POLICY BRIEF: PROMOTING AND CREATING AN ENABLING ENVIRONMENT FOR HEALTHY BEHAVIOURS AMONG WORKERS

December 2014

This policy brief is one of five relating to the commitment by Heads of State and Government at the High Level Meeting of the UN General Assembly on the Prevention and Control of Noncommunicable Diseases in September 2011 to call upon the private sector to contribute to the prevention and control of noncommunicable diseases (NCDs). A separate discussion paper summarises lessons learnt to date and possible approaches to support Member States to realize this commitment. All papers are available on the website of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases (GCM/NCD) http://www.who.int/nmh/ncd-coordination-mechanism/en/.

SUMMARY

- Noncommunicable diseases have a significant impact on productivity, absenteeism and the wider economy.
- There is a strong rationale and incentive for businesses to implement workplace health programmes targeting primary prevention of risk factors and early detection and management of NCDs.
- Many countries have implemented workplace health programmes, and experience and evidence to date shows that a strategic and integrated approach is needed to address workplace health effectively.
- Companies that are taking this more comprehensive and planned approach to workplace health and wellness have seen increases in productivity and reductions in health care costs for workers.
- Governments can stimulate the development of comprehensive workplace health programmes by providing regulatory and financial incentives, social marketing, monitoring, dissemination of information and innovations, and facilitating exchange of experience.

PURPOSE

This policy brief outlines progress made by Member States in realizing the commitment to call upon the private sector to promote and create an enabling environment for healthy behaviours among workers.¹ It sets out where we stand today, identifies any barriers and challenges to progress, and summarizes which initiatives have best driven progress.

BACKGROUND

At the UN General Assembly High Level Meeting in September 2011, Heads of State and Government committed to call upon the private sector, *inter alia*, to promote and create an enabling environment for healthy behaviours among workers, including by establishing

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¹ See paragraph 44(1) of resolution A/RES/66/2
http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

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tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans. In July 2014, the UN General Assembly reviewed progress achieved with the prevention and control of NCDs, and acknowledged that limited progress had been made in response to the commitment to call upon the private sector.

To accelerate national efforts to address NCDs, the World Health Assembly adopted nine concrete global targets for 2025, and endorsed a set of actions organized around the WHO Global NCD Action Plan 2013-2020 that, when implemented collectively by Member States, international partners and WHO, will help to attain a global target of a 25% reduction in premature mortality from NCDs by 2025 and achieve the commitments made by Heads of State and Government in September 2011. Improving workplace health can contribute significantly to the overall global target and many of the other specific targets.

WHY IS WORKPLACE HEALTH IMPORTANT FOR NCD PREVENTION AND CONTROL?

The majority of the 3.4 billion workers worldwide are employed in the private sector. A healthy workforce is essential for sustainable economic development, productivity, adequate household income, and social wellbeing. Employment and working conditions are powerful determinants of health outcomes and access to health care. Workplaces that are safe and promote wellness are a key part of ensuring a healthy and sustainable workforce.

One quarter of the 36 million deaths from NCDs each year occur among people of working age (15-60 years). Noncommunicable diseases have a significant impact on productivity, absenteeism and the wider economy, and there are significant business benefits from taking action for their prevention and control at the workplace.

One of the main objectives of the WHO global plan of action on workers’ health 2008-2017\(^2\) is to protect and promote the health of all workers and to scale up their access to essential interventions and services for the prevention and control of occupational and work-related diseases. The biggest share of the occupational burden of disease is from NCDs, particularly cancer and chronic respiratory disease. The three key avenues of addressing non-communicable diseases (NCDs) in the workplace are:

- Reducing work-related risk factors for NCDs, such as cancer causing chemicals and radiation, psycho-social stress, and sedentary work
- Creating an enabling environment to promote and support healthy behaviours, for example to reduce tobacco use and harmful use of alcohol, and promote physical activity and a healthy diet
- Providing access to health care for workers and their families through providing health insurance, as well as preventive, curative and rehabilitative health services.

At the same time, there has been increasing awareness and concern in the private sector about the impact of NCDs on the workforce and business performance, stemming from increased absenteeism due to sickness and disability and the rising costs of health and life insurance. Thus, there is a strong rationale and incentive for businesses to implement


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workplace health programmes targeting primary prevention of risk factors and early detection and management of NCDs.

WHICH POLICIES AND PROGRAMMES HAVE BEST DRIVEN PROGRESS?

