Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Conclusions: Dr Hargreaves will explore the health datasets that exist, current gaps, and next steps towards improving the health of this under-researched group.

Sp32-2

Health vulnerabilities of cross-border migrants in Nepal, a cross-sectional mix-method study

KC Radheshyam Krishna¹ and Kolitha Prabhash Wickramage²

¹ UN Migration Agency, International Organization for Migration, Kathmandu, Nepal. ² International Organization for Migration, UN Migration Agency, Migration Health Division, Geneva

Introduction: Migration from Nepal to India has a long history with the free-movement treaty galvanized in the 1950’s, facilitating travel, trade, and migration. Labor migration is a prominent feature of this cross-border movement, with an estimated number ranging between 0.5 to 3 million. This study aimed at exploring various health issues and barriers faced by migrants in India.

Materials and Methods: A community-based cross-sectional study was conducted in six districts of Nepal in 2018 among 751 participants with at least six months of work history in India. The information was collected from 24 randomly selected clusters, using a tool adopted utilizing already validated survey questionnaires.

Results: The study revealed that vector-borne illnesses (malaria and dengue) were the primary concerns of all study participants, followed by work-related accidents, non-communicable diseases (hypertension and diabetes), and mental health issues. The prevalence of tobacco and alcohol use was high. Due to the lack of migrant-sensitive health services in India, many migrants face discrimination in accessing health services. The living and working conditions further make them vulnerable to diseases, including occupational health issues.

Conclusions: The study’s findings aim to provide evidence for the policymakers for formulating policies to address various health vulnerabilities of migrant workers in India. Cross-country collaboration with the initiation of health insurance schemes and information sharing platforms would capacitate migrants with the correct health information to minimize health risks and improve access to services.

Sp32-3

Preventing Work-Related Musculoskeletal Disorders (WMSDs) in New York City Informal Migrant Workers

Acran Salmen-Navarro¹ and George Friedman-Jimenez²

¹ New York University, NYU Grossman School of Medicine, New York, United States of America (USA). ² New York University Grossman School of Medicine, United States

Introduction: WMSDs are among the most frequent causes of lost or restricted work time. Historic barriers have made it very difficult to access workplaces and perform onsite interventions, in part due to adversarial labor (unions) management relations, liability concerns and the absence of an ergonomics standard relying solely on vague and unspecific General Duty Clause. This historic footprint has increased the health disparity among certain working populations e.g. ethnic/racial, informal and migrant workers.

Materials and Methods: We found that community-based and culturally sensitive cooperation between community health and occupational health clinics sought to address this issue with better success, especially among the most vulnerable occupations.

Results: This experience has allowed us to build evidence which will be used to expand the program to other industries with essential vulnerable occupations, without requiring on-site evaluations of every workplace.

Conclusions: The EEU is novel in concept, because it integrates different health services into one program that are commonly performed by multiple health professionals. We are able to perform workplace ergonomic evaluations that mimic and measure physical motions employed during work, in a safe and controlled setting, without the need to gain access to their workplace. This project has an important significance by its participatory approach based on the principles of participatory ergonomics where employers, workers and community advocacy groups are part of the process to provide high quality service to the most vulnerable workers of New York City.

Sp32-4

Migrant Workers and Covid-19

Barry Kistnasamy

Department of Health, South Africa

Migrant workers, including internal migrants who move from rural to urban areas searching for employment, face multiple barriers in accessing health and other services, in particular occupational health. The Covid-19 pandemic highlighted the need for coordinated responses by countries and regions that include pandemic preparedness, public health interventions, lockdowns, economic support (food relief, etc) and vaccinations. Disease transmission controls and restrictions due to stringent border management, vaccination certificates and testing have hit migrant workers hard.

The health, economic needs and mobility of migrants due to the pandemic may be overlooked in the overall Covid-19 response. The social and working conditions of migrants make them vulnerable to Covid-19. The decline in remittances and lack of employment has negative consequences for their families and communities. Interventions, with Covid-19 messaging appropriately to migrant worker needs, access to health services including vaccinations, and accommodation and food security assistance are important. Mental health needs are crucial due to their precarious work, living conditions and lack of family support. Trade unions and large employers may support workers through workplace Covid-19 interventions. Migrant workers in SMEs and domestic workers are at risk of unemployment due to their employers becoming unemployed or transmission risk fears. Multilateral instruments to protect migrant worker rights should be incorporated into country responses to Covid-19 and future epidemics and disasters to save lives and livelihoods including those of migrant workers.

Special Session 33 Preventing occupational respiratory disease in SMEs: Sharing solutions from silicosis experiences

Chair: Rafael de la Hoz

Session introduction

Silicosis remains the leading occupational respiratory disease in the world. Several obstacles interfere with its control, including ubiquitous exposures in both traditional and new economic activities,