



World Health
Organization
REGIONAL OFFICE FOR Europe



POLICY BRIEF

HEALTH, DECENT WORK AND THE ECONOMY

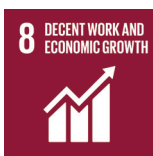


Key messages

Taking action on one SDG gets results in others: health runs through every SDG.



ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES.



BY 2030 HAVE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL.



Health and employment are inextricably linked. Individuals in poor health are more likely to be unemployed or underemployed as poor health reduces their ability to work. When they are in work, poor health reduces their productivity. In a vicious circle, this increases the likelihood of job loss, sick leave or early retirement.

- Unemployment and nonstandard work have a strong negative effect both on mental and physical health and on well-being. Unemployed people and those in precarious work are also more likely to engage in risky health behaviour, such as smoking, alcohol and drug use; this causes further deterioration in their health status and reinforces the likelihood of future unemployment. Health and employment may, consequently, reinforce each other in either a vicious or a virtuous way.
- Health inequities attributable to employment can be reduced by promoting safe, healthy and secure work across all sectors of employment and making occupational health services available to all, including high-risk groups and people who are traditionally excluded from the labour market.
- The health system is an important component of the economy as a major source of employment and of procurement of goods and services. By ensuring equitable participation in secure and decent employment and fair and sustainable procurement, the health system is a key player in a good economy.
- Health systems also affect the economy indirectly, providing citizens and the workforce with better health throughout the life-course. Individuals in better health enjoy improved opportunities for economic participation – including through later retirement – and earnings compared with their less healthy counterparts.
- Investments in the green or circular economy as well as the care economy create momentum and build support for high-quality and healthier jobs delivered in a healthier environment.

Health, decent work and the economy



The connections



Overall, improving health and ensuring no one is left behind contribute to economic growth and development and influence macroeconomic indicators such as gross domestic product and unemployment rates, as well as microeconomic indicators such as household consumption, health, nutrition and education.



Health and employment are closely linked. Decent work instils self-worth in people; it provides a sense of purpose and fulfilment and keeps people connected with their peers and communities. The material and emotional resources associated with employment improve living conditions for individuals and households and their mental and physical health, ultimately benefiting all of society and the economy at large.

In a virtuous circle, good health is a motor of employment: it increases the chances of finding a job and of being more productive while at it. Conversely, people in poor health are less productive. For example, all else being equal, people of working age who assess their health to be poor have a much higher chance of being absent from work at some point because of a health problem (25% versus 16% in people who are not in poor health) (1).

Having a job is not necessarily good for health if that job is insecure. The rise in nonstandard forms of employment (temporary, part-time, on-call work and self-employment), which do not afford workers the same protections as those in standard employment, has a detrimental effect on the physical and mental health of workers, their families and communities. The harmful health consequences of these nonstandard forms of employment are felt unequally across the socioeconomic spectrum and are concentrated in those who are already left behind. Additionally, the health of those working can be adversely affected by exposure to physical, ergonomic and chemical hazards at the workplace; physically demanding or dangerous work; long or irregular work hours, including shift work and overtime; and prolonged sedentary work. The poorest are disproportionately exposed to environmental hazards, and the environmental degradation.

In-work poverty is rising for the most disadvantaged groups across the WHO European Region (2). The health equity status report from the WHO Regional Office for Europe examines the widely varying rates of in-work poverty across the WHO European Region (2). In the 34 countries for which data were available, the percentage of employed people with low education who were living in poverty ranged from just under 5% to slightly over 50%. Furthermore, most of these countries showed significant increases in work poverty, with only five showing a decrease (2). This rise has implications for health inequities as those in in-work poverty report worse health than those who are not (3). Health inequities attributable to employment can be reduced by promoting safe, healthy and secure work across all sectors of employment and making occupational health services available to all, including high-risk groups and people who are traditionally excluded from the labour market.

This rise of in-work poverty also compromises the sustainability and generosity of social protection systems, including health services, as they are financed either through general taxation or earmarked contributions deducted from salaries. A particular concern is the high number of people in informal work, who do not have any work protection or safety measures. Consequently, universal systems such as universal health coverage are critical to providing equitable and quality access for everyone.

