Employment Conditions Knowledge Network (EMCONET)
Scoping paper

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INTRODUCTION

1.1. Background

The Employment Conditions Knowledge Network (EMCONET) is one of the nine Knowledge Networks, established under the auspices of the World Health Organization/Commission on Social Determinants of Health, to develop the promotion of knowledge gathering and action on the social determinants of health. These activities will be conducted in close cooperation with all other members of the Commission and related Knowledge Networks. The EMCONET will be developed and implemented by two leading international institutions in the field of employment conditions and health, i.e., the Occupational Health Research Unit in the Pompeu Fabra University (UPF, Barcelona-Spain) and the Institute of Collective Health in the Federal University of Bahia (UFBA, Salvador de Bahia-Brazil). The focal persons of EMCONET are the chairs of the hub: Joan Benach (UPF) and Carles Muntaner (UPF and University of Toronto), and the chair of the co-hub: Vilma Santana (UFBA).

Both the hub and co-hub of EMCONET share similar views concerning the importance of work and employment conditions in the structure of our contemporary societies. Work is the means through which most people provide for their daily sustenance, and it also is a central social concept to understand the way society distributes wealth and power, integrates and excludes some population groups, causing a more or less egalitarian distribution of goods and allocation of resources. It determines not only people’s standard of living but also their risk of exposures and hazards, all of which are significant determinants of health. Work and employment conditions are the result of different historical pathways and are greatly influenced by a number of institutions and social relations. Consequently, a comprehensive account of the current international situation of labor market placement and employment conditions needs to incorporate its political, cultural, and economic context.

A major determinant of employment quality and workers’ health is the excessive orientation of economic production towards profit and capital accumulation. This is generated through several ways, but reduced labor payment and the increased intensity/rhythm of manpower utilization can be recognized as dominant features in modern society, particularly in developing countries. In addition, prevailing models of economic development neglect the impact of the productive process on the environment or workers’ health (Lewenstein & Wooding, 1997).

The growing internationalization of trade under the principles of market economy has given place to extensive changes in the production structure across the world, affecting the nature of work, workers’ relations, and employment (Oeschler, 2000; Supiot, 2002). Restructuring of production has produced the so-called structural unemployment and new types of non-standard employment arrangements, such as precarious work and underemployment, including insecure employment. Non-standard work arrangements also refers to temporary work, informal work, and other arrangements characterized by reduced job security, lower compensation and impaired work conditions (Hadden et al, in press).
Today, there is overwhelming evidence that unemployment is strongly associated with economic strain, and psychosocial factors that increase the risk of adverse health outcomes, unfavorable lifestyles and economic difficulties. Working conditions in the above-mentioned types of work arrangements may be as dangerous as unemployment for workers’ health. In addition to this, if one reviews empirical research conducted in the last years, there is strong evidence that flexible forms of work are associated with occupational accidents, higher incidence of fatal, non-fatal or more severe injuries than workers in traditional “standard” jobs, and prevalence of musculoskeleton and minor psychological disorders (Benach et al 2000, 2002; Quinlan et al 2001, Santana et al 2004).

Another dimension of employment quality relevant to workers’ health is social discrimination within the workplace or in labor market access. Unemployment and precarious jobs are more common among ethnic minorities, women, young people and migrants (Quinlan et al 2001, Santana et al 2004). Moreover, women are more likely to stand a double work burden, given that they are traditionally made responsible for taking care of old dependents and children, and also keeping a paid job, known as factor associated with minor psychological disorders (Santana et al 2001).

EMCONET will develop its work under agreed values by the Commission, the most relevant one being the commitment for health equity. Employment conditions in contemporary societies will thus be assessed for their positive or negative contribution to health equity in different contexts. A principle of justice that will guide our work is the principle of “equality of opportunities” which, in the health context, demands “such a distribution of determinants of health, to the extent they can be controlled, that every individual has the same possibilities to lead to a long and healthy life”, notwithstanding that personal freedom is subjected to different forms of social constraint and conditioning.

