

# Caring for those who care

## National Programmes for Occupational Health for Health Workers

POLICY BRIEF





# **Caring for those who care**

## **National Programmes for Occupational Health for Health Workers**

POLICY BRIEF

## **Caring for those who care: National Programmes for Occupational Health for Health Workers. Policy brief**

ISBN (WHO) 978-92-4-001157-1 (electronic version)

ISBN (WHO) 978-92-4-001158-8 (print version)

ISBN (ILO) 978-92-2-033076-0 (web pdf)

### **© World Health Organization and International Labour Organization, 2020**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that the World Health Organization (WHO) or the International Labour Organization (ILO) endorse any specific organization, products or services. The unauthorized use of the WHO or ILO names or logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO) or the International Labour Organization (ILO). Neither WHO nor ILO are responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

**Suggested citation.** Caring for those who care: National Programmes for Occupational Health for Health Workers. Policy brief. Geneva: World Health Organization and the International Labour Organization, 2020. Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>. ILO publications and digital products can be obtained through major booksellers and digital distribution platforms. For more information, visit the website: [www.ilo.org/publns](http://www.ilo.org/publns).

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO or ILO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or ILO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO and ILO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO or ILO be liable for damages arising from its use.

Design by L'IV Com Sàrl, Switzerland

# Contents

<b>Executive summary</b> .....	<b>3</b>
<b>The need to protect health workers</b> .....	<b>5</b>
The health sector is among the most hazardous sectors for health and safety .....	5
Unsafe working conditions affect the performance of the health system .....	5
<b>Global call for action</b> .....	<b>6</b>
<b>National programmes on occupational health for health workers</b> .....	<b>7</b>
<b>Key elements of a national occupational health programme for health workers</b> .....	<b>8</b>
<b>Added value</b> .....	<b>10</b>
<b>Steps in developing and implementing the programme</b> .....	<b>11</b>
<b>Success factors</b> .....	<b>12</b>
<b>References</b> .....	<b>13</b>



DR TEDROS ADHANOM GHEBREYESUS  
DIRECTOR-GENERAL  
WORLD HEALTH ORGANIZATION

WORLD PATIENT SAFETY DAY, 2020

“The COVID-19 pandemic has highlighted the urgent need for strong national programmes to protect the health and safety of health workers, medical professionals, emergency responders, and the many other workers risking their lives on our behalf.”



GUY RYDER  
DIRECTOR-GENERAL  
INTERNATIONAL LABOUR ORGANIZATION

WORLD PATIENT SAFETY DAY, 2020

“We need special measures to protect the millions of health workers and other workers who risk their own health for us every day. I call on all countries to assure well-defined, decent and safe working conditions for all health workers.”



Safe health workers, Safe patients



**Speak up**  
for health worker safety!

 **World  
Patient Safety  
Day** 17 September 2020

# Executive summary

Health is a universal human right and a main contributor to well-being, economic development, growth, wealth and prosperity for all. Health systems play a key role in protecting, restoring and maintaining the health of patients and populations. A well-trained, motivated and supported health workforce is the backbone of every health system and without them, there would be no health care.

Health workers around the world are at the front line of the daily battle to contain diseases and to save lives while often risking their own health and sometimes their lives. Unsafe working conditions increase the risk of occupational diseases and injuries among health workers and jeopardize patient safety, quality of care and the overall resilience of health systems.

The coronavirus disease (COVID-19) pandemic has drawn attention to the importance of the protection of health workers (1), emphasizing the need to ensure that the occupational safety and health of health workers is a priority. This is fundamental if they are to be enabled to do their jobs and to protect the health of patients and populations. The development and implementation of national programmes for protecting the health and safety of all health workers is an effective way to ensure the application of national occupational safety and health legislation and policies tailored to the needs of the health sector.

This policy brief is intended to provide a short overview on the issues and recommendations for policy decision-makers in ministries of health and ministries of employment and labour; local authorities; managers of health facilities; professional associations of the various groups of health workers; and organizations of workers and employers in the health sector.

