income of many SMLs.[14]

Significant investments and developments in healthcare infrastructure in Qatar have taken place over the past three decades. The visible impact of these investments can be seen in the expansion of the largest public health complex in the country—Hamad Medical City—as well as in the burgeoning number of primary healthcare centers, private hospitals, and clinics. Over the past few years alone, Qatar has opened six new public sector hospitals, adding more than 1,100 new hospital beds. Additionally, four new Health and Wellness Centers have also been established, sharpening the overall focus on non-communicable diseases (NCDs), disease prevention, and health promotion. The opening of new facilities and the expansion of existing ones are helping to ensure that the population has better access to higher quality and timely care. However, single male migrant laborers in Qatar are still facing a number of vulnerabilities and healthcare challenges.

Some of the challenges faced by SMLs in Qatar when trying to access healthcare occur partially a result of their status and position of SMLs within the country, while other challenges arise as a result of the obstacles of cultural and language differences. Workers are highly dependent on their employers and visa sponsors, and must obtain their support and permission when trying to receive medical attention. Most SMLs need their employers' permission to get time off work to visit a doctor, and need their employers' help in providing transportation (or funds for transportation) to get to a healthcare facility. Workers' own reservations and fears of stigma might prevent them from notifying an employer or their supervisor when they are feeling unwell, and this may delay their access to healthcare providers. Cultural differences, language barriers, lack of proper information about healthcare available to them, and an inability to navigate the Qatari healthcare system are all challenges that SMLs face. In addition, many lower-income migrants have other constraints, such as inadequate or poor living conditions that impact their overall health. Living far from family and friends means that many contend with homesickness or financial worries and family problems, which create additional emotional and mental stressors that impact their health and well being. Migrants may also not be fully informed of their rights to healthcare and access to it, and their health issues are often both physical and mental, with a demonstrated higher risk for psychological conditions such as anxiety and depression. The following paragraphs elaborate these challenges in greater detail.

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Single male migrants in Qatar may be living in unsanitary, unhygienic, unpleasant living conditions, often at very close quarters with their colleagues, which makes them more

[13] Ministry of Public Health, State of Qatar, "Healthy and Safe Employees," 2017, www.moph.gov.qa/HSF/Pages/Healthy-and-Safe-Employees.aspx.
[14] Mazin A. Tuma et al., "Epidemiology of Workplace-Related Fall from Height and Cost of Trauma Care in Qatar," *International Journal of Critical Illness and Injury Science* 3, no. 1 (2013): 3–7.

prone to catching and passing on infections. SMLs mainly working in low-skill occupations also contend with long working hours and at times dangerous working conditions. Their lack of knowledge regarding safety rules and occupational-related health hazards makes them more prone to on-site accidents and injuries. Employers hold a great deal of power over their sponsored workers, and, currently, the measures to ensure contractor accountability to Qatari labor laws and health and safety regulations are inadequate. Thus, effort is needed to implement and enforce the laws. Additionally, there is the sheer practical impact of not having access to affordable transport or ability to take time off to get to a hospital or visit a doctor, particularly since many workers live or work at a relatively great distance from the available medical facilities. There is also the fact that workers complain that they cannot seek medical attention since they do not have medical health cards, and that, frequently, employers delay the process of seeking and having health cards issued for their sponsored employees. Finally, there are language and cultural barriers, as many single male workers are unable to have their health concerns addressed due to language barriers as well as social-cultural constraints.

Employers hold a great deal of power over their sponsored workers, and, currently, the measures to ensure contractor accountability to Qatari labor laws and health and safety regulations are inadequate. Thus, effort is needed to implement and enforce the laws.

Migrant workers' limitations in accessing appropriate healthcare are closely linked to their overall vulnerability of occupying a low social, economic, and legal status. The quality of existing local healthcare services may be higher when compared to that of the healthcare facilities some workers have in their own countries, but workers may not be able to have their health needs attended to as they face a number of challenges, many of which are tied to their employer. The sponsorship system currently in place makes workers overly dependent on their employers. While there are certainly many reputable employers and companies that do adhere to labor law and are committed to ensuring that workers have timely access to healthcare, there are also a number of smaller companies that do not abide by the law. Ensuring that employers adhere to Qatari labor law and are committed to maintaining the rights of their workers to healthcare is one of the most important means of ensuring that migrants in Qatar have greater access to the quality healthcare available.

