

LETTER TO THE EDITOR

doi:10.1093/occmed/kqab016

COVID-19 and vulnerable workers

Dear Sir,

COVID-19 has been life-changing globally [1]. It has also impacted on the world of health at work in so many ways, as the themed issue of *Occupational Medicine* (July 2020) demonstrates. The multifaceted occupational health (OH) issues relating to this pandemic range from concerns about worker exposure to the virus and coherent policy responses to this [2], to examples of OH services responding flexibly to the demands resulting from this crisis [3]. In addition to the highly relevant contexts where COVID-19 impacts OH policy and practice in the themed issue, we would like to draw the attention of our colleagues to the plight of vulnerable workers in this pandemic. Workers can be considered vulnerable through being in higher risk jobs or because of their health or socio-economic circumstances. Even before this pandemic, it was estimated that 1.5 billion workers globally would be classed as vulnerable according to these criteria [4]. In addition, in the current pandemic, those who have underlying health conditions, the elderly and the socio-economically deprived are more vulnerable to severe COVID disease, both in terms of their health and socio-economic loss [5]. There is overlap between the two sets of vulnerable populations.

We carried out a survey of OH professionals, members of the International Commission for Occupational Health (ICOH) on COVID-19 [6]. This survey contained questions about the impact of this pandemic on vulnerable workers. Our respondents believed that the groups likely to be the most disadvantaged by this pandemic were those who were in insecure jobs (such as those in precarious employment, e.g. ‘zero-hour contracts’ and those working in the informal sector, e.g. street vendors), followed by migrant workers, the unemployed, those with disabilities or long-term health conditions and older workers. There was some continental variation in which order the latter groups would be placed, but globally those workers in insecure jobs were consistently identified as the group most likely to suffer further detriment from this pandemic. It has been argued that when we emerge from this pandemic,

we should not simply return to ‘normal’, but instead seek to address the societal inequities that lead to so many being more vulnerable, in terms of health and socio-economically [7]. OH professionals have a unique and key role at the interface between work and health. They may be able to influence organizations and policy makers to act in ways that would reduce social inequalities, thereby enabling better resilience to such global crises.

Jacques Tamin

On behalf of ICOH Unemployment, Job Insecurity and Health Scientific Committee (UJIH-SC)

e-mail: drijsftamin@hotmail.com

References

1. Harriss A. In this issue of occupational medicine. *Occup Med (Lond)* 2020;**70**:293.
2. Agius R. Covid-19 and health at work. *Occup Med (Lond)* 2020;**70**:349–351.
3. Ranka S, Quigley J, Hussain T. Behaviour of occupational health services during the COVID-19 pandemic. *Occup Med (Lond)* 2020;**70**:359–363.
4. Rantanen J, Lehtinen S, Valenti A, Iavicoli S. *Occupational Health Services for All. A Global Survey on OHS in Selected Countries of ICOH Members*. Rome: ICOH, 2017; 14. icohweb.org (3 February 2021, date last accessed).
5. Flood CM, MacDonnell V, Philpott J, Thierault S, Venkatapuram S, eds. *Vulnerable: The Law, Policy and Ethics of COVID-19*. Ottawa, Canada: University of Ottawa Press, 2020.
6. Tamin J, Samuel O, Suraya A, Ebuanyi ID, Naicker N, Rajput-Ray M. Vulnerable workers and COVID-19: insights from a survey of members of the international commission for occupational health. *Int J Environ Res Public Health* 2021;**18**:346.
7. UNDP. *COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery*. New York, NY: United Nations Development Programme, 2020.