# CONCLUSIONS AND RECOMMENDATIONS FOR THE STUDY OF EMPLOYMENT RELATIONS AND HEALTH INEQUALITIES

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This article synthesizes and extends the central conclusions and recommendations to be drawn from the study on the role of employment relations in reducing health inequalities presented in the special section of this issue of the Journal, and identifies future directions in research and policy derived from the broader work of the EMCONET network. The authors also argue that adopting an appropriate theoretical framework is essential to both comprehending and extending knowledge and action on employment conditions and health inequalities.

## CONCLUSIONS ON THE ROLE OF EMPLOYMENT RELATIONS IN REDUCING HEALTH INEQUALITIES

### *The Distribution and Impact of Employment and Working Conditions*

Work has an important influence on population health and health inequalities, because work environments involve exposure to numerous factors that may affect health and well-being. The health impact of a specific job is determined by the nature of the work task and related working conditions, the conditions of employment, and prevailing employment relations. Working conditions include the physical and chemical environment, ergonomic conditions, psychosocial

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factors, and the technology used. Employment conditions include full-time permanent employment, unemployment, precarious employment, informal employment, child labor, and slavery and bonded labor. Employment has a clear impact on working conditions, while employment conditions are determined by the nature of employment relations (i.e., the nature of the agreements between workers and employers, including factors such as hierarchy and power relations, the participation of workers in decision-making, social and occupational discrimination, and/or workplace violence). In wealthy countries, employment relations are subject to the provisions of employment legislation or to a contract of hire. In poor countries, most employment agreements are not explicitly regulated, because a large proportion of overall employment takes place in the informal sector. Public efforts at reducing the health inequalities produced by employment relations must take into account the power differences among employers, workers, and government.

In middle-income and poor countries, estimates indicate that unemployment is between three and seven times higher than in rich countries. Youth comprise nearly half of the world's total unemployed workforce. Compared with adults, youth are more than three times more likely to be unemployed. Other groups at higher risk of unemployment or underemployment include workers with lower education, single mothers, ethnic minorities, and recent immigrants. Worldwide, the working poor (i.e., people living just above the US$2-a-day poverty line) constitute a large fraction of the employed labor force (around 1.4 billion people), the majority being women. The burden of precarious employment is overwhelmingly concentrated in low-income countries, especially in sub-Saharan Africa. Over the past three decades, precarious employment has increased significantly in wealthy countries and, as with unemployment, is concentrated among younger workers, workers with low credentials, women, ethnic minorities, and immigrants. Over the past two decades, informal employment has grown in most low- and middle-income countries. In these countries, between half and three-fourths of workers are informally employed. Informal employment also comprises a wide range of types of production and distribution of goods and services in the wealthy countries.

Children are among those most affected by these global labor market inequities. More than 300 million children (aged 5 to 17) are economically active, more than two-thirds are child laborers, and well over one-third are engaged in hazardous work. The proportion of children in the labor market in low-income countries varies significantly, with the highest levels found in sub-Saharan Africa and in Asian countries. Although at a much lower level than in middle-income and poor countries, child labor, slavery, human trafficking, and bonded labor are also present in high-income countries. Between 12 and 28 million people are victims of slavery globally, the majority of whom are in Asia. At least 2.4 million people (mostly women and girls) are in forced labor as a result of human trafficking.

*The Links between Employment Relations and Health Inequalities*

In an increasingly globalized capitalist economic system, the political, economic, and cultural decisions of a handful of institutions and corporations have a powerful effect on the daily lives of millions of people worldwide, through the setting and enforcement of labor standards, occupational health and safety regulations, and union protections, among other important social determinants of health. Many corporations create unfair employment and working conditions throughout the production or supply chain, which usually remain invisible. The market cannot be expected to regulate employment and working conditions fairly, nor does it include among its objectives the protection of the health of the population. In contrast, the state has a fundamental role in reducing the negative health effects caused by inappropriate employment and working conditions, through social policies and workers' full and real participation. Countries whose governments favor fair employment and decent work policies also tend to have better health indicators and lower health inequalities.

The world is divided into different types of labor markets, according to national incomes and countries' political economies. Different labor market types reflect the role of the state and the relative power of labor institutions in promoting fair or unfair employment relations. Wealthy social democratic countries enjoy the least harmful forms of employment relations, and low-income, non-egalitarian countries have the most health-damaging forms of employment relations. The uncovering of the specific pathways between employment conditions, working conditions, and health should be contextualized for each country based on its economic, political, and cultural/technological characteristics. There is an emerging body of evidence on the impact of employment relations on health at the macro-social (population) level of analysis. In wealthy countries, labor institutions such as union density, collective bargaining coverage, and social movements favoring solidarity are associated with better population health indicators. In middle-income countries, labor market characteristics such as proportion of working poor and gender inequality are significantly associated with worse population health.