As the Commission has stated in different working papers, a commitment to improve health equity ultimately requires a health-gradients policy approach. Given that occupational level is a key determinant for identifying an individual’s position in a given social structure, the arena of employment conditions clearly claims for this type of approach as opposed to a health-gaps perspective. Such an approach, aimed at impacting health inequities generally, will necessarily have to go through the employment dimension, given the importance that it has on determining the distribution of resources and inequality in a given society.

Comparisons of occupational health indicators between developed and developing countries are scarce because of existing differences in reporting and measurement systems but it is clear that poorer regions are also disadvantaged concerning occupational health. International comparisons show developing countries having higher occupational-related morbidity and mortality than developed countries (Takala et al 1999). Poor workers are generally less educated and more likely to have lower qualified jobs (Williams & Windebank, 2000) recognized as having excess of occupational risks and increased rates of work-related injuries and diseases (Borrell et al 2004). Low education has its roots in the lack of opportunities early in life, being a consequence of limited access to a good and attracting school environment. It also represents a high opportunity cost for those willing to study who altogether bear high levels of economic strain.
The concept of “decent work” was first introduced by the International Labor Organization (ILO) as “opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity” (Bonnet et al 2003). According to ILO, the objective of decent work implies, at the aggregate (macro) level, creating laws, regulations and institutions that enable a growing number of people in all societies to work without oppression, in reasonable security and with steadily improving opportunity for personal development, while having enough income to support themselves and their families. At the workplace (meso) level, a decent work environment is one that provides adequate security for workers while fostering the dynamic efficiency of their enterprises. At the individual worker’s (micro) level, decent works consists in having good opportunity to work with adequate levels of all forms of work-related security. Decent work is a condition for a decent life, which in turn is a universal right of human beings.

Currently, large occupational needs both in developed and developing countries call for a radical change in occupational health prevention, policies and services. In many countries, legislative changes have not produced much improvement in small and medium-size enterprises, many workers such as self-employed are not covered, and there are significant insufficiencies in the extent and scope of occupational health and safety services. It is worth noticing that limitations in information systems of occupational-related health have been reported worldwide, which compromises the understanding of the real dimension of this public health problem. The most urgent problem to tackle is that in most countries occupational health needs and the health of the working population have yet to become a priority in the policy agenda. Main reasons for this are the weakness of public health groups, social organizations, trade unions, and other social groups, as well as the lack of political will of many national and regional governments. If work-related inequalities in health are to be reduced, it is essential both to increase our knowledge and carry out a wide range of interventions and policies implemented and evaluated at all levels (Benach et al 2002).

1.2. Rationale

We hold, together with the World Health Organization Commission on Social Determinants of Health that employment conditions are a key dimension concerning population’s health and well being. It is for this reason that employment conditions has been regarded as one of the priority themes for the Commission and, consequently, the creation of the Employment Conditions Knowledge Network has been decided and fostered.

We can track the salience of the problematic around employment conditions back to some of its defining features. First, enhancing knowledge on labor market dynamics is justified by the magnitude of the issue, i.e., the extent to which various large population groups are not only affected by but also defined in terms of their situation in the employment structure, as exemplified by the unemployed, precarious workers, informal workers or the working poor.

A second reason is that labor markets around the world have undergone constant changes during the last twenty years. These changes can be traced back to the neoliberal
wave of the 1980s with its emphasis on deregulation and flexibilization of labor markets. Many of the neoliberal proposals were accepted and implemented by both developed and developing countries, either on ideological grounds or under the assumption that they were the only way out of the 1970s crises, especially concerning existing unprecedented unemployment levels. In many cases, evidence of their effectiveness was clearly lacking, and thus policies were implemented without a critical assessment of their expected effects. In other cases, political action was driven by major pressure from international institutions for flexibilization. Although these policies have been called into question by researchers and societal forces alike, current developments do not seem to be far from neoliberal recipes. Thus, the situation of the labor market is evolving in a way that workers’ insecurity is constantly growing almost everywhere in the world.