People in temporary or part-time employment, those with caring responsibilities and older people are at higher risk of poor health associated with poverty risk. Young people are particularly exposed to precarious work and poor working conditions. Young people who have experienced

long-term unemployment are more likely to report risky health behaviours than those who have not experienced unemployment, including those from more advantaged backgrounds (4). Long-term unemployment rates, in the European Union (EU) for example, have not recovered among young people aged 15–24 years, and this has enduring negative mental health effects (5). Income insecurity can have particularly serious consequences in later life, when both income and health tend to be more vulnerable to shocks.

The disability–employment gap is the difference in the employment rate between those with and those without a limiting illness or disability. This has either increased or remained stagnant in the WHO European Region (2). Little research examines the issues faced by chronically ill people and people with disabilities who wish to return to work. Interventions are needed, at the organizational and personal levels, to enable people with disabilities to return to work and to prevent further exclusion of these vulnerable groups.

Overall, improving health and ensuring no one is left behind contribute to economic growth and development and influence macroeconomic indicators such as gross domestic product and unemployment rates, as well as microeconomic indicators such as household consumption, health, nutrition and education (6,7). Conversely, economic growth that is non-inclusive and unsustainable tends to increase social, economic and health inequities.

Facts and figures



Unemployment



- /// Unemployment has a strong negative effect on physical and mental health and well-being (8–10).
- /// Those who experienced long-term unemployment before the age of 33 years are more likely to report risky health behaviours than those who did not experience unemployment, including those from more advantaged backgrounds (1). Long durations of unemployment (three or more years) in young men significantly predict heavy drinking and more frequent drinking at ages 27–35 years. This is also true of other risky health behaviour, such as smoking and drug use.
- /// On average in the EU, labour market participation rates of people in good and bad health differ by 12 percentage points (11,12).
- /// People with chronic illness and disabilities are more vulnerable to being out of work; there is an average disability–employment gap across Europe of approximately 20%. Disadvantaged groups are more likely to develop chronic illness and disability, which may cause them to leave the labour market. This increases their risk of poverty and further exacerbates health inequities (13).
- /// People aged 50–59 years who have one or more chronic disease are more often unemployed than people who do not suffer from any disease. Those in this age group suffering from severe depression are more than twice as likely to leave the labour market (12).
- /// Youth unemployment remains at over 50% in some countries and youth participation rates in the labour market for 2016 were as low as around 20% in parts of the Region (14,15). Young people (aged 15–29 years) not in education, employment or training (NEETs) increased from 15% before the economic crisis (2007) to 27% in 2013. Of these, 40% had not finished upper secondary education. These NEETs are less likely to look for a job than those with a higher skill

base, and 40% of the lower-skilled NEETs in 2013 lived in a jobless household (a household that does not contain an employed adult).

Tackling unemployment

- Effective active labour market policies and return-to-work interventions have a protective effect on health, particularly during periods of economic downturn and rising unemployment.
- It is important to note that not all active labour market policies are effective. To be effective, such policies need to be sufficiently resourced and offered equally to all potential labour market participants (13).
- Conditionality of unemployment benefits tends to negatively affect those in more difficult life circumstances (13).

Employment



- More than 50% of all new jobs created since 1995 in the EU have been nonstandard jobs. On average, 14% of employment in the EU is temporary employment, although there is high variation across countries. While over 20% of jobs in Poland, Portugal and Spain are temporary, the percentage is around 35% in Estonia and 6% in the United Kingdom (in 2015). Similarly, there has been rapid growth in part-time employment, increasing from 14.6% in 2007 to 16.5% in 2015 across the EU (16).
- The WHO European Region has been through a sustained period of slow growth, including severe downturns, with effects on employment and health and health equity. Where growth has occurred, growth rates in traditional working class industrial jobs have been generally low and concentrated in engineering, professional and managerial jobs at the highest end of the wage spectrum (5).
- Where full-time, permanent jobs have been generated, they have disproportionately been within the top 20% of the income spectrum, reinforcing income inequalities at the lower end of wages (17).
- People at the lower end of the income scale have not experienced an increase in real wages in line with their productivity. Many workers have seen an overall decline in total income, with some countries experiencing a sharp deceleration in wage growth by up to 25% compared with the period before the economic crisis in 2008 (16,18).
- Less poverty, healthy working conditions and low sickness absence rates are more likely to be found in workplaces where collective bargaining is in place. Collective bargaining empowers and supports workers to have better and more equitable opportunities for decent financial and physical working conditions. In turn, reduced differences in wages levels, increased job security and better working conditions promote more equitable health and economic outcomes (13).

