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Labor, health and vulnerability in the COVID-19 pandemic

Trabalho, saúde e vulnerabilidade na pandemia de COVID-19

Trabajo, salud y vulnerabilidad en la pandemia de COVID-19

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Abstract

This essay discusses the repercussions of the COVID-19 pandemic on the relation between labor and health, from the perspective of the workers' risk and vulnerability. The pandemic has represented a humanitarian crisis, since both the disease and the measures to contain it lead to persistent socioeconomic effects. In this context, the labor category has an important role, either because of the feasibility of maintaining the social distancing and living conditions allowed by the employment relationship, or because of the impossibility of adopting protection strategies due to job insecurity. The essay was initially built on the basis of a literature review on the interface between COVID-19 and workers' health, carried out from December 2019 to April 2020, on the PubMed, BIREME, Cochrane Library, medRxiv and LitCovid bases, as well as using gray literature. Health professionals are more affected, but they also have greater access to diagnosis; however, data are still scarce on other professional categories, as well as on the social determinants that lead to greater labor-related vulnerability. In Brazil, the pandemic coincides with a situation in which workers accumulate significant losses of labor and social security rights, in addition to pre-existing social inequalities, such as precarious housing, with greater exposure and risk. Although the pandemic is still evolving, social inequalities are expected to intensify, with the deep retraction of the economy, and workers must be a priority target of attention in the control and spread of the disease, in addition to being the axis for planning public social and health protection policies.

Working Conditions; Occupational Health; Pandemics; Vulnerability Analysis; COVID-19

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Introduction

COVID-19, a disease caused by the new coronavirus (SARS-CoV-2), declared as a pandemic by the World Health Organization (WHO), has represented a humanitarian crisis due to its high transmissibility and social and economic impacts. Scientific research has advanced in the characterization of the virus, infection and cases, transmission routes and measures for prevention, containment and control of the disease. However, data are still scarce on the epidemiological profile of the cases and deaths, as well as on the context of social inequalities related to the level of exposure and the ability to protect against the virus and mitigate the social effects caused by the pandemic.

Labor has a central role in the analysis of strategies to control the disease and resume economic development in the post-pandemic period, making feasible, or not, the maintenance of social distancing and decent conditions of life. These conditions could be achieved by guaranteeing income and social rights, and by protecting the health of workers involved in essential activities, such as health care, food production and distribution, urban cleaning, among others. As per *Decree n. 10,282* [1] of March 20, 2020, of the Federal Government, in Art. 3, § 1: *"Public services and essential activities are those indispensable to meet the urgent needs of the community..."*. Some categories of workers, despite not carrying out essential activities, remained subject to working on-site at increased risk of exposure to COVID-19. Among these, we highlight domestic workers, a category at increased risk for COVID-19 in the Brazilian context [2,3].

Among the first cases recorded in December 2019 in the Chinese city of Wuhan, approximately half of them (49%) shared some form of exposure to a fish market (Huanan Seafood Wholesale Market), including workers, consumers and residents from the area around the market [4]. Since then, until August 30, 2020, there have been more than 24 million cases and more than 838,000 deaths in almost all countries in the world [5]. Currently, the pandemic presents different phases in the world and, in some regions, the easing of restriction measures is being considered as a way to guarantee the economic recovery. The International Labor Organization (ILO) is concerned about this time of transition and states that specific controls and comprehensive prevention and surveillance measures are needed to reduce the risk of a second wave of contagion in the workplace. The ILO reaffirms the labor context as a strategic focus for disease prevention and control, due to the relational nature of on-site work, in the family context or in the community environment [6].

Social distancing, the main pandemic mitigation strategy, followed by affected countries at different levels, although mandatory for most economic and social activities, with the exception of essential activities, is restricted to groups in a more stable situation, such as public servants or formal workers, who have some kind of social security or labor protection. Thus, labor has a relevant role in the effectiveness of social distancing, either due to the feasibility of maintaining the social distancing and living conditions allowed by the employment relationship, or due to the impossibility of adopting protective measures because of job insecurity, the types of services to be provided and the challenges for the worker's survival [7].

This essay's argumentation axis, around the workers' risk and vulnerability in the face of the health and humanitarian crisis caused by the COVID-19 pandemic, recovers the convergence built in Collective Health around the proposition of Ayres et al. [8] on the model of vulnerability, which includes the plans for determination of individual, social and programmatic vulnerability. The discussion conducted here focuses on the elements of social vulnerability, recognized as that which *"is related to the possibility of the worker losing their job or suffering a severe income reduction"* [2] during the pandemic, and programmatic vulnerability, related to insufficient response from the State and employers to the needs of these populations, concerning social policies, social security, health care, or protection for and at work [9,10].

Since June 2020, estimates already highlighted Brazil as the epicenter in South America and the second country in number of cases and deaths worldwide [11]. The arrival of the pandemic in the country aggravated the inequalities of a situation in which workers accumulate significant losses of labor and social security rights. In this sense, the pandemic and its health, economic and social repercussions have escalated a context of intense fragility and deregulation of labor. One of the milestones in this context is the labor reform, which is established by *Law n. 13,467*, of July 2017 [12,13]. This reform legitimized the most fragile forms of contracting labor and the losses to employment, with the cre-

ation of subcategories of employees that are more vulnerable in terms of rights, with emphasis on intermittent work and outsourcing of core activities, making it unlimited [14].

For the field of Occupational Health, the labor reform established the favorable scenario for the emergence of more diseases and accidents. It is in this conjuncture that the COVID-19 pandemic arrives. Amid the most severe health crisis of the last hundred years, many workers are in degrading conditions of income and housing, among other adversities of their daily lives, which result in a flagrant obstacle to the strategies to contain the pandemic and particularly to the option of social distancing and the "Stay at Home" recommendation. Accordingly, this essay aimed to discuss the repercussions of the COVID-19 pandemic on labor and health relations, from the perspective of the workers' risks and vulnerabilities.

