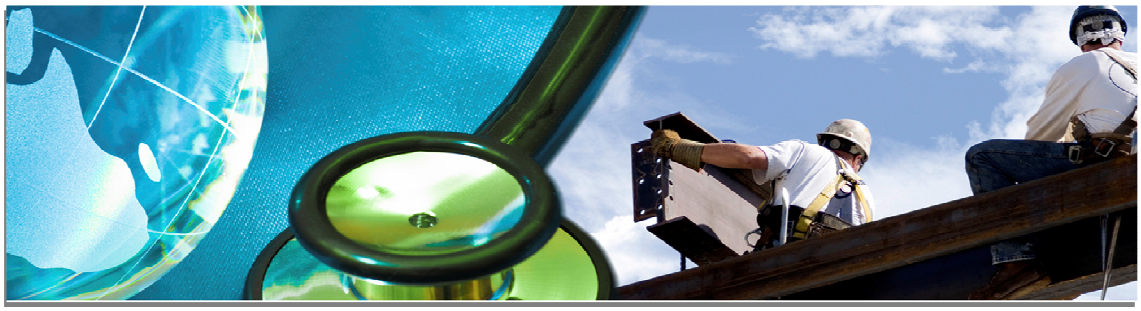

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Universal health coverage for workers

Side event at the 66th World Health Assembly
22 May 2013
Palais des Nations, Geneva, Switzerland

Report

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

World Health Organization

Setting the scene

The links between health, sustainable development and poverty eradication become striking when we look at the world of work. Workers in poor communities are much more likely to be exposed to occupational hazards and to suffer work-related diseases and injuries. The resulting disabilities affect their working capacity and income earning potential. Furthermore, global health threats such as HIV/AIDS, tuberculosis (TB), malaria and the growing burden of non-communicable diseases and mental ill health additionally reduce working capacity and labour force participation.

Access of workers to health protection and preventive services is still limited mostly to workers in large enterprises in the formal sector with decent jobs and social protection benefits. The working poor and informal sector workers do not have social protection and insurance for occupational injuries. The WHO global survey on workers' health carried out in 2008/2009 among 120 countries found that two thirds of countries still had very low coverage of workers with occupational health services and one fourth of countries did not even know their actual coverage level.

In 2007 with Resolution 60.26 "Workers' Health: Global Plan of Action" the 60th World Health Assembly of the World Health Organization urged Member States to work towards full coverage of all workers, particularly those in the informal sector, agriculture, small enterprises and migrant workers with essential interventions and basic health services for the prevention and control of occupational and work-related diseases and injuries. Furthermore, the 12th General Programme of Work proposed universal health coverage as one of the five leadership priorities to guide the work of WHO for the period 2014–2019. Universal health coverage combines access to services needed to achieve good health (promotion, prevention, treatment and rehabilitation, including those that address health determinants) with the financial protection that prevents ill health leading to poverty. It provides a powerful unifying concept to guide health and development and to advance health equity in coming years.

In working towards universal health coverage it is important to provide all workers with access to people-centred health services that can respond effectively to their specific health needs and expectations. These include protection against occupational diseases and injuries, maintaining their working capacity, workforce participation and income earning potential, and empowering them to promote their physical and mental health and social wellbeing.

Convention 155 of the International Labour Organization stipulates that occupational safety and health measures shall not involve any expenditure on the part of the workers (article 21). Therefore, the financing of services for protection and promotion of workers' health needs to be organized and financed in a way that workers do not have to pay for prevention and treatment of occupational diseases and injuries, and that they have social health protection for accessing services needed for maintaining their health and working capacity.

Several developing countries, such as Thailand, Indonesia, Sri Lanka, South Africa, Colombia, Brazil, Philippines, and Tanzania started working toward this objective by integrating interventions for protecting workers' health into their primary care services particularly for working populations not covered by company occupational health services, social health protection or insurance for occupational diseases and injuries. Industrialized countries, such as Italy, The Netherlands, the United Kingdom and the United States of America are concerned with the impact of the growing burden of chronic diseases and mental ill health on sickness absenteeism, social security and productivity.

