



Healthy Workers, Healthy Future

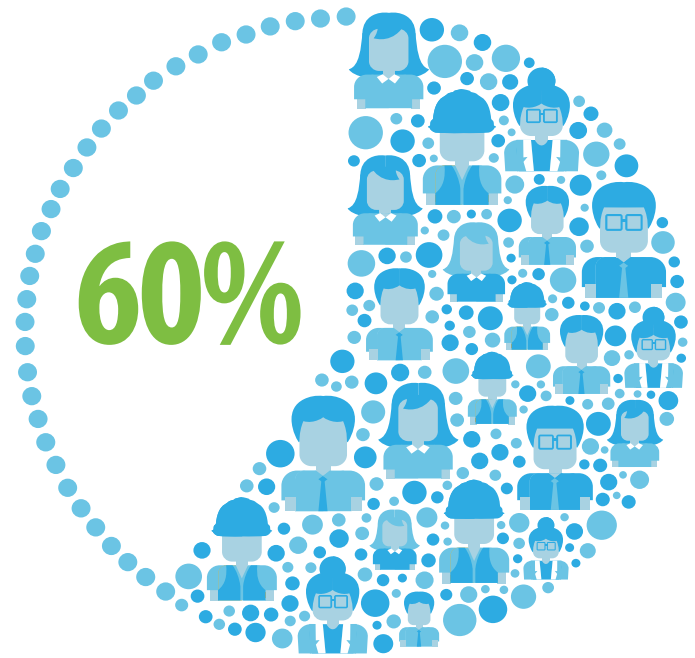
Why investing in healthy workers is
fundamental to national development

WPR/2016/DNH/016

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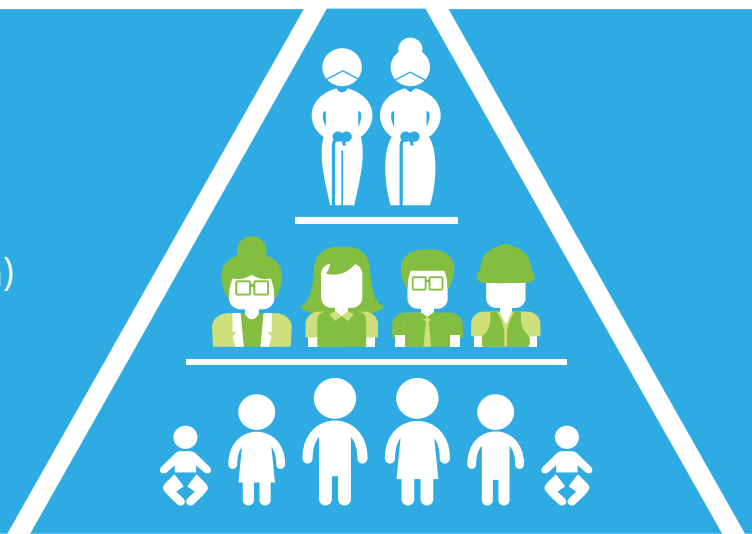
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Why focus on workers?



of the world's population are workers (ILO, 2015)

Whatever the shape of a country's population pyramid, workers support both the bottom (infants and children) and top (older people). Thus, workers sustain a country's entire population.



Ensuring healthy workers contribute to Sustainable Development Goals (SDGs) 1, 3 and 8.

SDG 8 addresses the promotion of "...decent work for all."

(UNDP, 2015)



The impact of healthy workers is extensive

Healthy economies require healthy workers. Investments in workers' health are fundamental to enhance productivity and drive economic progress.

Workers determine families' access to health and health-care services. When workers are healthy, their families are more likely to be healthy and healthy families create healthy communities.



Workers represent an accessible target for integrated delivery of health services, from prevention and health promotion to disease detection and management.

Empowering workers to become healthier reduces social disparities.

Workers' health programmes in the Western Pacific Region

WHO commissioned a regional mapping study of workers' health programmes. The study consisted of a desk review and survey of national focal points for occupational health of Western Pacific Region Member States.

(Takahashi K, Chimed-Ochir O, Wilson D, David AM, 2015)

KEY FINDING

The majority of the countries that responded to the survey had workers' health laws and action plans, BUT few incorporated health promotion, noncommunicable disease (NCD) prevention and control and mental health into their laws and action plans.