Contextualization and building of evidence on the relation between labor and health in the pandemic

The essay was initially built on the basis of a literature review on the interface between workers' health and COVID-19 on the PubMed, BIREME, Cochrane Library, medRxiv and LitCovid bases, as well as using gray literature, including works published between December 2019 and April 2020. The search strategy used was: *Workers OR Health Personnel OR Occupational Groups OR Community Health Workers AND COVID-19 OR severe acute respiratory syndrome coronavirus*, adapting them to each bibliographic base. We selected 103 scientific publications, in addition to reports from international agencies, such as the U.S. Centers for Disease Control and Prevention (CDC). Most publications (82.3%) addressed health professionals, use of personal protective equipment and exposure in a hospital environment. The scope of analysis was broadened with perspectives from sociology of labor and from epidemiological surveillance and occupational health surveillance platforms, such as the Integrated Health Surveillance Platform (IVIS Platform; http://plataforma.saude.gov.br/coronavirus/dados-abertos/) of the Brazilian Ministry of Health, and MonitoraCovid-19 (https://bigdata-covid19.icict.fiocruz.br/) of the Oswaldo Cruz Foundation (Fiocruz), for a better understanding of the object. In addition, we researched documents, with consultation to government acts (laws, provisional measures and judicial decisions) implemented in the country and explored data from the Flu Epidemiological Surveillance System (SIVEP-Gripe), available on the IVIS Platform, used by epidemiological surveillance to report cases of severe acute respiratory syndrome (SARS), including cases of COVID-19, among the causes of SARS. The essay discussion used the perspective of vulnerability in the panorama of the pandemic and the effect on labor and health relations, as well as the possibilities of social responses presented to date.

Labor, health and vulnerability: coordinated concepts

Sociology of labor addresses vulnerability as a product of job insecurity, given the centrality of labor in sociability processes. The prospect of worsening job insecurity during and after the pandemic points to an aggravation in the context of inequality [15] prior to the pandemic and the emergence of new social groups, historically more unprotected, in situation of vulnerability. Associated with this, the inadequacy of social policies and associated devices as responses to existing demands may constitute anti-policies arising from "mistaken diagnoses" that reduce distributive capacity and increase inequalities [16].

The concept of vulnerability proposed by Ayres et al. [8,17] recognizes population susceptibilities and social response, resorting to risk analysis, a classic concept of epidemiology, as an indicator of a problem or measure (health need), and the capacity for social response of different population groups, of public health and of the State. When dealing with the workers' risks and vulnerabilities in the context of the pandemic, this essay dialogues with openings produced by this perspective, not only analyzing "*the probabilistic associations of the populational distribution of the infection between different objective and measurable conditions*", but considering "*the variability and dynamics of the variables used in risk analysis considering their concrete social meanings*" [17] (p. 399). Thus, the text is organized around the

axis of vulnerability expressed in the distribution of illness and death by COVID-19, as to variations by gender, age, occupation, education, but also as to the effects of job insecurity and social unprotection of labor, with the increased informal work and losses to artisanal work, which express the dynamic overlapping of social determinants such as race, gender and social class [17].

In the context of Political Ecology and Environmental Law, *"vulnerabilities are understood as arising from development models..."* that admit and naturalize *"the processes that generate social vulnerabilities (...), at the same time that institutions responsible for their regulation and control do not act effectively, at least for certain groups and territories"* [18] (p. 44). Vulnerabilities, therefore, from this perspective, *"result from gradients or differentials of exposure of the groups that live more in the social and economic periphery of development and end up bearing the main environmental burdens. Risks in vulnerable contexts are, therefore, a matter of environmental (in)justice"* [19] (p. 81). Updates to the notion of vulnerability in Public Health take as a differential an element that repositions the focus of this discussion. The adoption of terms that emphasize the vulnerability processes, such as *"vulnerable populations, instead of populations at vulnerability"* seeks to counter the *"naturalization of the term and of the dialogue with the notion of social determination of the health-disease process"* [9] (p. 45).

A study conducted by the Solidary Research Network assessed "the pattern of vulnerability" during the pandemic in Brazil, and found that the impacts of COVID-19 on the world of labor are consistent with the structural inequalities of Brazilian society. Blacks with weaker employment relationships constitute the majority of informal workers. It should be noted that women, particularly black women, are also very vulnerable because they are part of historically unregulated economic sectors – such as the provision of domestic services, an activity that, to a large extent, has been reduced, with the significant dismissal of workers [2].

The relation between gender and the pandemic is also another aspect that needs to be highlighted. Although it is admitted that men show greater severity and mortality due to COVID-19 [20], little is known about how the pandemic has affected men and women differently [21]. Social distancing is expected to have a relevant effect for women, since they are the most engaged in informal care in families, which can limit the capacity for paid work, resulting in decreased income and autonomy for these women [21], increased physical and mental overload, and even increased risk of violence [22]. In addition, women represent 70% of health workers at the forefront of pandemic care, facing multiple risks to their health, well-being and safety [22]. The effective response to the pandemic implies the recognition of differences in gender vulnerability related to exposure to the virus, access to protection and treatment, illness and death, as well as social protection and security policies.

The participation of women in the labor market is characterized by social inequalities, including the composition of employment relationships, remuneration and domestic responsibility. Data from the Brazilian Ministry of Health's epidemiological bulletin show that for every unemployed man there were five unemployed women, in Brazil, between 2012 and 2019. When employed, women predominantly occupied the health, education, social service and maintenance and domestic work services, activities with lower remuneration and worse security conditions, some considered essential during the pandemic and that imply greater risk to the health of workers [23]. In the context of COVID-19, the responsibility for domestic activities associated with multitasking related to care, supervision of children, structurally determined as a a female role, in addition to the provision of sustenance, unequally expose women not only to the risk of the disease itself, but also to the repercussions on physical and mental health.

Based on the results of the *National Continuous Monthly Household Survey* of the Brazilian Institute of Geography and Statistics (IBGE), during the social distancing in Brazil, 736,000 domestic workers lost their jobs, including formal and informal workers, predominantly those with the most insecure employment relationships [24]. The authors point out that *"considering that 92.4% of domestic workers are women and that this ratio probably remains among the unemployed persons, we can infer that about 680,000 female domestic workers are unemployed in the country"* [24]. This context aggravates the situation of vulnerability of these workers and their families, considering that most of them are the main provider of the household.

