

GLOBAL RESEARCH

INSIGHTS

GAINED BY STRATEGIC
SECTORS DURING
THE PANDEMIC



OBSERVATORIO
HUMANITARIO 

Centro de Referencia de la Federación Internacional
de Sociedades de la Cruz Roja y de la Media Luna Roja



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Acknowledgments

The Humanitarian Observatory of the Argentine Red Cross, Reference and Research Center of the IFRC would like to express its gratitude to all individuals and institutions from the different corners of the world that have worked to make this research project a reality.

Support from National Societies

For the accomplishment of this work and the collection of data at a global scale **42 National Societies** contributed: Argentina, Bangladesh, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Gambia, Guinea, Guyana, Iraq, Jordan, Kenya, Kiribati, Kuwait, Lebanon, Liberia, Libya, Malaysia, Mexico, Nepal, Nigeria, Pakistan, Paraguay, Portugal, Qatar, Dominican Republic, Rwanda, Samoa, Singapore, South Africa, South Sudan, Swaziland, Tajikistan, Uruguay, Vanuatu, Venezuela, and Yemen.

Volunteers support

The Humanitarian Observatory of the Argentine Red Cross wishes to express its gratitude especially to the **volunteers from the 42 National Societies** that have participated on this research and contributed with their time and effort to this project by doing the survey work. Without their dedication and commitment, this study would not have been possible.

Institutional Support

The Humanitarian Observatory of the Argentine Red Cross is grateful for the support and contribution from **The International Federation of Red Cross and Red Crescent Societies (IFRC)** team that collaborated throughout the process of research of this project: Xavier Castellanos (Under Secretary General), Diana Ongitti (COVID Global Operation Manager), Priscila González (Global PMER COVID Coordinator), Daniel Bolaños (Head of Country Cluster Delegation for the Southern Cone and Brazil) y Melisa Pasquali (Coordinator, NSD & Membership Services for the Country Cluster Delegation for the Southern Cone and Brazil).

Special thanks are also extended to the regional focal points who collaborated in monitoring and communicating with the participating National Societies. Expressly, we want to highlight the commitment and participation of Ghotai Ghazialam (America Regional Operation Manager), Zazeth Zarzavilla (America Regional Senior PMER Officer) and Lyn Tzu Phang (Asia Pacific Senior PMER Officer).

Strategic partners support

The survey distribution in each of the specific sectors of this research was carried out with the participation of strategic partners who actively collaborated to expand the reach of the study. Among them: **Asociación de Entidades Periodísticas Argentinas (ADEPA)**, **International Transport Workers' Federation (ITF)**, **Grupo Infobae**, **LIDE Argentina**, **Río Uruguay Seguros (RUS)**, **Sindicato de Choferes de Camiones**, **Inter American Press Association (IAPA)**, **UBATEC S.A.**, **Universidad Favaloro** y **Universidad Siglo 21**.

Research development and preparation of the Global Report

The planning and development of methodological tools, and the analysis of the data collected through this research were gathered by the Humanitarian Observatory's team. Mailén Sol Villani (Information Management Coordinator), Ignacio Benjamín Vilte (Strategic Information Analyst) y Lucas Klobovs (Methodological Advisor).

We are grateful for the assistance from the Organization and Humanitarian Development Secretariat of the **Argentine Red Cross** in the analysis of data linked to mental health, carried out through The National Coordination of Mental Health and Psychosocial Support. The collaboration of the Communication Coordination of the Argentine Red Cross is also acknowledged for their support in preparing the presentations of the results in the different audiovisual formats established. We also extend our gratitude to external technical teams for their feedback and reviews, which made this research possible.

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Prologue

The IFRC World Disasters Report in 2022, already highlighted some of the key lessons from the COVID-19 pandemic and found that trust, equity, and local action were key to preparedness.

It was evident that the world was not prepared for such a global crisis, and this highlighted the fragility of our systems in the face of unforeseen challenges. The fault lines in our societies were revealed, vulnerabilities were exacerbated, and our resilience tested. However, amidst the chaos and uncertainty, humanity exhibited remarkable resilience. Volunteers and front-line workers were able to continue to serve their communities, despite many challenges. Communities adapted, innovated, and stood together. In the face of adversity, valuable lessons were learned, and new insights emerged.

In the wake of the unprecedented COVID-19 pandemic, the world has undergone significant transformations, redefining the way we live, work, and interact. As we begin to navigate the post-pandemic era, it is imperative that we recognize the immense value in studying the learnings from this global crisis, particularly across various sectors such as health, education, and frontline workers.

The health sector, undoubtedly, faced the greatest challenges during the pandemic. It is through understanding the achievements and challenges experienced by healthcare professionals that we can identify strategies to better prepare and respond to potential future crises.

Similarly, the education sector endured unprecedented disruptions, forcing educators and students to adapt to remote learning and digital platforms. Some students ended marginalized of the access to education. Uncovering the strategies that proved successful and those less successful will offer the whole of society opportunities for improvement. Frontline workers, including essential service providers, displayed unwavering commitment and resilience throughout the pandemic. By appreciating their experiences and challenges, we can work towards providing better support systems, protective measures, and policies that prioritize their mental and physical well-being.

By studying the learnings from COVID-19 across sectors, we can forge a more resilient future. This study acknowledges the importance of recognizing the value in comprehending the experiences and insights gained, ultimately leading to a world better equipped to tackle future challenges.

This report meticulously examines the multifaceted repercussions of the pandemic and also provides recommendations that will guide us into the future. It shows the interconnectedness of our society by looking at the impact of COVID-19 not only across the globe, but also across different sectors, both private and public, including our corporate, academic, transportation, health care, logistics, NGOs/CSOs, media while also reflecting on mental health. The impact of the pandemic was far-reaching and diverse, and underscored the need for nuanced, agile and context specific consideration and responses.

As we navigate through this study of a transformative period in history, we reflect on courage, compassion, humanity, and innovation. The lessons and recommendations presented pave the way for a more prepared society across all sectors, building resilience, solidarity, and hope.

XAVIER CASTELLANOS MOSQUERA

**Under Secretary General
for National Society Development and Operations Coordination
IFRC**

“Science grows from common knowledge and surpasses it with its growth: in fact, scientific research begins precisely where ordinary experience and knowledge cease to solve problems or even to pose them”.

Mario Bunge

Humanitarian action is the group of activities aimed to alleviate human suffering, guarantee the survival of the individuals, and protect their fundamental rights in favor of their dignity. This idea includes the efforts in preventing and mitigating processes that go against their wellbeing and vital safety. Within that context, research and studies of the experiences and situations lived by the individuals and their communities are fundamental tools for humanitarian action; for the attention and the future of all the people.

Aiming to research for taking action, the studies of the Humanitarian Observatory have two noteworthy characteristics: on the one hand, they allow to systematize, with a scientific approach, a great and widely distributed amount of information; and, on the other hand, because data is gathered through our volunteers, research have a sensitive and humanitarian approach that put the individuals at the center and make it easier for the participants to share their perceptions and experiences. Additionally, the Humanitarian Observatory has undoubtedly set a change of paradigm regarding our work and our Organization, allowing us to obtain global data of specific issues.

This global research, the first one in our history with this scope and depth, is the result of an exhaustive work of the volunteers of our National Societies around the world together with different sectors that actively cooperated in identifying sensitivities, challenges, and learnings.

Why do we do it? Because we believe that humankind is capable of learning from their past to improve their present. We study our human experience with the aim of capturing this knowledge and applying it into prevention measures and mechanisms. Not only because evidence-based humanitarian action is what best enables us to transform realities, but also because, as humankind, we owe ourselves a responsible approach to our past, present, and future.

DIEGO TIPPING

**President
Argentine Red Cross**

This prologue portrays the outcome of a dream that started in the year 2020: that the Red Cross counts on a group of specialists that can collect and process data at a global level. This dream is The Humanitarian Observatory of the Red Cross.

We are proud to present today our first research at a global scale, having reached 90 countries throughout the 5 continents, collecting more than 16.000 cases. This is a study that goes beyond analyzing the impact of the COVID-19, because the objective is to incorporate the learnings in an assertive manner for future events.

In the past, excellent work has been carried out within the movement regarding the consequences of the pandemic. For this reason, we set out to conduct a global research beyond the movement, to listen to the sectors that enabled the world to keep moving. In this regard, we selected the Healthcare, Transport and Logistics, and Academic sectors, together with the NGOs and CSOs, Corporate, and Media sectors as well. We also included a very interesting chapter on Mental Health, under the premise that issues related to it are increasingly affecting our societies.

I am not going to stop here to talk about the results of the study, but I want to highlight and acknowledge the support we had as a Reference Center from our global leaders and from the National Societies that participated in the research. Without their valuable and generous support this study would not have been possible.

Another point to highlight is the capability that the Humanitarian Observatory has today to carry out global research, about different topics and how this research can generate income to the National Societies, contributing to their sustainability.

Finally, I would like to conclude this prologue with a quote from our Secretary General that illustrates the path that we are walking today: *“the methodology of evidence-based data collection for humanitarian action is a paradigm and cultural shift for our movement”*.

JOSÉ SCIOLI

**Executive Director
Humanitarian Observatory of the Argentine Red Cross**

Introduction

The 2020 was a year that will remain in the memories of everyone. In only a few weeks, COVID-19 put the world in a complete state of emergency and alert.

The COVID-19 pandemic was declared as a public health emergency of international concern by the WHO on January 30, 2020¹.

Humankind had gone through other pandemics, but never before had a virus spread so rapidly due to its form of contagion. Thanks to the media and social networks, countries on the whole world knew every detail about the risks and symptoms that the disease provoked, even before the first case had been registered locally. As a first response, more than 150 countries adopted harsh isolation measures and cessation of many activities² by closing totally or partially workplaces, educational institutions and common sectors. In many cases, decisions were taken impromptu, due to the lack of preparation to deal with situations of this nature. The impact of the pandemic brought about serious consequences related to economy, education, public health, employment, social bonds, and mental health in the population, among other implications.

Every area of life was affected, each in a particular way. It is not possible to talk about a single approach to the pandemic, just as it is not feasible to generalize its consequences. The heterogeneity in measures taken in each country responds to the existing socioeconomic and cultural context. During this period, various social sectors have had to adapt and face new challenges, resulting in the acquisition of valuable lessons that this research aims to focus on.

1. Dr. Adhanom Ghebreyesus, T. (2020, March 11). WHO Director-General's opening remarks at the media briefing on COVID-19 [Review of WHO Director-General's opening remarks at the media briefing on COVID-19]. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

2. Thomas Hale, Noam Angrist, Rafael Goldszmidt, Beatriz Kira, Anna Petherick, Toby Phillips, Samuel Webster, Emily Cameron-Blake, Laura Hallas, Saptarshi Majumdar, and Helen Tatlow. (2021). "A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)." *Nature Human Behaviour*.

With this objective, six grand sectors were identified, which allowed the world to continue its activity during the pandemic:



Private and public healthcare



Corporate



Transport and logistics



NGOs and CSO



Academic



Media

Each sector deployed a series of strategies and actions to adapt and continue with their activities. Likewise, the challenges, obstacles, perceptions, and fears were common even for populations that were geographically distant from each other. In order to address this topic, the research included a **specific module on mental health** for all surveyed individuals, regardless of their sector. It's worth mentioning that this survey module is conducted through self-assessment, which is influenced by each individual's perception and emotional literacy regarding concepts such as depression, anxiety, stress, and anguish, among others. In this way, the survey aims to gather the subjective perception of the interviewed individuals about their mental health, considering their ideas about these concepts. The goal is to highlight their subjective experience without attempting to determine the clinical existence of depression or anxiety. These concepts were selected from a broader range of emotions, as research by Sotomauro (2021), Salnari (2021) and Murata (2020) revealed a prevalence of stress, anxiety, and depression as the most prominent psychological disorders.

During the pandemic, the people, and consequently organizations, were central in the processes that took place, showing maximum creativity and flexibility in the face of such an uncertain and changing scenario. It is crucial to highlight the importance of systematizing what we have learned from the pandemic, not only to showcase the stories of those who went through it, but also to capitalize on those lessons for future situations, making us even more resilient. Reviewing the immediate past experience enables individuals and communities as a whole to be better prepared, and to contribute directly and indirectly from different sectors, humanitarian organizations, regional and national governments to address new and potential emergencies.

The evidence gathered in this study can be read as a manual of best practices, a guideline to resilience, and a contribution for both the present and the future, carried out by analyzing the experiences and perceptions of the surveyed population.

Relevance

The aim of this research is to be a useful asset and a consultation resource for correcting and improving those interventions and guidelines that were not so successful or that could have been more efficient in the context of the pandemic, and also to establish new strategies based on evidence. Systematizing the lessons learned on a global scale in the post-pandemic context enables access to the insights, future expectations, and learnings from the different sectors of society that have been so important for addressing a critical situation such as a pandemic. To highlight the experience lived by the different actors that allowed the world to continue with its activity despite the restrictions can prepare us, based on the evidence gathered, to face similar events in the future. This means, not only developing strategies based on reliable information to accompany the communities, but also to identify the tools that have already been used by the different sectors with good outcomes, to preserve and repeat their use, according to context.

Objectives

The aim of this research is to identify and systematize the lessons learned within the different sectors of society during the pandemic of COVID-19. In addition, the following specific objectives were considered in order to generate information for action.

- 1** Identify the main problems and consequences provoked by the pandemic in each sector.
- 2** Retrospectively analyze the experiences of each sector participating in the study.
- 3** To compare the general results regionally for understanding the differences in the approaching strategies.
- 4** Systematize the actions of the different organizations regarding the pandemic.
- 5** Analyze the impact that the pandemic had on the use of technology and on social solidarity in each of the sectors.

Methodology and scope

Universe: opinion leaders that participate in the decision-making process within the organization, and individuals who are engaged in any of the six sectors analyzed:



Private and public healthcare



Corporate



Transport and logistics



NGOs and CSO



Academic



Media

We aimed to achieve maximum heterogeneity within each segment. The following guidelines show how this objective was accomplished:



Public and private healthcare sector: surveyed individuals included doctors, healthcare professionals, and/or healthcare institution administrators. Efforts were made to ensure participants came from diverse institutions, specialties, and hierarchies.



Transport and logistics sector: personnel involved in Transport and logistics of products and goods across several categories were included, whether by land, sea, or air.



Academic sector: both public and private educational institutions were involved. Surveyed individuals' profiles were oriented towards academic authorities, educators, and researchers.



Corporate sector: individuals from large, small, and medium-sized companies, industries, and services were surveyed. The focus was on management positions or individuals responsible for specific areas (finance, human resources, procurement, marketing, among others).



NGOs and CSOs active during the pandemic: participants belonged to institutions with different goals and objectives. The surveyed individuals' profiles were oriented towards those in management and/or coordination roles in specific areas. Data collection within the Red Cross and Red Crescent National Societies was not considered.



Media sector: we surveyed media owners, journalists, and hosts from several radio, television, online, and print media.

Tools: a structured questionnaire was implemented, having a general module applied to every sector and an exclusive structured form for each segment, according to the particularities and experiences of each one of them. All the questionnaires included a module specific for mental health. Surveys were answered anonymously and voluntarily.

Questionnaires were prepared by the Humanitarian Observatory of The Argentine Red Cross. To design and define the indicators, information and experiences were gathered from informants who had a key participation in every one of the sectors involved. This task was developed through a series of encounters and interviews. Once this stage was finished, every National Society was asked to culturally adapt the questions according to local expressions, customs, and uses. This process of validation and cultural adaptation made it easier to properly implement all the questionnaires. This process has been followed by The Humanitarian Observatory of The Argentine Red Cross.

Data Collection period: the field work was carried out by the National Societies and private entities that bring together referents from every sector involved in the research. This process was carried out between March 31° and May 28°, 2023.

Logistics: The Humanitarian Observatory took care of all the technical support needed. Before starting the data collection, all participating National Societies were provided with technical support. In addition, the leaders responsible for the research in every National Society were trained and were given digital material to help them resolve frequent doubts about field work.

Methodology: the survey was mainly conducted in person. Nevertheless, virtual or telephonic modes were available according to preference and availability of the

people surveyed and to the operational capacities of the National Societies. For the distribution of the survey in each specific sector of this research, the participation of strategic partners was enlisted, who actively collaborated to increase the study's reach.

Software: all the registers were collected through the KoboCollect platform. Data analysis was conducted by The Humanitarian Observatory of The Argentine Red Cross using the statistical software package SPSS and Power BI.

SAMPLE

Originally, a specific stratified sample was stipulated for each segment as detailed earlier. By way of illustration, it was as follows:



Private and Public Healthcare Sector:
100 Surveys.



Transport and logistics Sector:
100 Surveys.



Academic Sector: :
100 Surveys.



Corporate Sector:
100 Surveys.



NGOs and CSO that were active during the pandemic:
100 Surveys.



Media:
100 Surveys.



Total samples by country:
600 Surveys.



However, in order to reach greater geographic expansion at a global scale, it was decided to be flexible about this criterium and adapt it to the different possibilities of each one of the National Societies.

Considering the mentioned factors and the number of achieved cases by the National Societies with the support of strategic partners, the sample resulted as follows:

	Africa	America	Asia-Pacífico	Europe	MENA	TOTAL
Healthcare	1023	2012	579	113	62	3789
Transport and logistics	1193	990	541	109	12	2845
Academic	1031	1193	550	55	7	2836
Corporate	1035	1058	560	10	8	2671
NGOs/CSOs	1000	628	539	31	194	2392
Media	684	433	356	16	5	1494
TOTAL	5966	6314	3125	334	288	16027

Note: the analysis of the results from MENA and Europe must be carried out considering that 95% of the cases in the first region are from Iraq and the 66% from Portugal and Tajikistan.

Sample Characteristics: the field operation was deployed in 90 countries: Angola, Argentina, Australia, Bahrain, Bangladesh, Belgium, Bolivia, Botswana, Brazil, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Denmark, Dominica, Ecuador, Egypt, El Salvador, Estonia, Spain, Eswatini, Ethiopia, United States, Faroe Islands, Finland, Georgia, Ghana, Guatemala, Guinea, Guyana, Hong Kong, Holland, Hungary, India, Indonesia, Iraq, Ireland, Italy, Japan, Jordan, Kenya, Kiribati, Kuwait, Lesotho, Liberia, Libya, Lebanon, Malaysia, Malawi, Malta, Mauritius, Mexico, Mozambique, Nepal, New Zealand, Nicaragua, Niger, Norway, Panamá, Pakistan, Paraguay, Peru, Philippines, Portugal, Qatar, United Kingdom, Dominican Republic, Russia, Rwanda, Samoa, Sierra Leone, Singapore, South Africa, South Sudan, Sri Lanka, Sweden, Switzerland, Tajikistan, Turkey, Ukraine, Uganda, Uruguay, Vanuatu, Venezuela, Yemen y Zimbabwe.

Data privacy: to guarantee the proper management of the information obtained, the **Policy on the protection of Personal Data from the International Federation of Red Cross and Red Crescent Societies** was implemented. Questionnaires were anonymous and its response not mandatory. Personal information such as Name/Last Name, position/organization, age, gender, etc., were not collected. Neither were data like geolocation, telephone number or e-mail.

Methodological limitations:

It's important to clarify that this was not a general population study but rather a study involving representatives or opinion leaders from each of the sectors studied. Furthermore, it is not a probabilistic study. Therefore, the results cannot be extrapolated to the experiences of the general public worldwide. The data and analyses presented reflect general trends within the dataset, and the results apply to the group of representatives and opinion leaders that are part of the sample. It is important to acknowledge as a potential limitation that the pandemic had different courses and timelines throughout the world, and this had probably influenced the answers of the people surveyed.

Linguistic and Cultural Barriers: the study included the participation of individuals from diverse cultural and linguistic backgrounds. In order to promote access and participation, research tools were provided in various languages selected based on the requests of the participating National Societies. In the case of the Mental Health module, the terminology used for the definitions of stress, anxiety, and depression were based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. It is important to consider that the interpretation of symptoms varies according to culture due to the meaning attributed to them.

Variability in Information Availability: The study collected information from countries within each of the indicated geographic regions. However, it is not possible to disaggregate the data at a national level (as it might not be representative for each of the analyzed sectors according to their quantity and distribution).

General Module

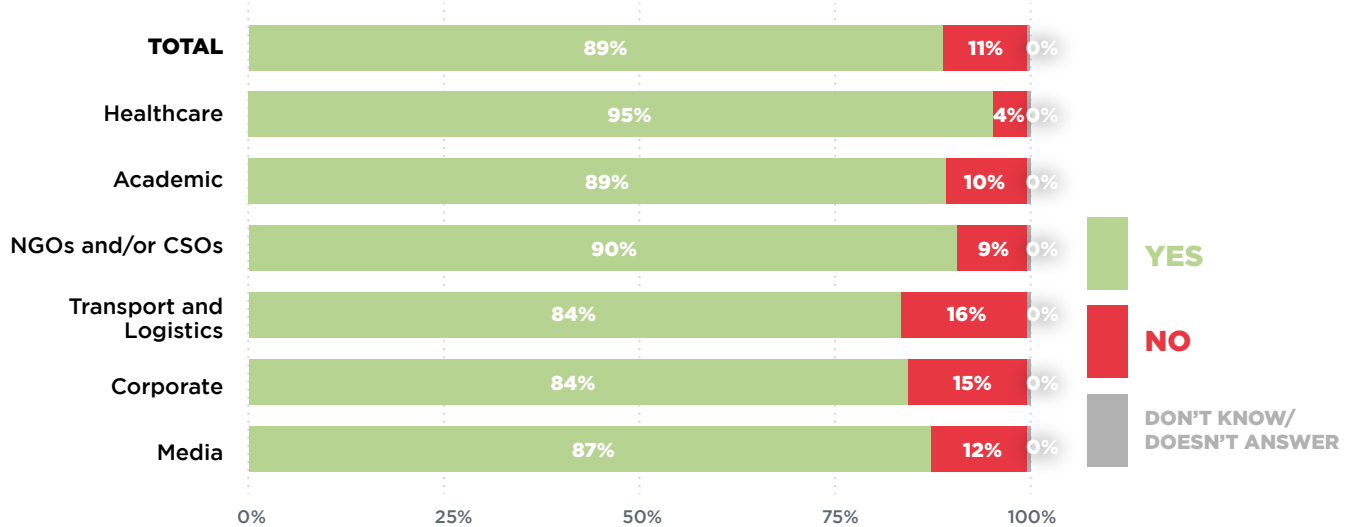




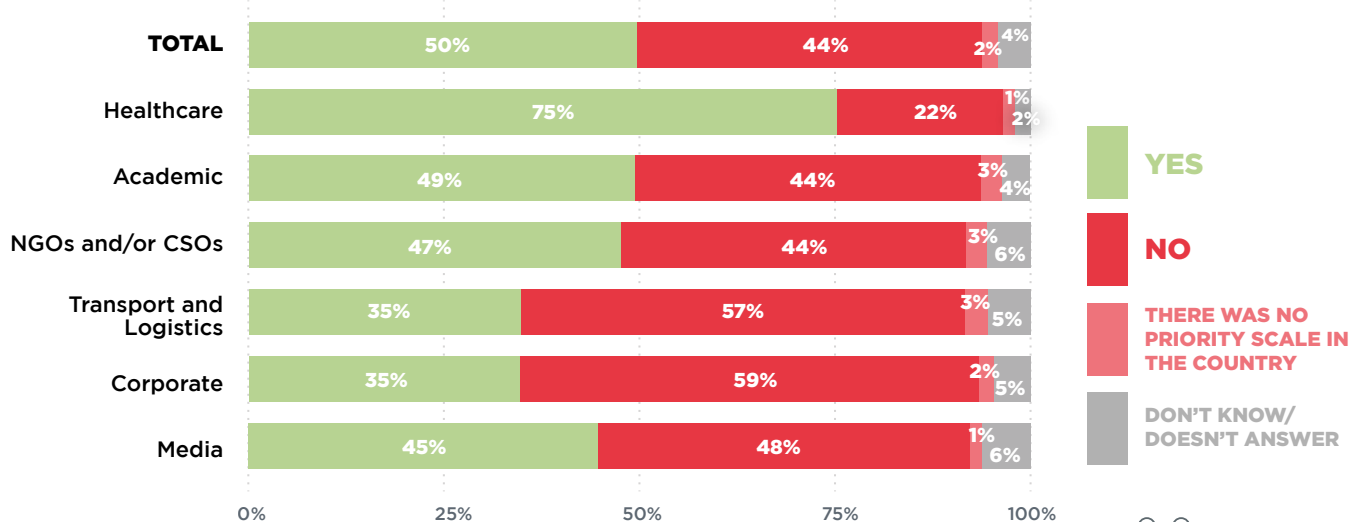
General conclusions

1 A high percentage (**89%**) of the surveyed workers were vaccinated, but without priority in the process. While healthcare personnel indicated having had priority, **25%** of them expressed not being able to access this assurance. **60%** of individuals from the Corporate and Transport and Logistics sectors perceived not having had priority for vaccination.

COVID-19 vaccination



Priority to get vaccinated according to type of work, by sector



Base: total population surveyed.



1 Vaccination

Workers vaccinated

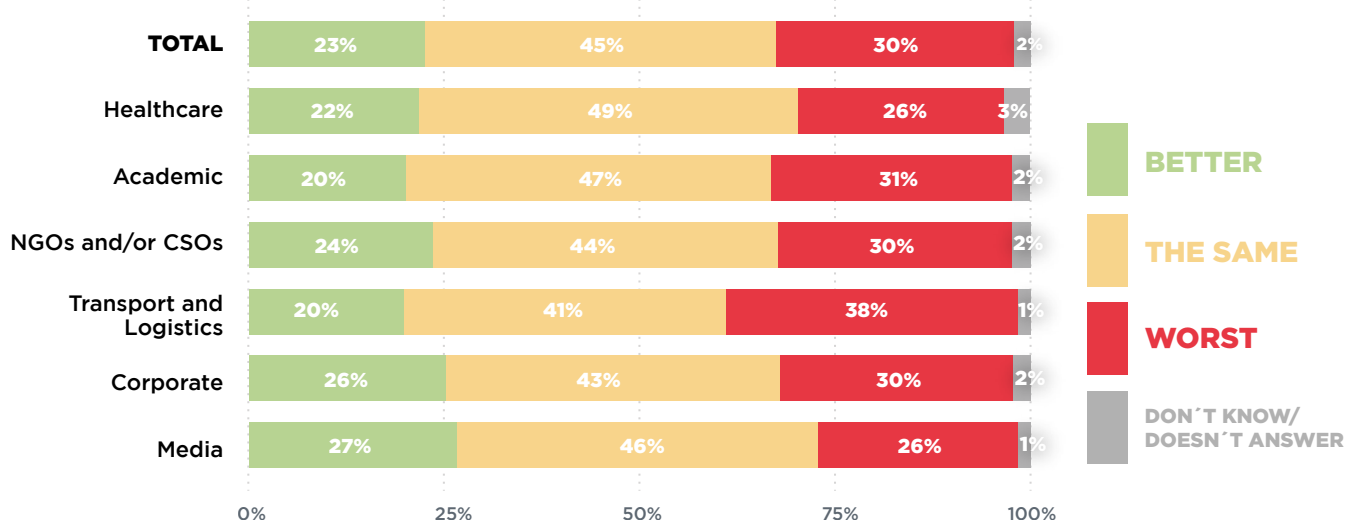


Sector with priority: Healthcare personnel
Although 25% did not have this guarantee

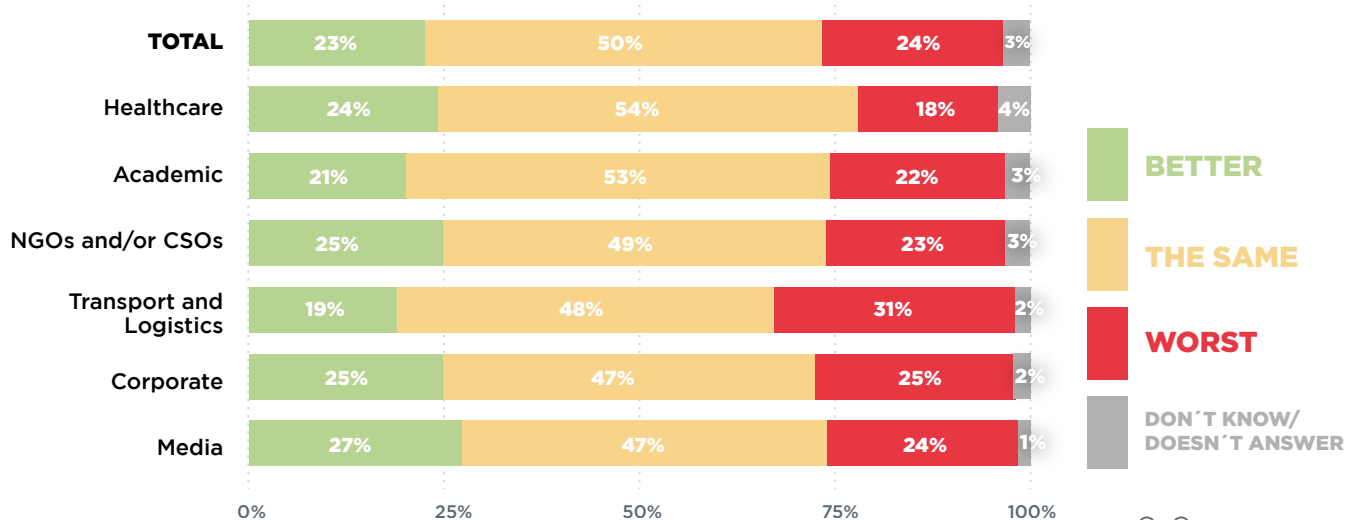


2 **45%** of the population surveyed considers that their personal financial situation is the same as before the pandemic. Similarly, **50%** does not believe that their employment situation has improved or worsened. The most affected segment by these variables is Transport and Logistics. Almost **40%**, states that their financial situation worsened.

Personal financial situation compared to prior the pandemic, by sector



Employment situation compared to prior the pandemic, by sector



Base: total population surveyed.



2 Personal Finances



↳ the same as before the pandemic

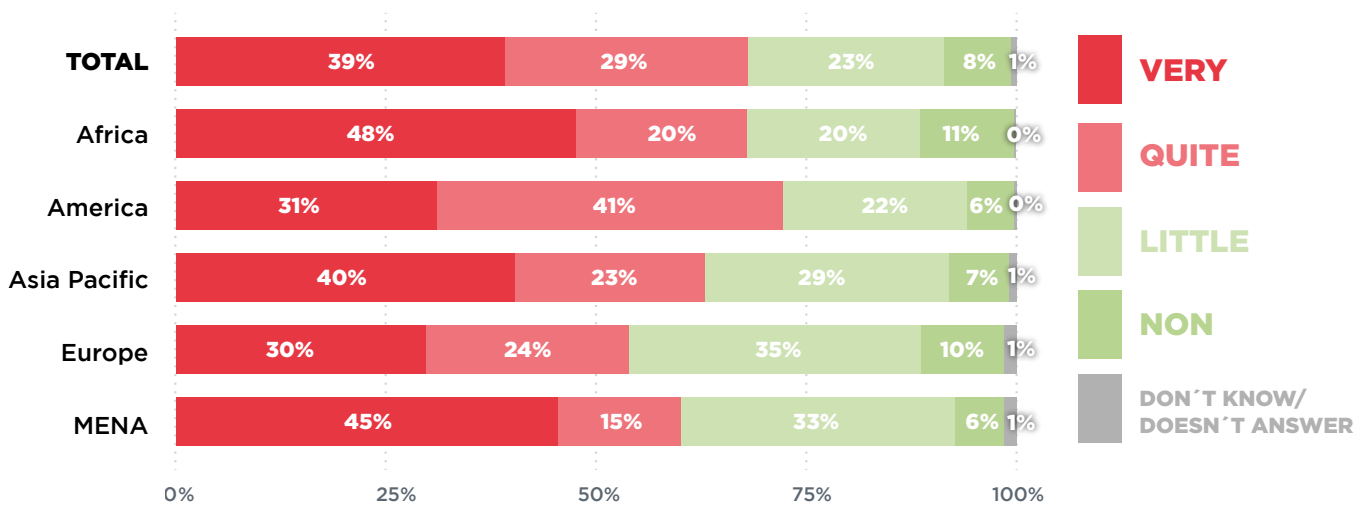
Most affected sector



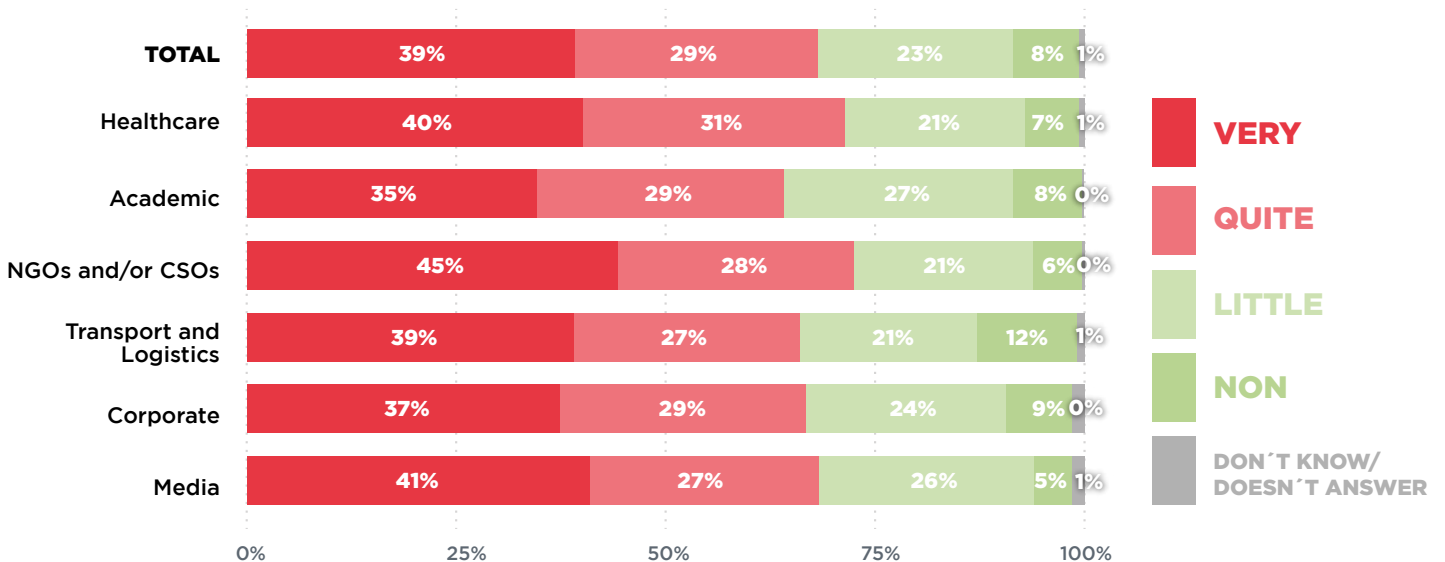


3 Near a **70%** of the population surveyed experienced a high fear of contagium. This happened in all the regions and sectors. A similar degree of fear was identified about infecting their families (**73%**). In this case, it was higher in America (**83%**) and among healthcare personnel (**81%**).