WHO has created a global framework for healthy workplaces that aims to engage businesses in enhancing workers’ health through integrating occupational health and safety and health promotion or wellness programmes in the context of a continual improvement process. WHO identifies four key avenues for action in the workplace:

- The physical work environment
- The psychosocial work environment
- Personal health resources
- Involvement of the business/enterprise in the wider community.

In the first instance, the physical work environment needs to be safe, with hazards eliminated or mitigated to the greatest extent possible to prevent occupational injuries and diseases, including noncommunicable diseases such as occupational cancer and chronic respiratory diseases. The psychosocial work environment is now recognised as crucial to workplace health; it includes work organization, management, job security and work-life balance, which all affect the mental and physical wellbeing of employees. Emotional or mental stress is a contributor to NCDs, and occupational stress has been identified as a leading workplace health challenge globally.

‘Personal health resources’ in the workplace are services and resources that create an enabling environment to reduce the four main NCD risk factors (unhealthy diet, physical inactivity, smoking, and harmful use of alcohol) and other behavioural risks, and which promote health and wellbeing. Examples include health risk appraisals, biometric screening, employee assistance and wellness programmes. Smoke/tobacco-free workplaces are essential and widely supported, with many countries implementing these as signatories to the WHO Framework Convention on Tobacco Control. Other initiatives include workplace alcohol policies, policies to support and promote walking and cycling, fitness facilities or subsidies, nutrition education, healthy food options in cafeterias and vending machines, smoking cessation programmes and flexible breaks to allow for exercise.

Finally, engagement beyond the immediate workplace with the wider community is also important. This may range from extending health insurance and other benefits to employees’ family members, to wider initiatives to promote health and wellbeing in the community, including as part of multisectoral community health initiatives.

The International Labour Organization (ILO) has developed a training package to integrate health promotion into workplace occupational safety and health policies (SOLVE) and in 2012 launched its second edition. SOLVE includes modules on managing workplace health promotion, work-related stress, alcohol and drugs, tobacco and second-hand smoke, nutrition, physical activity, and other behavioural factors at the workplace. The training package is meant for HR managers, employers and workers’ representatives, and

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occupational health and safety professionals, and regular courses are offered by the International Training Centre of the ILO in Turin, Italy.4

The Workplace Wellness Alliance was launched in 2010 by the World Economic Forum with the purpose of improving global health and productivity by making wellness a priority, starting in the workplace. 5 The Alliance counts over 150 members from across industries and regions and aims to:

- Provide a forum for knowledge and best practice sharing, and support innovations in workplace wellness through online tools
- Standardize a set of common metrics to help companies compare themselves to their peers
- Foster knowledge of the economics of workplace wellness, including how to optimize the return on investment
- Leverage the workplace as an entry point for prevention and health at a community level.

The Workplace Wellness Alliance is now led by the Institute for Health and Productivity Management, which is working with leading multinational employers and providers to make “wellness” a global objective for companies and a measure of human capital value.6

Concerned that the significant loss in productivity due to NCDs has a negative impact on economic growth and places a burden on society, the International Social Security Association (ISSA) developed a set of guidelines on workplace health promotion - improving work organization and the working environment, promoting active participation, and encouraging personal development. The guidelines cover needs assessment and planning and workplace activities and services, including guidelines for occupational health services, lifestyle health screening and employee assistance programmes. The guidelines are intended to help social security institutions support and assist their “clients” – public and private sector enterprises and organizations – to develop comprehensive workplace health promotion (WHP) programmes.7

What progress has been made and what are the barriers to progress?

A 2009 WHO global survey of 121 countries found that 56 countries had already developed a national action plan on workers’ health and, in most cases (47 countries), these plans included the prevention and control of NCDs at the workplace. Countries in the WHO African, European and Western Pacific regions were most likely have national programmes for healthy workplaces.8 High income countries in Europe and North America were most likely to include NCD activities in the national action plans on workers’ health. Furthermore, 87 countries reported having national initiatives to stimulate businesses to develop programmes for healthy workplaces.

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5 WEF Workplace Wellness Alliance http://www.weforum.org/issues/workplace-wellness-alliance
6 IHPM Workplace Wellness Alliance http://www.ihpm.org/workplace-wellness-alliance/
7 ISSA Guidelines on Workplace Health Promotion http://www.issa.int/excellence/guidelines/workplace-health-promotion

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The 2010 World Economic Forum Executive Opinion Survey showed a high level of awareness and concern about NCDs and many companies reported having adopted policies or initiated programmes to combat NCDs at that time. High-income countries had a higher share of companies implementing policies and programmes than low-income countries. There was regional variation, with two-thirds of companies in Latin America and the Caribbean having implemented smoke-free initiatives, nearly two-thirds in the Middle East and North Africa having addressed alcohol, and companies in East Asia and the Pacific most likely to have programmes focused on exercise, stress reduction and physical health than companies in other regions.