An ILO report [6] estimates that of a total of 292 million people employed in Latin America and the Caribbean, 158 million work in informal conditions, equivalent to 54%. The document also states that women are more exposed to informality in low-income regions and are generally more susceptible

to vulnerable situations than their partners. In Brazil, 38 million workers are in the informal labor market, about 41.4% of the economically active population [25], whose unstable and irregular labor may put them at greater risk of exposure.

Concurrently to this situation, workers who provide essential services are also at risk. These services are those considered essential to meet the needs of the population [1]. In addition to health workers, other workers should be noted, such as those in protection services (police officers, prison officers, firefighters), office and administrative support occupations (bank, postal and courier employees, patient care representatives), community and social service occupations (social workers, counselors) and even construction and extraction occupations (plumbers, septic tank installers, elevator repairers) [26]. These occupations must be considered by public health interventions, as they can constitute potential sources of exposure to the virus [3].

In addition to the risk of contamination, it is necessary to highlight the immediate effects of anxiety and stress among workers. A study that evaluated health professionals found that 39% had some psychological distress, especially those who worked in Wuhan with work overload [27]. These professionals may also be afraid of contagion and transmission to their families, friends or colleagues [28], in addition to showing signs of exhaustion, such as sleep disorders [29]. Although the so-called frontline occupations present a high risk for some impairment in mental health, the psychological impacts of social distancing measures also have important repercussions for other workers. Physically active people, but who stopped working due to the need for social distancing, showed worse physical and mental health conditions [30]. This information emphasizes the importance of supporting workers through mental health protection interventions in times of generalized crisis [28].

It is recognized that the COVID-19 pandemic has been affecting workers of different occupations, although it predominantly affects non-white persons and migrants, who are in lower socioeconomic groups, with limited access to health services or who work without social protection. Even so, the policies instituted have not reached these most vulnerable groups as a priority [31]. The ILO highlights the importance of actions aimed at these groups, especially those in the informal economy, migrants and domestic workers. It suggests preventive measures such as training and education on safe and healthy work practices, provision of adequate personal protective equipment (PPEs), access to health services and provision of alternative livelihoods. Additionally, it recommends mapping risky activities and training workers with educational activities to ensure safe work for returning to work in the transition and post-pandemic periods [32]. It is worth noting that most measures concern formal workers.

A pandemic naturally impacts health, employment and income; however, these impacts can be minimized when the circumstances favors the guarantee of social rights. In Brazil, the changes and the accumulation of losses intensified with the labor reform, which altered chapters in the *Consolidation of Labor Laws* and led to a situation in which the changes reached the constitutional paradigm of labor protection. Labor Law, which separated and distinguished itself from Civil Law, is based exactly on the recognition of the workers' hyposufficiency, in their vulnerable and subordinate condition, and this is what is denied in the scope of the labor reform in the country [14]. Job insecurity and its impact on the workers' right to health had already been expressed in the increased physical and psychological illness due to the fragility of the social control exercised to adjust working conditions and prevent diseases and accidents. Furthermore, without the collective devices for organizing workers, with increasingly weakened unions, conditions favorable to work overload [12,14,33] and vulnerabilities have increased.

Panorama of the pandemic in the context of vulnerability and labor

The pandemic has unevenly affected different population groups, but little has been produced of scientific evidence on the health of workers, particularly on those working outside the Health Sector. Reinforcing the existence of this deficiency of data, we found 103 publications on this subject, most reporting aspects related to health workers and only 19 (18.4%) discussing other workers rather than health workers. These findings highlight the permanent invisibility of essential workers such as urban cleaners, housekeepers, delivery men, motorcycle couriers, supermarket cashiers, workers in the fuel industry, in the chemical industry that produces raw materials for sanitizers and medicines, among others.

Most of these findings pointed to higher risk among health workers. The incidence of the disease in Wuhan was estimated at 41.5 cases per million inhabitants in the general population, and 130.5 cases per million inhabitants among health workers, that is, the risk triples among these workers in relation to the general population [25]. Another study, which evaluated confirmed cases of COVID-19 from six Asian countries (Hong Kong, Japan, Singapore, Taiwan, Thailand and Vietnam), found that 14.9% of the cases were possibly related to labor. The five occupational groups with the highest frequency of cases were: health workers (22%); drivers and transport workers (18%); service workers and salespeople (18%); cleaning staff and housekeepers (9%); and public security workers (7%) [34].

Research with data from 44,672 confirmed cases in Wuhan found that 22% of these cases occurred among farmers, 7.7% among industrialists, and 3.8% among health workers. Mortality was 0.3 person/month among farmers, 1.2 among industrialists, and 0.06 among health workers, with lethality of 1.4%, 0.7%, and 0.3%, respectively [35]. According to this set of evidence, although the risk of becoming ill (incidence) is higher among health workers, the risk of dying, which is probably related to other determinants rather than just the greater probability of exposure to the virus [36], may be higher in other occupations, when compared with health work.

The data available in Brazil regarding the notification of cases among groups of workers are still incipient and show significant underreporting, which creates invisibility for the most affected occupations. In part, these events can be justified by the way in which the notification forms are presented. Since the beginning of the pandemic in Brazil, the instructions from the Ministry of Health related to the notification of suspected and confirmed cases of COVID-19 have undergone changes, such as the shift from using the RedCAP platform to using the e-Sus Notifica platform [37]. The e-Sus Notifica Platform, until August 2020, instructed users to register the occupation only for health and security professions, with the serious gap on the occupation variable remaining in the notification of COVID-19, with the already known repercussions [38]. It is worth mentioning that health professionals do not include general health workers, which comprise hygiene staff, reception staff and other central occupations in health units. For hospitalized cases, the individual registration form for SARS cases has the occupation field; however, this is not a guarantee it will be filled in [39].

When exploring the data from SIVEP-Gripe, from January to June 16, 2020, with a cut-off for notifications among individuals aged 18 to 70 years, 135,528 hospitalizations for SARS were found, of which only 3.8% (5,182) had the occupation filled in. Of the notified cases of SARS, 512 had final classification as non-COVID-19 SARS, 61,719 cases were confirmed by laboratory criteria for COVID-19, in addition to 73,297 cases of unspecified SARS or with ignored final classification in the system. Among the COVID-19 cases, the occupation was filled in on 2,602 records, which correspond to 4.2%. The trend of underreporting the occupation variable was maintained in the death records, with only 3.4% of occupations recorded for deaths by SARS (868/25,187) and 3.8% (642/16,932) for the cases of COVID-19 (IVIS Platform; http://plataforma.saude.gov.br/coronavirus/dados-abertos/, accessed on 20/Jun/2020).

