Inter-country workshop on occupational safety and health in the preparedness and response to outbreaks and public health emergencies in Africa

14–16 June 2016, Johannesburg, South Africa

REPORT
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Introduction

The response to the outbreak of Ebola Virus Disease (EVD) in West Africa clearly demonstrated the challenge of quickly organizing adequate and effective protection of health, safety and well-being for large numbers of response workers – both international and local – in countries with weak pre-existing capacity for occupational safety and health (OSH). The realization that many of the health worker infections and deaths from Ebola were potentially preventable led to calls to strengthen OSH in health-care services as an essential element of resilience to outbreaks and public health emergencies.

In many African countries where there are risks of infectious disease outbreaks and other public health emergencies, the working conditions in health-care facilities are poor, particularly at the local and district levels. In addition, informal health workers provide services to local communities without measures to protect their personal health and safety. In highly infectious disease outbreaks, occupational risks such as infection, psychological stress, fear, fatigue, violence, heat stress from working in personal protective equipment (PPE), and even motor vehicle injuries add to the traditional risks for OSH of health workers in health-care settings.

Mobilizing a workforce that is well prepared, protected and trained for response requires a systematic approach to providing OSH and integrating it with outbreak preparedness and response at national, district and facility levels. Health personnel should be appropriately prepared and their health monitored before, during and after deployment. The protection of response personnel cannot be limited to the provision of PPE, hazard pay or compensation for death from occupational infections and injuries. Protection requires institutionalization of occupational health risk assessment and risk-based medical surveillance. Effective infection prevention and control measures should be combined with a comprehensive OSH approach that includes policies, work practices and training in the avoidance of exposure to biological, chemical and physical hazards, thus creating OSH management systems that cover all phases of the response. Training should cover not only hazard avoidance but also hazard recognition, and should include PPE donning and doffing, and other protection strategies such as using sharps containers, getting enough sleep, etc.

WHO and its collaborating centres for occupational health have worked with the International Labour Organization (ILO) on various response tools, including training of emergency responders and safety officers in basic measures for OSH in health-care facilities and outbreak response. Such tools and procedures should be integrated into countries’ policies, capacities and standard operating procedures in order to prepare for, detect, report and respond to outbreaks effectively.

The Johannesburg workshop was attended by national public health officers responsible for OSH and outbreak response in Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Guinea Bissau, Madagascar, Malawi, Mauritania, Niger, Senegal, Togo and the United Republic of Tanzania. Also present were representatives of WHO collaborating centres and research partners from Benin, South Africa, Tanzania and the United States, as well as WHO and ILO experts.
Dr Sarah Barber, WHO Representative to South Africa, opened the workshop by emphasizing the need for such a workshop in the African context, particularly in light of the response to the 2014-2016 EVD outbreak and lessons learned from it. She drew participants’ attention to the shortage of health workers in more than 31 African countries, stressing the importance of safety and health to ensure their retention in their jobs and their well-being during employment.

Dr Sophie Kisting, Executive Director of South Africa’s National Institute of Occupational Health, emphasized the need for solidarity with health workers in Africa. She stressed the importance of collaboration between stakeholders on OSH at international, regional, national and local levels.

Dr Adrienne Rashford of WHO’s Global Capacities, Alert and Response Department explained that the overall purpose of the workshop was to enable high-priority African countries to organize the protection of health and safety of emergency responders and health workers during outbreaks and public health emergencies. She emphasized this was especially important in view of the current scarcity of health workers and the impact of the EVD outbreak on their health and safety.

Dr Ivan Ivanov of WHO’s Workers Health team outlined the agenda of the meeting. He explained that the specific objectives of the workshop were:

- to build countries’ capacities for integrating OSH in the preparedness and response to outbreaks and public health emergencies;
- to strengthen collaboration between national occupational health programmes and the mechanisms for preparedness and response; and
- to train national public health officers in developing national programmes for OSH of health workers and to implement tools for workplace improvement in health-care facilities.
SESSION 1
Occupational safety and health risks in outbreaks and public health emergencies

Preparedness and response to outbreaks of epidemic and pandemic diseases and public health emergencies

Dr Adrienne Rashford, WHO

The presentation described the importance of emergency preparedness in African countries under the Regional Preparedness Project, funded by the United Kingdom’s Department for International Development. Strategic risk profiling exercises are being conducted in Gambia and Malawi, and national and regional rapid response teams (including training, logistics and OSH support) are being developed. So far, through WHO support, 19 countries in the WHO African Region have enhanced their emergency preparedness programmes with increased capacities, including the appointment of health security and emergency officers at national level.