Fear of contagium by region



Fear of contagium by sector



Base: total population surveyed.

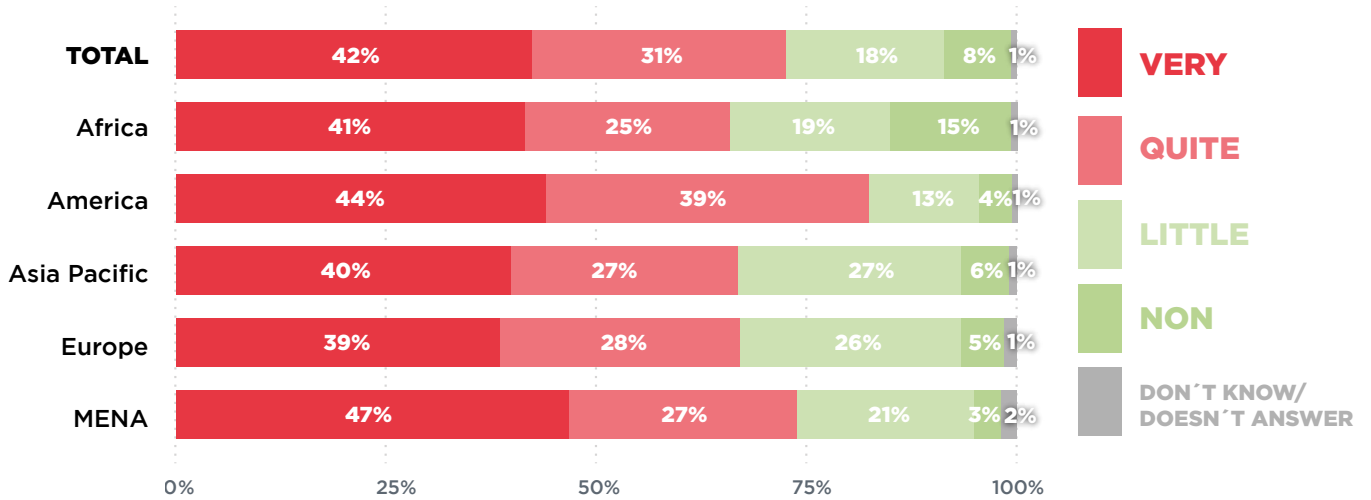


3 Fear of contagium

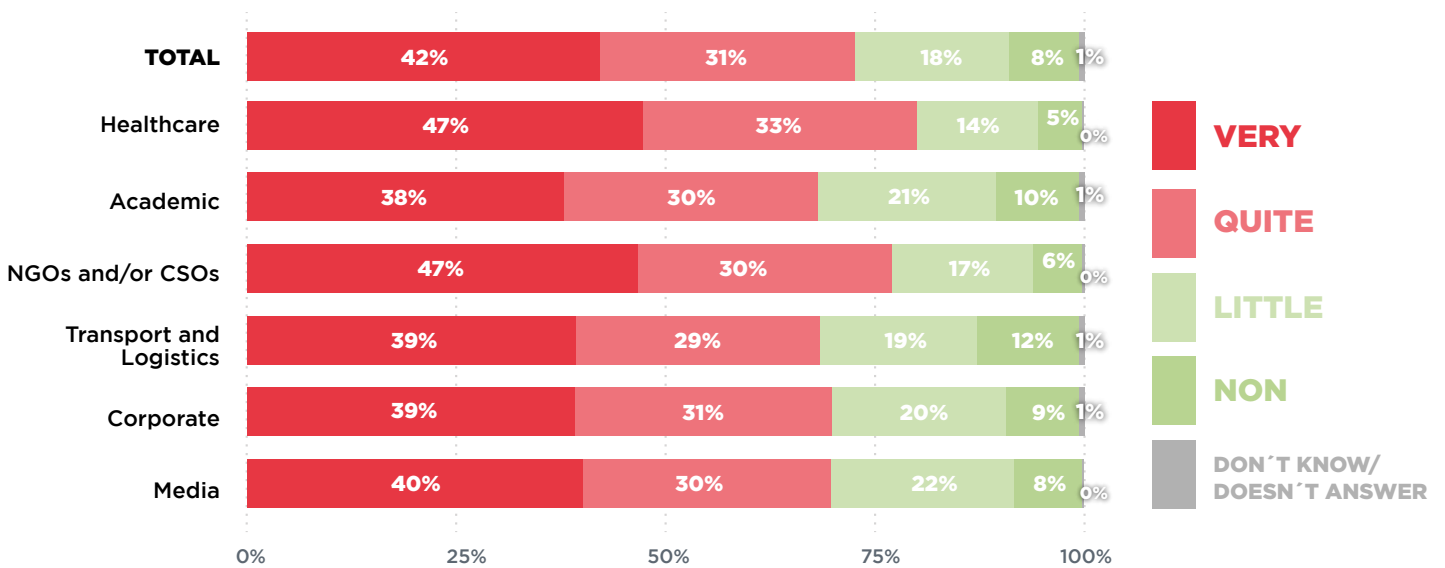
70% Fear of contagium



Fear of infecting their family by region



Fear of infecting their family by sector



Base: total population surveyed.

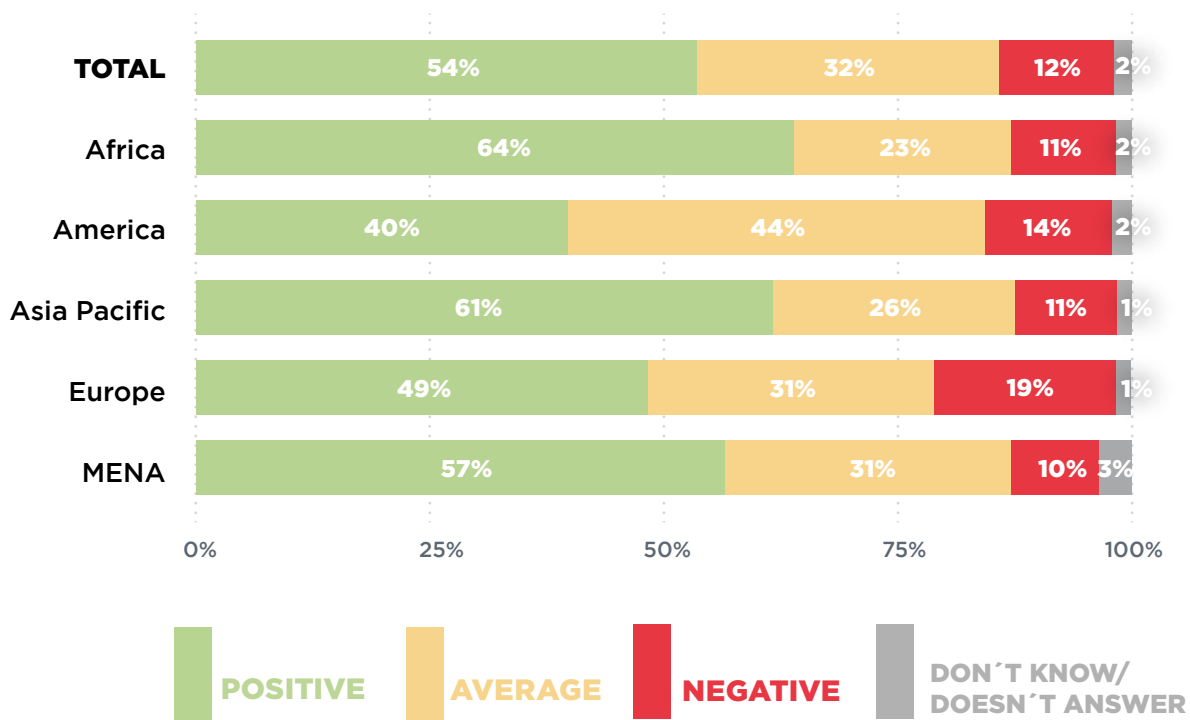
3 Fear of contagium

73% Fear of infecting their family



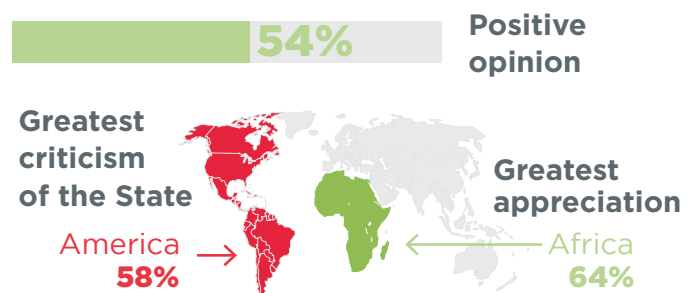
4 **54%** of the population surveyed considers that the State made a good work in dealing with the pandemic. America is the region with more critics regarding the State performance (**58%**) and Africa is the region where it was most valued (**64%**).

Perception of the work done by the State during the pandemic, by region



Base: total population surveyed.

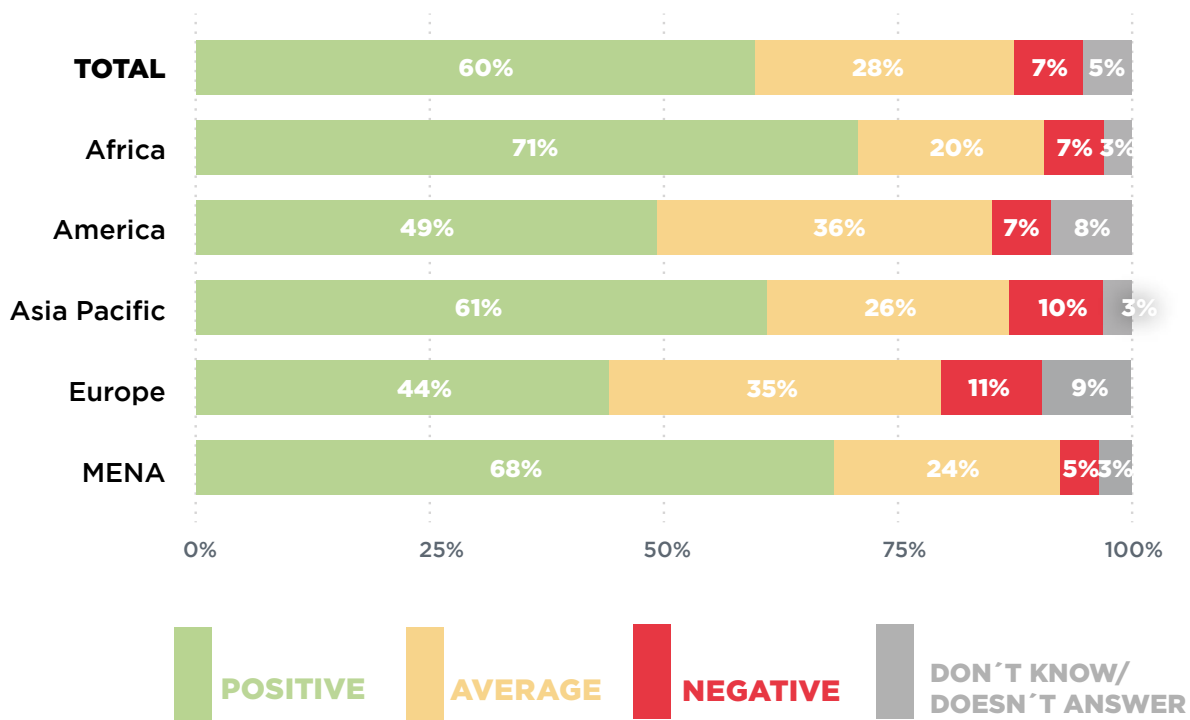
4 **Assessment of the perception about the actions of State in addressing the pandemic**





5 The NGOs and CSOs have a positive evaluation of their work, with a **60%** of positive opinion by the people surveyed. America and Europe are the regions where they receive more critics.

Perception of the work done by NGOs/CSOs during the pandemic, by region



Base: total population surveyed.

5 **Assessment of the perception about the actions of NGOs/CSOs in addressing the pandemic**

60% Positive opinion

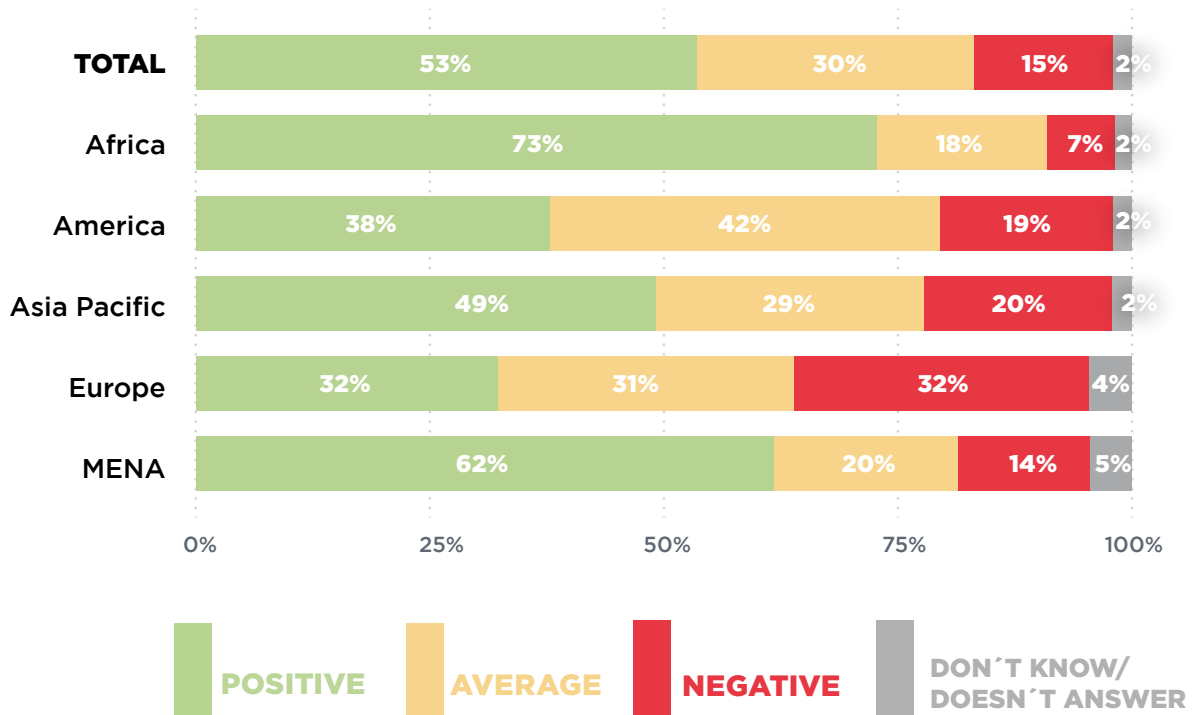
Greatest criticism of ONGs/OSC





6 **53%** of the surveyed individuals positively evaluate the performance of the media during the pandemic. The African region stands out with a **73%** positive opinion.

Perception of the work done by the media during the pandemic, by region



Base: total population surveyed.

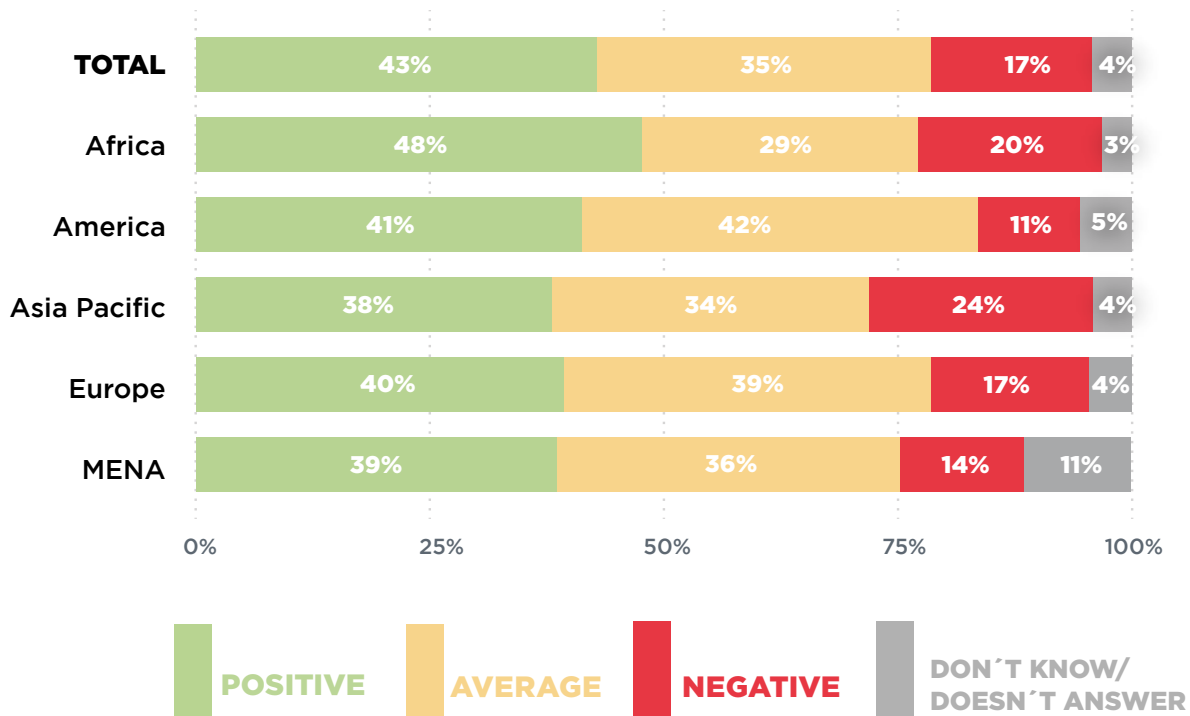
6 **Assessment of the perception about the actions of media in addressing the pandemic**





7 The work done by Transport and Logistics has a balanced support between positive (43%) and average (36%).

Perception of the work done by the Transport and Logistics sector during the pandemic, by region



Base: total population surveyed.

Image: Cruz Vermelha Portuguesa



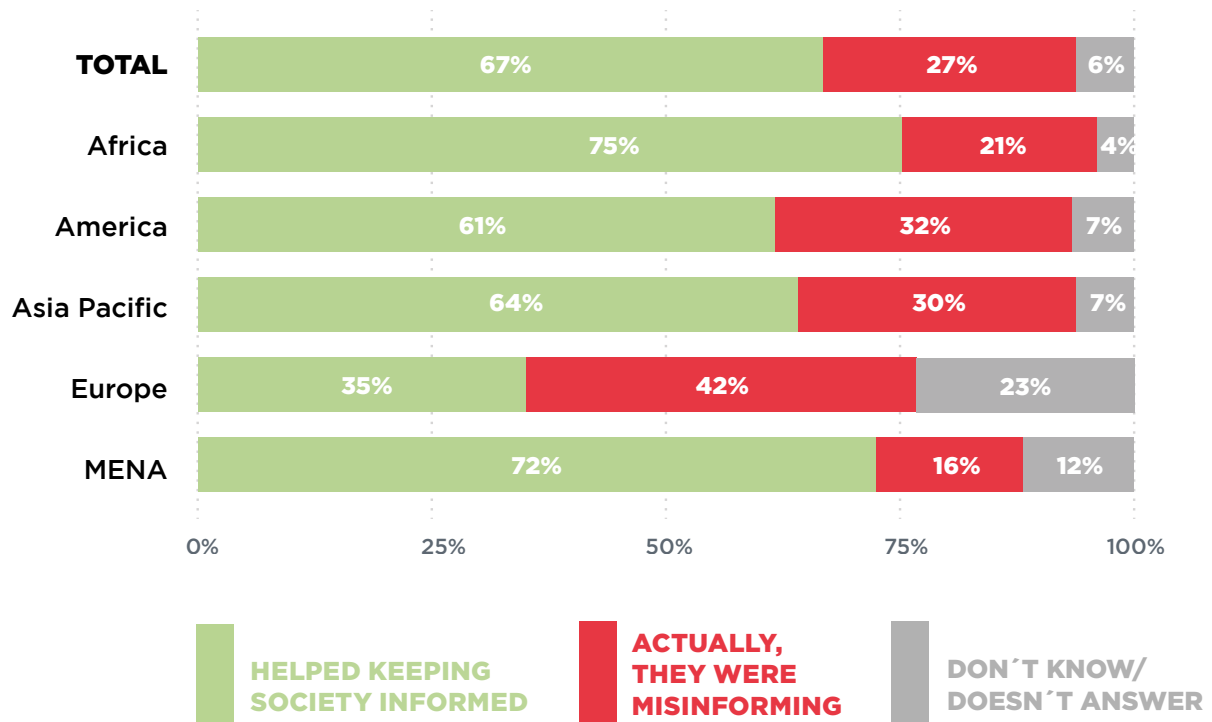
7 **Assessment of the perception about the work done by the Transport and Logistic in addressing the pandemic**





8 67% of the population surveyed agree that social media was a factor that helped keeping society informed.

Perception about the role of social media during the pandemic, by region



Base: total population surveyed.

8 **Assessment of the perception of the role of social media during the pandemic**

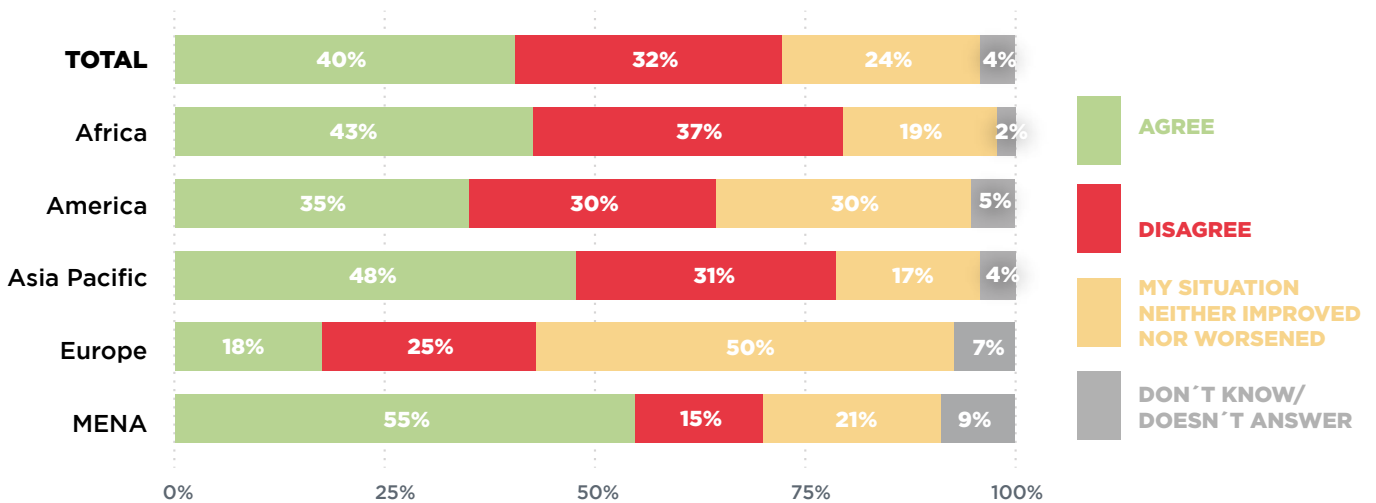
67%
 Values positively the role of social media in keeping society informed



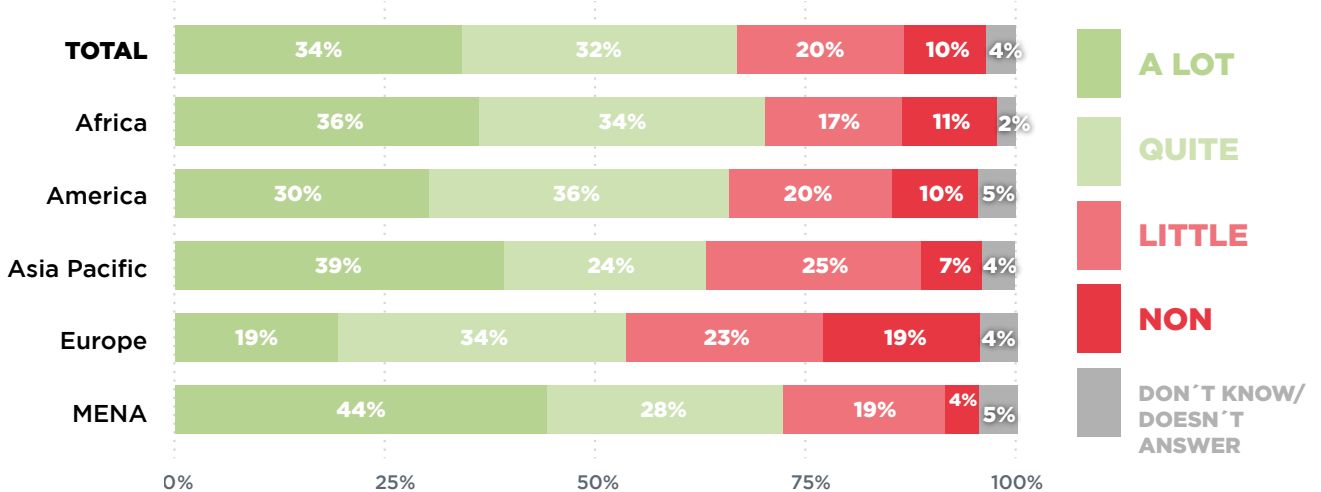


9 A clear balance between personal and professional life is not perceived among the individuals surveyed. But they indeed agree that technology has improved quality of life (**66%**).

Do you consider that, after the pandemic, you have a better balance between your personal and your professional life? By region



To what extent do you consider that the incorporation of technology has improved people's quality of life?



Base: total population surveyed.



9 Technology

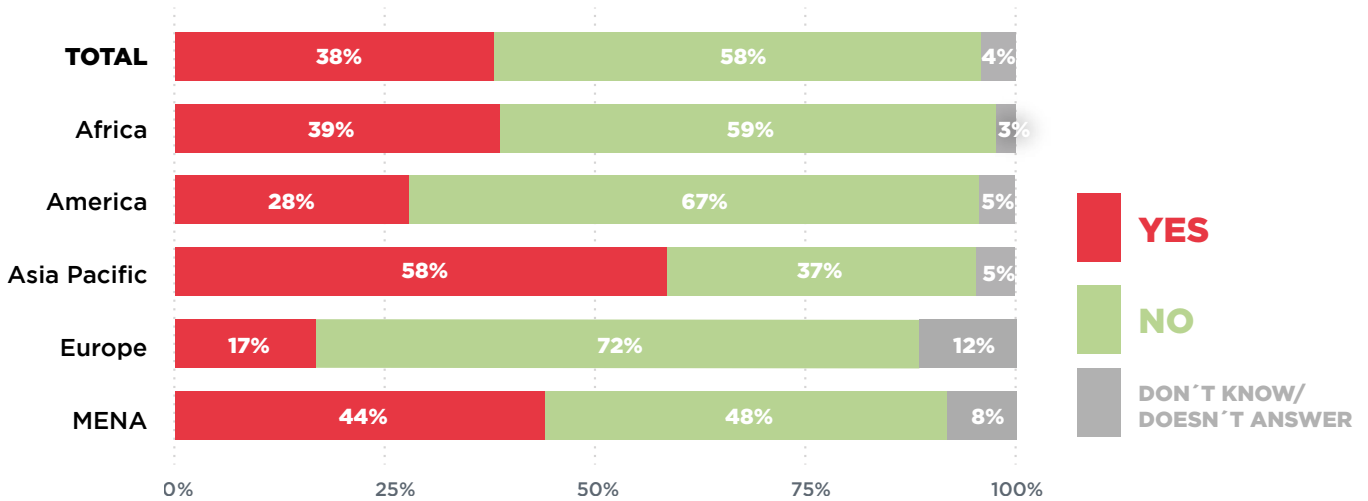


↳ Improved their life quality through technology

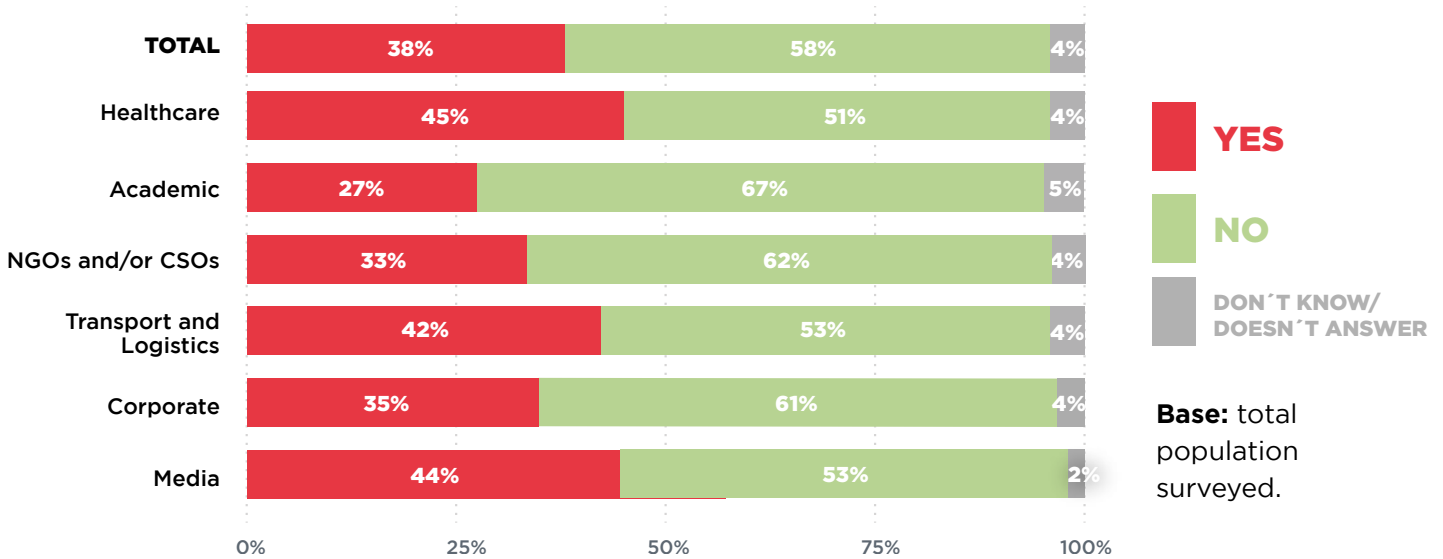


10 Almost **40%** of the people felt discriminated against because of the role they played during the pandemic. Especially in Asia Pacific (**58%**) and MENA (**44%**). Healthcare personnel were the ones who perceived the highest level of discrimination (**45%**), followed by the media sector (**44%**) and Transport and Logistics (**42%**).

Perceived discrimination during the pandemic, by region



Perceived discrimination during the pandemic, by sector



Base: total population surveyed.

10 Discrimination

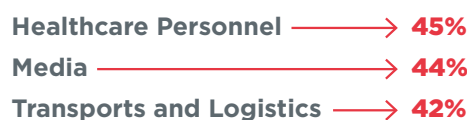
40%

↳ Of the people felt discriminated against because of the role they played

By region



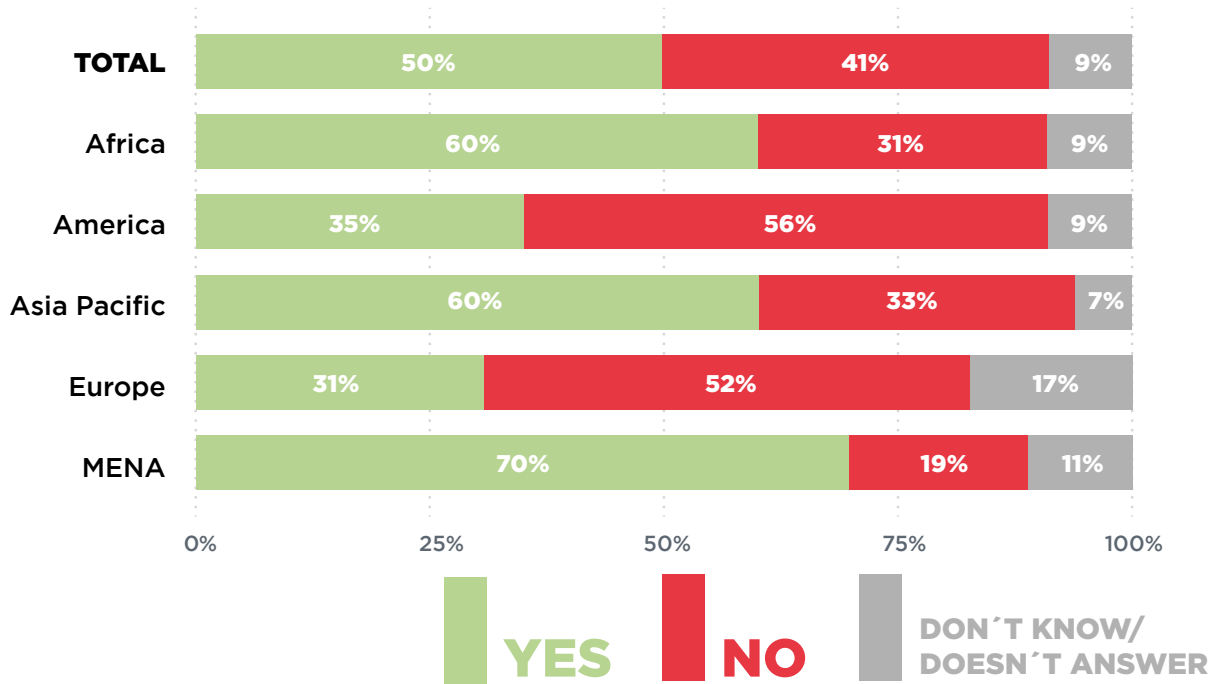
By sector





11 Only **50%** of the population surveyed felt recognized for their work during the pandemic. In the regions of America and Europe recognition was even lower (**35%** and **31%** respectively).

