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Protecting workers' health

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Primary care centres could provide some essential interventions for protecting workers' health, such as advice for improving working conditions, detection of occupational diseases and health surveillance of workers, though in most countries the focus is still on medical treatment rather than prevention.

What determines the health of workers

Economically active people spend on an average about one third of their time at the workplace. Employment and working conditions have powerful effects on health equity. Good working conditions can provide social protection and status, personal development opportunities, and protection from physical and psychosocial hazards. They can also improve social relations and self esteem of employees and lead to positive health effects.

The health of workers is an essential prerequisite for household income, productivity and economic development. Therefore, restoring and maintaining working capacity is an important function of the health services.

Health risks at the workplace, such as heat, noise, dust, hazardous chemicals, unsafe machines and psychological stress, cause occupational diseases and can aggravate other health problems. Conditions of employment, occupation and the position in the workplace hierarchy also affect health. People working under stress or with precarious employment conditions are likely to smoke more, exercise less and have an unhealthy diet.

In addition to general health care, all workers – and particularly those in high-risk occupations – need health services to assess and reduce exposure to occupational risks, as well as medical surveillance for early detection of occupational and work-related diseases and injuries.

Chronic respiratory diseases, musculoskeletal disorders, noise-induced hearing loss and skin problems are the most common occupational diseases. Yet only one third of countries have programmes in place to address these issues.

Work-related noncommunicable diseases (NCDs) as well as cardiovascular diseases and depression caused by occupational stress result in increasing rates of long-term illness and absence from work. Occupational NCDs include occupational cancer, chronic bronchitis and asthma caused by air pollution in the workplace and radiation.

Despite these diseases, in the majority of countries physicians and nurses are not adequately trained to address work-related health problems and many countries do not offer postgraduate education in occupational health.

Health coverage of workers

Work-related health problems result in an economic loss of 4–6% of GDP for most countries. About 70% of workers do not have any insurance to compensate them in case of occupational diseases and injuries.

Universal health coverage combines access to services needed to achieve good health (health promotion, prevention, treatment and rehabilitation, including those that address health determinants) with the financial protection that prevents ill health leading to poverty.

There are effective interventions to prevent occupational diseases. For example encapsulation of pollution sources, ventilation, noise control, substitution of dangerous chemicals, improvement of furniture and the organization of work.

The task of specialized occupational health services is to assess these risks and develop recommendations for prevention of occupational and work-related diseases. Workers at risk need regular medical check-ups to detect any health problem at an early stage, when treatment and modification of the workplace can help avoid permanent damage.

Currently, specialized occupational health services are available only for 15% of workers across the world, primarily in big companies that offer health insurance and employment injury benefits. With the ongoing global job crisis, more and more people seek labour in the informal sector without any insurance cover and no occupational health services. Many such workers often also work in hazardous conditions and suffer work-related diseases, injuries and disabilities. In many communities, when the breadwinner falls sick the entire family suffers as there is no social protection.

Primary care centres can deliver some basic occupational services for workers in the informal sector and in small enterprises in the community. Most often they carry out workplace visits with recommendations for improvement, and conduct preliminary and periodic medical examinations, diagnosis and reporting of occupational and work-related diseases. Primary care centres could also train and work with health volunteers and workplace safety representatives to implement simple measures for the prevention of occupational diseases and provide advice on safer working methods. The costs of these services varies between US\$ 18 and US\$ 60 (purchasing power parity) per worker. Their benefits would include:

- **improvements in the workplace even after the first visit;**
- **detecting and managing work-related health problems at an early stage; and**
- **educating and involving working communities in the protection of their health.**

Research has demonstrated that workplace health initiatives can help reduce sick leave absenteeism by 27% and health-care costs for companies by 26%.

WHO response

World Health Assembly resolution WHA60.26, “Workers’ Health: Global Plan of Action”, urged Member States “to work towards full coverage of all workers, particularly those in the informal sector, agriculture, small enterprises and migrant workers with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries.”

WHO’s proposed strategy to improve health coverage of workers including those working in small companies and the informal sector is to work with countries in the following strategic directions.

- 1. Increasing skills of primary care providers—general practitioners, nurses, environmental and public health technicians, and community health workers—to provide basic occupational health services such as advice on improving working conditions, monitoring the health status of workers and detecting the most common occupational diseases among workers in small companies, rural areas, farms, the informal sector and among migrants.**
- 2. Expanding the coverage and improving quality of specialized occupational health services in big and medium-sized companies and industrial zones, with a focus on assessing and reducing occupational risks; surveillance and improvement of the work environment, work organization, machinery and equipment; early detection and rehabilitation of occupational diseases; promotion of health; and the provision of first aid at the workplace.**
- 3. Establishing connections between occupational health services and primary care centres to facilitate the care of workers suffering from chronic diseases and their return to work after long-term absence due to sickness.**

- 4. Developing workplace health initiatives, tools and methods for empowering companies and other work settings to take better care of health, without unduly relying on professional health services.**
- 5. Including occupational health in the pre- and in-service training of all frontline health providers and certain medical specialists dealing with cancer, skin, respiratory and neurological diseases, and musculoskeletal disorders.**
- 6. Developing roadmaps for scaling up access of workers to essential interventions and services, as defined nationally, for prevention and control of occupational and work-related diseases. These include monitoring coverage and setting realistic targets in line with available human and financial resources for health and local traditions.**