## Key messages

- **Protecting health workers and ensuring occupational health and safety is fundamental for well-functioning and resilient health systems.**
- **Health workers face a range of occupational risks associated with biological, chemical, physical, ergonomic and psychosocial hazards including violence, affecting the safety of both health workers and patients.**
- **Ensuring the occupational safety and health of health workers needs to be a priority and is a prerequisite for quality care.**
- **Comprehensive and gender-responsive programmes on occupational health and safety for health workers in line with national occupational health and safety policies and laws are recommended to effectively protect health workers**



# The need to protect health workers

Globally, there are 136 million workers in the health and social work sector<sup>1</sup>, approximately 70% of whom are women (1). Yet, there are persisting projected shortages of 18 million health workers by 2030, primarily in low- and lower-middle-income countries (2).

A safe and healthy work environment is fundamental to decent work and a key element of human dignity. While infection prevention and control with a view to patient safety is well considered in most health services, the aspect of occupational safety and health for health workers tends to be neglected. Findings from research across all regions of the world reveal lack of attention to safety and health concerns, which negatively influences retention of health workers (3).

## The health sector is among the most hazardous sectors for health and safety

The health sector – which is supposed to restore, protect and promote health – is also hazardous to the health of its own workers. A total of 54% of health workers in low- and middle-income countries have latent tuberculosis that is 25 times higher than the general population (4). In the 2014–2016 Ebola outbreak in West Africa, the risk of infection among health workers was 21 to 32 times higher than in the general adult population (5). Between 17% and 32% of health-care workers in developed countries suffer from occupational burnout (6). Between 44% and 83% of nurses in clinical settings in Africa have chronic low back pain compared to 18% among office workers (7). Globally, 63% of health workers report experiencing any form of violence at the workplace (8). Medical professions are also at higher risk of suicide in all parts of the world (9). During the coronavirus disease (COVID-19) pandemic, 23% of front-line health-care workers worldwide suffered depression and anxiety and 39% suffered insomnia (10). Health workers were also the most affected occupation by COVID-19 (11).

## Unsafe working conditions affect the performance of the health system

Unsafe working conditions are among the main reasons for strikes among health workers in low-income countries (12). Poor well-being and occupational burnout among health workers is associated with poor patient safety outcomes such as medical errors (13). Unsafe working conditions, stress, or, in some countries, the perceived lack of security, are among the main reasons for attrition of health workers, exacerbating health workforce shortages (14). Unsafe working conditions resulting in occupational illness and injuries and absenteeism are also a significant financial cost for the health sector. For example, in 2017, the annual costs of the occupational illnesses and injuries in the health-care and social services sector in Great Britain were the highest among all sectors, estimated at 3.38 billion United States dollars<sup>2</sup> (15).

---

<sup>1</sup> Health workers are all people engaged in work actions whose primary intent is to improve health. This includes health service providers, such as doctors, nurses, midwives, public health professionals, lab-, health- and medical and non-medical technicians, personal care workers, community health workers, healers and practitioners of traditional medicine. It also includes health management and support workers, such as cleaners, drivers, hospital administrators, district health managers and social workers, and other occupational groups in health-related activities as defined by the International Standard Classification of Occupations (ISCO-08). The policy brief refers to the combined health and social work sectors as defined by the International Standard Industrial Classification of All Economic Activities (ISIC), revision 4, section Q: Human health and social work activities.

<sup>2</sup> Converted from British pounds sterling.

# Global call for action

Respecting labour rights and providing safe and healthy working conditions to all workers, including health workers, is one of the global commitments under United Nations (UN) Sustainable Development Goal (SDG) 8 on decent work and economic growth (SDG target 8.8) (16).

At the UN High-level Meeting on Universal Health Coverage held at the 74th session of the UN General Assembly in 2019, all heads of states and governments committed to scale up efforts to promote healthier and safer workplaces, and to increase the access of workers to occupational health services and to take action to improve the protection of health, safety and well-being of health workers (17). In the 13th General Programme of Work of the World Health Organization (WHO), Member States committed to pay special attention to decent working conditions for health workers (18).

The International Labour Organization (ILO) Centenary Declaration for the Future of Work, 2019, asserts that safe and healthy working conditions are fundamental to decent work (19).

In their 2016 recommendations, the UN High-level Commission on Health Employment and Economic Growth underscored the need to ensure the protection and security of all health workers and health facilities in all settings, and during public health emergencies (2).