These negative developments can be linked to what is the main EMCONET knowledge-driven justification for action, i.e., the effects that this situation has on workers’ health. There is growing evidence that new types of work, such as non-standard employment arrangements, have a negative impact on workers’ health. However, despite a number of scientific findings published in recent years (Amable et al, in preparation) knowledge on the health effects of precarious employment is very scarce and many questions remain to be answered.

The aim of the EMCONET report will be, accordingly, to collect data and evidence on the relation between employment conditions and health, in a way that adequate knowledge-based interventions can be designed and implemented. The EMCONET represents an unprecedented opportunity to link knowledge on employment conditions as a determinant of health and political action. The establishment of a wide net of participants, from academic institutions to civil society organizations, will assure that the process is representative and that one of its products – the Final Report - includes information from all relevant actors and agents according to a fair and relevant geographical distribution. EMCONET is concerned primarily with creating mechanisms for action on employment conditions from an equity in health perspective. Therefore, advocacy for change will be regarded as a main task to be fulfilled, and participants will contribute with valuable knowledge and tools to influence public policies in distinct country contexts.

The EMCONET will take advantage of the valuable resources offered within the context of the Commission on Social Determinants of Health and will work in close cooperation with all components of the Commission in an historical opportunity to attack upon health inequities in a global context, providing knowledge and advocacy for change in its main working arena, i.e., employment conditions.
2. OBJECTIVES

In accordance with the above-mentioned lines of action and main concerns of the EMCONET project, the main objectives can be summarized under the following points:

- To develop models and measures through which we can improve our understanding of the links between employment conditions and social determinants.

- To develop pathways of how this knowledge can be translated into public and occupational health policy recommendations to improve the health of workers and their families.

- To collect data and evidence on the effectiveness of different health programs of interventions that integrate macro and micro determinants.

- To address employment conditions at the level of comprehensive policy in different context of countries and for different vulnerable and high-risk groups.

- To identify programs which include workers’ participation in developing interventions.

- To enhance dynamism and to promote social consensus towards the need to act upon health inequities as a politically avoidable and harming reality for individual and social development and well-being.

3. ACTIVITIES

The work of the EMCONET will be twofold: in the one hand, it will consist on the elaboration of a report which will accomplish the above-mentioned objectives; on the other hand, the report will be complemented by the dissemination and advocacy dimensions we have already discussed. The report will be the final outcome of an intense process of work in a rather short period of time. The hub and co-hub will have to work in partnership in the initial stages to gather necessary background knowledge on the “state of the art” of employment conditions and health. Existing literature will be intensively reviewed in order to clarify in which exact point we are in relation to this issue and also regarding the use of up-to-date relevant information that other researchers and agents may have produced. It is important that we take advantage of previous work and experiences, either successful or not. The second essential initial activity is the establishment of the team for the EMCONET. According to criteria based on geographical region, type of institution and gender, the hub and co-hub will try creating a net in which most qualified people can work together, exchange knowledge and ideas and contribute to the objective of establishing a global comprehensive framework for action. The network can be seen as a useful dynamic tool for initiating a continuous process of discussion between members, activists, social movements, and organizations that can provide new perspectives from their grassroots experiences as legitimate actors of a given society. Participation of local leaders will be encouraged because of their
familiarity, with regional culture and institutions, and ability and forbearance to set forth political changes.

To successfully accomplish these above mentioned tasks the EMCONET will be a result of a cooperative effort from the hub and co-hub of the KN on several key areas of work and objectives to be pursued.

