COMMENTARY

Rights versus Responsibilities of Health Care Workers in Nigeria: Changing the Narrative in the COVID-19 Era

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Abstract

The outbreak of the coronavirus disease (COVID-19) in December 2019 and its spread to 216 countries within the first eight months has created a huge strain on health systems across the world. Health care workers (HCWs) at the fore-front of combating the pandemic are largely at risk of infection with the number of infected HCWs increasing daily in many countries. Prior to the outbreak of COVID-19, focus of laws and policies have largely been on the responsibilities of HCWs with little or no attention paid to their rights and protection. The increased rate of infection among health workers and the inadequate conditions under which HCWs have carried out their life-saving responsibilities during the pandemic has created the need to change the narrative by focusing on policy formulation and implementation to ensure that HCWs rights are protected. We endorse the widespread use of the WHO recommendations on Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities of Health workers, including key considerations for occupational safety and health. *(Afr J Reprod Health 2020 (Special Edition); 24[2]:41-45).*

Keywords: Coronavirus, health policies, protection of health care workers, rights of health care workers

Résumé

L'épidémie de la maladie à coronavirus (COVID-19) en décembre 2019 et sa propagation dans 216 pays au cours des huit premiers mois ont créé une énorme pression sur les systèmes de santé à travers le monde. Les agents de santé (TS) à l'avant-garde de la lutte contre la pandémie sont largement exposés au risque d'infection, le nombre de TS infectés augmentant chaque jour dans de nombreux pays. Avant l'épidémie de COVID-19, les lois et les politiques se concentraient largement sur les responsabilités des travailleurs de la santé avec peu ou pas d'attention accordée à leurs droits et à leur protection. L'augmentation du taux d'infection parmi les agents de santé et les conditions inadéquates dans lesquelles les agents de santé ont assumé leurs responsabilités vitales pendant la pandémie ont créé le besoin de changer le discours en se concentrant sur la formulation et la mise en œuvre de politiques pour garantir la protection des droits des agents de santé. l'utilisation généralisée des recommandations de l'OMS sur l'épidémie de maladie à coronavirus (COVID-19): droits, rôles et responsabilités des agents de santé, y compris des considérations clés pour la sécurité et la santé au travail. *(Afr J Reprod Health 2020 (Special Edition); 24[2]: 41-45).*

Mots-clés: Coronavirus, politiques de santé, protection des travailleurs de la santé, droits des travailleurs de la santé

Introduction

News about the Coronavirus Disease (COVID 19) broke out in December 2019 when the virus was first discovered in Wuhan, China. The virus spread to 216 countries during the first eight months leading the World Organization (WHO) to declare the disease a global pandemic in March 2020[1]. As of June 30, 2020, a total of 10, 185, 374 cases have been recorded and about 503, 862 deaths recorded across the world[2], with the number of cases and deaths rising on a daily basis.

The increasing number of cases and deaths from COVID-19 has no doubt, caused a huge strain on the health care systems in most countries. Both developed and developing countries have faced the huge challenge of inadequate facilities to manage the increasing number of COVID-19 patients. Both facilities and personnel required for the management and treatment of patients are increasingly being strained. Reacting to this development, the World Bank has reiterated that building strong health systems are vital in the response to the pandemic[3].Health systems need to be strengthened

and fortified with adequate personnel, equipment and facilities to successfully combat the pandemic.

Role of health care workers and risks exposure to infection

The role of health care workers (HCWs) who are at the frontline of containing the pandemic cannot be over-emphasised. HCWs are exposed to high risk of COVID-19 infection in the course of treatment of patients[4]. HCWs are likely to have close contact with COVID-19 patients in the course of examination and management. The risk of exposure of HCWs is further compounded by several factors mostly beyond their control. Some patients present with symptoms not previously recorded whilst some are completely asymptomatic. In many cases, the needed personal protective equipment (PPEs) are not readily available for HCWs.