Discussion: Participants emphasized the need to involve stakeholders from non-health sectors, including workers’ unions. Participants heard that the simulation exercise in Senegal involved participants from the health sector together with local authorities, including environment, agriculture and security. It was noted that the donor agencies provide information on their overall funding and its purpose. This information is captured in the Strategic Partnership portal, is corroborated at national level by individual countries, and is used by the authorities while planning emergency preparedness.

Risks and protective measures in public health emergencies: chemical emergencies, toxic waste dumping

Dr Shubhendu Mudgal, WHO

The presentation focused on public health emergencies involving chemicals, such as toxic waste, and looked specifically at incidents of chemical dumping in African countries (e.g. Cote D’Ivoire, Senegal). The presentation highlighted the importance of preventive actions that were found to be absent in all cases of dumping, leading to adverse health impacts on the population. The scenario of chemical incident response was described, and it was noted that OSH controls in such cases include decontamination and PPE for emergency responders and health workers in health-care facilities.

Discussion: Participants pointed out that many health-care facilities in Africa are not constructed to allow for the decontamination process required to prevent contamination of health workers and facility areas. Specific guidelines are needed on the decontamination process for health-care facilities. Preventive controls are also needed, including national regulations on chemical dumping and other chemical incidents. Participants also expressed concern at air pollution caused by chemicals and suggested that this is an area where preventive controls are required. It was felt that the International Health Regulations serve as an important instrument for protection against chemical incidents.
Vector-borne diseases
Dr Ivan Ivanov, WHO

The presentation on OSH risks and preventive measures for vector-borne diseases looked particularly at the safety and health hazards and risks to health workers involved in insecticide-spraying for vector control. The importance of adhering to standard procedures for spraying operations – including indoor spraying, insecticide preparation, correct spray flow rates, care and maintenance of spraying equipment, use of PPE and safe disposal of insecticides – was emphasized. The roles of medical screening during insecticide spraying and emergency treatment of cases of insecticide poisoning were stressed.

Discussion: Participants expressed concern for the safety of the community during spraying operations. It was pointed out that guidelines of WHO for health and safety during insecticide-spraying also include guidelines on communication with community members – such as persons whose homes are sprayed – and general information on insecticide hazards. In some countries, national guidelines on spraying are available, along with respiratory equipment and waste management tools for emergency preparedness.

Air borne diseases
Dr Sophi Kisting, South Africa

Examples were given of the occupational hazards and risks associated with the management of respiratory disease outbreaks such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The areas covered included bio-risk assessment, early detection and treatment of cases, ventilation improvement and the use of PPE. The importance of testing the fit and correct use of respirators was emphasized. It was pointed out that wrong infection control is worse than no infection control as it may lead to higher infection risk to health workers.

Risks and protective measures in outbreaks of highly infectious diseases
Haemorrhagic fevers and water-borne outbreaks
Dr Shubhendu Mudgal, WHO

The presentation covered viral haemorrhagic fevers (VHFs) and their presence in different African countries, OSH controls required for protection against each disease, and safety and health impacts of EVD on health workers. Key occupational safety and health controls such as triage, isolation, standard precautions, hand hygiene, respiratory hygiene, environmental sanitation and waste management were explained. Participants were given an overview of the OSH management system implemented during the 2014–2016 EVD response and it was recommended that the same system be adapted for protection against other VHFs.

The presentation on water-borne diseases covered health and safety in cholera treatment units and hazards and risks to sanitation workers during cholera outbreaks. Participants also heard about OSH hazards during floods and particularly the risks to workers handling corpses during floods.