The ILO Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) urges Member States to develop national occupational safety and health programmes, in coordination with other national programmes and plans (20). The ILO Nursing Personnel Convention, 1977 (No. 149) provides for adapting existing laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out (21).

Amidst the COVID-19 pandemic, WHO calls for healthy, safe and decent working conditions for all health workers and emergency responders (22).

# National programmes on occupational health for health workers

A national programme on occupational health of health workers provides a policy framework for actions to protect health, safety and well-being of workers in the health sector. It facilitates the regulatory compliance of facilities in the health sector with the national occupational safety and health laws and regulations, bearing in mind the specific working conditions and occupational hazards in the sector. It aims at providing decent work and a healthy and safe work environment for all health workers, thereby improving productivity and job satisfaction of health workers and their retention. Such programmes also contribute to improving the quality of care and patient safety. By strengthening the protection of health and safety of health workers and responders, such programmes increase the resilience of health services in the face of outbreaks and public health emergencies.

## What is occupational health?

In 1950, the Joint ILO/WHO Committee on Occupational Health stated that: “Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities”.

Executive Board, 7. (1951). Joint ILO/WHO Expert Committee on Occupational Health: report on the first session. World Health Organization. <https://apps.who.int/iris/handle/10665/86728>

A national programme on occupational health of health workers refers to any national policy instrument that aims at protecting the health and safety of workers in the health sector. To date, more than 50 countries have developed and are implementing national policy instruments for protecting the health and safety of health workers. The form of these policy instruments is diverse and includes national programmes, plans of action, regulations and ministerial orders, collective agreements, national policy guidelines and standards, accreditation systems, and others.

Whatever the policy form of the national programme, it should strive to cover all health workers in all health facilities and work settings, both public and private, formal and informal. It should have measurable objectives to be achieved in a predetermined time frame, priorities and actions to improve the occupational health of health workers, as well as means to assess progress.

The programme should aim at:

- providing decent working conditions and a healthy, safe and favourable working environment in the health sector;
- preventing occupational diseases and injuries; and
- ensuring the regulatory compliance of health services with national occupational safety and health standards.

# Key elements of a national occupational health programme for health workers

The WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers provides strategic guidance for establishing the building blocks of a national programme (23).

## Building blocks of national occupational health programmes for health workers according to the WHO–ILO Global Framework

1. Identify a responsible person with authority for occupational health at both the national and workplace levels.
2. Develop a written policy on safety, health and working conditions for health workforce protection at the national and workplace levels.
3. Ensure access to Occupational Health Services by strengthening existing or establishing new occupational health programme, and allocate sufficient resources/budget to the programme, occupational health professional services, and the procurement of necessary personal protective equipment and supplies.
4. Create joint labour–management health and safety committees, with appropriate worker and management representation.
5. Provide ongoing (or periodic) education and training that is appropriate to all parties, including occupational health practitioners, senior executives, front-line managers, health and safety committees, front-line workers and their representatives, and the general public.
6. Identify hazards and hazardous working conditions in order to prevent and control them, and manage risks by applying the occupational health hierarchy of controls, which prioritizes elimination or control at the source.
7. Provide pre-service and ongoing immunization against hepatitis B and other vaccine-preventable diseases in the workplace at no cost to the employee and ensure all three doses of the hepatitis B immunization have been received by all workers at risk of blood exposure (including cleaners and waste handlers).
8. Promote exposure and incident reporting, eliminating barriers to reporting and providing a blame-free environment.
9. Promote and ensure health worker access to diagnosis, treatment, care and support for HIV/AIDS, tuberculosis and viral hepatitis B and C.
10. Utilize appropriate information systems to assist in the collection, tracking, analysing, reporting and acting upon data to promote health and safety of the health-care workplace and health workforce.
11. Ensure that health workers are provided with entitlement for compensation for work-related disability in accordance with national laws.
12. Promote research on occupational health and safety issues of concern to health workers and translation of research into practice, particularly with respect to combined exposures and applied intervention effectiveness research.
13. Promote and implement greening health sector initiatives that incorporate occupational health, green and safe jobs while reducing greenhouse gas emissions with a preference for: use of renewable energy; providing safe drinking water; promoting hand hygiene; active transport; environmentally preferable management of hazardous health care waste; and environmentally preferable selection and disposal of chemicals such as pesticides, disinfectants, and sterilants.

