











The COVID-19 pandemic: Epidemiological perspective and lessons learned for health in the world of work

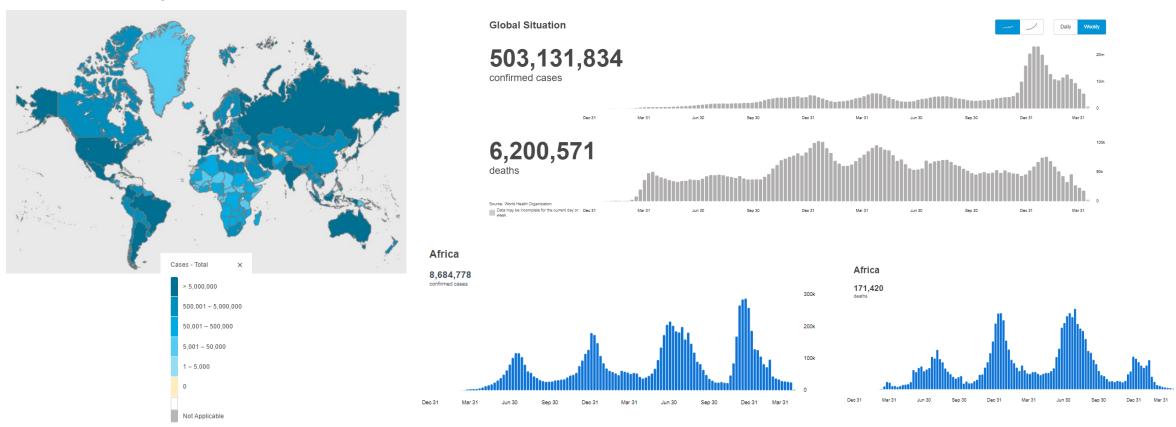
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Epidemiological situation — the virus is still circulating worldwide

Globally, as of 19 April 2022, there have been 503,131,834 confirmed cases of COVID-19, including 6,200,571 deaths, reported to WHO.

As of 18 April 2022, a total of 11,324,805,837 vaccine doses have been administered.







Vaccines - very insufficient in Africa

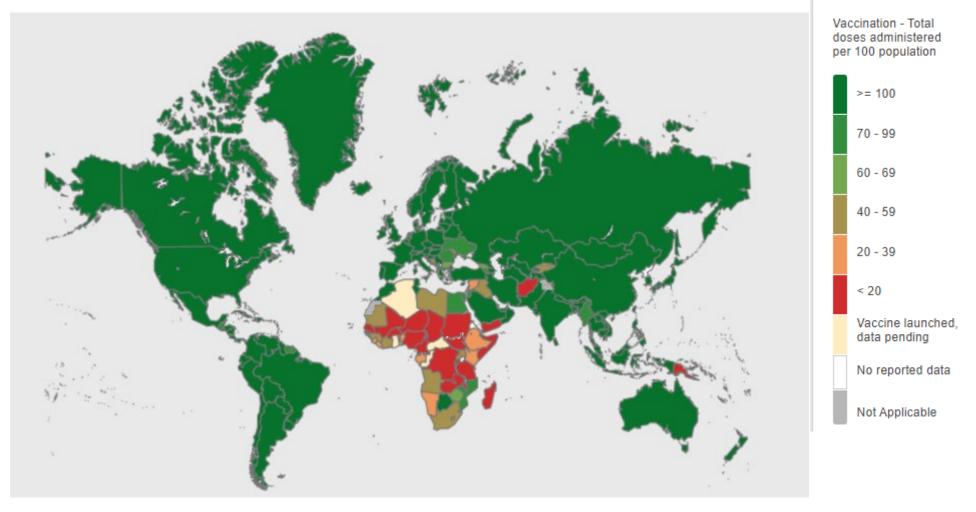
Vaccination

Total doses admin...