Social recognition perception due to the role played during the pandemic, by region



Base: total population surveyed.

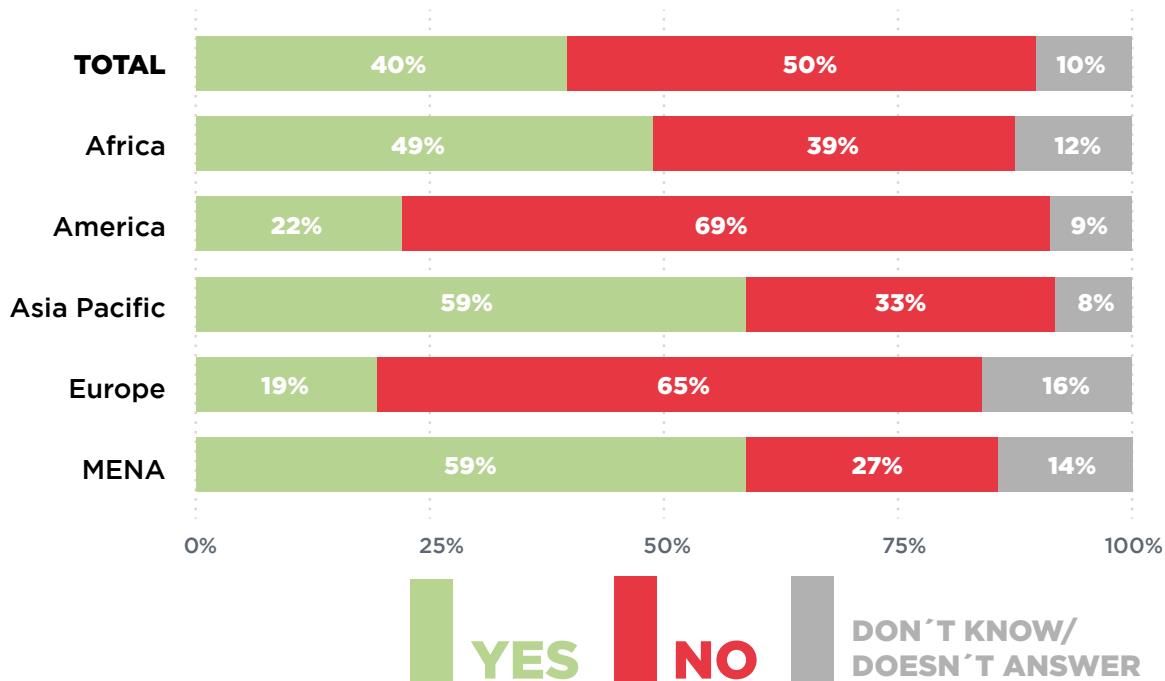
11 Recognition perception due to the role played

From society



12 Likewise, only **40%** of the people surveyed felt recognition on behalf of the State regarding the tasks performed.

Government recognition perception for the role played during the pandemic, by region



Base: total population surveyed.

Image:
Tajikistan Red Crescent



12 Recognition perception due to the role played

From the State





General Module

RECOMMENDATIONS

A — To establish a priority system for vaccination and medication distribution for every person that allows society at a global scale to receive food, medical care, news and education.



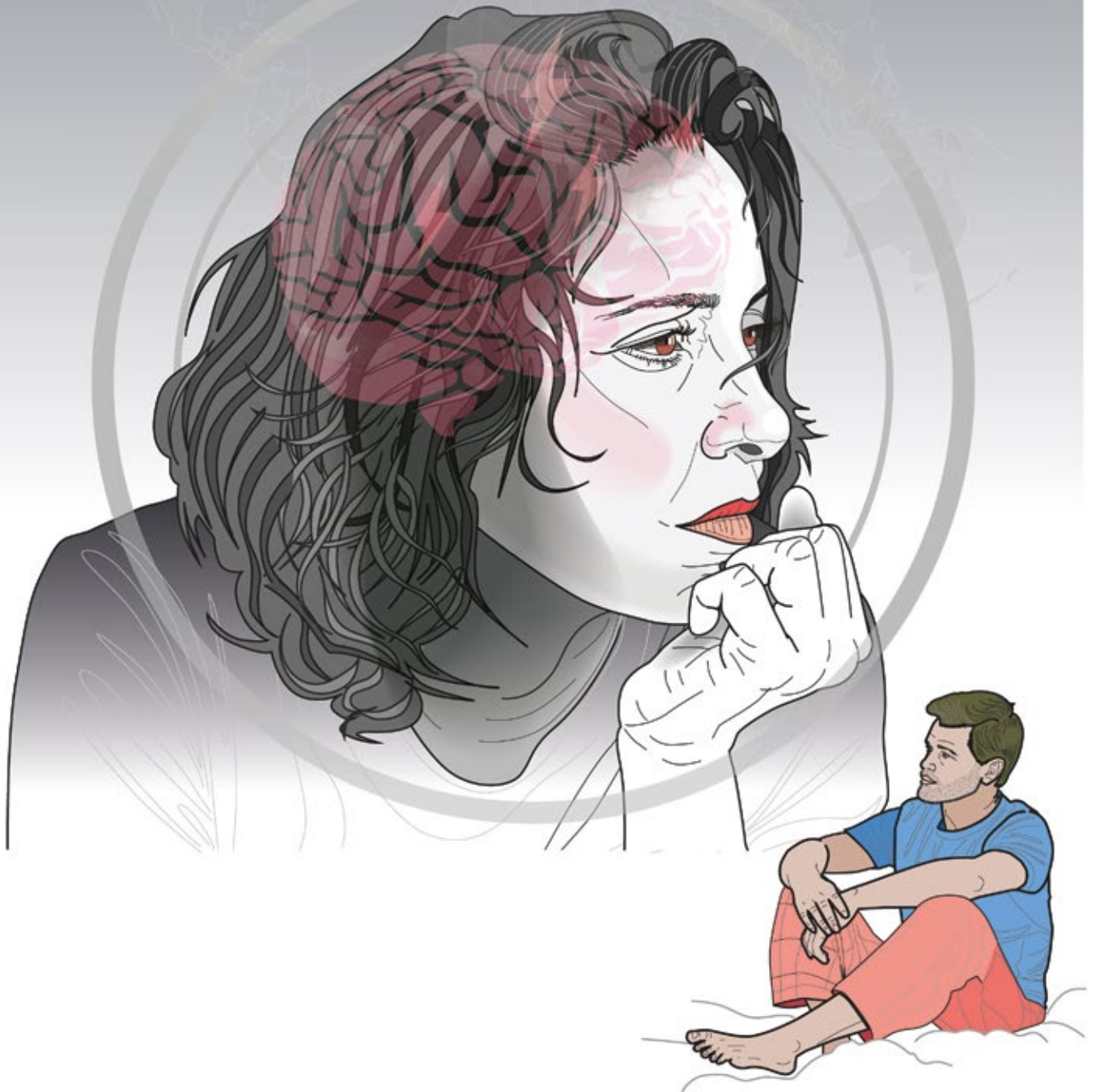
B — To create a vaccine and antidotes bank at a global scale to ensure the availability and distribution of these supplies fairly in every region.



C — To carry out a communication campaign from a supranational organization to enhance the work of the essential areas and legitimize their duties, acknowledging their contribution. The discrimination perception in Asia Pacific is major, for this reason we suggest creating an awareness campaign specifically in this region.



Mental Health Section



OBSERVATORIO
HUMANITARIO 

Centro de Referencia de la Federación Internacional
de Sociedades de la Cruz Roja y de la Media Luna Roja





This section was prepared based on the self-assessment of each of the surveyed individuals. They responded based on a subjective perception of their mental health. In this regard, their answers are influenced by their emotional perception and literacy related to the concepts of depression, anxiety, stress, and anguish.

The answers are not related with the definitions and nomenclatures of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or with the International Statistical Classification of Diseases and Related Health Problems, but rather, the answers reflect how the surveyed individuals perceive such psychological conditions, linking them to their personal experiences. Therefore, the cultural understanding of each of the mental health conditions evaluated can vary in the different parts of the world. That is why, the comparison is not made between regions but between sectors within the same region.

1 Subjective perceptions of mental health during the pandemic

During the COVID-19 pandemic, **60%** of the surveyed individuals reported feeling stress, followed by **37%** who reported feeling anxiety, **29%** who indicated experiencing depression, and finally, a lesser degree of anguish (**22%**).

Regarding the subjective perceptions during the pandemic of the people belonging to each of the sectors, the most affected by stress were the ones belonging to the Healthcare sector (**66%**), followed by the Media sector (**61%**) and then the Corporate sector (**59%**) together with the NGOs and CSOs (**59%**).

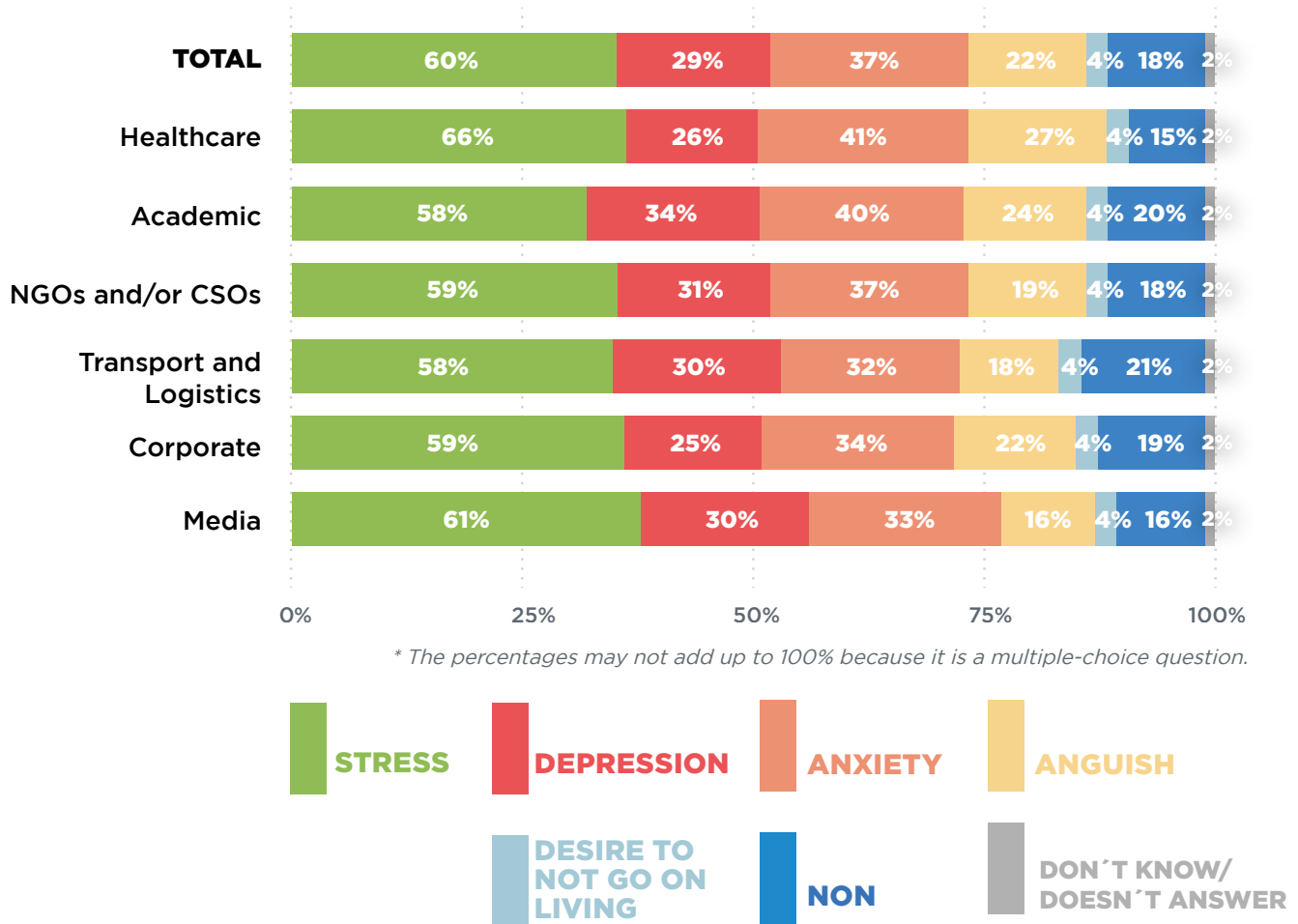
In regard with anxiety, **41%** of the individuals belonging to the Healthcare sector reported having felt it, followed by the Academic sector (**40%**) and the NGOs and CSOs sector (**37%**).

The subjective perception of depression during the pandemic was higher in the Academic sector (**34%**), followed by the NGOs and CSOs sector (**31%**), and third was the Transport and Logistics sector (**30%**).



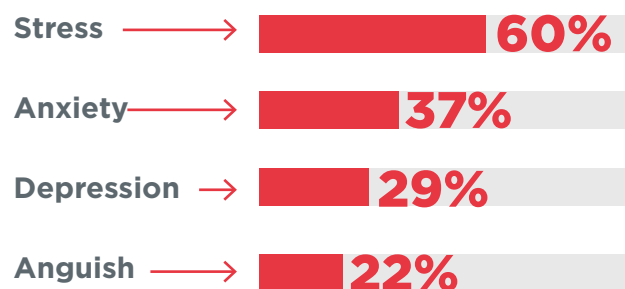
Related to the perception of anguish, **27%** of the people surveyed belonging to the Healthcare sector expressed having felt it, followed by the **24%** of the individuals belonging to the Academic sector, and lastly **22%** of the people belonging to the Corporate sector.

Subjective perceptions of mental health during the pandemic, by sector



Base: total population surveyed.

1 Subjective perceptions of mental health state during the pandemic





2 Subjective perceptions of mental health currently

Currently, it is noteworthy that **49%** of the surveyed individuals claim not to perceive any of the mentioned sensations. In second place, **34%** of the surveyed individuals claim to currently perceive stress, followed by **18%** who perceive anxiety, **14%** corresponding to depression, and **7%** of the total surveyed individuals who claim to perceive anguish.

Regarding the sensations that persist at present in each of the sectors, **37%** of the population belonging to the Healthcare sector still perceive stress, followed by a **35%** belonging to the Academic sector and to the NGOs and CSOs sector.

Related to the perception of anxiety, **21%** of the people who belong to the Healthcare sector perceive it, followed by a **20%** belonging to the NGOs and CSOs sector, and **18%** of individuals belonging to the Academic, Corporate and Media sector.

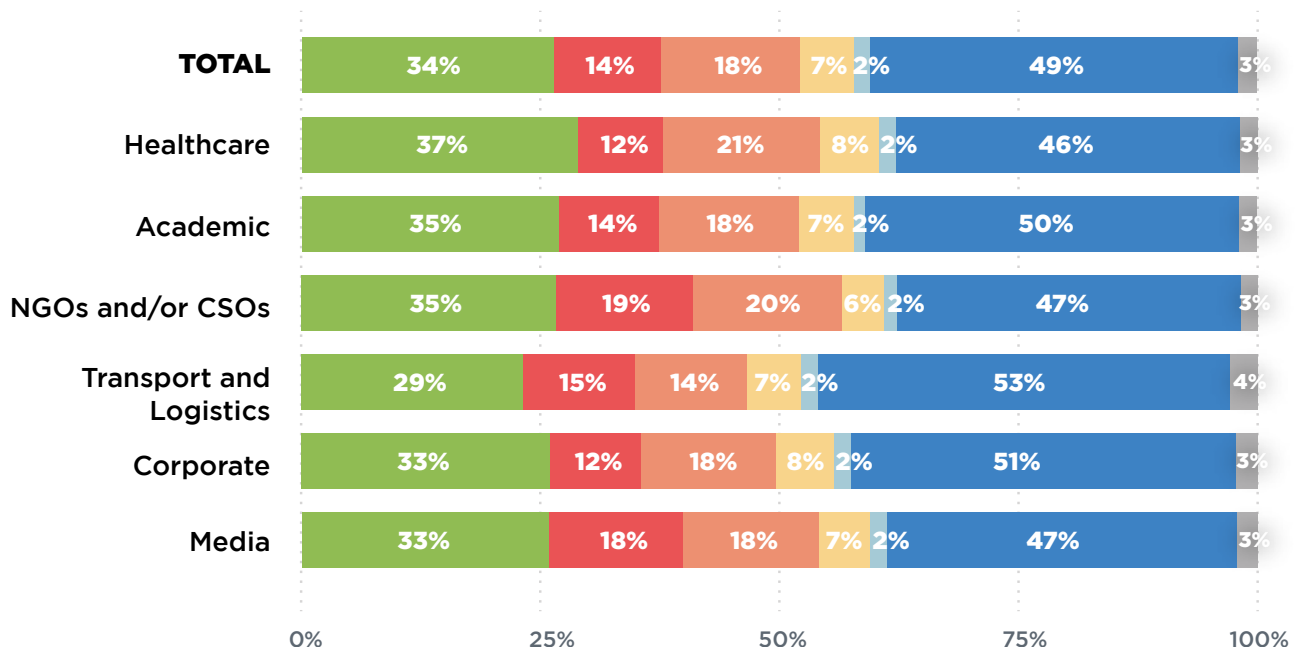
Regarding the perception of depression, the NGOs and CSOs sector (**19%**) and the Media sector (**18%**) are in the first place.



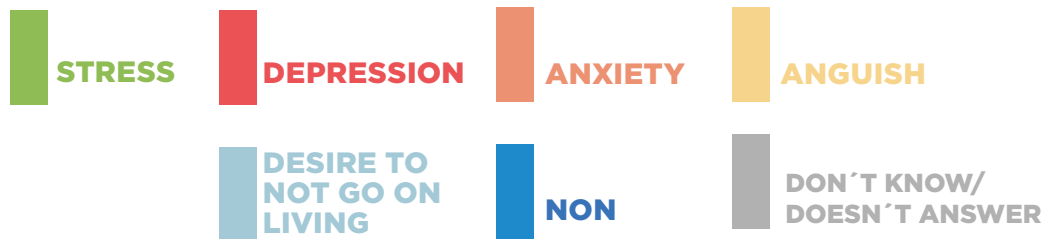
Image:
Argentine Red Cross



Subjective perceptions of mental health currently, by sector

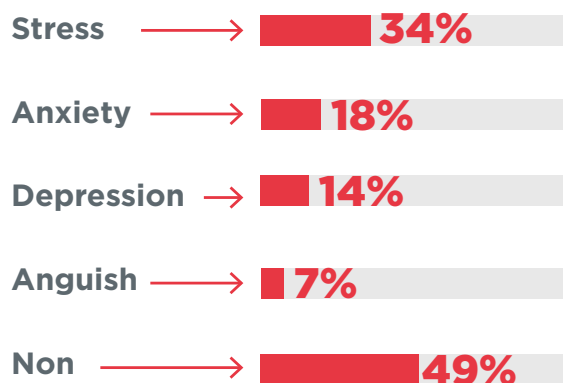


* The percentages may not add up to 100% because it is a multiple-choice question.



Base: total population surveyed.

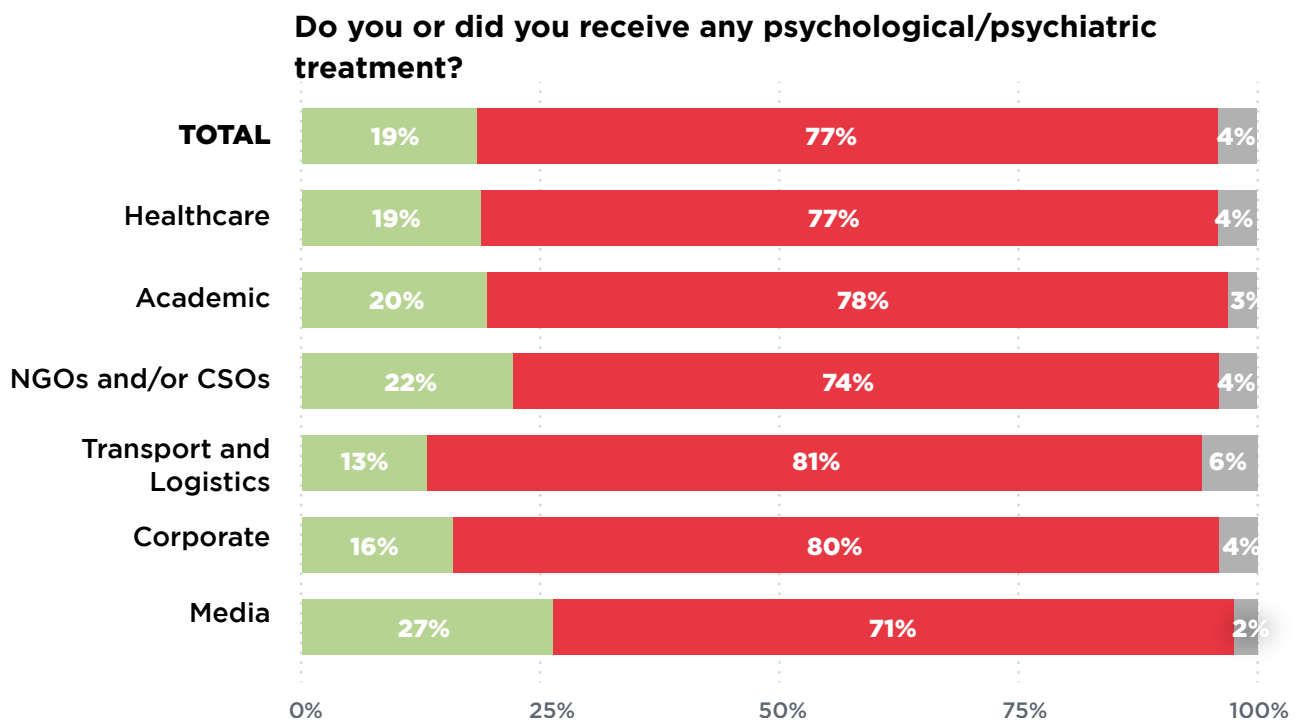
2 Subjective perceptions of mental health state today (may 2023)





3 Psychological/Psychiatric treatment

It is noteworthy that **27%** of individuals in the Media sector and **20%** of those in the Academic sector have received or are receiving psychological or psychiatric treatment. Meanwhile, **80%** of individuals in the transport and logistics sector have not received or are not receiving any treatment.



Base: total population surveyed.



Image: Pakistan Red Crescent

3 Psychological or psychiatric treatment

Does not receive or did not receive:

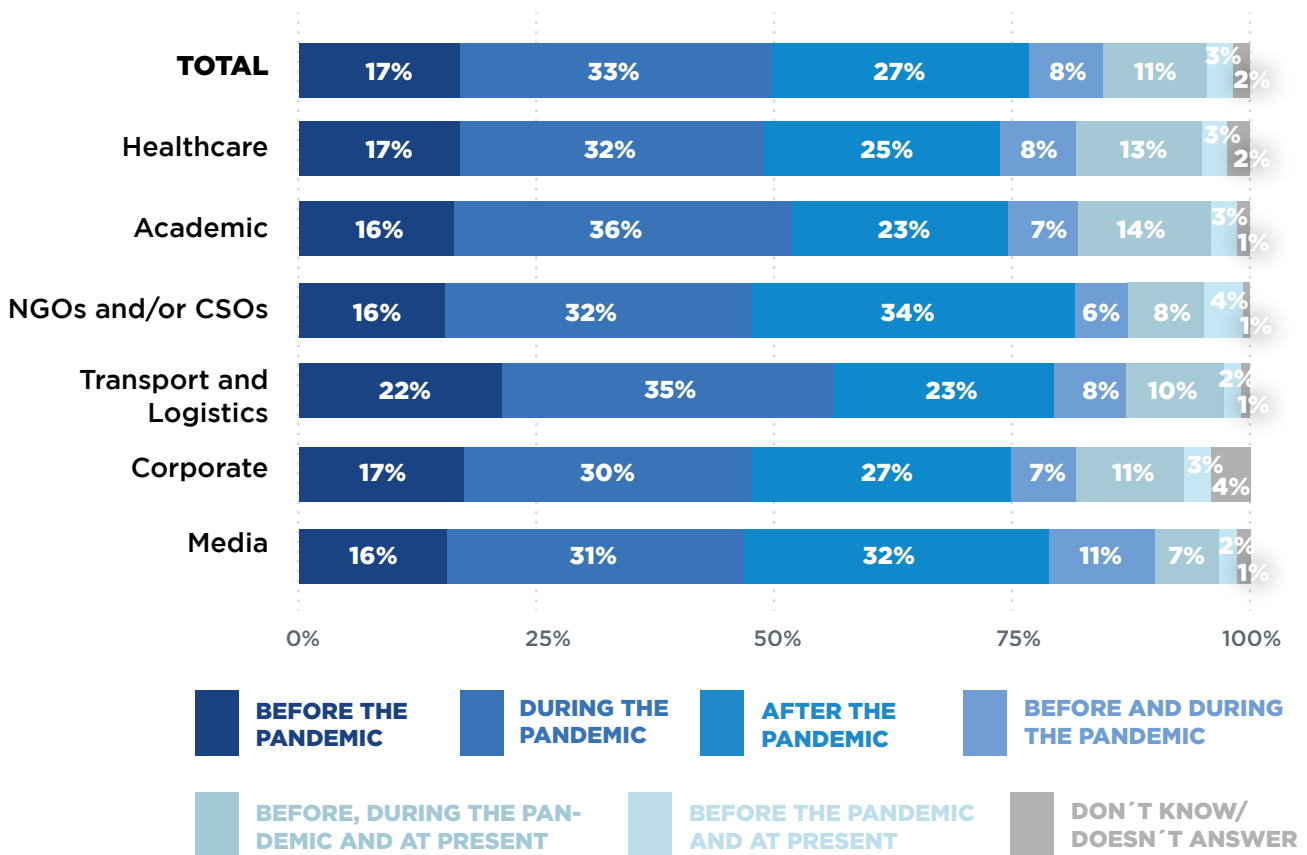




4 Moment when the treatment was received

When asked about the moment when they received psychological/psychiatric treatment, within the sectors, it stands out that **36%** of the Academic personnel affirm to have received treatment during the pandemic. While the **34%** of the individuals belonging to the NGOs and CSOs state to have received treatment after the pandemic.

Moment when the psychological/psychiatric treatment was received, by sector



Base: total population surveyed that received psychological/psychiatric treatment.

4 Moments when treatment was received

During the pandemic

Academic → **36%**

After the pandemic

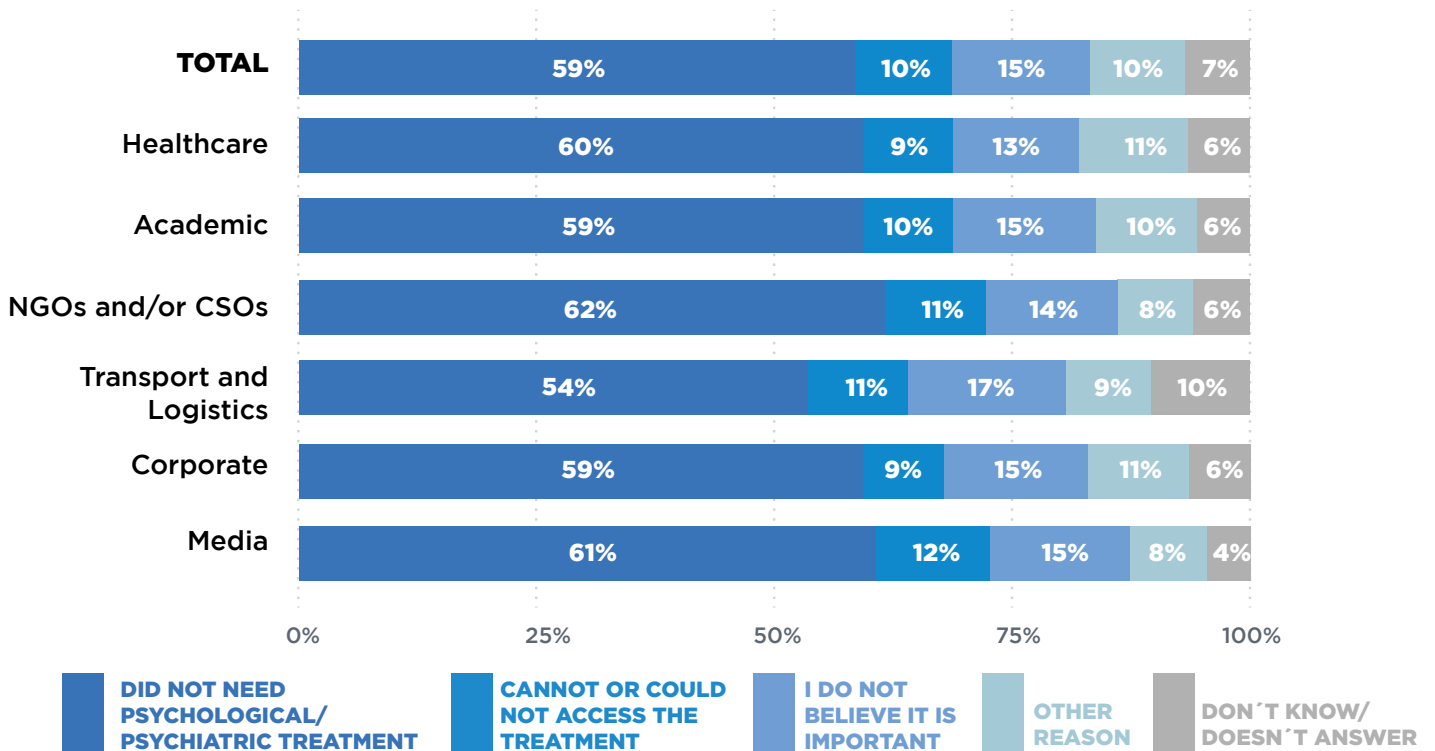
NGOs and CSOs → **34%**



5 Subjective considerations regarding the reasons for not receiving treatment

Within the subjective considerations regarding the reasons for not receiving treatment, it is noteworthy that **62%** of the personnel from the NGOs and CSOs sector claim they did not need it, **17%** of Transport and Logistics personnel state they do not believe it is important, and **11%** of the personnel from the same sector affirm that they cannot or could not access the treatment.

Reasons for not receiving psychological/psychiatric treatment, by sector



Base: total population surveyed who did not receive psychological/psychiatric treatment

5 Reasons for not receiving treatment

Subjective considerations

Did not need it

NGOs and CSOs → **62%**

Does not think it is important

Transport and Logistics → **17%**

Cannot/Could not get the treatment

Transport and Logistics → **11%**



SPECIFIC CONCLUSIONS:

mental health section

1 In every region stress was the prevailing sensation during the pandemic, followed by anxiety and depression. This coincides with the article by Santomouro or, D.F. et al 4 (2021) in which the prevalence and global burden of depressive and anxiety disorders are analyzed based on the definitions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the International Classification of Diseases, in its 10th edition (CIE-10). It is stated there that the three main mental health consequences resulting from the COVID-19 pandemic were those same conditions.

Similarly, Murata et al. (2020) found that COVID-19 was associated with augmented rates of clinically significant psychiatric disorders. Loneliness might increase the risk of anxiety and depression disorders on people. In addition, in the International Health (2023) it was suggested that the psychological responses to the COVID-19 significantly increased the frequency of anxiety, PTSD³ and psychosocial disorders.

Also Kumar, et al (2021), in their study about neuropsychiatric and cognitive sequels, found out that the psychological impact of COVID-19 was worsened among people suffering from cognitive disorders such as partial neurodegeneration, cognitive impairment, and neuropsychiatric disorders.

2 **77%** of the people surveyed did not or do not have access to psychiatric/psychological treatment today or in the past. The answers revealed the conviction that no treatment was necessary, along with the belief that it is not an important issue. This data is the result of the personal opinion of the surveyed individuals, influenced by cultural, social, economic and educational factors. That is why, it is not possible to generalize about the reasons why people adopt this stance.

3. Post Traumatic Stress Disorder



SPECIFIC RECOMMENDATIONS

regarding Mental Health:

A— It is recommended to continue working on prevention and promotion. Psychoeducation (through virtual, in person and hybrid campaigns) about general interest topics turns out to be highly positive. The Pan American Health Organization (PAHO, 2013) released the **community promotion guidelines**⁴ to address mental health by reinforcing the involvement of the communities, regardless of professional training, through promoting communitarian mental health.



B— It is important to work on suicidal prevention through the protector factors and its guidelines, as it is proposed by organisms like the World Health Organization (WHO), that has prepared a guideline to prevent suicide named **LIVE LIFE**⁵ (Pan American Health Organization (PAHO) and the International Red Cross and Red Crescent Movement with **Suicide Prevention during COVID**⁶.



4. <https://iris.paho.org/handle/10665.2/31342>

5. <https://www.paho.org/en/documents/live-life-implementation-guide-suicide-prevention-countries>

6. <https://pscentre.org/?resource=suicide-prevention&selected=single-resource>



C— Work in all the regions and sectors to eradicate stigmatization and prejudices around people suffering from mental illnesses. Also around people affected by different situations such as being anguished or under a lot of stress, and it is precisely this stigmatizing perspective that “penalizes” seeking for help. This work should be carried out in an interdisciplinary way but led by mental health professionals and based on programs prepared by organisms dedicated to this. Currently, the Pan American Health Organization is presenting the motto: *“Do your share to support mental health”*.



Lopez et al. (2008) in their research *“The struggle against the stigma and discrimination in mental health”* argue that it is necessary to promote the integration of people with mental health problems into everyday life, alongside with various forms of structural support, in order to boost the participation of associative movements of family members and affected individuals. In this way, it is not only important to eradicate the stigmatization and prejudices surrounding those who suffer from mental disorders, but it is also necessary to provide them with real opportunities to live in the community, providing support to reside in normal neighborhood environments, work in recognized and valued jobs, participate on equal terms in common tasks, and maintain meaningful social relationships⁷.

7. LOPEZ, Marcelino et al. La lucha contra el estigma y la discriminación en salud mental: Una estrategia compleja basada en la información disponible. Rev. Asoc. Esp. Neuropsiq. [online]. 2008, vol.28, n.1 [citado 2023-09-07], pp.48-83. Disponible en: <http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0211-57352008000100004&lng=es&nrm=iso>. ISSN 2340-2733.