The conditions under which people work have direct and indirect effects on their health. Employment conditions are an antecedent of working conditions that can affect health either directly or through working conditions. Also, indirect inequalities derived from employment and working conditions together are closely linked with increased health inequalities related to injuries, chronic diseases, ill health, and mortality. Every day, worldwide, about 1,000 workers die as a result of their working conditions, and 5,000 workers die as a result of work-related diseases. Work-related deaths, including injuries, but also caused by cancers, cardiovascular disease, and communicable diseases, are estimated at about 2 million annually. Most health hazards at work are related to the social

class, gender, race/ethnicity, age, and immigration/migration status of workers. The worse the social position, the higher is the risk of having an unhealthy job. Moreover, the adverse effects of work-related health hazards are often reinforced by environmental hazards and related risky behaviors.

Unemployment, precarious employment, and informal employment are well-known for their association with poverty and with unfavorable health indicators. It is difficult to distinguish between poverty, hazardous working conditions, precarious employment, and informal employment conditions. There are strong links both between informal and formal employment and between the ways in which they affect health inequalities. A large informal employment sector affects how working conditions are regulated in the formal sector, decreasing both compliance with norms and enforcement of legislation created to protect workers. Although labor institution indicators are scarcely recorded in low-income countries, labor market characteristics such as the size of the informal sector, the proportion of working poor, and gender inequality are strongly correlated with worse population health. Employment conditions are proximal determinants of material deprivation and working conditions, and they have a strong effect on chronic diseases and mental health via multiple psychosocial factors such as job insecurity, "lifestyle" behaviors, and direct physio-pathological changes. Employment conditions such as precarious employment, bonded labor, slavery, and child labor share some common pathways, such as domination and lack of autonomy at work, but may also be characterized by specific pathways (e.g., child labor compromising physical and cognitive development).

## RECOMMENDATIONS

### *The Need to Reach Fair Employment*

Inequalities in health derived from employment are closely linked to other kinds of social inequality, including inequalities in wealth, political participation, and education. By regulating employment relations, the main political actors can not only redistribute resources affecting social stratification, but also have an impact on the life experiences of different social groups, including opportunities for well-being, exposure to hazards leading to disease, and access to health care. The concept of fair employment reflects the need to redress unequal power embedded in employment relations. Thus, the achievement of just employment relations (i.e., freedom to associate, freedom from coercion, job security, fair income, job protection, respect and dignity, workplace participation, and enrichment and lack of alienation) is a prerequisite for poverty reduction, health promotion, and reduction in health inequalities.

International political, economic governance and public health institutions should recognize fair employment and decent working conditions as universal human rights. Unless the guarantee of fair employment is recognized as a priority

by public health agencies and international regulatory institutions, health inequalities in the workplace are unlikely to be reduced. Action is needed to work toward the development of a global welfare state that guarantees fair employment and decent work for all citizens throughout the world.

*Key Strategies and Policy Priorities*

Interventions on employment and working conditions need to be conducted at the organizational and job level. However, "upstream" action, especially through labor market regulations, social policies, and workplace standards, is likely to prove more effective in reducing health inequalities and should be the priority focus for action. Leaving the health consequences of employment conditions as an afterthought or "downstream" consideration in trade, business practices, or public health interventions will perpetuate the existing health inequalities caused by unfair employment and lack of decent working conditions.

General strategies combining policies at different entry points need to be specified and contextualized for each territory (international, country/region, urban/rural local areas), condition, and population. Specific recommendations on policies and interventions should be tailored according to the typology of countries developed in this study, as well as to the specific characteristics of each country/region and territory. To achieve better employment and working conditions, public economic, social, and health policies and interventions require the implementation of integrated intersectoral actions and programs, in which policymakers, government, workers, and community organizations are actively engaged. Efforts to reduce social inequalities in health should be understood, in general, as an integral part of global and local economic and social policies and, in particular, as part of specific public health and occupational programs and interventions. Examples of interventions include universal access to public education, legislation on a living wage, income redistribution through a progressive taxation system and social services, avoidance of gender and racial/ethnic wage gaps and other forms of discrimination, and protection of the right to organize and collectively bargain. Evidence on the failure of existing regulation to protect vulnerable workers, even in the wealthy countries, generally reflects a failure of enforcement rather than an argument against the regulation. The health sector should assume an important role in achieving health equity for workers and their families. To do this, the sector must embrace discussions on economic development models, labor market policies, regulations on employment and working conditions, and evidence of their impact on the health of workers and their families.

International institutions, governments and political parties, unions, and civil society associations favoring fair employment relations are key actors in implementing effective policies leading to the reduction of employment-related health inequalities. Nevertheless, a crucial issue is the need to expand the participation of

workers and unions, as well as social movements based on social class, gender, race/ethnicity, immigration/migration status, or other social relations affecting employment conditions. Given the relative lack of available information on the effectiveness of labor market interventions in reducing health inequalities, it is crucial to search for actions based on the soundest theoretical frameworks—the approach we sought to use in this study. It is necessary to develop information systems that include health and health equity among workers, as well as follow-up of policies and programs introduced to mitigate health inequities. There is an urgent need to expand the evaluation and monitoring of policies and interventions in the short, medium, and long term, especially in low-income countries, small firms, and rural settings. Training and education on the links between employment relations and health inequalities is urgently needed in public health studies and research programs. Special emphasis should be placed on workers' health and employment conditions, directed both at health professionals and at workers. Emphasis also needs to be placed on developing communication and dissemination campaigns in the lay population concerning employment and working conditions as key social determinants of health inequalities.