Underreporting of the occupation variable limits the occupational health surveillance and precludes the risk analysis between the professional categories and the understanding of the vulnerabilities. This condition of lacking records has often been discussed in the health field. However, in pandemic conditions, in which decision-making must consider the protection of workers for the maintenance of essential services, preventing new cases, and at the same time reducing the progression of the disease, underreporting and under-registration of occupations can compromise coping strategies and demarcate health inequities.

Despite the insufficient data as to occupation record, the analysis of SIVEP-Gripe enabled a preliminary description of the cases among workers (IVIS Platform; http://plataforma.saude.gov.br/coronavirus/dados-abertos/, accessed on 20/Jun/2020). Of the 5,182 workers investigated for SARS, 24.2% (1,252) were health workers. We note nursing technicians and assistants, with 458 cases, 36.6% of the total among health workers, followed by nurses with 20.4% (255), and physicians with 15.6% (196). When considering diagnostic confirmation by laboratory criteria, 25.6% (666) of the workers confirmed with COVID-19 were health workers. Among the COVID-19 cases registered in health workers, the main occupations were: nursing technicians and assistants with 33.3% (222/666); nurses with 19.4% (129/666); and physicians with 16.2% (108/666).

Considering the records for SARS and COVID-19 among the other occupational groups, it was possible to identify some large groups that stood out. For SARS notifications, the major occupational groups with the most records were: service and commerce workers with 21.5% (1,112), highlighting commerce workers and domestic workers, followed by industry workers with 19.6% (1,016), highlighting drivers of cargo transportation trucks and bricklayers (construction industry). Regarding the confirmed cases of COVID-19, the profile is similar: service and commerce workers with 20.2% (525), industry workers with 18.7% (488). Mid-level technicians and agricultural workers also appear in the notifications, in the order of large occupational groups with higher frequency of records of SARS by COVID-19.

In the distribution of deaths by SARS and confirmed cases of COVID-19, according to large occupational groups, the percentage of records among service and commerce workers and industry workers, ranging from 24 to 26%, exceeds that of science and arts professionals (18 to 20%), which includes health professionals.

Due to the relevant under-registration of the occupation variable, the data presented here should be considered with caution due to the absolute insufficiency of data. Furthermore, hospital records show only the most severe cases of the disease and limit the assessment of disease risk among workers. In addition, underreporting also restricted the building of disease severity indicators and made it impossible to reasonably estimate the frequency of the event among professional categories.

The limitation of the epidemiological results described in this topic can be an important indicator of the difficulty that precedes the pandemic, regarding the registration of occupations, due to the lack of priority given by the managers of the health information systems (HIS) and, by extension, by the community of health services that fill out the instruments, feeding these systems. Labor, which is central to the subjects' lives, which socially determines the unequal ways of falling ill and dying, still is not given prominence compatible with this relevance in the HISs, health services and public policies. Thus, the gap of the occupation variable in the HISs or its non-filling in when the field exists shows only a small portion of the invisibility of labor and workers in society.

Agreeing with the existence of this gap, the editorial of the main scientific publication on Occupational Health in Brazil, *Revista Brasileira de Saúde Ocupacional*, pointed out that although health information in the country usually supports the adoption of "*control and prevention measures, as well as as the planning and allocation of resources*" [3] (p. 2) in health, this information usually does not allow specification at the level of occupation. Thus, it is not possible to assess whether, where and under what circumstances the individuals tested positive or diagnosed with the disease were working, nor do it allow the determination of foci of dissemination related to labor activities.

It is important to emphasize that knowing the distribution and frequency of COVID-19 in the world of labor has the primary purpose of promoting the situational diagnosis of the disease, tracing the most affected professional categories, with a view to worker protection policies, strengthening preventive measures [40]. The existence of occupation data would favor the diagnosis of the situation during the pandemic and, at the same time, make it possible to monitor the repercussions of the pandemic on the categories most affected by COVID-19, enabling relating these data with other economic and social impacts of the pandemic on the world of labor.

Critical analysis of pandemic coping and mitigation policies with respect to the world of labor, formal workers and informal workers

Social inequalities permeate fundamental dimensions for analyzing the evolution and mitigation of the COVID-19 disease in the Brazilian context. Low-income populations, heterogeneously distributed across regions of the country, are more exposed to the new Corona virus due to urban crowding, restrictions on basic sanitation, dependence on public transport, and the level of access to health services [41]. In this context, the social inequality and the high poverty and misery that exist in Brazil are a greater warning sign when compared to other countries. China, for example, has socio-political and cultural peculiarities that put it in a more favorable situation, in addition to having financial resources superior to ours [42]. The inequities that exist in the country will certainly intensify as a result of reduced economic flows. Informal labor, which represents approximately 41.4% of the Brazilian

labor market [25], during this period of health and economic crisis, will appear as one of the main problems related to loss of income with the absence of devices for social protection and guarantee of labor rights and social security.

The Federal Government policies adopted in the midst of the pandemic, which should increase the workers' social protection, have not been conceived from this perspective, according to labor and labor law scholars. These government measures make explicit the choice of protecting the market and businesses to the detriment of the the protection of workers. *Provisional Measure (PM) 927*, published on March 22, 2020, even provided for the suspension of employment and remuneration contracts for a period of four months, which would leave workers "*to their own devices, aggravating the social and economic chaos and institutionalizing an actual humanitarian crime*" [43]. The significant reaction of society, in the midst of the pandemic, forced the revocation of article 18 of this PM, by its proponent, the President of the Republic of Brazil. Other prejudices of the PM text are maintained and in force and the Federal Government published PM 936, on April 1, 2020, which would correct the omission in PM 927 regarding the role of the State in preserving jobs and income in the coronavirus crisis.