In Qatar, precise data on the disparities in accessing healthcare for different segments of the population are currently nonexistent, and this makes the development of effective and targeted policymaking an even greater challenge. Hamad Medical Corporation (HMC) recently began the process of clinic-based data collection, but this data remains irretrievable and is not specific to the SML population. Research conducted by HMC suggests that approximately 80 percent of lower-income migrant workers have no medical insurance, which has a direct impact on their access to the available healthcare facilities in Qatar. Results from a large representative sample of 1,189 low-income migrant workers in Qatar further indicated that while comprehensive healthcare facilities exist for workers in Qatar, around 56 percent of the workers lacked a government-mandated "health card," which is needed for accessing healthcare in the state's expansive public health system.[15]

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In addition to the constraints and limitations that are imposed by employers, experts have suggested that the personal, cultural, and social reservations of migrant workers can also serve to constrain their ability to have their health needs met. SMLs come to Qatar from a variety of different countries, and have their own social and cultural ideas about discussing health or sharing health information with their employers and colleagues. The authorities in Qatar need to understand these cultural and social contexts if they want to enhance the health status of lower-income migrants. Migrant workers may choose to avoid discussing any illnesses they may be experiencing and refrain from relaying critical information about their health in a timely manner to their employers or relevant health authorities due to perceived social stigmas associated with their disease. They might also refrain from addressing their health issues out of fear of reprisal and salary or job loss, particularly given their tenuous status vis-à-vis their employers. When it comes to the issue of mental health, SMLs in Qatar are even less likely to report an issue or seek medical attention for fear of reprisal or cultural stigmas surrounding mental health.

Moreover, the notion that health-related paperwork or medical documentation can be used as leverage by their employer generates a "document fear" among SMLs. Thus, efforts must be made in creating policy changes to ensure that workers be allowed to maintain privacy about their illness when requesting leave from work to receive medical attention.

[15] Andrew Gardner et al., "A Portrait of Low-Income Migrants in Contemporary Qatar," *Journal of Arabian Studies* 3, no. 1 (2013): 1–17.

Migrant workers may choose to avoid discussing any illnesses they may be experiencing and refrain from relaying critical information about their health in a timely manner to their employers or relevant health authorities due to perceived social stigmas associated with their disease. They might also **refrain from addressing their health issues out of fear of reprisal and salary or job loss**, particularly given their tenuous status vis-à-vis their employers.

Employers must also be educated about the need to respect and cater to their workers' health needs in a private manner. This would help to eradicate the workers' sense of anxiety, resulting in stronger and more reliable employer-worker relations, along with better worker productivity as a result of better health. Furthermore, in order to receive the needed medical and mental health assistance in health facilities, workers are required to be aware of how to navigate an alien healthcare system that is very different to that of their home countries, but most (if not all) workers are unaware of how to do so. This further reduces the effectiveness of the facilities currently in place and drastically reduces the level of accessibility to the services provided. Employers or supervisors must be responsible for showing SMLs around the healthcare facilities and navigating them correctly rather than simply giving them a certain period of time off work to visit a clinic. Keeping the relevant gatekeepers informed of how and why such processes are needed allows them to know the reality of migrants' health and the correlation between migrant workers' well being and on-site, long-term productivity.

In 2017, Abdulbari Bener carried out a study on the health status and working conditions of migrant workers in Qatar.[16] According to Bener, the most common health and safety issues faced by male migrant workers in Qatar stem from: firstly, on-site injuries such as lead-exposure, accidents, and falling from dangerous heights; secondly, ill-health caused by inadequate sleeping durations, irregular eating times, unsanitary living conditions in accommodations that serve as a breeding ground for infections and disease, and lack of sufficient drinkable water on-site in humid and dehydrating work environments; and thirdly, stress-induced illnesses such as pseudo neurologic-like fatigue, anxiety or depression, GI abdominal issues, cardiopulmonary respiratory diseases, ulcer formations, diabetes, hypertension, and asthma, among many others.