Apart from the risk exposures, HCWs have also suffered other challenges. Shah *et al* reported development of post-traumatic stress disorder in varying degrees by medical practitioners[5]. This can be attributed to the increased workload that HCWs have as a result of the pandemic. Ostracizing, stigmatisation and discrimination of HCWs by members of communities who suspect that they may have contracted the disease from the hospitals have also been reported[6].This is largely because HCWs with infections are perceived to have the potential to spread secondary transmission to other patients, family members, and the community[4].

Infection of health care workers in Nigeria

The rate of infection of HCWs across the globe is becoming increasingly worrisome. In Africa alone, the WHO in May 2020 reported infection of 945 health workers in 28 countries in the region, with South Africa having the highest number of infected health workers[7].An updated report released in mid-May 2020, reported a change in trend with Nigeria being reported as the most affected in the African region with 401 health workers infected[8]. The situation in Nigeria continued to worsen, and by May 26, 2020, the country still retained the highest number in the region with 606 health workers having been infected with the coronavirus[9].

The first case of COVID-19 was reported in Nigeria on 27thFebruary2020[10]. Between 27thFebruary and 30thJune, 2020 the Nigeria Centre for Disease Control (NCDC) reported a total of 25, 694confirmed cases with 590 recorded deaths[11]. The WHO reported slightly lower figures of 25, 133 total confirmed cases and 573 total deaths[2]. The variations in the figures can be attributed to the time of reports. The WHO report was released five hours earlier than the NCDC Report. The United Nations Development Programme (UNDP) noted that the pandemic will place huge pressure on Nigeria's already fragile healthcare system[12] which is still struggling to recover from the mass exodus of medical practitioners from the country in the past years.

As much as there is need to pay attention to health care delivery and access to care for COVID-19 patients and suspected cases, in keeping with the United Nations Sustainable Development Goal No. 3 to ensure healthy lives and promote wellbeing for all and particularly, Goal No. 3.8 to achieve Universal Health Coverage (UHC), for all[13], it is equally crucial that the rights of health care practitioners at the forefront of managing the pandemic are equally protected adequately by policy and legal frameworks. The need for adequate protection of HCWs was equally emphasized by the International Partnership for Universal Health Coverage 2030 (UHC2030)[3].

On June15, 2020, the National Association of Resident Doctors in Nigeria embarked on an indefinite work stoppage, ostensibly due to the failure of government to address key issues affecting doctors. The issues include failure to provide adequate personal protective equipment for doctors and failure of government to pay hazard allowances to doctors working on COVID-19 patients[14]. Although the work stoppage exempted doctors working in isolation centres, there was a looming threat that doctors in isolation centres would also join the action if the demands raised are not met by the government within two weeks. Nigeria's already strained health system cannot afford a further reduction in its available workforce particularly with the daily increase in the number of COVID-19 cases in the country.

Protection of health care workers in Nigeria

Whilst little attention has been paid to rights of HCWs over time, much emphasis has been on their responsibilities and obligations. The rules of medical ethics aptly described as 'one-sided' by Draper and Sorell[15] has focused extensively on issues revolving around the obligations of practitioners including the duty to treat and save lives as well as the duty of care

imposed on HCWs. Consistent with this view, the National Health Act (NHA)[16] which is the most comprehensive law governing the healthcare system in Nigeria fails to make detailed and comprehensive provisions on the right of HCWs. Rather, the NHA focuses largely on issues of patient's rights and obligations, health care service provider's obligations and other related issues. The Act in sections 22 and 45 nevertheless made minimal attempt to address some labour related issues particularly issues concerning resolution of trade disputes as well as issues of indemnity for costs incurred by HCWs in successfully defending an action instituted against them.

In the current context, the NHA imposes obligations on HCWs not to refuse any person emergency treatment for any reason- Section 20(1). Failure to carry out the obligation to treat an emergency case amounts to a crime for which HCWs can be held criminally liable under section 20(2). Although section 21 allows for conscientious exemption or exemption on basis of HCWs health status, this is largely at the discretion of the head of the health institution concerned. The only other exception under section 20(3) is in cases where patients have been physically, verbally or sexually abusive to the HCW. The strength of these minimal exceptions in the subsections may also have been whittled down significantly with the inclusion of the phrase 'for any reason' in the obligation not to refuse anyone emergency treatment under Section 20.

