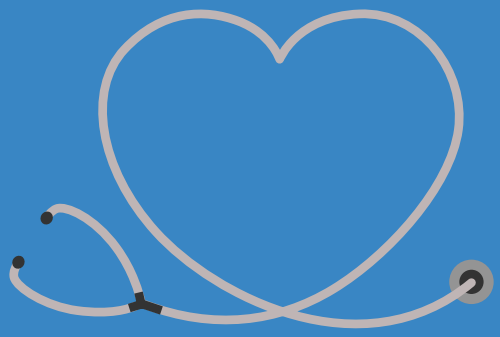

CARING FOR THOSE WHO CARE

National programmes for occupational health and safety for health workers

LESSONS LEARNED FROM COUNTRIES

SUMMARY REPORT OF THE
WHO ONLINE WORKSHOP

15 JULY 2020

World Health Organization

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Contents

Acknowledgements

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

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Background

The global health workforce represents a significant part of the entire global workforce, accounting for at least 3.4% of all workers. This percentage is likely to increase in future. However, the health sector is one of the most hazardous work settings for health and safety, presenting specific risk factors.

A safe and healthy work environment and decent working conditions promote productivity and are key elements of human dignity. Furthermore, the safety, health and well-being of health workers are indispensable for:

- universal health coverage, health workforce development, patient safety and quality of care;
- health security, prevention and mitigation of communicable diseases, emergency preparedness and response; and
- healthier populations, decent work, and the promotion of healthy, safe and resilient health-care settings.

Paradoxically, the health sector, whose objective is to restore, protect and promote health, can also be hazardous to the health of its own workers.

Unsafe working conditions affect the performance of the health system workforce and are often the cause of strikes among health workers. Moreover, poor well-being and occupational burnout among health workers are associated with poor patient safety outcomes. Unsafe working conditions, stress and, in some countries, the perceived lack of security, are among the reasons for the attrition of health workers and for exacerbating workforce shortages. Poor working conditions resulting in absenteeism, occupational illness and injuries are also a significant financial cost for the health sector.

In 2019, the United Nations General Assembly held a high-level meeting on universal health coverage, in which heads of state and government committed to scale up efforts to promote healthier and safer workplaces and access to occupational health services for all workers. A commitment was also made to take specific action to provide decent working conditions and occupational health and safety for health workers.[1] One of the deliverables of the five-year action plan jointly agreed by the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD), and the World Health Organization (WHO) on health employment and inclusive economic growth, adopted by the World Health Assembly 2017, was to strengthen the capacities of high-risk countries for protecting occupational health and safety of health workers and emergency responders.[2]

In 2010, WHO and ILO elaborated a global framework for the development of national programmes on the occupational health of health workers. Since then, many countries have developed national programmes in line with this framework and other models. The COVID-19 pandemic has further

1 United National General Assembly, Seventy-fourth session. Agenda item 126. Global health and foreign policy. Political declaration of the high-level meeting on universal health coverage. Resolution A/RES/74/2 (https://undocs.org/en/A/RES/74/2, accessed 8 September 2021).

2 Resolution WHA70.6. Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Resolutions and decisions, annexes. Geneva: World Health Organization; 2017 (WHA70/2017/REC/1; https://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=27, accessed 8 September 2021).

prompted countries to develop national programmes for protecting the health and safety of their health workers as they respond to increasing demands for health care amid disruption of essential health services. The percentage of countries having national programmes or plans of action for the occupational health and safety of health workers was also included in the global framework as an indicator for the monitoring and evaluation of the strategic response plan to COVID-19.[3]

[3] Monitoring and evaluation framework. COVID-19 strategic preparedness and response. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/monitoring-and-evaluation-framework, accessed 8 September 2021).

Introduction

To assist countries and constituents, WHO and ILO issued a policy brief on the national occupational health programmes for health workers,[4] and are providing technical guidance to countries for the development and implementation of such programmes. Therefore, it was necessary to review the experience of pilot countries in their endeavours, as well as to summarize the lessons learned, the factors behind success and sustainability, and the barriers to implementation.

Objectives of the workshop

The workshop aimed to:

- review the experiences of countries in developing and implementing national programmes for occupational health for health workers; and
- identify factors for success and sustainability, barriers to implementation, and lessons learned for the benefit of other countries.