59%
Literature search



22/37
countries with available literature

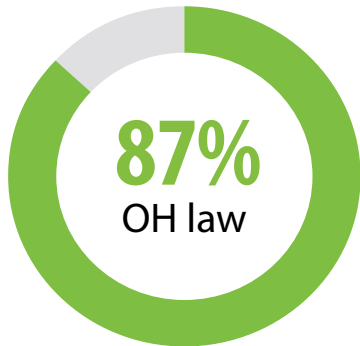
41%
Response



15/37
responded

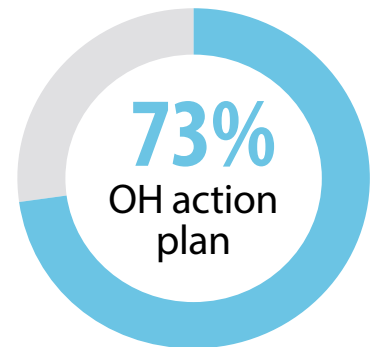
Workers' health programmes in the Western Pacific

MAJOR FINDINGS



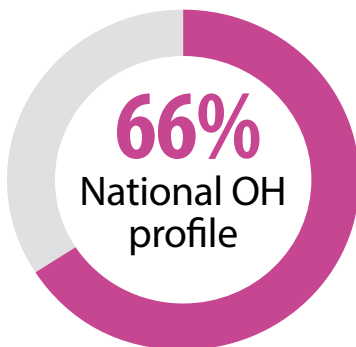
Occupational Health (OH) Law

"Does your country have a law/act on occupational health?"



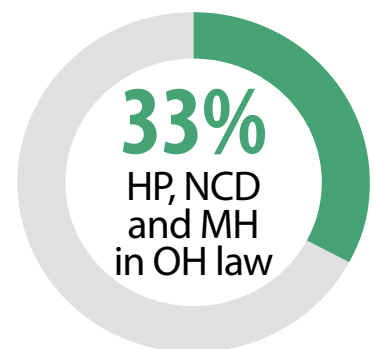
OH Action Plan

"Does your country have a national action plan on occupational health?"



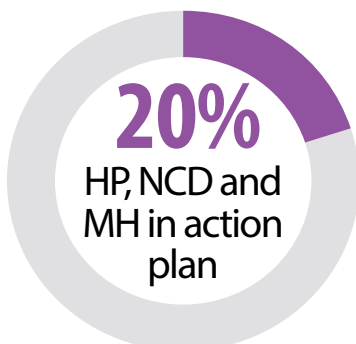
National OH Profile

"Does your country have a national occupational health profile?"



Health promotion, NCD and Mental Health in OH Law

"Does the law include health promotion (HP), NCD prevention and control and mental health (MH)?"



HP, NCD and MH in OH Action Plan

"Does your country's OH action plan address health promotion, NCD prevention and control and mental health?"

Unhealthy lifestyles, NCDs and mental health issues contribute the most to the disease burden and premature death of workers, to their health-care costs and to decreased productivity.



NCDs account for 50% of all premature mortality (under 70 years) in low- and middle-income countries in the Region.

(WHO, 2015)

Many of the Region's workers are unhealthy.

(Note: Data on workers' health are unavailable for several countries in the Western Pacific Region.)



- In Brunei Darussalam, more than 60% of civil servants are overweight or obese. (Kassim N, 2013)
- Most (96%) working age Australians have one or more NCD risk factors. (Australian Institute of Health and Welfare, 2010)
- Smoking among Chinese male blue-collar workers increased from 57% in 2002 to 67% in 2010. (Li, Hsia and Yang, 2010)



Unhealthy workers are less productive.

- Employees with an unhealthy diet were 66% more likely to report having a loss in productivity than healthy eaters.

(Merril R, et al, 2012)

- The healthiest Australian employees are almost three times more productive than their unhealthy colleagues. (Medibank

Private, 2005)



Unhealthy workers generate higher costs for businesses and governments. (Bloom et al, 2011)

- In 2010, cardiovascular disease cost the Western Pacific Region US\$ 107 billion, of which lost productivity totaled US\$ 51 billion.
- WHO estimates cardiovascular disease among people aged 35–64 years cost China US\$ 30 billion; 75% of the cost was from lost productivity.

Investing in workers' health, particularly targeting NCD prevention and control, is essential to a nation's economic health.

Chronic disease is the primary driver of health-care costs.