[16] Abdulbari Bener, "Health Status and Working Condition of Migrant Workers: Major Public Health Problems," *The International Journal of Preventative Medicine* 8, no. 68 (2017).

Existing evidence further suggests that in addition to Bener's listed health conditions, many migrant workers in Qatar contend with significant mental health issues.[17] For example, recent data released by HMC's psychiatry unit shows that for the month of January and February 2019, 35 percent and 36 percent of all patients admitted were single male laborers.[18] Out of these patients, 16 percent (January) and 15 percent (February) were suicidal cases, which highlights the particular fragility of SMLs to extreme depression and anxiety. Data also demonstrated that there are multiple stressors that lead to SMLs' development of mental health issues. The many different sources of stress and pressure that single male laborers contend with can be grouped into four main areas: stress related to migrants' finances, stress emanating from migrants' living situations, pressures related to being separated from their families and living overseas, and the stress and anxiety of occupying a marginal and discriminated social category in the host state.

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Financial Burdens

SMLs frequently mention the anxiety and stress caused by financial worries. Workers typically contend with low wages that are either unpaid or delayed. They may have to manage sudden changes to the type of work they are doing, work longer hours, and work overtime for no additional payment. Unexpected expenses incurred from illness and work-related injuries also impact their wages. Underlying all of this is the fact that most SMLs incur debt in their home country when trying to secure an overseas jobs. SMLs pay a variety of labor agents and also pay for their own travel expenses and can only do so by getting loans from friends and family.[19] Managing these debts is one of the most pressing sources of anxiety

[17] Ziad Kronfol, Marwa Saleh, and Maha Al-Ghafry, "Mental Health Issues among Migrant Workers in Gulf Cooperation Council Countries: Literature Review and Case Illustrations," *Asian Journal of Psychiatry* 10 (2014): 109–113.

[18] Hamad Medical Corporation (HMC) Psychiatry Unit.

[19] Froilan T. Malit, Jr., and George S. Naufal, "Asymmetric Information under the *Kafala* Sponsorship System: Impacts on Foreign Domestic Workers' Income and Employment Status in the GCC Countries," Institute for the Study of Labor *Discussion Paper* no. 9941 (2016), http://ftp.iza.org/dp9941.pdf.

that impacts SMLs' mental health. Additionally, migrants experience overall worry about their family finances in their home country. SMLs might not be able to send remittances home every month if they are not being paid in a timely manner or because they are not paid enough. Unable to meet their relatives' financial expectations strains family relationships and leads to an increase in the stress levels of SMLs.

Accommodation

Inadequate or unsafe living arrangements are frequently identified by SMLs as one of the main issues that causes them stress, and experts identify this as a key factor leading to the development of mental health issues in SMLs.[20] Arguments and disputes occur with roommates due to cramped conditions and close confines. Cooking facilities can be unsanitary and cause gastric issues, and a lack of a secure place to keep valuable personal belongings can lead to added anxiety.

Homesickness and Adjustment Disorders

Studies show that although migration to another country as such does not directly lead to mental illness, the cultural disparities and lack of familial support are associated with deterioration of mental health in SMLs.[21] Many SMLs are not allowed to take home leave before a certain period of time, perhaps only every two or more years. Many even choose to forego going back home due to financial reasons, as they might feel they have not saved enough to take back with them. The emotional toll of being separated from their families for several years weighs heavily, and has been associated with leading to various mental health issues, including depression, mood disorders, and psychosis.[22]

Discrimination and Marginalization

As a result of their income status, educational and skill levels, and placement in the lowest tiers of the labor market, SMLs occupy a lower-class social status in Qatar. For some SMLs, this leaves them vulnerable to poor treatment and exploitation, and to feeling anxious and stressed.[23]

[20] International Labour Office, *Promoting a Rights-Based Approach to Migration, Health, and HIV and AIDS: A Framework for Action* (Geneva, ILO: 2017), 12, www.iom.int/sites/default/files/our_work/DMM/Migration-Health/Right-based-Approach-to-Migration-Health-and-HIV-AIDS.pdf.