Employment and working conditions



- /// The increase in nonstandard forms of employment in many countries appears to have contributed to a rise of in-work poverty; the latest estimate (2016) put 10% of European workers at risk of poverty, up from 8% in 2007 (19).
- /// Poor working conditions, both physical and psychosocial, follow a social gradient: people in jobs of lower status experience unhealthy working conditions more often than those in jobs of higher status (12,20,21). The burden of work-related diseases is high in occupations with traditional hazards such as exposure to toxic chemical and physical substances; heavy physical loads; and dust, heat and noise. These hazards are concentrated among deprived, lower-skilled segments of the workforce, including unskilled manual workers, agricultural labourers and migrant workers.
- /// Part-time work is harmful to health when people do not have a choice to work full-time. Women are often confined to part-time work and often carry a double burden of work and family life.
- /// Shift work has a negative effect on health and well-being, in particular night shift working. The effects of regular overtime are also well documented. These effects are passed on to the families of shift workers, especially children (22–24).
- /// Employment where there is high demand, low control, low social support and poor employment conditions (demanding high effort without providing adequate rewards) has been shown to increase the risk of many physical and mental disorders.
- /// Violence, harassment and organizational injustice may further aggravate stressful experiences at work. Examples include those of online retail warehouse workers, who are tracked by cameras to monitor the speed of their movement and are guided by a computer system on where to go in a warehouse (25,26). Trade unions have often provided protection from these types of issue at work but membership of unions is declining in the Region (27,28).

Tackling poor working conditions



- /// The International Labour Organization (ILO) recommends (29) “the establishment of a universal labour guarantee that includes:
 - /// fundamental workers’ rights: freedom of association and the effective recognition of the right to collective bargaining and freedom from forced labour, child labour and discrimination; and
 - /// a set of basic working conditions: (i) ‘adequate living wage’, (ii) limits on hours of work, and (iii) safe and healthy workplaces. Limiting excessive working hours reduces occupational accidents and associated psychosocial risks.”
- /// The implementation of occupational safety and healthy workplace measures by organizations, enterprises and businesses needs to be encouraged through the enforcement of national legislation and regulations to remove health hazards at work. Labour inspectorates and courts require adequate public financing to be independent of employers. Often, such occupational safety and healthy workplace measures do not cover those in nonstandard work, further reducing health equities.
- /// Systematic monitoring and surveillance of occupational diseases and psychosocial risk management facilitate the development of innovative measures that best fit each workplace (21,30–32).



The health sector: key to decent work and economic growth



- /// An analysis of investment in health and social protection in 25 European countries found that investing in these two sectors protected populations and encouraged short-term growth (33). Health systems that promote and maintain health are an important component of the economy and also motors of economic growth in their role as employers, buyers of goods and services and generators of scientific innovation. Trade and finance liberalization, privatization and labour market deregulation have all contributed to changes in production structures, wage compression, income insecurity and poverty. In countries affected by the economic crisis of 2008, these trends accelerated and were exacerbated as governments reduced investments in social provision.
- /// The health sector is a key institution in many communities and is frequently the largest, or one of the largest, employers, providing high-quality jobs. In 2015, health and social work activities constituted around 10% of total employment in member countries of the Organisation for Economic Co-operation and Development (OECD) (34). As an employer, the health sector has a major role to play in reducing social exclusion at the local level through its positive impact on employment, working conditions and household income. By providing high-quality jobs, it has a positive impact on health and poverty reduction. In many countries, temporary contracts are less widespread in the health sector than in other sectors, and social protection benefits, including parental leave, are usually provided.
- /// The health sector also has a positive impact on the economic performance of other sectors in the national economy, through the jobs it generates and from the purchase of goods and services. Procurement by public services is a significant part of national economies, representing €2 trillion every year, which is 14% of the EU's gross domestic product (6,35).
- /// Life satisfaction is higher in countries where the health system is seen as an effective instrument for redistribution, in turn helping to support good living standards.