The side event

During the 66th session of the World Health Assembly, the delegation of South Africa, in collaboration with WHO Department of Public Health and Environment, convened a side event on universal health coverage for workers. The purpose was to highlight the experience of several countries in addressing the health of workers at the primary care level and to discuss the challenges involved in working towards universal health coverage of workers.

Panelists at the side event (from left to right): M. Zungu, W.Sawasdivorn, I.Heath, Minister P.A. Motsoaledi, B.Kistnasamy, M.Neira, Dame C.Black

The event was co-chaired by Dr. Barry Kistnasamy, Commissioner for Occupational Health at the Ministry of Health of South Africa and Dr. Maria Neira, WHO Director for Public Health and Environment. The panellists were:

- Dr. Pakishe Aaron Motsoaledi, Minister of Health of South Africa
- Professor Dame Carol Black from the Department of Health of England
- Dr. Winai Sawasdivorn, Secretary General of the Thai National Health Security Office
- Dr. Muzimkhulu Zungu, Medical Director of Medical Bureau for Occupational Diseases, South Africa
- Dr. Iona Heath from the World Federation of Family Doctors (WONCA)
- Dr. Maria Neira, WHO Director of Public Health and Environment

The event was attended by delegates of the World Health Assembly – senior public health policy makers and representatives of non-governmental organizations, as well as by experts from WHO and ILO.

Key messages

"Still too many workers get sick or injured by their work – they all need good health care and financial compensation for the harm."

Dr. Barry Kistnasamy, Commissioner at the Department of Health of South Africa opened the event by emphasizing the heavy toll of occupational diseases and accidents on the world's working population. Still too many workers who get sick or injured by their work do not have access to preventive, curative and rehabilitative health services and to compensation for the occupational injuries. This event was intended to highlight countries' experiences in integrating workers' health into primary health care and to discuss the contribution of health systems to sustainable economic development and poverty eradication through protecting and promoting the health of workers.

Barry Kistnasamy is Compensation Commissioner for Occupational Diseases at the Department of Health. He serves also as Executive Director of the National Institute for Occupational Health and the National Cancer Registry. Prior to that he was Dean of the Nelson Mandela School of Medicine in South Africa.

"Can we move towards universal health coverage without addressing the specific health needs of workers?"

Introductory remarks by Dr. Pakishe Aaron Motsoaledi, Minister of Health of South Africa

In 2007 at the 60th World Health Assembly we endorsed the resolution on the Global Plan of Action on Workers' Health. We are all committed to working towards full coverage of all workers with essential interventions and basic health services for the prevention of occupational injuries and work-related diseases.

There are effective interventions and occupational health services, both basic and specialized that do this. However, access of workers to health protection and preventive services is limited mostly to workers in large enterprises in the formal sector with decent jobs and social protection

benefits. The working poor and informal sector workers do not have insurance coverage or services for occupational injuries and diseases.

Currently about one billion workers – nearly one in three – live below the poverty line of US$2. Such people often work in hazardous conditions. They suffer work-related diseases, injuries, and disabilities. They lose their capacity to work and to earn their living. In poor communities, when the breadwinner falls sick and cannot work anymore, the whole family suffers and there is no social protection to help. This is the vicious circle of persistent poverty. For example in our country, silicosis, TB and work injuries take a much larger toll in poor communities.

With the current job crisis and the reduction of the employment opportunities in the formal sector and the changing patterns of employment, we see more persons entering the informal sector which has been the norm in many developing countries. Can we move towards universal health coverage without addressing the specific health needs of workers? Their health is an essential prerequisite for sustainable economic development - it is a national capital. But do health systems support this capital?

As with many other countries, we are now reforming our health system in South Africa and we are re-engineering our primary health care system. We want to end the exclusion of poor workers and we want our health services to contribute more efficiently to sustainable economic development. Furthermore, can we address the enormous burden of noncommunicable diseases and mental ill health on sickness absence and social security without linking occupational health services to primary and community care?

The traditional occupational health and safety systems and services are not fit for the new realities! I believe we need new models of organizing primary health care services so that all workers can benefit. We need new ways of financing such services. We need to remove the barriers faced by informal workers and vulnerable workers in the formal sector in accessing social security and the health system.

This is the reason that we wanted to open this discussion at the Assembly this year. We will hear several different perspectives and experiences here. However, we hope that this discussion will continue outside these walls and that it will provide inspiration for others!