Agenda and participants

The meeting was organized into two working sessions to accommodate participants from both eastern and western hemispheres. (The meeting agenda is presented in Annex 1.)

Participants included experts on occupational and workplace health from countries that have developed, or are developing, national programmes on the occupational health of health workers; interested experts from countries; stakeholders and international partners; and technical experts from WHO and ILO. (The list of participants is presented in Annex 2.)

International action

Dr Maria Neira, Director of the Department for Environment, Climate Change and Health, WHO, opened the meeting by highlighting the urgent need to scale up protection of the health and safety of health workers in the response to, and recovery from, COVID-19. Strengthening the resilience of health facilities and the protection of health workers are also part of WHO's efforts to stimulate a healthy recovery from COVID-19.

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[4] Caring for those who care: national programmes for occupational health for health workers policy brief. Geneva: World Health Organization and International Labour Organization; 2020 (https://www.who.int/publications/i/item/9789240011588, accessed 8 September 2021

At the ILO Global Summit on COVID-19 in the World of Work on 8 July 2020,[5] WHO Director-General, Dr Tedros Adhanom Ghebreyesus, pointed out that more than 136 million people globally are employed in the human health and social sector, all of whom have the right to decent working conditions and protection of their health and safety. This is even more important in a public health crisis such as the COVID-19 pandemic, when it becomes clear that health systems, jobs, livelihoods and the economy are closely intertwined. The continuing COVID-19 infections and deaths among health workers is of great concern to WHO. Consequently, the Director-General proposed putting into place decent occupational health programmes, and infection prevention and control in all health facilities, big or small, public or private, in cities and in villages.

Together with ILO, WHO has issued guidelines for protecting the health and safety of health workers and provided manuals for workplace improvement in health services and occupational safety and health during public health emergencies. The WHO Director-General called upon governments, employers and workers' organizations in the health sector to develop strong and sustainable national programmes for occupational health and safety for health workers. He emphasized that more than 50 countries have already implemented such programmes and have demonstrated the benefits during public health emergencies.

The global framework for developing and implementing national programmes for occupational health for health workers

WHO and ILO experts presented the joint global framework for developing and implementing national programmes for the occupational health for health workers. "Working for Health" – the ILO, OECD and WHO five-year action plan for health, adopted by the Seventieth World Health Assembly in 2017 – includes among its deliverables the strengthening of capacities of high-risk countries to protect occupational health and safety of health and emergency aid workers.[6]

By endorsing the WHO Global Plan of Action on Workers' Health (2008–2017),[7] in resolution WHA60.26, WHO Member States committed to developing national programmes for occupational health for health workers, thus providing a policy framework for actions to protect the health, safety and well-being of workers in the health sector. Such programmes facilitate the regulatory compliance of facilities in the health sector with the national occupational health and safety laws and regulations, bearing in mind the specific working conditions and occupational hazards. The programmes aim to provide decent work opportunities and a healthy and safe work environment for all health workers, thereby improving productivity, job satisfaction and the retention of employees; they also contribute to improving the quality of care and patient safety. By strengthening the protection of health and safety of health

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[5] Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Statement at the ILO Global Summit on COVID-19 and the World of Work, 8 July 2020 (https://youtu.be/1I-dqrSyDrM, accessed 8 September§ 2021)

[6] Resolution WHA70.6. Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Resolutions and decisions, annexes. Geneva: World Health Organization; 2017 (WHA70/2017/REC/1; https://apps.who.int/gb/ebwha/pdf_files/WHA70-REC1/A70_2017_REC1-en.pdf#page=27, accessed 8 September 2021).

[7] WHO Global action plan on workers' health (2008–2017). Geneva: World Health Organization; 2013 (https://www.who.int/occupational_health/who_workers_health_web.pdf, accessed 8 September 2021).

workers and emergency responders, programmes increase the resilience of health services in the face of outbreaks and public health emergencies.