Discussion: Issues raised included a concern that legislation, including safety and health regulations, seems to be less effectively applied in health-care facilities, and that health workers have a right to expect appropriate protection. It was stressed that good working conditions are a fundamental right for health workers. There was concern that workers dealing with disease outbreaks in animals are also at risk unless protective measures are taken. There was a report that
some African health workers had suffered dengue haemorrhagic fever due to a mosquito breeding site near their workplace. Participants were updated on current work in progress on occupational health in emergencies, including development of a manual on outbreaks and other emergencies which covered standard operating procedures, guidelines and tools. Detailed plans are under way for developing training modules on basic OSH in an electronic format; the modules will also cover OSH in different emergencies (e.g. chemical and radiological emergencies, natural disasters etc.). A training module on managing OSH in the field is also underway for managers and administrators.

SESSION 2

Communication of occupational safety and health risks in outbreaks and emergencies

Communication in emergencies and risk communication to workers and to media

Ms Nada Osseiran, WHO

The presentation focused on the areas of risk communication in emergencies, risk communication with workers, and working with the media. In all emergencies – whether conflicts, natural disasters or outbreaks – certain management functions must be carried out irrespective of the scale of the emergency. Within these management functions, “communications” (both internal and external) must be a core component and not a stand-alone or add-on function.

For communication to be effective, there is a need for pre-planning that highlights the key principles of communication – such as trust and understanding between public health professionals and the media. The five keys for outbreak communication are trust, early announcement, transparency, listening and planning. Reporting must be accurate with clear and fast messages. The use of sound bites (one sentence which summarizes key facts in 27 words) is often recommended. Health workers are a key target audience, and communication – particularly risk communication – should be a priority for them in order not to instill fear. Health workers should not learn about workplace concerns from the media; rather, communication to health workers should be proactive and continuous.

It was recommended to build an alliance with the media to ensure that communication with them is proactive rather than reactive, making sure the media are allies rather than enemies. WHO offers training support in media communications to Member States and has online training modules on how to respond to emergencies safely (i.e. occupational health risks and protection, safety and management of risks in the field). Face-to-face communication must be promoted and safety must be enforced during outbreak responses. Risk communication must be inclusive, must do more than just inform and must include all workers at risk... Risk communication often focuses only on the public but should be applied to occupational health too. Internal communication is lacking in many African countries and should include trade unions to limit fears in workers who trust unions more than management. Social media plays a critical role in risk communication; WHO had been using social media communication for the past 3 years and had 2 million followers so far. Daily updates during an emergency response should be in the form of daily briefings and reporting. Training must be done to prevent errors, risks of exposure and waste of resources (e.g. triple donning of gloves).
Discussion: The importance of regular daily face-to-face communication with frontline workers was stressed. Participants suggested that the International Health Regulations and the Global Health Security partnerships could also be included in the communication strategy. It was noted that the EVD response was a wake-up call showing the importance of effective communication and an intersectoral approach – covering, for instance, aspects of sociology, epidemiology and technical information – that must be harmonized in order to develop an effective communication message. There was concern at media perceptions of issues affecting large numbers of people in a short period, as in the case of disasters, compared with issues affecting low numbers over long periods of exposure, as in case of occupational health impacts. Participants were informed that, during outbreaks and emergencies, including the EVD response, WHO provided communication with health workers on case definitions, surveillance, infection prevention and control and use of PPE.

SESSION 3

Occupational safety and health in response to public health emergencies

Common occupational safety and health risks in public health emergencies and their controls: selection and use of PPE in public health emergencies and management of occupational safety and health (OSH) in emergency response

Dr Lisa Delaney, National Institute for Occupational Safety and Health (NIOSH), USA

Public health emergencies cause a common set of hazards, and there is a common set of health and safety precautions to protect against them. The hazards discussed included physical (heat stress, radiation), biological (moulds, foodborne, bloodborne), stress (delayed or immediate), noise, musculoskeletal, chemical, smoke, social unrest and violence, and insect and animal bites etc. The need to preserve health workers’ emotional well-being, which is a new focus area under psychological hazards, was also emphasized. The approach should include hazard identification, exposure assessment and health monitoring, mitigation, training and use of PPE. The hierarchy of controls (elimination, substitution, engineering, administrative and PPE) was discussed in detail with examples.