The PM then instituted, for formal workers, the so-called Emergency Employment and Income Maintenance Program that provides for supplementary labor measures to deal with the state of public calamity. The measure authorizes employers to suspend the employment contract temporarily, to reduce salaries and working hours (for up to 90 days) or to suspend employment contracts for up to 60 days. It is noteworthy that in case of suspension of contract or reduction in working hours, with salary cut, the proposal is that this is supplemented by the release of unemployment insurance, in the same proportion of the salary reduction. However, not all formal workers will be entitled to this supplement, since it is a sine qua non condition that the requirements for the granting of said insurance are previously fulfilled. Also in this PM, the intermittent employee, a subcategory created in the aforementioned labor reform, is granted a monthly emergency benefit in the amount of BRL 600.00 (six hundred Reais) for a period of three months, which was extended for another two months. A new extension is under discussion, given the progressive and persistent advance of the pandemic in Brazil; however, it finds resistance as to both the period and the amount granted [44]. Even with the extension, the benefit represents an income well below the minimum wage for intermittent workers, and there were many reports of difficulties in accessing it. Approximately 106 million people tried to register, 59 million of whom were eligible to receive the benefit; however, until the third week of May, almost a month after the benefit was announced, many families had not yet received the resource, which probably forced them to expose themselves to unsafe working conditions to guarantee their livelihood in the midst of the pandemic [45].

Researchers, political scientists and health professionals, throughout the pandemic, have shown the serious insufficiency of the Federal Government policies to face the health crisis and its social and economic consequences. The dismissal of the Minister of Health in the initial time of the pandemic (April 16, 2020), with successors whose very short stints in the ministry did not establish actions to combat the pandemic, and the most recent vacancy in this position, with the presence of an interim staff, coming from the armed forces, without any plan for the ministry of health amid the tragedy of more than 100,000 dead by COVID-19, are facts that accumulate and make explicit the lack of federal command. States and municipalities adopted different policies, including different times and modes for decreeing and maintaining social distancing, with varying degrees of adherence due to the lack of support and of a policy coordinated by the Federal Government for the country [46].

According to Filgueiras & Druck [46], "*in addition to fighting and sabotaging social isolation, with exemplary actions and statements by the president himself, the government* (...) *hindered and tried to prevent its execution, by not releasing, with the necessary breadth and promptness, the financial assistance to those who lost their jobs (or occupation, in the case of the self-employed and informal workers) and to the most fragile in all aspects (income, housing and sanitary conditions)*", the authors point out. They emphasize the government's omission in the face of the serious situation that even compromised the subsistence of several categories of workers, mentioning the "*workers from the world of arts and from the delivery sector dominated by applications*", and complement by pointing out the characteristic of the Federal Government marked by "*denial of the seriousness of the pandemic, falsely opposing the fight against it to the need for the economy to continue functioning, as if there were no possibility for the government to act on both fronts*".

In this context, it is also necessary to consider that the health workforce occupies a prominent place, in view of its centrality, especially recognized, in the maintenance of the health care network. In the midst of the health crisis that this pandemic represents, the visibility achieved by the Brazilian Unified National Health System (SUS) and by health workers expresses at this moment their structural importance that is not recognized and, on the contrary, strongly denied by government policies in recent years. It is possible to distinguish at least two perspectives for the emphasis currently given to health professionals. On the one hand, this emphasis is associated with their indispensability in facing the pandemic, that is, maintaining the workforce, avoiding loss of personnel, due to illness or death. On the other hand, this indispensability gives visibility to the health work, partly showing the daily challenges present in the world of labor, in general, and in health work, in particular, even if referring to health professionals and not to health workers.

Regardless of one or the other of these two perspectives, it is evident that health workers have gained prominence, being the subject of several technical notes [23,47,48]. In these notes, health service workers are recognized as a priority vulnerable group in the COVID-19 pandemic. Although it gained notoriety in this period, PM 927 of the Federal Government had brought in its article 29 that: "*Cases of contamination by the coronavirus (COVID-19) will not be considered occupational, except upon proof of the causal link*". Uncertainty was created, especially among health professionals and their representatives in unions and councils, who interpreted that this article 29 would create difficulties for the recognition of COVID-19 as a labor-related disease.

In order to contribute towards reaffirming the rights of health workers in relation to COVID-19, the Broad Front in Defense of Workers' Health instituted on April 2, 2020 a Technical Group that prepared a Technical Note, published on April 7, 2020, which aimed to provide workers, their union representatives, and professional councils with clarification about the relation between COVID-19 and health work and states: "*Defining the clinical-occupational diagnosis of a disease or condition requires investigating the relation between the disease and labor (causal link between disease and work), which is defined based on evidence of occupational exposure. The nature of health work, which currently involves providing health care to people with COVID-19 disease or performing tasks in the work environments of health care units (reception, cleaning, laboratory and others), results in occupational exposure of workers of this Sector (...) – whose presence and consequent occupational exposure are determined by the occupation exercised. Therefore, the establishment of the relation with labor, or the causal link between COVID-19 and labor, for all workers in effective occupational activity in the tasks of providing care to persons or in other tasks within the workplace where care is provided, is defined*" [48].

The Technical Standard of the Broad Front is a document that provides general preventive measures for COVID-19, as well as labor and social security rights for persons with labor-related COVID-19 among health workers and has been followed by a fruitful discussion about the need to recognize the relation between COVID-19 and labor. The expansion of this right to workers in essential activities or to all workers who are unable to adopt social distancing in the pandemic due to labor requirements is the foundation of this discussion.

Although the potential risks to health workers are well established, five months after the first confirmed case in Brazil the then president still disrespects this group by fully vetoing the bill that provided for payment of compensation to disabled workers and family members in case of death by COVID-19 resulting from professional practice [49]. In this sense, there is still much to be done in terms of the subject, in order to strengthen the rights of workers and understand the central role that labor has in the human, economic and social development of any country.

Final considerations

The set of evidence gathered in this text about COVID-19 in the world of labor enables tracing the main gaps, challenges and possibilities for the roles of health services, organized civil society and Universities in the difficult context of the pandemic. The information gathered in this text can contribute to the construction of the Pandemic and Labor agenda. In this sense, the preservation of the workers' health must be the axis around which public policies and other initiatives are coordinated. We point out that workers who remain active during the pandemic – with no guarantee as to the right

to health, as this right includes the possibility of adopting social distancing, which is not possible in circumstances of social and health inequities – must be given priority attention to control the spread of the disease and protect life.