In 2010, in response to the Global Plan of Action on Workers' Health (2008–2017), WHO and ILO elaborated a global framework for the development of national programmes[8] which includes the following elements:

1. A written policy on safety, health and working conditions at the national and facility levels.
2. A responsible unit at the national and facility levels.
3. Occupational health services, budget and personal protective equipment.
4. Joint labour–management health and safety committees.
5. Ongoing (or periodic) education and training for responsible persons and health and safety committees.
6. Risk assessment of workplaces and processes.
7. Immunization against hepatitis B and other vaccine-preventable diseases.
8. Exposure and incident reporting.
9. Diagnosis, treatment, care and support for HIV, tuberculosis, and hepatitis B and C among health workers.
10. Information systems and indicators.
11. Compensation for work-related disability in accordance with national laws.
12. Research and evaluation.
13. Environmental hygiene – health-care waste, water, sanitation and hygiene and environmental cleaning.

ILO and WHO also developed a practical and participatory quality improvement tool for health facilities – Work Improvement in Health Services (HealthWISE).[9] This enables workers and managers to work together to improve workplaces and practices with low-cost solutions.

The protection of the occupational health and safety of health workers requires close collaboration with other public health programmes at the national, subnational and facility levels. There are strong links with patient safety and quality improvement; infection prevention and control; planning and management of human resources for health; emergency preparedness and response; and environmental health (water and sanitation, health-care waste management, radiological protection).

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[8] 309th Session of the ILO Governing Body (2010). The sectoral dimension of the ILO's work. Review of sectoral initiatives on HIV and AIDS. Document GB.309/STM/1/2, Appendix II (http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_145837.pdf, accessed 8 September 2021).

[9] ILO & WHO. HealthWISE – Work Improvement in Health Services. Geneva: International Labour Organization; 2014 (https://www.ilo.org/sector/Resources/training-materials/WCMS_250540/lang--en/index.htm, accessed 8 September 2021).

Experience in pilot countries

Experts from China, Croatia, England, Ghana, Kenya,[10] Morocco, Philippines, South Africa, Sri Lanka, United Republic of Tanzania, and Togo presented perspectives on the development and implementation of national programmes for occupational health in their countries.

The panellists focused on the following questions:

- How was the programme developed?
- How was the programme implemented?
- What are the key factors of sustainability and success?
- Which barriers for implementation have been observed and how have they been overcome?
- How has the programme been used during the COVID-19 response?

Additionally, experts from Argentina and North Macedonia shared further lessons learned from their countries.

A summary of the deliberations, organized by questions, is provided below.

How was the programme developed?

The first step in developing a national programme of occupational health for health workers was the recognition by the government of the need to protect health workers in order to maintain a functioning health-care system to meet the country's health needs. In some countries, such as Togo, this recognition occurred only after experiencing high morbidity and mortality of health workers as a result of infections during epidemics, such as meningitis and Lassa fever, and the significant impact on the ability of the health-care system to care adequately for the people.

In most countries where a national programme specifically for occupational health for health workers has been, or is being, established, laws or guidelines for occupational health for all workers and/or for public service workers were already in place. In others, there were already laws or policies regarding particular risks on the basis of previous epidemics (HIV/AIDS, Ebola, tuberculosis etc). In countries such as Kenya, risk assessments of health facilities that were carried out in the country demonstrated the need for occupational health for health workers.

With the recognition of the particular risks to, and importance of, the health workforce, and regardless of whether or not a separate law or guidelines especially for health workers existed, national programmes were created (or are being created).

[10] Unable to present in person; shared presentation and resources.

In most countries the national programme was a collaboration usually of multiple ministries (including Health and Labour), but often included other stakeholders such as safety councils, professional associations (medicine and nursing), trade unions and employers. In England, the Health, Safety and Wellbeing Partnership Group which is responsible for the occupational health of health workers, is under the auspices of the staff council of the National Health Service (NHS) and its executive committee, made up of employee representatives, nationally recognized trade unions and NHS employers.

Expert information was garnered from national and international sources (for example, WHO, ILO, and guidelines from other countries). Focal persons were trained in occupational health for health workers and in how to perform risk assessments. National conferences and pilot programmes were used to assess the risks, develop guidelines, and strengthen the effectiveness of preventive measures. Other aspects of health worker well-being – protection of rights, mental health, compensation, benefits, violence, discrimination and stigma, and the critical shortage of health-care workers – were also taken into consideration. Policies regarding prevention, general well-being and protection of rights were developed.