(Bloom DE, et al, 2011)

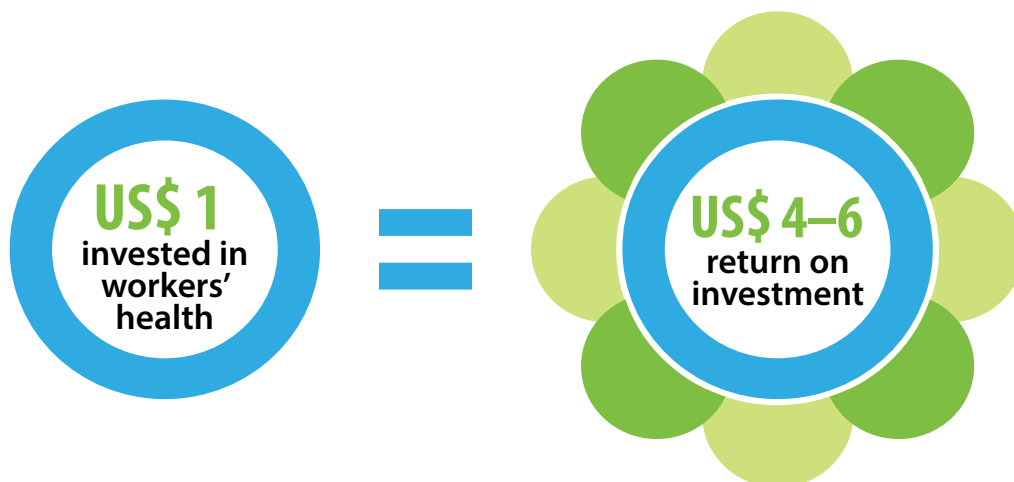
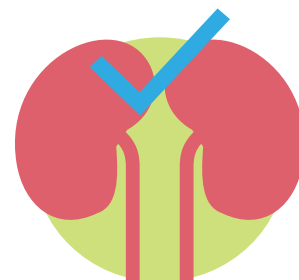
When employers finance health care, reducing NCD risks can result in considerable cost savings for businesses.

Health programmes targeting NCD risk factor reduction for workers resulted in a 25%–30% reduction in employers' health-care costs and absenteeism. (Chapman LS, 2003)



Governments who invest in workers' health and NCD prevention and control generate significant savings in health-care costs.

- Every person in Vanuatu who changes her or his lifestyle through primary prevention and successfully avoids type 2 diabetes saves the Government a minimum of US\$ 347 per year. This is more than twice the annual per capita Government expenditure on health. (The World Bank, 2012)
- Every patient in Samoa who successfully manages diabetes through primary and secondary prevention, and so avoids advanced kidney disease, saves the Government around US\$ 37 000 per year in dialysis costs. (The World Bank, 2012)



WE NEED TO:

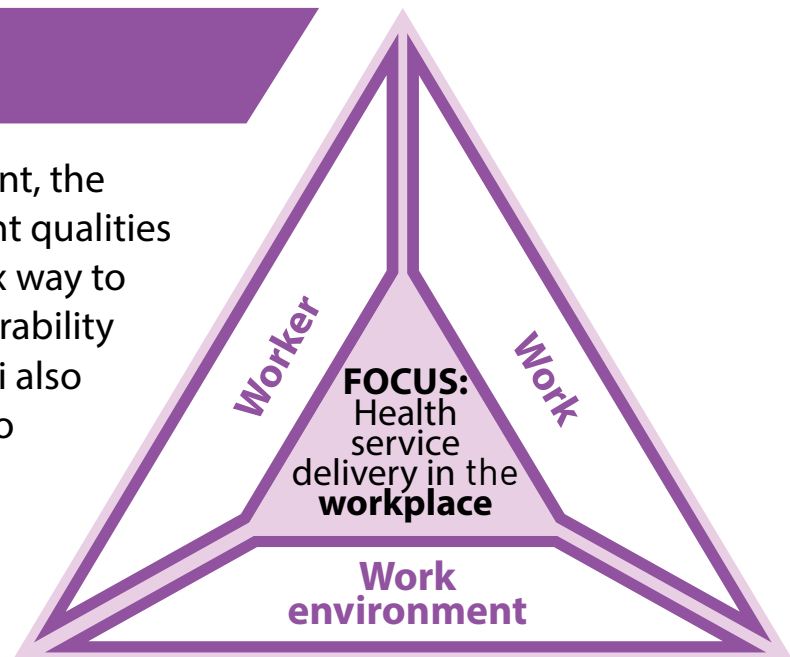
Transition from healthy workplaces to healthy workers and incorporate lifestyle interventions in workers' health programmes.

Occupational health approach to workers' health

Occupational health model

In this model, the work environment, the nature of the work and the inherent qualities of the worker interact in a complex way to determine health status and vulnerability to work-related risks. The three foci also serve as targets for interventions to improve workforce health and to reduce work-related risks.

