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Institutional Linkages Between National Social Health Protection And Occupational Health Services Systems: A Scoping Review

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ABSTRACT

The impact of globalization and industrialization in the last decade has been characterized by a persistence of informality and an increase in precarious jobs increasing workers' exposure to occupational health risks. Technological advances and the COVID-19 pandemic have also accelerated participation in the gig and platform economy, giving rise to new forms of employment for which neither national social health protection (SHP) systems nor occupational health services (OHS) are adequately adapted. In many LMICs but also high-income countries, OHS remain bound by the employer-employee relationship, often leaving workers engaged in the informal, platform and gig economies without access to OHS. Similarly, this group remains disproportionately excluded from SHP coverage. Recent evidence has also shown the tendency for national SHP systems and workers to absorb the financial burden of occupational disease, despite the existence of workers' compensation mechanisms. This signals a preponderance of curative care over preventative care with important financial ramifications for national SHP systems but also for workers who face the financial and health risks of preventable diseases and accidents. The extension of SHP and OHS coverage to workers in all forms of employment is thus a joint priority for both OHS and SHP systems. In this paper, we argue that the establishment of robust interinstitutional linkages can strengthen both systems and extend coverage of both SHP and OHS. Limited evidence of such interinstitutional linkages in countries such as Canada and Finland supports this argument. However, limited evidence exists elsewhere, particularly in LMICs.

This scoping review aims to document existing institutional linkages between SHP and OHS systems globally. To do so, it asks: 1) In which countries can we identify interinstitutional linkages? and 2) What is the nature of such linkages? This study is based on the scoping methodology of Arksey and O'Malley. Relevant databases and grey literature will be searched using a search strategy developed by a librarian at Université de Laval. A double-blind selection of papers will be conducted based on defined inclusion and exclusion criteria. Finally, deductive thematic synthesis is used to present the results and a typology of linkages is developed.

To the best of our knowledge, this study is the first to provide a systematic mapping of interinstitutional linkages between OHS and SHP systems globally. A better understanding of such linkages will allow for the documentation of best practices that can guide the strengthening of both systems in the face of current global crises.

Description of the study

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Establishing robust coordination mechanisms between social health protection (SHP) and

occupational health services (OHS) embedded in the national institutional architecture can strengthen and scale up both systems. However, there is limited evidence of inter-institutional linkages, even in countries with reputable OHS and SHP systems. Documentation about such linkages is scarce, and some concern a few high-income countries. Much of the literature does not address institutional linkages as the primary focus of analysis and from the perspective of mutual reinforcement of the two systems and collaboration. Thus, this scoping review requires a global mapping of the literature available about institutional linkages between SHP and OHS systems. The purpose is to get a comprehensive view of these different linkages and to draw lessons from them to guide evidence-based decisions and actions on integrating and coordinating SHP and OHS systems.

Research Questions

- 2 In this review, the objective is to answer two main questions:
 1. In which countries can we identify coordination mechanisms and synergies between the occupational health service system and the social health protection systems?
 2. What does existing literature tell us about the nature of these relationships and what are the typology of these linkages?

Methodology

- 3 This study will be based on the scoping methodology of Arksey and O'Malley (2005). Scoping reviews are ideal for mapping or providing an overview of emerging evidence in a given field where a systematic literature review is impossible due to sparse and limited data availability. Research questions under scoping reviews tend to be broader and general in scope, allowing for the inclusion of a diversity of literature which uses various methodologies (Peterson et al., 2016). This is why it is an appropriate choice when the literature available is still emerging and sparse.

We will conduct this review by following the key steps of a scoping review, including identification of the research question, database searches, titles and abstract screening, full-text screening, data charting, and collating, summarizing and reporting results. The processes of this review will be carried out by a team of researchers collaborating with professionals working in the field, particularly in ILO. Research of relevant literature will be done in the following databases: Medline (OVID), EMBASE, CINAHL, Web of Science, Academic Search Premier, ABI/Inform, SciELO and Google Scholar. The search methodology was performed and validated by a librarian (FB). We developed a search strategy with keywords and descriptors adapted to each database mentioned above.

The paper selection process will be done in two steps: titles and abstracts screening and then by carefully reading the full text of pre-selected papers. A blind selection of papers will be

made during the first stage based on compliance with the inclusion and exclusion criteria.

Inclusion criteria are:

1. Focus areas: the study reports at least one link between SHP and OHS system in a given or several countries
2. Types of publications: study is primary and secondary research and gray literature
3. Timeframe: studies published from 2000 up to 2022

Exclusion criteria are:

The study is a comment, review, editorial or letter; articles that describe OHS or SHP programs without identifying institutional links between the two systems.

Data charting and analysis

- 4 The data charting will be multi-staged. We will summarize and report descriptive and analytical features about institutional links between OHS or SHP systems. We have constructed a set of sub-questions to guide this stage. These sub-questions stem from the various findings in the literature on institutional arrangements in general and the knowledge of the ILO's partners on the subject. We specify that other categories or sub-categories may emerge as the review progresses. Sub-questions will be integrated into the data charting table to organize the results from each document, and later on, we will make a thematic grouping.

1. What kind of linkages are documented ? (e.g., in the legal framework, policies and institutional coordination mechanisms; or in practice)
2. Who are the actors involved?
3. What types of impact of the institutional linkages are documented (e.g., health outcomes; cost savings; promotional, preventive or curative health; productivity; extension of OHS and SHP coverage, etc.)?
4. What are the key factors to successful coordination or synergy between SHP and OHS?
5. Are there gaps and barriers that prevent successful synergies between SHP and OHP?
6. Are there any identified facilitators of the successful implementation of institutional coordination mechanisms between SHP and OSH systems?

This review will be carried out with the Covidence platform. A web software specialized in producing systematic reviews (<https://www.covidence.org>). This software will allow us to eliminate duplicates and do collaborative data selection and mapping.