

▶ Good jobs to minimize the impact of Covid-19 on health inequity



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The COVID-19 pandemic and necessary measures are affecting workers of all walks of life. However, social distancing measures might increase social inequity but can be addressed by investing in good jobs for all.

The COVID-19 pandemic is affecting workers of all walks of life. In order to save lives, social distancing procedures have been extreme but necessary, helping to control the spread of the coronavirus and flatten the curve. Despite such trying times, the altruistic nature of the human population has been revealed in a wave of solidarity across the planet. However, it is becoming clear that social distancing measures will increase social inequity amongst workers if not properly addressed during and after the COVID-19 crisis.

As a result of the pandemic, we have all suddenly faced significant changes in both our home and work life. Unfortunately, those who will suffer the most will be low-paid workers who do not have access to employment protections.¹ As workers are just beginning to adapt to the new working conditions, they are faced with a large degree of uncertainty about the future. In addition to the health impacts of the virus itself, a negative impact on their overall health is foreseen due to the effects of quarantine and the economic recession. Consequently, concerns are being raised about the acute and long-term effects on the health of workers. These negative consequences, however, can be compensated by a sustainable investment in social support and the creation of safe and healthy jobs for all.

However, the impact of the crisis will certainly not be the same for all workers. The disparity ranges from health care workers who are fighting on the frontlines, to the numerous professionals expected to work from home to the overwhelming number of workers who have already lost their jobs and are (perhaps temporarily) unemployed. It is not possible to imagine a bigger discrepancy between

sectors. Upon a closer look, this discrepancy also exists within each of the aforementioned groups.

In the health care sector for example, some departments have been closed due to a reduction or cancellation of elective procedures, or due to the need for additional space to treat covid-19 patients. Health care workers need to be trained in a matter of days to perform critical activities in quite unusual conditions. In addition to the emotional pressure, higher workload and longer working hours, they also face a higher risk of being infected.^{2,3} This is further complicated due to a lack of personal protective equipment, testing equipment and the means to provide a safe working environment in many countries around the world.⁴ It is simply not possible to uniformly provide all doctors, nurses and other health care workers with the personal protective gear they need, and priority must be given to those caregivers working with high-risk patients. However, these choices lead to inequities in infection risk among members of the health care sector, the results of which are already being observed in hospitals, nursing homes and the home-care setting.

A second group of highly impacted professionals involves those working to provide essential services to the society. These include workers who sell our groceries, couriers and gig workers. The nature of these professions do not comply with social distancing regulations and while measures have been taken to minimize their risk of infection, the efficacy of such measures has yet to be validated. This exposes health inequalities in infection risk for COVID-19, and the groups which bear the highest burden are the lowest-paid employees, migrant workers and those working in the informal economy, which have few or no options to work from home and have less access to protective equipment.⁵ In addition, their work environment is far from ideal, which might increase tension amongst workers and their customers, potentially culminating in aggression incidents.

A third group of workers are the white-collar workers, most of whom can continue their work from home during the lockdown measures. Facilitated by growth in the digital

platform space, the concept of teleworking has been on the rise but was certainly not the standard mode of operation for businesses around the world. Literally overnight, confinement measures have changed this way of working. Individuals have been suddenly bombarded with new technology and digital communication tools and are finding that online meetings follow a different pattern compared to physical meetings. The comradery of working amongst colleagues in a shared physical space is greatly missed, and extroverts seem to suffer the most from the new working conditions. Moreover, with the closure of schools, these workers are now confronted with the need to balance child care with their work expectations in an already confined schedule. Despite online access to education, many school age children still require their parent's attention during working hours as well. For younger children the attention need is even greater and in most cases, unavoidable. This leads to a double frustration, where the parent feel they are not fulfilling their job expectations and at the same time they feel inadequate in their role as a father or mother.

For millions of blue-collar workers around the globe, working from home is not an option. This group of workers has been forced to stay home or are under (temporary) unemployment. The uncertainty about the future and the financial consequences of joblessness weighs heavily on the shoulders of an already vulnerable group. This is further compounded with feelings of boredom, frustration and uselessness as these workers are at home without a sense of purpose and often lack the financial resources to be productive.⁶ The main concern is that this group of workers is most likely to suffer loss of income or loss of health care coverage as a result of the economic lock-down and recession.

This brings me to my last concern. We also need to be aware of the long-term consequences on the health of all workers. One can expect a drop out of personnel, not only due to infections with COVID-19, but also due to stress, frustration and isolation.^{7,8} Big health inequities due to pandemic and economic recession are to be expected.⁹ For white coat workers, it will be mainly the mental health toll as a result of the high work load during the crisis. For white collar workers, their mental health will instead suffer from the effects of isolation and quarantine. Finally, for blue collar workers, job insecurity and loss of income could lead to mental health issues.⁶

However, it is possible to turn the tide. If we reflect on previous pandemics followed by an economic recession it becomes clear that countries that invest in social protection, support programs and provide sufficient employment opportunities can mitigate the mental health crisis that follows a pandemic.¹⁰ The overworked white coat workers will need time to recover from this period at the same time that healthcare services will be pushing for a return to normal operational levels. For people who worked remotely from home during the crisis, it will be important for them to mentally prepare to return to work. This group of people might be wary about returning to work, fearing an increased risk of infection but also uncertain about the future of their job. The final group of workers concerns a large population of people that have already lost their job,

are working reduced hours or are facing severe cuts in their wages. Recessions typically exacerbate pre-existing health inequities and have a larger impact on the health of vulnerable disadvantaged groups, such as people with disabilities and diseases and the unemployed. For these workers, we must take extra supportive measures to ensure these populations can resume their roles in society and avoid severe financial or mental health consequences. So far, pandemic planning has not sufficiently addressed these underlying inequalities and social determinants.⁵

However, If we can take advantage of the extraordinary wave of solidarity that we are experiencing in light of the COVID-19 pandemic, the impact of the economic recession might have an unexpected positive impact on our health. This cannot happen without appropriate measures to avoid health inequities. Governments should develop plans to reduce the gaps in disease burdens both nationally as well as internationally. Efforts should be mainly focussed on the lower social class workers, where measures can yield larger reductions in diseases. International collaboration is also necessary to support low- and lower-middle-income countries in which a large proportion of the citizens are poor.^{5,11} The presence or absence of supportive policies that target social inequities will dictate the course to financial and mental health security following the COVID-19 crisis. This means that despite a recession, the creation or maintenance of safe jobs will ultimately minimize the impact on health of the workers post-corona.

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