Primary-care based interventions for informal sector workforce

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Team Leader, Workers' Health
WHO Headquarters
Content

• Why universal health coverage for workers?
• What is coverage in occupational health?
• What are the primary-care based interventions for informal sector workers
• What are the challenges and the way forward?
ARGUMENTS FOR WORKING TOWARDS HEALTH COVERAGE OF ALL WORKERS?
Mandate from the World Health Assembly

Agenda item 12.13

23 May 2007

Workers’ health: global plan of action

The Sixtieth World Health Assembly,

2. URGES Member States:

(2) to work towards full coverage of all workers, including those in the informal economy, small- and medium-sized enterprises, agriculture, and migrant and contractual workers, with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries;

3. REQUESTS the Director-General:

(1) to promote implementation of the global plan of action on workers’ health 2008–2017 at national and international levels with a definite timeline and indicators for the establishment of occupational health services at global level;
The Post-2015 Agenda - Sustainable Development Goals
(OWG outcome document)

Proposed goal 3. Ensure healthy lives and promote well-being for all at all ages

3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

3.9 by 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination

Proposed goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.8 protect labour rights and promote safe and secure working environments of all workers, including migrant workers, particularly women migrants, and those in precarious employment
Occupational health is also a human right of everyone, not just of workers with labour contracts

Article 23 of the Universal Declaration on Human Rights

"Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment."

Article 12 of the International Covenant on Economic, Social and Cultural Rights

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
   
   (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

   (b) The improvement of all aspects of environmental and industrial hygiene;

   (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

   (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.
Occupational risks have important health impacts...

![Graph showing the global DALYs for various health risks, with a focus on occupational risks.]
Q17. What is the current level of coverage of workers in your country with occupational health services according to governmental estimates?

WHO country survey in 121 countries (2008/2009)
Coverage of employment injury benefits - occupational diseases and injuries

Source, ILO database of employment injury schemes 2006-2009
COVERAGE IN OCCUPATIONAL HEALTH
Three ways of moving towards universal coverage for workers

- **Breadth:** who is covered? – informal sector, MSEs, farmers, migrants

- **Extend to uninsured**

- **Public expenditure on health**

- **Reduce cost sharing**

- **Include other services**

- **Height:** what proportion of the costs is covered?

- **Costs for occupational health care**

- **Employment injury benefits**

- **Depth:** which interventions are provided? - primary prevention, clinical care, promotion
Working poor and informal sector - the target population for scaling up health coverage

- 1 billion workers below poverty line of 2 US$ per day
- Informal sector – up to 50% of the labour force
- Workers' health directly linked to income earning potential
Coverage of occupational health services

- services in terms of a facility or a department or other administrative unit charged with responsibility for occupational health,

and/or
Coverage of individual interventions for occupational health

• Risk assessment

• Case management of occupational and work-related ill health

• Medical surveillance

and
Coverage of financial protection

• the proportion occupational health care costs to the individual covered by public funds (pooling, insurance, budget)

(ideally should be 100%)
PRIMARY-CARE BASED INTERVENTIONS FOR INFORMAL WORKFORCE
Essential interventions for workers in the informal sector and small enterprises

- Advice for workplace improvements
  - workplace visit, health education of workers

- Control of work-related diseases and injuries
  - early detection, notification, treatment

- Promotion of fitness for work
  - regular check-ups, counselling, work capacity assessment
Primary-care based essential interventions for improving working conditions  
(WHO systematic review, 2013)

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Countries (# of studies)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Environmental interventions</em> - workplace visit, advice for risk management, monitoring, personal protection</td>
<td>Brazil (1), China (1), Indonesia (2), Iran (2), Tanzania (1), Thailand (5)</td>
</tr>
<tr>
<td><em>Behavioral interventions</em> - training of workers, health education, support for worker participation</td>
<td>Indonesia (2), Tanzania (1), Thailand (2)</td>
</tr>
</tbody>
</table>
# Primary care based essential interventions for case management of occupational and work-related diseases and injuries

(WHO systematic review, 2013)

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Countries (# of studies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking work history - including questionning about past and current occupational exposures</td>
<td>Canada (2), Finland (1), France (3), The Netherlands (1), UK (3), USA (1)</td>
</tr>
<tr>
<td>Reporting occupational diseases - including diagnosis, medical certificate and registries</td>
<td>Brazil (1), France (2), S. Africa (1), Singapore (1), Thailand (1), UK (3), USA (1)</td>
</tr>
<tr>
<td>Follow up of cases - counselling, referral, sickness absence</td>
<td>Australia (1), Canada (1), Finland (1), France (1), Iran (1), Tanzania (1), Thailand (2), UK (1), USA (2)</td>
</tr>
<tr>
<td>Medical surveillance - screening and periodic medical examinations</td>
<td>China (1), Tanzania (1), Thailand (3), USA (1)</td>
</tr>
</tbody>
</table>
1. Primary prevention at the workplace level
( WHO field studies, 2012-14 )