[21] Amelia Seraphia Derr, "Mental Health Service Use among Immigrants in the United States: A Systematic Review," *Psychiatric Services* 67, no. 3 (2016): 265–274.

[22] Elly Robinson, Bryan Rodgers, and Peter Butterworth, "Family Relationships and Mental Illness Impacts and Service Responses," *Australian Family Relationships Clearinghouse Issues* no. 4 (2008), https://pdfs.semanticscholar.org/82e0/0f1e5523e253fe58b7890444715fa05f66af.pdf.

[23] Andrew Gardner et al., "A Portrait of Low-Income Migrants in Contemporary Qatar."

Enhancing SMLs' Access to Healthcare

The advent of the Qatar Red Crescent Medical Affairs Division in 2010, along with the initiatives pursued by the Ministry of Public Health, Hamad Medical Corporation, and the Qatar Red Crescent Society (QRCS) have greatly enhanced the local environment for migrant workers' healthcare. These agencies provide most of their health services to low-income migrants free of charge. The services these important stakeholders provide cover access to primary physical and mental healthcare. Reports shared by these stakeholders state that any acute or chronic non-communicable illness experienced by SMLs is met in a timely manner. The patients are treated with the needed medication after consultations with medical staff have taken place, and follow-up consultations are provided for up to two months for chronic disease patients. Laboratory and radiology examinations are also free of charge, along with other minor treatments and surgeries. The QRCS has been particularly innovative in its approach to managing and/or mitigating the lack of health literacy, and has introduced training programs to help SMLs better understand and identify factors that could lead to improving their overall health. These programs include:

Dietary Training and Consultation

This particular program is aimed at providing SMLs with a comprehensive understanding of better eating habits, i.e., explaining plate portions, as well as providing assistance and consultation in mitigating negative eating and lifestyle habits that cause health issues. With this program, QRCS aims at addressing the causes that could lead to health deterioration in SMLs and provides measures that could aid in prevention of diseases and health problems associated with unhealthy dietary habits.

Drug Compliance and Knowledge Share

Under this program, QRCS trains patients in identifying prescribed medicines by color codes. This method also helps patients in remembering the time and the quantity of the medication to be taken.

Safety Training

This initiative includes training SMLs regarding health and safety issues by screening educational films and videos in waiting rooms of various health clinics operated by QRCS.

Since the majority of SMLs working in the host country have little to no literacy and cannot read printed material, this method uses visual displays in improving and providing health awareness among SMLs.

QRCS has also undertaken mental health awareness campaigns among migrant workers to assist in stress alleviation and to treat anxiety, depression, and other psychological disorders. There has also been a significant increase in the number of healthcare facilities that are open to migrant workers and that are equipped with professional, medically trained staff and specialists in a broad range of medical fields. The workers' health centers established by QRCS include: Zekrit Health Center, New Health Center, Mesaimeer Health Center, Al-Hemaila Health Center, in addition to Medical Commission Units (Industrial Area Medical Commission, Mesaimeer Medical Commission, Ras Laffan Medical Commission).

Services provided to SMLs at these health centers include free consultations and laboratory examinations, minor surgeries, mental health counseling, health education, and medication, which is subsidized up to 80 percent of the original cost. However, to avail of these services at any of these centers, migrant workers are required to possess two documents: their Qatar ID card and a Qatari medical health card. QRCS states that its goes out of its way to offer emergency medical care, even to those who lack health cards. An observed practice with some contractors is that they send their workers to be treated in bulk when enough of them are ill, causing bottlenecks in the health centers. QRCS and other healthcare facilities need to be equipped in managing patient traffic and volume under these unfavorable circumstances, regardless of whether the SML has a health card.

