

Editorial

A Need to Broaden Our Perspective to Address Workers' Health Effectively in the 21st Century

The global world of work, like the world as a whole, has changed considerably since the first Journal of Industrial Health was issued in 1963. In the workplace, we experience repeated re-organizing, downsizing and expanding of organizations as very common nowadays¹⁾. The experience of job insecurity has been associated with poorer physical and mental health outcomes²⁾, and sustained job insecurity due to precarious labour market position has also been linked to poor health behaviours by way of declines in specific coping mechanisms. Also, workplace external factors are clearly important in the development and maintenance of mental and physical health. Evidence-based findings link social determinants such as social status, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport, to health in its broad sense. Naturally, adverse employment and working conditions and limited possibilities for a healthy lifestyle are closely linked to chronic/non-communicable disease such as mental health and cardiovascular diseases and others.

However, we are not only obliged to deal with ever increasing insecurities at work but also in our daily lives. This is not only because our economic and socio-political era is unstable, but because of the insecurities related to processes of globalization with an ever increasing urge of businesses in industrialized countries to undertake their production processes in low income settings, resulting in increased unemployment in industrialized countries and sub-standard working conditions dangerous to workers' health in low income countries. Although the creation of jobs in emerging sectors such as the green economy using 'green technologies' provides many new opportunities for employment and prevention of occupational hazards, not all technologies are necessarily safe for worker's health.

Globalization has certainly increased the size of the informal sector which means that informal workers are not protected by any national labour laws. Also, they receive neither health insurance nor pensions, and are not included in any national labour statistics. Minimum standards for working conditions are defined in countries only for the formal sector.

Another global challenge we face is poverty. More than one-half of the world's people live below the internationally defined poverty line of less than US 2 dollars a day³⁾. This situation has a clear impact on the health and well-being of workers, their families, communities and nations

as a whole. Furthermore, growing up in poverty provides people with less opportunity to build up strengths and capabilities to maintain good physical or mental health and well-being, reducing their ability to join the workforce.

There is a dire need for the development and enforcement of international standards to strengthen health and safety practice and legislation, and to improve employment conditions in order to tackle poverty. Experts call for a comprehensive regulatory framework which addresses the informal sector as well. The phenomenal growth of the informal sector during the past three decades represents, however, a major challenge to the work of international organizations, as healthy workplaces are much harder to achieve in the informal than in the formal working environment.

Undoubtedly, particularly after the recent financial crisis, sustainable economic recovery will not be achieved unless key employment and social challenges are addressed. Key determinants for this process are skills development, since productivity growth translates not only into employment growth, but also into better work in the informal economy, and it facilitates the path from informal to formal economies and the path to healthier workplaces.

These and other issues, relevant at global level, to protect and promote workers' health in the present and future times are captured by the WHO in its Global Plan of Action for Workers Health 2008–2017 (GPA)⁴⁾. The GPA clearly shows that workers' health is moving towards a public health approach and away from the silo of the occupational health approach. Traditionally, Ministries of Health take a public health approach and Ministries of Labour take primarily an occupational health approach, as they may differ in terms of their priorities and actions in relation to issues such as work, employment and workplace risks and their prevention. The GPA brings these together and attempts to deal with a large array of aspects of workers' health, including primary prevention of occupational hazards, protection and promotion of health at work, a better response from health systems to workers' health, the importance of building a solid evidence base and the benefits from focused international networking. The prime principle underpinning the GPA is that workers should be able to enjoy the highest attainable standard of physical and mental health including favourable working conditions for their health and for sustaining their liveli-

hoods. Therefore, it is important that the workplace is not detrimental to health and wellbeing. Participation in processes to improve workers' health should include workers and employers and their representatives.

The WHO healthy workplace initiative is only one way towards achieving these aims. The initiative promotes a comprehensive approach to workplace health promotion and protection⁵. It has been developed to be applicable to all sizes of workplaces, and has been well accepted by the international community. Particularly, the global approach to dealing with wellbeing issues including psychosocial risks was a much needed variation from the traditional occupational health and safety (OHS) approach. Indeed, the health impact from psychosocial risks and work-related stress affects workers and their communities, and they have a clear financial impact on businesses as well. These variables include sickness absences, the hidden cost of presentism when a sick worker is present at work and not fully productive, and also unemployment. Effects are visible at national and even global economic levels, where the cost of the work-related health loss and associated productivity loss is estimated to reach around 4–5% of the GDP⁶. The public health impact from psychosocial risks, added to the traditional health impact, is enormous and cannot be ignored any longer at global level and indeed, a call to employers, worker representatives, researchers and policy makers to include these emerging issues within comprehensive and broad approaches to workers' health, is a call for attention to occupational health per se.

To enhance the capacity for implementing a great number of activities related to the GPA, WHO is supported by a large network of Collaborating Centres for Occupational Health and other partners. WHO has also formal relations with three non-governmental organizations (ICOH; IOHA and IEA). Work with intergovernmental organizations, such as the ILO is key to success. Whereas the ILO sets standards for protection of occupational safety, provides codes of practice, labour conventions and guidelines, promotes and monitors their use, the WHO recommends policy options for framing national agendas for workers' health based on good practices and an extensive evidence base. WHO provides technical support to countries to respond to specific health needs of working populations and aims at establishing appropriate scientific and advisory mechanisms to facilitate action for workers' health at global and regional levels.

The international agenda is ambitious and may need to be increasingly adopted and adapted at national and local

levels to obtain positive effects. Without adequate work standards, monitoring systems, occupational health services and data collection of workers' occupational diseases, as well as proper risk assessment and management systems - in short, hard evidence - there is no benchmark for measuring progress and no indication as to which actions are the most urgent to take. We know that high OHS standards correlate positively with high GNP per capita. Therefore, active improvement of OHS provisions is associated with positive economic development, while low investment in OHS is a disadvantage in economic competition.

We will require more cross-fertilizing, multi-stakeholder, multi-disciplinary and multi-country efforts to reach more stakeholders and to stimulate action and positive change in the world of work. Every stakeholder has a proper role in this process and will need to take a broader perspective to take into account socio-economic and political macro issues, while focusing on the improvement and development of comprehensive national OHS frameworks and policies, and, hence, working conditions and workers' health. If these policies are developed at public level, the opportunities for integrating them into other related national and global policies are greater and enforcement of OHS legislation can be envisaged within their context.

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