(David and Cullen, 2002)

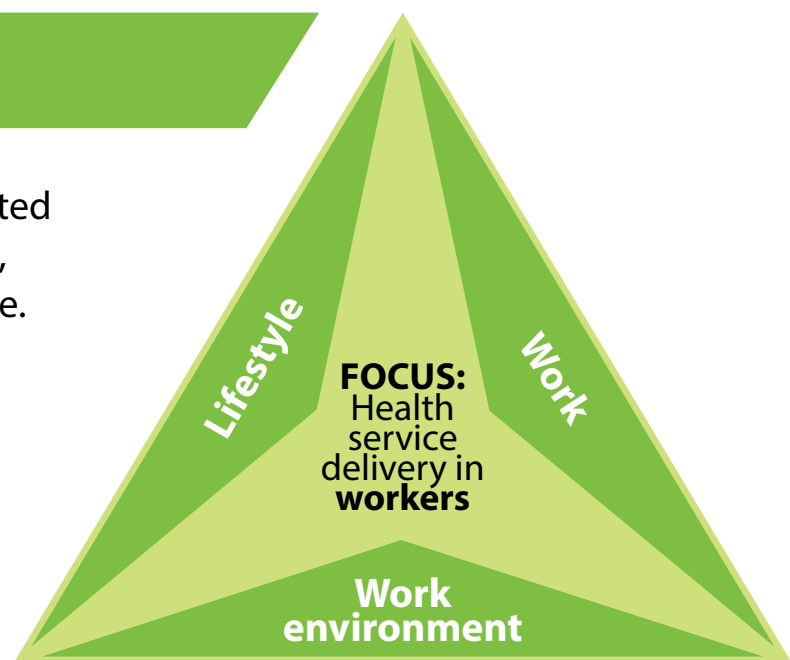


Integrated approach to workers' health

Workers' health model

An innovative approach to integrated health focused on working people, putting people at the centre of care.

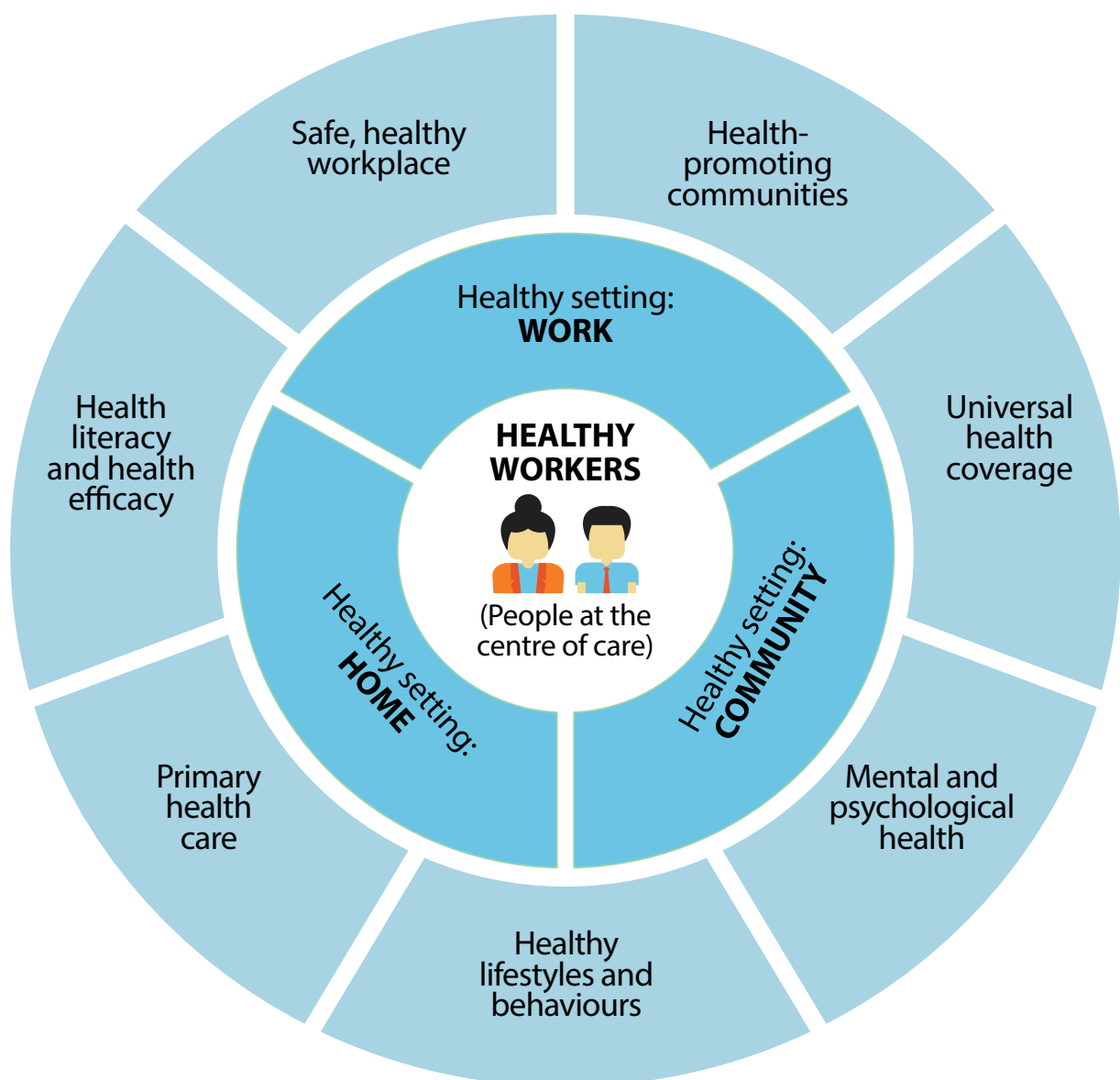
(WHO, 2007 and 2013)



