Annex 6. Recruitment of health workers in the GCC subregion

In Bahrain, all health professionals are required to submit an application to the National Health Regulatory Authority (NHRA), along with offer letter from their prospective employer and a verification report for the required documents (DataFlow). Applicants are informed by NHRA if they are exempt from the Bahrain Licensure Examination or are required to take it. In both cases, a letter addressed to the Labour Market Regulatory Authority is issued and, upon its submission, a license is issued by NHRA.[347]

In Kuwait, a professional license must be obtained from the Ministry of Health by clearing the Kuwait Medical License Examination.[348] Procedural steps for the government and private sectors may vary, but all candidates are required to submit an application to the Medical License Department of the Ministry of Health, clear the applicant assessment, and obtain approval from the Medical License Committee followed by a permanent licence.[349]

In Oman, the Ministry of Health and other public/private institutions require an Oman Medical Specialty Board (OMSB) exam for licensing of health professionals. All candidates are required to have their documents (education certificates, training, licensing) verified and pass the OMSB exam, but not necessarily in that order. All candidates are eligible to schedule their OMSB exams.[350] DataFlow and Prometric third parties are engaged for document verification and examination.[351]

In Qatar, the Registration and Licensing Department of the Council for Healthcare Practitioners regulates health-care practitioners and issues licenses. After contacting prospective employers and document verification, applicants sit for the qualifying exam. Successful applicants first apply for registration and then for a license within six months.[352] DataFlow and Prometric third parties are engaged for document verification and examination.[353]

In Saudi Arabia, the Saudi Commission for Health Specialties (SCFHS) is the licensing and regulatory body for all health professionals.[354] Initial document verification (education certificates, training, licensing) is followed by a SCFHS review to determine eligibility for licensing. Upon passing the licensing exam, SCFHS conducts a final review of the application, and a Professional Classification Certificate and Qualification is issued.[355] DataFlow and Prometric third parties are engaged for document verification and examination.[356]

In the United Arab Emirates, all health professionals are required to have their documents verified (education certificates, training, licensing), and pass an assessment conducted by a different authority depending on the Emirate, such as the Department of Health of Abu Dhabi or the Dubai Health Authority.[357] A job offer letter and an oral assessment are usually required to activate a professional licence.[358] DataFlow and Prometric third parties are engaged for document verification and examination.[359]

Annex 7. Chapter 3 methodology note

The present study utilizes a mix of social science approaches to punctuate broad analysis of migration with representative experiences of 22 interviewed skilled and low-skilled regular migrant workers, in addition to five male and female refugees from diverse regional and national contexts and socioeconomic conditions. Accurately gauging the variation of effects of and responses to the COVID-19 pandemic in such a diverse regional context is a key
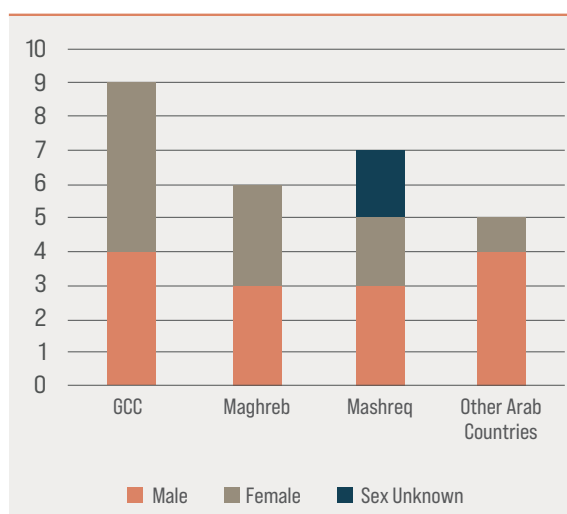
concern. To help mitigate this issue, primary and secondary data were gathered and analysed on a subregional level for selected countries in the GCC, Mashreq and Maghreb subregions and some Arab LDCs (see figures A7.1 and A7.2).[360] The research participants hail from a diverse range of origin countries, including Bahrain, Bangladesh, Cameroon, Colombia, the Democratic Republic of Congo, Eritrea, Ethiopia, Guinea, India, Kenya, Nigeria, the Philippines, the Syrian Arab Republic, Somalia, Sri Lanka, the Sudan and Yemen.

A significant challenge encountered while conducting interviews was the lack of participants' access to the Internet, computers, smartphones and other tools necessary to accommodate virtual interviewing needs. This resulted in a reduced number of potential participants. Unfortunately, pandemic travel restrictions, the necessary technology required to conduct virtual interviews limited the research sample, despite best efforts. In addition to language barriers and technological access during a global pandemic, it is necessary to highlight that the interviewed sample did not include all migrant or refugee groups, such as migrants in an irregular situation, those without documentations, or young children, especially girls with special needs. Furthermore, many of the interviewed participants were hesitant to speak critically about government responses to

COVID-19, working conditions, social distancing, and vaccination problems. In response to this challenge, participants were provided informed consent and were assured anonymity. They were not required to provide an answer to every question, and in some cases were able to build a rapport with their interviewer. As a result, pseudonyms were used in chapter 3 to refer to the testimonies of all of the interviewees.

Moreover, given that chapter 3 examines an area as large and diverse as the Arab region, home to different categories of migrants and refugees (who represent diverse identities across gender, age, language, nationality, sexual orientation, skills and education lines, among other variables), it is not methodologically sound to draw generalizations based solely on the collected primary data. As a result, data from supplementary scholarly peer-reviewed publications have been incorporated and utilized, along with various reports commissioned by the United Nations, other regional and international non-governmental organizations, and other reliable online data. The desk research was useful in filling information gaps, identifying trends based on the emerging body of published work, and drawing meaningful conclusions. The utilized resources coupled with testimonials from migrants and refugees form the basis of the present report's analysis and recommendations.

Figure A7.1. Interviewees subregion of residence

Figure A7.2. Interviewees country of origin