11,324,805,837 vaccine doses administered

5,100,316,294 persons vaccinated with at least one dose

4,579,350,070 persons fully vaccinated

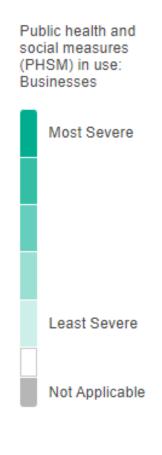






Public health and social measures — businesses affected everywhere









Transmission of SARS-CoV-2 has occurred in a wide range of workplaces

Outside of healthcare facilities, COVID-19 outbreaks have been reported in workplaces with:

- Person-to-person contact
- Inadequate ventilation
- Common eating areas
- Shared work accommodation and shared travel to and from work

COVID-19 outbreaks have been described in*:

- service and sales workers
- workers in education
- hospitality workers
- * This no no notation workers

- domestic workers
- meat-processing factory workers
- drivers and transportation workers

Occupations that allow for remote work have shown a lower risk of infection



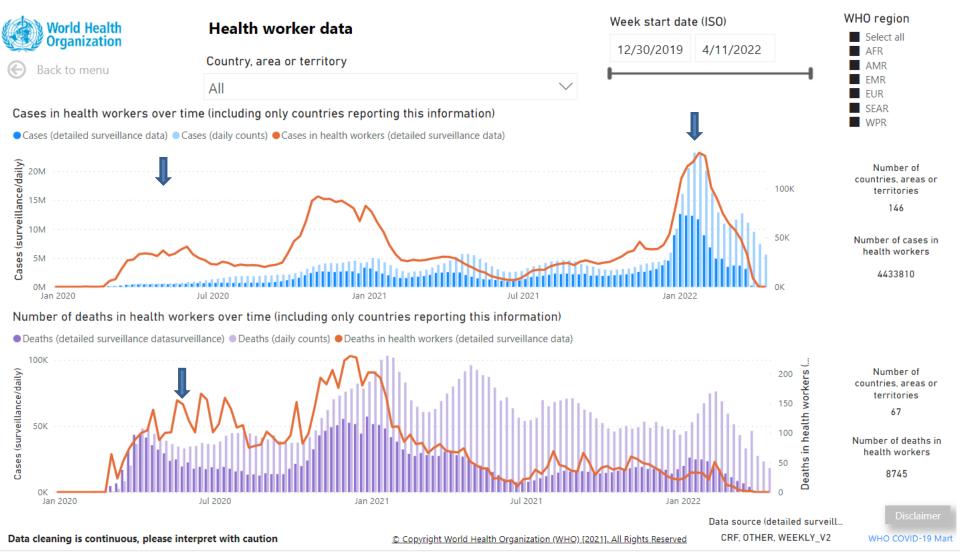




At the beginning of the pandemic the rate of COVID-19 cases and deaths among health workers was much higher than in the population



