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Bringing Back Jobs Safely while keeping $R < 1.0$

Aligning MSME's Safe Return to Work with the Public Health Interventions
to turn the New Normal under the covid-19 pandemic into Better Normal
- Points for discussion

FINEX Online Forum

“Beyond Financial Inclusion: International Lessons of Experience and Impact under the Pandemic”
12 May 2020

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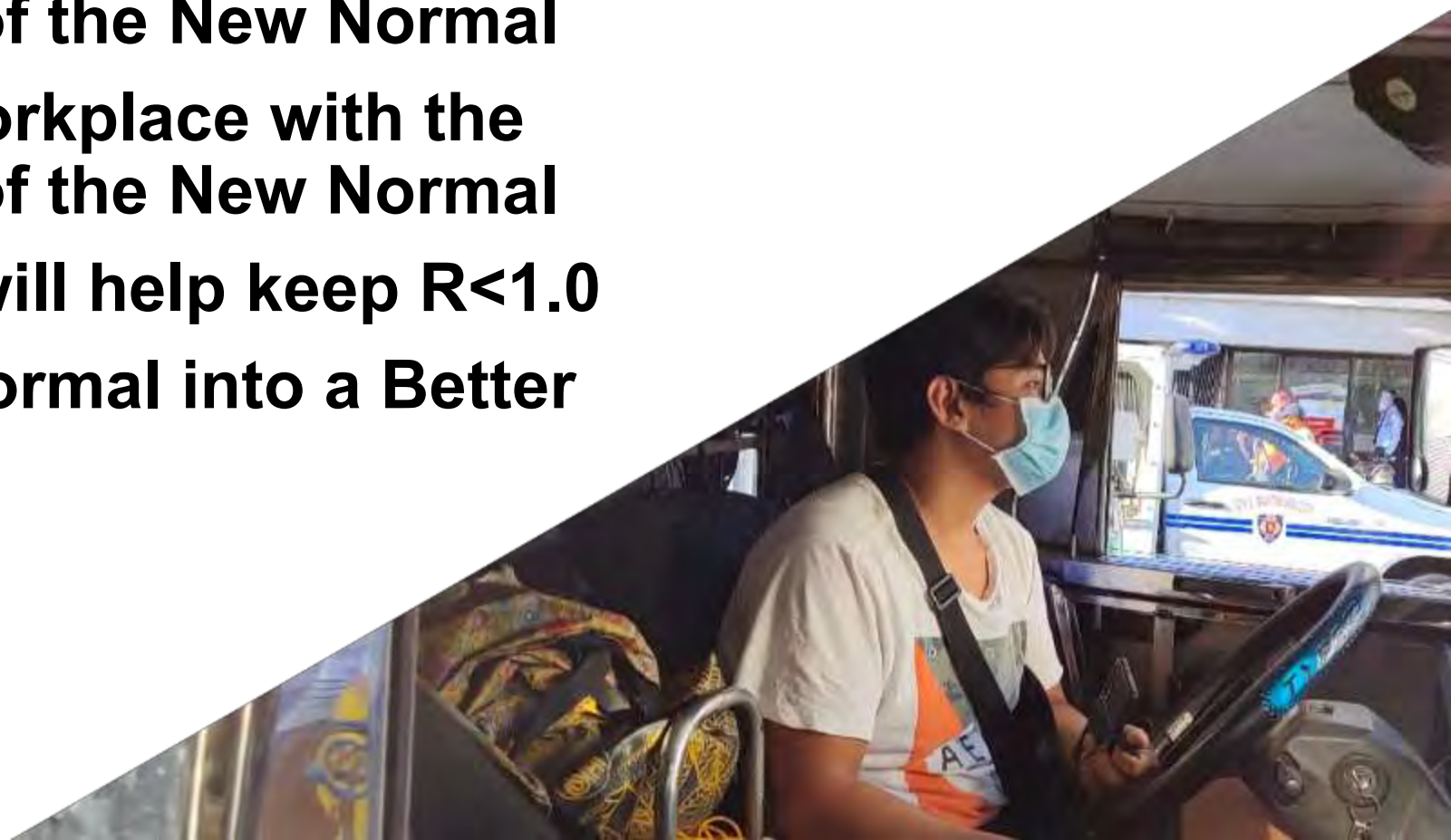


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I. This time is different?



This time is different?

- Unprecedented impact of the covid-19 pandemic on jobs

Nearly half of global workforce at risk of losing livelihoods

- ▶ 1.6 billion informal economy workers (76%) immediate danger of having their livelihoods destroyed.

Over 436 million enterprises worldwide face high risks of serious disruption

- ▶ 47 million employers (54%) operate businesses in the hardest-hit sectors.

[ILO 3rd Monitor: COVID-19 and the World of Work]

Hardest-hit enterprises by economic sectors

▶ **232m**
enterprises in
wholesale and retail

▶ **111m**
enterprises
in manufacturing

▶ these four sectors
account for over
30 per cent of GDP
on average

▶ **51m**
enterprises in
hotel accommodation
and food services

▶ **42m**
enterprises in
real estate and
other business activities

[ILO 2nd Monitor: COVID-19 and the World of Work]



This time is different?

- *“COVID-19 is a new disease and we are still learning about how it spreads and the severity of illness it causes.”*

[How COVID-19 Spreads, CDC Coronavirus Self-Checker]

- We have learned to live with the seasonal influenza despite its significant impact every year
- Normal life may resume w/in 1-2 yrs when the vaccine/effective therapies are deployed (hopefully)



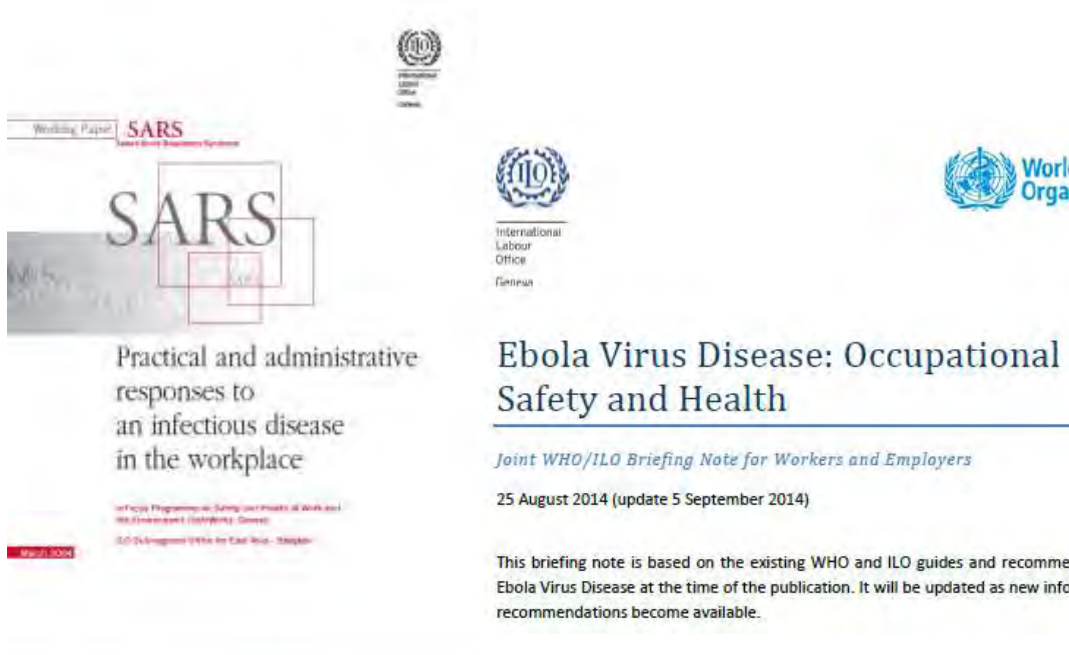
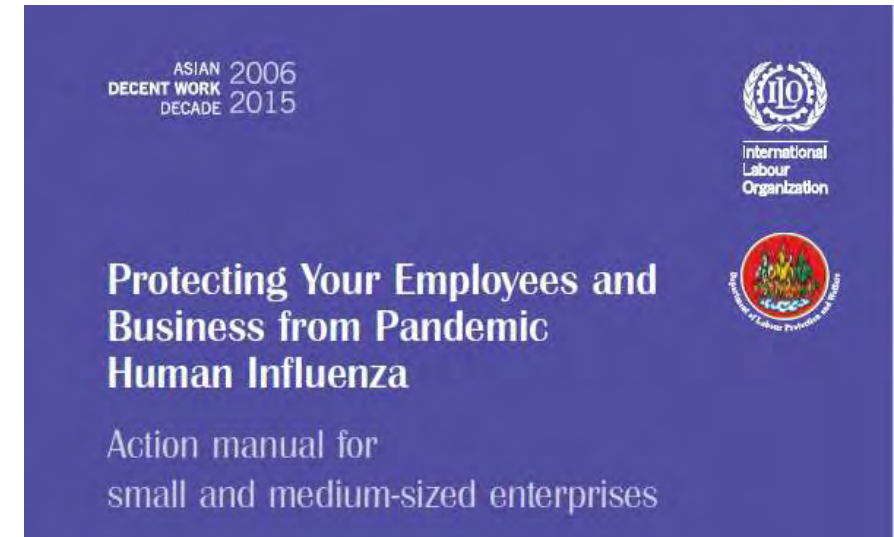
This time is different?