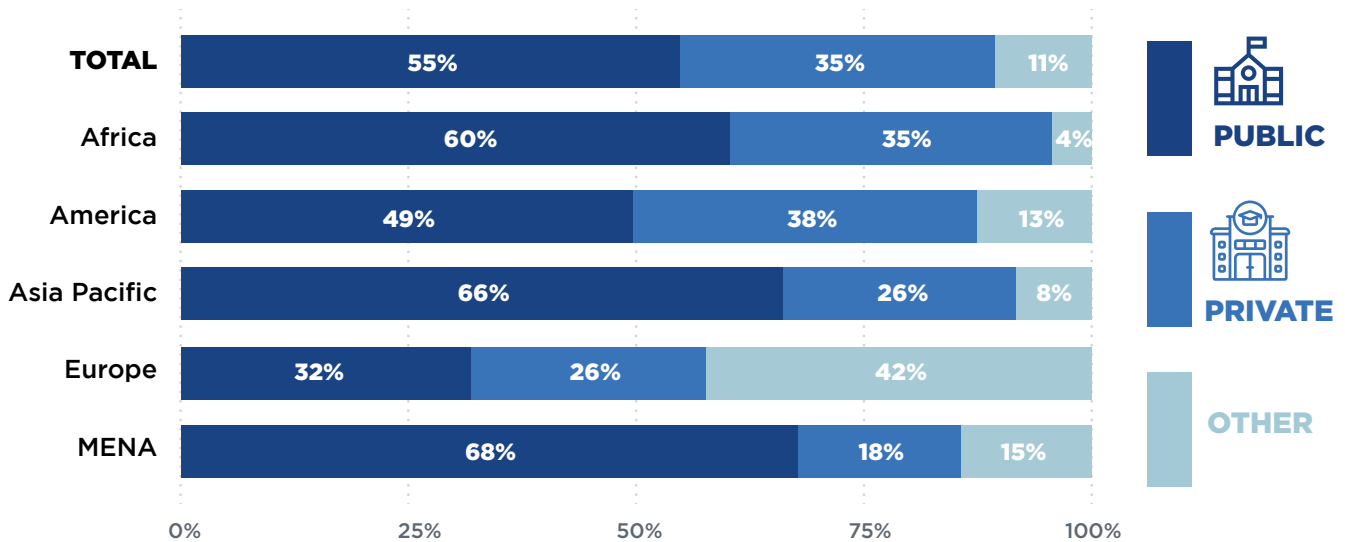
Healthcare Sector



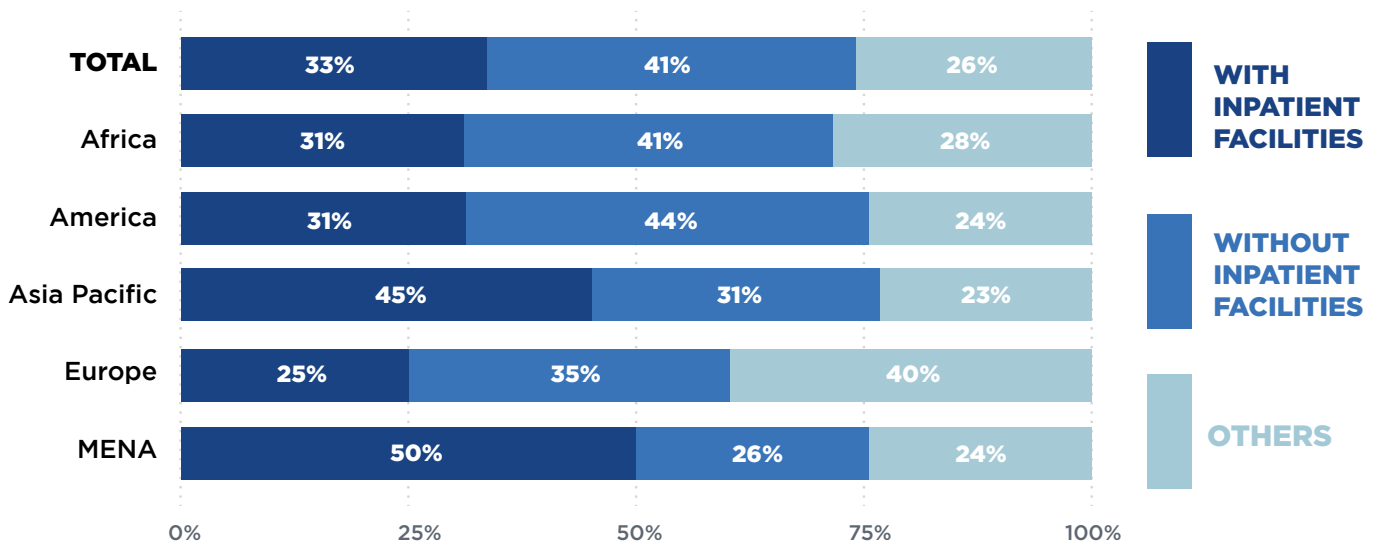


Surveyed Personnel Demographics

Type of healthcare institution you work in, regarding the source of funding



Type of healthcare institution you work in, regarding sanitary typology



Base: total Healthcare Personnel surveyed.



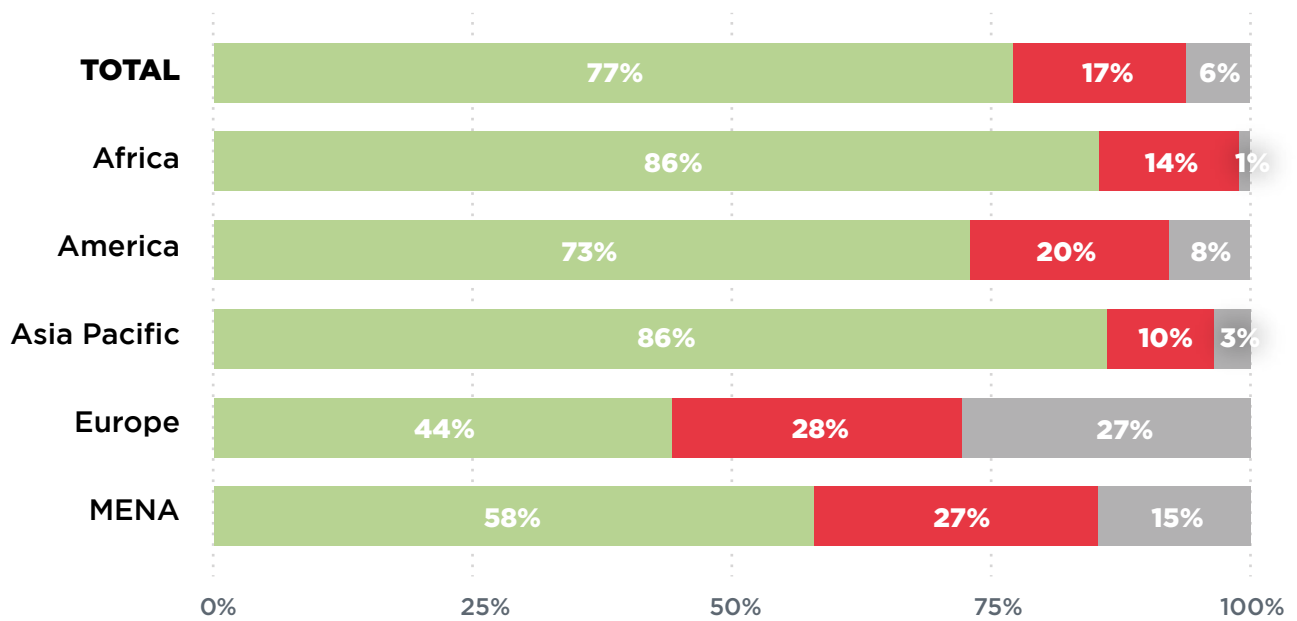
Total data collected in the healthcare sector:

3789 surveys.

Healthcare sector conclusions

1 It is not unanimous the perception that the workplace provided the guarantees needed to perform their duties under protection against a possible contagium of COVID-19.

Perceptions about guarantees needed to perform duties during the pandemic



Base: total Healthcare Personnel surveyed.



YES



NO



DON'T KNOW/ DOESN'T ANSWER

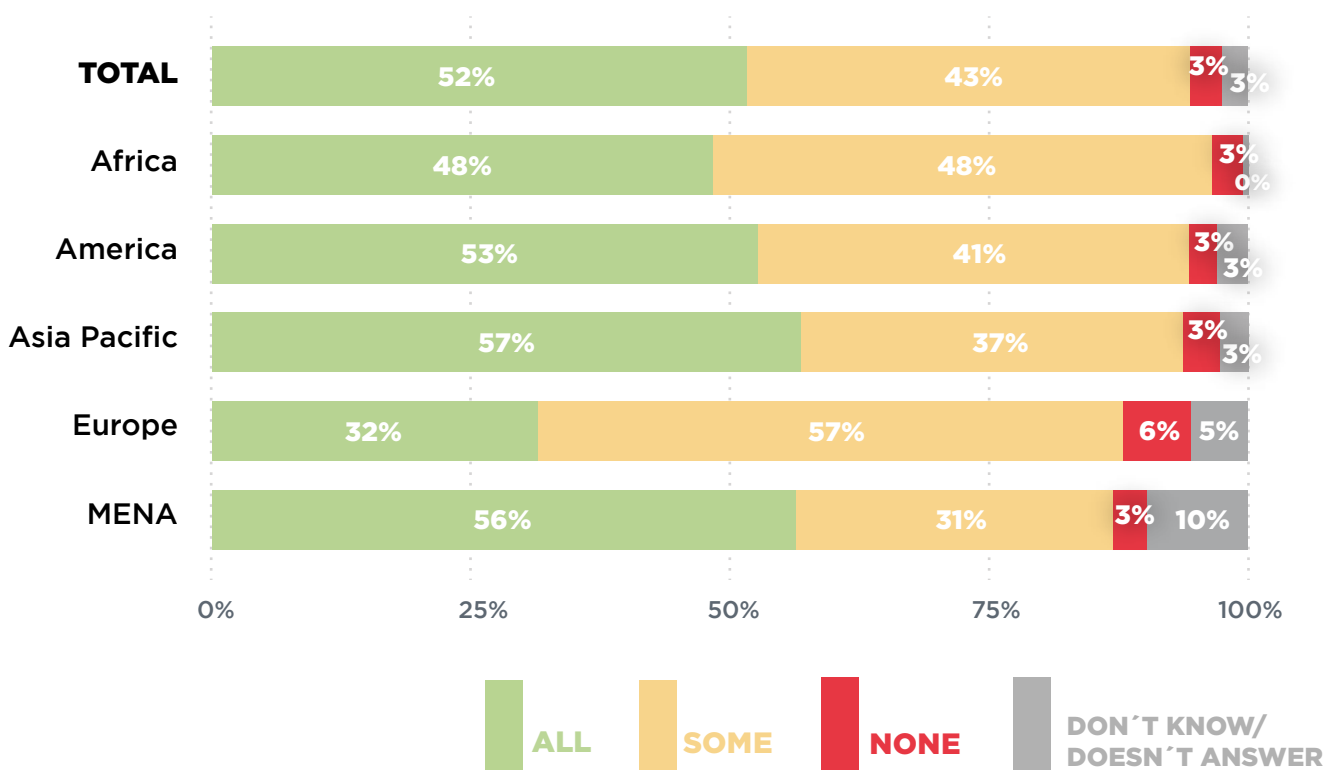
Image: Costa Rican Red Cross





2 Only half of the surveyed population (**52%**) counted with all the elements of protection needed to avoid a COVID-19 contagium. The situation registered in Europe is more alarming, only a third said to count with all necessary elements.

Materiales de protección necesarios para evitar contagiarse



Base: total Healthcare Personnel surveyed.

2 Protection Elements

Only

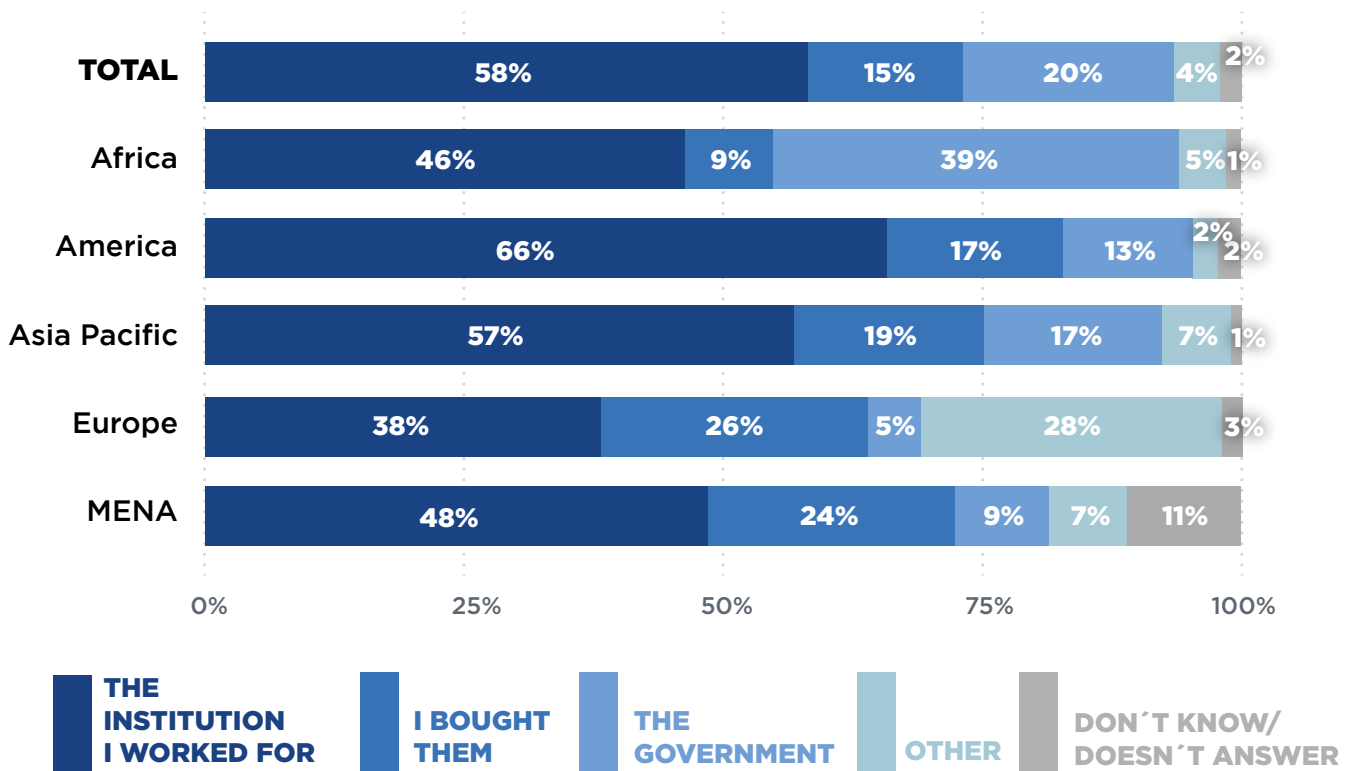


↳ Counted with the protection elements needed to avoid contagium



3 Almost **60%** of the surveyed individuals indicate that their workplace provided the materials. However, **15%** managed these supplies on their own. This situation is augmented in the regions of Europe (**26%**), MENA (**24%**) and Asia Pacific (**19%**). In contrast, the Africa region shows a high involvement of the State in providing these resources.

Individuals responsible for the provision and supply of protective materials

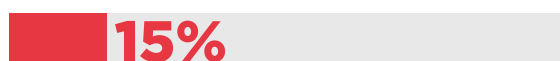


Base: total number of healthcare sector individuals who had all or some of the necessary protective materials.

3 Responsible for the provision and supply of protective materials



↳ Indicate that their workplace provided the materials

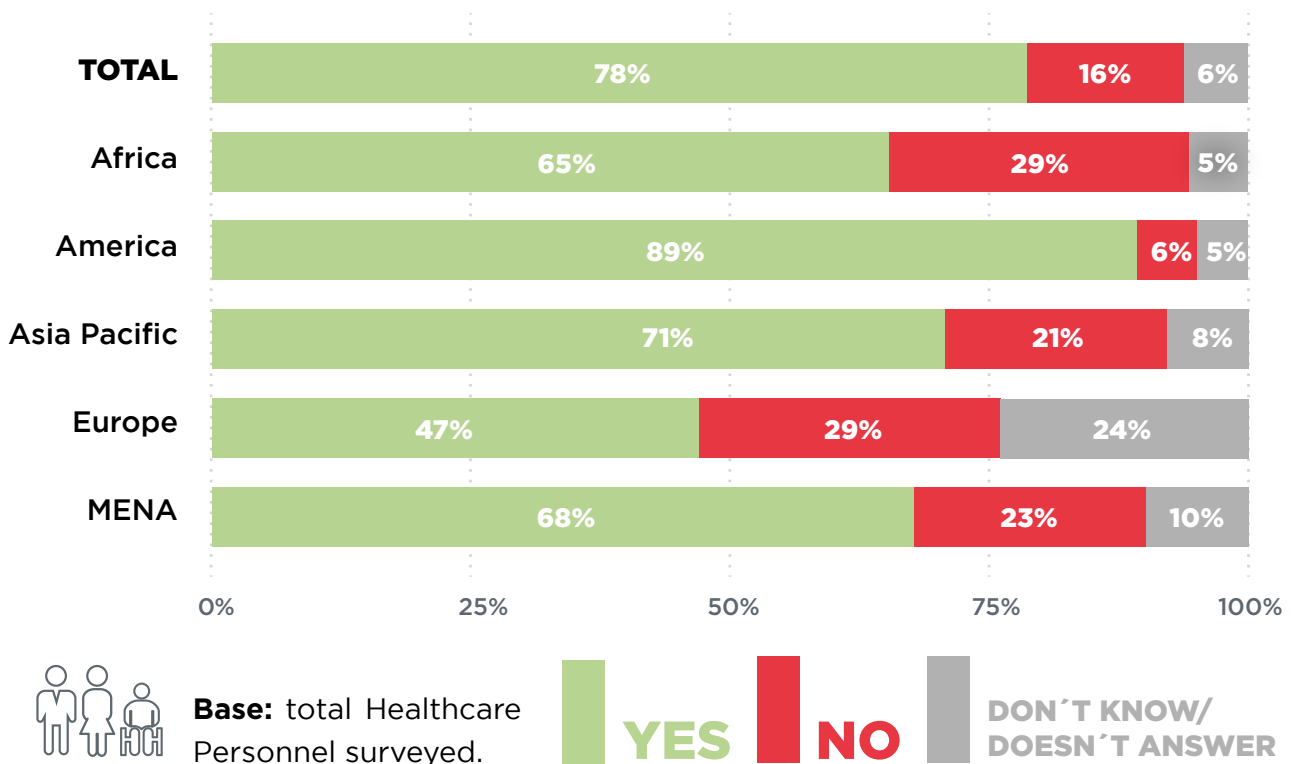


↳ Managed these supplies on their own



4 **8 out of 10 individuals** surveyed indicate that the institutions where they worked established biosafety protocols to conduct their activities, with significant disparity by region.

Establishment of biosafety protocols for the conduct of activities



4 **Biosafety protocols for the conduct of work activities**



8 out of 10 individuals

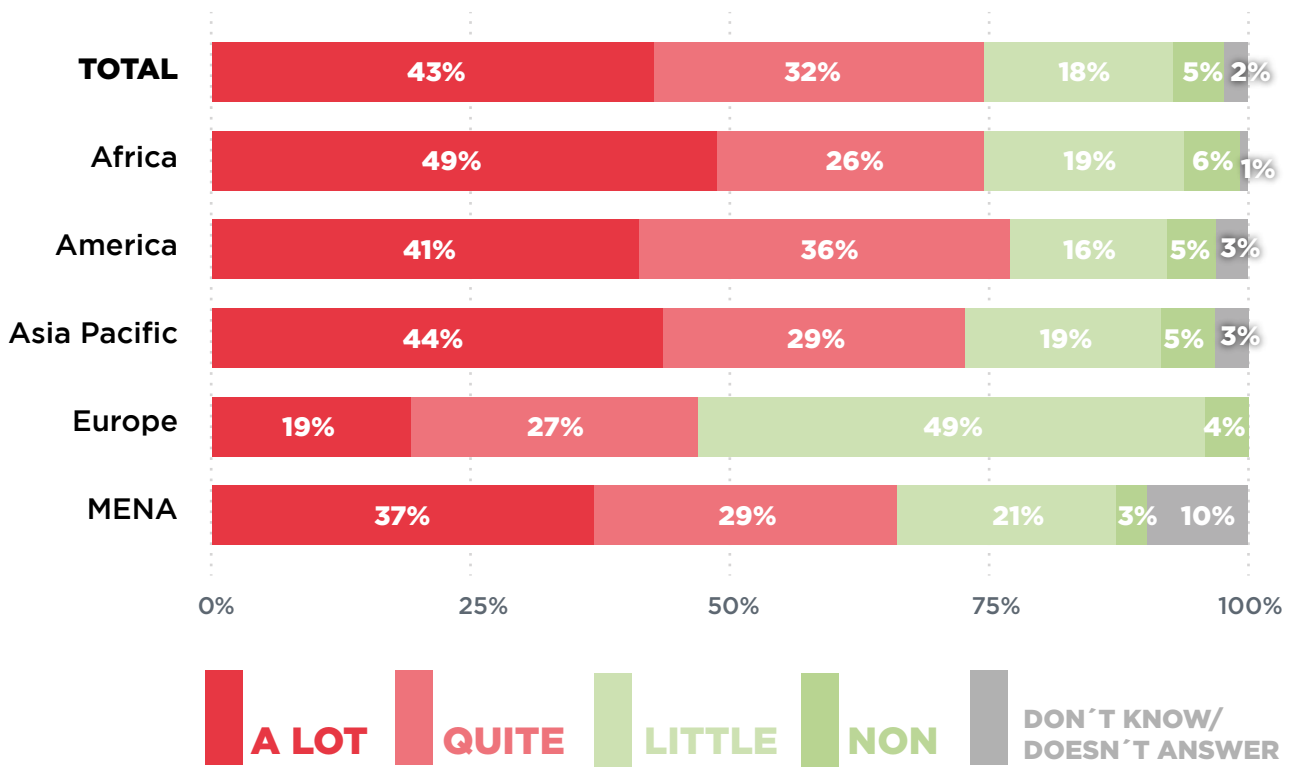
indicate that the institutions where they worked established these protocols (with significant disparity by region)



5

75% of the surveyed individuals felt that the pressure on their tasks increased a lot or quite a bit. The need to incorporate new skills, along with longer working hours, resulted in high levels of work-related pressure. This situation was not as evident in Europe as in other regions.

Perception of the increase in the level of pressure in tasks during the pandemic



Base: total Healthcare Personnel surveyed.

5

Pressure about their tasks

75%

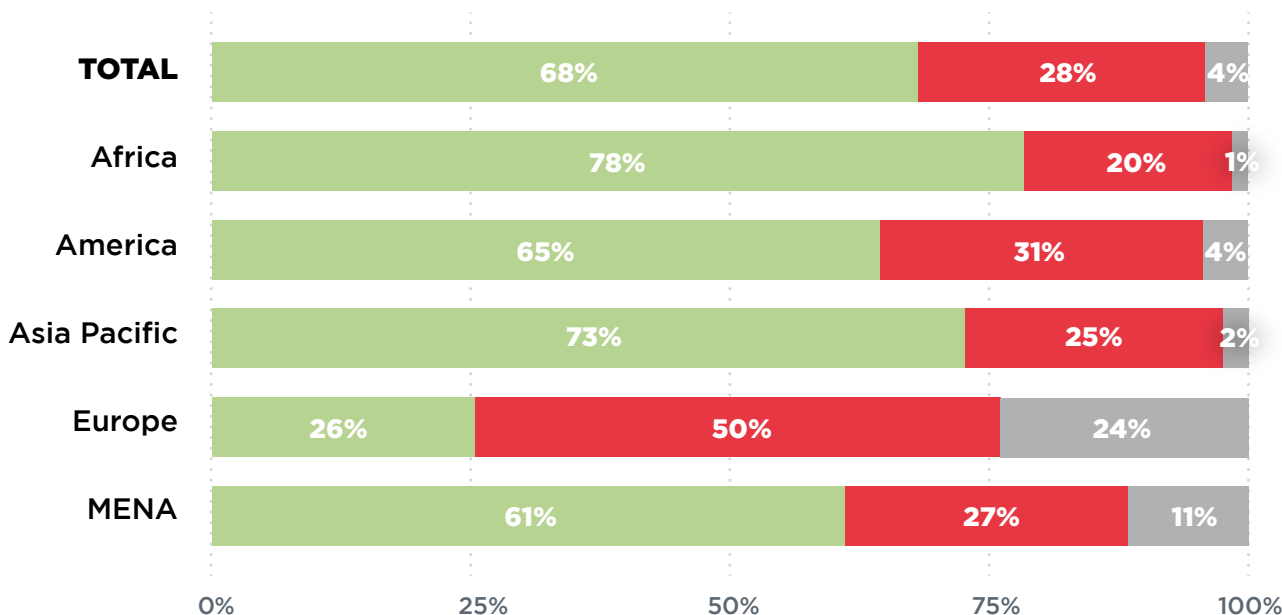
↳ **Increased a lot or quite a lot**

To incorporate new skills, along with longer working hours, resulted in high levels of work-related pressure



6 Nearly a **70%** of the population surveyed express that they had to receive training in a different area of knowledge to collaborate with the fight against the pandemic. This situation is prevalent in the regions of Africa (**78%**) and Asia Pacific (**73%**).

Change of specialty or need of extra training to tackle with the pandemic



Base: total Healthcare Personnel surveyed.



YES

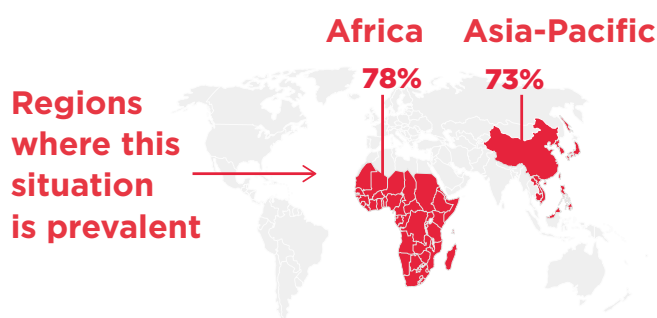


NO



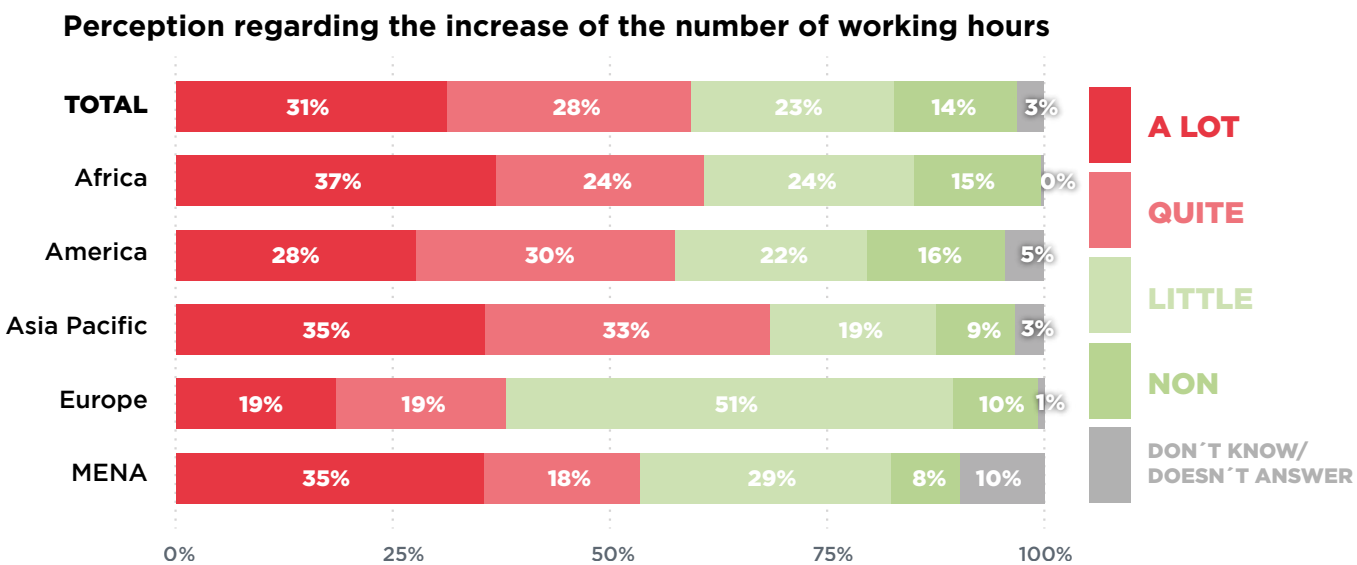
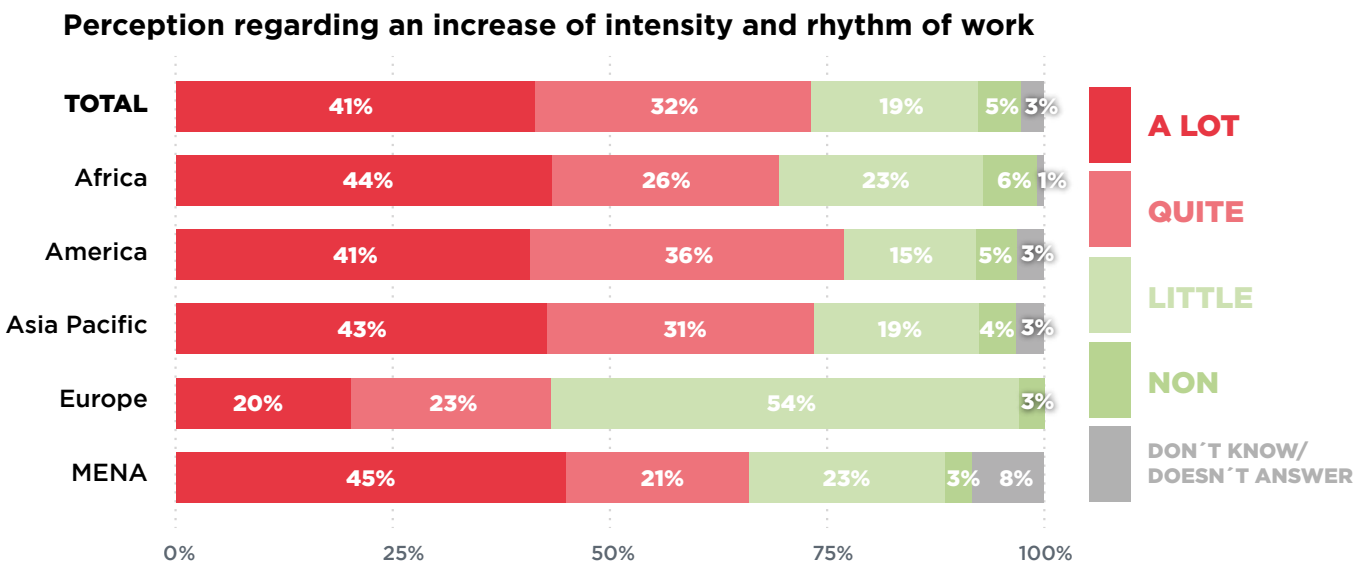
DON'T KNOW/DOESN'T ANSWER

6 Training in a different area of knowledge to collaborate with the fight against the pandemic:





7 More than **70%** of the people surveyed express that the intensity, the rhythm and the number of working hours increased.



Base: total Healthcare Personnel surveyed.

7 Increase of intensity and rhythm of work.

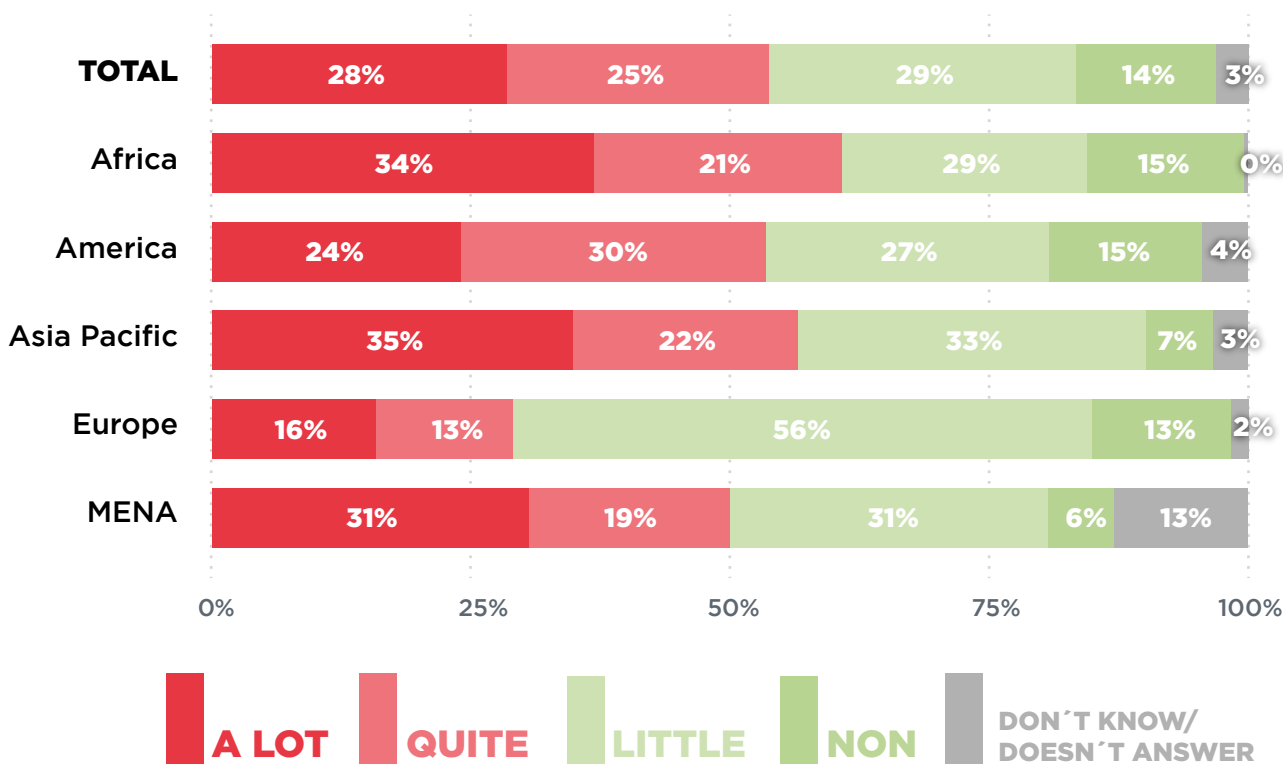
70%

↳ Perceived that the intensity, the rhythm and the number of working hours increased



8 82% of the individuals surveyed state that the break periods of the healthcare personnel were reduced during the pandemic.