Key factors for programme development

- Recognizing the need for protecting the health and safety of health workers.
- Commitment, collaboration and cooperation of all stakeholders.
- Obtaining guidance, good practices (national, international), and policies of other countries.
- Assessment of the national situation and local facilities and pilot projects to evaluate the proposed national programme.
- Training and education of key actors at national, subnational and facility levels.

How was the programme implemented?

Implementation of national programmes was a collaborative effort. In most countries the national programme was posted on ministry websites, or the policies were sent to offices throughout the country and therefore easily available to all stakeholders.

National and regional committees on health and safety were often created. Regional occupational health committee members were trained; focal occupational health personnel were selected and trained. Networks were created of occupational health professionals and focal persons. In Togo, an emphasis on identifying focal persons and training in ILO/WHO HealthWISE was an early element of implementation. The institution of specific policies of the national programme were often prioritized on the basis of a risk assessment of local facilities. For example, in Ghana, risk assessments followed by the development of written protocols and the training of focal persons were instrumental in implementation. In several countries such as Ghana, Kenya, Philippines, and Sri Lanka, data on incidents and illnesses were collected and reviewed, and improvements were then recommended. Education, training and technical support were often supported at both national and regional levels. Monitoring and enforcement of compliance were often in place and usually performed by a regional or other local office.

Key points for programme implementation

- Political support at national and regional levels.
- Policies readily available to all stakeholders.
- Risk assessment to help determine the order of policy implementation.
- Designation and training of facility focal points for occupational health.
- Continuous education, training and technical support for implementation.
- Data collection of work-related incidents and injuries.
- Mechanisms for enforcement of monitoring and compliance.

What are the key factors of sustainability and success?

All the countries represented at the meeting noted that continued commitment by their government and its ministries (Health, Labour, Finance, etc.) is essential for sustainability and success. Continuous commitment, cooperation and collaboration of national and regional agencies and of all stakeholders is needed. This includes governments, professional associations, employers and employees. Sustainability and success can be increased if there is consultation with international agencies, such as WHO and ILO, and with occupational health experts – both local and from other countries. Establishing written policies, guidelines, standards and laws is important, and these need to be easily accessible for reference by all stakeholders. There needs to be continuous monitoring and review of policies, guidelines, standards and laws, and how these are implemented, as well as compliance at regional and local levels. Continuous education and training of employees, employers and occupational health personnel in the risks to health workers and amelioration of these risks is essential. As noted by the expert from Croatia, the education of health workers on health and safety hazards is not an aim – it is a tool. It is essential to increase the number of trained occupational health personnel at all levels.

Key factors for sustainability and success

- Commitment, collaboration and cooperation of all stakeholders.
- Written and easily accessible policies, guidelines, and standards.
- Continuous monitoring and review.
- An increase in the number of occupational health personnel.
- Continuous training, education and awareness raising.

Which barriers for implementation have been observed and how have they been overcome?

In most countries the major barrier to implementation was the lack of sufficient financing, resulting in insufficient resources for implementing a national programme. This included both insufficient funding from governments and other funding organizations, along with insufficient products and technologies to implement occupational health and safety measures. Attempts are being made to further engage with governments, other funding organizations and insurance systems to obtain more financial support.

The second most common barrier was insufficient human resources trained in occupational health and safety. Insufficient financing to train individuals in occupational health impacted significantly the ability to implement occupational health programmes locally. Limited finances also affected surveillance and review systems that evaluate programme efficacy and compliance with health and safety regulations and that also recommend improvements. Increased training of regional and focal persons responsible for occupational health is being implemented in many countries.

The third most common barrier was a lack of awareness of the importance of occupational health in the health sector and the resultant failure to prioritize the creation, implementation and financial support for occupational health programmes. This lack of awareness is pervasive and extends from the national government and its ministries to regional governments, health-care facilities, health workers and the general community.

Competing priorities of different programmes hamper the prioritization of occupational health and safety in several countries, at both national and regional levels as well as within health facilities. In some countries, the designated focal person for occupational health also has other (such as clinical) responsibilities that take precedence over occupational health. In Croatia, for example, investing in prevention is considered less important than investing in clinical medicine. Investment in prevention is often seen as a less essential expenditure. Losses from the workforce – due to absence or decreased ability to work efficiently and effectively when an injury or illness occurs – are not calculated as losses. Attempts to increase awareness of the importance of the health and safety of health workers have been instituted in most countries at the various levels noted above.