Workplace safety & health advices for the past epidemics remain relevant in general.

But, there are covid-19 specific elements to be addressed (e.g., **transmission via asymptomatic & pre-symptomatic carriers, prolonged virus emission period, false-negative test results, different strains of virus**).

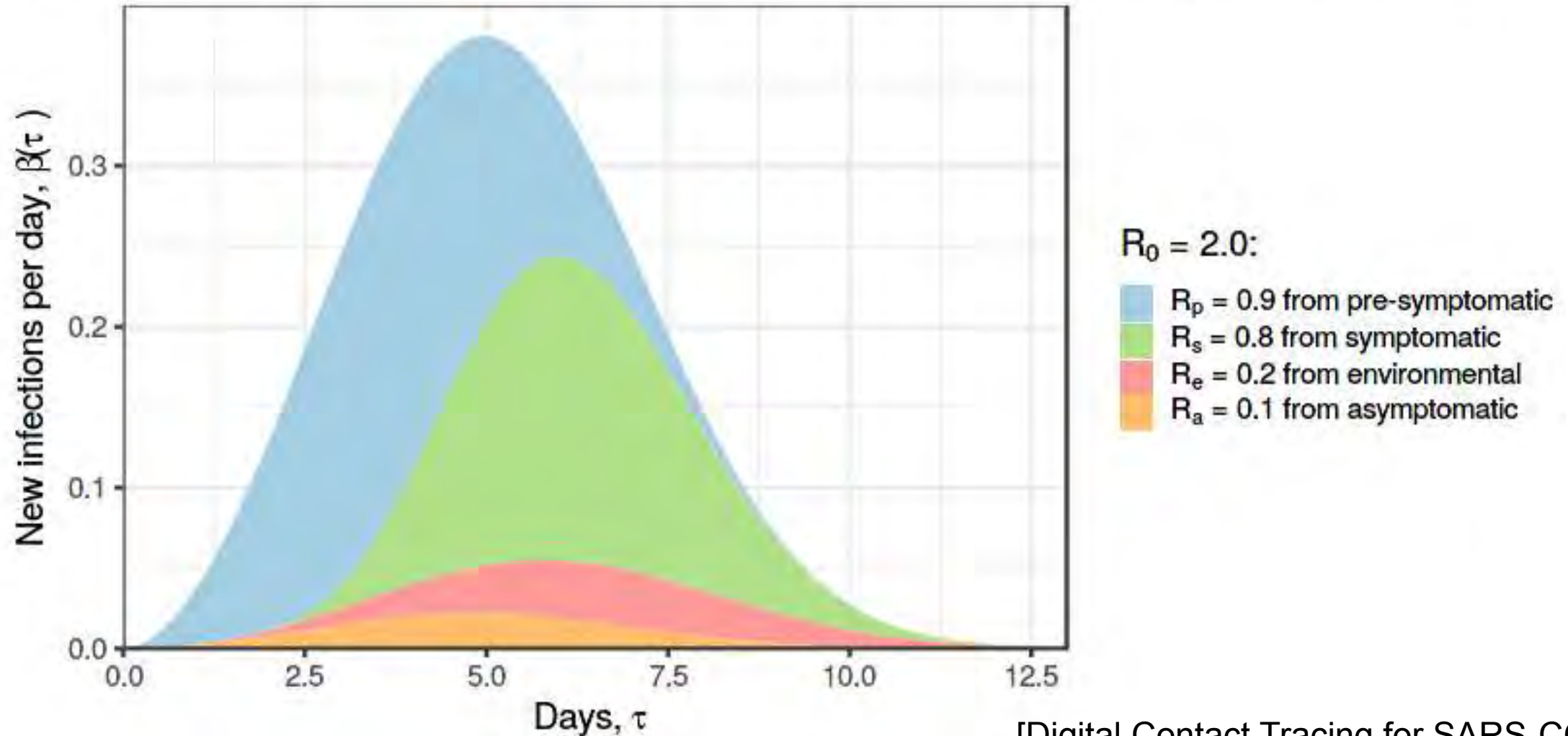


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This time is different?

Average rate of infecting others as a function of the time since infection



[Digital Contact Tracing for SARS-COV-2]



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1



HEALTH FIRST:
Protecting health services
and systems during the crisis

2



PROTECTING PEOPLE:
Social protection and
basic services

3



ECONOMIC RESPONSE & RECOVERY:
Protecting jobs, small and medium-
sized enterprises, and the informal
sector workers