Perception regarding the reduction of break periods



Base: total Healthcare Personnel surveyed.

8 Break periods

82%
 ↳ State that their break periods were reduced



Healthcare sector

RECOMMENDATIONS

A — Establish the mandatory provision of protective and care items to the staff.



B — Design and implement unified protocols regarding working areas, break times, handling of sanitary materials, and psychological support.



C — Establish an assistance fund for healthcare personnel for acquiring the necessary items in a pandemic response.



D — Set and regulate minimum break times for healthcare personnel.

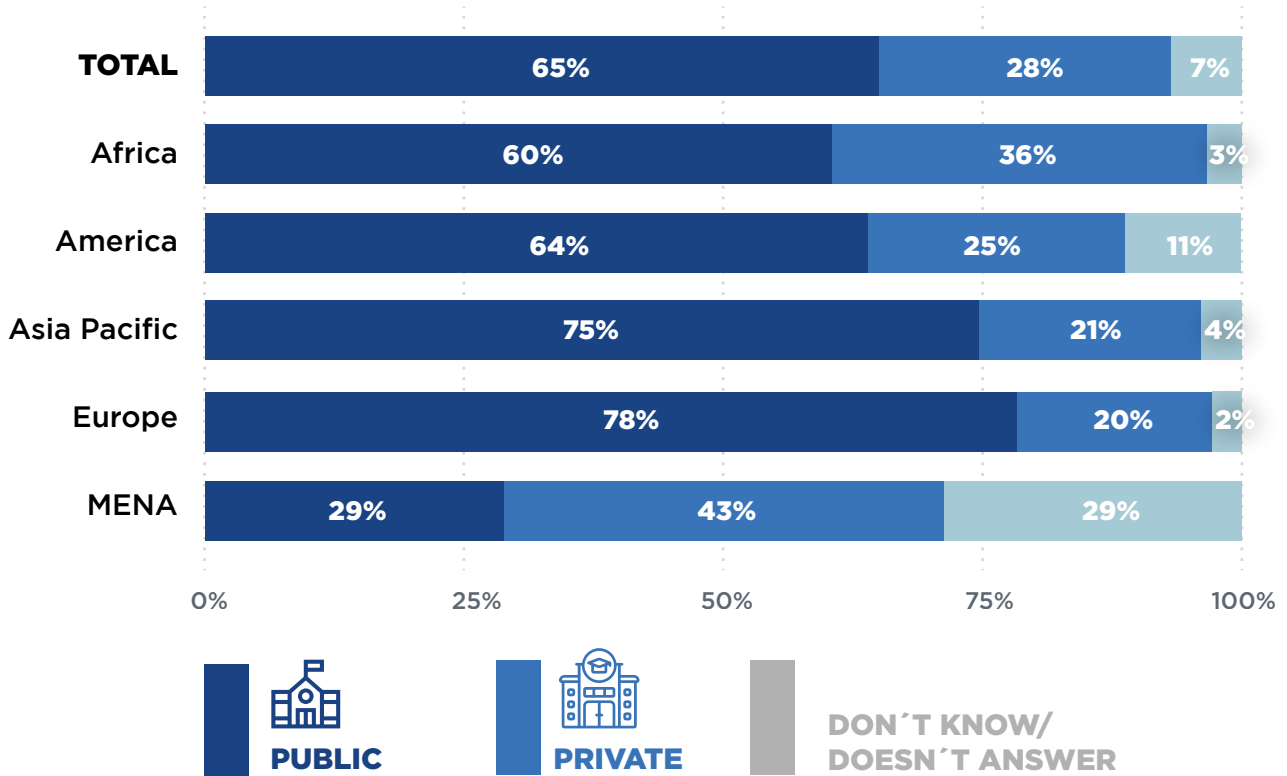


Academic Sector



Surveyed Personnel Demographics

Type of educational institution in which you work, depending on the funding the institution receives



Base: total academic sector personnel surveyed.



Total data collected in the academic sector:

2836 surveys.

Image: Venezuelan Red Cross

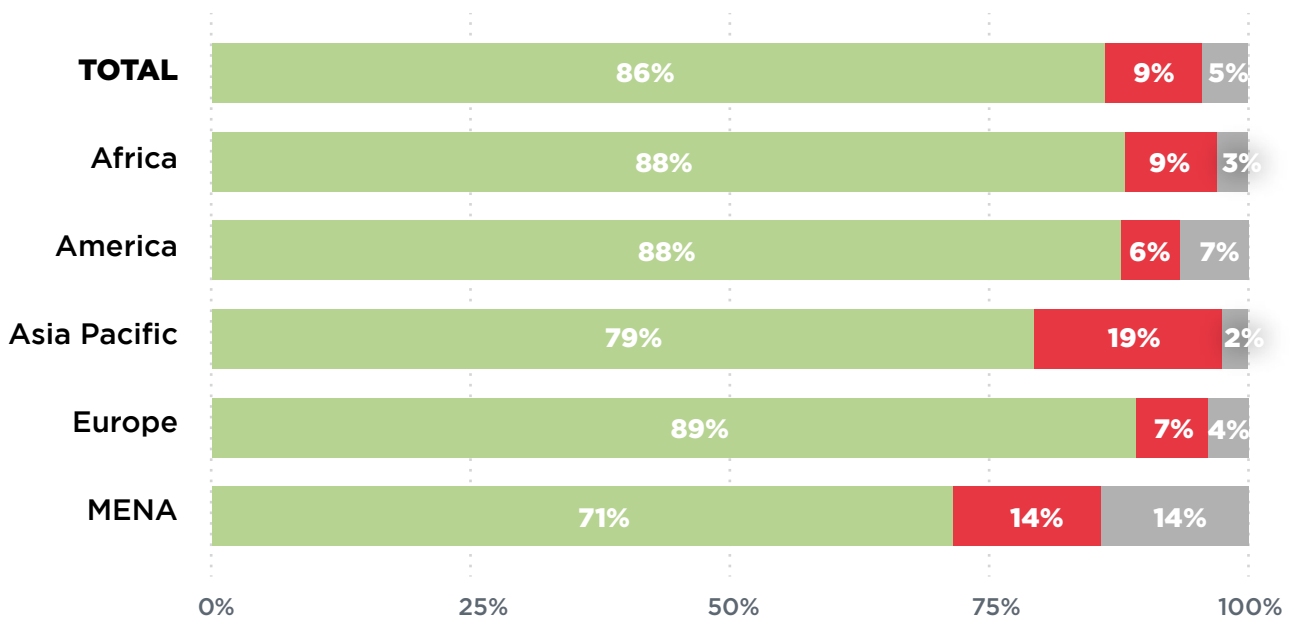




Academic Sector conclusions

1 In general, the sector values the health guarantees it had during the pandemic: the majority of surveyed individuals (**86%**) indicate that educational institutions established safety protocols to ensure the safe conduct of activities

Safety protocols set up in educational establishments



Base: total academic sector personnel surveyed.



YES



NO



DON'T KNOW/
DOESN'T ANSWER

1 **Health guarantees during the pandemic**

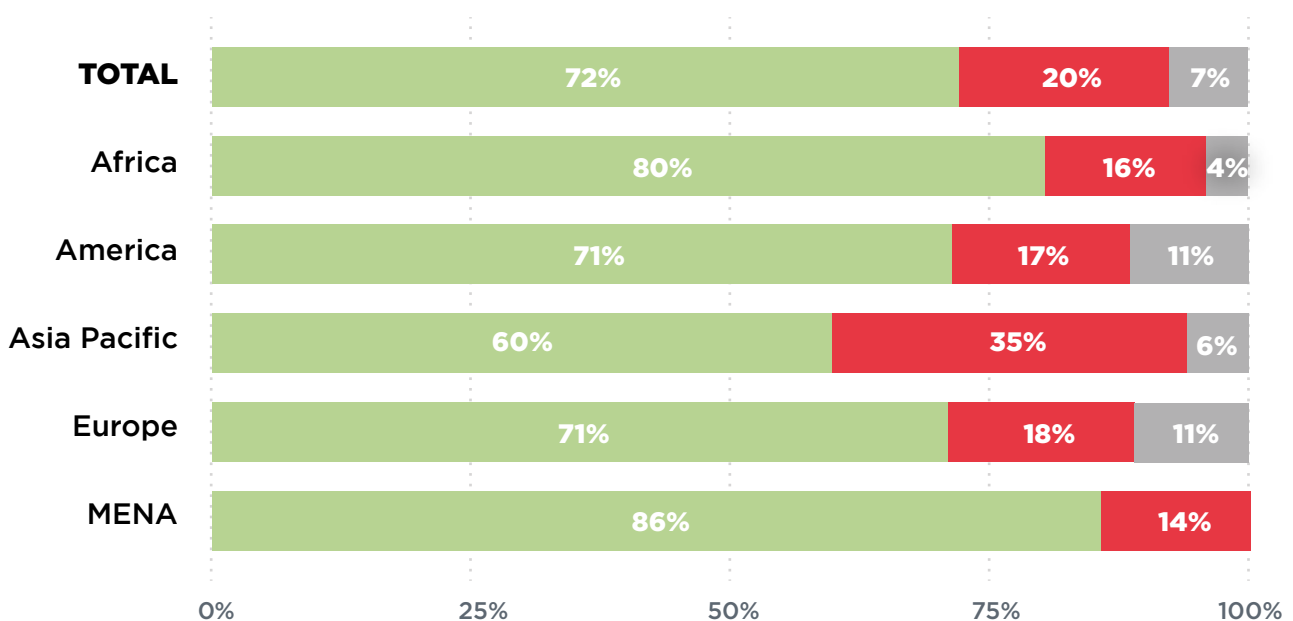
86%

States that educational institutions established safety protocols



2 The academic sector perceives itself as a group that created value during the pandemic through studies and community assistance. Over **70%** of surveyed individuals affirm that their educational institution participated in the creation, planning, and/or implementation of actions to address the pandemic and manage the health crisis.

Involvement of the educational institution in actions to tackle the pandemic



Base: total academic sector personnel surveyed.



2 Creation of value in the academic sector

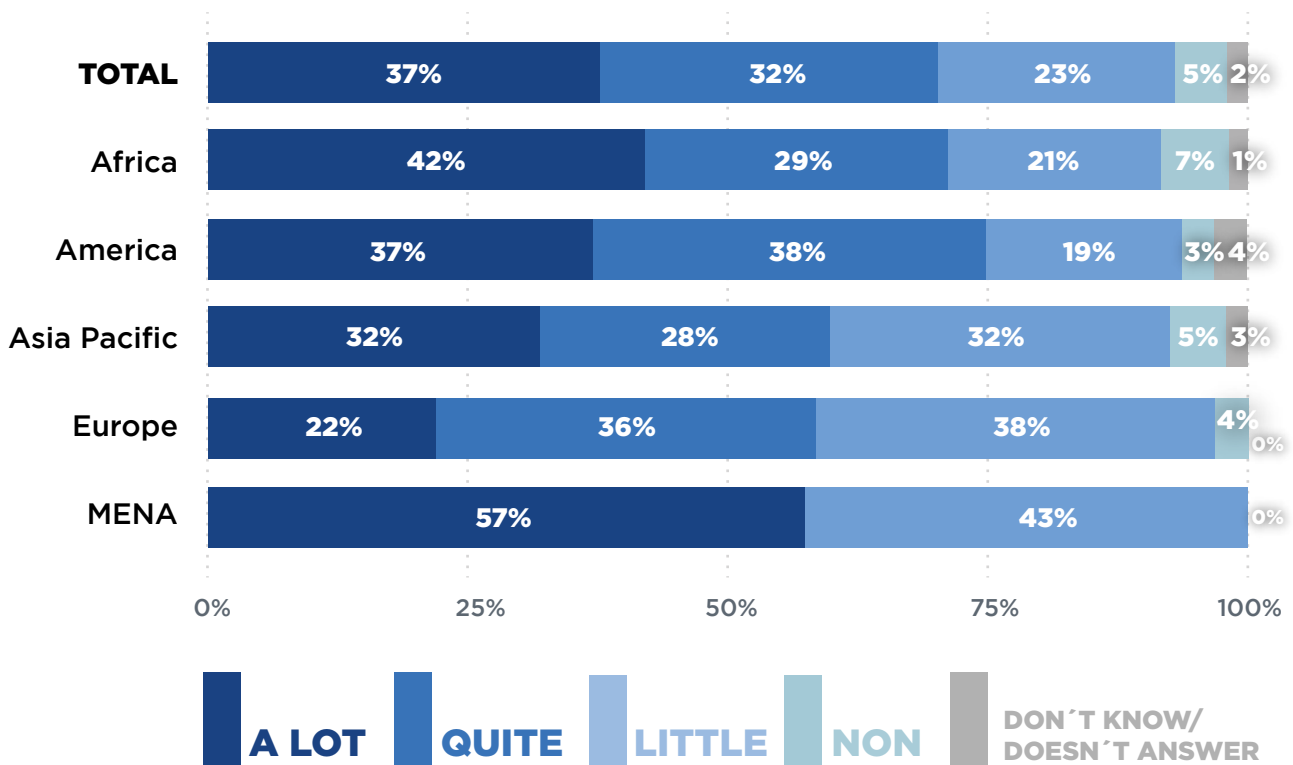


Participated in the creation, planning, and/or implementation of actions to address the pandemic and manage the health crisis



3 There is broad agreement that the way of teaching and learning in schools, universities, and tertiary institutions changed. While this change is mostly considered positive, an average of **30%** view it as negative.

Perception regarding the change in study and teaching methods at schools, universities and tertiary institutes



Base: total academic sector personnel surveyed.

Image: Gambia Red Cross Society



3 Perception about the teaching and learning methods

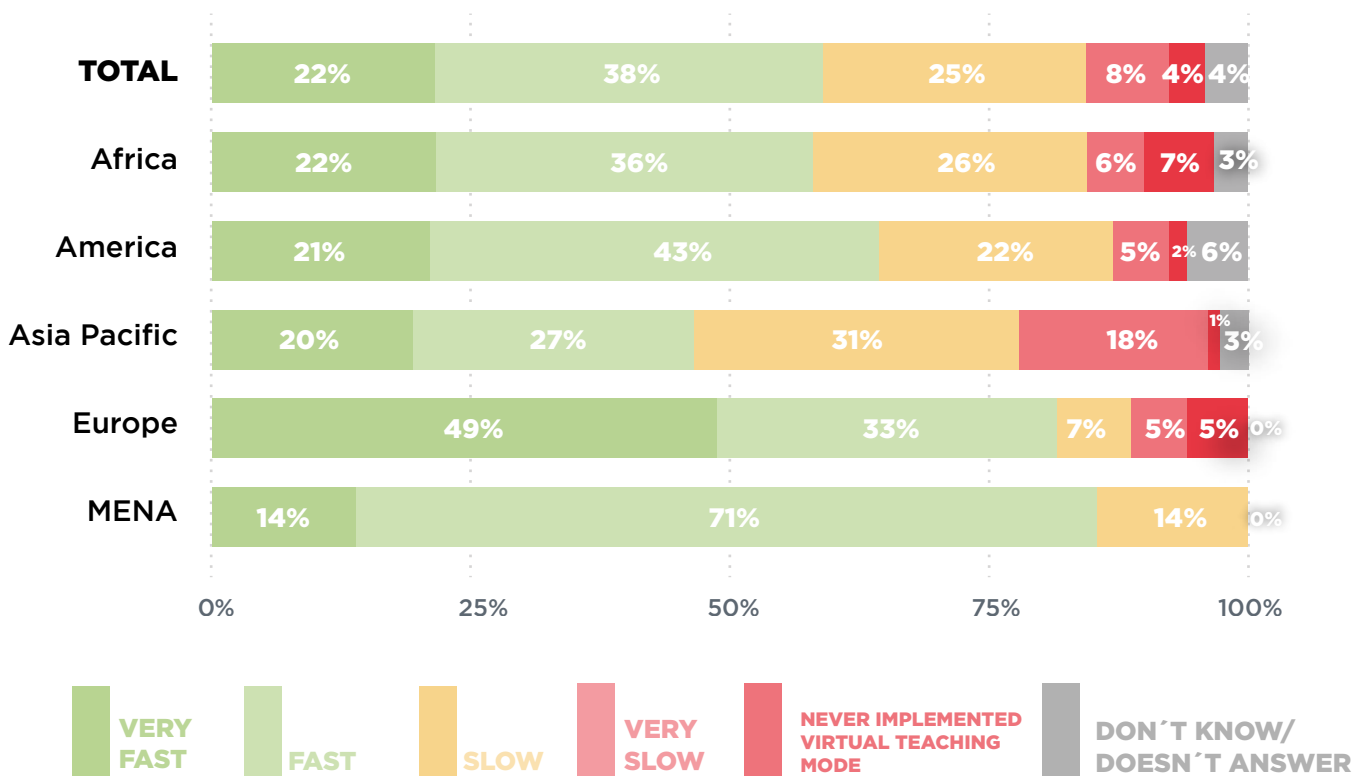
70%

There is a great agreement in stating that the way of teaching and learning in schools, universities, and tertiary institutions changed in a positive way



4 On the one hand, in the MENA and Europe regions it was possible to implement virtual teaching mode rapidly. On the other hand, more than **40%** of the population surveyed in the Asia Pacific region affirm that this implementation progressed slowly.

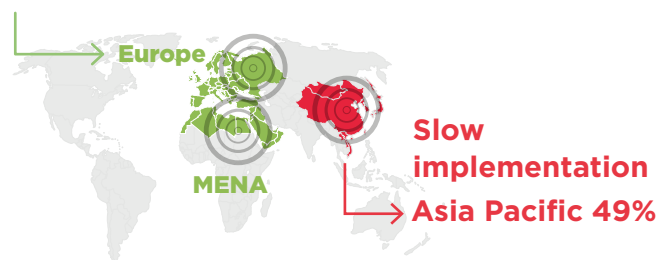
Perception on the promptness in implementing virtual teaching mode



Base: total academic sector personnel surveyed.

4 Virtual teaching

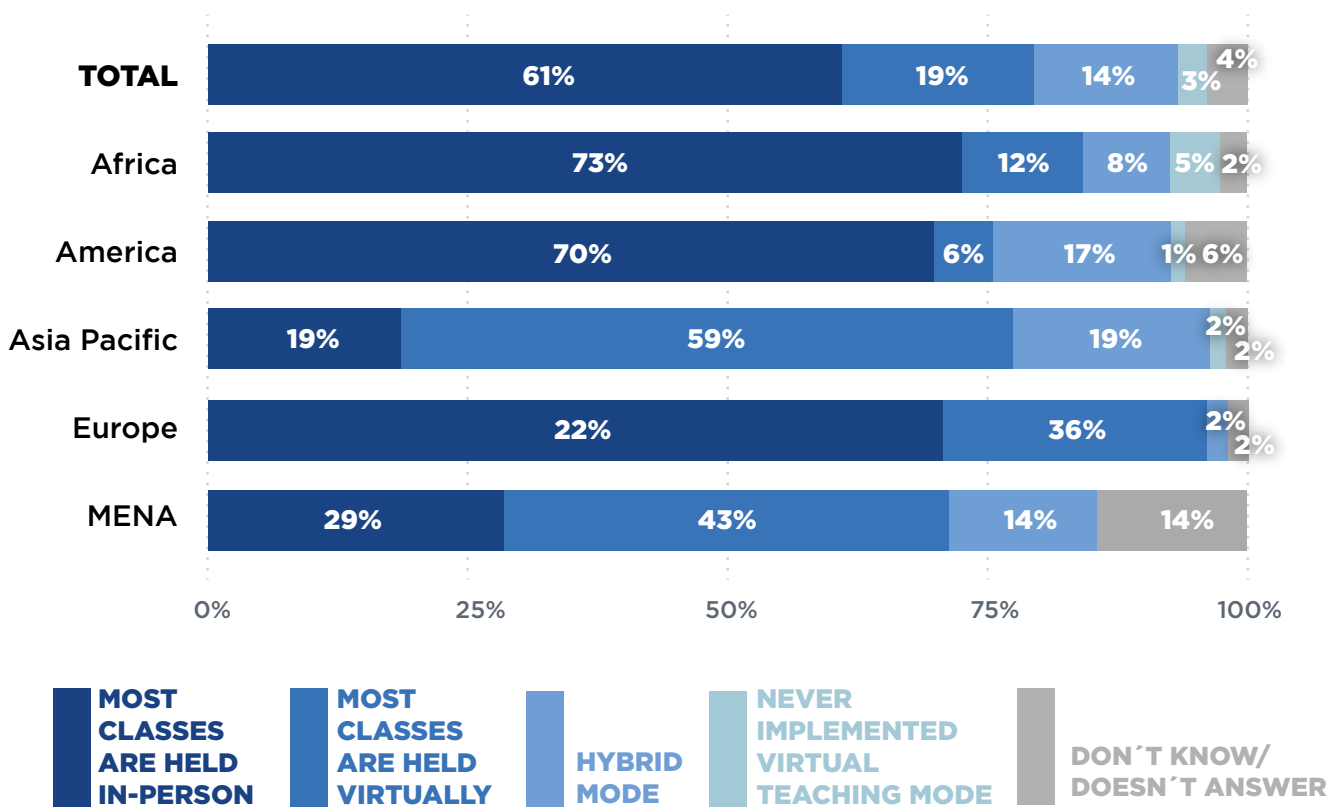
Prompt implementation





5 Post-pandemic: in-person teaching prevails globally (**61%**), except in the Asia Pacific and MENA regions where virtual teaching prevails.

Current teaching mode in your educational institution



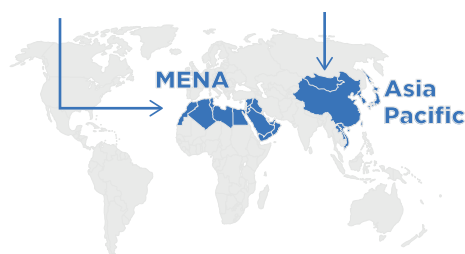
Base: total academic sector personnel surveyed.

5 Post pandemic in person teaching

→ prevails globally



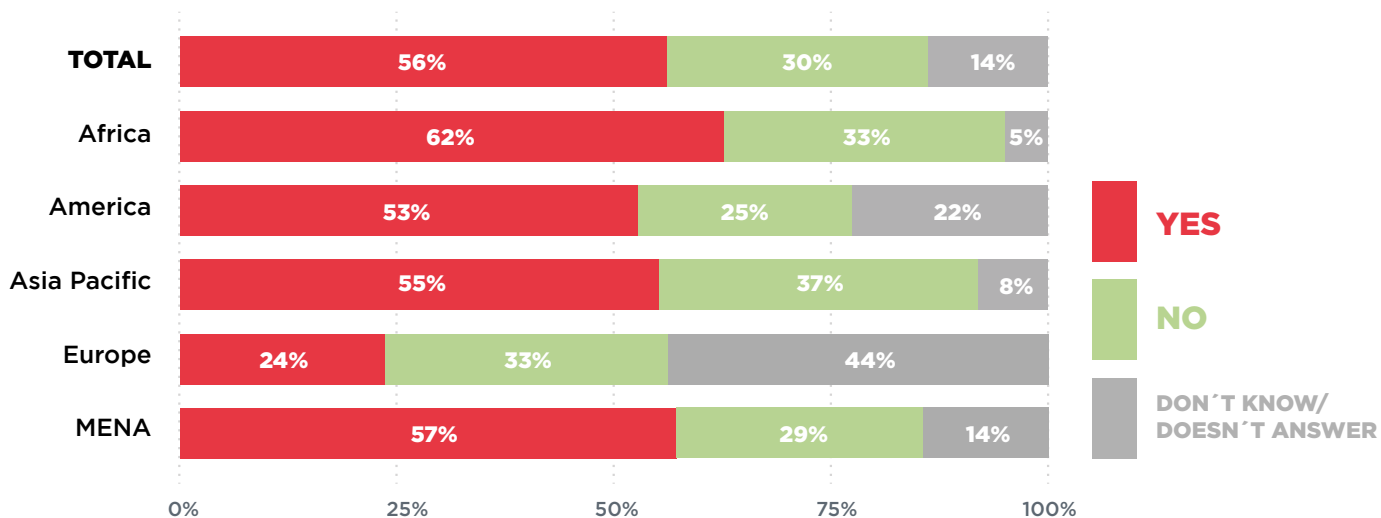
Virtual teaching prevails





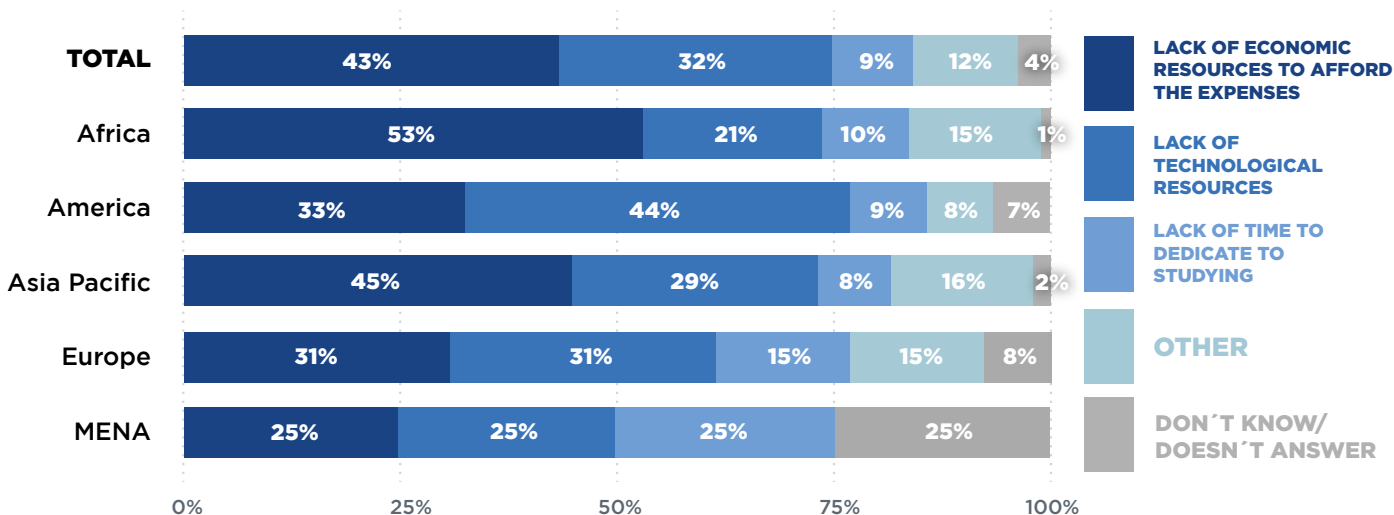
6 High levels of student dropout (**56%**) were observed compared to previous periods. This situation was more noticeable in Africa (**62%**). The predominant causes were the lack of economic resources and the lack of access to technology.

Perceived school dropout



Base: total academic sector personnel surveyed.

Perceived reasons for school dropout

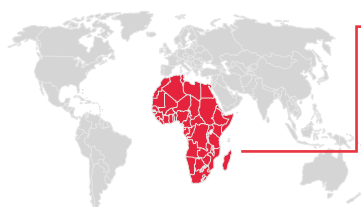


Base: total academic sector personnel surveyed whose institutions detected greater levels of school dropout.

6 School Dropout

+56%

Compared to previous periods

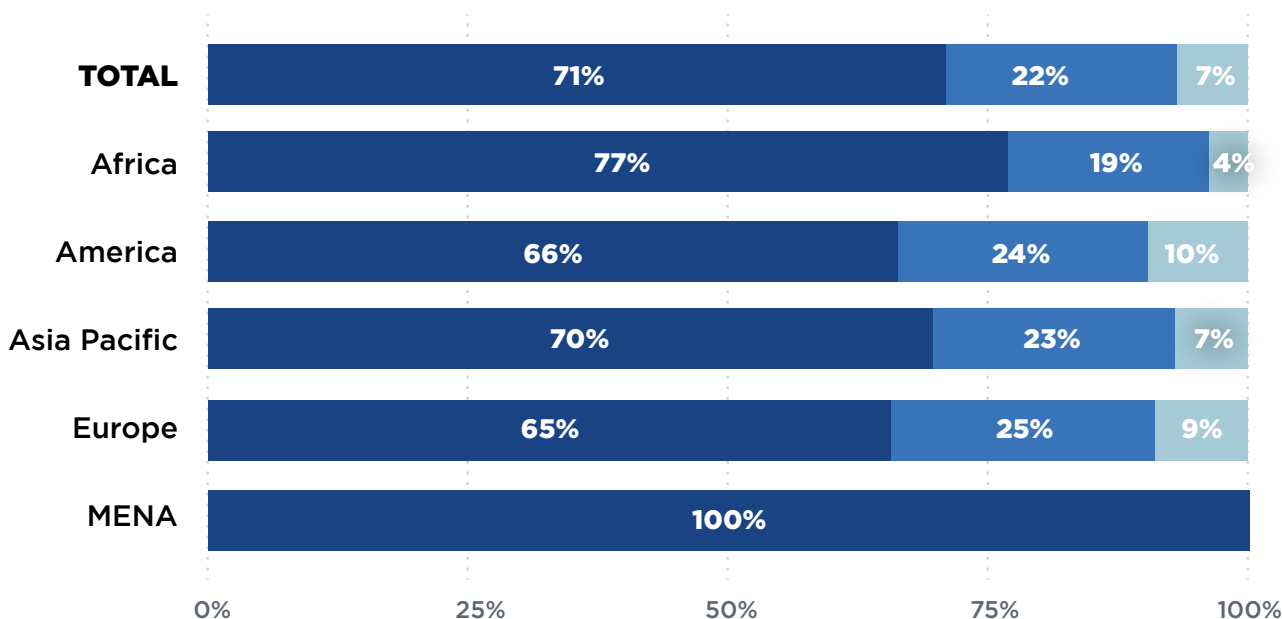


→ **Africa 62%**
Increased by:
lack of economic
resources and lack of
access to technology



7 There is a common concern across all regions (**71%**) that if virtual teaching predominates in universities, those segments of the population lacking the necessary technological resources will be unable to access it.

Do you consider that if virtual education predominates in universities, those sectors of the population without the necessary technological resources won't be able to access it?



Base: total academic sector personnel surveyed.

7 Global concern



↳ **Thinks that those segments lacking the necessary technological resources will be unable to access virtual university education**



Academic Sector

RECOMMENDATIONS

A — Implement interventions to reduce the technological gap between the different regions.



B — Carry out campaigns and develop actions to reintegrate those individuals who dropped out during the pandemic into the academic world.



C — Design incentive campaigns to encourage future educational retention.



D — Train and update teachers in virtual education methods and ensure access to technological resources for both students and teachers

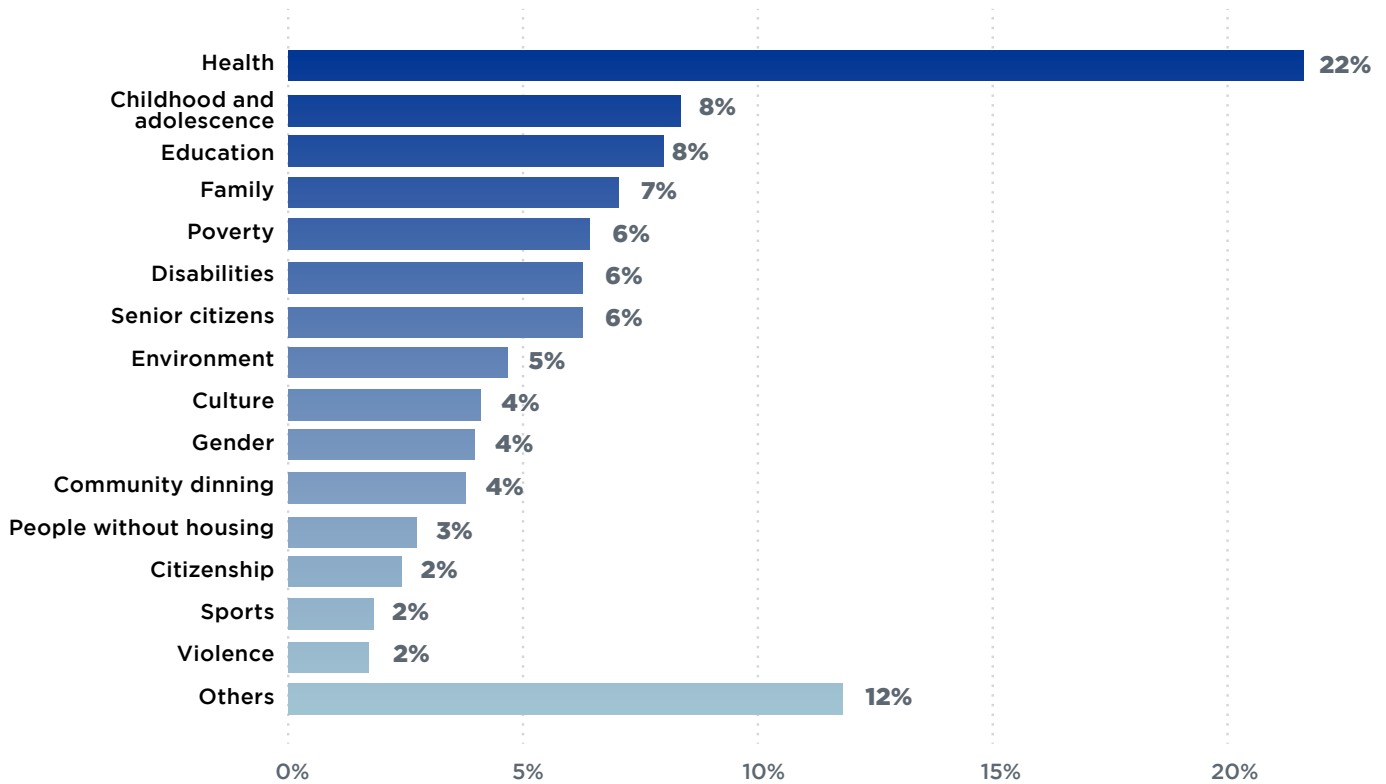


NGOs and CSOs Sector



Surveyed Personnel Demographics

Central topic that the NGO/CSO addresses, at a global scale



Base: total of population belonging to the NGOs/CSOs sector.