Expanding protection policies and measures is an urgent need for other activities with risk of exposure, as is the case of pharmacy workers, delivery men, postmen, cargo and passenger transport and support staff, gas station attendants, food and product supply and sales services; residential services, porters and caretakers, cleaning staff, domestic workers; watchmen, policemen, firemen; caregivers for the elderly and dependent people; maintenance workers for public and private telephone, electricity, water, gas, internet, public security, funeral, and garbage collection services, among others.

It is also essential to consider safe strategies for workers when they gradually return to their activities, in addition to those considered essential. It is crucial that COVID-19 prevention measures are adopted in workplaces, ensuring changes in work and production management, reducing shifts and working hours, in order to avoid crowding in these places and enabling the minimum physical distance of two meters for on-site workers. Availability of collective and personal protective equipment, with an emphasis on respiratory protection and easy access to hand hygiene stations, is part of the measures necessary to adapt workplaces [50]. Increasing the number of tests and maintaining continuous surveillance systems are objectives for preventing and controlling the spread of the virus in the workplace.

Some successful experiences, particularly in health services, in other epidemics such as SARS, have been recommended as strategies for coping and resuming activities. Special attention should be directed to reorganization of the flow of users entering and leaving, regular testing in the workers' household environment, reorganization of the work environments, isolation of specific sectors, instruction and encouragement for the use of PPEs, reduction in the working hours, provision of accommodation to guarantee social distancing, provision of social and psychological support to workers [51].

The current condition of humanitarian crisis caused by the pandemic has accelerated a series of social protection initiatives focused on the field of labor. Several governments have implemented or extended protection programs for vulnerable groups, with the introduction of measures and legislation on health care, unemployment mitigation, and social assistance, which included income transfer and job support and maintenance [32]. Prospectively, these measures must be incorporated as sustainable mechanisms for social protection, with the participation of workers, their representatives, employers and the State, to guarantee labor and social security legislation, with formulation of a solid agenda for consolidation of decent labor and resumption of development after the pandemic.

Contributors

K. O. B. Santos contributed to the study planning and development, and manuscript writing and review. M. C. Almeida and S. S. Miranda contributed to the manuscript writing, review and discussion. Y. F. Mise contributed to the manuscript writing and review. M. A. G. Lima contributed to the study planning and manuscript writing, review and discussion.

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References

1. Brasil. Decreto nº 10.282, de 20 de março de 2020. Regulamenta a Lei nº 13.979, de 6 de fevereiro de 2020, para definir os serviços públicos e as atividades essenciais. Diário Oficial da União 2020; 20 mar.
2. Arantes JT. Estudo avalia a vulnerabilidade de trabalhadores na crise causada pela pandemia de COVID-19. Agência FAPESP 2020; 30 apr. https://agencia.fapesp.br/estudo-avalia-a-vulnerabilidade-de-trabalhadores-na-crise-causada-pela-pandemia-de-covid-19/33065/.
3. Jackson Filho JM, Assunção AÁ, Algranti E, Garcia EG, Saito CA, Maeno M. A saúde do trabalhador e o enfrentamento da COVID-19. Rev Bras Saúde Ocup 2020; 45:e14.
4. Yan Y, Shin WI, Pang YX, Meng Y, Lai J, You C, et al. The first 75 days of novel coronavirus (SARS-CoV-2) outbreak: recent advances, prevention, and treatment. Int J Environ Res Public Health 2020; 17:2323.
5. World Health Organization. Coronavirus disease (COVID-19). Weekly epidemiological update. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200831-weekly-epi-update-3.pdf?sfvrsn=d7032a2a_4 (accessed on 20/Jun/2020).
6. International Labour Organization. COVID-19 crisis and the informal economy. Immediate responses and policy challenges. https://www.ilo.org/global/topics/employment-promotion/informal-economy/publications/WCMS_743623/lang--en/index.htm (accessed on 14/Jun/2020).
7. Rede Covida. Saúde do trabalhador: riscos e vulnerabilidades. Boletim CoVida 2020; (6). https://covid19br.org/main-site-covida/wp-content/uploads/2020/06/Boletim-CoVida-6-4.pdf.
8. Ayres JRCM, França Júnior I, Calazans GJ, Saletti Filho HC. O conceito de vulnerabilidade e as práticas de saúde: novas perspectivas e desafios. In: Czeresnia D, Freitas CM, organizadores. Promoção da saúde: conceitos, reflexões, tendências. Rio de Janeiro: Editora Fiocruz; 2003. p. 117-39.
9. Oliveira RG. Health practices in contexts of vulnerability and neglect of diseases, people and territories: potentialities and contradictions in health care for homeless people. Saúde Soc 2018; 27:37-50.
10. Muñoz Sánchez AI, Bertolozzi MR. Pode o conceito de vulnerabilidade apoiar a construção do conhecimento em Saúde Coletiva? Ciênc Saúde Colet 2007; 12:319-24.
11. World Health Organization. Coronavirus disease 2019 (COVID-19). Situation report – 98. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200427-sitrep-98-covid-19.pdf?sfvrsn=90323472_4 (accessed on 14/Jun/2020).
12. Krein JD, Oliveira RV, Filgueiras VA. As reformas trabalhistas: promessas e impactos na vida de quem trabalha. Caderno CRH 2019; 32:225-9.