4



**MACROECONOMIC RESPONSE AND
MULTILATERAL COLLABORATION**

5

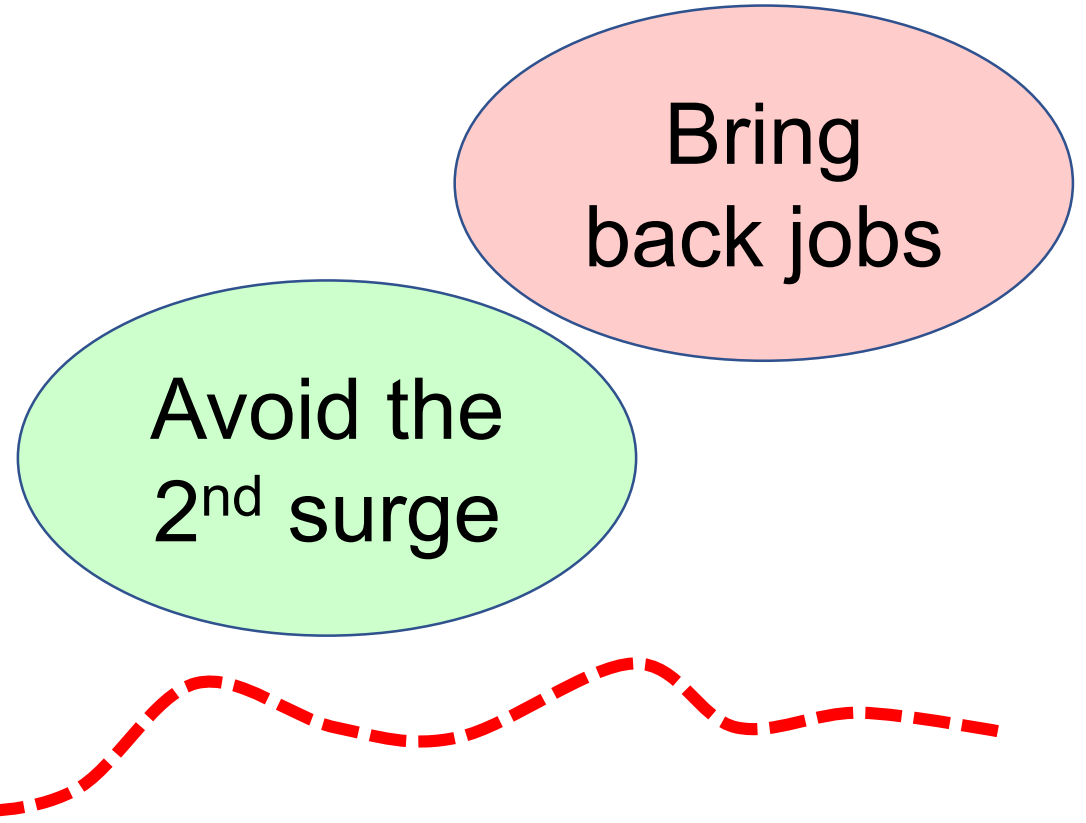
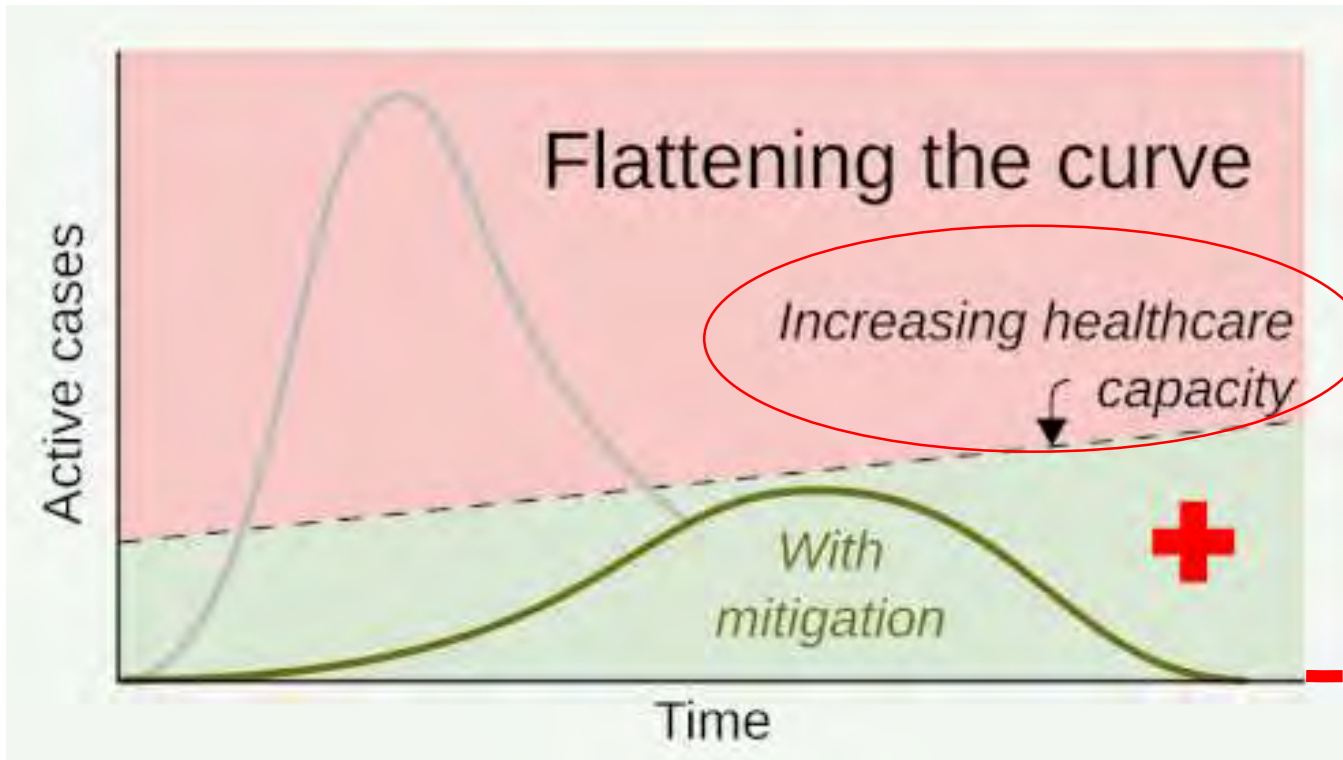


**SOCIAL COHESION AND
COMMUNITY RESILIENCE**

II. Understanding **“Health First”** with the critical indicators of the New Normal

[Five pillars of the UNDS response from
*A UN framework for the immediate socio-economic
response to COVID-19*]

After flattening the curve ... uncharted territory



Social distancing reduces the basic reproduction number (R_0)

The average number of people that one person with a virus infects, based on the R_0 scale

COVID-19: 2–2.5

Infected person

Average people infected



H1N1: 1.2–1.6

Infected person

Average people infected



Ebola: 1.6–2

Infected person

Average people infected

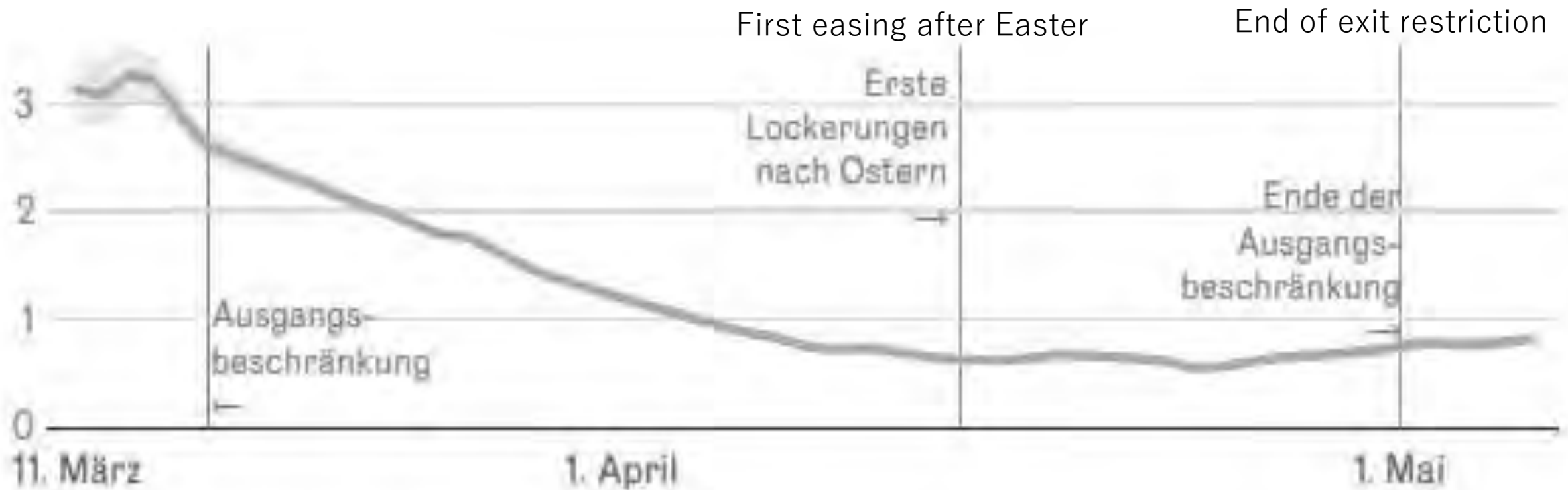


[Business Insider, April 19, 2020]