Ongoing Gaps

As previously suggested in this policy brief, the ongoing efforts of the Qatari government to improve access to healthcare for SMLs and other categories of migrant workers are noteworthy. It is also commendable that several key stakeholders and business sector actors are also responding by initiating their own independent efforts to meet the health needs of their workers. However, experts suggest that there are still a number of core gaps when it comes to the overall condition of SMLs and healthcare in the country, which require attention and intervention.

Work-Place Injuries

Addressing work-related injuries is of fundamental and immediate importance to minimizing workers' deaths and illnesses, in addition to improving safety and sanitary conditions in labor camps across Qatar. While there are some migrant labor accommodations that are well furnished, the reality is that hundreds of workers are forced into buildings and rooms that hold more people than what is legally allowed. Further, on-site clinics may not be available, though mandated when the population hits a certain number. International human rights investigations have noted that the lack of emergency exits and safety precautions in these camps make living conditions even more dangerous, thereby suggesting that the labor inspections conducted by the government are ineffective since changes are not necessarily being made on the ground level.

Health Cards

Experts suggest that one of the main challenges SMLs face is in obtaining health cards. Employers in Qatar are responsible for applying for their sponsored workers' health cards, and it appears that employers are frequently delinquent in carrying this out. Employers may be reluctant to pay the QR 100 fee required for issuing a health card, ultimately resulting in the SMLs having to shoulder the cost of the health card and future treatment. While the labor law requires the employer to finance workers' health cards, this is very often indefinitely delayed without any penalty to the employer. The Special Rapporteur from the Human Rights Council of the United Nations General Assembly also stated in his investigations that migrant workers in

Employers in Qatar are responsible for applying for their sponsored workers' health cards, and it appears that **employers are frequently delinquent** in carrying this out.

Qatar often do not have their identity cards because their employers either did not issue one or failed to extend its validity. This removes any possibility of having a health card issued for a worker, as access to a Qatar health card is contingent on having a Qatari residency. There is a need to streamline the health card issuance system, and to change the overall culture of health perception among employers to view it in a holistic manner and for their benefit.

One of the critical areas where the Qatari government and respective authorities could intervene is to investigate this matter closely since workers who do not have health cards cannot avail the many services that are provided, thereby rendering the initiatives in place completely ineffective. Strict accountability measures ought to be put in place for employers to issue Qatar IDs and health cards to their employees in a consistent and timely manner. Compounding flat fees for delays in issuing these documents on a bi-monthly basis can improve the level of responsiveness of contracting firms and employers to the legal requirements in place. Having accountability measures for employers would also translate to an improvement in how migrant workers are positioned in employer-worker relations, with a greater level of agency and reduced sense of vulnerability at the hands of their employers.

There is a need to **streamline the health card issuance system**, and to change the overall culture of health perception among employers to view it in a holistic manner and for their benefit.

Transportation

Some key Qatari companies have adopted their own in-house standards and best practices to ensure high standards of healthcare for their migrant worker population. There is a requirement that companies with over 400 laborers must have a clinic. These clinics, however, are not always taken advantage of. They stand to be strengthened to complement what HMC and QRCS offer for non-emergency services despite resource disparity. Ashghal's "Health and Wellness Initiatives" report reveals that efforts are being made to ensure that the 71,000 workers employed across the 102 projects currently underway in Qatar can access health screening and individualized treatment plans available at the workers' health centers. With many of these projects centered on the FIFA World Cup 2022, the initiatives to ensure worker healthcare is in accordance with the workers' charter that outlines the ethical guidelines for workers' health and safety on site. However, an important challenge lies in the lack of transportation for workers to easily access the healthcare facilities, as well as timing issues in terms of when they are available to leave work to visit health centers.