Developed and adopted in 2010, the WHO–ILO Global Framework is meant to be adaptable to national contexts and emerging epidemiological developments.

In the development of a national occupational health programme for health workers the ministry of health will need to consult and work together with other relevant ministries, such as the ministry of labour, social security, and/or other organization(s) responsible for the protection and promotion of health worker health and safety in the private as well as public sector, as well with the professional associations of health workers and the organizations of workers and employers in the health sector.

A detailed description and guidance on how to implement each one of the above recommendations will be provided in a separate WHO *Technical guide for the development of national programmes on occupational health for health workers* (24), which shall be considered a practical tool for the senior technical officials at the ministries of health, ministries of labour, and relevant stakeholders in the process of developing and implementing policy tools at national and subnational levels. The technical guide will also contain examples and lessons learned from several countries across the globe.





# Added value

The implementation of national occupational health programmes for health workers serves as an important tool for strengthening countries' capacities to protect the health and safety of health workers and emergency responders.

For health workers, the implementation of a national programme on occupational health contributes to reduced individual pain and suffering from work-related injuries and diseases and hence, improved health and better access to protective services, such as occupational health services, immunizations and psychosocial support. It also increases their trust in managers and policy-makers, knowing that they are taking care of their health and safety.

For employers and managers of health facilities, the implementation of occupational health measures contributes to fulfilling the employer's duty-of-care responsibility and regulatory compliance with occupational safety and health standards. Safer working conditions would result in reduced absenteeism and increased performance, morale and retention of health workers. Work improvements in health care are also a factor in advancing quality of care, patient safety, and infection prevention and control. Implementing a national programme also provides a level playing field for all health facilities and services, be they public or private.

For national policy-makers, a national programme on occupational health for health workers contributes to the resilience and performance of health systems. Respect for health and safety rules and labour rights and promotion of decent work in the health sector also contribute to improving job satisfaction, recruitment and retention, enhancing labour relations and preventing strikes in the health sector. A national programme puts into action the political will and commitment to improve working conditions in the health sector. It also provides an opportunity for coordinated action by all public health and labour programmes towards common objectives. Furthermore, it offers an opportunity for social dialogue regarding occupational safety and health in the health sector and promoting decent work.

# Steps in developing and implementing the programme

Based on the experience of pilot countries, the following steps may be taken in developing a national programme:

1. Obtain political decision for starting the development of the programme, ensure engagement and commitment of the relevant government agencies, such as ministries of health and of labour, depending on the national context.
2. Establish task force, identify most influential stakeholders and ensure engagement of workers' and employers' organizations and ensure capacity building of task force members on occupational safety and health systemic approach for the exercise of their functions.
3. Assess the national situation:
  - number of health workers and health facilities, organization of health system;
  - regulatory and policy basis of occupational health and safety and its application in the health sector;
  - situation in the country vis-à-vis the 13 elements of the WHO-ILO Global Framework; and
  - existing building blocks, gaps and needs to upgrade.
4. Write first draft of the national programme.
5. Clarify funding sources, whether special funding is needed – for example, for training or appointment of personnel.
6. Discuss the first draft at a national workshop with key stakeholders.
7. Develop second draft and invite all stakeholders to comment.
8. Finalize, publish, disseminate widely in all health-care facilities, and post on the Internet.
9. Roll out implementation at different levels in stages – from national to subnational to facility levels.
10. Develop communication and technical tools for implementation – standards, posters, website.
11. Build capacities for implementation such as train-the-trainers sessions; train responsible officers on work improvement in health services.
12. Establish regular monitoring and evaluation processes.

The involvement and support of stakeholders – in particular, organizations of workers and employers in the health sector – and compliance with the national policy and regulations of occupational safety and health are important for the development of a functional national programme.

# Success factors

Implementation of the national programme for occupational health for health workers requires sustained political commitment and leadership at the national, subnational and facility levels; stakeholder involvement and social dialogue with workers and employers; capacity-building; and monitoring and evaluation.

Sustainability is a major factor of success for making lasting changes in working conditions in the health sector. The WHO Joint External Evaluation Tool for assessing countries' preparedness for public health emergencies measures the level of implementation of the national programmes on occupational health for health workers at all levels as an indication of the capacity of a country's health system to protect occupational health and safety of health workers and emergency responders (25).