Selection and use of PPE in public health emergencies is critical. The use of filtering facepiece respirators versus expensive powered air purifying respirators that run on batteries (used for previous EVD outbreaks) was discussed. It was recommended that tuberculosis patients be provided with surgical masks, if tolerated, to minimize the spread of aerosol and thus minimize exposure. NIOSH research found that particles trapped on the surface of respirator filters do not readily re-aerosolize. NIOSH recommends the extended use of respirators (i.e. wearing the same respirator between patients with the same disease) when shortages exist. In addition, because of lack of resources, especially in African countries, respirators can be re-used when worn to protect workers against certain infectious organisms (e.g. pandemic influenza) but they would not be appropriate for high-risk organisms such as EVD. Respirator wearers should inspect respirators and replace them if soiled, damaged or deformed. Results from a preliminary NIOSH study suggest limiting the number of re-uses of a filtering facepiece respirator (e.g. an N-95) to no more than five per device. Respirators can be stored in a breathable container such as a paper bag when not being worn. It is important to inspect PPE for damage and defects before each use (e.g. incorrect seams of gowns could lead to leaks).
Participants were also provided with an overview of the Emergency Responder Health Monitoring and Surveillance System (ERHMS) that has been developed by NIOSH and implemented during many emergencies, including the EVD response. The ERHMS is designed to provide real-time data and recommendations on health and safety concerns that affect responders in an emergency response, and include recommendations and tools for all phases of a response. The intent of medical monitoring and surveillance is to identify exposures and/or signs and symptoms early in an emergency response in order to prevent or mitigate adverse physical and psychological outcomes and to ensure that workers maintain their ability to respond effectively and avoid harm during response work. Correct donning and doffing of gloves and respirators was shown at the workshop, giving participants an opportunity to observe such procedures and practice them.

**Discussion:** One participant expressed concern about exposing family members to hazards when returning home from an emergency, while another asked about compensation for diseases contracted during an emergency response. It was noted that occupational health and compensation procedures are non-regulated in certain countries; in these cases the use of existing guidelines is recommended. Other concerns included the lack of PPE in peripheral health-care facilities and the need to budget for PPE in emergency planning. It was further explained that re-use of respirators must be based on the type of organisms involved and that extended use of a respirator by a health-worker may be allowed for handling patients provided the respirator and or patient is not touched.

**SESSION 4**

**National programmes for occupational safety and health of health workers**

**National programmes for occupational safety and health of health workers**

*Dr Ivan Ivanov, WHO*

Protecting the safety and health of the health workforce should be an integral component of health system resilience. All categories of health workers, including community health workers, should be included in OSH programmes. The WHO/ILO Framework for national occupational health programmes for health workers was outlined and the need for legislation on OSH for health workers and standards of good practice for OSH in health-care facilities was emphasized. The presentation stressed utilizing links with other programmes such as infection prevention and control, patient safety, health-care waste management and others. Collaboration and partnership between government agencies, civil society and the private sector (e.g. health, labour, safety and security, private health care, professional associations, academia) is essential.

**National programmes for occupational safety and health of health workers in South Africa**

*Dr Muzimkhulu Zungu, National Institute for Occupational Health, South Africa*

South Africa has a unified health system under the leadership of the Ministry of Health, with health services delivered through both the public and private sectors. The policy leadership for the OSH of health workers is provided by the Departments of Health, Public Service and Administration, and Labour. Legislation and regulations for the OSH of health workers in South Africa were described,
with stress on the successes and challenges of OSH for health workers; these included occupational health risk assessments leading to risk-based medical surveillance, teaching and training of health workers, infection prevention and control programmes, and HIV and TB workplace programmes. Service quality indicators recommended by WHO for monitoring – such as injuries, absenteeism, incidences and working hours – were also discussed.

**Overview of national programmes in Ghana, Senegal and Tanzania**

A brief overview was provided of national programmes on OSH for health workers in Ghana, Senegal and Tanzania. Ghana noted the presence of regional health management teams that also cover OSH aspects in association with hospital focal persons and environmental health officers. Ghana has identified OSH monitoring indicators, as well as peer monitoring in some hospitals, on OSH and health-care waste management practices.

Tanzania drew attention to its situational analysis of OSH and pointed to the presence of overlapping regulations on OSH that excluded health-care facilities. The country was reported to have developed treatment mechanisms at different levels of the health-care delivery system. However, despite programmes to address HIV, tuberculosis and hepatitis B among health workers, coordination with other sectors requires more action.

Senegal has an OSH national profile and policy that apply to all workers, not only in the health sector. The country was reported to be rapidly developing a national programme on OSH.