In the Philippines, a lack of coordination between laws, ministries and agencies has led to overlap, gaps and a fragmented approach to occupational health and safety programmes for health workers.

In England, it was noted that the substantial amount of standards, along with the limited capacity for reviewing them, was a barrier to implementation of some of the guidelines.

Major barriers to implementation

- Inadequate funding.
- Low level of awareness of the importance of protecting the health and safety of health workers.
- Lack of occupational health personnel in health-care facilities.
- Insufficient availability of safer technologies and products.

How has the programme been used for the COVID-19 response?

Togo has a well-established national programme for occupational health for health workers and was well prepared to meet the challenges of the COVID-19 pandemic. The Ministry of Health of Togo was able to give recommendations and help in the implementation of many measures for the protection of the health and safety of health workers at regional and facility levels. In most other countries, national and local governments turned to occupational health experts to advise and implement programmes, particularly regarding infection prevention and control.

In countries such as Croatia, Ghana, Kenya, and Philippines, the COVID-19 pandemic has pushed the agenda of occupational health for health workers into frontline awareness, resulting in the enactment of several laws and guidelines, and the increased implementation of guidelines, facility reviews, and training in occupational health for health workers. Concerns identified include the insufficient numbers of occupational health personnel; the need for personal protective equipment and other measures to improve the health and safety of health workers, particularly regarding infection prevention and control; the need to address mental health issues; the necessity of risk assessment; and the need for increased and continuous training. Written guidelines and protocols have been created at national and local facility levels and several additional guidelines and laws have been instituted at national levels. These include infection prevention and control; compensation and other benefits; work-related injury insurance; daily life support; personal protective equipment based on risk assessment; good work organization; mental health services; health surveillance; family support; workplace violence and discrimination; and medical waste disposal.

However, in some countries the implementation of the national programme has been temporarily suspended due to the COVID-19 pandemic.

Impact of COVID-19

- Increased awareness of health and safety risks to health workers.
- Recognition of insufficient numbers of health workers to meet the increased demands for health care.
- Inadequate amount and type of personal protective equipment.
- Occupational health and safety personnel contributing greatly to managing health and safety of health workers and improving quality and safety of care.
- Recognition of the need for increased occupational health support for health workers, including mental health and psychosocial support.
- Evidence of the value of national programmes and facility management systems for occupational health and safety of health workers.

Annex 1: Agenda of the WHO online workshop/webinar with national programmes for occupational health for health workers – 15 July 2020

8:00 – 8:30 GMT

Opening and introduction

Introduction to the meeting: WHO Director for Environment, Climate Change and Health
Introduction of panellists
National programmes for occupational health for health workers – international call for action and overview of coverage, WHO and ILO experts

8:30 – 10:00 GMT

Experience of countries

Philippines
China
Sri Lanka
Croatia
Morocco
United Kingdom of Great Britain and Northern Ireland (England)
Q&As

11:00 – 12:30 GMT

Experience of countries (cont'd)

Kenya
United Republic of Tanzania
Togo
South Africa
Uganda
Ghana
Q&As

12:30 – 13:30 GMT

Feedback from other countries (North Macedonia and Argentina)
Lessons learned – discussion

