

Excessive Mortalities among Migrant Workers: The Case of the 2022 FIFA World Cup

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The men's FIFA Football World Cup 2022 is in full flow in Qatar. Qatar's records on human rights have been widely criticised in the run up to this global event. The global media have spent a lot of time on commenting on several social and economic issues in Qatar, such as LGBT (lesbian, gay, bisexual, and transgender) rights, the role and status of women, and the exploitation of migrant workers. Migrant workers from South Asia, including those from Nepal, have helped build the stadiums and roads leading up to it, provide the security at venues, take the suitcases of the conveyor belts at the airport, and serve fans and visitors food and drink at the venues.

We welcome the attention paid to health and wellbeing of generally low-skilled migrant workers because of football. A global event such as the FIFA World Cup in Qatar helps bring an important health and social issue to the attention of the world's media, and hence to the general public, and politicians!

Since Qatar won the honour in 2010 to host the men's FIFA World Cup 2022, international media have claimed that over 6,500 migrant workers from countries such as Nepal, India, Pakistan, Bangladesh, and Sri Lanka have died.¹ Human Rights Watch (2020)² suggests Qatar has about two million migrant workers and about half work in the construction industry and further 100,000 are employed as domestic workers. It is worth noting that across the Middle East, not just in Qatar, there is a general exploitation of migrant workers who usually receive appallingly low wages and suffer sub-standard working and living conditions. Moreover, labourers in that region face a very harsh climate which makes their working conditions, especially outside in the heat, very difficult. This leads to cardiac as well as kidney problems.³⁻⁷

A study in 2019 on Nepalese migrant workers reported an average annual death rate for this particular population in Qatar as 150 deaths/100,000.⁵ The authors concluded that the raised mortality from cardiac deaths in hot periods was most likely due to severe heat stress. They added that as many as 200 of the 571 of these deaths in the period from 2009 to 2017 could have been prevented if effective heat protection had been given to these migrant workers. More recently concerns have been raised about kidney health too. Our study conducted among nephrologists highlighted that Nepali men working in the Middle East and Malaysia could be at higher risk of kidney health-related problems compared to non-migrant populations.³ The study indicated that chronic kidney disease (CKD) and glomerulonephritis were most common kidney health problems in Nepali returnee migrants.

However, it is not just the physical health of migrant workers we should worry about. Their mental health

and wellbeing are also at risk.^{8,9} The mental health of these labour migrant workers has been ignored in both Nepal and migrant receiving countries. One particular aspect is the risk of suicide in migrant workers. For example, a recent Nepal migration report¹⁰ notes a very high suicide rates (12% of the total deaths) among Nepalese labour migrant workers in the Gulf and Malaysia where three-quarters of Nepal's migrant workers are concentrated. When their burden becomes too much for them, there is little advice or support available around mental health and suicide prevention. We would argue that Nepal and migrant receiving countries develop and employ a suicide prevention tool kit along the lines of those from the WHO (World Health Organization). In addition, mental health issues are not solely a migrant workers' problem, mental health can also occur in left-behind partners and/or children, or perhaps even other family members.¹¹ All these issues are linked to several Sustainable Development Goals (SDGs) including SDG 3 'health' and SDG 8 'decent work'.

The FIFA World Cup has brought the exploitation of migrant workers to the foreground. Many people are talking about it at the moment as it is in the news. Nonetheless, we should also acknowledge that, in the recent years, Qatar and some other migrant receiving countries have shown initiatives to improve working and living conditions of labour migrant workers by imposing law and/or increasing surveillance. Moreover, we must bear in mind that Nepali migrant workers are probably willing to accept higher workplace risks in Qatar as their working conditions in Nepal are equally risky and lower paid, according to Adhikary et al.¹² The same authors added that destination countries may offer jobs that are both demanding and risky, but the same work simply does not exist in Nepal or carries equally high risks for a much lower salary. Whatever the explanations, the working condition for many migrant workers in the Middle East is still far from acceptable. The world's attention on this important issue should continue beyond the 2022 FIFA World Cup.

Note on a Research Network

As researchers based at Bournemouth University and the University of Huddersfield, we have conducted research on Nepalese migrant workers working in neighbouring India, the UK, the Middle East and other Asian countries, especially Malaysia. As part of this research, we have established a network for researchers across the globe called 'Health Research Network for Migrant Workers in Asia' (<https://hearmigrants.org>) promoting and advocating for evidence-based health policy for migrants in both migrants sending and receiving countries. This network is open to any researcher working in the field of research into the health and well-being of migrant workers.

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