Dr. Pakishe Aaron Motsoaledi was appointed Minister of Health of South Africa in 2009. He *holds a Bachelor of Medicine and Surgery from the University of Natal.*

"Good work is good for health."

Professor Dame Carol Black from the Department of Health of England highlighted the impact of chronic diseases on workers' productivity in her country. Good work is considered good for health and for those with chronic conditions; work can promote recovery and rehabilitation. Particular challenges are chronic mental disorders which require co-ordination between primary care services, occupational health advice and employers. Chronic conditions, such as common mental health problems, musculoskeletal disorders, cardiovascular and respiratory diseases, diabetes and cancer, all require vocational rehabilitation, flexibility and adaptation at the workplace. The keys to success are good primary and secondary clinical care by work-conscious healthcare professionals, well informed patients, and support from charities.

In 2009 the United Kingdom started supporting family doctors to understand workers' health problems through education, training and information (online, telephone and face-to-face). In 2010 a "fit note" was introduced instead of "sick note" considering partial capacity to work rather than full incapacity. A 2012 survey of general practitioners (GPs) found that 90% of respondents considered helping patients to stay in or return to work as an important part of their role, 68% said that GPs had a responsibility to society to facilitate a return to work, 76% agreed that staying in or returning to work was an important indicator of success in the clinical management of people of working age. However, only 19% indicated that there were good services locally to which they could refer their patients for advice on returning to work. Fewer GPs (10%) reported they had received training in health and work within the past 12 months. (Department for Work and Pensions, Research Report No 835).

In 2014 a special service will start providing specialist work-related assessments and advice to GPs and employers regarding workers' health. This will be state-funded and will include: (1) assessment by occupational health professionals for employees who are off sick for four weeks or more; (2) initial telephone triage with case management for employees with complex needs who require on-going support to enable return to work; and (3) an online job search service for employees who are able to work, but are unlikely to return to their current employers. Both GPs and employers would be able to refer to this community-based service.

Professor Dame Carol Black is Adviser on Health and Work to the Department of Health of England. She is author of the report "Working for a healthier tomorrow" and she also carried out an independent review for the UK Government of sickness absence in Britain.

"Universal health coverage is not only for rich countries."

Dr. Winai Sawasdivorn, Secretary General of the Thai National Health Security Office spoke about the experience of his country in providing health services to all workers. Thailand introduced a medical welfare scheme for low-income people in 1975 when gross national income (GNI) per capita was only US$390. The community-based health insurance scheme was introduced in 1983 when GNI per capita was US$760 and achieved universal coverage in 2002 with GNI per capita of less than US$2000. The Thai example shows that universal health coverage is not only for rich countries and that reaching it is a real political and financial commitment. By 2012 almost all of population (99.5%) was covered by three schemes – Universal Coverage (75%), Social Health Insurance (15%) and Civil Servants' Medical Benefit Scheme (10%). Services by all three schemes were free at the point of delivery. The benefit package was comprehensive and covered low cost care such as outpatient services to high cost care such as chemotherapy, haemodialysis and open-heart surgery. All services covered medicines. This results in a minimum level of catastrophic health expenditure and prevents impoverishment from paying medical bills.

Half of the total population are workers (36 million) and nearly two-thirds (24 million) work in the informal economy: farming and fisheries (59%), services (19%) and crafts (7%). About 12% encounter occupational problems: chemical effects (67%), hazards from equipment (20%). The interventions for occupational health and rehabilitation by the primary care units are covered by the universal health coverage scheme. These interventions include: (1) outpatient services such as simple and common occupational disease recognition and case management, maintaining records about work in patient cards, and disease reporting; and (2) outreach services in communities, including farm or workplace survey, participatory data analysis, health screening (e.g. cholinesterase tests for exposure to pesticides) and communication of results to workers for joint problem solving. The challenges are to expand occupational health services nationwide, to strengthen the role of sub-district local governments, to add the interventions for primary prevention in the benefit package, and to develop a system for monitoring and evaluation.

Dr. Winai Sawasdivorn has led the National Health Security Office (NHSO) as secretary-general since 2008. The NHSO provides universal health coverage for a population of 47million in Thailand. Under his leadership the organisation has used key performance indicators to improve the quality of