Total data collected in the NGOs/CSOs sector:

2392 surveys.

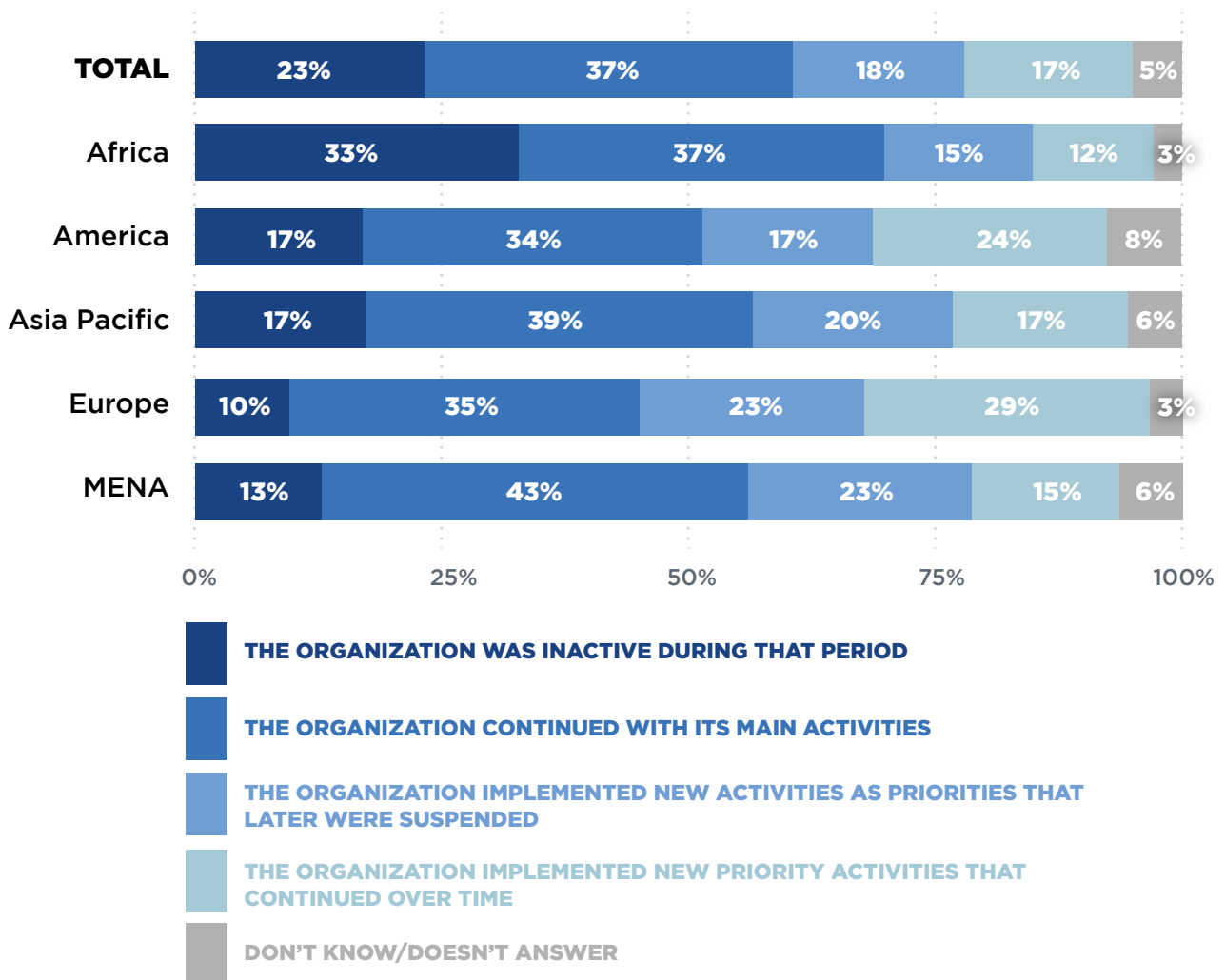
Image: Portuguese Red Cross



NGOs and CSOs Sector conclusions

1 Most of the NGOs and CSOs globally conducted activities during the pandemic (23% were unable to continue providing services). In Africa, the highest rate of NGOs and CSOs (33%) was observed to be unable to continue their activities.

Activity of the NGO/CSO during the pandemic

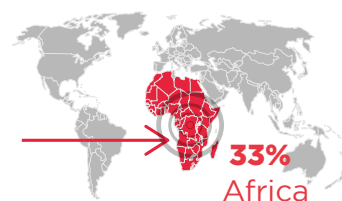


Base: total of population belonging to the NGOs/CSOs sector.

1 Activities during the pandemic

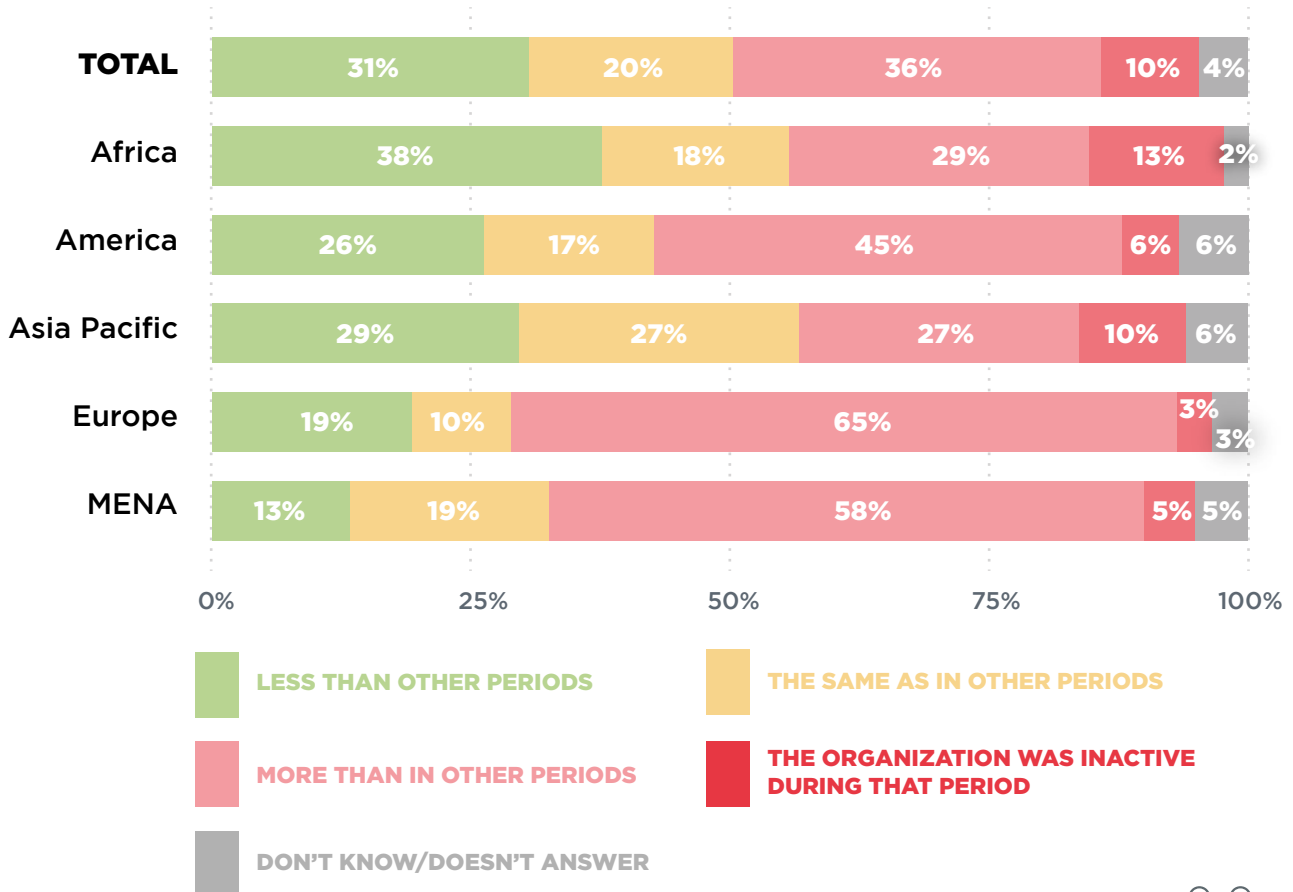
23% were unable to continue providing services

The region with the highest rate of NGOs and CSOs unable to continue their activities



2 **36%** of the surveyed individuals recognize that the workload of their organization was higher during the pandemic compared to other periods, especially in the MENA, Europe, and America regions.

Perception about the workload of the organization during the pandemic



Base: total of population belonging to the NGOs/CSOs sector.

2 Perception about the workload of the organization during the pandemic

36%

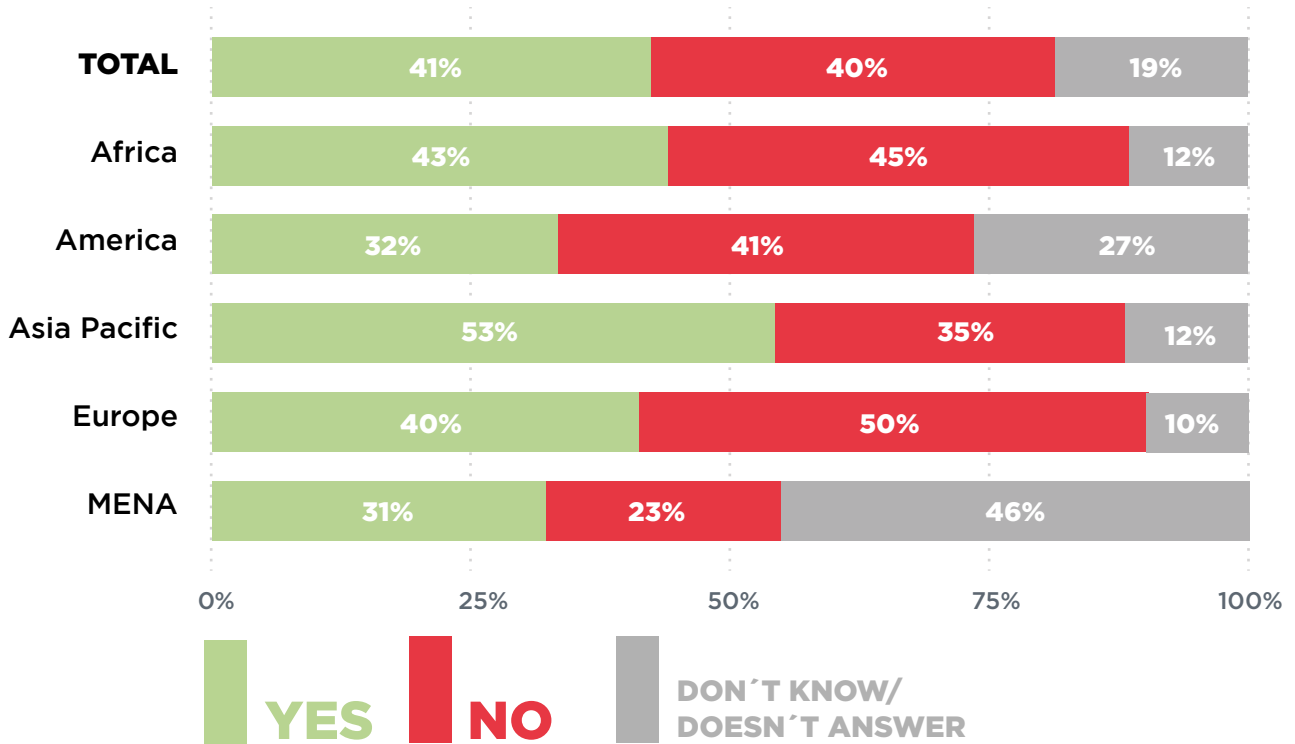
Higher than other periods

Most affected regions



3 **4 out of 10 respondents** argue that their NGOs and CSOs increased their donation income and/or partnerships during this period, and additionally had exceptional financial resources for providing their activities/services. The highest increase in both aspects occurred in Asia (**53%** and **56%** respectively).

Increase of donations and partnerships of the NGO/CSO during the pandemic



Base: total of population belonging to the NGOs/CSOs sector and whose organizations maintained their activities during the pandemic.

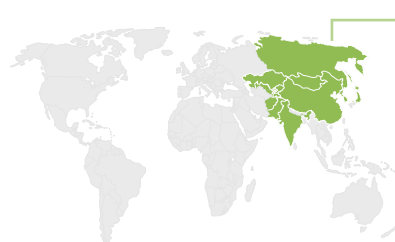


Image: Pakistan Red Crescent

3 **Financial resources**

4 out of 10 respondents

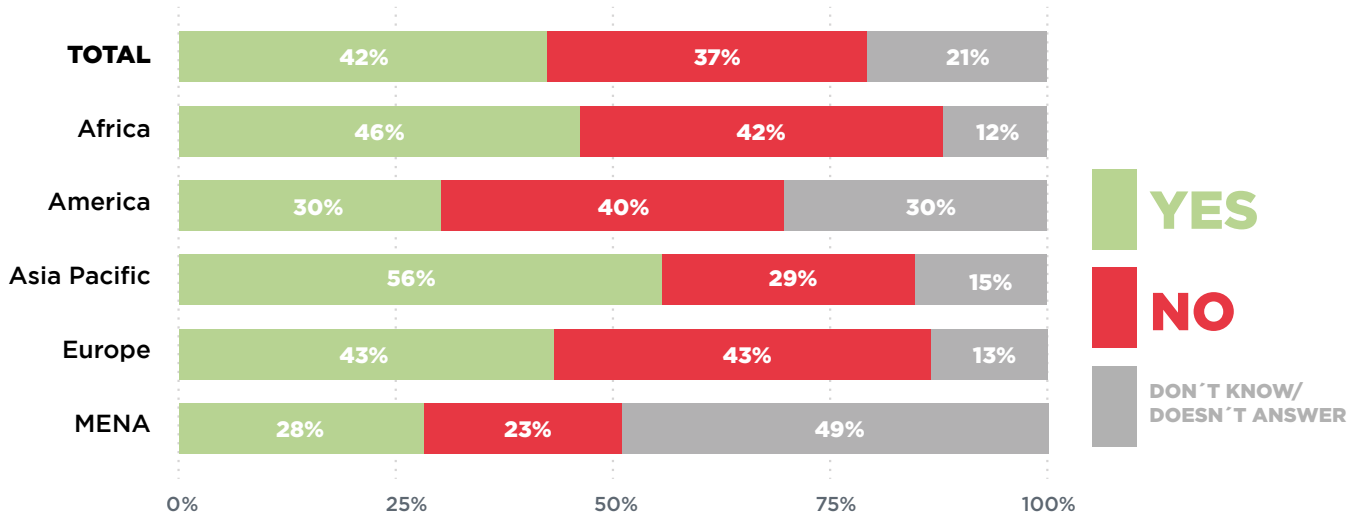
Argue that their NGOs and CSOs increased their income



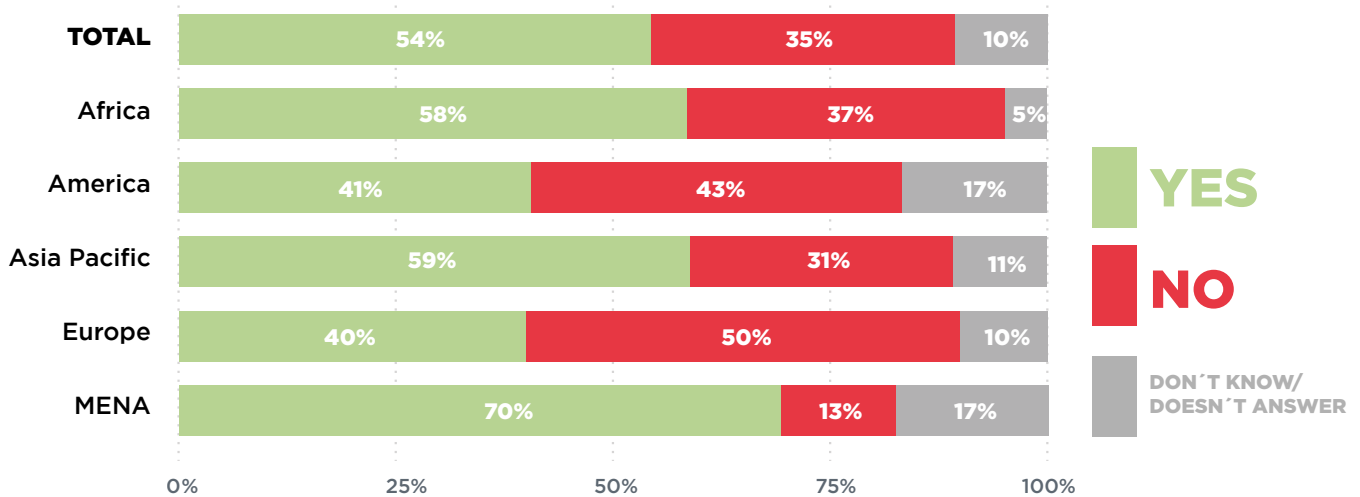
ASIA
+53% increase in donation income
+56% counted with exceptional financial resources

4 The increase in new volunteers (**54%**) surpassed the economic increase. MENA (**70%**), Asia Pacific (**59%**), and Africa (**58%**) were the regions with the highest increase in volunteering.

Access to exceptional economic resources by the NGO/CSO for carrying out its activities during the pandemic



Increase in the participation of new volunteers in the NGO/CSO during the pandemic



Base: total of population belonging to the NGOs/CSOs sector and whose organizations maintained their activities during the pandemic.

4 Volunteers

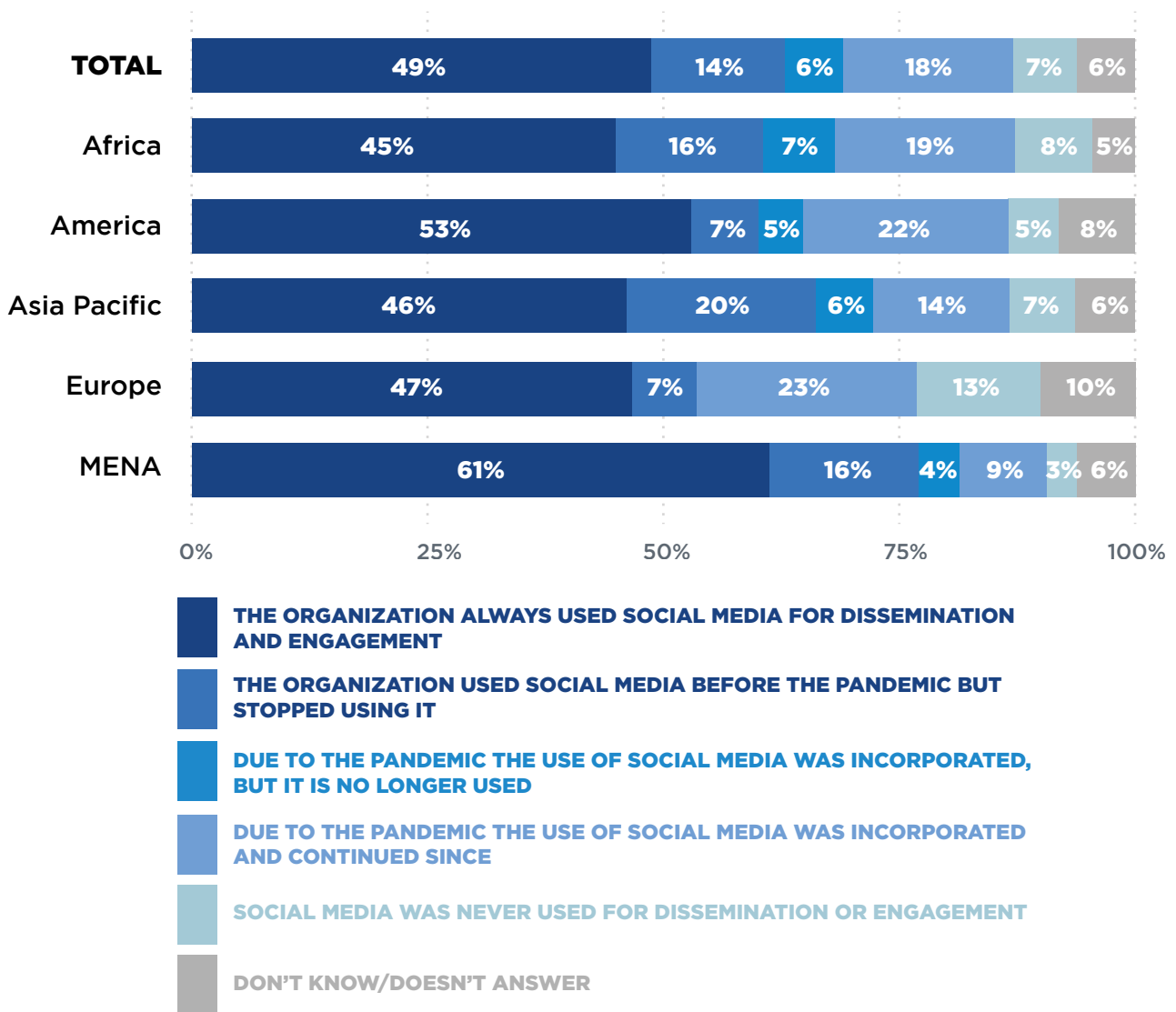
54% increase of volunteers

Major increase regions



5 67% of the surveyed individuals indicate that their NGOs and CSOs used and continue to use social media for the dissemination of activities and community engagement.

The use of social media by the NGO/CSO during the pandemics and at present



Base: total of population belonging to the NGOs/CSOs sector and whose organizations maintained their activities during the pandemic.

5 Social Media

67%

used and continue using the different platforms to engage with the communities and to disseminate their activities

NGOs and CSOs Sector

RECOMMENDATION

A — Develop contingency plans to ensure the continuity of activities in the event of new emergencies and/or eventualities.



B — Train volunteers and communities based on the lessons learned during the pandemic.



C — Strengthen the digital capacities and skills of both beneficiaries and volunteers.



D — Create awareness campaigns and activities highlighting the importance of NGOs and CSOs and their economic self-sustainability for the continuity of their tasks in adverse contexts.



Transport and logistics Sector





Transport workers move the world – the Covid-19 pandemic shone a spotlight on that like never before.

As the world shut down, transport workers were more visible than they ever have been. They transported medical supplies and kept supply chains connected, they kept cities moving so doctors, nurses and other key workers could continue to work, and they delivered food and essential goods to our doorsteps so we could survive and stay safe.

Transport workers did what they always do for countries, for economies and for our societies.

3000 transport and logistics workers from Africa, the Americas, Asia-Pacific and the Arab World took part in the IFRC and Humanitarian Observatory global research project to share their experiences of working during the pandemic.

Nearly two thirds of transport workers said they feared for their personal safety traveling during the pandemic. Free and safe movement of transport workers was a critical problem during the pandemic.

The recommendations from the IFRC show how we can learn from the pandemic. It is important that decision makers protect the rights of transport workers in order to better prepared for future emergencies.

We can do this by recognizing transport workers as key workers with the same protections granted to other vital service workers.

And by working with trade unions as partners in the development, implementation, evaluation, and adaptation of measures that mitigate the impact of Public Health Emergencies of International Concern (PHEICs) on workers, the economy and society we can protect the rights of transport workers and keep the global economy moving.

It's time for all key stakeholders and sectors to collaborate collectively to create safe working conditions for all transportation workers.

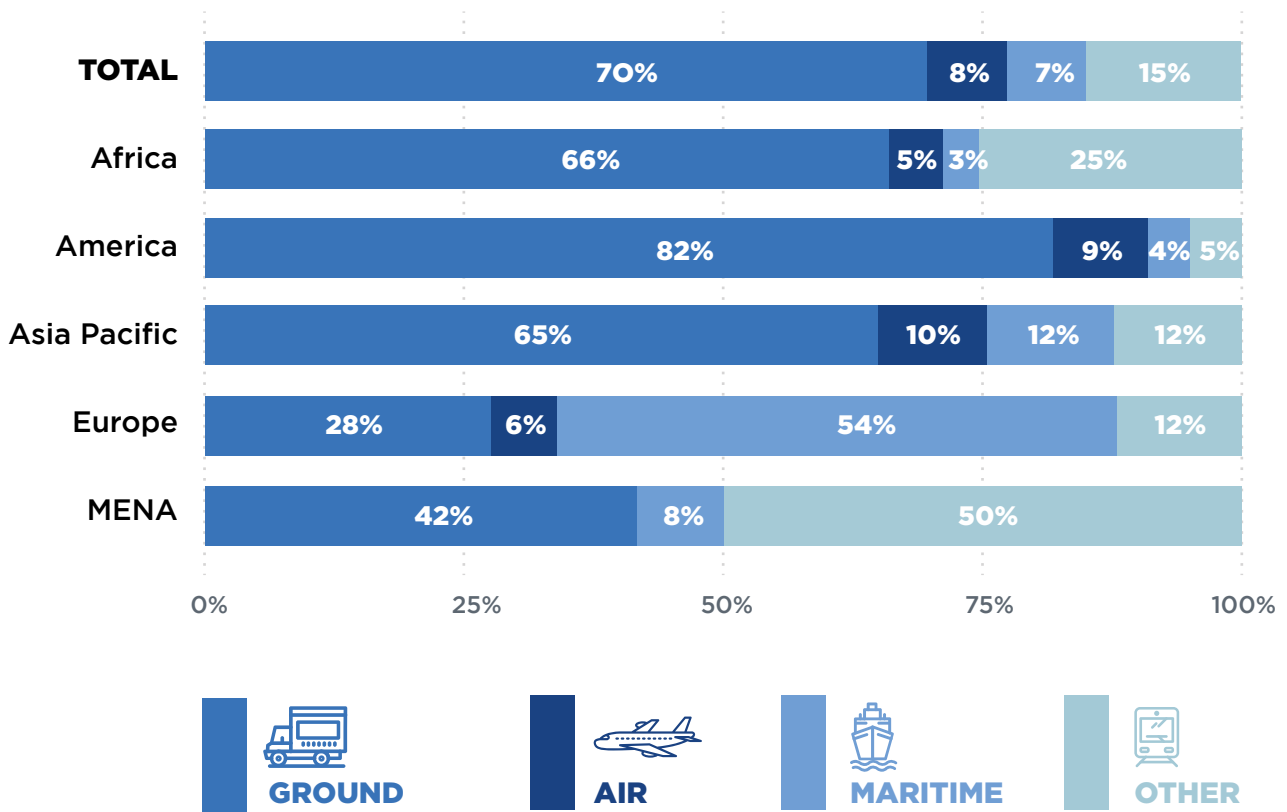
STEPHEN COTTON

General Secretary

International Transport Workers' Federation

Surveyed Personnel Demographics

Transport and logistics areas to which the surveyed individuals belong in each of the regions



Base: total population belonging to the Transport and logistics sector.



Total data collected in the Transport sector:
2895 surveys.

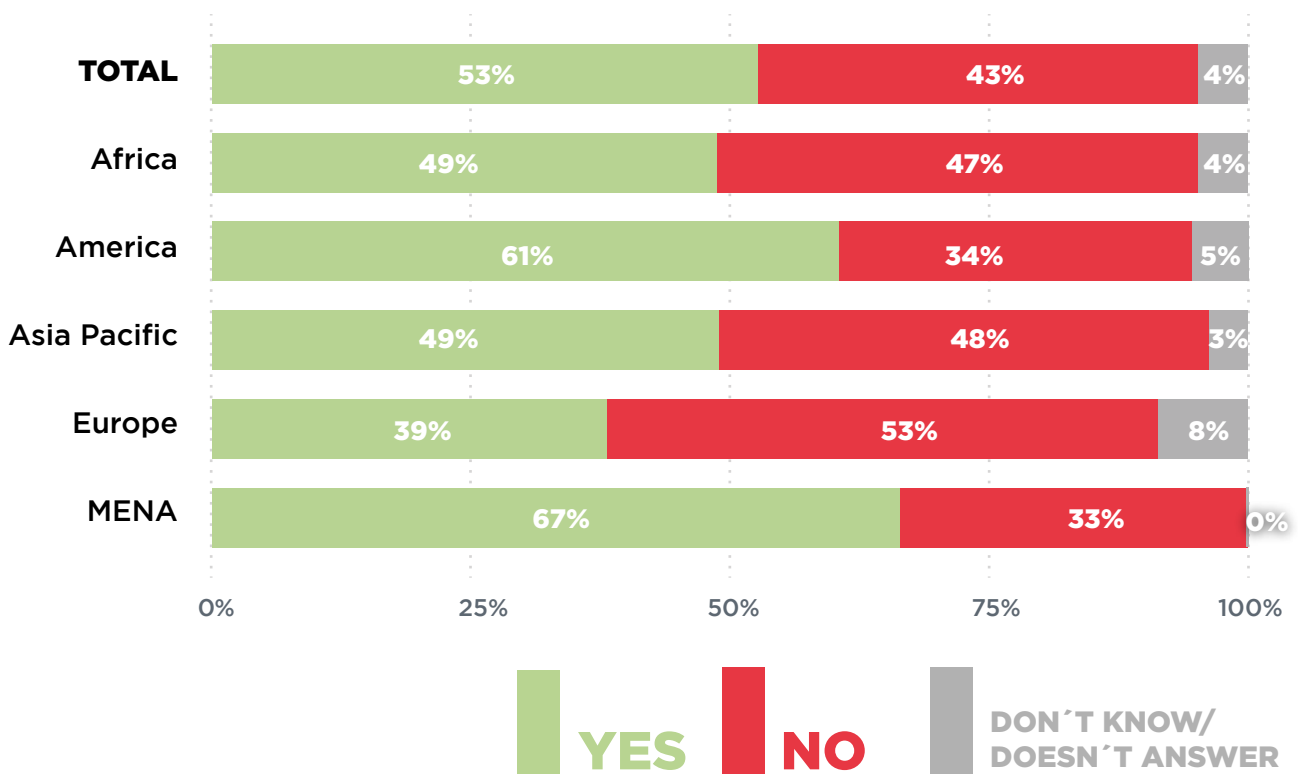
Image:
Kiribati Red Cross Society



Transport and logistics Sector conclusions

1 During the pandemic, only half (**53%**) of the workers felt that they had the necessary guarantees to perform their work without putting their lives at risk. In Europe, most respondents (**53%**) felt that their lives were at risk while performing their jobs, whereas in the Americas, **61%** of individuals expressed having the necessary guarantees.

Perceptions about guarantees needed to perform duties during the pandemic



Base: total population belonging to the Transport and logistics sector.

1 Necessary guarantees to perform their work

Felt that their lives were not at risk

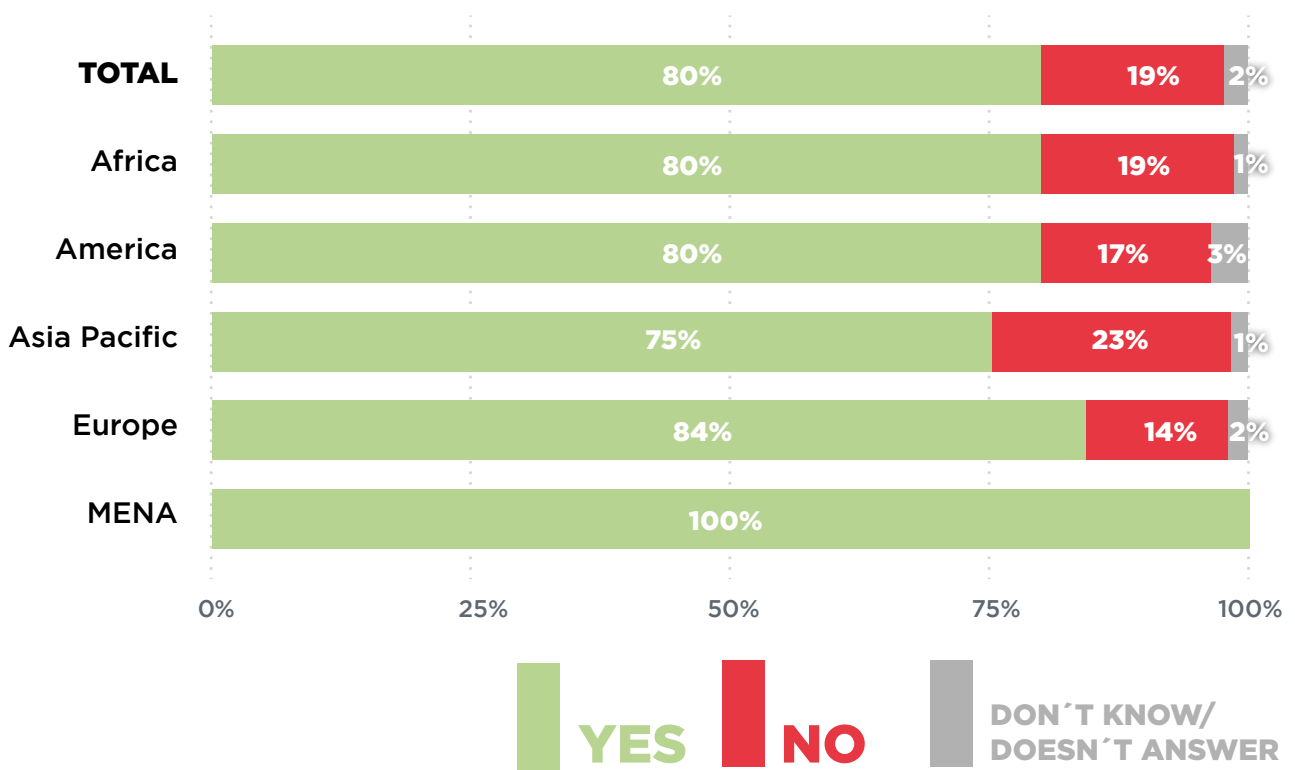


Felt that their lives were at risk



2 Although a significant percentage of workers had personal safety equipment for their tasks, **2 out of 10 workers (19%)** indicated otherwise.