Collaboration and social dialogue are critical for successful implementation. At the facility level the joint labour management committees should regularly review the implementation of the facility policy for occupational health. At the national level, the steering committee for occupational health of health workers should review the situation based on the indicators and reports of inspections, claims for compensation for occupational diseases and injuries, and the epidemiological situation in the country.

Capacity-building is key for the implementation of action to improve health and safety at work. It is necessary to have a training programme for initial and refresher training of the responsible officers for occupational health at all levels and for the representatives of workers in the committees at the national and facility level. The ILO/WHO HealthWISE tool - Work Improvement in Health Services (26) has been used successfully in several countries to build capacities for implementation of their national programme on occupational health of health workers. This is a practical, participatory quality improvement tool for health facilities. It stimulates health workers and managers to work together to improve workplaces and practices with low-cost solutions..

# References

1. ILO Monitor: COVID-19 and the world of work. Second edition. Geneva: International Labour Organization; 2020 ([https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS\\_740877/lang-en/index.htm](https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS_740877/lang-en/index.htm), accessed 5 September 2020).
2. Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf>, accessed 5 September 2020).
3. Improving Employment and Working Conditions in Health Services: Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services, Geneva, 24-28 April 2017. Geneva: ILO, 2017.
4. Joshi R, Reingold A, Menzies D, Pai M. Tuberculosis among health-care workers in low- and middle-income countries: a systematic review. *PLoS Med*. 2006;3(12):e494 (<https://doi.org/10.1371/journal.pmed.0030494>, accessed 5 September 2020).
5. Health worker Ebola infections in Guinea, Liberia and Sierra Leone: a preliminary report. Geneva: World Health Organization; 2015 ([https://www.who.int/hrh/documents/21may2015\\_web\\_final.pdf](https://www.who.int/hrh/documents/21may2015_web_final.pdf), accessed 5 September 2020).
6. Health workforce burn-out. *Bull World Health Organ*. 2019;97(9):585–6 (<http://dx.doi.org/10.2471/BLT.19.020919>, accessed 5 September 2020).
7. Semachew A, Workineh Y, Ayalew E, Animaw W. Low back pain among nurses working in a clinical settings of Africa: a systematic review and meta-analysis of a 19 years of studies. *BMC Skelet Disord*. 2020;21(1):310 (<https://doi.org/10.1101/507053>, accessed 5 September 2020).
8. Liu J, Gan Y, Jiang H, Li L, Dwyer R, Lu K, et al. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occup Environ Med*. 2019;76(12):927–37 (<http://dx.doi.org/10.1136/oemed-2019-105849>, accessed 5 September 2020).
9. Dutheil F, Aubert C, Pereira B, Dambrun M, Moustafa F, Mermillod M, et al. Suicide among physicians and health-care workers: a systematic review and meta-analysis. *PLoS One*. 2019;14(12): e0226361 (<https://doi.org/10.1371/journal.pone.0226361>, accessed 5 September 2020).
10. Pappa S, Ntella V, Giannakas T, Giannakoulis VG, Papoutsis E, Katsaounou P. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis. *Brain Behav Immun*. 2020;88:901–7 (<https://doi.org/10.1016/j.bbi.2020.05.026>, accessed 5 September 2020).
11. WHO Director-General's opening remarks at the media briefing on COVID-19 – 17 July 2020. In: World Health Organization [website] (<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---17-july-2020>, accessed 5 September 2020).
12. Russo G, Xu L, Mclsaac M, Matsika-Claquin MD, Dhillon I, McPake B, et al. Health workers' strikes in low-income countries: the available evidence. *Bull World Health Organ*. 2019;97(7):460–7H (<http://dx.doi.org/10.2471/BLT.18.225755>, accessed 5 September 2020).
13. Hall LH, Johnson J, Watt I, Tsipa A, O'Connor DB. Healthcare staff wellbeing, burnout, and patient safety: a systematic review. *PLoS One*. 2016;11(7):e0159015 (<https://doi.org/10.1371/journal.pone.0159015>, accessed 5 September 2020).