Daily tracing of R critical

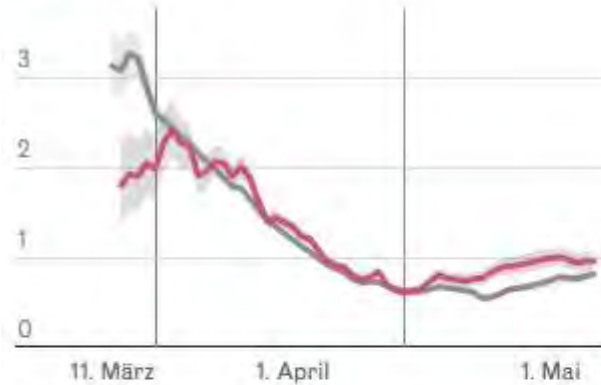
An infected person infected 0.81 other people in Austria

Estimated effective number of reproductions
based on the previous 13 epidemic days including fluctuation range

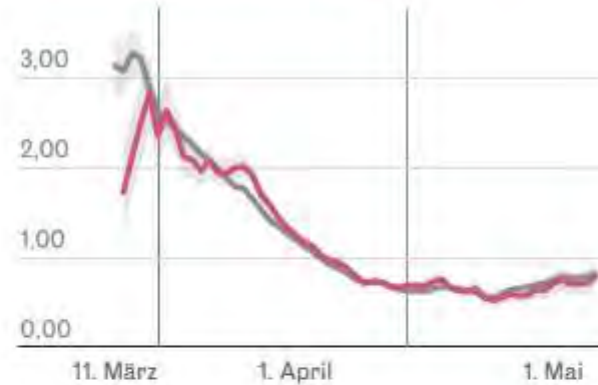


Daily tracing of R per area critical

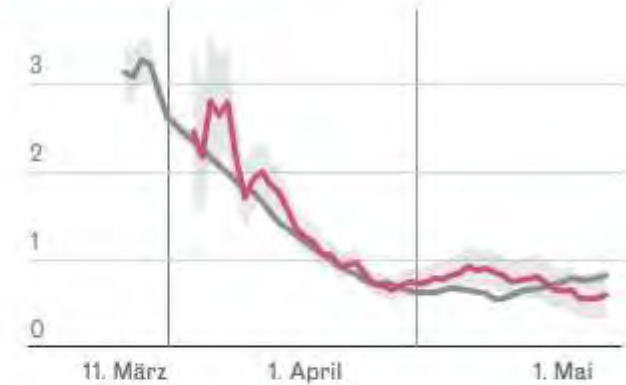
Wien: 0,96



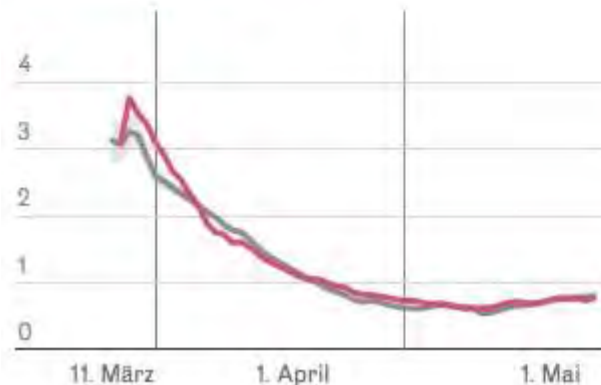
Niederösterreich: 0,79



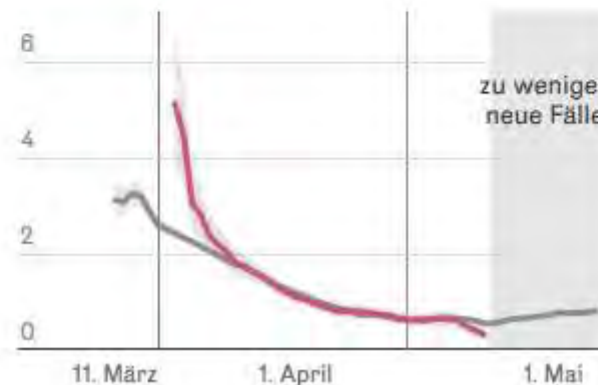
Burgenland: 0,59



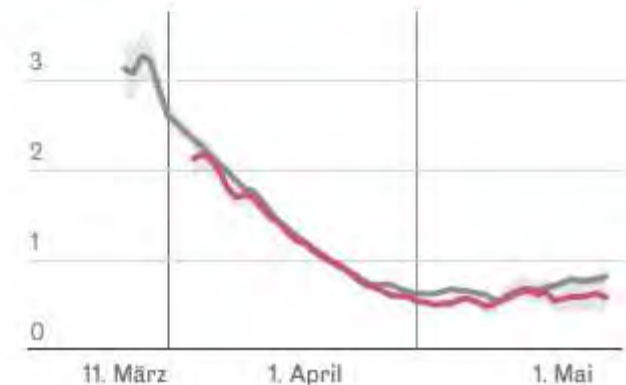
Steiermark: 0,77



Kärnten: 0,32

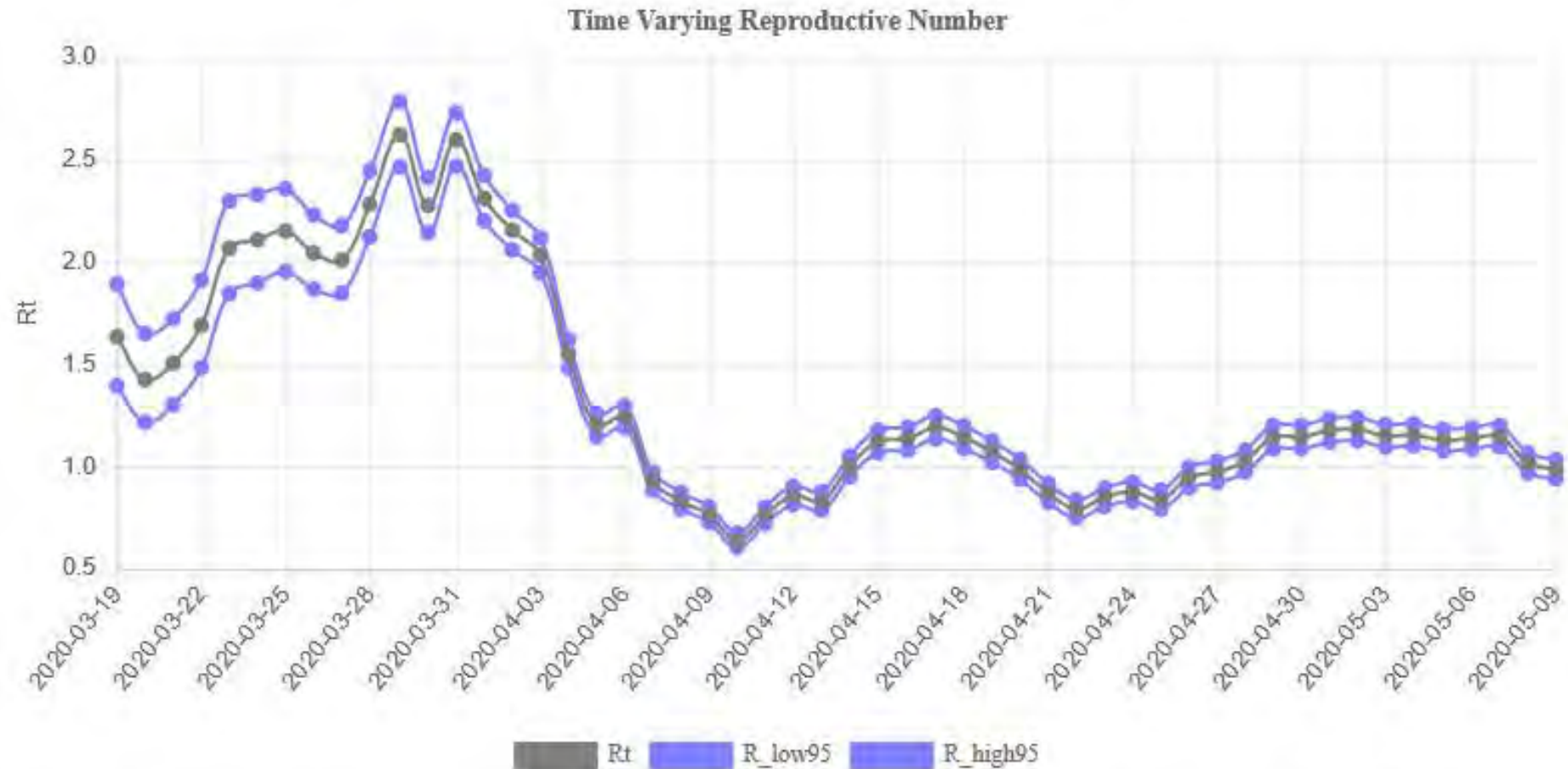


Oberösterreich: 0,58



Philippines' R fluctuating around 1.0

Time-Varying Reproductive Number (R_t)



Target value is below 1.0, wherein if for consecutive days this is estimated <1.0 then it may suggest that the community has started to effectively control the spread of COVID-19.