Health and the care, green and circular economies



- /// Investing in the green economy means investing in inclusive growth through both improving human well-being and social equity and significantly reducing environmental exposures. A transition to a green economy has the potential to reduce many aspects of workers' exposure to workplace hazards and pollution. Potential health gains for workers include (36):
 - /// improving the quality of the work environment through reducing environmental pollution as a result of green technologies;
 - /// reducing occupational respiratory diseases and cancers related to fossil fuel extraction and use through the transition to renewable energy production; and
 - /// improving workers' productivity and health through the increased use of low-energy office buildings and workplaces that offer good daylight and natural ventilation.
- /// A similar case can be made for investment in the care economy. The care economy could generate over 475 million jobs around the world by 2030 (37). Currently most care work is unpaid and most care work

is done by women. Unpaid care work is one of the main barriers preventing women from entering and remaining in employment (38).

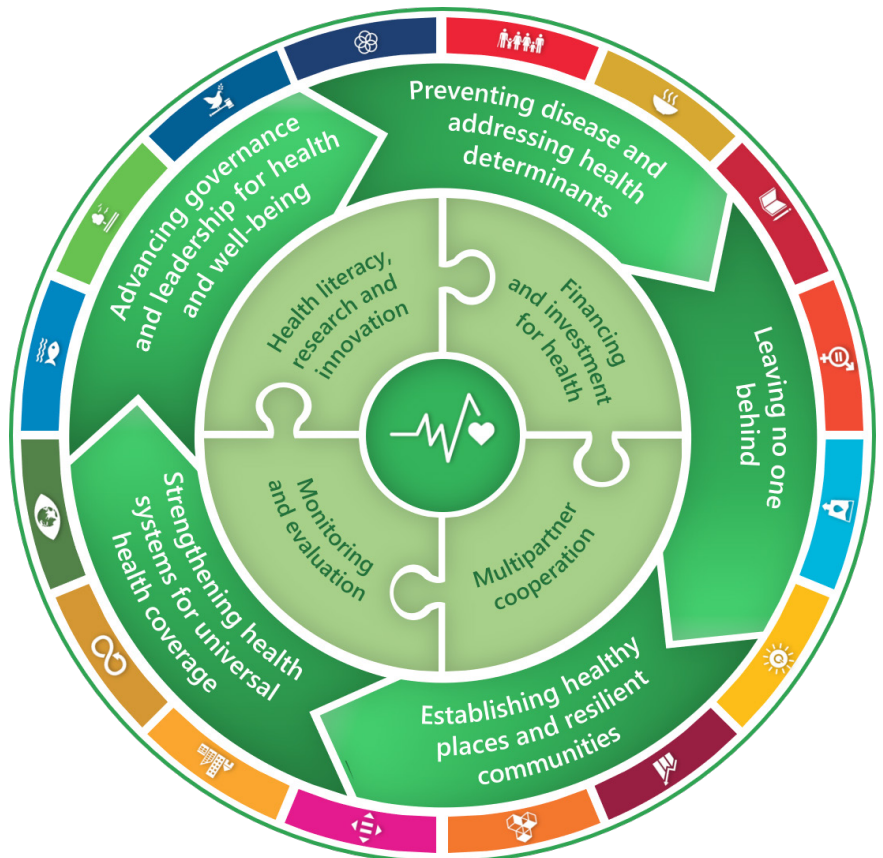
- /// In addition to meeting a pressing social need, increasing the quality and status of jobs in the care economy will improve health services and provide local jobs. As women are the main providers of care, these jobs can help to progress toward gender equality (39).
- /// The circular economy has similar objectives, aiming to create long-lasting products, materials and resources while minimizing the generation of waste. The transition to a circular economy, shifting to more environmentally friendly energy sources and sustainable waste management, is an opportunity to improve health and well-being and contribute to attaining the SDGs (6,40).

Priorities for action: what now?

