

Addressing NCDs through workplaces: it's everyone's business

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Every day, 3.45 billion of us get up and go to work.^[1] Collectively, we spend a huge amount of our time in our workplaces. With a further 55 million people expected to start work by 2030,^[2] it is no wonder that the World Health Organization has identified workplaces as critical environments in which to address the rising tide of noncommunicable diseases (NCDs).^[3]

Cities are hubs of employment around the world, but urbanisation is also increasingly associated with challenges in maintaining health, leading to poor nutrition, low levels of physical activity, stress, and exposure to poor air quality, all risk factors for the development of NCDs. The need for healthy workplaces is therefore a core part of creating healthy cities.

Why workplaces matter

Research shows that healthy workforces, living in healthy cities, contribute to healthier businesses.^[4] Employers share responsibility for the wellbeing of their employees, in both the immediate and long-term, and can play a pivotal role in promoting, incentivising and achieving improved health outcomes. For example, during HIV epidemics, employers in low- and middle-income countries (LMICs) have played an important role in preventing infections, delivering care, and tackling stigma and discrimination; complementing other interventions from the public sector, multilateral organisations and civil societies. Until recently, however, there has been little capacity to address NCDs in LMICs.

What has been done already?

In 2011, the United Nations called on the private sector to “*promote and create an enabling environment for healthy behaviours among workers,*” including plans to improve smoking cessation, implement health and safety practices and create workplace wellness programs.^[5]

However, despite the mutual value for employers, governments and communities to support a healthy workforce, only

29% of organisations worldwide have implemented comprehensive health promotion and wellness strategies.^[6] There are several reasons behind this poor uptake, particularly in low resource settings, including a lack of prioritisation in national NCD plans, lack of understanding of the business case, difficult follow-up or coordination with national health systems, and limited evidence on what generates impact and what doesn't.

For example, in several LMICs, policy requires employers to provide employees with an annual health check-up, but there is no required follow-up or provision to support basic treatments. In addition, there are limited efforts from employers to promote and enable healthier choices (such as cycling to work and eating a plant rich diet), despite LMICs often having high rates of cardiovascular disease mortality.^[7]

What can be done?

We believe employers have a critical role to play in tackling the emerging NCD crisis in LMICs.

Workplace wellness programs implemented in high-income countries have typically focused on disease prevention and encouraging healthy behaviors. While this is important, for employers in LMICs to achieve the greatest impact on the NCD burden, we believe employee wellness must be approached in a holistic way, complementing care provision with public and private providers. For example, encouraging and incentivising employees to manage their own health; ensuring referral flows are in place for the provision of care; and advocating and facilitating affordable, sustainable care for employees and their families.

For this to happen, employers need to recognise their role and the potential business benefits of investing in employees' health. And policy makers and local health authorities need to recognise employers as key partners in achieving population health.

Holistically linking employee wellbeing with good business in Ghana

In Ghana, progress has been made by linking employee wellbeing with good business through the German Development Cooperation's Employee Wellbeing Programme (EWP) initiative. The initiative challenges employers and governments to promote healthier behaviours among employees, their families and communities, as well as more traditional occupational health and safety concerns. Unlike traditional development partnerships which focus on working with the economically disadvantaged, EWP works with people who have a regular income but are more likely to be affected by NCDs due to richer diets and the inactivity often dictated by office work. The program provides employees with preventative health packages; social protection and financial counselling; health insurance; and treatment. This holistic approach has helped to raise healthcare standards by injecting greater resources into Ghana's national health and social protection systems.

As well as targeting people in the workplace, there is a need to support people living with or recovering from an NCD, and their carers, to return to work. In time, this can be achieved by increasing access to rehabilitation services (likely provided by the government), flexible return to work policies offered by employers, and strengthened legal regulations to protect from discrimination.

Innovation. Evidence. Collaboration.

There is ample evidence of what works in NCD control; this needs to be translated into widespread action – especially in the workplace.

Best practice needs to be shared, along with direct experiences, innovative models and relevant data. Strong on-the-ground public and private sector leadership and collaboration will be crucial to tackling this challenge.

This is why the Novartis Foundation is working with the NCD Alliance to create a platform to advocate for employers in LMICs to play a greater role in the fight against NCDs and to catalyse action at scale. Our partnership seeks to collate best practices and experiences and to identify key barriers for workplace programs in LMICs. This includes the production of a [practical guide aimed at policy makers and employers to support the implementation at large of workplace health programmes](#) [1], launched in December 2017. Learnings and insights will also be used to inform the urban health initiative *Better Hearts Better Cities*, which seeks to improve cardiovascular outcomes in urban

populations through an integrated, multisector approach addressing hypertension and its underlying risk factors in a sustainable way at scale.

Only by working together can we make healthy cities a reality, and healthy cities mean healthy people, healthy communities mean a healthy society, and a healthy society drives healthy businesses.

About the Authors:

Roberta Bosurgi ([@RBosurgi](#) [2]) is Head of the Urban Health Initiative at the [Novartis Foundation](#) [3] ([@NovartisFDN](#) [4]), responsible for setting up a new multi-disciplinary collective initiative for hypertension in low income urban settings.

Katie Dain ([@KatieDain1](#) [5]) is the Chief Executive Officer at the [NCD Alliance](#) [6] ([@ncdalliance](#) [7]), a global network of over 2000 civil society organisations in over 170 countries dedicated to transforming the fight against noncommunicable diseases worldwide.

Employers have a critical role to play in tackling the emerging #NCDs crisis in low-income cities around the world.

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[7] World Health Organization, Global status report on non-communicable diseases, 2014, [p.11]

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