[“Time-Varying R Dashboard,” COVID-19 Information Portal, UP COVID-19 Pandemic Response Team

Provincial analysis of R in the Philippines

Table 1. Pandemic indicators for NCR and Calabarzon. The indicators are positive in NCR, Batangas and Rizal. Further monitoring is needed and a continuation of ECQ is advised, especially in Cavite, Laguna and Quezon.

Province	Active Cases	New Cases*	Died	R	Comments
Batangas	55	10	12	0.84	Pandemic is close to being contained
Cavite	182	44	20	1.18	Pandemic is still spreading
Laguna	264	77	6	1.41	Pandemic is still spreading
NCR	3593	675	277	0.86	Pandemic is close to being contained
Quezon	38	16	4	2.01	Pandemic is still spreading
Rizal	269	34	24	0.89	Pandemic is close to being contained

Table 5. Indicators in Cebu and Davao Del Sur. The resurgence in Cebu means that ECQ must be implement strictly. In Davao Del Sur, further monitoring is needed and a continuation of ECQ is advised.

Province	Active Cases	New Cases*	Died	R	Comments
Cebu	116	102	6	5.09	Pandemic is spreading. Attention Needed
Davao Del Sur	54	15	16	1.35	Pandemic is still spreading

Other critical indicators for the New Normal



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Philippines' indicators:

LGU EPIDEMIC RESPONSE FRAMEWORK		Critical care utilization rate		
		<30%	30-70%	>70%
Case doubling time	>30 days	Recognition	Initiation	Acceleration
		Preparation		
	7 to 30 days	Initiation	Initiation	Acceleration
			Deceleration	
	<7 days	Acceleration	Acceleration	Acceleration

Risk level	Low	Moderate	High	Moderate
Recommendation	GCQ	GCQ	ECQ	GCQ

Source: Presidential Spokesperson Press Briefing Presentation, 24 April 2020

Germany uses:

- $R < 1$
- # of new patients in 3 digits
- # of infected/100,000 for the past 7 days < 50 .

Korea's condition to keep patient # within the medical capacity:

- Daily new cases < 50
- Source traceability $> 95\%$

Osaka, Japan requires the following to be met for 7 days:

- Non-traceable patients < 10
- PCR test positive ratio $< 7\%$
- Critical patient beds utilization rate $< 60\%$

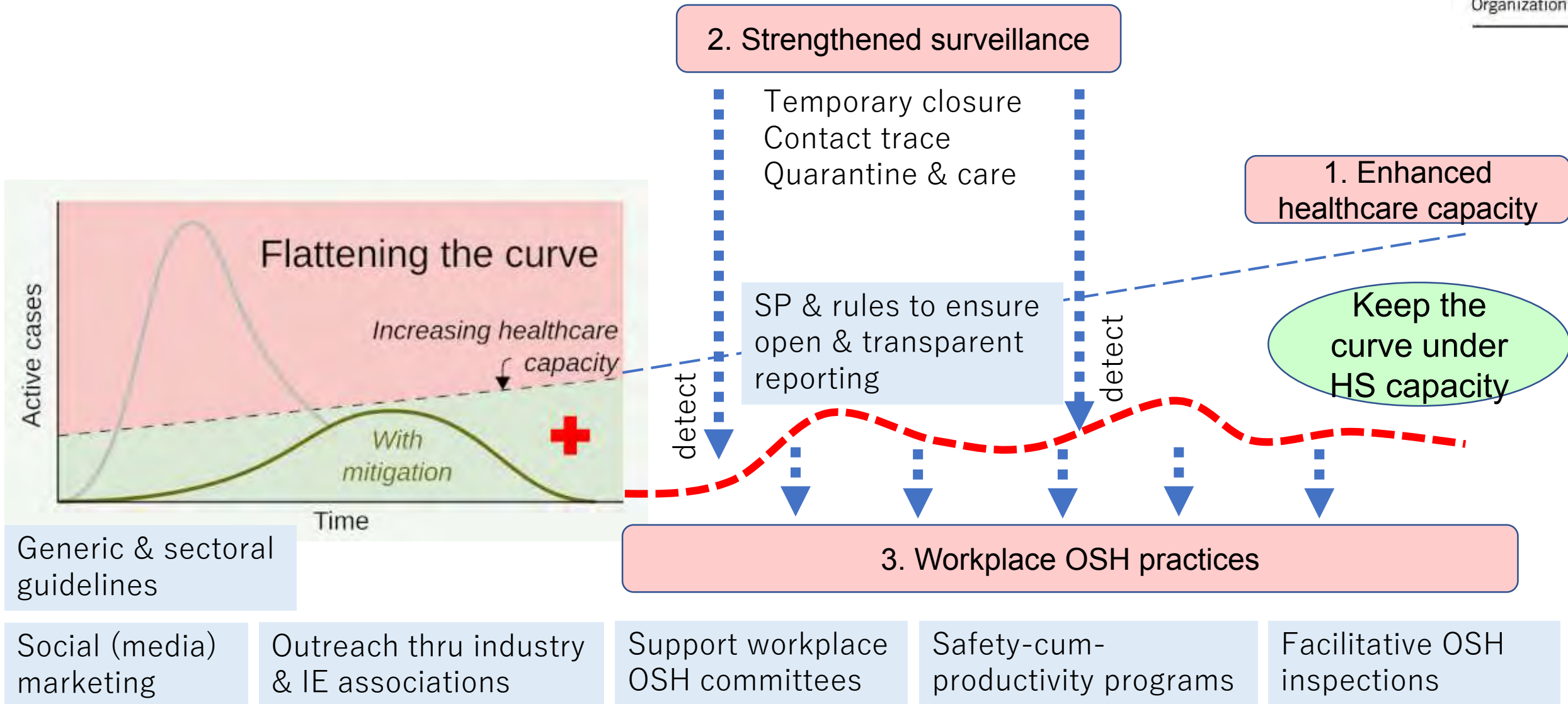
III. Linking the safe workplace with the critical indicators of the New Normal