13. Filgueiras VA, Lima UM, Souza IF. Os impactos jurídicos, econômicos e sociais das reformas trabalhistas. Caderno CRH 2019; 32:231-52.
14. Druck G, Dutra R, Silva SC. The labor counter-reform: outsourcing and precarization as a rule. Caderno CRH 2019; 32:289-305.
15. Pires LN, Carvalho L, Xavier LL. COVID-19 e desigualdade no Brasil. Cebes 2020; 6 apr. http://cebes.org.br/2020/04/covid-19-e-desigualdade-no-brasil/.
16. Ivo ABL. A reconversão do social: dilemas da redistribuição no tratamento focalizado. São Paulo Perspect 2004; 18:57-67.
17. Ayres JRCM, Calazans GJ, Saletti Filho HC, França-Júnior I. Risco, vulnerabilidade e práticas de prevenção e promoção da saúde. In: Campos GWS, Minayo MCS, Akerman M, Drumond Júnior M, Carvalho YM, organizadores. Tratado de Saúde Coletiva. São Paulo: Hucitec Editora/Rio de Janeiro: Editora Fiocruz; 2009. p. 375-417.
18. Porto MFS. Uma ecologia política dos riscos: princípios para integrarmos o local e o global na promoção da saúde e da justiça ambiental. 2ª Ed. Rio de Janeiro: Editora Fiocruz; 2012.
19. Porto MFS. Riscos, incertezas e vulnerabilidades: transgênicos e os desafios para a ciência e a governança. Política & Sociedade 2005; 4:77-103.
20. Sharma G, Volgman AS, Michos ED. Sex differences in mortality from COVID-19 pandemic: are men vulnerable and women protected? JACC Case Rep 2020; 2:1407-10.
21. Wenham C, Smith J, Morgan R. COVID-19: the gendered impacts of the outbreak. Lancet 2020; 395:846-8.
22. UN Women. COVID-19 and ending violence against women and girls. New York: UN Women; 2020.
23. Agência Nacional de Vigilância Sanitária. Medidas de prevenção e controle que devem ser adotadas durante a assistência aos casos suspeitos ou confirmados de infecção pelo novo Coronavírus (SARS-CoV-2). Nota Técnica nº 04/2020 GVIMS/GGTES/ANVISA. https://www20.anvisa.gov.br/segurancadopaciente/index.php/alertas?task=callelement&format=raw&item_id=836&element=f85c494b-2b32-4109-b8c1-083cca2b7db6&method=download&args[0]=5da686556b937e9db0cea5439b8633fd (accessed on 14/Jun/2020).
24. Myrrha LJD, Queiroz SN, Silva PS. Impactos da Covid-19 no (des)emprego doméstico. O que já podemos ver? Demografia UFRN 2020; 8 jun. https://demografiaufrn.net/2020/06/08/covid19-des-emprego-domestico/.
25. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostra de Domicílios Contínua. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística; 2020.
26. Baker MG, Peckham TK, Seixas NS. Estimating the burden of United States workers exposed to infection or disease: a key factor in containing risk of COVID-19 infection. medRxiv 2020; 6 mar. https://www.medrxiv.org/content/10.1101/2020.03.02.20030288v1.
27. Dai Y, Hu G, Xiong H, Qiu H, Yuan X. Psychological impact of the coronavirus disease 2019 (COVID-19) outbreak on healthcare workers in China. medRxiv 2020; 6 mar. https://www.medrxiv.org/content/10.1101/2020.03.03.20030874v1.
28. Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. Lancet Psychiatry 2020; 7:228-9.
29. Qi J, Xu J, Li B, Huang J, Yang Y, Zhang Z, et al. The evaluation of sleep disturbances for Chinese frontline medical workers under the outbreak of COVID-19. medRxiv 2020; 17 mar. https://www.medrxiv.org/content/10.1101/2020.03.06.20031278v2.
30. Zhang SX, Wang Y, Rauch A, Wei F. Unprecedented disruption of lives and work: health, distress and life satisfaction of working adults in China one month into the COVID-19 outbreak. Psychiatry Res 2020; 288:112958.
31. Devakumar D, Shannon G, Bhopal SS, Abubakar I. Racism and discrimination in COVID-19 responses. Lancet 2020; 395:1194.
32. Organização Internacional do Trabalho. OIT: é necessário garantir a proteção dos trabalhadores agora e após o fim do confinamento. OIT Notícias 2020; 28 apr. https://www.ilo.org/brasilia/noticias/WCMS_743059/lang--pt/index.htm.
33. Galvão A, Castro B, Krein JD, Teixeira MO. Labor reform: precarious work and the challenges for unions. Caderno CRH 2019; 32:253-70.
34. Lan F-Y, Wei C-F, Hsu Y-T, Christiani DC, Kales SN. Work-related Covid-19 transmission. medRxiv 2020; 20 apr. https://www.medrxiv.org/content/10.1101/2020.04.08.20058297v2.
35. The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) – China, 2020. China CDC Wkly 2020; 2:113-22.
36. Centers of Disease Control and Prevention. COVID-19 in racial and ethnic minority groups. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html (accessed on 14/Jun/2020).
37. Ministério da Saúde. Ficha de notificação completa para casos suspeitos e prováveis de Novo Coronavírus (COVID-19). https://redcap.saude.gov.br/surveys/?s=3PRKP3CAJ3 (accessed on 14/Jun/2020).