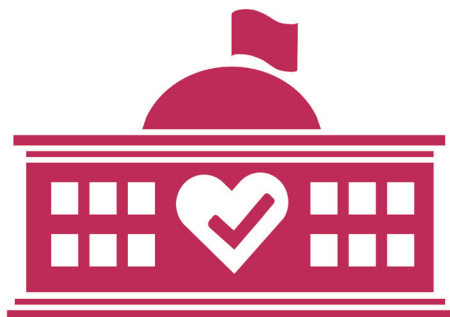


The 2030 Agenda for Sustainable Development (2030 Agenda (41)) outlines a series of ambitious goals. Each goal has targets attached, with indicators, to support countries in their task and to help in monitoring progress. In the targets for SDG 8 and SDG 3, there are key measures in common. Member States of the WHO European Region committed to the 2030 Agenda and produced a roadmap for its implementation (42). The Roadmap proposes ways in which countries can address health and its determinants and make investments for health through evidence-based policies across sectors. Priorities for action are grouped around the five strategic objectives. It will, therefore, be of paramount importance that health benefits are among the objectives when aiming to achieve SDG 8. Boxes 1–4 below provide details on measures that will improve health while addressing specific SDG 8 targets (see Fig.1).

Fig. 1 The strategic directions and enablers of the WHO SDG roadmap



Advancing governance and leadership for health and



Government action sets the direction of travel. If the political will is there, countries can more effectively address the challenges. They can make health equity and employment a national goal, integrate health and well-being and their determinants into national developments across the economic and employment sectors, and monitor progress.

Ensuring inclusive economic growth and good-quality jobs and social protection, particularly during times of economic instability, uncertainty and rapid technological revolution, is the role of national, regional and local governments. High-level economic policies and activities have a major impact on employment levels and the types of job created, including through international trade agreements and public investment. It is crucial that, wherever possible, these levers support fair employment and decent work, particularly for more disadvantaged groups. This also includes adequate levels of social protection for all. Successful inclusive growth results in faster growth (43). In measures aiming to achieve SDG 8, it will, therefore, be of paramount importance that health benefits are among the objectives (Box 1).

Box 1. Advancing governance and leadership for health and well-being: measures improving health related to targets 8.1 and 8.8

Target 8.1: sustainable economic growth



- /// **Optimize the health and health inequity impacts of economic strategies.** Health equity impact assessments are used in many countries to review how policies across sectors affect health and health equities (both positively and negatively) and identify areas for improvement (i.e. to optimize positive impacts). Assessments can be carried out quickly to provide feedback within time constraints needed by policy-makers or more intensively for larger issues.

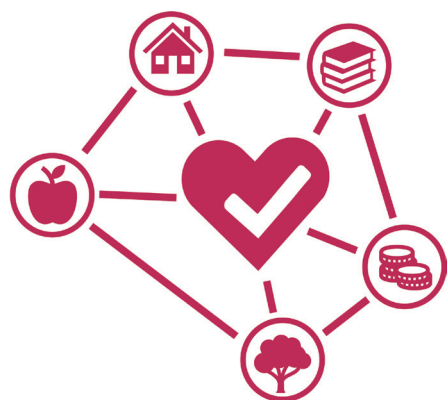
Target 8.8: protection of labour rights and promotion of safe working environments



- /// **Extend employment rights.** Extending laws governing the employment relationship to include provision of employment rights to informal workers would provide security, reducing the impact of this type of work on mental health (44). The use of nonstandard employment could be restricted by prohibiting the use of fixed-term contracts for permanent needs, limiting the use of temporary agency work and restricting or prohibiting the use of on-call employment (also known as zero-hours contracts). This would improve health and well-being in the workforce. These measures will particularly benefit women and young people, who are more likely to work in temporary, part-time or informal settings (45,46).
- /// **Establish a minimum living wage.** The health and health equity benefits of a living wage generate a positive social return on investment by improving mental health and reducing mortality (41). A living minimum wage is a wage that is sufficient to provide workers with a minimum standard for healthy living based on the current cost of living. Minimum living wage policies will become less effective if wages are too low to maintain a healthy standard of living or if policies are circumvented (47). Minimum living wage policies should also complement social protection policies to reduce poverty both in and out of work.



Preventing disease and addressing health determinants



The determinants of health are not to be found in clinics, but in the home, workplace, school, street and environment, and in how society treats its citizens. Good work and sustainable and equitable economies lead to good physical and mental health and well-being. Governments and employers have the capacity to transform work and economies into a positive determinant of health by providing:

- /// decent wages (including a minimum wage for healthy living);
- /// social support against the major social and economic risks;
- /// indirect measures, for example the spillover effects that improved labour rights may have on overall governance systems in a country; and
- /// adequate health and safety conditions and health promotion.