13:30 – 14:00 GMT

The World Patient Safety Day 2020 – Health Worker Safety, WHO expert

14:00 GMT

Closure of the meeting

Annex 2: List of participants

First name	Last name	City	Organization	Country
Joseph	Bradford	Melbourne	Community and Public Sector Union	Australia
Sandra	Massiah	St Michael	Public Services International	Barbados
Luca	Scarpiello	Brussels	European Public Service Union	Belgium
Nadja	Salson	Brussels	European Public Service Union	Belgium
Katya	Vangelova	Sofia	National Center of Public Health and Analyses	Bulgaria
Min	Zhang	Beijing	China Academy of Sciences	China
Agripina	Hurtado	Cali	Asociación de sindicalistas de EMCALI	Colombia
Marija	Bubaš	Zagreb	Institute of Public Health	Croatia
Doris	Caiza	Quito	Independent expert	Ecuador
Gehad	Aboelata	Cairo	Cairo University Faculty of Medicine	Egypt
Bahira	Lotfy	Cairo	Cairo University Faculty of Medicine	Egypt
Lovelace	Digber	Accra	Ghana Health Service	Ghana
Rameshwar	Sorokhaibam	New Delhi	National Centre for Disease Control, Ministry of Health and Family Welfare, Government of India	India
Aakash	Shrivastava	New Delhi	National Centre for Disease Control, Ministry of Health and Family Welfare, Government of India	India
Kamlesh	Sarkar	Ahmedabad	National Institute of Occupational Health	India
Shubhendu	Mudgal	Greater Noida	Occupational & Environmental Health Services	India
Shikha	Vardhan	New Delhi	National Centre for Disease Control, Ministry of Health & Family Welfare, Government of India	India
Akshay	Kumar	New Delhi	Ministry of Health & Family Welfare, Government of India	India
Binoy	Surendra Babu	New Delhi	National Centre for Disease Control, Ministry of Health & Family Welfare, Government of India	India
Inne	Nutfiliana	Jakarta	Ministry of Health	Indonesia
Dyah	Mustikawati	Jakarta	Ministry of Health	Indonesia
Enaam	Alsineed	Baghdad	Ministry of Health	Iraq
Yonah	Amster	Haifa	University of Haifa, School of Public Health	Israel
Aigul	Amanbekova	Karaganda	Medical University	Kazakhstan
Gamaliel	Omondi	Nairobi	Ministry of Health	Kenya
Natalia	Caterinciuc	Chisinau	Ministry of Health	Moldova, Republic of
Valeriu	Goncear	Chisinau	Ministry of Health	Moldova, Republic of
Marcela	Tirdea	Chisinau	Ministry of Health, Labour and Social Protection	Moldova, Republic of
Elena	Apostu	Chisinau	National Public Health Agency	Moldova, Republic of
Ecaterina	Busuioc	Chisinau	National Agency for Public Health	Moldova, Republic of
Svetlana	Gherciu-Tutuescu	Chisinau	National Public Health Agency	Moldova, Republic of
Ahmed	Sabiri	Rabat	Ministry of Health	Morocco
Jovanka	Bislimovska	Skopje	Institute of Occupational Health	North Macedonia
Fatma	Alhakmani	Muscat	Ministry of Health	Oman
Elizabeth	Caluag	Manila	Department of Health	Philippines

First name	Last name	City	Organization	Country
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Carolina	Nunes	Lisbon	Ministry of Health	Portugal
Sandra	Moreira	Lisbon	Ministry of Health	Portugal
José	Rocha Nogueira	Lisbon	Ministry of Health	Portugal
Natalia	Caterinciuc	Chisinau	Ministry of Health	Republic of Moldova
Valeriu	Goncear	Chisinau	Ministry of Health	Republic of Moldova
Marcela	Tirdea	Chisinau	Ministry of Health, Labour and Social Protection	Republic of Moldova
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Svetlana	Gherciu-Tutuescu	Chisinau	National Public Health Agency	Republic of Moldova
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Abdirashid	A Haydar	Mogadishu	Ministry of Labour and Social Affairs	Somalia
David	Rees	Johannesburg	National Institute of Occupational Health	South Africa
Nisha	Naicker	Johannesburg	National institute of Occupational Health	South Africa
Muzimkhulu	Zungu	Johannesburg	National Institute for Occupational Health	South Africa
Itzel	Thomas	Madrid	Public Services International	Spain
Inoka	Suraweera	Colombo	Ministry of Health	Sri Lanka
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Nick	Pahl	London	Society of Occupational Medicine	United Kingdom of Great Britain and Northern Ireland
Gisela	Derrick	Leicester	Institution of Occupational Safety and Health (IOSH)	United Kingdom of Great Britain and Northern Ireland

First name	Last name	City	Organization	Country
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Gwen	Brachman	New Jersey	International Commission on Occupational Health	United States of America
Baba	Aye	Ferney-Voltaire	Public Services International	France
Joanna	Gaitens	Baltimore	University of Maryland	United States of America
Melissa	McDiarmid	Baltimore	University of Maryland	United States of America
Patricia	Keefer	Washington DC	American Federation of Teachers	United States of America
Tricia	Geisel	New York City	East Ramapo Central School District	United States of America

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