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Also, neither the Nigerian Centre for Disease Control (NCDC) nor the National Action Plan for Health Security 2018-2022[17] made reference to protection of HCWs and their rights. The NCDC, on February 29, 2020 released an Interim Guidance Document for HCWs, the facility management team and Infection Prevention and Control (IPC) teams at all levels of healthcare in Nigeria[18]. The document which contains recommendations for infection prevention and control in suspected cases of COVID-19 also offers little or no help at all. The document focuses more on responsibilities of HCWs in managing suspected cases with fleeting remarks made to provision of PPEs and training of HCWs. The release of the Interim Guidance Document two days after the index case of COVID-19 was discovered in Nigeria and at a time when the gravity of the spread of the virus was still largely uncertain may to an extent, pardons the omission of adequate provisions for protection of HCWs. Nevertheless, the document tagged 'interim' ought to have been updated significantly in this regard and in the light of increased infection of HCWs.

WHO coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers (RRRHW), including key considerations for occupational safety and health

The COVID-19 pandemic and the release of the WHO Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities of Health workers, including key considerations for occupational safety and health document on 19thMarch 2020 (COVID-19 RRRHW document)[19]appears to have changed this narrative. Although the COVID-19 RRRHW document contains both rights and corresponding responsibilities, the document also paid needed attention to responsibilities of employers of HCWs as it relates to the protection of rights of HCWs.

The increased vulnerability of healthcare workers to infection in the COVID-19 era clearly justifies the need to highlight and recognise rights of HCWs. The following rights of health care workers can be clearly inferred from the COVID-19 RRRHW document:

Right to information, instruction and training on occupational safety and health (OSH) and IPC;

Right to adequate supply of IPC and PPE and training on use;

Right to a blame-free environment to freely report incidents relating to exposures and cases of violence and to support as a victim of such exposure or violence;

4. Right to report symptoms and to stay home when ill without being required to return to a work situation where there is continuing or serious danger to life or health, until the employer has taken any necessary remedial action;
5. Right to appropriate working hours with breaks;
6. Right to abstain from work without undue consequences where there is reasonable justification to believe that the situation at work presents an imminent and serious danger to life or health;
7. Right to compensation, rehabilitation and curative services if infected with COVID-19 following exposure in the workplace and treatment of same as occupational exposure and resulting illness as an occupational disease, and Right to access mental health and counselling resources.

Conclusion and Recommendations

The success of the COVID-19 RRRHW document as a tool for protecting HCWs in the COVID-19 era is largely dependent on the extent to which HCWs and indeed all stakeholders are aware of the rights, responsibilities outlined therein. More importantly, the implementation of the rights will depend largely on commitment and the adoption of the document by government of respective countries. Whilst it may be a little bit easier to implement the document in government owned hospitals, there will be need for more concerted efforts to ensure implementation of the COVID-19 RRHW document in private health facilities.

Government needs to take necessary practical steps to give legal validity to the document in line with requirements of domestic legal systems and by way of policy formulation thus providing a firm legal basis for implementation and enforcement. The NCDC for instance should adopt this document by issuing new policy documents or by updating the existing Interim Guidance Document to affirm and give effect to the rights of HCWs contained in the COVID-19 RRRHW document. Efforts should also commence to put in place measures to ensure implementation and enforcement of the rights and protection of HCWs.

The fact cannot be denied that the increasing number of infected HCWs in Nigeria and indeed across the globe, requires that all hands be on deck to ensure that HCWs at the forefront of combating the pandemic are protected and not sacrificed unjustly on the COVID-19 altar. It is time, more than ever before, to change the narrative in favour of HCWs.

Contribution of Authors

All authors made significant contributions to the work. The paper was conceptualized by OA2 who provided insights and made contributions on role and infection of health care workers (HCWs) from a medical practitioner's perspective. OA1 made contributions on the extant policy and legal framework for protection of HCWs. FEO gave detailed insights on COVID-19 issues and reviewed the final draft. All authors read through and approved the final version of the manuscript.

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