



## JOINT STATEMENT ON WHO'S ESTIMATES OF HEALTH AND CARE WORKER DEATHS DUE TO COVID-19

**We, the Steering Committee for the International Year of Health and Care Workers in 2021, call for immediate and concrete action to protect health and care workers from the impact of the global COVID-19 pandemic.**

Health and care workers are the foundation of health systems and the driving force to achieving universal health coverage and global health security. Their commitment and professionalism throughout the pandemic are evident to all: extraordinary people, performing extraordinary work.

However, too many of them have become infected, ill or died as a result of COVID-19.

WHO estimates that between 80 000 and 180 000 health and care workers could have died from COVID-19 in the period between January 2020 to May 2021, converging to a medium scenario of 115 500 deaths<sup>1</sup>. These deaths are a tragic loss. They are also an irreplaceable gap in the world's pandemic response.

Encouragingly, the reported rate of infections and deaths among health and care workers has reduced over time: but the world cannot be complacent. More work is needed to minimize the risk of infection in the workplace. As at September 2021, available data from 119 countries suggest that two in five health and care workers were fully vaccinated on average, with considerable difference across regions and economic groupings. Less than 1 in 10 have been fully vaccinated in the African and Western Pacific regions, while 22 mostly high income countries reported that above 80% of their personnel are fully vaccinated.

We are deeply concerned about the probable number of deaths, the overall low rate of vaccinations and the vaccines inequities among health and care workers in low- and middle-income countries. This undermines the physical, mental, and social well-being of those individuals we depend upon to manage the pandemic.

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<sup>1</sup> The impact of COVID-19 on health and care workers: a closer look at deaths. Health Workforce Department – Working Paper 1. Geneva: World Health Organization; September 2021 (WHO/HWF/WorkingPaper/2021.1). Licence: CC BY-NC-SA 3.0 IGO.

Health and care workers are experiencing heavy workloads and working long hours. They are exposed daily to human suffering and death. Levels of anxiety, distress, fatigue, occupational burnout, stigmatization, physical and psychological violence have all increased significantly.

Women comprise close to 70% of health and care workers globally and represent the greater proportion of those who give direct patient care. Yet, in large numbers and proportions, female health and care workers have been obliged to re-use, even to construct their own personal protective equipment, or to use ill-fitting garments designed for men.

Younger people, including medical, nursing and other students and first responders, also share the burden of care for COVID-19 patients in many countries. The pandemic exposes students to extraordinary challenges with disrupted education but also opportunities with new work responsibilities.

Shortages of health and care workers are exacerbated by the COVID-19 pandemic: 66% of countries have reported health workforce shortages as the primary cause of disruption to essential health services.

It is imperative that health and care workers must get adequate protection to be able to do their jobs safely. Further, they need employment opportunities, regular salaries, gender and pay equity, quality education, continuing professional development, career opportunities, social protection and effective recognition of their rights.

The world cannot recover from the COVID-19 pandemic without long-term, sustainable investments in the people who provide care to us. These investments are not only necessary, they are also common sense: with dividends accruing to national gender, health, labour and socio-economic goals.

We therefore call for urgent, multisectoral commitment, coordination and action on the following recommendations:

**(1) Strengthen data collection and reporting on infections, ill-health and deaths among health and care workers due to COVID-19**

We request all governments to monitor and report infections, ill-health and deaths due to COVID-19, with disaggregated data of the workforce by occupation, sex and age. We invite our civil society networks and professional associations to support governments in collecting and reporting more accurate and timely data from all available sources.

**(2) Protection of health and care workers during and beyond the current global COVID-19 pandemic**

We call on political leaders and policy makers to do all within their power to urgently make regulatory, policy and investment decisions that ensure the protection of the lives and wellbeing of health and care workers in keeping with the World Health Assembly's decision on a global health and care worker compact and the International Labour Organization's call for a human-centred recovery from the COVID-19 crisis. We also urge the prevention of acts of violence against health and care workers in all settings, especially fragile and conflict-affected zones. We pledge to engage with our networks of stakeholders and scientists to support governments to identify and implement mitigation measures that will further reduce the risk of infection and ill-health.

**(3) Accelerate the vaccination of all health and care workers in all countries**

We call on political leaders and policy makers to do all within their power to urgently ensure equitable access to COVID-19 vaccines for all health and care workers. By the end of this International Year of Health and Care Workers, all health and care workers, in all countries should have access to vaccines. No country should be left behind.

Many health and care workers have died – most probably more than 100 000 worldwide. Recognition and commemoration are not enough. It is our moral obligation to protect and invest in health and care workers. And we must move forward together.