There is, first of all, the need to make clear definitions of the key concepts that will guide our research process. These definitions need to be at the same time precise and applicable by all members independently of the country of origin. The appropriate content of definitions will be discussed and agreed upon by all members, and a resulting glossary will be elaborated to be used by those interested in our work. Following, the members of the KN will proceed to make an extensive diagnose of the situation of employment conditions in different world regions. The necessity to cover such a broad geographical area will mean that exhaustive descriptions have to be downplayed in favor of the identification of general patterns, notwithstanding the need for preciseness and rigor that will drive our work. The diagnose will be a description of employment conditions from the point of view of their effect on health (in)equities, i.e., how labor market dynamics are interacting with other macro and micro variables to induce certain health outcomes.

In a third stage, after the diagnose is completed and discussed with relevant social actors, policies and interventions aimed at to implement labor dynamics changes towards a positive effect on health and reduction of occupational health gradient will be reviewed. The most significant policies will be selected under the criteria of intended effects. For this purpose, the KN members will have to agree upon the conditions for the selection process, i.e., which criteria will be used for identifying these “relevant” interventions: specific or general, etc. A balance must be found between general and specific criteria depending on the particular characteristics of the region. This means that an intense process of consultation has to be carried out with relevant actors –in public administrations, civil society organizations, communities, etc- who can provide in-depth knowledge of specific context requirements. It is important that interventions are not only selected for their success. Failed attempts need to be reported if we want to establish effective policy guidelines for future action. This will allow us to identify examples of best practice from other countries, leading to learning, one of the main assets that EMCONET can count on.

Once the process of knowledge generation is completed, including the diagnose of the situation and successful and failed attempts to provoke change, we can proceed to answer the critical question: What needs to be done? Indeed, empirical descriptions are useful tools for condemning existing inequalities, since they give solid arguments for backing ethical concerns. However, the EMCONET is conscious that scientific findings must be utilized to invoke change. Where causal mechanisms are understood or consistent evidences are available, we must elaborate a body of policy guidelines for decision-makers to act upon health-related inequalities derived from labor market dynamic structures. The EMCONET will recommend public and occupational policies with a potential effect on reducing inequalities, supported by a substantial body of empirical findings and intensive consultations with societal actors, especially labor unions and workers’ representatives.
The last stage of the EMCONET work, and one of critical importance, is the task of disseminating information and advocating for change. Notwithstanding the importance of generating knowledge and making it available for the public, the EMCONET, conscious of the political component which has guided the creation of the CSDH, must be prepared for a difficult but yet exciting effort to reach the relevant actors agendas. The ultimate goal of the project is to put in the agenda of public institutions, politicians, lobby groups, workers’ organizations and civil society leaders, actions concerning the social determinants of health, particularly employment conditions. The salience of this issue must be recognized by office-holders and promoted by those committed to changing the current situation. Once again, the CSDH represents an unmissable opportunity because of the international recognition of the World Health Organization and, more concretely, the outstanding qualifications of the members of the CSDH in a great variety of fields. The members of the EMCONET will, thus, take advantage of these existing structures, at the same time that will develop further lines of action, by contacting with a multitude of actors across regions, countries and local communities. This will allow the generation of a broad consensus that is necessary if future interventions are to be effective.

In order to fulfill its tasks, the EMCONET will organize two meetings, in Barcelona and Bahia respectively, in which relevant necessary discussions will take place around key issues. The EMCONET members will have to agree on a great variety of themes, such as key concepts, typology of countries, theoretical framework, methodology, etc. which are best suited. This project requires an important coordinating effort so all the actors involved can maximize their contribution without overlapping, in a continuous process of circulation of information and knowledge.

The EMCONET hub and co-hub will also attend the events the CSDH has scheduled on the understanding that they will be a good opportunity to work in partnership with other participating institutions, thus contributing to the global advance of the WHO Commission on the Social Determinants of Health. Finally, the EMCONET will encourage the organization of local and regional events to support public discussions and dissemination of the KN mission, thus providing opportunities for social mobilization and better consideration of employment conditions in planning and legislation.