Social protection, such as child allowances and other social assistance benefits, social health insurance or tax credits for working families, can have a significant impact on the social determinants of health. In general, these social protection measures have an important redistributive effect, but this also depends on other institutional factors. While there is substantial evidence on the impact of minimum wages and social transfers on in-work poverty, active support measures, such as the provision of childcare services, work skills improvement or the provision of social housing, are equally important in reducing in-work poverty (Box 2).

Box 2. Preventing disease and addressing health determinants: measures improving health related to target 8.8

Target 8.8: protection of labour rights and promotion of safe working environments



- /// **Ensure adequate health and safety legislation.** Work-related diseases and injuries would be reduced if health and safety legislation and the provision of basic occupational health services were extended to all workers, including those in informal employment. This would be particularly effective for more disadvantaged workers. Efforts to improve workers' awareness of required health and safety information and to increase their involvement in compliance monitoring would also help to reduce occupational health hazards.
- /// **Improve psychosocial working conditions.** Addressing psychosocial risks in the workplace can reduce stress-induced physical and mental illnesses such as heart disease, anxiety, depression and musculoskeletal disorders (48). Workplace stress should be treated as an occupational risk, for example by implementing risk assessment and management measures, adopting collective and individual preventive and control measures, increasing the coping ability of workers, improving organizational communication, increasing worker participation in decision-making, providing workplace social support systems and strengthening health and safety (49).



Leaving no one behind



The determination to leave no one behind underlies all the SDGs. This involves making policy decisions that reduce the inequalities and exclusions that leave segments of society in poverty, thus equalizing opportunities and contributing to sustainable growth where the benefits are equitably distributed. Leaving no one behind means more than simply targeting the most disadvantaged. Associations are negative between health and unemployment, underemployment and precarious employment across the socioeconomic spectrum. Even those who are getting by, the so-called squeezed middle, are at risk of adverse health effects because of their employment. Interventions should help to improve job security, provide adequate social protection and access to occupational health services, and ensure rewards and status for workers that are commensurate with their efforts. Exploration of opportunities for introducing more flexible working hours without turning to insecure short-term contracts should be implemented across the spectrum. Principles of proportionate universalism should ensure that the most disadvantaged benefit from these resources in proportion to their need (Box 3).

Box 3. Leaving no one behind: measures improving health related to targets 8.3 and 8.5

Target 8.3: promotion of policies to support job creation and growing enterprises



CREATE DECENT HEALTH AND SOCIAL SECTOR JOBS IN DISADVANTAGED AREAS. The creation and development of decent health and social sector jobs with adequate wages and working conditions, particularly for people from disadvantaged or lower-educated backgrounds, can help to strengthen the health and social care sectors while simultaneously reducing economic and subsequent health inequities, strengthening health in more deprived groups and strengthening the economic infrastructure required for economic opportunity and growth (43,50). This action requires scaling up the provision of training, skills and education to match health needs; developing women's participation in leadership roles throughout the health and social care sector; and tackling gender concerns in educational training and reform processes (50).

Target 8.5: full employment and decent work with equal pay



SUPPORT PEOPLE WITH CHRONIC ILLNESS AND DISABILITIES THROUGH WORKPLACE ADJUSTMENTS AND VOCATIONAL REHABILITATION. Many countries have passed legislation to prohibit discrimination against people with disabilities, including those in employment; however, there is little evidence that these laws have improved their employment chances. In contrast, there is evidence that adaptations of the workplace to accommodate people with disability can improve employment chances for disabled people (51). Early intervention is more effective, and support should be available as early as possible. A case-management approach addressing underlying health and well-being problems is most effective, especially for the most disadvantaged groups in which individuals and families need assistance in several aspects of life. These interventions are more effective when they coordinate support from employers, health specialists, psychologists, social insurance case workers and other professionals (52).



Establishing healthy places, settings and resilient communities



Achieving the SDGs will be easier if local communities are engaged, whether these are schools, local enterprises or individuals. This will also mean dialogue with public agencies, spatial planners, voluntary bodies, business, industry and all other actors to implement common priorities in tackling both work and economic growth and health. Partnerships can be made in communities, with patients and with families and carers to adopt health-promoting behaviours.