**Basic standards for occupational safety and health in health-care facilities**

*Prof Melissa McDiamid, University of Maryland, USA*

The presentation highlighted the shortage of health workers in 57 countries, of which 36 are in Africa. Poor working conditions in the health sector are linked to low resilience of health systems and shortages of human resources for health. Needlestick injuries are a key occupational risk among health workers and are related to hepatitis B, C and HIV infections. Post-exposure prophylaxis is not available in a large number of health facilities. The high toll that TB has taken on health workers in Southern Africa illustrates the serious threats to health workers which existed before the EVD outbreak. Basic safety procedures were presented, where the hierarchy of control is usually reversed (vice versa) in low-resource countries due to lack or shortage of resources for the often more expensive engineering solutions such as negative pressure isolation rooms for TB patients or for biological safety containment cabinets for bio- or chemical hazards handling.

Environmental health considerations should be linked to OSH at points of care, such as at clinics, and should include on-site provision of safe water, sufficient water quantity, water access for patients and water for facilities and sewage. Other important elements are cleaning and laundry, vector control, hygiene promotion, and building design and construction (i.e. infrastructure) which are also determinants of worker safety and health.

Bloodborne pathogen exposure management is a concern in view of needlestick injuries and other opportunities for exposure to infectious body fluids and waste. Precautions and management include proper handling and disposal of sharps, storage and work practices. Airborne exposure control includes early identification and isolation of infected tuberculosis patients as the first and critical step, followed by airborne precautions, administrative controls (limited room access), engineering (ventilation, ultraviolet germicidal Irradiation and PPE use [respirators such as N-95 or FFP2]).
Discussion: It was suggested that, for respiratory protection in health-care facilities, low-cost solutions (e.g. natural ventilation and triage) should be preferred over high-cost solutions. Participants were informed of the WHO-ILO-UNAIDS guidelines on HIV and tuberculosis for health workers which provide worksite recommendations on infection control, HIV counselling and testing, and post-exposure prophylaxis. Concern was expressed at the stigma attached to patients with tuberculosis but it was affirmed that stigma should not prohibit action. It was agreed that it is urgent to take action to prevent health workers from dying because of health facilities’ lack of basic protection of their health and safety.

SESSION 5
Protecting occupational safety and health of frontline health workers

Demonstration of ILO/WHO training tool on workplace improvement in health-care facilities HealthWISE

Dr Christiane Wiskow, ILO Geneva, and Dr Mady Diagne, ILO Dakar

The third day of the workshop focused on a demonstration of HealthWISE, an ILO/WHO training tool on workplace improvement in health-care facilities. HealthWISE was described as a practical, participatory quality improvement tool that combines action and learning, encouraging managers and staff to work together to improve workplaces and practices. The tool focuses on achievements and promotes simple low-cost solutions, learning by doing, and information exchange for health. The methodology is based on the assumption that health workers know best about their working conditions and usually have ideas on ways to improve them. The method includes an Action Manual, and a supporting Trainers’ Guide and is available in electronic format in several languages.

The Action Manual comprises eight modules covering different aspects of OSH at health-care facilities:

Modules 1–5 of the Action Manual focus on occupational safety and health
- Module 1: Controlling occupational hazards and improving workplace safety
- Module 2: Musculoskeletal hazards and ergonomic solutions
- Module 3: Biological hazards and infection control, with special reference to HIV and TB
- Module 4: Tackling discrimination, harassment and violence at the workplace
- Module 5: Towards a green and healthy workplace

Modules 6–8 of the Action Manual focus on general working conditions
- Module 6: The key role of staff: recruitment, support, management, retention
- Module 7: Working time and family-friendly measures; and Equipment and supplies
- Module 8: Selecting, storing and managing equipment and supplies
The process of introducing HealthWISE in health facilities was demonstrated. Citing the example of piloting HealthWISE in Senegal, the following steps for introducing HealthWISE were outlined:

1. Contact with Ministry of Health and Ministry of Labour and explanation of HealthWISE.
2. Discussion with workers’ unions, to include all existing unions and explaining benefits.
3. Selection of four pilot health-care facilities, and discussion with management and employees.
4. HealthWISE workshop covering four health-care facilities, ministries of health and labour, trade unions.
5. Ministerial decree for health improvements in 10 health-care facilities.