The Red, Green, and Gold lines of Doha Metro (as part of Qatar Rail) do have stations at HMC and at other key sites across Doha, but the missing link that would prove to be detrimental to the level of accessibility that workers have to health facilities is the lack of stations at the industrial areas where labor camps in Qatar are mostly all located. Additionally, bus routes are neither streamlined nor easy to navigate. This leaves workers with only one other option: to travel to health centers from the work site itself. However, due to their fears of losing their jobs if they were to request a personal leave from work for minor or major health reasons and due to the often harsh conduct of sub-contractors, the probability of workers taking such a risk to avail of the healthcare services available is extremely low. Thus, immediate measures must be taken to allow for a reasonable period of time that workers would be allowed to take off work in a given week to address their health concerns.

Due to their **fears of losing their jobs** if they were to request a personal leave from work for minor or major health reasons and due to the often harsh conduct of sub-contractors, the probability of workers taking such a risk to avail of the healthcare services available is extremely low.

With this initiative and with all other measures to be taken with regards to migrant health more generally, efforts must be made at a state level to ensure strict *enforcement* of existing and new legal frameworks to ensure contractor accountability. This is because there is currently a wide gap between existing legal requirements and what is actually enforced and *required* by law. Employers often find loopholes in the legal system to delay renewal of the required documents, or even fail to provide them, as a means of not catering to the needs of their employees as legally necessitated. A complementary solution to transportation/access is to build health centers near large transport hubs.

Absence of Collective Representation

A significant barrier that workers face in terms of getting their voices and complaints adequately heard is the lack of a collective representation or compliance system that specifically caters to workers' grievances—many of which are often very serious but are unfortunately overlooked or ignored due to the lack of an efficient system in place. Complaint-receiving services currently in place for workers are mostly seen to be ineffective by both the workers themselves and third-party investigations conducted by international human rights organizations—often due to language barriers that prevent workers from being

able to communicate their grievances or have them addressed. In addition to creating such a system that may involve advanced use of Information and Communication Technologies (ICTs) and other technological measures, it may be helpful to create a system similar to the "wage protection system" to improve employer accountability and to help to ensure that all workers' health information is stored in an online portal. This portal can be operated by the workers themselves, and their information regarding hospital visits, number of leave allowances from work, time allowed off work, and other data can be recorded and shared with the ministry of public health or other accountable public authorities.

The purpose of such a system would be to keep employers accountable and to ensure that their workers' health concerns are treated in hospitals in a timely manner. Employers that take too long—beyond a set period of time—to respond to their workers' health concerns, or who do not grant adequate time off work, must face a penalty or a series of penalties, depending on their level of responsiveness to public authorities when warned about their workers' pending hospital treatments. By having a system in place, authorities would no longer need to rely on the employers or workers' word about whether or not a worker visited a hospital or received treatment. Having a system with the logs in place regarding the workers' health status will help workers have a sense of agency over their health and well being rather than being completely controlled by their employer, and will provide a well-documented set of data regarding workers' access to hospitals.

The four gaps discussed above—limiting workplace injuries; ensuring the timely issuing of migrant workers' health cards; enhancing SMLs access to transportation to visit clinics/hospital; and addressing the absence of collective representation—can be quite easily addressed by corrective actions taken by corporate sector actors as well as the development and implementation of targeted policies by the state's legislative bodies, particularly the Ministries of Health and Labor.

Efforts must be made at a state level to ensure **strict enforcement of existing and new legal frameworks** to ensure contractor accountability. This is because there is currently a wide gap between existing legal requirements and what is actually enforced and required by law.

Ten Key Policy Recommendations

While there is very little scholarship and research on health conditions in the GCC in general, and an even larger gap in evidence-based data on the SML population, it is paramount to take this project forward to incentivize further research and greater collaboration by public sector entities. This is important to address the health issues SMLs face on a daily basis and to increase awareness among public sector firms regarding the realities of the healthcare challenges faced by labor migrants. It is evident from the previous discussions that while great strides have been made in enhancing overall national levels of healthcare services in Qatar, single male migrant laborers are still facing a number of vulnerabilities and healthcare challenges. Among the prime factors that can lead to a deterioration of health in the host state are: poor living conditions; poor income and food sources; marginalization; dangerous work environments; poor lifestyle and diet; language and cultural barriers; poor health literacy, especially among lower-skilled single workers; and lack of access to healthcare, including effective geographical access to hospitals and medical centers, and lack of health cards to access government subsidized health services.