14. Castro Lopes S, Guerra-Arias M, Buchan J, Pozo-Martin F, Nove A. A rapid review of the rate of attrition from the health workforce. *Hum Resour Health*. 2017;15(1):21 (<https://doi.org/10.1186/s12960-017-0195-2>, accessed 5 September 2020).
15. Costs to Britain of workplace fatalities and self-reported injuries and ill health, 2017/18. London: Health and Safety Executive; 2019 (<https://www.hse.gov.uk/statistics/pdf/cost-to-britain.pdf>, accessed 5 September 2020).
16. Resolution A/Res/701. Transforming our world: the 2030 Agenda for Sustainable Development. In: Seventieth session of the United Nations General Assembly, New York, 25 September 2015. New York: United Nations; 2015 (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf>, accessed 5 September 2020).
17. Resolution A/Res/74/2. Political declaration of the high-level meeting on universal health coverage. In: Seventy-fourth session of the United Nations General Assembly, New York, 18 October 2019. New York: United Nations; 2019 (<https://undocs.org/en/A/RES/74/2>, accessed 5 September 2020).
18. Thirteenth general programme of work, 2019–2023: promote health, keep the world safe, serve the vulnerable. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324775>, accessed 5 September 2020).
19. ILO Centenary Declaration for the Future of Work. Geneva: International Labour Organization; 2019 ([https://www.ilo.org/wcmsp5/groups/public/@ed\\_norm/@relconf/documents/meetingdocument/wcms\\_711674.pdf](https://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_711674.pdf), accessed 5 September 2020).
20. R197 – Promotional Framework for Occupational Safety and Health Recommendation, 2006 (No. 197). In: Ninety-fifth session of the International Labour Conference, 1 May 2006. Geneva: International Labour Organization; 2006 ([https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_INSTRUMENT\\_ID:312534](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312534), accessed 5 September 2020).
21. C149 – Nursing Personnel Convention, 1977 (No. 149). In: Sixty-third session of the International Labour Conference, 1 June 1977. Geneva: International Labour Organization; 1977 ([https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C149](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C149), accessed 5 September 2020).
22. WHO calls for healthy, safe and decent working conditions for all health workers, amidst COVID-19 pandemic. World Day for Safety and Health at Work: WHO key facts & key messages to support the day. 28 April 2020. In: World Health Organization [website] (<https://www.who.int/news-room/detail/28-04-2020-who-calls-for-healthy-safe-and-decent-working-conditions-for-all-health-workers-amidst-covid-19-pandemic>, accessed 5 September 2020).
23. Document GB.309/STM/1/2. The sectoral dimension of the ILO’s work: Review of sectoral initiatives on HIV and AIDS [see pp. 11–12 for Appendix II on WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers]. In: 309th Session of ILO Governing Body, Geneva, November 2010. Geneva: International Labour Organization ([http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_145837.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_145837.pdf), accessed 5 September 2020).
24. Technical guide for the development of national programmes on occupational health for health workers. Geneva: World Health Organization; forthcoming.
25. Joint external evaluation tool: International Health Regulations (2005), second edition. Geneva: World Health Organization; 2018 ([https://www.who.int/ihr/publications/WHO\\_HSE\\_GCR\\_2018\\_2/en/](https://www.who.int/ihr/publications/WHO_HSE_GCR_2018_2/en/), accessed 5 September 2020).
26. ILO/WHO HealthWISE – Work Improvement in Health Services. 31 July 2014. In: International Labour Organization [website] ([https://www.ilo.org/sector/Resources/training-materials/WCMS\\_250540/lang--en/index.htm](https://www.ilo.org/sector/Resources/training-materials/WCMS_250540/lang--en/index.htm), accessed 5 September 2020).







**For further information please contact:**

Global Occupational and Workplace Health Programme  
Department for Environment, Climate Change and Health  
Healthier Populations Division  
World Health Organization  
20, avenue Appia  
CH-1211 Geneva 27  
Switzerland  
workershealth@who.int  
<https://www.who.int/health-topics/occupational-health>  
@workershealth

Sectoral Policies Department  
International Labour Organization  
Route des Morillons 4  
CH-1211 Geneva 22  
Switzerland  
sector@ilo.org  
[www.ilo.org/health](http://www.ilo.org/health)