Every country's healthy future demands healthy workers.

To safeguard development gains, we need to take an integrated approach to health centred on working people. In line with the Western Pacific Region's initiative of putting people at the centre of care, this approach transitions holistic health care from a focus on the workplace to a focus on the workers.

“Workers’ health” provides an alternative model for comprehensive health that upholds and values a country’s most vital resource: its workforce.



References

Aldana SG. Financial impact of health promotion programs: a comprehensive review of the literature, *American Journal of Health Promotion* 2001, 15(5): 296–320: <http://www.ncbi.nlm.nih.gov/pubmed/11502012>

Australian Institute of Health and Welfare 2010. Risk factors and participation in work. Cat. no. PHE 122. Canberra: AIHW.

Bloom DE, Cafiero ET, Jané-Llopis E, Abrahams-Gessel S, Bloom R, Fathima S, Feigl AB, Gaziano T, Mowafi M, Pandya A, Prettner K, Rosenberg L, Seligman B, Stein AZ, & Weinstein C. 2011. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.

Chapman LS. 2003. Meta evaluation of worksite health promotion economic return studies. *The Art of Health Promotion*, 6(6):1–16.

David AM and Cullen MR. 2002. *The Workplace. Fundamentals of Clinical Practice, Second Edition*. New York, NY: Kluwer Academic Publishers.

International Labour Organization. 2015. *World Employment and Social Outlook Trends 2015*. Geneva:ILO.

Kassim N. 2013. Healthy workplace initiatives in Brunei Darussalam. *Asia-Pacific newsletter on Occupational Safety and Health*, 20(1):7-9.

Medibank Private, 2005, *The Health of Australia's Workforce*:
http://www.trenchhealth.com.au/articles/MEDI_Workplace_Web_Sp.pdf

Merrill RM, Aldana SG, Pope JE, Anderson DR, Coberley CR, and Whitmer RW, and the HERO Research Study Subcommittee. *Population Health Management*. October 2012, 15(5): 293-301. doi:10.1089/pop.2012.0003.

Takahashi K, Chimed-Ochir O, Wilson D and David AM. 2015. Regional mapping of workers' health programs in the Western Pacific Region (Report of the desk study). Kitakyushu: World Health Organization.

The World Bank. 2012. *The Economic Costs of Non-communicable Diseases in the Pacific Islands Final Report*, November 2012. Bangkok: The World Bank.

United Nations Development Programme. 2015. *Sustainable Development Goals*. Geneva: UNDP.

World Health Organization. 2007. *People at the Centre of Health Care: Harmonizing Mind and Body, People and Systems*. Manila: World Health Organization.

World Health Organization/World Economic Forum. 2008. *Preventing noncommunicable diseases in the Workplace through Diet and Physical Activity (WHO/World Economic Forum Report of a Joint Event)*. Geneva: World Health Organization

World Health Organization. 2013. *From healthy settings to healthy populations: Healthy workers (A concept paper for an alternative approach to integrated health care)*. Manila: World Health Organization.

World Health Organization. 2015. *Noncommunicable diseases*. Available at:
http://www.wpro.who.int/noncommunicable_diseases/en/ Last accessed November 2015.



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Western Pacific Region

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