4. KEY DELIVERABLES

These activities will have several products to be used as guidelines for our work. These products will also document our work progress so that relevant tasks, such as literature review or members’ agreements on best-suited definitions, perspectives and theoretical background, are made clear and acceptable. These potential products are the following:

4.1. Sub-products (Short papers)

4.1.1. Key concepts (glossary)
Objectives: to establish a common shared definition of the main terms and concepts to be used in the project.
Main contents: definitions, utility and scope of key concepts, such as exploitation, occupational class, contingent employment, informal economy, non-standard employment or precarious employment.
Timeline: June 2006
Responsible: University Pompeu Fabra and University of Toronto

4.1.2. Theoretical framework
Objectives: to identify a conceptual framework that allows us to link the different components of our research and analysis. The theoretical framework will also provide a necessary historical and socio-political overview to understand «employment conditions» as a social phenomenon.
Main contents: Elaboration of the proposed approach to the project, i.e., general understanding of causal mechanisms, vulnerable groups and specific pathways linking employment conditions and health.
Timeline: July 2006
Responsible: University Pompeu Fabra and University of Toronto

4.1.3. Vulnerable groups and regions
Objectives: to identify which are the population groups and world regions most negatively affected by current developments in labour markets at the international level.
Main contents: specification of such groups and regions, including specific characteristics that make them more vulnerable and the mechanisms through which this process takes place.
Timeline: September 2006
Responsible: University Federal Bahía

4.1.4. Methods for assessing the impact of interventions
Objectives: to give an overview of feasible and reliable methods for assessing the impact of interventions on employment conditions concerning their effect on workers’ health.
Main contents: an evaluation of different methods, taking into account the difficulty of measuring this kind of evidence. A discussion of strong points and expected weaknesses of the various approaches.
Timeline: October 2006
Responsible: University of Toronto and University Pompeu Fabra

4.1.5. Inventory of case studies
Objectives: to obtain a preliminary inventory and classification of case studies of interest that could be studied more exhaustively.
Main contents: a first proposal for case studies that could provide useful information and examples for the project, such as experiences in some industries or sectors, particularly relevant countries or population groups.
Timeline: October 2006
Responsible: University Pompeu Fabra, University Federal Bahía, University of Toronto and EMCONET team

4.1.6. Employment dimensions
Objectives: to identify key employment dimensions relevant to workers’ health, such as unemployment or non-standard work arrangements. Main contents: a description of their characteristics, the main exposed groups, causal mechanisms and their impact on health. Timeline: November 2006 Responsible: University Pompeu Fabra, University Federal Bahía, University of Toronto with the EMCONET team

4.1.7. Typology of countries
Objectives: to make a classification of countries according to common characteristics of their labour markets and welfare model, derived from an empirical quantitative analysis. Main contents: empirical analysis and main conclusions of the research. Timeline: November 2006 Responsible: University of Toronto and University Pompeu Fabra

4.2. Reports
4.2.1. 1st Interim Report
4.2.2. 2d Interim Report
4.2.3. Final Report

4.3. Dissemination
4.3.1. Protocol
4.3.2. Policy strategies

5. RESEARCH GROUP

5.1. Core group

Notwithstanding that the EMCONET aims at being a broad net of individuals, institutions and organizations, and that one of its responsibilities is to create pathways of participation for a large range of actors, its effective functioning demands establishing different participatory layers. There is a core of participants, formed, first, by the hub (UPF/UT) and co-hub (UFBA) of the EMCONET. These two institutions are in charge of widening this core with representatives from other world regions who will attend the two EMCONET meetings and work on the essential requirements of the project, such as the report, throughout all the established period of work.

5.2. Key informants / Policy disseminators

A second layer of participants will be those individuals, actors and institutions that can act as key informants and/or policy disseminators of the EMCONET project. They will be informed and consulted throughout every stage of work and asked to contribute with their expertise and/or practical knowledge, complementing and improving the viewpoint core of the EMCONET. As with the member’s selection criteria for the core, an effort will be made to reach institutions and organizations from every region in the world, so that geographical representativeness is met. This is a key issue concerning the effectiveness of dissemination and also to ensure that our diagnosis and statements are rigorous and reliable.