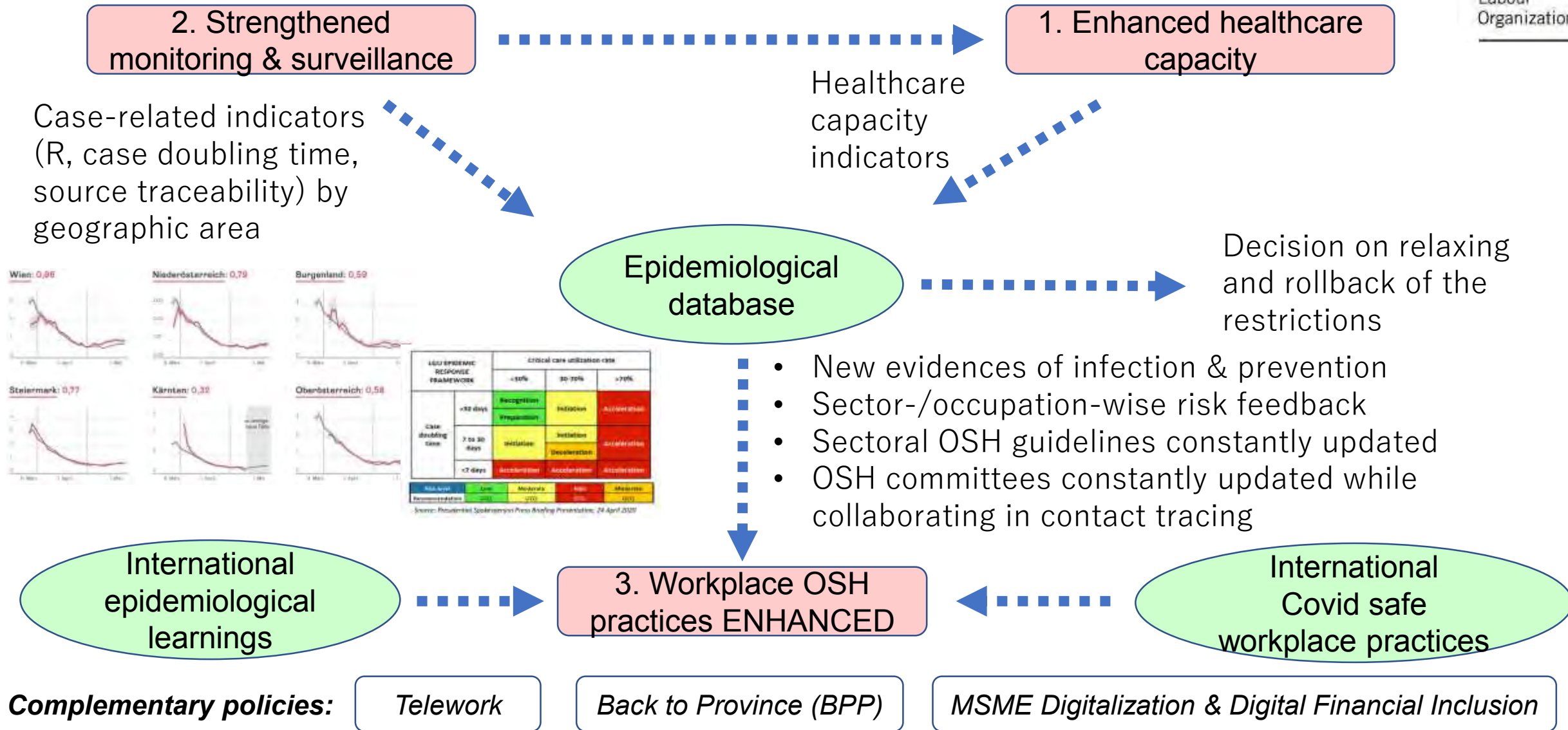
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The curve is kept w/in Healthcare Capacity
if all the three elements are put in place and strengthened



... and continuously inform the decision on the restriction/relaxing and the safe workplace practices





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IV. Workplace safety will help
keep $R < 1.0$



Present & upcoming OSH resources for covid-19 by ILO & partners



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Work from home:
Human factors/ergonomics considerations for teleworking

Sarah M. Edwards, Ph.D.
Research Director

Kathleen M. Shultz, Ph.D.
President, International

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

John Holmbeck, Director of Research and Policy, Department of Health and Human Services, USA

Human Factors/Ergonomics (HFE) is an essential element in the management of work during crisis situations such as the COVID-19 pandemic.

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

Safe return to work
Guide for employers on COVID-19 prevention

An employers' guide on managing your workplace during COVID-19

Prevention and Mitigation of COVID-19 at Work ACTION CHECKLIST

Date: 06/04/2020

This checklist is a management tool to implement practical actions to mitigate the spread of COVID-19 pandemic at the workplace. The successful implementation of the tool is dependent on the cooperation between employers, supervisors and workers to make positive changes in the workplace to improve response to and preparedness for COVID-19. Employers should involve workplace safety and health committees or safety delegates in the process.

- How to use this checklist:**
1. Appoint a team including senior management, supervisors, workers' representatives, and responsible enterprise safety and health personnel.
 2. Brief and train the team on the steps to implement the checklist.
 3. Complete the checklist and write your check results.
 4. Plan, as the team, what action should be taken, by whom and when. Look for a way to apply the measure, if necessary, ask the area manager or workers for advice.
 - If the measure has already been applied or is not needed, mark **No** under "Do you propose action."
 - If you think the measure would be worthwhile, mark **Yes**.
 - Use the space under Remarks to add comments, describe a situation or add a question.
 6. Immediately after completing the checklist, organize the team to present the results to management (Expected step is essential change).
 7. Present the results to management for implementation of the plan.
- The team should seek clarification from OSH authorities, national safety organization professional association or organizations.
- This is not an exhaust measures. The team should add any additional items that improve response to COVID-19 Management needs.

Covid-19:
How do OSH professionals impact public policy?

OSH professionals and workplaces

From the devastating 'Spanish Flu' to the current COVID-19, OSH professionals have been instrumental in helping workers and employers to manage the spread of communicable diseases in the workplace.

They remind us of the fragility and uncertainty that exist in our society and regions. This article examines the role of OSH professionals in helping workers to manage the spread of communicable diseases in the workplace.

During times of major challenges and crises such as COVID-19, occupational safety and health (OSH) professionals have been instrumental in helping workers and employers to manage the spread of communicable diseases in the workplace.

Whether through direct support or guidance, OSH professionals have been instrumental in helping workers and employers to manage the spread of communicable diseases in the workplace.

Work at the Sharp End:
Human factors/ergonomics for protecting healthcare workers and patients

Sarah M. Edwards, Ph.D.
Research Director

Kathleen M. Shultz, Ph.D.
President, International

Human Factors/Ergonomics (HFE) is an essential discipline and approach for the management of work during crisis situations such as the COVID-19 pandemic.

Transport workers, e.g., ambulances which transport to the hospital, are also exposed to COVID-19 patients in enclosed vehicles (SARA, 2019-01-14). HFE, requires specific skills, knowledge to be provided to healthcare workers, and worker organizations.

RETURN TO WORK DURING COVID-19
ILOE 2020

IOE **100** **SHRM**

Aide-Mémoire on Factory/Industrial Establishment Reopening Post Covid-19

In the face of a pandemic:
Ensuring Safety and Health at Work

Safety and health at work can save lives

SCORE Training
Sustaining Competitive and Responsible Enterprises

Covid-19 adjusted SCORE module [forthcoming]

ILO Guidelines on Return to Work [forthcoming]

Sectoral OSH guidelines for Asia-Pacific Region [forthcoming]

ILO's strategic policy framework for Covid-19 response provides a basis for an integrated approach

Pillar 1

Stimulating the economy and employment

- ▶ Active fiscal policy
- ▶ Accommodative monetary policy
- ▶ Lending and financial support to specific sectors, including the health sector

Pillar 2

Supporting enterprises, jobs and incomes

- ▶ Extend social protection for all
- ▶ Implement employment retention measures
- ▶ Provide financial/tax and other relief for enterprises

Pillar 3

Protecting workers in the workplace

- ▶ Strengthen OSH measures
- ▶ Adapt work arrangements (e.g. teleworking)
- ▶ Prevent discrimination and exclusion
- ▶ Provide health access for all
- ▶ Expand access to paid leave

Pillar 4

Relying on social dialogue for solutions

- ▶ Strengthen the capacity and resilience of employers' and workers' organizations
- ▶ Strengthen the capacity of governments
- ▶ Strengthen social dialogue, collective bargaining and labour relations institutions and processes

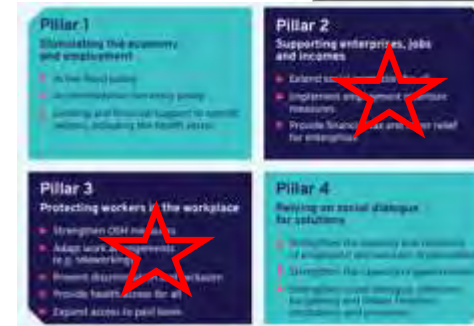
Help MSMEs realize safe workplace

- ✓ Micro, Small and Medium Enterprises (MEMEs) is the weakest linkage in the safe return to work if left alone.
- ✓ Keeping MSMEs away from re-opening by providing the wage subsidy and the emergency assistance would be costly and often not good enough.
- ✓ Help MSMEs realize that the safe workplace is productivity & competitiveness.
- ✓ Address the additional cost of the New Normal business environment and workplace prevention & control regulations
- ✓ Special consideration for the informal sector entrepreneurs and workers displaced.