38. Diretoria de Vigilância e Atenção à Saúde do Trabalhador, Secretaria da Saúde do Estado da Bahia. Orientações técnicas para a investigação e notificação de casos de Covid-19 relacionados ao trabalho. http://renastonline.ensp.iocruz.br/sites/default/files/arquivos/recursos/orientacoestecnicascovid-st_divast_final_2junho2020_1.pdf (accessed on 14/Jun/2020).
39. Ministério da Saúde. Ficha de registro individual – casos de síndrome respiratória aguda grave hospitalizado. http://189.28.128.100/sivep-gripe/Ficha_SIVEP_GRIPE_SRAG_Hospital_31_03_2020.pdf (accessed on 14/Jun/2020).
40. Burdorf A, Porru F, Rugulies R. The COVID-19 (Coronavirus) pandemic: consequences for occupational health. Scand J Work Environ Health 2020; 46:229-30.
41. Bucchianeri GW. Is SARS a poor man's disease? Socioeconomic status and risk factors for SARS transmission. Forum Health Econ Policy 2010; 13(2). https://doi.org/10.2202/1558-9544.1209.
42. Dias BC. Pandemia da Covid-19 e um Brasil de desigualdades: populações vulneráveis e o risco de um genocídio relacionado à idade. https://www.abrasco.org.br/site/gtenvelhecimentoesaudecoletiva/2020/03/31/pandemia-do-covid-19-e-um-brasil-de-desigualdades-populacoes-vulneraveis-e-o-risco-de-um-genocidio-relacionado-a-idade/ (accessed on 14/Jun/2020).
43. Maior JLS. MP 936: do pandemônio à razão? https://www.jorgesoutomaior.com/blog/mp-936-do-pandemonio-a-razao (accessed on 14/Jun/2020).
44. Ideia legislativa que pede prorrogação do auxílio emergencial vai para CDH. Agência Senado 2020; 10 aug. https://www12.senado.leg.br/noticias/materias/2020/08/10/ideia-legislativa-que-pede-prorrogacao-do-auxilio-emergencial-vai-para-cdh.
45. Auxílio Emergencial: 9,7 milhões aguardam análise, diz Caixa. G1 2020; 24 may. https://g1.globo.com/economia/noticia/2020/05/24/auxilio-emergencial-97-milhoes-aguardam-analise.ghtml.
46. Filgueiras L, Druck G. A mudança de conjuntura e a resiliência de Bolsonaro. Le Monde Diplomatique Brasil 2020; 15 jul. https://diplomatique.org.br/a-mudanca-de-conjuntura-e-a-resiliencia-de-bolsonaro/.
47. Secretaria da Saúde do Estado da Bahia. Nota Técnica COE-SAÚDE nº 35 de 28 de março de 2020. Procedimentos para trabalhadores de saúde da SESAB com suspeita de COVID-19 e contactantes da área de saúde. http://www.saude.ba.gov.br/wp-content/uploads/2020/04/NT-no-35-28.03-afastamento-profissionais-de-saude-e-contactantes.pdf (accessed on 14/Jun/2020).
48. Frente Ampla em Defesa da Saúde dos Trabalhadores. Nota Técnica Conjunta (1): orientação sobre direitos de trabalhadoras e trabalhadores dos serviços de saúde, enquanto grupo vulnerável prioritário na pandemia da COVID-19. http://renastonline.ensp.fiocruz.br/sites/default/files/arquivos/noticias/nota_tecnica_da_frente_ampla_direitos_trabalhadores_07_04_20.pdf (accessed on 14/Jun/2020).
49. Júnior J, Librelon R. Bolsonaro veta indenização de R$ 50 mil a profissionais de saúde vitimados pela Covid-19. Agência Câmara de Notícias 2020; 4 ago. https://www.camara.leg.br/noticias/681548-bolsonaro-veta-indenizacao-de-r-50-mil-a-profissionais-de-saude-vitimados-pela-covid-19/.
50. U.S. Department of Labor. Guidance on preparing workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf (accessed on 14/Jun/2020).
51. Heliotério MC, Lopes FQRS, Sousa CC, Souza FO, Freitas PSP, Sousa FNF, et al. COVID-19: por que a proteção da saúde dos trabalhadores e trabalhadoras da saúde é prioritária no combate à pandemia? SciELO Preprints 2020; 2 feb. https://preprints.scielo.org/index.php/scielo/preprint/view/664/855.

Resumo

Este ensaio discute as repercussões da pandemia COVID-19 na relação trabalho e saúde, sob a perspectiva do risco e vulnerabilidade de trabalhadores. A pandemia tem se configurado como uma crise humanitária, uma vez que tanto a doença quanto as medidas de contenção desta geram efeitos socioeconômicos persistentes. Nesse contexto, a categoria trabalho assume um papel relevante, seja pela viabilidade de manutenção do distanciamento social e das condições de vida permitidas pelo vínculo de trabalho, seja pela impossibilidade de adoção das estratégias de proteção devido à precarização do trabalho. A construção do ensaio iniciou com base numa revisão da literatura na interface COVID-19 e saúde dos trabalhadores, realizada de dezembro de 2019 a abril de 2020, nas bases PubMed, BIREME, Cochrane Library, medRxiv e LitCovid, bem como da literatura cinza. Profissionais de saúde são mais acometidos, mas também com maior acesso ao diagnóstico, persistindo lacunas sobre as demais categorias profissionais, bem como sobre os determinantes sociais que implicam uma maior vulnerabilidade relacionada ao trabalho. A pandemia coincide no Brasil com uma conjuntura na qual trabalhadoras(es) acumulam perdas relevantes de direitos trabalhistas e previdenciários, somadas às desigualdades sociais preexistentes, ao exemplo de precariedade de moradia, com maiores exposição e risco. Embora a evolução da pandemia ainda esteja em curso, prevê-se que as desigualdades sociais se intensificarão com a profunda retração da economia, e trabalhadores devem ser alvo prioritário da atenção no controle e disseminação da doença, além de eixo articulador das políticas públicas de proteção social e à saúde.

Condições de Trabalho; Saúde do Trabalhador; Pandemias; Análise de Vulnerabilidade; COVID-19

Resumen

Este ensayo discute las repercusiones de la pandemia COVID-19 en la relación trabajo y salud, bajo la perspectiva del riesgo y vulnerabilidad de los trabajadores. La pandemia se ha configurado como una crisis humanitaria, ya que tanto la enfermedad, como las medidas de contención de la misma, generan efectos socioeconómicos persistentes. En este contexto, la categoría trabajo asume un papel relevante, sea por la viabilidad del mantenimiento del distanciamiento social, así como por las condiciones de vida permitidas por el vínculo laboral, sea por la imposibilidad de adopción de estrategias de protección, debido a la precarización del trabajo. La construcción del ensayo se inició a partir de una revisión de la literatura con la interfaz COVID-19 y salud de los trabajadores, realizada de diciembre de 2019 a abril de 2020, en las bases PubMed, BIREME, Cochrane Library, medRxiv y LitCovid, así como en la literatura gris. Los profesionales de salud son los más afectados, pero también con mayor acceso al diagnóstico, persistiendo lagunas sobre las demás categorías profesionales, así como acerca de los determinantes sociales que implican una mayor vulnerabilidad, relacionada con el trabajo. La pandemia coincide en Brasil con una coyuntura en la que las trabajadoras(es) acumulan pérdidas relevantes de derechos laborales y seguridad social, sumados a las desigualdades sociales preexistentes, por ejemplo, de precariedad de vivienda o con mayor exposición y riesgo. A pesar de que la evolución de la pandemia todavía esté en curso, se prevé que las desigualdades sociales se intensificarán, por la profunda retracción de la economía. Por ello, los trabajadores deben ser objetivo prioritario de la atención en el control y diseminación de la enfermedad, además de ser eje articulador de las políticas públicas de protección social y salud.

Condiciones de Trabajo; Salud Laboral; Pandemias; Análisis de Vulnerabilidad; COVID-19

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