WORLD BANK GROUP RESOLVE TO SAVE LIVES

THE TRUE COST OF FAILING TO PROTECT HEALTH CARE WORKERS

A landmark study from the World Bank and Resolve to Save Lives used a "cost-of-illness" methodology to measure the broader socio-economic costs of health care worker infections and deaths from COVID-19—**including the costs of disruption to essential health services due to a compromised health workforce**.

	Cost Per Health Care Worker Infection*	Ratio of Cost Per Health Care Worker Infection to GDP/ Capita in 2020	Total Economic Loss
Colombia	$10,105	1.54x $6,549 GDP	$423.86 MILLION
Eswatini	$35,659	9.05x $3,941 GDP	$16.19 MILLION
Kenya	$33,619	17.98x $1,870 GDP	$113.20 MILLION
South Africa, KwaZulu-Natal	$34,226	5.77x $5,931 GDP	$544.64 MILLION
South Africa, Western Cape	$33,781	5.70x $5,931 GDP	$337.91 MILLION

Read the full report here.

*All figures in USD

Insights from the study

The health and economic impacts of health care worker infections go far beyond health care workers themselves, triggering staggering socio-economic costs by reducing both access to and quality of health services for the wider population.

- The cost per health care worker infection ranged from $10,105 USD in Columbia to as much as $35,659 USD in Eswatini.
- The total economic burden as a share of annual total health expenditure ranged from 1.51% in Colombia to 8.38% in South Africa-Western Cape.
- The economic burden was highest in the sites with the lowest health care worker density; the regions that could least afford to lose health care workers were the most impacted by lack of protections.
- Health care workers were at much greater risk from COVID-19 than the general population: both of contracting the virus and dying of its complications.
- Viral transmission from infected health care workers to their close contacts resulted in substantial secondary infections and deaths.
- Essential health care services including maternity care, immunization, chronic disease management, emergency services, and surgery were severely disrupted, especially where human resources for health are already in chronically short supply.
- Disruption in health services as a result of health care worker illness affected maternal and child deaths substantially in countries with high baseline maternal and child mortality rates.

Read the full report here.

This study provides a framework and methodology for understanding the true cost of health care worker infection and death.

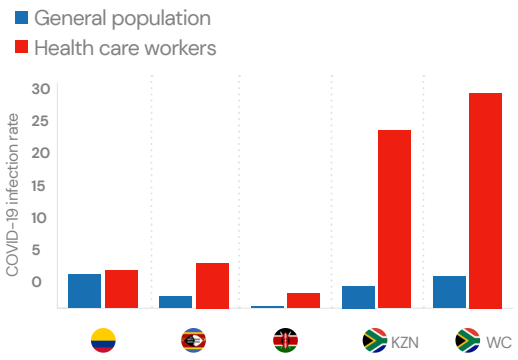
Estimating the cost of health care worker infections and deaths using cost-of-illness methodology can **help prioritize interventions** to protect health care workers, including full implementation of infection prevention and control (IPC) measures and water, sanitation and hygiene (WASH) standards.

KENYA

1 Health care worker infection cost =

18x GDP/ capita

The COVID-19 infection rate among health care workers was as much as **9x higher** than among the general population.



A single infected health care worker can have an enormous impact.

From **DIRECT COSTS,** like medical costs and costs of seeking care

to **INDIRECT COSTS,** like loss of productivity due to illness and premature death

and **DISRUPTION TO ESSENTIAL HEALTH SERVICES**

leading to **HIGHER NON-COVID MORTALITY,** especially for pregnant women and children under 5

plus expensive, long-term **IMPACTS ON THE HEALTH CARE WORKFORCE**

Read the full report here.

Study methodology: How COVID-19 infection in health care workers triggers economic costs

The study, which examined the first year of the pandemic in five sites in low- and middle-income countries— Colombia, Eswatini, Kenya, South Africa ZwaZulu-Natal, and South Africa Western Cape—used a cost-of-illness methodology considering three "pathways" along which a single health care worker infection could generate costs.