A 2014 global survey of workplaces covering over 1000 organizations in 37 countries indicated that, while countries have similar health challenges and business drivers to address workplace health, the responses differ considerably. The survey identified key drivers for businesses to address workplace health as:

- Improving workforce morale and engagement
- Reducing sick leave and disability
- Improving workplace safety
- Reducing presenteeism (where people are at work but not functioning fully due to ill health) and improving employee productivity
- Reducing health care costs (the main driver in the USA).

Workplace safety remains the top challenge in low- and middle-income countries. Overall, the most common health challenge identified is stress, which has been the case in similar previous surveys, followed by lack of physical activity and unhealthy diet. These are all important NCD risk factors. The 2014 global survey also showed an expansion of global wellness programmes among multinational companies compared with earlier surveys.

These reviews and surveys have identified the following key gaps and issues for workplace health programmes:

- Lack of a systematic approach to measurement of results and ongoing quality improvement - it is difficult to develop a convincing business case in the absence of good metrics
- The need for a stronger evidence base and greater standardisation of programmes with agreed quality standards
- Though these are some encouraging examples, small and medium sized enterprises and informal sector businesses generally lack organized programmes and initiatives to protect and promote health at the workplace.

**WHICH APPROACHES HAVE BEST DRIVEN PROGRESS?**

There is now good evidence about the links between key occupational risk factors and the main noncommunicable diseases. There are also effective interventions to modify these risk factors and the four main risk factors for NCDs. The measurement of outcomes from workplace health programmes is improving and there is increasing awareness of the strategic value of these programmes, which are becoming more sophisticated and effective.

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9 Buck Consultants 2014, referenced below.
Experience and evidence to date shows that a strategic and integrated approach is needed to address workplace health effectively. The World Economic Forum and WHO have identified key features of effective workplace health programmes:

- Bringing together occupational health and safety, workplace health promotion and wellness programmes and ensuring their synergies
- Clear goals and objectives that link to business objectives, processes and sustainability
- Strategic vision and commitment from senior management
- Involvement of employees at all levels in programme development and implementation
- A range of activities covering individuals and their environment, both at the workplace and beyond
- Robust analytics, monitoring of the effectiveness of interventions and continual improvement.
- Aligning programmes with local cultural norms and legal and ethical frameworks, and building wider social support.

Companies that are taking this more comprehensive and planned approach to workplace health and wellness have seen increases in productivity and reductions in health care costs for workers. For example, comprehensive workplace health schemes can significantly reduce sick-leave absenteeism (by 27%), health care costs (by 26%), worker compensation and disability management costs (by 32%) and have a nearly 6 to 1 return on investment ratio.10

Governments can stimulate the development of comprehensive workplace health programmes by providing regulatory and financial incentives, social marketing, monitoring, dissemination of information and innovations, and facilitating exchange of experience. A national workplace health initiative or programme should bring together the relevant State and non-State actors to ensure coherence of actions and consistent messages and avoid fragmentation. The Total Worker Health Programme™ implemented by CDC in the USA11 and the Happy Workplace Initiative supported by Thai Health Foundation12 are examples of what national authorities have done to foster the development and implementation of workplace health programmes. In this context, it is particularly important to link the development of workplace health programmes to the overall national policy and planning on occupational health and safety and NCD prevention and control.

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11 NIOSH, Total Worker Health™ http://www.cdc.gov/niosh/twh/
12 Thai Health Foundation. ThaiHealth’s support for “Happy Workplace” prototype http://en.thaihealth.or.th/events/thaihealths-support-%E2%80%9Chappy-workplace%E2%80%9D-prototype

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FOR FURTHER READING


About the WHO global coordination mechanism on noncommunicable diseases (GCM/NCD)

Terms of reference for the establishment of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases were endorsed by the sixty-seventh World Health Assembly in May 2014. The scope and purpose of the WHO GCM/NCD are to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO Global NCD Action Plan 2013–2020.

The 2014–2015 work plan of the GCM/NCD has five objectives. Under objective 3, a working group is being established to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

For further information on the GCM/NCD, see http://www.who.int/nmh/ncd-coordination-mechanism/en/