Based on consultative meetings with experts as well as a review of existing reports and scholarship, the following interventions are recommended to national level policymakers:

1 There is a need for *more accurate and robust data collection, and data sharing* for this particular vulnerable population, as evidence-based data can help health policymakers develop specifically tailored policies and guidelines for care. One step that can be taken is to expand the initial medical screening for migrants so that it includes screening for NCDs in particular mental health issues. Currently, migrants are screened for infectious diseases only as part of the migratory procedures, which provides a limited understanding of migrants' overall health conditions. These measures are not to create additional burdens on migrants nor to further tighten processes of filtration, but rather to provide *a more comprehensive data set of health conditions and health status of the migrant population*. Health practitioners and policymakers need to have more accurate patient histories and a deeper understanding of the health condition of incoming migrants so as to enable the healthcare sector to be more aligned with the needs of the population. The additional screenings would provide a broader base for assessment and provision of health services to the migrant population. As the migration process is already quite stringent in vetting migrants' health, the reasons for any additional screening must be carefully explained to migrants so as to avoid causing further fear or anxiety around their health status.

2 Currently, the absence of health cards, or the delay in obtaining health cards, imposes an immense burden on SMLs, and is one of the key areas where intervention is needed. Strict *measures of accountability must be in place to ensure that employers issue Qatar IDs and health cards* to their employees in a consistent and timely manner.

3 Employers must *raise awareness about health through their workforce, encourage routine medical check-ups for all their employees*, and stress to them the strong correlation between migrants' health and well being and on-site long-term productivity.

4 Upon starting employment in Qatar, all SMLs should receive *written materials in their own language, stating their rights to a health card and instructions on how to access the health system* for free in Qatar. Given low literacy rates of the SML population, it would also be beneficial if this information could be conveyed to them verbally by their sponsor/sponsoring company. Additionally, employers should provide an orientation to all newly hired SMLs where they are taken to their designated healthcare facilities, and where it is explained to them how they can navigate the system.

5 It is important that all *supervisors are informed of their duty of care when it comes to supporting workers' health needs*. Supervisors should be trained to pick up on certain symptoms or health-related risk behaviors, including signs of depression and anxiety, in order to help attend to the health needs of their employees.

6 Large companies (threshold of number of workers to be set) must be legally mandated to have a health clinic for their employees. These *clinics need to operate along standards established by the MoPH, and should complement the services provided by HMC and QRCS*. Large companies should employ multilingual mental health counselors who are available, either on site or over the phone, to provide consultation to the migrant labor workforce.

7 There is a need to establish a Health Protection System (HPS) for managing workers' health needs that is similar to the existing "wage protection system" or WPS. The purpose of this would be to *ensure that employers are supporting their workers' access to timely and appropriate healthcare*, and for the Qatari authorities to maintain oversight. SMLs would be able to use an online portal to lodge a request for medical attention. Through the portal,

workers' health issues and all information regarding the date, time, and duration of their doctor and hospital visits, medication, sick leave, etc., can be recorded and shared with the MoPH or other deputed public authorities. SMLs would also be able to lodge an official complaint or grievance if there is an excessive delay in their access to medical attention. This system would *ensure that employers are committed to meeting their workers' health needs in a timely and systematic manner*, as the Ministry would be able to penalize companies that are demonstrating a lack of timely intervention.

8 There is a need for *developing health promotion programs* where interventions should be provided by the State of Qatar to address mental health problems, occupational safety, and the most prevalent communicable and non-communicable diseases among different subgroups of migrants.

9 There is a need for *accessible, adequate, and timely healthcare that is culturally and linguistically appropriate*.

10 Finally, major steps need to be taken that include *more frequent and thorough inspections by the Ministry of Administrative Development, Labor and Social Affairs* (MoADLSA) to strengthen enforcement of existing laws and regulations relating to occupational health and safety. Although Qatar's labor law lays the foundation for safety in the workplace, it fails to impose specific industry standards.