The contents of HealthWISE and the methods of using it as a tool for workplace assessments at health-care facilities were explained, with advice to first adapt checklists to local needs. The checklists can be supported by taking photographs during a walk through health facilities.

Participants were divided into five groups, with each group working interactively on one of the HealthWISE modules on occupational safety and health topics (i.e. modules 1-5).

In various exercises, each group familiarized itself with its respective module, tested the checklist, identified areas for priority action, and developed action plans for workplace improvements based on their own experience. Each group presented its findings to the plenary for further discussion, during which key advantages of an action plan were identified – such as increased communication, improved collective ownership of goals, and methods to achieve the goals and bring strategic focus.

In the last exercise of the workshop, participants were grouped by country to develop next steps for strengthening occupational safety and health in their health facilities and for implementing practical tools such as HealthWISE. The resulting implementation plans were displayed in the room as posters for information exchange and discussion by all participants in a market-place approach.
Conclusions and recommendations

Based on the presentations, discussions and sharing of experiences of different countries, the following conclusions and recommendations emerged for immediate attention and action by countries and international organizations involved in managing occupational safety and health in outbreaks and emergencies:

1. Most African countries lack capacities for protection of occupational safety and health in outbreaks and public health emergencies. It is necessary to ensure that health workers are trained in occupational safety and health principles prior to their engagement in responses to outbreaks and public health emergencies.

2. In many countries the national regulations for occupational safety and health do not cover public health-care facilities. National programmes – including regulations, standards and management for occupational safety and health of health workers – should be developed in all countries according to the WHO/ILO global framework.

3. Poor working conditions in the health sector are linked to low resilience of local health services and the shortage of human resources for health-care delivery. Occupational safety and health of health workers should be given priority and should be linked to national strategies and initiatives for strengthening human resources for health and health service delivery.

4. Most countries have some elements of protection for the safety and health of health workers, such as infection prevention and control and programmes for HIV and tuberculosis at the workplace. These elements need to be enlarged to encompass broader health threats in the sector and should be linked to the management of occupational safety and health in all health-care facilities.

5. The ILO/WHO HealthWISE toolkit for workplace improvement in health-care facilities should be used by countries to build human resource capacities for managing occupational safety and health in every health-care facility. This requires building capacities at the national and district levels to deliver regular training courses based on HealthWISE.
Annex 1. Agenda

Day 1: 14 June 2016

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**Session 1. Occupational safety and health risks in outbreaks and public health emergencies**

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## Day 2: 15 June 2016

### Session 2. Communication of occupational safety and health risks in outbreaks and emergencies
- Communication in emergencies and Risk communication to workers and to media
  
  *Presented by Ms Nada Osseiran, WHO/HQ*

- Discussion on presentation

**10:30 – 11:00 COFFEE/TEA BREAK**

### Session 3. Occupational safety and health in the response to public health emergencies
- Common occupational safety and health risks in public health emergencies and their controls: Selection and use of PPE in public health emergencies and Management of occupational safety and health in emergency response
  
  *Presented by Dr Lisa Delaney, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (CDC/NIOSH)*

- Discussion on presentation

**12:30 – 13:30 LUNCH BREAK**

### Session 4. Protecting occupational safety and health of frontline health workers
- National programmes for occupational safety and health of health workers
  
  *Presented by Dr Ivan Ivanov, WHO/HQ*

- National programmes for occupational safety and health of health workers
  
  *Presented by Dr Muzimkhulu Zungu, National Institute of Occupational Health, South Africa*

**15:00 – 15:30 COFFEE/TEA BREAK**

- Basic standards for occupational safety and health in health-care facilities
  
  *Presented by Prof Melissa McDiarmid, University of Maryland*

- Discussion on presentations of Session 4.

## Day 3: 16 June 2016

### Session 5. Protecting occupational safety and health of frontline health workers
- Demonstration of ILO/WHO training tool on workplace improvement in health-care facilities HealthWISE
  
  *Presented by Dr Christiane Wiskow, ILO Geneva and Dr Mady Diagne, ILO Dakar*

- Discussion on presentation

**COFFEE BREAKS AT 10:30 AND 15:00**

**LUNCH BREAK AT 12:30**
## Annex 2. List of participants

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