→ ILO's proven OSH-cum-productivity training for MSMEs has been a key intervention in the fight against past epidemics.



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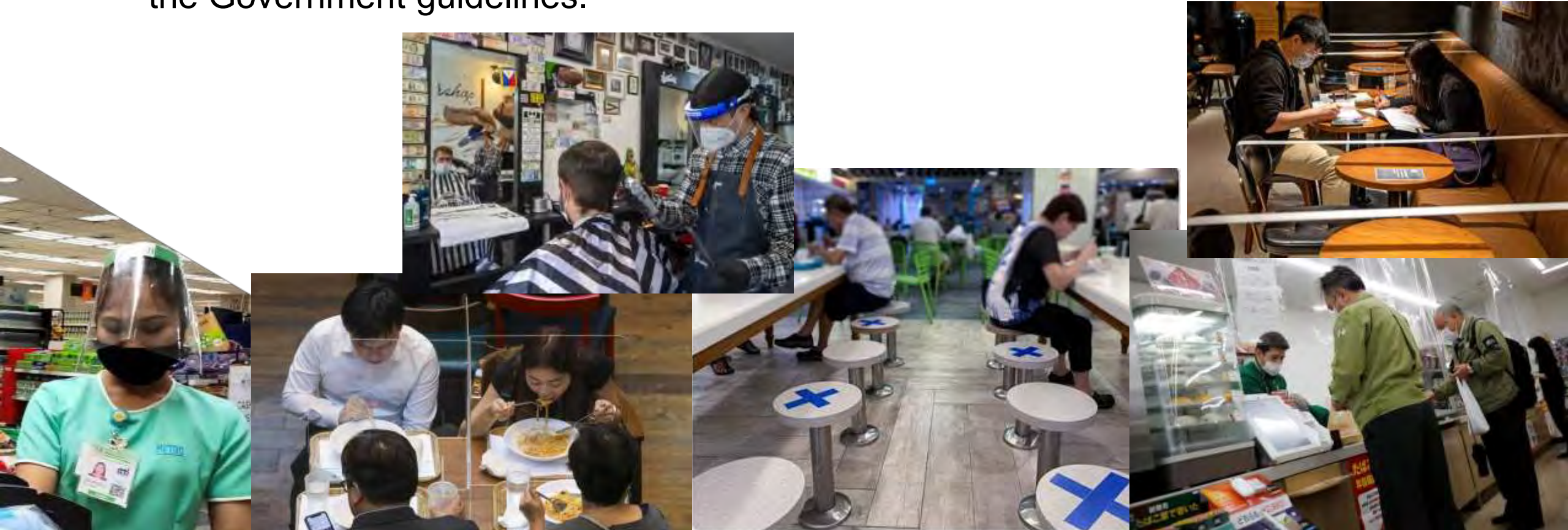


SCORE Training
Sustaining Competitive and Responsible Enterprises



Affordable social distancing for MSMEs

- MSMEs may be hesitant to invest heavily into the workplace safety if “new normal” will be over within 1-2 years.
- ILO’s OSH tools and OSH-cum-productivity programmes recommends MSMEs to use the proven low-cost measures while being consistent with the Government guidelines.



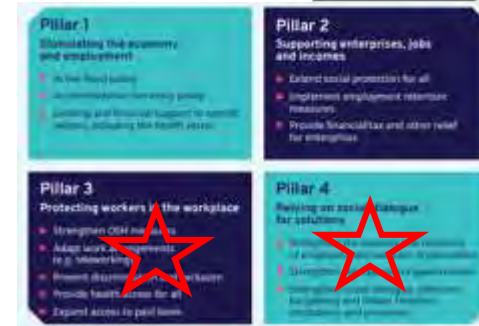
Workplace becomes safer with dialogue

Worker-manager dialogue makes workplace safety work at the MSME environment

- ✓ Participatory OSH committee is an effective mechanism for resolving health related issues at workplace
- ✓ Workers' participation is crucial to promote safe workplace practices and discourage bad ones.
- ✓ Workers are more likely to identify the reasons for taking a particular action, help find practical solutions, and comply with the end result.
- ✓ Workers can shape safe work systems, they can advise, suggest, and request improvements
- ✓ PDCA cycle responds well to the evolving nature of the covid-19 clinical research



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Safe return to work to better protect workers

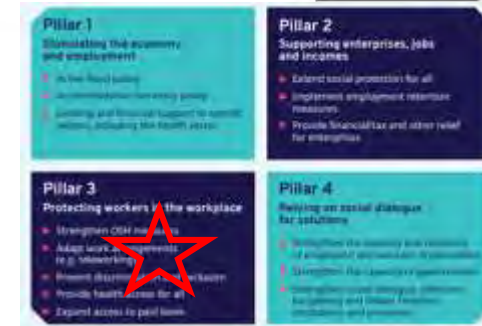
- ✓ Keeping workers home quarantined is deteriorating their mental health and increasing the risk of the domestic violence and violence against children.
- ✓ Safe workplace policy will reduce the fear of return to work under the pandemic.
- ✓ High risk workers in MSMEs would want tele-work and require assistance.
- ✓ Open and transparent testing, reporting and quarantine will be ensured if paid leave and temporary business shutdown are compensated, especially for MSMEs. [ILO Prevention and Mitigation of COVID-19 at Work – Action Checklist; also tap the Social Protection Responses to COVID-19 around the World]

COVID-19: Protecting workers in the workplace

COVID-19: Social protection systems failing vulnerable groups

“Virus Surge in Southeast Asia Migrant Workers Serves as Warning”

“COVID-19: ILO is joining UN SRSG on Violence against Children to call for action”



Region	Country / territory	Measure	Function of social protection	Type of adjustment	Brief description	Date	News headline
Americas	Venezuela	Improving delivery	Health	Administration adjustment	Special grant for doctors fighting	01 April 2020	ILO stories topic: COVID-19

“ILO Convention 190 can help combat rise of domestic violence as millions work from home or lose jobs resulting from COVID-19 lockdowns”

Region	Country	Measure	Function of social protection	Type of adjustment
Asia and the Pacific	China	Deferring, reducing or waiving social contribution	Health	Spending adjustment
		Improving access/administration	Health	Administration adjustment
		Increasing credit/budgetary allocation	Health	Spending adjustment
		Increasing package of services/benefits	Health	Programme adjustment
	India	Improving delivery mechanism/capacity	Health	Administration adjustment
	Indonesia	Extending coverage	Health	Programme adjustment
		Introducing or increasing subsidy on contribution	Health	Spending adjustment

► **Work from home:**
Human factors/
ergonomics considerations
for teleworking

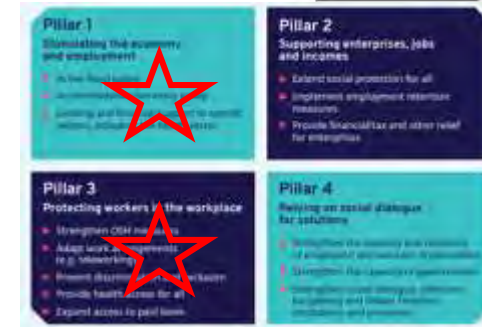
Safe return to work can be a best stimulus



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“The lesson from history ... is that the quicker you can get people back into jobs and off those unemployment queues, the better off the economy will be and the better off those individuals will be.”