Global

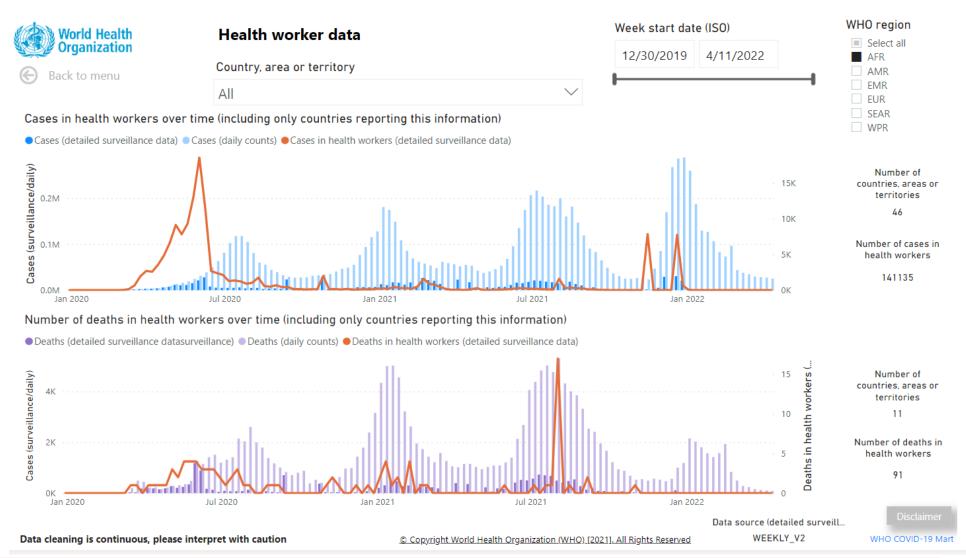




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WHO African Region





At the beginning of the pandemic, occupational risks in health settings were quite unacceptable and OHS measures were largely insufficient

Global survey of 4,977 health workers, 5 May – 25 June 2020, N=4,977 Factor analysis

	Variables	Work Environment (Factor 1)		Work Organization (Factor 2)		IPC (Factor 3)		OHS (Factor 4)	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Overall		2.22	0.58	2.19	0.57	1.74	0.45	2.04	0.50
Countries by region Economic Class	African region	2.19	0.56	2.16	0.59	1.89	0.41	2.17	0.44
	Americas region	2.24	0.61	2.22	0.60	1.78	0.47	2.05	0.51
	Eastern Mediterranean	2.23	0.58	2.16	0.55	1.73	0.50	1.93	0.55
	European region	2.23	0.55	2.24	0.54	1.76	0.42	2.12	0.47
	South East Asia region	2.31	0.56	2.10	0.52	1.76	0.51	1.96	0.51
	Western Pacific region	2.19	0.58	2.08	0.54	1.52	0.44	1.80	0.47
	High	2.19	0.60	2.17	0.57	1.69	0.44	1.99	0.49
	Lower-middle	2.30	0.55	2.26	0.57	1.79	0.48	2.09	0.52
	Upper-middle	2.24	0.54	2.15	0.54	1.86	0.45	2.11	0.47
	Low	2.13	0.57	2.15	0.60	1.99	0.41	2.27	0.46

Courtesy of WHO collaborating centre for occupational health at the University of British Columbia and WHO/ILO ad hoc study group on occupational health and safety for health workers in

the context of COVID-19





Multiple factors related to COVID-19 affected health and care workers

- · Shortage and vacancies
- Repurposing
- Surge capacity
- SARS-CoV-2-related absence

AVAILABILITY AND DISTRIBUTION

- Infections
- Deaths
- Stress
- Burnout
- Other mental disorders

- Lack of personal protective equipment
- Labour strikes
- Quarantine and self-isolation
- Temporary staff contracts
- Lack of incentives and insurance
- Violence and harassment
- · Lack of psychological support
- Lack of COVID-19 vaccination

WORKING

SOCIAL AND WELL-BEING

HEALTH

- Stigmatization and discrimination
- Care for family members





The pandemic has demonstrated that health is wealth



Collaborating for results: publicprivate collaboration in health emergencies

- Build and maintain trusted partnerships outside of crises for quick activation during crises.
- National /government authorities should engage the private sector as a key partner in health emergency response planning.
- Leverage cross-sector synergies and opportunities for greater impact.

Changing the future today: sustainability at the core of business, contributing to a healthy society, economy & world

- Uphold workers as the most valuable asset of any business or organization
- Ensure procurement of services, respects and protects human and labour rights.
- Build tripartite partnerships and collaboration.
- Leverage emerging opportunities innovations, focus on health.

Communicating in a crisis: informational sharing, social dialogue & leadership during health emergencies

- Invest in communication capacities.
- Empower trusted internal communicators.
- Adapt to changing communication needs by connecting biomedical science with social/behavioural science.

