



12 May 2020 - Today marks 134 days since the first case of COVID-19 was reported from China, and 105 days since the first case was reported from our Region. During this time, almost 4 million people around the world have been infected, including almost 300 000 people who have tragically died.

Both in our personal and professional lives, all of us have been touched by this pandemic. But there is one group of people whose lives are much more significantly affected: the health care workers at the frontlines of the fight against this disease.

A majority of the world's almost 50 million health care workers – including around 3.5 million in our Region – are directly or indirectly engaged in the COVID-19 response, whether surveillance teams detecting potential COVID-19 cases, health care providers diagnosing and treating patients, laboratory professionals, community health workers, and staff within national health ministries.

Our polio programme has pivoted completely to COVID-19. Polio campaigns have been paused and staff are working around the clock to investigate cases, trace contacts, rush samples to laboratories for testing, and educate people about how to protect their families.

While the current pandemic has highlighted the urgent need for further investment in health systems – including the health workforce – it has also brought to light the massive risks that health care workers face every day, reinforcing our call to ensure their well-being, safety and protection.

Even before COVID-19, health care workers in our Region – and especially in countries facing political conflict and other crises – were already a scarce and invaluable resource. Over the past 5 years and more, our Region has consistently reported alarmingly high numbers of attacks against health care and health workers, and countries facing conflict continue to report critical shortages of health care professionals.

Physicians, nurses, laboratory staff, medical imaging professionals, pharmacists and other staff at health facilities and pre-hospital services, such as ambulance drivers, cleaning staff and medical waste disposal staff are at the forefront of the response to COVID-19. In almost half of the countries in our Region, many of these staff work in health care settings that have weak infection prevention and control measures. This can have critical consequences in increasing transmission of the disease from patients to health care workers, and from health care workers to other health care workers.

The current COVID-19 pandemic is now pushing an already fragile health work force to its limits. Increased workloads and a highly stressful working environment for health care workers have led to long working hours, psychological distress, fatigue, and occupational burnout. In some cases, health workers face stigma and discrimination as they are accused of being carriers of the disease, and are subjected to physical and psychological violence.

Health care workers are also at risk of becoming infected or losing their lives, and may fear transmitting the infection to their families and loved ones. Current shortages of personal protective equipment (PPE) increases the risk further. These are not just numbers for us: 2 weeks ago, one member of our Somalia polio programme died after contracting COVID-19. Since then, another Somalia colleague has tested positive. And in Pakistan, at least 12 members of our polio family have tested positive for COVID-19.

Faced with these pressures and exposed to levels of disease and death many of them may have never experienced before, there have also been recent reports of suicide attempts by health care workers.

As of 8 April, more than 22 000 health care workers in 52 countries have been infected with COVID-19 as reported to WHO. In our Region, the proportion of infected health care workers varies from 1% to 20%. Because there is no systematic reporting of health care worker

infections to WHO, we believe this number probably under-represents the true number of COVID-19 infections among health care workers.

While some health workers may become infected outside health facilities, in their homes or communities, the limited data received indicate that more than 90% are infected within health facilities where they are exposed to the deadly virus. The average age of health workers infected in our Region is 35 years, with infections reported among females slightly more than those reported among males. Overall, infections are reported among nurses and physicians more than any other profession.

We cannot afford to lose even one more of these professionals who are in their prime and have so much potential to contribute to their personal lives, careers, and the health of our Region.

As we mark international nurses day today, I would like to take a moment to recognize the nurses and other health workers who have lost their lives due to COVID-19 and call for the protection of those who continue to work tirelessly.

In addition to the risks directly facing health care workers themselves, shortages of this workforce also affect countries' abilities to effectively respond, creating a ripple effect where even more lives are placed at risk.

Shortages in certain specialties such as intensive care physicians and nurses, infectious diseases specialists, pulmonologists, respiratory therapists, infection prevention and control specialists and more compromises the availability of treatment services for patients with severe symptoms.

A limited number of public health professionals, such as epidemiologists, results in inadequate staffing of rapid response teams. This, coupled with resource limitations, such as transportation, provides a challenge for contact tracing that may result in contacts being missed and leading to further transmission of the disease.

Due to the sudden onset of the pandemic and overwhelming workload, many health care

workers lack proper training, which can affect the quality of care provided. With an increasing number of tests, the high workload facing laboratory workers can lead to stress and fatigue, which can lead to lower quality and endangers the safety of testing.

Now more than ever, we need to recognize the importance of investing in our health workforce and take concrete actions that guarantee their well-being and safety and enable them to deliver services effectively and efficiently.

To address the different challenges facing health workers, WHO has developed regional guidance identifying strategic actions for policy-makers and managers at the national, subnational and facility level.

Infection prevention and control measure need to be urgently scaled up, not just to protect the health workers themselves, but also the patients they are risking their lives to save – and their own families. Additional capacity needs to be mobilized to address staffing shortages. Guidance, training, incentives, and an encouraging work environment must be provided to enable them to deliver services effectively and efficiently, including providing them with protective equipment and making sure they are able to use it properly.

Their well-being and mental health must be maintained through psychosocial support and practical working hours. Most importantly, we need to end the current violence and stigma against health care workers, and recognize and appreciate their efforts, dedication, and achievements.

As health workers toil throughout the day and night to keep us all safe from COVID-19 and other diseases, it is our collective responsibility to keep them safe, through positive recognition, but more importantly through supportive and concrete action by communities, health authorities, and governments. While health workers may be at the front lines of this response, our regional vision of “health for all by all” highlights a collective responsibility in keeping all populations safe, including those who have dedicated their lives to saving others.

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