[Australian treasurer Josh Frydenberg]



“Success in curbing Covid-19 had provided a ‘safe haven’ advantage allowing the country to be open for investment.”

[New Zealand PM Jacinda Arden]



The opening of the border between Australia and New Zealand, creating what has been dubbed a trans-Tasman “travel bubble”.


Austria expects to open border with Germany "before summer"

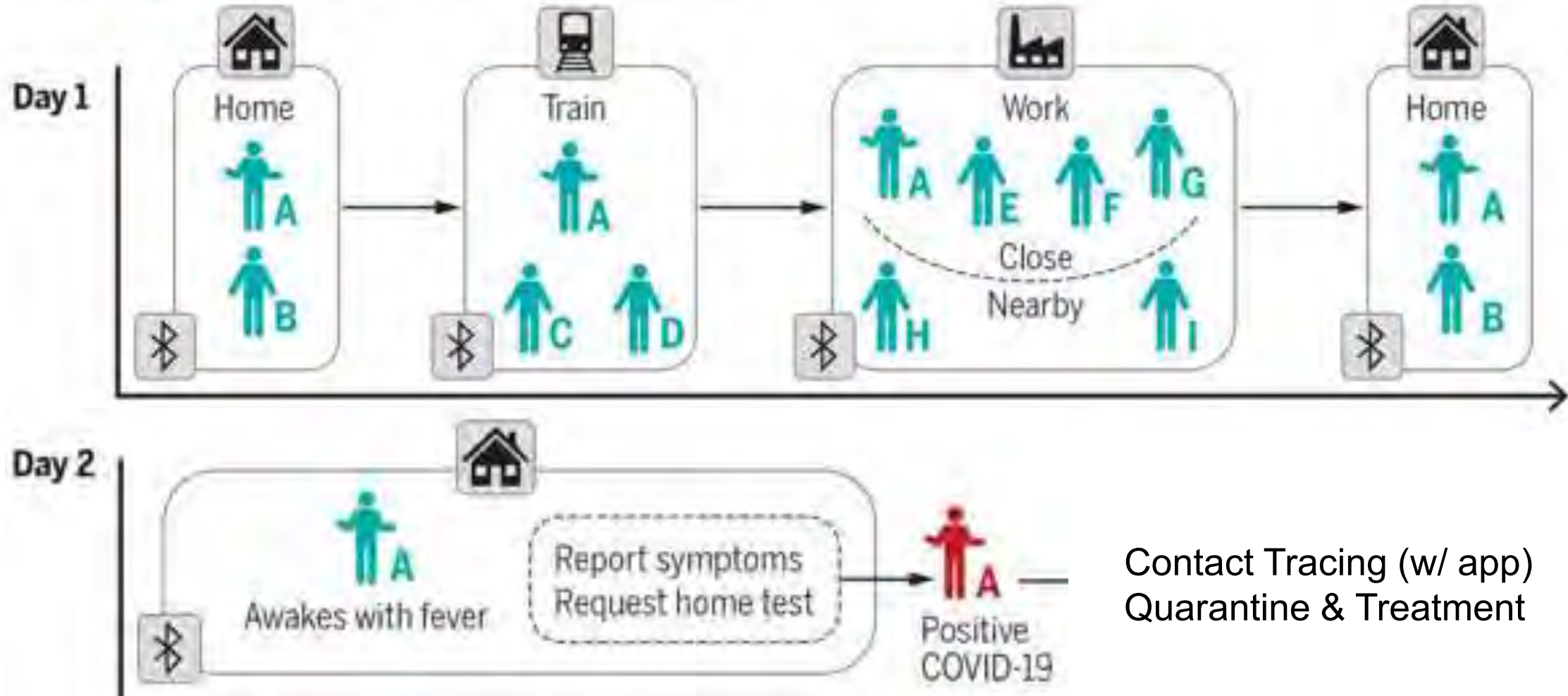


Safe return to work must go beyond workplace



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Subject  A has COVID-19 infection. No symptoms



“Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing,” Science, AAAS, 08 May 2020]

Daily cycle approach to Safe return to work



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What about face masks?

Face masks are tricky because not all face masks are the same. The loose, surgical masks you may have seen many people wearing are not air-tight and fitted to the face. When you breath in, air can still get around the sides and they are not considered adequate protection against breathing in the virus. They are more intended to be worn by anyone who has the virus to help prevent the spread of germs to other people in the form of exhaled droplets or other bodily fluids, which isn't a bad thing, but it is important to know the difference. N95 respirators are different from the face masks and can protect you

from inhaling up to 95% of airborne particles.



Keep 6ft between you and others

Try to maintain at least 6ft of distance between you and your coworkers, customers, or anyone else you come in contact with. The six feet of distance is intended to protect you both from exhaled airborne droplets. By keeping distance between yourself and others, you help prevent the chance of exposure. The UFCW is working with employers on ways

to reduce risk of transmission within stores, such as plastic barriers between customers and cashiers, or reworking the checkout procedures.



Use your gloves properly

Even if you have gloves on, they still are not going to protect you if you touch your face while wearing them. Gloves can be worn for an extended period of time as long as they are not damaged. Remove your gloves when you go on break and wash your hands after taking them off. Do not wash your gloves. Get a fresh pair of gloves when you return to work and be sure to dispose of your old gloves properly.



Your right to refuse work

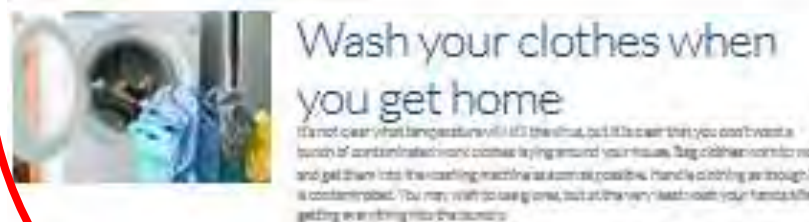
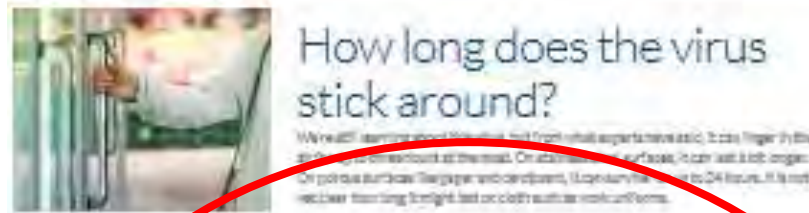
If you are over 60 or have an underlying health condition that compromises your immune system, you have the right to refuse work you feel is putting your life in immediate danger. Higher risk workers should be moved to roles with less customer interaction.



Report any issues

If you are experiencing issues in your store, such as a shortage of protective equipment, lack of hand sanitizer or access to handwashing stations, please contact your local union rep and [fill out this form here](#). The form will help us keep track of the types of problems most worker are facing and help use better work with employers to solve them.

Report an Issue



UFCW's safety guide for grocery workers is a good example of simple tips covering the safety after work.

[A coronavirus safety guide for grocery workers, UFCW]

V. Turning the New Normal into a Better Normal for MSMEs



Let's go safe and digital

to help MSMEs navigate the New Normal

Building on the safe return to work, we can assist MSMEs by:

- Supporting MSMEs' access to adequate social protection, which should be digitally enabled.
- Supporting MSMEs' access to the mobile and digital economy.
- Supporting the transition to the digital payment ecosystem of MSMEs, associations and service providers.
- Supporting re-purposing or business/career change
- Supporting the social and solidarity economy (SSE) responses among MSMEs, informal workers and their associations.
- Making their voices heard in framing the New Normal rules and regulations (e.g., survey of the pandemic impact on the informal economy work)





Salamat po / Thank you