Inadequate protections for health care workers
(including insufficient infection prevention and control measures)

COVID-19 infections and deaths among health care workers

PATHWAY 1

Direct costs

- Medical costs
- Costs of seeking care

Indirect costs

- Cost of productivity loss due to illness and premature deaths

PATHWAY 2

Secondary COVID-19 infection and deaths transmitted by HCWs

Direct costs

- Medical costs
- Costs of seeking care

Indirect costs

- Cost of productivity loss due to illness and premature deaths

PATHWAY 3

Health care workforce disruption

- Absenteeism and reduced productivity

Disrupted essential services

Higher non-COVID mortality

- Particularly among children under 5 and pregnant women

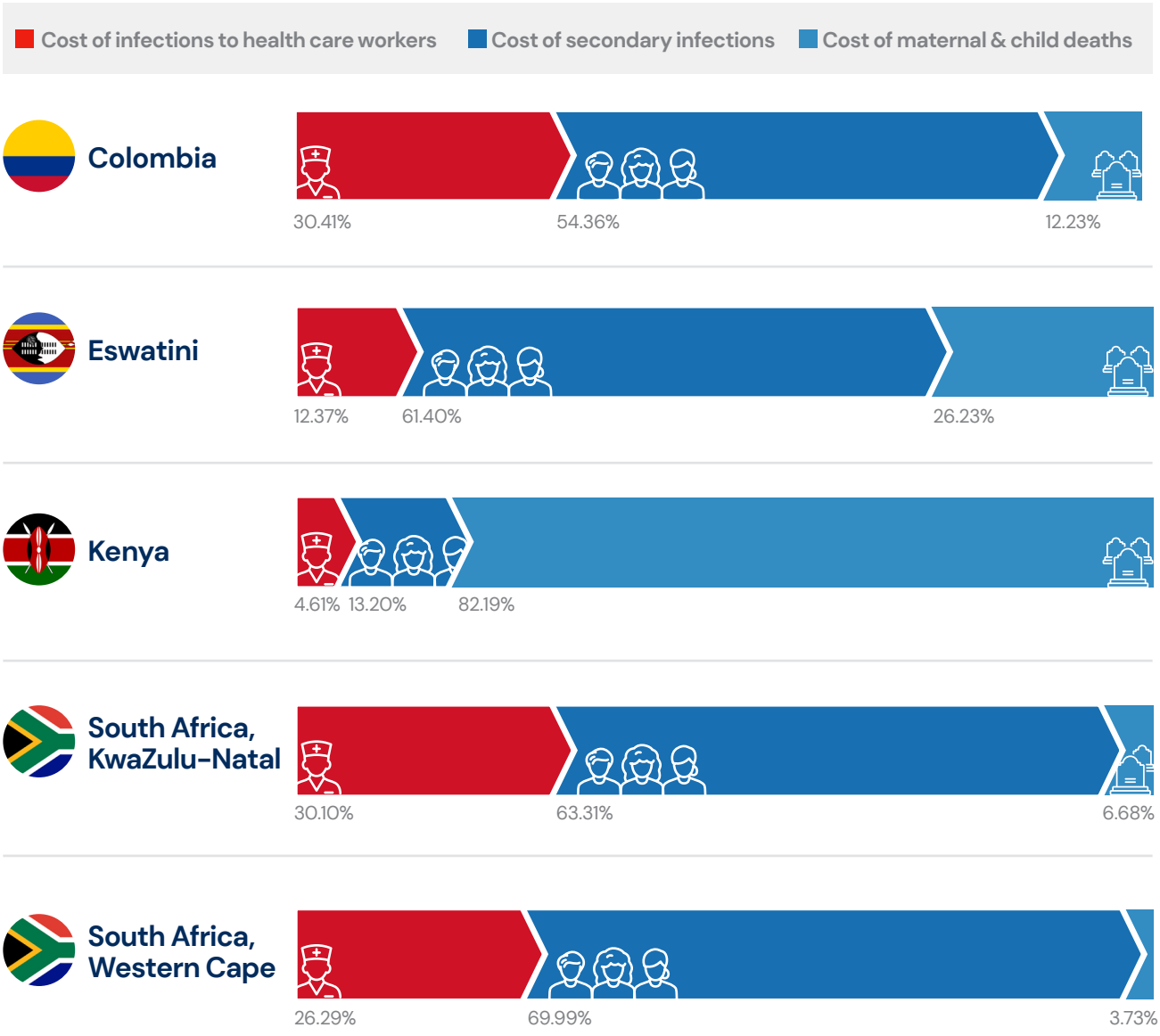
Productivity loss

- Due to premature death

Read the full report here.

Costs beyond health care worker infections

In all study sites, the proportion of costs associated with unprotected health care worker infections were far outweighed by those of the secondary infections and maternal and child deaths that resulted.



The cost of failing to protect health care workers is simply too high—and too deadly—to ignore.

And the cost is preventable. Investment in policy, resources and practical protections for health care workers means investment in stronger, healthier, more productive societies worldwide.

Read the full report here.