*The Need to Establish Action at Several Levels*

Policies should be established at several different levels or entry points: power relations, employment, working conditions, and the ill health of workers.

*The first entry point concerns power relations between the main political and socioeconomic actors.* International regulatory agencies should influence governments to prioritize permanent employment and the adoption of fair employment policies. For example, the United Nations, the International Labour Organization, and other international agencies dealing with the rights of workers should have the leadership and power to promote the adoption of fair employment practices among member countries. Governments should lead national policies devoted to full employment (addressing unemployment and underemployment) and the national and international legal enforcement of fair employment standards. Examples include increased public investment in social policies and social protection and the provision of high-quality, safe work as a central policy objective (not subordinate to economic policy). Voluntary measures by employers/corporations have a role to play, but are insufficient and too fragmented to reshape employment conditions generally. In contrast, the role and participation of unions, social movements, and grassroots community groups is crucial. Unions can generalize collectively negotiated protections both nationally and internationally, and, as evidence from poor countries attests, community actions can be an important impetus to government measures. Examples include incentives for unionization and collective bargaining, support for the collective organization of informal workers, policies that increase the rights and participation of unions

and workers in general, elimination of legislation or institutional discrimination that inhibits workers' organization, and measures for land reform and against capitalist speculation.

*The second entry point concerns modifications of employment conditions to reduce exposures and increased vulnerability to health-damaging factors.* Full-employment policies should be promoted to reduce the health inequalities associated with unemployment, precarious employment, and informal work. Economic development policies and programs should be promoted mostly in middle- and low-income countries, with consideration given to the offer of formal job posts, thus ensuring social sustainability and reduced unemployment. Examples of these policies include the development of active labor market policies (e.g., interventions to facilitate access to employment for women and young and older workers), unemployment insurance, and measures to encourage fair employment and deepening "social inclusion." Collective arrangements for production based on solidarity, as exemplified by the so-called solidarity economy, should be supported, as should the creation of workers' organizations for those in precarious and informal employment, based on shared features such as occupation (e.g., domestic workers, taxi drivers), workplace location (e.g., farmers' markets, streets), a specific condition such as being a migrant worker, and production chain (e.g., food industry chain, from small agricultural farmers to international trade corporations). These organizations, like labor unions, will strengthen and make politically visible the interests and needs of precarious and informal workers. Government-led national industrial policies devoted to full employment, enforcement of fair employment standards, and universal education are necessary to eliminate child labor. Controls to eliminate slavery and human trafficking should be enforced. Supporting land reform in poor countries can potentially reduce slavery, which is most common in areas of rural land conflicts.

*The third entry point concerns actions to modify working conditions such as health-related workplace material hazards, behavior changes, and psychosocial factors.* Governments and firms must provide workers with the tools to participate in the analysis, evaluation, and modification of health-damaging work exposures. These tools include occupational health measures in subcontracting and outsourcing (including supply chain) regulation, strengthening of preventive measures in social security and insurance mechanisms (public and private), and minimum occupational health standards and regulation for progressive improvements. Health and health equity among workers should be a matter of public health and thus should be guaranteed to working people independent of their conditions of employment. Here, the strategy and model of primary health care has the capacity and responsibility to reach these sectors with preventive and curative interventions and with support for reentry into work. Again, unions and community groups and social movements can and should play a fundamental role in

reducing employment- and work-related health inequalities. Evidence from some countries attests that community actions can provide an important adjunct/impetus to government measures (e.g., living-wage campaigns in targeted U.S. cities). Cooperative models of organization and production management based on solidarity need to be emphasized, and their impact evaluated in comparison with individual bank loans. Mobilization of savings and credit extension might be a beneficial strategy for reducing poverty in some regions, for some households. However, its effects on health inequalities need to be evaluated rigorously before any definite conclusion can be drawn with any confidence.

*A last entry point relates to different types of interventions that may reduce the unequal consequences of ill health and psychopathological change.* Governments and firms must provide workers with tools to reduce the impact of ill health. These include universal access to health care, including occupational health in primary health care; establishing information centers or networks for injured workers; increasing the capacity of the health system to recognize and treat occupational diseases and injuries; and ensuring workers' compensation coverage and treatment for all, including workers in the informal sector, undocumented immigrants, guest workers, child workers, and bonded laborers. Other measures include expanding the coverage of occupational diseases and injuries (including mental illness) and more effective programs for rehabilitation, retraining, and return to work (including stronger obligations on employers to reengage injured workers, irrespective of their employment status); integrated minimum labor standards (industrial relations, occupational health and safety, and workers' compensation); and mechanisms to allow for society's participation in health and social protection policies and programs.

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