

Letter to the Editor

Protecting Sanitation Workers in Low-Middle Income Countries Amid COVID-19

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The ongoing pandemic has brought an unprecedented risk to public health along with a socioeconomic catastrophe. This strain is likely to be more acute in lowmiddle income countries where health service capacity is poor and population density is high. Globally, front-line healthcare professionals have been working relentlessly against the pandemic, and have been recognized and appreciated for their contributions. In contrast, sanitation workers—the underrepresented warriors—have silently played a front-line role in the pandemic by keeping cities clean and healthy.

Sanitation workers in low-income countries often experience grueling work conditions, and have continued working during the pandemic. In Bangladesh, new reports indicate that authorities have forced sanitation workers to work additional hours during the lockdown with inadequate compensation because the government needed to clean up waste faster than before to cope with the COVID-19 crisis (The Daily Star, 2020). A recent study undertaken by Water Aid found that over 89% of the sanitation workers in Pakistan had to continue working with increased workload amid the COVID-19 lockdown (WaterAid, 2020). In India, 83.8% of contractual sanitation workers reported irregular payment during COVID-19 (Scroll.in, 2020). Many sanitation workers in this region rely on additional jobs to sustain their families, but these other means of income have become limited (The Daily Star, 2020).

COVID-19 has further threatened the health and safety of sanitation workers. Sanitation workers work directly with human waste, which exposes them to pathogens and to toxic gases that contribute to chronic disease (Tiwari, 2008). In India, is that it has been estimated that one manhole worker dies every 5 days unblocking sewers (WaterAid, 2020). The COVID-19 pandemic exacerbates the hazards as SARS-CoV-2 virus is present in sewage (Medema et al., 2020; Pan et al., 2020; Peccia et al., 2020). Sanitation workers in lowmiddle income countries do not always have access to hygienic work practices, and have to work in filthy conditions. The Water Aid study revealed that one-third of sanitation workers in Nepal reported they did not receive necessary protective gear. The study also found that about 40% of sanitation workers in four South Asian countries were deprived of any hand-washing facility, which is essential for COVID-19 prevention (Devex,

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2020). Lack of proper protection and hygiene practices could lead COVID-19 among sanitation workers.

Most sanitation workers have no choice but to continue work, despite the risk of COVID-19 to themselves and their families. Missing work for illness or fear of illness is not possible because it could leave their families to starve for several days. Crowded housing conditions make it impossible to social distance or quarantine. Like other low-wage workers, sanitation workers are not well-informed about COVID-19. In Bangladesh, 37% of the workers remain unaware of treatment if they appear any signs of COVID-19 (The Daily Star, 2020). Despite the vulnerability of sanitation workers to health risks, they have not received any stimulus packages or structured health insurance coverage amid COVID-19 (Scroll. in, 2020).

It is necessary to amend the current national policies and international guidelines on occupational health and safety at work to protect sanitation workers in lowmiddle income countries, and prevent them from being stigmatized in society (World Bank, 2019). A variety of measures should be taken to mitigate the occupational risk, including: provision of personal protective equipment and hygiene facilities, organizing training, media campaigns, emergency insurance, regular health checkups, and medical care. Finally, developing operational guidelines could enable sanitation workers to employ mitigation measures in the workplace (World Bank, 2019). Without protecting the rights of sanitation workers, it is unlikely that governments can provide safe sanitation and hygiene for all, as outlined in the United Nations Sustainable Development Goals (United Nations, 2020).

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Authors' contribution

All authors equally contributed to this manuscript.

Ethical approval

The study involved no human sample, thereby requiring no ethical approval.

Conflict of interest

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