Access to personal safety equipment to perform your tasks during the pandemic



Base: total population belonging to the Transport and logistics sector.

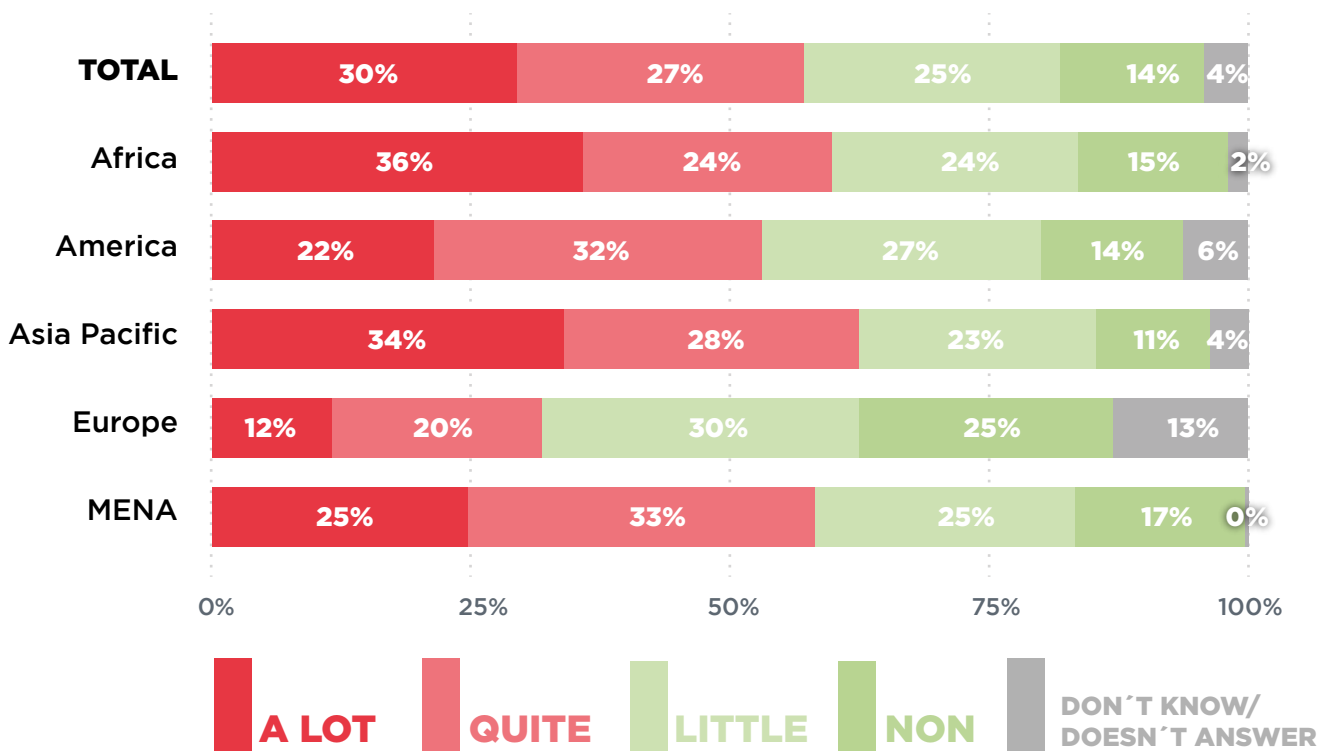
2 Personal safety equipment to perform their tasks



2 out of 10 workers said that did not have any

3 More than half of surveyed people (**57%**) felt concern about the lack of medical attention in case of having health problems during a trip.

Perception about fear regarding your health due to the possibility of not having medical attention



Base: total population belonging to the Transport and logistics sector.



Image: Pakistan Red Crescent

3 Medical attention during a trip

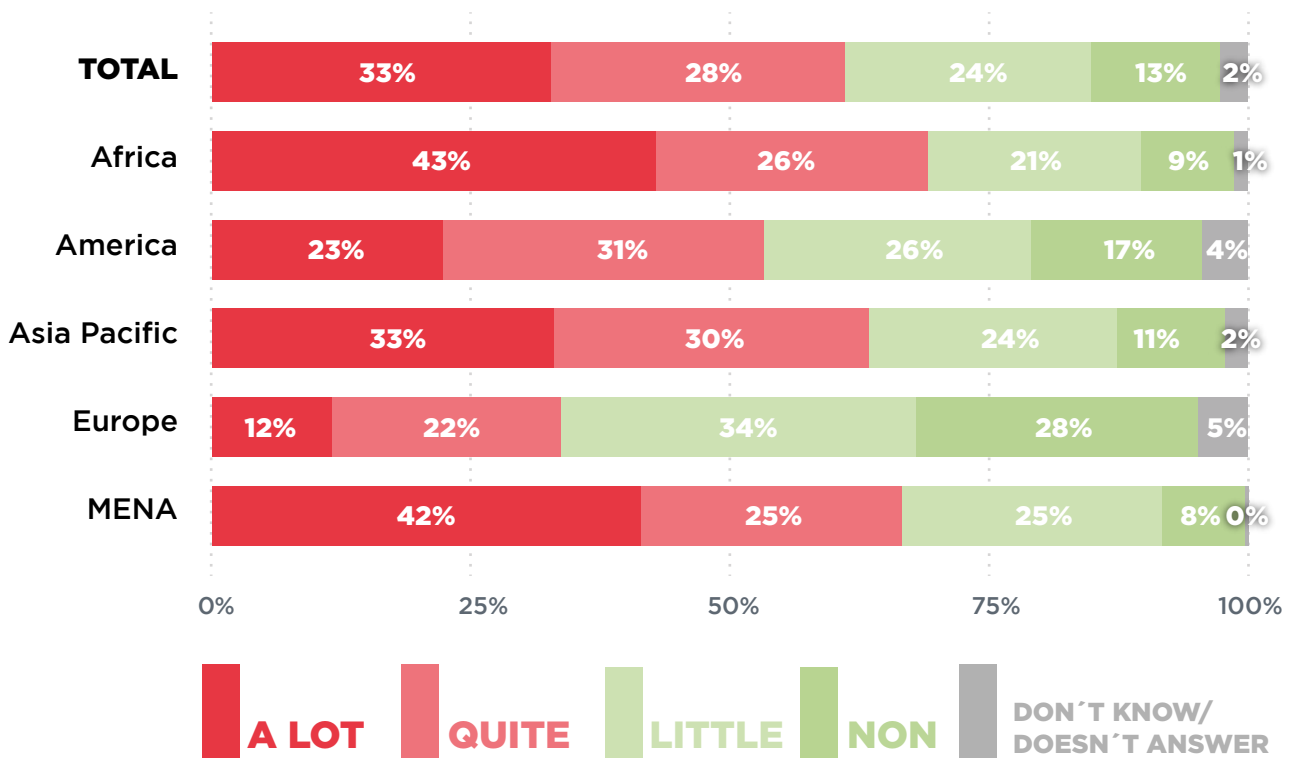


57%
Felt concern about the lack of medical attention in case of having health problems during a trip



4 Around two-thirds (**61%**) of Transport and logistics workers were afraid for their safety during travels. The highest levels of fear were recorded in Africa, with **69%** of surveyed individuals.

Perception about fear for your physical safety during trips



Base: total population belonging to the Transport and logistics sector.

4 Safety during a trip

61% → felt fear

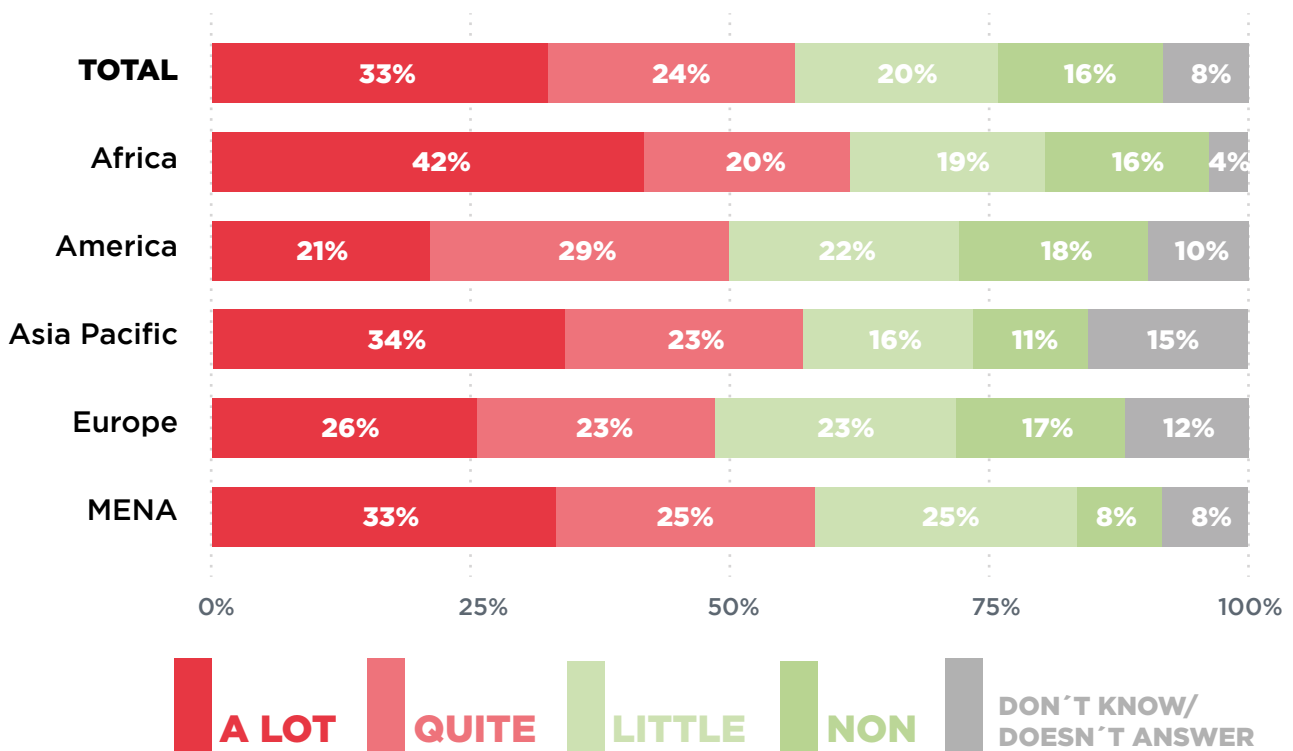
The highest levels of fear in Africa





5 In all the regions, Transport and logistics workers perceived concerns regarding being able to enter another country or province due to the lack of sanitary documents. This is reflected on the **57%** of the individuals surveyed.

Perception about the concern of not being able to enter another country or province due to the lack of sanitary documents



Base: total population belonging to the Transport and logistics sector.

5 Sanitary documents

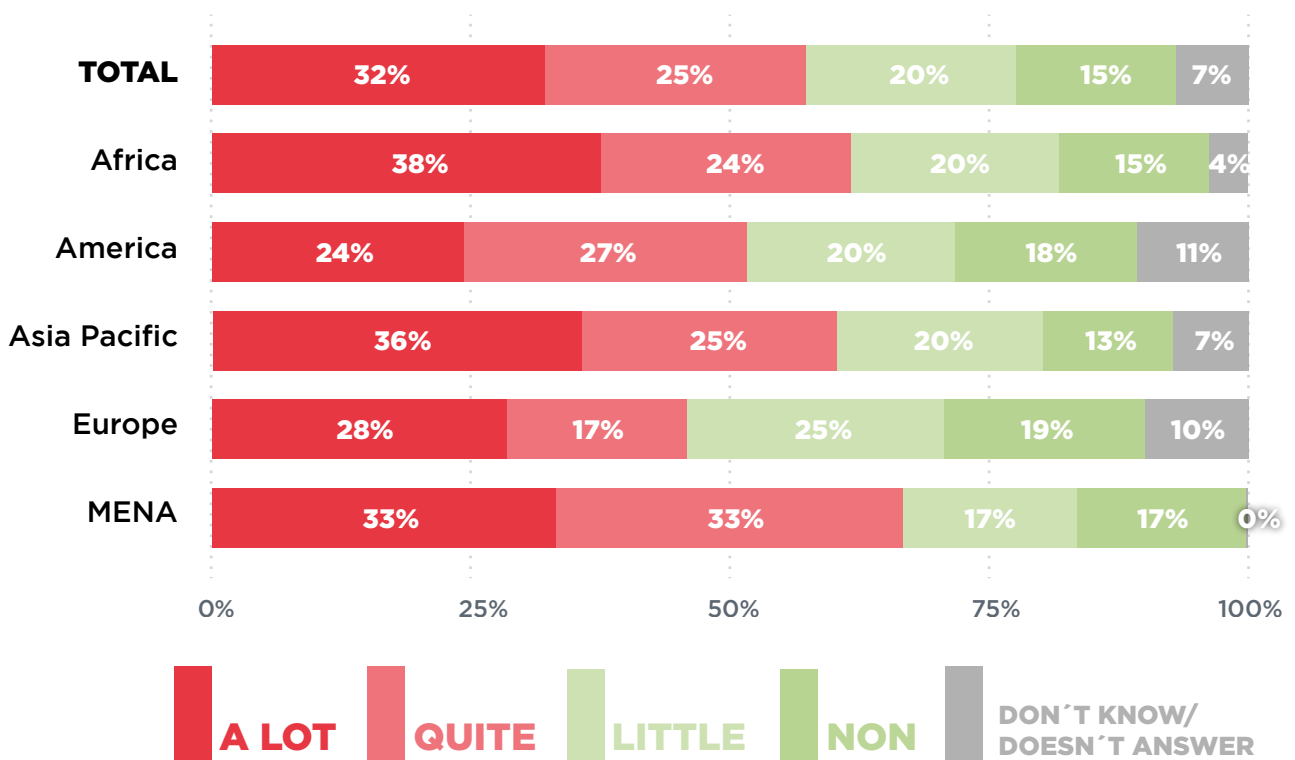
57%

↳ Felt concern for not having the sanitary documents for entering another country or province



6 The majority (**57%**) of workers were afraid they might not be able to return home from work trips due to border closures or government decisions.

Perception about the concern of not being able to return home due to border closures or government decisions



Base: total population belonging to the Transport and logistics sector.

6 Border closures

57%

↳ Felt fear about not being able to return to their families after a work trip

Transport and logistics Sector

RECOMMENDATIONS

A Provide workers with better technology to simplify border crossings.



B Install medical assistance stations and healthcare centers at border crossings to provide workers with basic medical check-ups.



C Strengthen border points with multiple service areas, such as: family communication, family reunification, general information, special medical care services, specific recommendations, and distribution of hygiene and personal care items.



D Review and modernize bureaucratic procedures at borders and enhance the mechanisms to ensure coordination and collaboration among relevant authorities to simplify transport across borders.



E Recognize Transport and logistics workers as essential personnel, with the same guarantees as other essential workers.

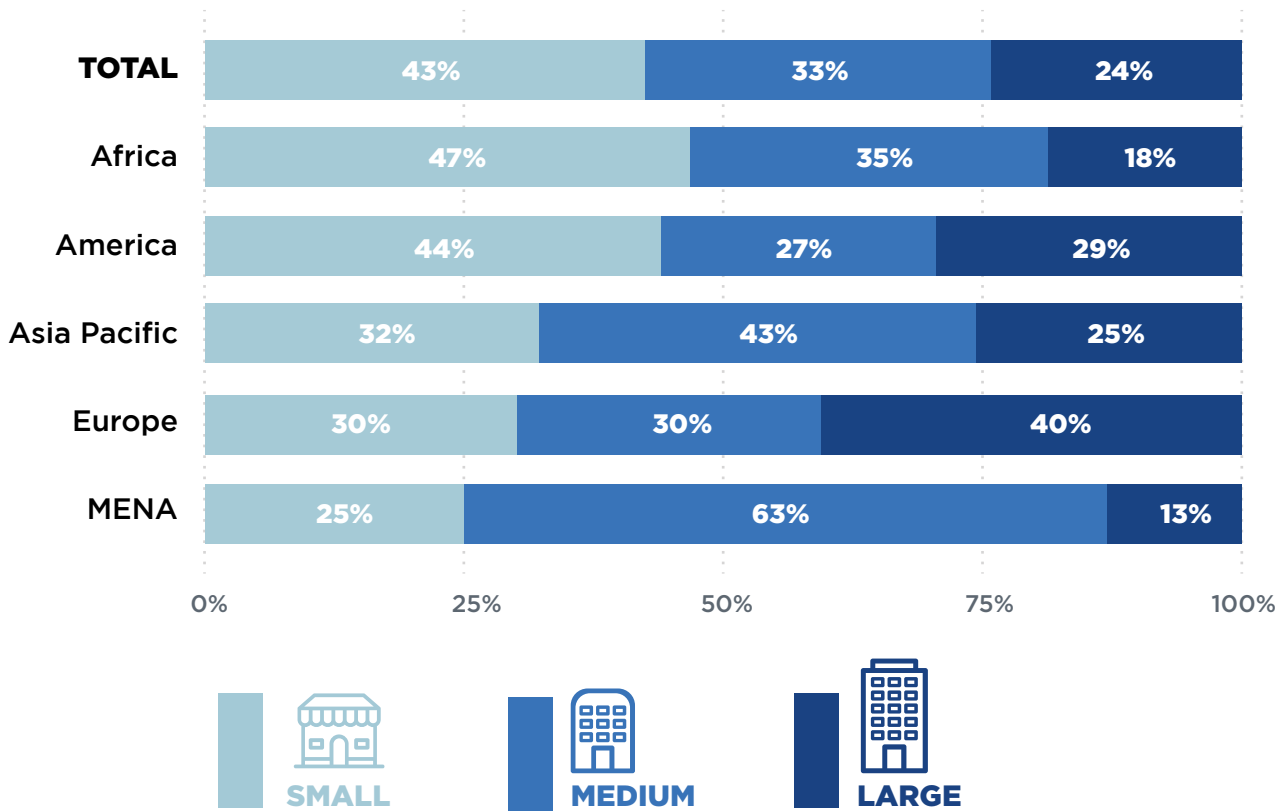


Corporate Sector



Surveyed Personnel Demographics

Type of company where the surveyed individuals work



Base: total population belonging to the Corporate sector.



Total data collected in the Corporate sector:
2671 surveys.

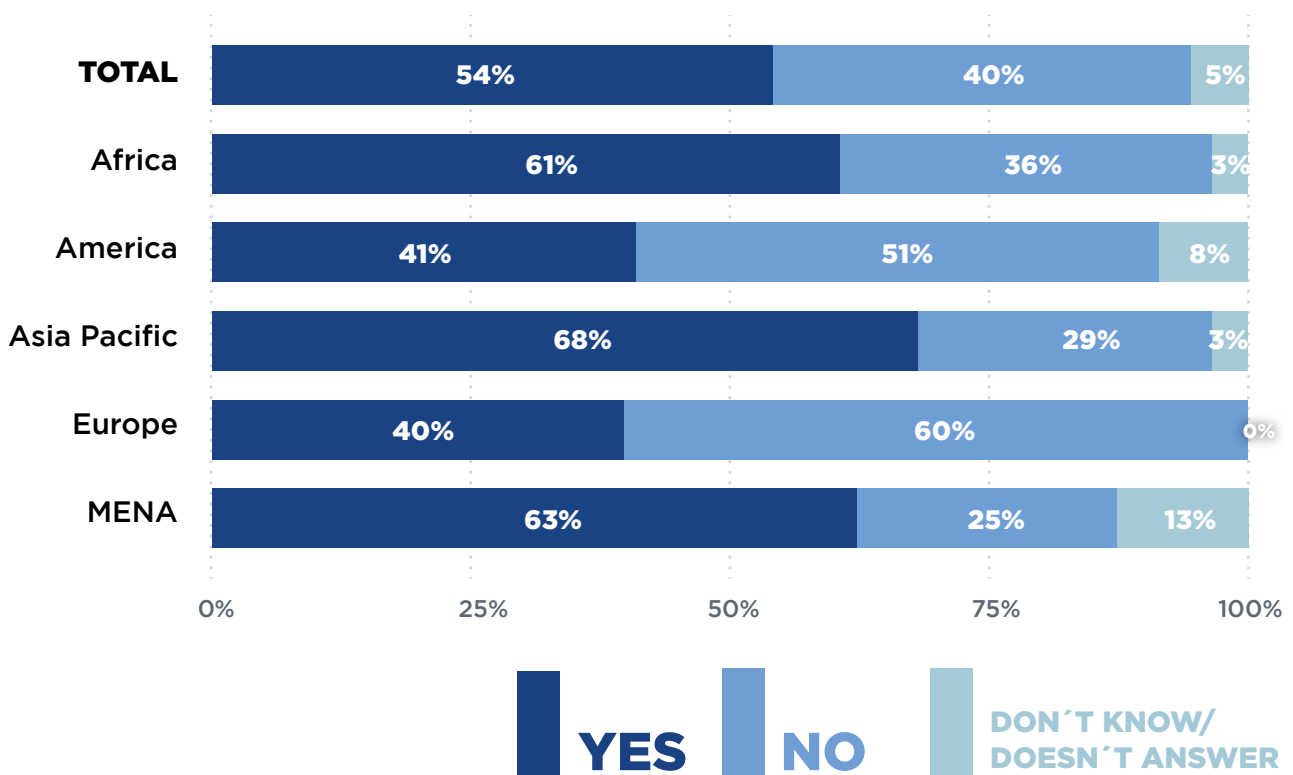
*Image:
Dominican
Red Cross*



Corporate sector conclusions

1 54% of the people surveyed within the Corporate sector indicate that the company where they work had to reduce its personnel due to the pandemic. In Asia Pacific (**68%**), MENA (**63%**) and Africa (**61%**) the situation was even more severe than in the rest of the regions.

Personnel reduction in the company due to the economic context due to the pandemic



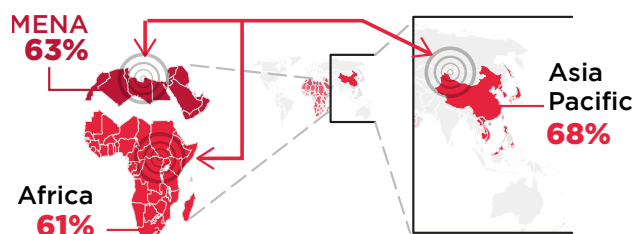
Base: total population belonging to the Corporate sector.

1 Personnel reduction

54%

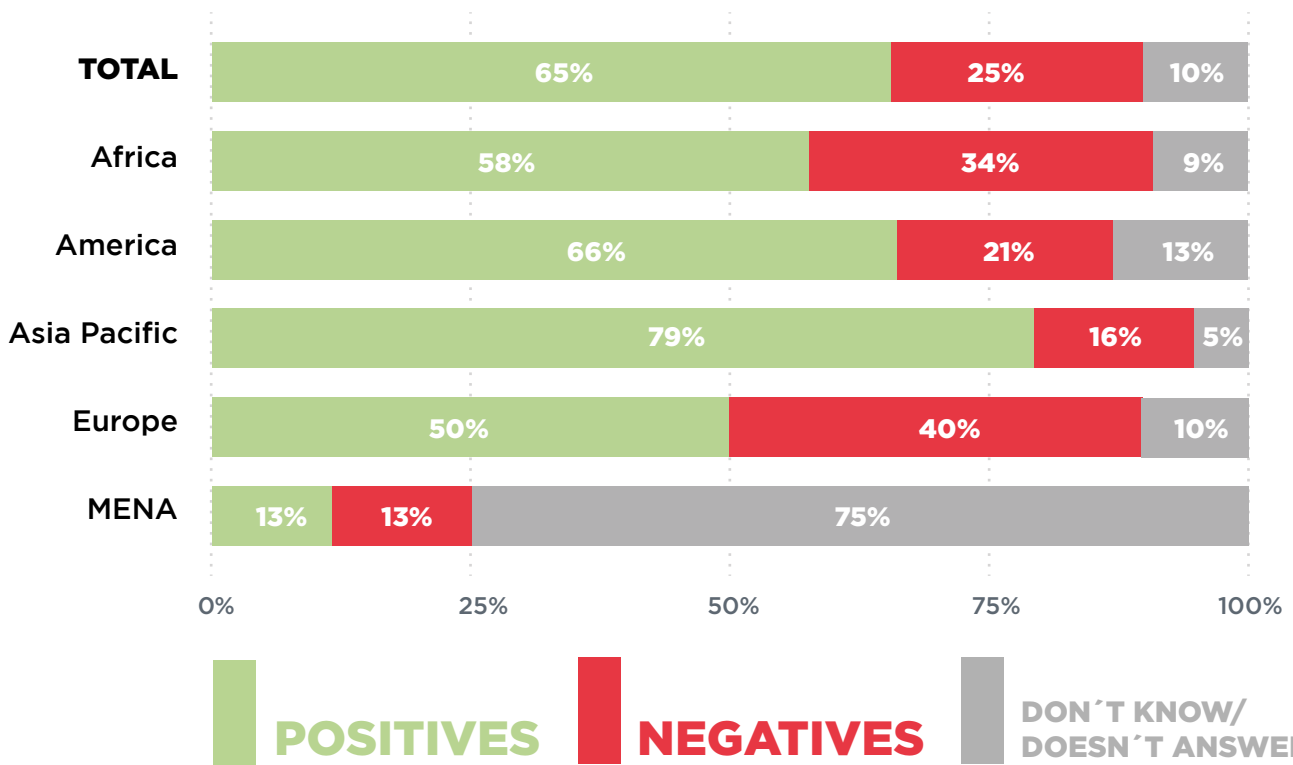
Indicate that the company where they work had to reduce its personnel

Regions where this situation was worst



2 **65%** consider that the changes in the sector brought about by the pandemic were positive. Nevertheless, **25%** of the individuals surveyed consider that these changes were negative.

Perception about the changes brought about by the pandemic

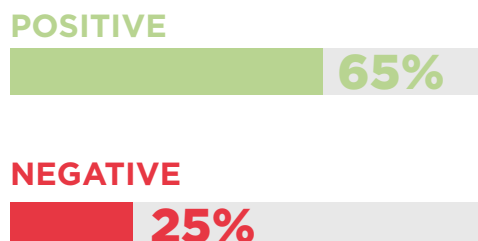


Base: total population belonging to the Corporate sector.



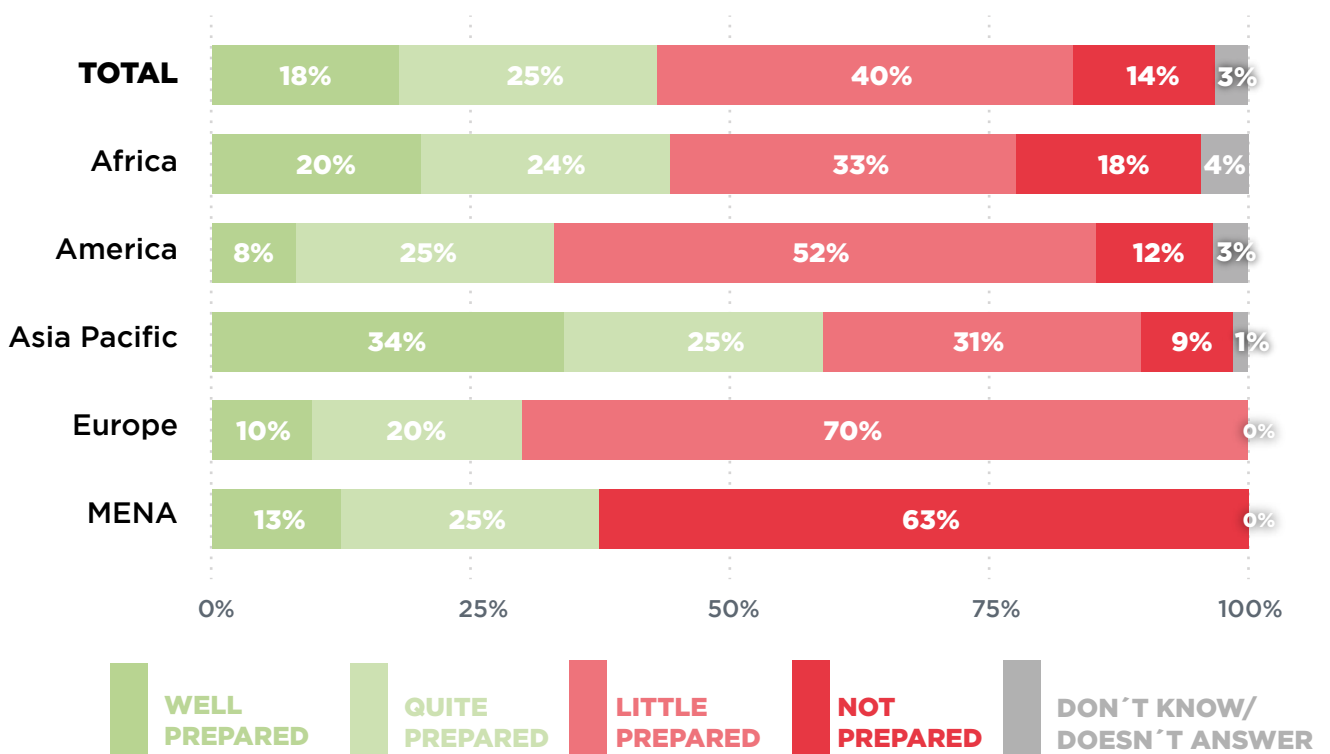
Image:
Costa Rican Red Cross

2 **Perception about the changes brought about by the pandemic**



3 In every region but Asia Pacific, the population surveyed coincide in stating that the companies in their country were not prepared to adapt to the changes that the pandemic produced. **54%** consider that they are poorly or not prepared at all.

Perception about the preparation of the companies to adapt to the changes produced by the pandemic



Base: total population belonging to the Corporate sector.

3 Preparation to adapt to the changes produced by the pandemic

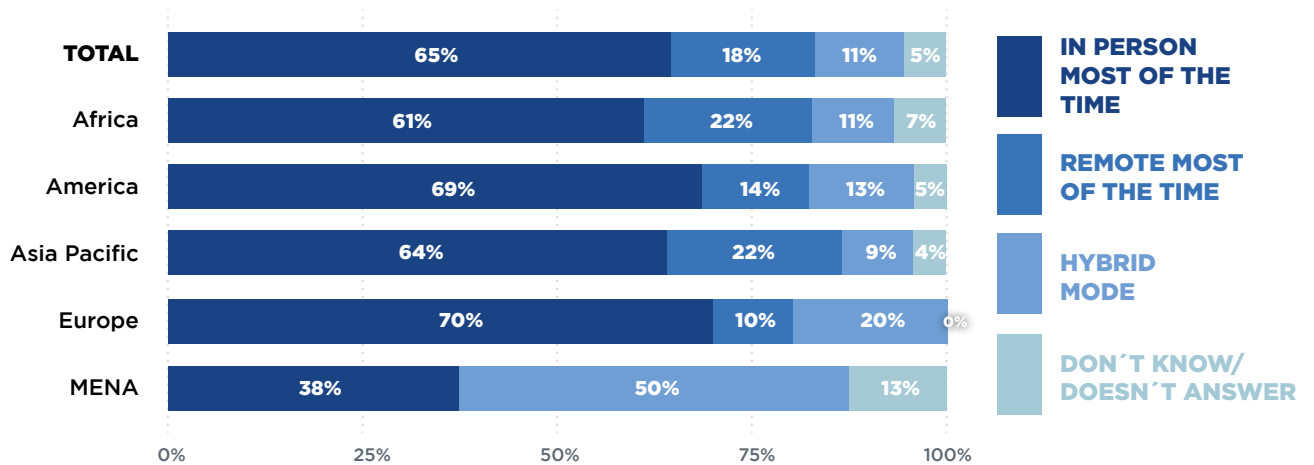


54%

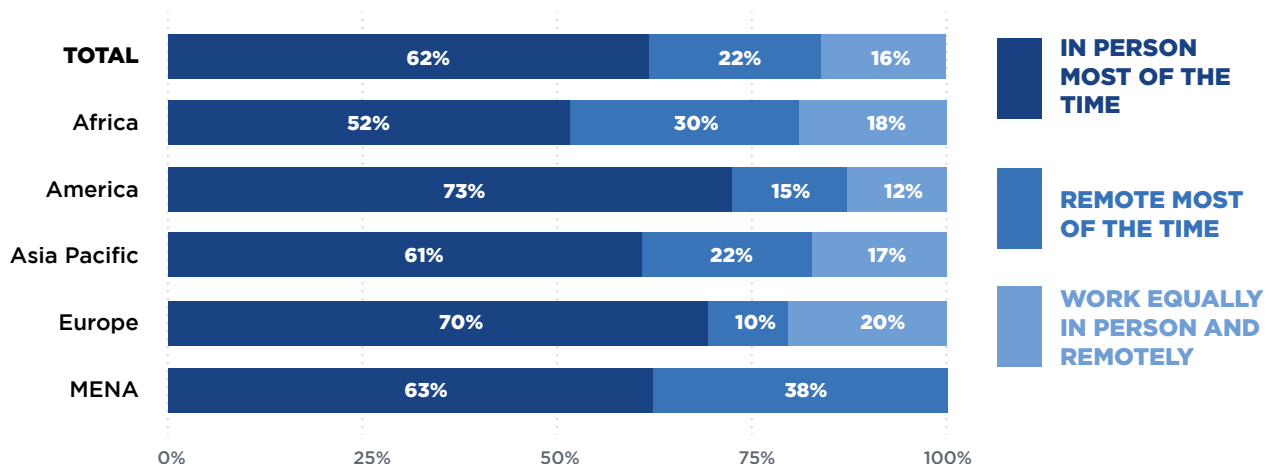
Considers that the companies are poorly or not prepared at all for the changes that occurred

4 While there was a positive balance between virtual and in-person operations during the pandemic, today most of the sector (**62%**) has returned to in-person work as the primary methodology.

Work methodology prior the pandemic in the company



Work methodology during the pandemic in the company



Base: total population belonging to the Corporate sector.

4 In person work

62%

↳ Returned to work in person after the pandemic

**Corporate Sector****RECOMMENDATIONS**

A — Increase the IFRC Livelihood Program in regions and countries that had a significant fall of job positions.



B — Work jointly with the companies, especially small and medium-sized (SME) to help them adapt to the changes that the pandemic introduced.