<table>
<thead>
<tr>
<th>Interventions</th>
<th>COL</th>
<th>ITA</th>
<th>IRN</th>
<th>PHL</th>
<th>THA</th>
<th>ZAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace visit/survey</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Workers' health education</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
### 2. Detection and case-management of occupational and work-related ill-health
(WHO field studies, 2012-14)

<table>
<thead>
<tr>
<th>Interventions</th>
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<th>PHL</th>
<th>TH</th>
<th>ZAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking work history</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Clinical examination</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Notification of suspected cases of occ. diseases</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Counselling to patients for work modification</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Contact / visit to patient’s workplace</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Provision of medicines for treatment</td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Provision of PPE for sick workers by PHC</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 3. Fitness for work and health surveillance
(WHO field studies, 2012-14)

<table>
<thead>
<tr>
<th>Interventions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Assessment of functional capacity</td>
<td>YES</td>
<td></td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic preventive medical examination</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Return to work counselling</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Screening of high risk workers</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Annual costs per worker in USD (purchasing power parity) (WHO field studies 2012-14, OneHealth estimations)

<table>
<thead>
<tr>
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<th>ZAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary prevention at workplace level</td>
<td>2.19</td>
<td>0.00</td>
<td>4.42</td>
<td>0.39</td>
<td>0.60</td>
<td>0.02</td>
</tr>
<tr>
<td>Detection and management of occupational ill-health</td>
<td>0.39</td>
<td>3.64</td>
<td>6.91</td>
<td>0.13</td>
<td>0.65</td>
<td>0.08</td>
</tr>
<tr>
<td>Fitness for work and health surveillance</td>
<td>n/a</td>
<td>n/a</td>
<td>6.6</td>
<td>4.0</td>
<td>n/a</td>
<td>0.7</td>
</tr>
<tr>
<td>Program costs (staff training and supervision)</td>
<td>0.29</td>
<td>1.31</td>
<td>3.95</td>
<td>0.11</td>
<td>1.15</td>
<td>0.19</td>
</tr>
<tr>
<td>TOTAL USD</td>
<td>2.9</td>
<td>4.9</td>
<td>21.8</td>
<td>4.7</td>
<td>2.4</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Results from WHO field studies, OneHealth estimations
Barriers for delivery - primary prevention at the workplace level
(WHO systematic review, 2013)

- Reaching out to workplaces in the informal sector
- No mandate to enter private enterprises
- Rapidly changing work practices
- No occupational health training programme for primary care
- Shortage of health workforce
- Lack of knowledge of occupational health hazards among providers
- No time to visit workplace
Barriers for delivery – case management of occupational diseases and injuries

(WHO systematic review, 2013)

- Lack of knowledge about occupational diseases and their causes
- Complex diagnostic and exposure criteria
- Difficulties with identifying occupational exposures and communicating with employers and OH services
- Fear of repression from employers
- No relation with occupational physicians and no referral pathways
- Need extra time
- Long waiting time for specialists
- Inappropriate denial of workers' compensation
- Refusal of workers to have their case notified
CHALLENGES ON THE WAY FORWARD
Strategic directions for scaling up workers' health coverage

- Enable primary care to address workers' health
  - Terms of reference – workers' health in the integrated people-centred care
  - Knowledge and skills to respond to the specific health needs of workers
  - Access to consultation and support for occupational health
- Strengthen occupational health services (basic and multidisciplinary)
  - Improve quality, effectiveness, community outreach
  - Provide occupational health support to primary care
  - Allow for community outreach
- Provide financial protection
  - Social health insurance, non-contributory coverage for the poor
  - Scale up coverage of employment injury benefits
Dealing with informal work as a social determinant of health

- Barriers of access to health services
- Healthcare seeking behavior
- Loss of income
- Lack of social protection
- Role of health systems address these barriers
- The impact of formalization
- Intersectoral collaboration – decent work, full and productive employment, social protection, poverty reduction, urban development
Health sector actions for addressing informal work as environmental determinant

- Mapping health risks (occupational, environmental, behavioral) in typical informal sector settings
- Identifying cost-effective interventions for health protection and promotion
- Policy options for delivery channels to informal work settings
  - clinical, outreach, community based
  - primary care, non-health actors
- Developing a resource pack for workers' health (protection, promotion, first aid)
- Detecting and reporting occupational diseases and injuries as notifiable events of public health concern
Extending financial health protection to informal workforce

- Strategies and policy options for financial health coverage for informal sector workers
  - the role of contributory vs non-contributory schemes
  - poor vs non-poor informal workers
- Social protection for loss of income
- Employment injury benefits
- What countries can do in reforming health financing for UHC?
Next steps by WHO 2014-2015

- Definitions of essential interventions, target population, channels and competencies for delivery
- Methodology for measuring workers' health coverage
- Software for costing and planning scale up scenarios (International OneHealth Costing Tool)
- Standard modules for training of primary care providers
- Practical tools for delivery of interventions in low resourced settings
- Support to countries to develop national road maps for scaling up workers' health coverage
- Special action on health of informal sector workforce – social determinants, occupational health and health financing
Thank you

http://www.who.int/occupational_health/activities/universal_health_coverage/en/