Custodians of health: employers as health protectors/providers/enablers

- Implement international labour standards on OSH
- Leverage existing conventions/protocols to further endorse universal access to occupational health
- Forward-facing risk assessments for pandemics and new ways of working
- Develop occupational health and safety





New work arrangements require new occupational health and safety measures

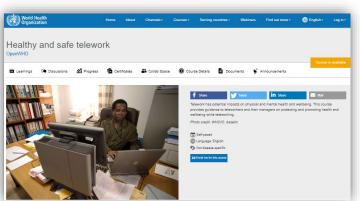
- When organized and carried out properly, telework can be beneficial for physical and mental health and social well-being.
- However, when it is not well planned and is imposed, telework can be harmful for health and wellbeing:
 - Poor physical environment and workplace design and inadequate IT equipment and support can result in musculoskeletal disorders, eye strain and injuries.
 - Work overload, physical isolation, difficulties in managing workprivate life balance can result in mental health problems and unhealthy behaviours.
- Protecting and promoting health and well-being in teleworking requires a comprehensive set of measures to provide a healthy and safe work environment, including adequate organization of the work.
- Enterprises employing teleworkers should develop programmes to promote healthy and safe telework – combining human resource measures, IT solutions and occupational health and safety.
- Occupational health services should be enabled to provide



WHO and ILO (2022).

Healthy and safe
telework.

https://apps.who.int/iris/handle/10665/351182



Open WHO online course "Healthy and safe telework" https://openwho.org/courses/telework?locale=en



Occupational health and safety of health workers needs to be scaled up

- Occupational health and safety programmes for health workers should be developed and implemented continuously at the national, sub-national and facility levels
- The protection of health and safety of health workers should become part and parcel of the management of health care at all levels
- All health workers should have access to competent occupational health services
- Synergies are needed between occupational health and safety, quality and safety of care, including patient safety and infection prevention and control, and health workforce strategies
- Research, norms and standards are needed to protect health workers from neglected hazards, such as:
 - Unsafe patient handling
 - Violence and harassment
 - Psychosocial risks and work-related mental disorders



WHO & ILO (2022) Caring for those who care: Guide for the development and implementation of occupational health and safety programmes for health workers

https://www.who.int/publications/i/item/9789 240044548



OpenWHO online course "Occupational health and safety for health workers in the context of COVID-19"

https://openwho.org/courses/COVID-19-occupational-health-and-safety



Even before COVID-19 there was an increasing political commitment to act on health and safety at





United Nations General Assembly, Resolution 74/2, 2019 Political declaration of the high-level meeting on universal health coverage

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 23 September 2019... We therefore commit to scale up our efforts and further implement the following actions:

. . .

38. Scale up efforts to <u>promote healthier and safer workplaces</u> and improve <u>access to occupational health services</u>, noting that more than 2 million people die every year from preventable occupational diseases and injuries;

. .

64. Take necessary steps at the country level to <u>protect health</u> <u>workers</u> from all forms of violence, attacks, harassment and discriminatory practices, and to promote their decent and safe working environment and conditions at all times as well as ensure health workers' physical and mental health by promoting policies conducive tq3



Next steps by WHO for a healthy and safe recovery from COVID-19

- Develop WHO global framework for healthier, safer and more resilient workplaces:
 - > Improving the prevention and control of high priority occupational risks
 - > Enabling healthier behaviours and health literacy at the workplace
 - Scaling up the coverage of occupational health services and their links to primary health care
 - > Providing guidance for workplace resilience to public health emergencies
- Stimulate the development and implementation of occupational health and safety programmes for health workers:
 - > National policies and standards
 - > Sub-national or health district actions
 - > Health facility programmes
- Activate the global network of WHO collaborating centres for occupational health and international partners:
 - > Research
 - Capacity building, please, visit the WHO website <a href="https://www.who.int/health-topics/occupational-health-health-topics/occupational-health-health-health-health-health-health-health-health-health-health-health-health-health-health-

> Technical assistance





Promoting healthy, cafe and recilient

NHO and partners call for action to better protect health and care workers from work-related causes each year



Proteoting health and cafety of health

WHO/ILO: Almost 2 million people die



Expanding health coverage to all

Actionables for a healthy recovery from