Healthy places and resilient communities are built on the foundations of effective institutions. These institutions include equitable health, education and social protection systems that empower individuals to participate fully in society and economies and thus to cope with change and adversity. Inequities in access to decent work threaten resilience as they damage people's self-worth and material resources, in turn eroding personal and social capital and trust in public institutions.



Strengthening health systems for universal health coverage



Member States of the WHO European Region have committed to progress towards universal health coverage. The aim is to ensure that all people obtain the high-quality health promotion, disease prevention, curative, rehabilitative and palliative services they need without experiencing financial hardship.

Universal health coverage protects against poverty in four ways:

- it ensures that those who otherwise would not seek treatment can receive it, hence contributing to their ability to reintegrate into the labour market;
- it ensures that future adverse health shocks will not be financially ruinous for an individual's household;
- when a health shock does occur, it prevents catastrophic expenditure on health; and
- it contributes to solidarity arising from the knowledge that others are similarly protected.

The health system can support economic growth, improve the health and well-being of the workforce and provide good-quality work. The health systems should work in partnership with ministries of labour and employment to achieve these goals.

A health system is both a key determinant of a healthy and productive labour force and an important economic sector that provides a large number of jobs and has large-scale procurement of goods and services. For example, good health systems help to support fiscal sustainability by keeping older people active and able to contribute to society, while also reducing their demands on pensions, welfare payments and publicly funded health care services. Health systems can play an increasingly important role in driving inclusive and sustainable development through responsible practices in the areas of employment and the purchasing of goods and services. By utilizing the resources and assets within communities, and by taking responsible approaches to employment, job creation and the production of goods and services, health systems can transform local economies by making them more inclusive and sustainable (Box 4).

Box 4. Strengthening health systems for universal health coverage: measures improving health related to target 8.2

Target 8.2: diversification, innovation and technological upgrade for economic productivity



/// Increase investment in the health sector. The health sector is essential for a stable, functioning economy in all countries of the WHO European Region. The high-level regional meeting in 2018 marking the 10th anniversary of the signing of the Tallinn Charter strengthened the commitment of the health sector, stating there is a need to “intensify efforts to bring health and finance decision-makers together around shared goals by taking note of public finance objectives and correspondingly demonstrating the economic and social returns of investing in health systems” (53). The health sector provides health care services, keeping employees healthy and well and is also a major employer and component of local economies (50).

Commitments to act

There are a number of formal commitments that support achievement of SDG 8.

ILO Termination of Employment Convention	1982, ratified by 10 EU Member States and protects workers’ rights against the termination of employment (54)
Charter of Fundamental Rights of the European Union	(Article 30), ratified in 2000 (55)
Workers’ Health: Global Plan of Action,	2007 (56)
Parma Declaration on Environment and Health	2010 (57)
Health 2020	the European policy for health and well-being, adopted by the Member States of the WHO European Region in 2012 (58)
Global Strategy on Human Resources for Health: Workforce 2030	2016 (59)
European Pillars of Social Rights	established in 2017 stating that “everyone has the right to timely access to affordable, preventive and curative health care of good quality” (60)
Working for health: a Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017–2021)	adopted in 2017 by the Seventieth World Health Assembly based on the High-Level Commission on Health Employment and Economic Growth’s recommendations as developed jointly with the ILO and the OECD (48)
OECD Framework for Policy Action on Inclusive Growth	2018, which seeks to create opportunities for all groups of the population and distribute the dividends of increased prosperity fairly across society (61)
ILO Decent Work Agenda	updated regularly (62)

Case study 1. Stress and fatigue in civil aviation workers

A study on the role of stress and fatigue among civil aviation workers was initiated by the International Transport Workers Federation and based on participatory action research (a method appropriate for epidemiological study of health issues in worker populations as it includes workers' participation) (63). The Federation initiated the study with an independent research team to examine the growing workload combined with a decline in working conditions, despite a global growth of air passenger traffic, air freight volume and increased revenues. In 2007, one representative from each affiliated union was asked to judge and assess the average working and health conditions of cabin crew, ground staff workers and air traffic service workers based on extensive experience and consultation. A total of 105 questionnaires were received from 116 countries. The year 2000 was used as a baseline and the findings revealed a disturbing picture of a steady decline in conditions faced by civil aviation workers in all occupational groups and regions between 2000 and 2007. Stress and fatigue was common in 2007 and had progressively worsened after 2000. Findings included:

- /// overtime work among cabin crew was strongly associated with mental fatigue;
- /// significant associations were observed between constant pressure from heavy workloads and burnout;
- /// half of all representatives reported increases in intimidation by management;
- /// regions with expanding civil aviation markets, such as Asia, experienced an increase in precarious forms of work and a decrease in stable employment;
- /// regular shift work patterns decreased among cabin crew and ground staff workers, in all regions;
- /// where regulation was stronger (such as in Europe), trade unions had a stronger influence in shift assignment and rostering;
- /// salaries, promotion prospects and job security were lower in countries with no perceived option of an established collective bargaining process;
- /// health and safety conditions worsen for all three groups, in all regions; and
- /// effort–reward imbalance was found among all three groups, in all regions.

This study has been valuable in describing changes in working conditions and social and economic security conditions worldwide for these occupations but also forms the basis for modification of health-adverse working conditions. The study confirms the need for close and active trade union collaboration and campaigning at local, national, international and regulatory levels.

Resources

Health equity status report initiative (WHO Regional Office for Europe, in press)

Health Evidence Network synthesis report 48: evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors

http://www.euro.who.int/__data/assets/pdf_file/0004/318136/HEN-synthesis-report-48.pdf

Health Evidence Network synthesis report 51: investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020

http://www.euro.who.int/__data/assets/pdf_file/0008/345797/HEN51.pdf?ua=1

Health Evidence Network synthesis report 52: key policies for addressing the social determinants of health and health inequities

http://www.euro.who.int/__data/assets/pdf_file/0009/345798/HEN52.pdf

Economic and social impacts and benefits of health systems (WHO Regional Office for Europe, in press)

Work and worklessness. Final report of the Task Group on Employment and Working Conditions

http://www.euro.who.int/__data/assets/pdf_file/0004/334354/EWC-task-report.pdf?ua=1

Key definitions

Decent work

The ILO defines decent work as “work which is carried out in conditions of freedom, equity, security and human dignity”. The goal of promoting decent work can be achieved through:

- /// achieving universal respect for fundamental principles and rights at work;
- /// the creation of greater employment and income opportunities for women and men;
- /// extending social protection; and
- /// promoting social dialogue.

These objectives are closely intertwined: respect for fundamental principles and rights is a precondition for the construction of a socially legitimate labour market; social dialogue is the means by which workers, employers and their representatives engage in debate and exchange on the means to achieve this (64).

All remunerative work (i.e. both self-employment and wage employment) that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work undertaken in an income-producing enterprise. Informal workers do not have secure employment contracts, workers’ benefits, social protection or workers’ representation (65).

Informal employment

In-work poverty

Individuals who are classified as employed (distinguishing between wage/salary employment plus self-employment and wage/salary employment only) and who are at risk of poverty. The in-work poverty risk is measured as the rate of poverty risk among individuals who are in-work, meaning individuals who were employed for more than half the reference period (66).

When employed individuals have not attained their full employment level in the sense of the Employment Policy Convention adopted by the International Labour Conference in 1964. According to this Convention, full employment ensures that:

1. there is work for all persons who are willing to work and look for work;
2. that such work is as productive as possible; and
3. that they have the freedom to choose the employment and that each worker has all the possibilities to acquire the necessary skills to get the employment that most suits them and to use in this employment such skills and other qualifications that they possess.

Situations that do not fulfil objective 1 refer to unemployment, and those that do not satisfy objectives 2 or 3 refer mainly to underemployment (67).

Underemployment

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Coordinated and reviewed by: Dr Amine Lotfi and Dr Bettina Menne (Health and Sustainable Development, WHO Regional Office for Europe)

Authors and contributors: Joana Lima, Barbara Rohregger and Chris Brown (European Office for Investment for Health and Development, WHO Regional Office for Europe). We would like to thank David Mosler, Tammy Boyce and Viv Taylor Gee for their insightful comments.

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World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 **Fax:** +45 45 33 70 01
E-mail: sdgeurope@who.int