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APPENDIX I: QATAR LABOR LAW

Qatar may seem to be a small country by size, yet, in commercial terms, it is a rising giant. *The Labor Law in Qatar* offers a body of laws outlining legal rights, restrictions, and obligations of employees and employers.

The legal system in Qatar is implemented in two ways, through the Sharia Court (or Islamic Court), which factors the Islamic sociocultural setting resulting in the Sharia Law, and the Adlia Court (or Civil Courts), which was formed following Qatar's independence, and aims to meet the legal requirements of non-Muslims in Qatar.

The Qatar Labor Law endorses the minimum standard of rights, obligations, and benefits for employees. The employers are required to adhere to these rules.

Employment

The new Labor Law of Qatar (2004) aims to balance the rights of employer and employee, which largely fall under the purview of Labor Law No.14. Employment contracts in Arabic are the "only" legal valid document, although a secondary language may also be used. The employment contract will have a provision wherein the employee will be subjected to a probation period not exceeding six months.

Sponsorship or "Kafala" System

Foreigners are allowed to work under sponsorship (kafala system) in Qatar. The system was put in place to monitor migrant workers located across the state. Employees should seek permission from sponsors if they wish to: change jobs, depart from the country, open bank accounts, retain passports, etc.

Minimum Wage

There is no minimum wage system in Qatar, however, the law emphasizes that employers should clearly mention the compensation in the contract and adhere to that. Further, Qatar maintains deals with certain countries to protect the interest of low-paid employees.

Safety Rules

Employers should take necessary measures to protect employees from any injury or disease occurring during work, or from the work happening in their establishments. If an employer fails to take any such precautionary measures, causing danger to the health and safety of employees, workers can bring the issue to the notice of the Ministry of Administrative Development, Labor & Social Affairs.

Workplace Disputes

A new Labor Disputes Settlement Committee has been established in order to streamline employment disputes in Qatar. Law No.13 of 2017 was issued, amending certain provisions of Labour Law No.14 of 2004, and was brought into effect in March 2018 to improve and implement a regulatory framework within which labor disputes would be heard. The new law takes care of two key areas of the dispute process—the initial disciplinary stage, and the dispute stage, following a breakdown in the employment relationship.

Asian Town

This is an entertainment and shopping venue in the heart of the largest labor camp in Qatar, on the outskirts of the capital, Doha. The venue, which is owned by the government, attracts 950,000 visits a month, the vast majority of whom are migrant workers. Asian Town is just one of a number of recent developments designed to cater to these roughly 1.5 million workers, the majority of whom are from South Asia. Adjoining it is Asian City, which provides "upmarket" accommodation for workers. The men are housed in youth hostel-style dorms, fitted out with games rooms and gyms. New "workers' hospitals" are also in the pipeline.

APPENDIX II: DEMOGRAPHICS

Population as of June 2019: 2,832,067; male, 75.33%; female, 24.67% (due to a huge influx of male laborers)

Population growth rate: 1.81%

Residents: Non-Qatari residents >88%; Qatari <12%

Ethnicity: Indian (24%), Nepali (16%), Filipino (11%), Bangladesh (5%), Sri Lankan (5%), and Arab (14%)

Median age: approx. 33.22 years of age

Religion: roughly 68% Muslim, 14% Christians, 14% Hindu

GDP per capita: US $65,696.39 (averaged 65,959.06 USD from 2000 until 2017)

Publication Credit

In addition to existing scholarly work and other published material, this policy brief draws on the findings and discussions of two workshops in 2018 and 2019 jointly conducted by the Center for International and Regional Studies (CIRS), Georgetown University in Qatar, and the World Innovation Summit for Health (WISH).

These meetings were held at Georgetown University in Qatar and at Qatar Foundation, and included several partners and stakeholders from other Qatar-based organizations. This report was prepared by:

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