C — Implement interventions to reduce the digital gap and train the personnel of the sector in the use of the new technologies.



D — Train and update the personnel in terms of virtual modality work and/or hybrid work, and provide the technological supplies required for it.

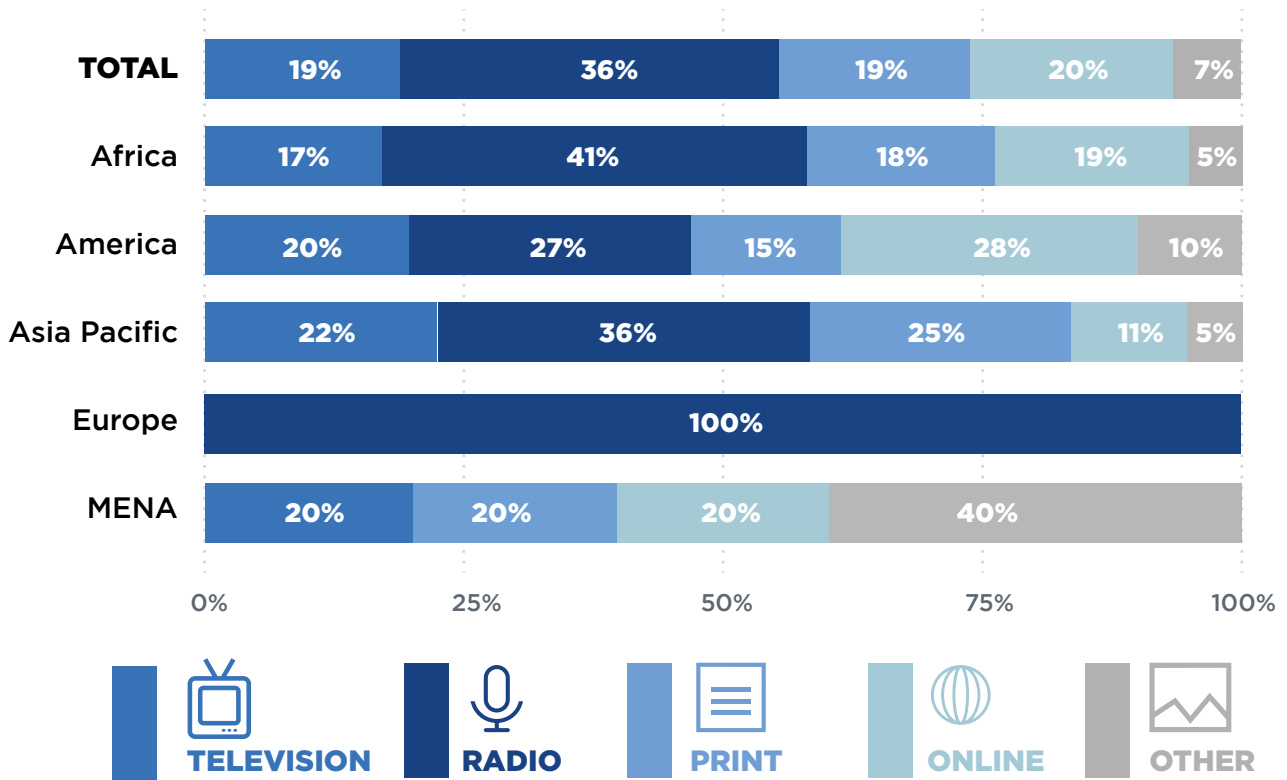



Media Sector




Demographics of the Sector Surveyed

Type of media where surveyed individuals work



 **Base:** total population belonging to the media sector.

 Total data collected in the media sector:
1494 surveys.

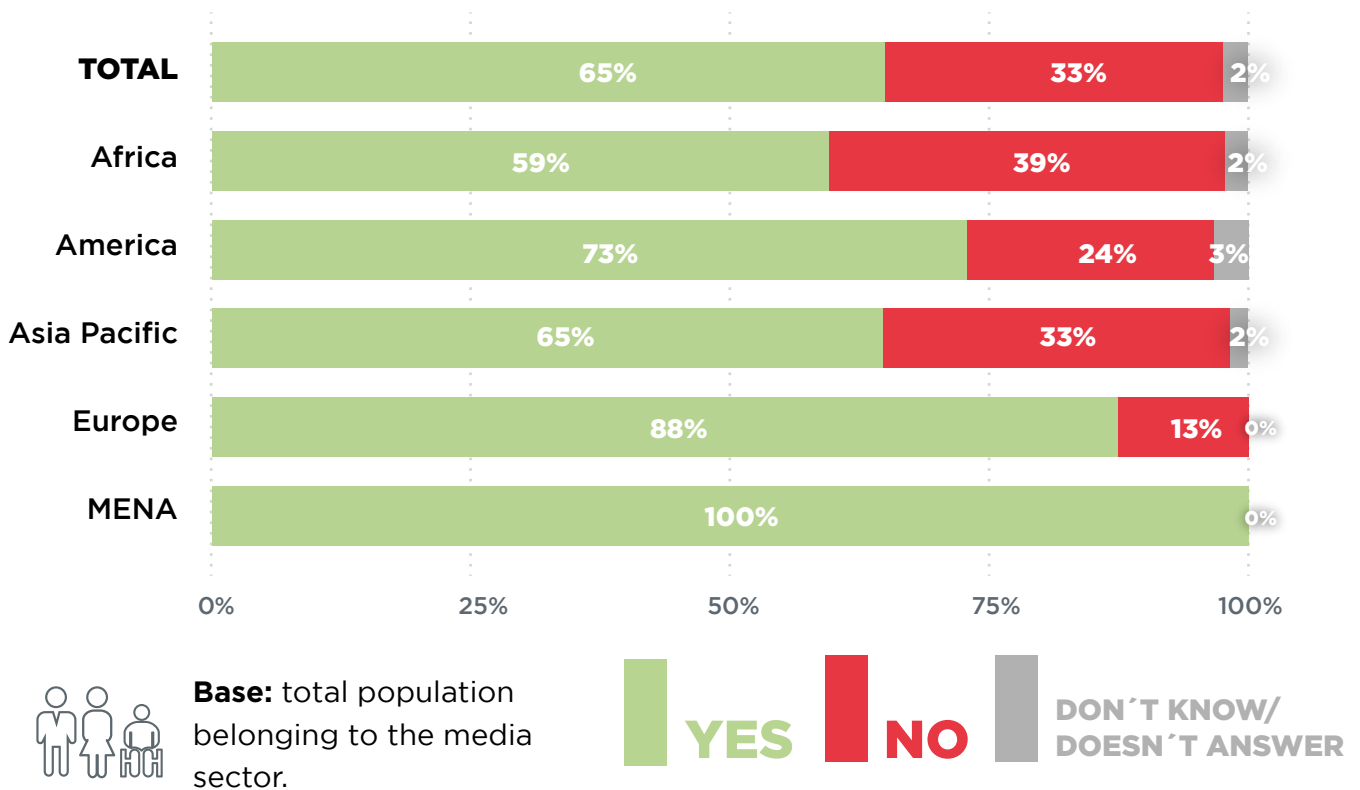
*Image:
Kiribati Red
Cross Society*



Media Sector conclusions

1 **83%** of the surveyed individuals state that they counted with personal safety equipment to carry out their work. However, only **65%** express that they had access to the necessary guarantees to perform their work safely without feeling that their lives were at risk. One-third of the sector indicates they lacked such assurances. This situation was particularly concentrated in the regions of Africa (**39%**), Asia Pacific (**33%**), and the Americas (**24%**).

Perceptions about guarantees needed to perform duties safely during the pandemic



1 Guarantees needed to perform duties

Counted with personal safety equipment



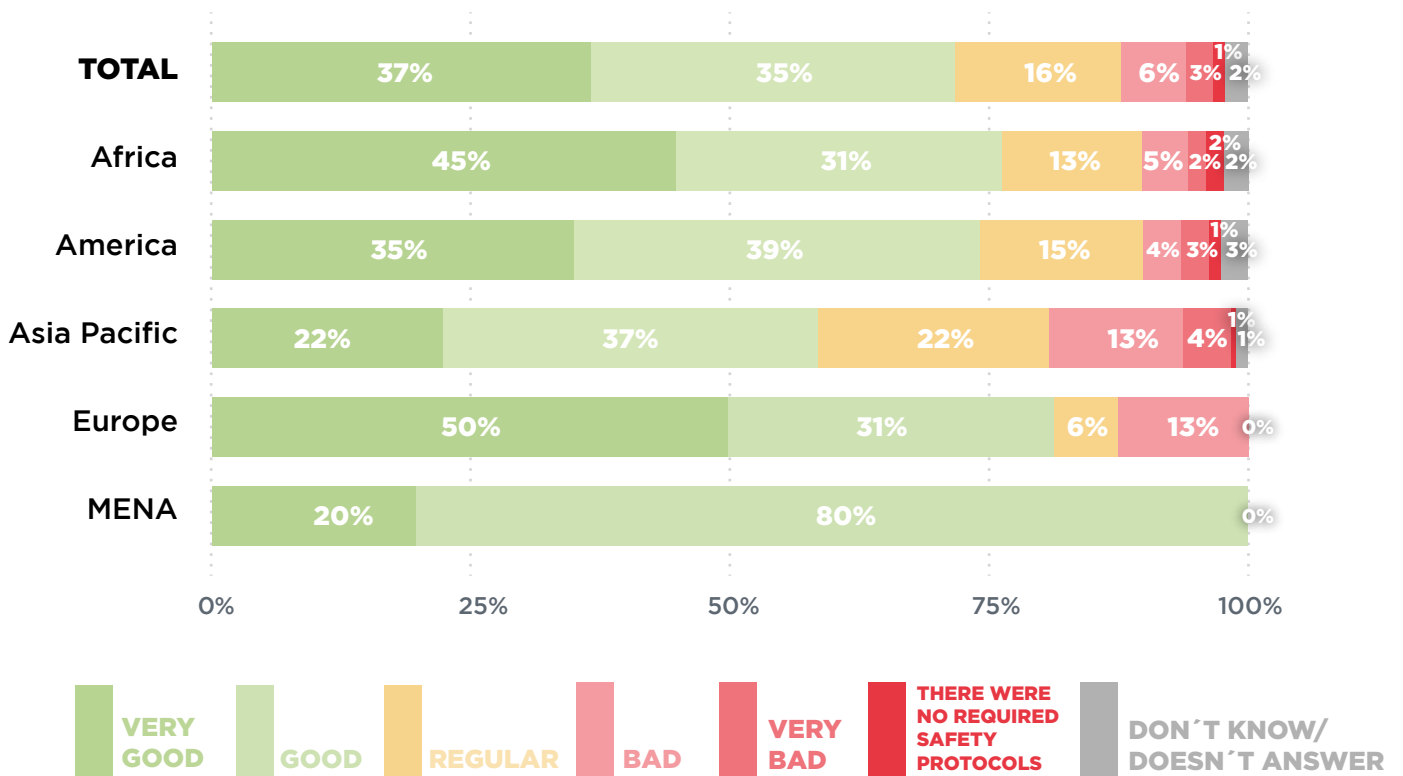
Felt that their lives were not at risk



33%
A third of the sector indicate that they lacked such assurances

2 More than **70%** consider that their workplace adapted well and very well to remote work and/or to the incorporation of required safety protocols.

Perception about the adaptation of the media where you work to remote work and the incorporation of safety protocols



Base: total population belonging to the media sector.

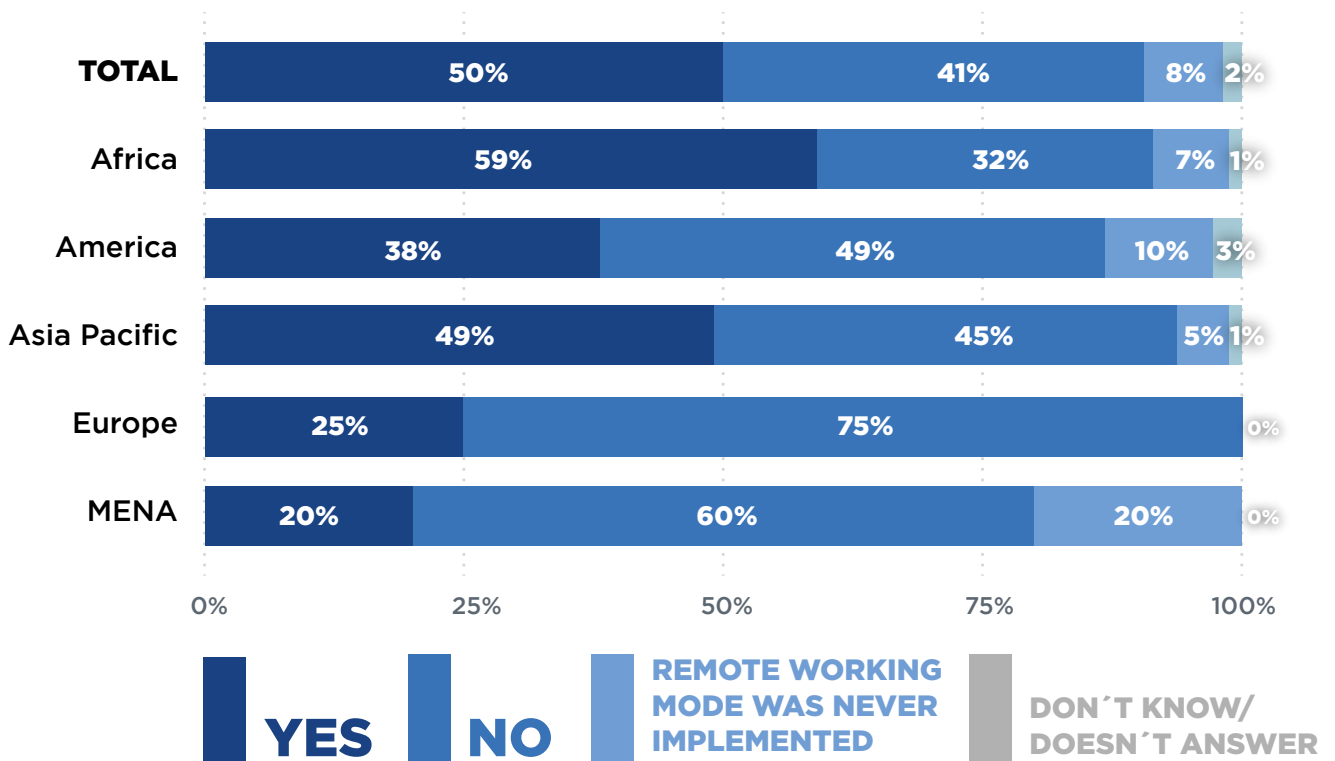
2 Adaptation

+70%

↳ Consider that their workplace adapted well and very well to remote work and/or to the incorporation of required safety protocols

3 This is the sector where the most significant balance between in-person and virtual work is perceived, continuing post-pandemic. **50%** indicate that remote tasks are still being carried out in their workplace.

Continuity of remote work in the main media where you develop professionally



Base: total population belonging to the media sector.

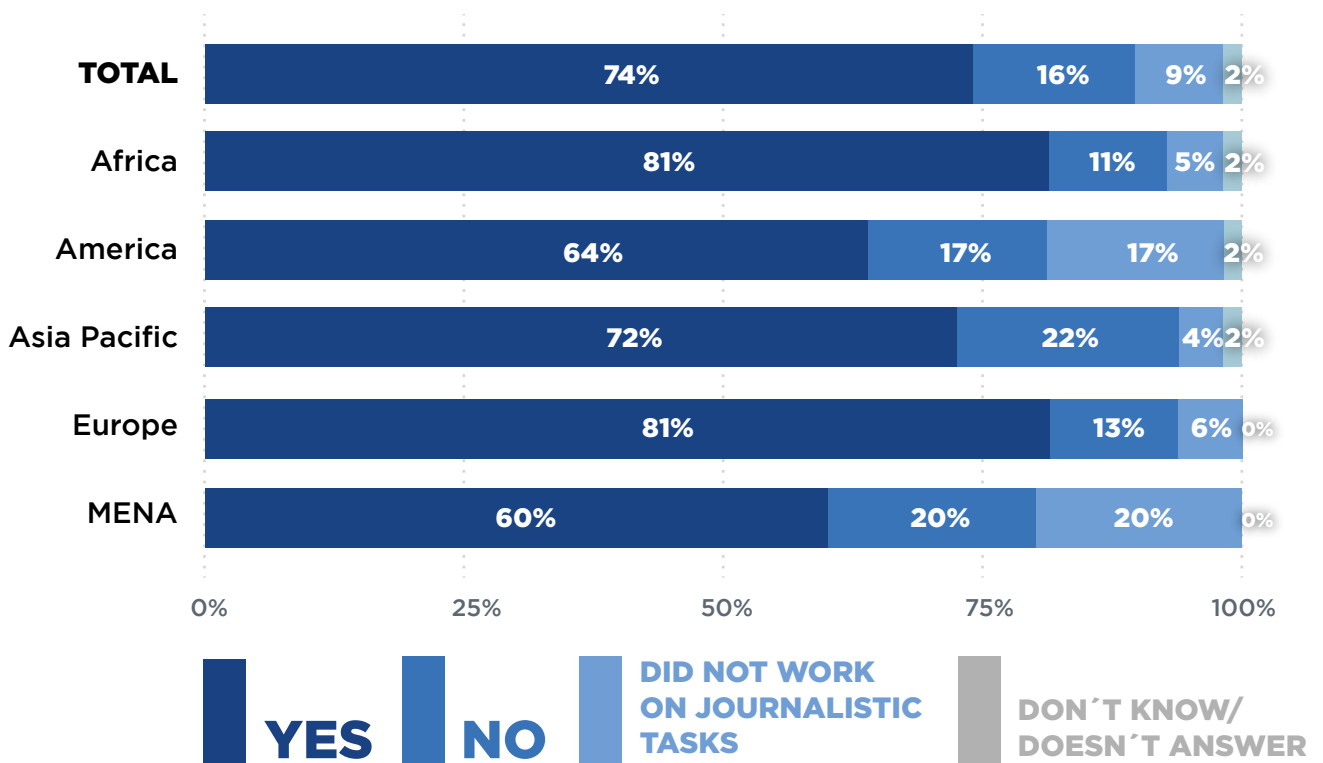
3 Working mode



Indicate that continues to work remotely

4 **74%** of the surveyed individuals mention that they dedicated part of their journalistic tasks to writing and/or speaking about COVID-19, even if their usual topics were different.

Dedication to cover topics related to the pandemic, besides the usual tasks performed



Base: total population belonging to the media sector.

4 Publications and sources of information

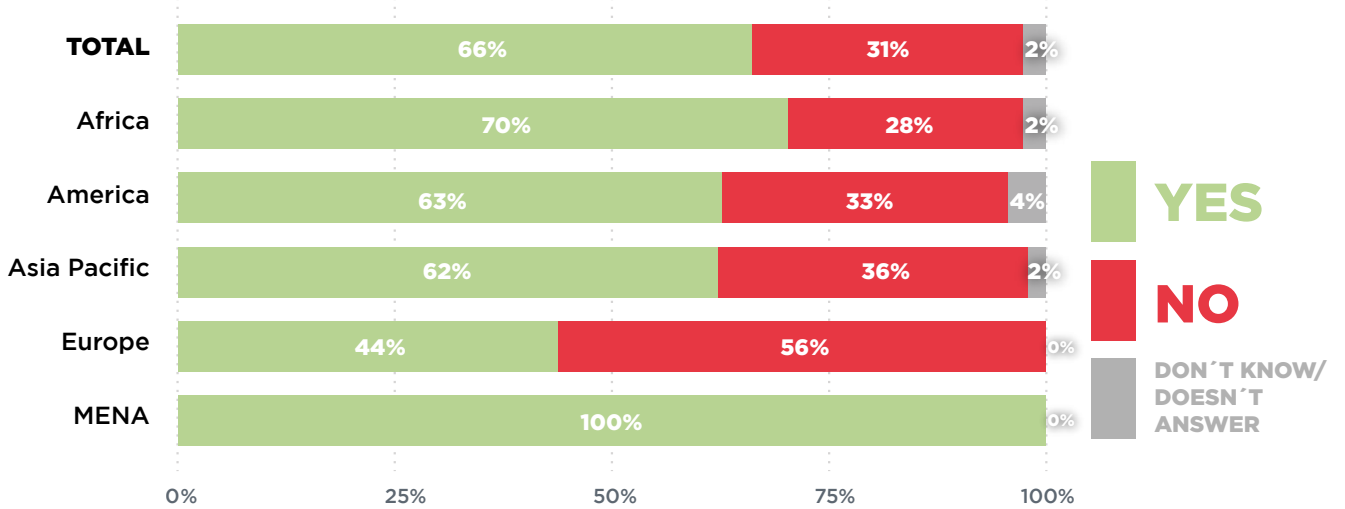
74%



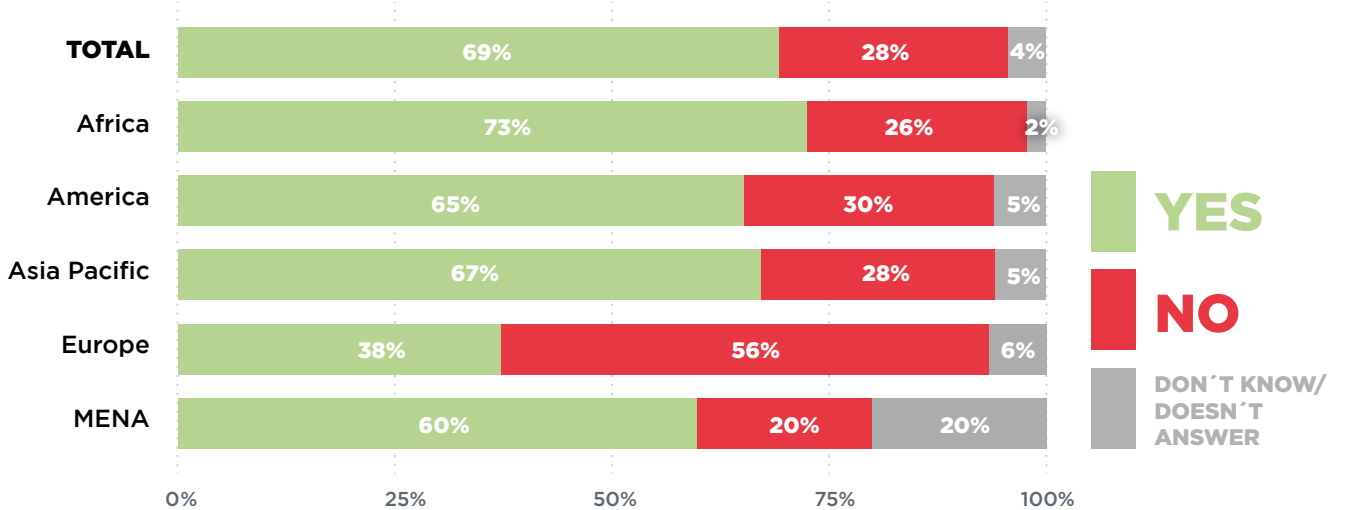
Mention that they dedicated part of their journalistic tasks to writing and/or speaking about COVID-19.

5 More than **60%** consider that sources of information have changed. Additionally, **69%** of the surveyed individuals state that their way of contacting sources changed during the pandemic.

Perception about the change of information sources during the pandemic

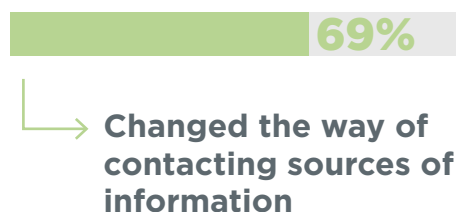


Perception about the change in the way of contacting the sources of information during the pandemic

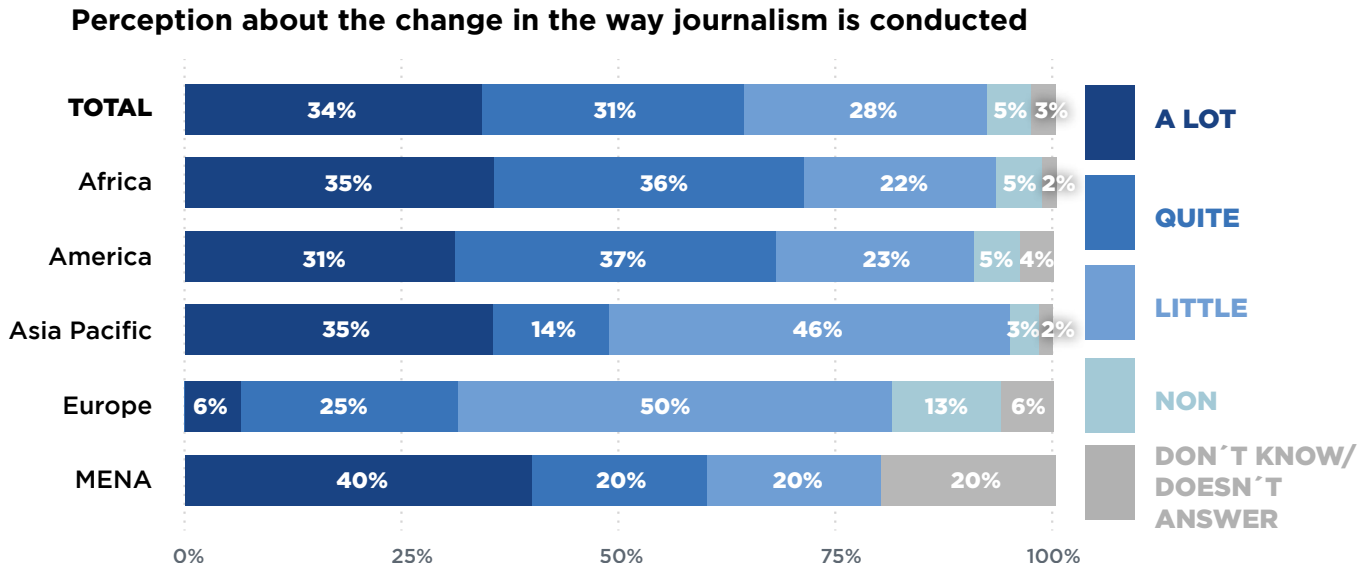


Base: total population belonging to the media sector.

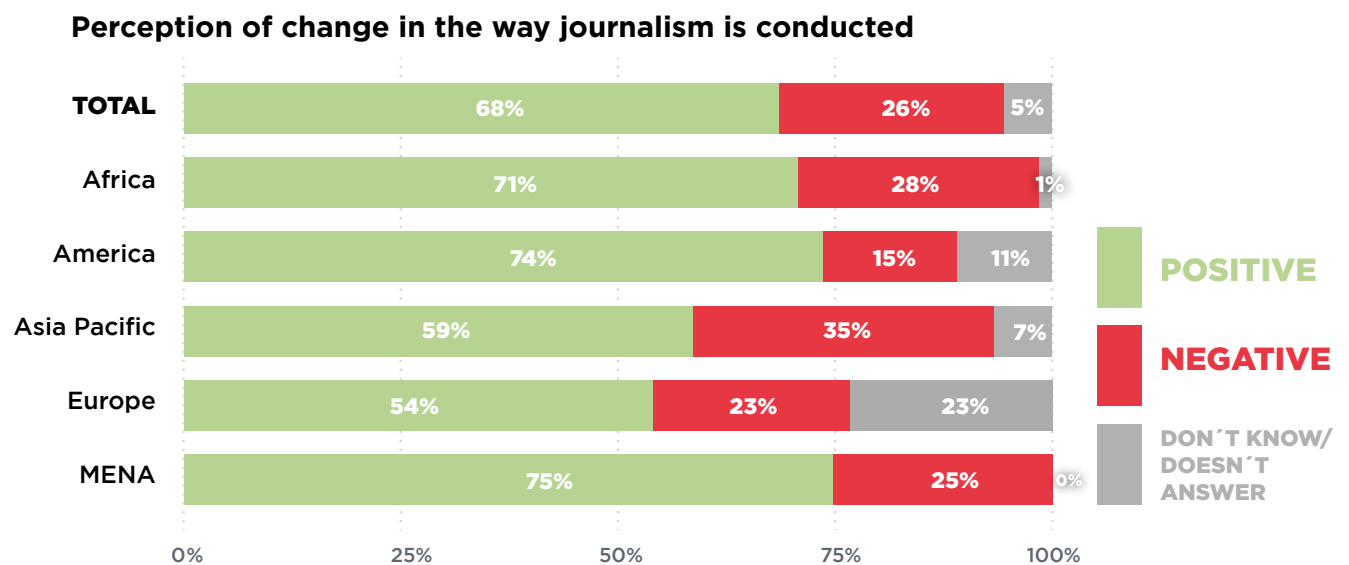
5 Publications and sources of information




6 **65%** of the surveyed individuals believe that journalism changed significantly or quite a bit due to the pandemic. There is no such consensus in the regions of Europe and Asia Pacific.




Base: total population belonging to the media sector.



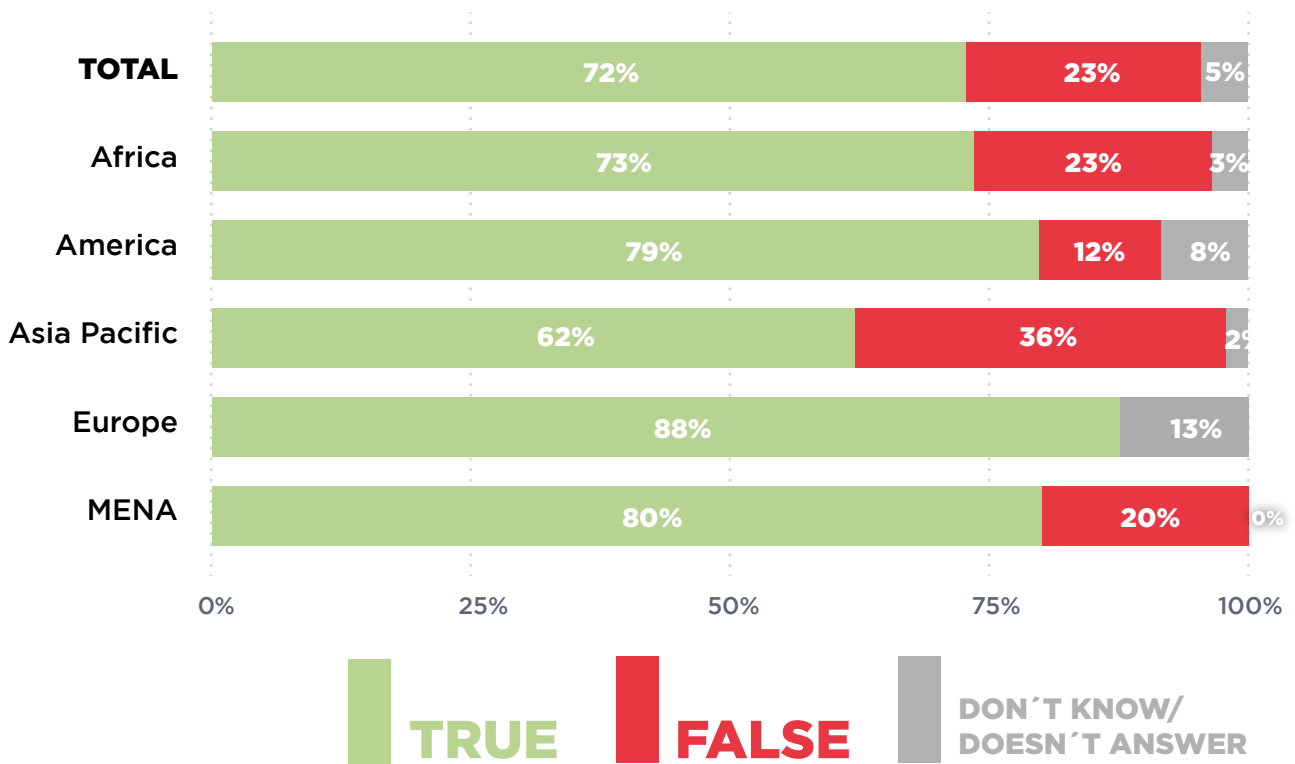
 **Base:** total population belonging to the media sector who answered that the way journalism is conducted changed (A lot, Quite or Little)

6 Publications and sources of information

 **65%**
↳ Indicate that changed a lot or quite a bit the way of conducting journalism

7 There is a widespread belief in all regions that there was a significant proliferation of fake news. **72%** of the surveyed individuals agree in identifying this issue.

Perception about the proliferation of fake news during the pandemic



Base: total population belonging to the media sector.

Image: Pakistan Red Crescent



7 Fake news

72%

↳ Of the surveyed individuals agree that there was a great proliferation of fake news

Media Sector

RECOMMENDATIONS

A — It is crucial for all sectors that the media unify their message on key notions related to the pandemic or the ongoing emergency, in order to limit fake news and provide security to the general public.



B — Establish and follow safety protocols in work environments and during the commute between work and home spaces.



C — Promote internal processes for information validation and early detection of fake news.



D — Train and update personnel on new technologies applied to the media sector in all its forms.



Closure

This report presents a series of conclusions and recommendations that were developed based on the analysis carried out on the different experiences, perceptions, and issues experienced by individuals working in each of the sectors included in this research. More than 16.000 people collaborated by responding to the survey. Recognizing and acknowledging the value of the knowledge accumulated by these sectors, which allows the world to continue functioning, prepares us to face similar future events more effectively.

The conclusions of the report highlight the importance of humanitarian organizations listening to the voices of the communities, not only to respond to their needs in emergency contexts or future pandemics but also to work on strengthening the abilities that were useful in addressing the pandemic.

Recovering these findings provides both humanitarian organizations and the actors involved with the tools to reflect upon and take action for providing the necessary guarantees to people working in similar contexts to those of the pandemic.

ABOUT THE HUMANITARIAN OBSERVATORY

The **Humanitarian Observatory of the Argentine Red Cross** is a Reference Center for **The International Federation of Red Cross and Red Crescent Societies (IFRC)** and it is part of the **Red Cross and Red Crescent Research Consortium (RC3)**. It has the commitment of researching for taking action. Through knowledge and awareness, seeks to favor the understanding and the approach of the different situations that our society goes through, from a humanitarian perspective.

 <https://cruzroja.org.ar/observatorio-humanitario/>



OBSERVATORIO HUMANITARIO

Centro de Referencia de la Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja

