



Realising the potential of workplaces to prevent and control NCDs

How public policy can encourage businesses and governments to work together to address NCDs through the workplace

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FOREWORD

In September 2011, world leaders came together and for the first time acknowledged non-communicable diseases (NCDs) as an urgent issue that undermines social and economic development worldwide. Now, five years on, NCDs feature at an unprecedented level in the 2030 sustainable development agenda. The inclusion in the UN Sustainable Development Goals (SDGs) of a standalone target to reduce premature deaths from NCDs by one-third represents a landmark in the global response to NCDs. It also marks a new era of development in which multisectoral partnerships are fostered and the private sector is encouraged to apply its innovation, resources and reach to mitigate the impact of NCDs.

One of the key opportunities for businesses taking up this challenge relates to the health of their workforce. The 2011 UN Political Declaration identified the workplace as one of five areas for multisectoral action in which governments and businesses can create shared value. In many countries, NCDs affect the most productive segment of the workforce and make it difficult for people to participate fully in decent employment. The result is that people are away from work more, are less productive and often stop working altogether, with devastating costs to individuals, families, businesses and economies.

The good news is that there is a robust evidence base to support a range of multisectoral measures to prevent and manage NCDs in the workplace, improve access to care and support for workers living with NCDs and their families and carers, and eliminate stigma and discrimination – all of which have the potential to deliver a good return on investment. Evidence also shows that a supportive national policy environment and strong partnerships with ministries of health and social policy are pivotal to achieving the scale and reach needed to maximise health and business outcomes.

Yet despite this evidence, only 29% of organisations worldwide have implemented a comprehensive health promotion and wellness strategy, with uneven uptake across business types and resource settings.¹ We need to be clear about what is holding the workplace back from dealing with NCDs. Businesses have identified several barriers to success – while budget constraints remain an issue in taking on wellness strategies, particularly for small businesses, employers cite limited guidance on best practice solutions and insufficient management support as key obstacles to making the workplace an effective setting for NCD control.^{1,2} We also need to ask about the lessons learned in terms of how public policy has enabled businesses to make progress on other health challenges, and how we should use these lessons to embrace a new way of working in which the public and private sectors can act together to mitigate the impact of NCDs. A shift in thinking is also required, so that a healthy global workforce is no longer perceived as a nice-to-have but is viewed as a necessity for economic and social development.

Action by all stakeholders is needed. It is time for civil society, governments and the private sector to adopt a 'whole employee' approach and take shared responsibility for health and wellbeing through innovative partnerships with a commitment to share expertise and knowledge, and mobilise resources. This report recognises that policy and regulatory measures have a pivotal role to play in encouraging businesses and governments to work together to address NCDs in the workplace. The report presents the evidence regarding a set of mutually supportive policy changes targeted at policy-makers and employers that would put forward the workplace as an effective setting for tackling NCDs. We believe that taking on one or two of these would make some difference, but the cumulative impact of the whole package would go a significant way towards unlocking the potential of the workplace to prevent and control NCDs.



José Luis Castro
Chair, NCD Alliance



Evelyn Bourke
Acting CEO, Bupa

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INTRODUCTION

REALISING THE UNTAPPED POTENTIAL OF THE WORKPLACE TO DELIVER VALUE

The global mandate to remove the economic and social toll of NCDs

Non-communicable diseases (NCDs) are the leading cause of death and disability worldwide and are responsible for a staggering global loss in output – equivalent to about 5% of global GDP in 2010.³ Communities, businesses and governments are all adversely affected by NCDs through losses in macroeconomic productivity, national income, healthcare budgets and household income.

The heavy and growing global toll of NCDs on the physical health and economic security of all countries is undisputed at the highest political level. The inclusion in 2015 of NCDs within the UN Sustainable Development Goals (SDGs) reflects the urgent need to provide an effective national response to NCDs that leverages the core competencies of all stakeholders across the private and public sectors to reach scale and have a lasting impact.

The workplace: a setting in which business, government and civil society interests are aligned

Workplace wellness has been consistently prioritised throughout the global political response to NCDs, including in the 2011 UN Political Declaration on NCD Prevention and Control and the WHO Global NCD Action Plan 2013-2020, as a key area of action. With the global labour force predicted to rise to 3.5 billion by 2030, there is a tremendous opportunity to harness the transformative power of businesses and, in particular, the workplace as a platform to prevent and control NCDs.

Moreover, there are benefits to be gained by employers, governments and communities alike in taking joint action to support a healthy workforce. For governments, improving the health of employees, their families and communities will relieve strain on national health systems, as they will be contributing to better health outcomes while reducing costs and sustaining national productivity. In turn, businesses benefit from having a fit and engaged workforce. A healthy workforce is known to be more productive and profitable in terms of operational efficiency, employee recruitment and retention, and reputation management. There is also a growing evidence base that investing in healthy choices, people and workplaces is linked to improved stock market performance over the long term.⁴



While many organisations – both private and public – have championed workplace solutions to NCDs, the global uptake of wellness and health promotion alongside conventional workplace health and safety policies and programmes is uneven. Overall, employee programmes that address NCD risk factors are not yet delivering the scale of impact needed to create sustained value for individuals, businesses and economies. There are also significant shortfalls in delivering comprehensive programmes that provide access to NCD screening and care alongside basic preventative services. There is a particular lack of action on supporting people living with NCDs returning to and remaining in work. The benefits of extending programmes to families and carers of people affected by NCDs are also under-valued and represent a missed opportunity to catalyse long-lasting positive change in whole communities.

Globally, progress can be viewed across a continuum that is influenced by a range of factors: the resource setting, the robustness of a country's health system and the business type and sector, as well as the presence of strong leadership – including champions in the political arena and leaders in the business community who are as demanding on the issue of employee health as they are on other drivers of business performance and economic growth. There is a growing consensus that, to build capacity and scale impact on workplace health solutions, a 'whole employee' approach is required whereby governments and businesses take shared responsibility for creating a culture of health in and out of the workplace.⁵ The aim of this approach is to ensure that people are supported and encouraged throughout their daily lives to make positive decisions for their own health and wellbeing and, in turn, governments and businesses benefit from a stronger, more productive workforce and healthier communities.

In practical terms, this means a change in mindset so that supporting a healthy workforce is viewed as an investment to be leveraged and the contribution workplace wellness make to productivity and performance is properly recognised. This applies to all stakeholders across business sectors, industry bodies, civil society and governments. This report explores how to achieve this ambition through policy and regulatory changes as part of a broad approach to encourage businesses and governments to work together to address NCDs through the workplace. These findings recognise that the private sector is diverse, ranging from small enterprises to multinationals, and that the policy environment varies across countries and resource settings. It also seeks to take into account the informal sector, which represents an important part of the labour market in many countries.

Most of what needs to be done is tried and tested and can be drawn from lessons learned from the groundbreaking efforts of many governments and employers worldwide to promote and protect the health of their workforces. In particular, businesses and governments have a strong track record of working together to deliver preventative and treatment services for HIV/AIDS and other infectious diseases through the workplace. The imperative now is to reassess these solutions through the lens of NCD prevention and management and accelerate implementation across sectors and countries. Only by taking on new ways of working can governments and businesses unlock the full potential of the workplace to tackle NCDs.

A HEALTHY GLOBAL WORKFORCE IS A DRIVER OF ECONOMIC DEVELOPMENT

NCDs and their risk factors undermine economic development

Together, obesity and tobacco have double the economic impact of armed conflict¹



US\$ 2.0
trillion



US\$ 2.1
trillion



US\$ 2.1
trillion

NCDs diminish the workforce



57% of people diagnosed with cancer have to give up work or change roles as a result of their diagnosis and almost half of all stroke survivors are unemployed after one year^{3,4}

Investing in healthy workplaces delivers value

Businesses that invest in health and wellbeing consistently outperform the market:

over a **14 year** period (2000-2014), the stock values of a group of companies that won the Koop-award for outstanding workplace health promotion and improvement appreciated by

↑ 325%

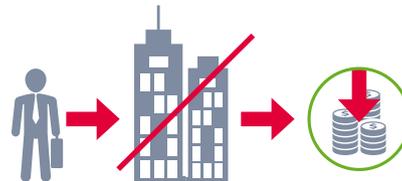
compared with a market average of **105%**⁵

As the leading cause of death and disability worldwide, non-communicable diseases (NCDs) take a heavy toll on households, businesses and governments. Investing in a healthy, resilient workforce by implementing proven strategies to prevent and manage NCDs in all business and economic settings makes sense for sustained economic growth.

US\$ 7 trillion
the projected cumulative
lost output due to NCDs
in low- and middle-income
countries alone for
2011–2025



US\$ 5.3 billion
the losses suffered by
UK businesses in 2008
due to people who survived cancer
being unable to return to paid
employment²

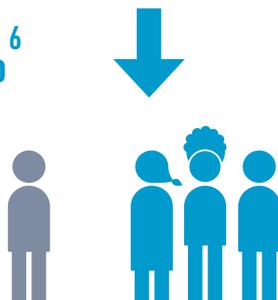


40%
of people who die from NCDs are
in their most productive years



A well-designed wellness
programme can
reduce staff
turnover by

10–25%⁶



¹ McKinsey Global Institute. Overcoming obesity: An initial economic analysis, 2014.

² Policy Exchange, The Cost of Cancer, Research Note, 2010

³ Macmillan Cancer Support, 2010.

⁴ Quinn AC et al. BMJ Open 2014.

⁵ Goetzel R, et al. JOEM 2016; 58,

⁶ Pricewaterhouse Coopers. Building the case for wellness, 2008.



OVERVIEW OF RECOMMENDATIONS

RECOMMENDATION

1

PROMOTE
MULTISECTORAL
DIALOGUE AND ACTION

RECOMMENDATION

2

IMPROVE THE DELIVERY
OF NCD PREVENTION AND
MANAGEMENT THROUGH
THE WORKPLACE

RECOMMENDATION

3

SUPPORT PEOPLE
RETURNING TO WORK

RECOMMENDATION

4

PROVIDE INCENTIVES TO
SCALE AND MEASURE
IMPACT

Recommendation 1 in detail:

PROMOTING MULTISECTORAL DIALOGUE AND ACTION

Fostering coordination across sectors

An effective national NCD response starts with enhanced policy coherence across government sectors. This is because the most effective NCD responses do not only tackle health issues; they also include a package of policy solutions that cut across sectors, including education, finance, employment, agriculture, trade, urban planning and infrastructure. Opportunities to foster greater cooperation and joint work need to be encouraged to better unite policy initiatives and avoid fragmentation if the workplace is to be fully leveraged as a platform to prevent and control NCDs. In particular, the misalignment of public policies for occupational health and safety and health promotion has been identified as a barrier to fully realising the potential of workplace NCD interventions in some countries. Specific efforts are required to strengthen cooperation among ministries responsible for health, employment and social affairs to improve the links and promote policy coherence between national policy and planning on occupational health and safety and NCD prevention and control.⁶ This includes policies that support access to NCD screening and treatment services, as well as vocational rehabilitation through the workplace.

Businesses can also adopt this holistic approach and put in place strategies that merge health promotion programmes with broader occupational health services, health education and access to treatment. There is already a strong appetite for a shift towards a cohesive approach to employee health, with 78% of employers surveyed from around the world reporting that the pursuit of a culture of health is a high priority, and there are significant examples of strong leadership from the private sector.^{1,7} Management of employee programmes is also changing, with dedicated wellness coordinators becoming more prevalent in some parts of the world, most notably Australia, New Zealand and the USA.¹ There is now an opportunity for governments to capitalise on this momentum and establish mechanisms that support multisectoral dialogue and exchange of best-practice policy solutions.



Creating vehicles for multisectoral dialogue and knowledge exchange

Investment in government bodies, including national NCD commissions, is an important step in creating a multisectoral mechanism at the national level that supports senior decision-makers in the private sector, government and civil society working together to drive NCD action. Several countries have now instituted national NCD commissions (NNCDCs) or equivalent fora as vehicles for leading a ‘whole of society’ and ‘whole of government’ response, with functions ranging from a government advisory role on NCD policy and legislation to accountability regarding project implementation.⁸

There is a strong political mandate for NNCCDs. Indeed, they were recognised by the UN General Assembly in 2014 as a key vehicle for engagement and policy coherence in the Outcome Document of the Review of NCDs.⁹ High-level political support also exists for this approach in a number of countries.⁸ For example, in Mexico, the NCD was established by a presidential decree, and Guyana has appointed its head of state to chair its national commission.¹⁰ In some countries, NNCCDs have achieved a number of successes, contributing to concrete changes in the policy landscape, heightening awareness of NCDs as an issue for the community and the national workforce, and helping to strengthen legislation on NCD prevention (see Case study 1).

Governments in all settings have an opportunity to fully utilise these commissions to enhance policy coherence and stimulate dialogue on workplace solutions to NCDs. This could be facilitated through broad representation of stakeholders on NNCCDs, including representatives of government, public and private employers, people living with NCDs and UN agencies. In particular, the International Labour Organization (ILO) is well placed to negotiate, consult and exchange knowledge on NCDs and the workplace. There should also be representation from employee groups such as labour unions, which should be supported in contributing to and helping to shape workplace policies and practices.

Additionally, NNCCDs need strong leadership and adequate resourcing with dedicated professional and technical staff to facilitate their proper functioning who are provided with funding in accordance with their roles and responsibilities. To be effective and sustainable in the long-term with the widest possible support, NNCCDs also need to have a well-developed conflict of interest policy to which all parties agree and strictly adhere. Implementation of the recommendations of NNCCDs may be best achieved through the establishment of an independent interministerial working group or taskforce on NCDs with representatives from across government who have the ability to enact changes in national policy.

CASE STUDY 1

The CARICOM National NCD Commissions

A high-level forum for a multisectoral national response to NCDs⁸

At the end of 2014, 12 out of 20 Caribbean Community (CARICOM) countries had formed NNCDs or analogous bodies with ‘whole of society’ participation, i.e. government, civil society and private sector participation. While progress has varied across the region, key successes in national NCD responses have been accomplished in addressing NCD risk factors and strengthening multisectoral action. For example, in Bermuda, the Well Bermuda Partnership receives professional and technical support from ministry of health staff and has an assigned budget and strategic plan; in Granada, the commission has catalysed trade unions, public and private employers, churches and media to celebrate Caribbean Wellness Day; and the Barbados commission has contributed to the enactment of legislation banning smoking in public places. The Barbados commission, which is the oldest of the commissions, has also successfully advocated the establishment of an interministerial commission for health, chaired by the minister of health and supported by meetings of the permanent secretaries and chief technical officers of several ministries.



Specific efforts are also needed to advance other established vehicles of multisectoral action to achieve workplace solutions. These include the development and implementation of national NCD plans. Globally, there is a strong political mandate for establishing national plans – all countries committed to initiating or strengthening a plan by 2015 and, as of 2014, around half of all countries had an integrated operational plan with a dedicated budget. While most country plans do not currently include actions in the workplace, there is a strong track record of multisectoral participation in planning and implementation, including across ministries and through public-private partnerships (Case study 2). With the capacity to lead on the collection and sharing of data, national NCD plans have the potential to act as a key platform for facilitating and disseminating best practice workplace solutions – a key enabler to innovation in workplace health practices.²

By way of example, one of the challenges for governments and businesses is collecting and communicating information on effective digital health technologies that can be applied in the workplace. Telemedicine (telecommunications technology-based physician support services), which is the fastest growing wellness programme globally, SMS-based tools and smartphone apps for NCD prevention and management promise to transform workplace health programmes by providing an experience that is both personalised and social. However, at present, the rate of innovation is exceeding the ability of policy-makers and employers to assess what works best. Some tools, such as text-based stop smoking aids, have been shown to be effective, but other promising ideas are as yet unproven, thus hindering their further development. There

is a pressing need to collect more evidence about the effectiveness of these tools in the workplace and assess which are cost-efficient, scalable and sustainable, and which can most easily be adapted to different cultures and languages.

Garnering support for the development and implementation of national NCD plans as a platform to share best practice and drive the dissemination of mobile health (m-Health) solutions benefits both businesses and governments. Such plans address the collective need of businesses to identify effective m-Health solutions that are cost-efficient, scalable and adaptable to different markets and sectors of their workforce. For governments, the plans provide a channel to work with businesses to determine the value of these tools to health systems and the return on investment to the public sector needed to scale up implementation. They also provide an important platform to exchange knowledge and build upon existing efforts (e.g. the WHO-ITU joint initiative on m-Health for NCDs)¹¹, to promote best-in-class technologies as well as understand the broader enabling environment needed to realise the potential of these interventions (see Recommendation 2).

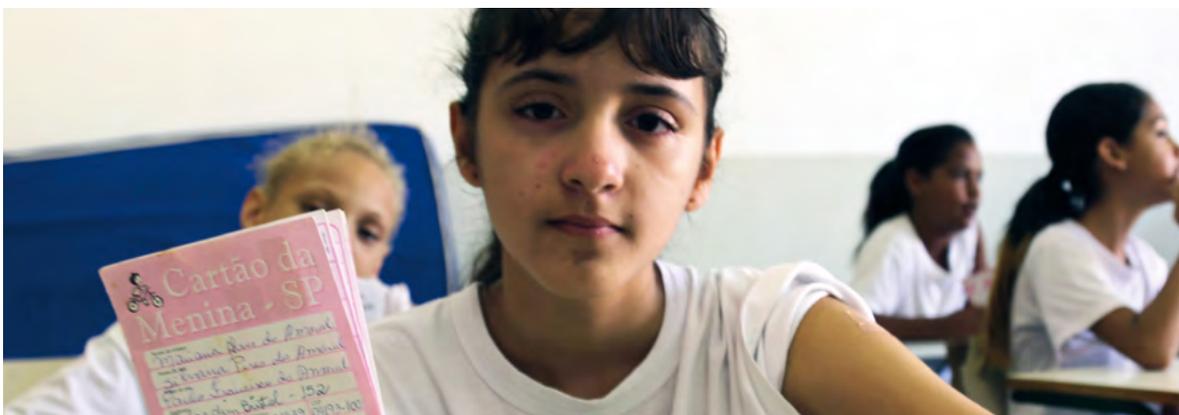
CASE STUDY 2

BRAZIL

A national NCD plan as a vehicle for multisectoral action

The Brazilian Government has demonstrated strong political commitment to reducing the national burden of NCDs with the launch of the 2011-2022 Strategic Action Plan for Tackling Chronic Non-Communicable Diseases (NCDs) in Brazil which defines and prioritises the actions necessary to prepare the country to face and stop the growth of NCDs.¹² The goal of the national plan is to promote the development and implementation of effective, integrated, sustainable and evidence-based public policies to prevent and control NCDs and their risk factors, as well as to strengthen health services for patients with chronic diseases.

The development process of the national plan highlights its intrinsic partnership nature and the potential to drive cross-sector action: around 20 sectors participated in the planning of the NCD action plan, including representatives from education, sport, finance and communication. As a result, a range of multisectoral initiatives have been initiated, including cooperation between the ministries of education and health to deliver health promotion to schools in 4,700 municipalities, and a public-private partnership to use the media to promote healthy habits. One of the main achievements to date has been improving the NCD surveillance system. Brazil currently provides data and estimates regarding morbidity and mortality rates and main risk factors for NCDs, easily accessible in the public domain, allowing researchers and policy-makers to understand the magnitude of the problem, its spread, and trends in the general population and sub-groups.





Creating a charter for workplaces and NCDs

A lack of standardisation in workplace interventions for NCDs has been consistently identified as a barrier to broader implementation. Businesses want to know what works and need best practice guidelines to maximise their investment in workplace health and wellbeing.

There is scope for the development of a voluntary charter that sets out universal principles for work and NCDs that can be applied to all businesses and economic settings, including the informal sector and the self-employed. These principles would include workplace interventions for NCD prevention, early detection and care and support. The charter would also address specific workplace issues such as stigma and discrimination and the rights and responsibilities of employees and employers regarding NCDs and work. The charter would include, but not be limited to, best practice guidelines to inform education, communications and the use of digital technologies, monitoring and reporting, as well as research priorities.

The charter would be developed through a consultative process led by private and public employers with contributions from representatives of government, civil society, people living with NCDs and UN agencies. The process would consider the current global evidence base and lessons learned by governments and businesses in delivering health through the workplace. At the national level, the charter would be strongly linked to a country's national NCD plan and be adapted to local conditions, legislation and resources to formulate best practice guidelines for national action on NCD prevention and control through the workplace. For some governments, the adoption of the charter would build on existing efforts to guide businesses on workplace health strategies. In Spain, for example, the Department for Labour has issued guidance to employers on best practice corporate social responsibility, and part of this includes a focus on workplace health.¹³

As voluntary signatories to the charter, businesses could show that they are working towards adopting these universal principles of NCD prevention and control and achieve appropriate recognition from governments and the community for their commitment to supporting a healthy workforce (see Recommendation 4).

The charter would draw on the experience of establishing the ILO Code of Practice on HIV/AIDS and the World of Work¹⁴ (Case study 3), and would be aligned with other complementary global charters such as the ILO Global Business & Disability Network Charter,¹⁵ launched in October 2015. Signatories to this charter commit to promoting and including people with disabilities throughout their operations worldwide and protecting staff with disabilities from any kind of discrimination. This has direct relevance to the creation of a core package regarding NCDs, as it is very much in line with the recommendation in this report to strengthen and enforce workplace anti-discrimination laws to protect people living with NCDs and their caregivers. Key lessons learnt would also be adopted from existing national awards such as the Workplace Wellbeing Charter, launched as a national initiative in 2014 by Public Health England as a means of offering employers in England a more systematic methodology for improving workplace health.¹⁶

CASE STUDY

3

UGANDA

Leading on HIV/AIDS and the workplace through multisectoral dialogue¹⁷

Uganda was one of the first African countries to be confronted by the HIV/AIDS epidemic in 1982. The epidemic affected the most productive segment of the Ugandan labour force: people in the 15- to 49-year age group. This erosion of human capital, loss of skilled and experienced workers and reduction in productivity had grave consequences for both the private and public sectors. In 2007, the Government of Uganda took decisive steps to address this crisis through national multisectoral action.

Through a joint effort of representatives of government, employers, workers, civil society organisations, people living with HIV/AIDS networks, faith-based organisations and UN agencies in Uganda, a national policy was developed to guide the overall response to HIV/AIDS in the world of work in Uganda. The policy draws on the ILO Code of Practice on HIV/AIDS and the World of Work, recognising HIV/AIDS as a workplace issue which should be treated like any other serious condition in the workplace. It emphasises the importance of promoting and protecting human rights, participation in the workplace of people living with HIV/AIDS, and gender equality, as well as prevention, care, support and treatment, and addresses specific issues such as confidentiality, HIV testing within the workplace and discrimination. The policy recognised that, while public and private sector enterprises made their own institutional efforts to deal with HIV/AIDS and its effects in their workplaces, there was also a need to put in place a national policy to guide coordinated action that covered all workplaces, including the informal sector and the self-employed.



Recommendation 2 in detail:

IMPROVING THE DELIVERY OF NCD PREVENTION AND MANAGEMENT THROUGH THE WORKPLACE

Moving to smoke-free workplaces

One of the clearest examples of the use of effective public policy for NCD prevention is the creation of smoke-free environments to prevent lung cancer, heart disease and strokes.¹⁰ A ban on smoking in all indoor workplaces can help smokers give up successfully, as environmental triggers are reduced and smoking is not allowed to be the norm. Smoke-free policies can reduce the prevalence of smoking by 6%, and can have almost immediate effects, including reductions in hospital admissions for heart attacks.¹⁸ Smoke-free laws also have an impact on tobacco use outside the workplace. Based on a survey of 15 low- and middle-income countries from 2008 to 2011, people are 61% more likely to make their homes smoke-free voluntarily if smoking in the workplace and public places is banned. When implemented in workplaces in parallel with smoking cessation programmes, smoke-free legislation provides a cost-effective measure that creates value for businesses and employees through improved productivity, reduced healthcare costs and better health.¹⁹

In many countries, comprehensive smoke-free laws that prohibit smoking in indoor workplaces, public places and public transport are now a legal obligation, forming part of national commitments to implement the WHO Framework Convention on Tobacco Control (FCTC), an evidence-based global treaty that sets the framework for global and national tobacco control. As of 2014, 178 countries had ratified the WHO FCTC, and Article 8 covering smoke-free policies is one of the most widely implemented (49 countries).

There is compelling evidence in all settings to support the implementation of smoke-free workplace policies (Case study 4). For example, in Spain, following a complete ban on smoking in workplaces in January 2006, exposure to second-hand smoke in workplaces dropped from 40% to 9%, and there was a 2.3% decline in the number of smokers.²⁰ The 2006 law also helped local businesses to strengthen their workplace policies. For example, Sanitas, the leading Spanish health and care company, leveraged the national policy change to reinforce a ban that the company had implemented in 2000. After the law came into force, Sanitas prohibited smoking on hospital grounds (and not only buildings, as the law stipulated) and required hospital staff to change out of their hospital uniform when they left the building to smoke outside the grounds. The law also allowed Sanitas to apply fines if any employees were found smoking in non-smoking areas. At the same time, Sanitas renewed its offer of smoking cessation programmes to employees which were fully financed by the company.

Yet despite this progress, comprehensive national smoke-free laws cover only 18% of the world's population, and nearly two-thirds of low-income countries remain unprotected. Even where smoke-free policies do exist, the effectiveness of workplace smoking cessation programmes could be facilitated by better and more affordable access to interventions (including individual, group and telephone counselling and certain medications). Smokers who use smoking cessation services when giving up are four times more likely to succeed than those who give up unaided.²¹ However, national comprehensive cessation services with full or partial coverage are available to help tobacco users give up smoking in only 24 countries. There is no cessation assistance of any kind in one-quarter of low-income countries.²²

CASE STUDY 4

URUGUAY

The impact of smoke-free workplace policies

Uruguay is a regional and global leader in tobacco control. Uruguay was the first country in Latin America to pass comprehensive national smoke-free regulations that cover all indoor work and public places, effective from March 2006. From 2005 to 2011, per capita cigarette consumption in Uruguay decreased by an average of 4.3% per year, while prevalence fell by an average of 3.3% per year.²³

In 2015, Uruguay was honoured for its work in offering help to those who wanted to give up tobacco use. The award, presented at the Bloomberg Philanthropies Global Tobacco Control Awards, recognises the importance of tobacco dependence treatment as part of a broader tobacco control policy. Since 2008, Uruguay's tobacco control law has stipulated that all healthcare providers must offer cessation support to their customers. Today, all of Uruguay's 19 departments apply this legislation.



Worldwide, private sector employers are showing strong leadership in creating smoke-free workplace environments and filling the gaps in the national implementation of smoke-free policies. For example, in China, 240 businesses in six cities covering over 400,000 employees have moved to smoke-free workplace environments with the support of the China Tobacco Control Partnership, a multisectoral partnership supported by local government, the National Health and Family Planning Commission of the People's Republic of China and the Center for Disease Control (Case study 5).²⁴ In other countries, multinationals are prohibiting the sale of tobacco products within their contracted work areas and banning the use of tobacco products on company property and in company owned vehicles.¹⁹

A ban on smoking in all indoor workplaces can reduce the prevalence of smoking by 6%.¹⁸

**CASE
STUDY
5****CHINA****Businesses showing leadership in smoke-free workplaces**

The city of Anshan, in northeast China, has a population of 3.6 million and is one of six Chinese cities participating in the Tobacco-Free Cities Smoke-Free Business Initiative.²⁴ Overall, 24 businesses in Anshan covering 27,486 employees are involved. In November 2015, one of these companies, Anshan Iron and Steel Group, Bayuquan Steel Branch, was awarded the best smoke-free business award for Anshan at a special awards ceremony held in Beijing to recognise the outstanding leadership of 21 businesses across China in creating smoke-free workplaces.

This subsidiary of the Angang Steel Co., Ltd. employs more than 3,600 people, including 2,700 who smoke. The company issued an official ban on indoor smoking in March 2014 and incorporated tobacco control in worker training, communication and evaluation. The enforcement of smoke-free workplace policies is now part of regular employee performance assessments, and the management reinforces the message through regular activities, such as leading clean-up activities to pick up cigarette butts on work grounds. Since implementing the widespread tobacco control measures, 200 smokers have successfully given up. The company was supported in its efforts by the Smoke-Free Business Initiative Team in Anshan which helped to incorporate the promotion of smoke-free businesses in the city's official National Health City plan.





Adapting the workplace environment to support healthy choices

Employers worldwide have identified obesity as one of the most pressing issues driving workplace wellness strategies today, reflecting its enormous cost to business and society.^{1, 25} In the United Kingdom, for instance, the estimated total impact of obesity on employers is US\$ 7 billion. Obesity is also closely linked to NCDs and their risk factors, including type 2 diabetes and some cancers, as well as high blood pressure and glucose intolerance.^{26, 27}

While any single intervention is likely to have only a small overall impact on obesity rates, workplace wellness programmes that support healthy eating and encourage physical activity are one part of a package of high-impact interventions that can address this complex issue.²⁵ However, based on existing evidence, workplace programmes that focus on conscious changes to behaviour, such as weight management programmes, are not achieving sufficient impact. While scaling up these programmes to reach more businesses and more employees is important, greater attention also needs to be paid to interventions that positively change the workplace environment to ensure that healthy food and physical activity form an integral part of workers' daily routines.

Public sector workplaces in many countries are already playing an important leadership role and setting the pace for change. Government agencies worldwide are applying regulatory measures (Case study 6) and disseminating information and resources on a range of interventions, including nutrition standards, access to healthy food options and creating activity-based work environments. There is a case to be made that supporting information exchange on best practice workplace interventions will have the greatest impact if done at the local level – interventions can be more easily tailored to local workforce needs and culture and direct linkages can be made to facilitate guidance and knowledge exchange.²⁸ In New Zealand, for example, local public health service units oversee the WorkWell programme, which helps businesses improve their employees' health by supporting the improvement of the workplace environment and organisational systems. National governments can facilitate this approach by giving a clear remit to local public health agencies to prioritise healthy workplaces and provide adequate financial and professional support to work directly with local businesses.

The highest-impact levers do not rely on individual willpower to change, but restructure the choices in our environment. ²⁵

**CASE
STUDY
6**
USA
New York – Using regulatory measures to change the food environment in workplaces

Executive Order 122 in New York City (2008, revised in 2014) established nutrition standards for all foods purchased and served by city agencies. With over a million meals served by the city a day, the standards aim to improve the health of all New Yorkers served by city agencies (including public schools, hospitals, senior centres, correctional facilities, homeless shelters and other entities). The standards include: general and food category-specific nutrient standards, including maximum and minimum levels of nutrients per serving (e.g. only non-fat or 1% and unsweetened milk); portion size requirements; the requirement that water be offered with food; a ban on the deep-frying of foods; and daily calorie and nutrient targets (based on the USDA's 2010 Dietary Guidelines for Americans).²⁹ In 2015, the compliance rate across city agencies was 96%. While the standards were developed for New York City agencies, they are recommended for all workplaces. New York City also issued Standards for Beverage and Food Vending Machines (in 2009 and 2011 respectively) and New York State Food Purchasing Guidelines (2012) to encourage city agencies to procure food products that are grown, produced or harvested in New York State.^{30, 31}



Promoting acceptance of positive behavioural change

Creating national public health campaigns that have a clear behavioural target (e.g. making a serious attempt to give up smoking) and reinforce workplace NCD prevention efforts can yield returns.³² Employees benefit from additional encouragement and help to adopt healthy choices and employers may benefit from increased support and acceptance of workplace initiatives through the creation of positive social norms regarding healthy choices.³³ For example, community smoking cessation campaigns that remind smokers why they should give up and then show them how to do so can encourage smokers to participate in workplace smoking cessation programmes. This may be especially important in some communities and cultures in which awareness and beliefs vary greatly regarding the positive health impact of giving up smoking.³⁴

Stoptober, the 28-day stop smoking challenge from Public Health England, generated an additional 350,000 attempts to give up smoking during the inaugural national campaign in October 2012.³²



Improving access to NCD services at worksites

Often, effective solutions for the prevention and management of NCDs exist in high-resource settings, but the lack of access to affordable quality services in low-resource settings means that many individuals and their families are missing out. In some low-resource settings, businesses are working to bridge the gap, cooperating with local and national governments to improve access to screening, health education and medicines at worksites. In some cases, this takes the form of permanent on-site healthcare facilities staffed by qualified nurses. In other cases, mobile units visit work premises to provide healthcare services to employees (Case study 7).

In each case, employers can increase the effectiveness of these initiatives by seeking opportunities to leverage both public and private sector resources to improve the quality of what they offer. For example, a recent evaluation of workplaces in the ready-made garment (RMG) industry in Bangladesh found that, while many businesses had invested in on-site health facilities with dedicated nurses, there were several gaps that were compromising access to quality services. These included a lack of training and skills amongst the clinic nurses and a low level of knowledge of relevant health topics.³⁵ A number of policy and regulatory measures were recommended to help address these shortfalls, many of which are relevant across sectors and geographical regions. For example, while Bangladeshi law stipulates that RMG factories must have an on-site clinic with full-time staff, the addition of a policy mandate regarding the qualification level of clinic nurses would be an important step forward. Additionally, better linkages between the public health system and employers should be encouraged so that clinic staff can participate in existing capacity-building and training in NCD prevention and control provided by public health facilities, similar to that offered by Namibia's innovative mobile health service (Case study 7). There may also be provisions for cross-sector partnerships, for example, with the ministry of education, to develop training modules that meet the specific needs of on-site nurses regarding health education, screening and management of NCDs.

CASE STUDY

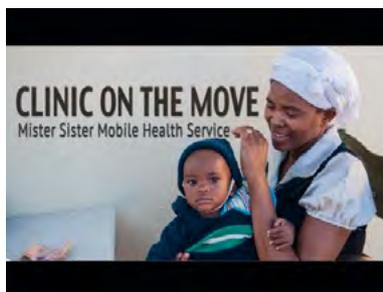
7

NAMIBIA

Leveraging public and private sector resources to deliver health services to worksites³⁶

In 2010, the PharmAccess Foundation in Namibia launched the Mister Sister Mobile Health Service, an innovative programme designed to provide primary healthcare to employees and their families living in rural and remote areas of Namibia.³⁶ What began as a pilot programme in 2009 now delivers an integrated package of primary health services to over 1,000 individuals per month. The services include testing, referral and follow-up on NCDs such as hypertension, asthma and diabetes, as well as HIV/AIDS testing and treatment, family planning, and antenatal and postnatal care. Patients who cannot be treated within the scope of the mobile clinic are referred to the nearest public health facility.

Mister Sister uses a mixed-funding model to leverage both public and private sector resources to cover the cost of delivering these services. The ministry of health supplies the necessary drugs and vaccines used by the mobile clinics. Commercial farms and other local private businesses cover the costs of bringing healthcare to their employees. Donor funding and corporate social responsibility contributions fill the gaps in resources. The ministry of health and the Namibia Institute of Pathology also provide regular service training of clinic staff. Since private companies pay for Mister Sister to visit their premises, employees who would otherwise visit the nearest government clinic now have access to care closer to home, with employers reporting a healthier workforce and benefitting from savings on transport (of employees to clinics), medical costs and employees taking fewer days away from work to visit a remote clinic.³⁷



Governments and employers in all resource settings are exploring other innovative ways to improve access to health services for NCDs through the workplace. A rapidly emerging area is telehealth, the delivery of health services and information through telecommunications technologies. Broader than telemedicine, telehealth goes beyond the provision of clinical services to support management, surveillance and access to medical knowledge. In some high-resource settings, telehealth is already changing the way employees can access health services through the workplace. In the USA, for example, the Mayo clinic has been piloting walk-in telehealth kiosks in some workplaces. The kiosks are private stations fitted out with videoconferencing systems and interactive digital medical devices (e.g. blood pressure cuffs and stethoscopes) that enable employees to interact with health professionals remotely.³⁸ The potential benefits of these technologies for employers and their employees include the capacity to offer unscheduled healthcare visits and access to

multiple care providers (e.g. primary care clinicians and community-based care providers), and also to break down barriers of time and distance from services. There are also opportunities for telehealth to support access to a range of NCD-related services across the continuum of care – not just clinical consultations, but also supporting education about healthy lifestyle choices and self-management of NCDs.³⁹

While the demand for telehealth technologies in workplaces is predicted to increase – a recent survey estimated that 71% of employers are expected to offer telehealth services by 2017⁴⁰ – it is clear that technological advances alone will not be sufficient to realise their potential.³⁸ In particular, national health policy needs to be closely aligned with the development of communications infrastructure, such as broadband and mobile network coverage, to create a broader enabling environment. Some OECD countries are already making progress. For example, New Zealand has established a National Telehealth Forum, supported by the National Health IT Board, and a government-funded high-speed broadband initiative is also under way.

National policy also plays a pivotal role in supporting employers seeking to broaden the scope of their existing workplace health programmes. This includes changes in the tax treatment of workplace health to encourage employers to develop more generous schemes for more employees (Recommendation 4). For many employers, incentives are likely to be an important lever for implementing workplace programmes that enable access to a range of products and services that promote wellbeing for employees and their families, including preventative care and return-to-work initiatives.

In addition to breaking down barriers to access, the issue of affordability of NCD services should also be addressed. There is a need for companies in all economic settings to conduct an internal inventory of their policies and existing coverage to ensure that they are evidence-based, with a clear rationale for what is and is not covered, and provide support in principle and wherever possible for employees and their families facing NCDs.



Recommendation 3 in detail:

SUPPORTING PEOPLE RETURNING TO WORK

Providing services to give support to people living with NCDs to return to work

A fundamental principle of national policy on work and NCDs should be recognising that getting people living with NCDs back to work is a positive health outcome.⁴¹ This is because providing support to people living with an NCD to return to productive work is a win for everyone. Governments and businesses benefit from reducing days lost through sickness-related absence and sustaining a resilient, productive workforce. Individuals and their families benefit from a return to a routine and restoring social contact and income. Yet people wishing to get back to work often struggle to do so, in part because of a lack of vocational rehabilitation services that provide support for people to remain in or return to work.⁴² Moreover, where they do exist, there is often poor individual and professional awareness about their use and how to access them.⁴³

The evidence shows that effective vocational rehabilitation requires a coordinated approach between governments and businesses – access to healthcare services alone is not sufficient and employers also have a key role to play in supporting a successful return to work for employees living with NCDs.⁴¹ In practice, this means national policies enabling timely access to specialist case management and health services tailored to the needs of individuals, and employers supporting flexible return-to-work policies and making reasonable adjustments to help employees to adapt to the challenges of their illness. This holistic approach is particularly important for creating age-friendly employment practices to help older workers with NCD-related health needs to stay in the workforce.⁴⁴ Additionally, improved communication and coordination among the key players – particularly the individuals, healthcare providers and employers – is needed. In a summary of policy levers on workplace health in the UK, the development of a health and work care pathway was recommended to highlight the local health- and work-related services and support available in a given local area, along with the pathways into them, enabling more professionals to make referrals to services.²⁸

There is robust evidence that interventions carried out by vocational rehabilitation services improve health and work outcomes. Macmillan Cancer Support has estimated the average cost in the UK of a vocational rehabilitation intervention per cancer patient of £850, with a range of £380 to £1,500. If an individual is supported back into work, the resulting tax returns will, on average, outweigh the cost of the intervention within the first three months of employment.⁴⁵ These findings are supported by studies carried out in Australia and Canada.⁴⁶

The earlier someone with a health problem can be helped to return to work, the better for the individual, the employer and society.⁴¹



Providing support for family caregivers

Many caregivers are in paid employment, and this dual role of caring and working can place significant emotional and financial strain on an employee. Caregivers often face the same issues as people living with NCDs, such as needing time away from work to provide care and managing shifting responsibilities at home. Employers can play a major role in providing caregivers with the support they need to remain productive members of the workforce, including disseminating resources, providing access to counselling and establishing flexible workplace policies. A supportive national policy environment can augment workplace programmes with several best practice examples already being utilised by governments worldwide.⁴⁷ These include the provision of financial support to allow caregivers to provide their family members with the care they need in a way that suits them (Case study 8). Caregivers can also benefit from increased access to information about NCDs and what to expect over the long term, as well as training on how to care for a family member. Providing support to carers of people living with dementia is an area of particular need. In Finland, the government has created information centres for carers of people living with dementia at the municipal level all over the country. In Mauritius, the dementia care strategy includes basic training to informal caregivers.⁴⁷



**CASE
STUDY
8****THE NETHERLANDS****Providing financial assistance to support
a personalised approach to care**

The Netherlands has been among the pioneers of a person-centred approach to care whereby personal health budgets are provided to buy in services tailored to the needs of patients or their caregivers within a set budget.⁴⁸ Known in the Netherlands as the *persoonsgebonden budget* (PGB), the PGB model allows patients to choose between receiving care in kind through standard providers and having a personal budget. Personal budget-holders may purchase the care of their choice from professional organisations or non-professionals, such as neighbours, friends and family.

Although there are challenges in managing PGBs, the major advantages are that they can provide greater flexibility, choice and control for patients and caregivers and fill gaps in conventional health systems. Governments also see them as an effective means of containing the costs of healthcare and social care.⁴⁸ Most recently, the UK Government has piloted personal health budgets in a number of places across England to help people manage their own care or the care of a family member in a way that suits them. Personal stories have highlighted how access to these resources can facilitate a return to work. For example, caregivers have used personal health budgets to fund the care of family members, enabling them to remain in employment. In other cases, they have been used to create tailored rehabilitation plans, helping people to return to work earlier than expected.⁴⁹



The role of anti-discrimination legislation

Several countries consider NCDs to be a disability under national anti-discrimination legislation, meaning that employers are required to make reasonable adjustments to help an employee to continue to work effectively (Case study 9).⁵⁰ Put simply, reasonable adjustments are changes that help people with disabilities compete for a wide range of jobs, excel in their work and be treated fairly. Governments can ensure that national anti-discrimination legislation – whether restricted to the workplace context or applicable more broadly – contains a definition of disability that includes NCDs.

Governments need to promote and enforce this legislation so that people living with NCDs who wish to work during treatment or return to work are protected from direct and indirect discrimination in the workplace.⁵¹ Best practice guidelines on managing discrimination at work should be a core component of a charter on NCDs and work, so that employers in all settings are aware of their obligations to prevent discrimination at work and enforce workplace policies that ensure employees coping with NCDs and their caregivers are not disadvantaged during recruitment processes, at work and when returning to work.

CASE STUDY 9

AUSTRALIA Preventing discrimination in the workplace for people living with cancer

In Australia, people who have, have had or are at increased risk of cancer and their caregivers are protected from discrimination in the workplace by national anti-discrimination legislation. The 1992 Disability Discrimination Act protects people who have temporary or permanent disabilities, including diseases or illnesses, from discrimination in many areas of public life, and includes specific detailed protection when it comes to employment. Employers must treat people with disabilities fairly in relation to recruitment, terms and conditions, promotion and other benefits and termination of employment. The 1992 Disability Discrimination Act has been successfully relied on by people affected by illness and caregivers in actions for damages (and other remedies) for unlawful disability discrimination in the workplace. It sends a powerful message to both employers and employees about the fair treatment of people with diseases in the workplace, and is supported by detailed guidance from the Australian Human Rights Commission.



Recommendation 4 in detail:

PROVIDING INCENTIVES TO SCALE AND MEASURE IMPACT

Making incentives work for employers and their employees as well as governments

Incentives can play a pivotal role in persuading businesses to act on workplace NCD interventions.⁵² Incentives can be financial (e.g. tax credits and grants) or they can be linked to building capacity (e.g. access to government-supported professional and technical support), market share (e.g. bid preferences and zoning incentives) and building reputation and investor confidence (e.g. public reporting and benchmarking).

The use of financial incentives (e.g. tax incentives, grants, cash reimbursements and financing options) to foster the implementation of workplace wellness programmes globally is uneven. Where they exist, they are generally used to support businesses starting and sustaining a workplace wellness programme and support greater employee participation in existing programmes. Most are aimed at creating a healthy food environment, promoting physical activity and encouraging individuals to adopt healthy behaviours. However, for the most part, they are poorly monitored and do not measure health or business outcomes, providing limited insight into what works best. The role of incentives has also been questioned by governments on the basis that businesses may gain value in healthcare savings and improved productivity from employee programmes, or they may benefit from receiving a subsidy for what they are already doing. Consequently, scaling up their use has proven challenging.

Despite these perceived shortcomings, there is a compelling case for increased government support for financial incentives as part of a broad package of incentives available to employers that includes other no- or low-cost incentives. Firstly, there are a number of best practice examples that address NCD risk factors where there is a demonstrated benefit to employers and employees from financial incentive schemes (Case study 10). In addition, many of these successful programmes can be linked to existing national and local government cross-sectoral actions on infrastructure (e.g. road safety), urban planning (e.g. active design for buildings) and environment (e.g. active transport to reduce emissions from cars) so that, rather than being viewed as an additional cost, these programmes can be seen as leveraging existing investments to scale impact and improve outcomes.

**CASE
STUDY
10**

**UK
Cycle to Work Scheme – A tax incentive
to promote behavioural change**

One of the fastest growing workplace programmes across geographical regions, particularly in Asia, Africa and the Middle East, is the Cycle to Work scheme.¹ Governments worldwide are encouraging physical activity by making it easier for people to walk and cycle and incentivise employers to promote active transport to work.⁵³ The Cycle to Work scheme is a UK Government tax exemption initiative introduced in the Finance Act 1999 to promote healthier journeys to work.⁵⁴ Under the scheme, employers buy cycling equipment from suppliers approved by their scheme administrator and hire it to their employees. At the end of the loan period, the employer may choose to give the employee the option to purchase the equipment. On average, employees who participate in such schemes save up to 40% of the total cost of a new bicycle. Employers make a national insurance saving (typically 13.8% of the salary sacrifice amount), providing a financial incentive to run the scheme, whilst promoting a positive behavioural change in their employees.⁵⁵

Key outcomes of the scheme to date include:⁵⁶

Since its introduction, over
550,000 people HAVE PARTICIPATED IN THE SCHEME.

57 % of employers are
**SMALL AND MEDIUM
ENTERPRISES**
with less than 200 employees.

97% of employers participating
in the scheme see it as crucial
in **HELPING TO ACHIEVE A
HEALTHIER WORKFORCE.**

54% of people did
NOT CYCLE TO WORK
before joining the scheme.

85% of employees
believe that **CYCLING TO WORK
HAS LED TO HEALTH BENEFITS.**





Research also suggests that organisations that receive tax incentives provide more support for employees and broaden the availability of services in the workplace.⁵⁷ For example, a survey of UK employers who provide workplace health programmes reported that, if taxes on employers relating to workplace health support were reduced, 24% of employers would provide support to more staff and 43% would offer a more generous scheme.⁵⁷ Thus, there are opportunities to use incentives to increase the reach of programmes beyond employees to families and their communities and broaden the availability of services, for example, to increase the scope of preventative services and include access to NCD screening and vocational rehabilitation, with the potential to deliver greater health and cost benefits. Importantly, in order to make incentive schemes work for both employers and employees, cohesiveness at the policy level and the removal of tax disincentives are needed.⁵⁷ For example, in Poland, employees can be penalised (made to pay additional tax) for participating in employee wellbeing programmes.

Encouraging SMEs to invest in wellness

Small and medium enterprises (SMEs) dominate global businesses. In the European Union, for example, SMEs accounted for 99 out of every 100 businesses in 2014 and employed two in every three workers.⁵⁸ However, many of these smaller employers do not have the human, technical or financial resources to implement effective, evidence-based worksite health promotion programmes.⁵² While global estimates for the number of SMEs with wellness programmes are uncertain, a recent survey in the UK found that only a quarter of SMEs offer staff wellness and health help.⁵⁹ Where programmes do exist, they are likely to be small – the same survey found that around 9% offer health advice at work while 10% provide flexitime so staff can take exercise. This is despite the potential value of a comprehensive programme to both small employers and their workforce. Keeping employees healthy is essential in SMEs, for which the absence of a single employee can have major repercussions.⁶⁰

Governments can take specific actions to broaden the uptake of workplace wellness by SMEs through the establishment of regional and national innovative funding, coordination and procurement mechanisms. Small grant programmes administered through local health agencies are promoting engagement in wellness activities and helping companies to start and sustain health promotion programmes (Case study 11). Additionally, some national governments provide targeted tax incentives for SMEs. Financial incentives can also be supplemented through the provision of professional and technical support, as most small businesses will lack the resources to provide in-house expertise. For example, the Tasmanian Government (Australia) provides SMEs with free access to specialised health and wellbeing advisors to help develop and provide ongoing support for workplace programmes.⁶¹ In Singapore, in addition to a small grants initiative, the National Workplace Health Promotion Programme provides a detailed guide on how to improve the nutritional environment in the workplace through training for canteen providers and engaging a nutritionist.⁶²

CASE STUDY 11

USA Vermont – Incentivising small businesses to invest in employee wellness

Since 2014, the Vermont Department of Health has offered grants to small businesses with between five and 50 employees to create health-promoting environments in workplaces. Priority is given to employers of low-income employees, as evidence shows that low-income Vermonters are disproportionately affected by NCDs and the behaviours that lead to increased risk of chronic disease. Furthermore, small employers are less likely to have a worksite wellness programme than their larger counterparts. Selected worksites are awarded a one-off small grant (US\$ 3,000) to help start up an initiative with a focus on increasing physical activity and healthy eating opportunities for employees. To date, these Working Toward Wellness grants have led to a diverse range of accomplishments, including worksite gardens, the creation of a walking track on worksite premises, the revision of the workplace dress code to allow for physical activity and the adoption of a local healthy food policy.

In addition, grants have been awarded to small employers through the Vermont Community Garden Network for the support of worksite gardens, with the produce specifically for the employees' use. Technical assistance is provided by the network to assist with the appropriate placement of the garden, decisions on what to plant, and other guidance that ensures the success of the garden. Sixteen gardens at worksites across Vermont have been started and sustained with this funding.



There is also scope for governments, particularly in low- and middle-income countries, to incentivise large corporations with successful workplace NCD programmes to work directly with small businesses in their supply chain to share their knowledge and expertise to help them to establish their own programmes. This approach has been successfully applied in the past, with multinationals working to help SMEs in their supply chain to tackle HIV/AIDS (Case study 12). Governments can play an important role in offsetting the costs of the design and implementation of these programmes, including filling gaps in funding, as well as providing incentives (e.g. tax breaks for large companies to support small companies). In South Africa, for example, SETA (the South African Government Sector Training and Education Authority) allowed companies to claim up to 65% of the training costs.

CASE STUDY 12

SOUTH AFRICA

Large companies providing practical support to SMEs to tackle HIV in their workplaces

In 2005, a group of pioneering companies with operations in South Africa, including Accenture, Unilever, Volkswagen SA and Eskom, launched a programme with the World Economic Forum to help their supplier companies combat the threat of HIV/AIDS.⁶³ The programme was in response to the crippling effects of the disease on the nation's workforce, most of whom were employed in small enterprises. In South Africa at that time, micro and small businesses provided more than 55% of total jobs, and accounted for 22% of the gross domestic product. These businesses had neither the resources nor the expertise to act alone. As a result, guidelines were produced to help multinational companies provide practical assistance to SMEs and establish an HIV/AIDS workplace programme.⁶⁴ The type of support provided by participating companies varied, ranging from using their purchasing power to bargain for lower prices for programme materials by buying in bulk to providing free access to existing educational resources or training initiatives. For example, Barclays Bank Africa (ABSA in SA) was able to buy medication in bulk from Europe to create a 'Barclays Pharmacy' to reduce the cost of treatment. Eskom South Africa partnered with a local business coalition to provide training free of charge to suppliers on a range of topics from policy action to setting up a steering committee on HIV/AIDS.

Recognising success

For policy-makers, as the opportunities to deliver effective NCD prevention and control through the workplace become more apparent, so does the importance of recognising strong leadership and best practice. Simple award mechanisms can provide important recognition of achievement. For example, in November 2015, the China Tobacco Control Partnership hosted a special awards ceremony in Beijing to recognise the outstanding leadership of 21 businesses across China in creating smoke-free workplaces (Case study 5).

The adoption of a Charter on NCDs and Work could provide another opportunity to create wider recognition of success. Although not a formal certification, it would provide a mechanism to demonstrate that a business is making progress towards a set of universal principles relating to NCDs and work. Signatories of the charter could be entitled to display a related logo and be recognised in relevant national and global forums for their commitment to the prevention and control of NCDs among their workforce. Existing self-assessment frameworks such as the London Healthy Workplace Charter, which recognises and rewards employers for investing in workplace health and wellbeing, is one example of this type of approach.⁶⁵

For businesses, this is an important opportunity to build reputation, for both the recruitment and retention of skilled workers, and also to meet increasing pressure from investors and other stakeholders, including civil society, who want to see an improvement in standards in this area. The wide adoption of the charter could also be a precursor to the creation of more formal global quality standards in workplace wellness based on health and business performance measures. Businesses that meet these standards could benefit from a broad range of incentives, such as eligibility for tax credits or government tenders recognising their commitment to investing in the health of their workforce.⁵²



Measuring outcomes

With the potential for incentives to be more closely tied to meeting quality standards, now is the time for companies and governments to place greater emphasis on measuring and reporting outcomes. There are already several instances of strong leadership in this area. For example, each Johnson & Johnson business worldwide is required to report using a dedicated global assessment tool on its progress across each of 12 'Culture of Health' programmes. The tool reports using a traffic light system so that businesses are supported to create an action plan against set goals.¹⁹ Additionally, a monitoring framework has been created to quantify progress across the Johnson & Johnson health promotion programme. However, worldwide there is still very limited public reporting on the impact of workplace health programmes – a survey of FTSE100 companies found that detailed metrics on outcomes were almost entirely absent.⁶⁶ This is despite the existence of robust evidence for shared value for businesses and governments to monitor and report on quantifiable metrics relating to health outcomes and commercial benefits such as cost savings, revenue generation and market competitiveness.⁶⁷

For businesses, building in frameworks for monitoring and evaluation is important to track progress, find out what works to improve a programme's effectiveness and demonstrate the value of investing in a healthy workforce. Moreover, employee wellness and engagement matters to investors and failure to engage with the reporting process could have negative impacts on performance.^{4,67} While some investment is needed to implement a monitoring framework, for those businesses with existing corporate social responsibility (CSR) activities, it makes sense to incorporate health and business metrics for NCD prevention and management within the same strategic framework.^{68, 69} Doing so will bring coherence to reporting processes, create logical cross-sectoral connections between projects and rationalise resources.⁷⁰ Although the business community will need to lead on this front, governments can play a role in driving integrated reporting into mainstream business practice.⁷¹ For example, governments can help to convene new platforms and support existing mechanisms for peer-to-peer learning across business types and sectors around metrics, recognise and celebrate business leadership, and promote effective frameworks for reporting to help drive progress.

For governments, detailed reporting of NCD-related employee health outcomes has important implications for meeting national NCD goals. By working together with employers to measure and communicate data on positive health outcomes, achievements can help guide national NCD policies and improve NCD surveillance of the working-age population, and contribute in a meaningful way to government reporting on the implementation of national commitments on NCDs.

SUMMARY OF RECOMMENDATIONS FOR POLICYMAKERS AND EMPLOYERS

Since the United Nations convened its High-level Meeting on NCDs in 2011, the call for greater multisectoral action to accelerate progress towards reducing the social and economic toll of NCDs has come from all stakeholders – businesses, governments and civil society. In 2014, the WHO Global Coordination Mechanism on the Prevention and Control of NCDs was established to help achieve this objective and cultivate a new era of development in which the private sector is encouraged to apply its expertise, resources and reach to tackle NCDs. This includes making the workplace an effective setting for achieving national NCD goals.

The set of recommendations presented here is designed to encourage concrete progress towards this goal. Instead of focusing on specific workplace interventions, this report examines the evidence for the effectiveness of existing policy and regulatory measures, as well as emerging strategies from diverse economic and business settings that together can create a broader enabling environment to fully leverage the workplace as a platform for NCD prevention and control. While action in any one area will make a difference, these recommendations are mutually supportive and, taken together, can have a transformative effect on the health of the global workforce.

RECOMMENDATION 1

PROMOTE MULTISECTORAL DIALOGUE AND ACTION

National NCD commissions or equivalents are convened and supported to drive a multisectoral, ‘whole-of-society’ national response to the prevention and management of NCDs.

An interministerial taskforce on NCDs is convened to enhance policy coherence and drive practices that support a ‘whole-of-government’ approach to NCDs.

National NCD plans are used as a vehicle for multisectoral knowledge exchange and disseminating best practice on NCDs and the workplace.

A charter on NCDs and work is developed that sets out universal principles for work and NCDs that can be applied to all businesses and economic settings.

RECOMMENDATION 2

IMPROVE THE DELIVERY OF NCD PREVENTION AND MANAGEMENT THROUGH THE WORKPLACE

All workplaces are smoke-free and governments subsidise national comprehensive cessation services to achieve the effectiveness of workplace smoking cessation programmes.

Public and private sector workplaces take a leadership role on NCD prevention by applying and disseminating information on nutrition standards in the workplace and encouraging physical activity and active transport to and from work.

Ministries of Health and local businesses in low-resource settings establish strategic partnerships to improve access to and the quality of NCD-related health education, screening and medicines available through worksites.

The private and public sectors work together to create integrated national health policy and communications frameworks to support the application of innovative digital solutions to workplace health.



RECOMMENDATION 3

SUPPORT PEOPLE RETURNING TO WORK

Governments implement national policies to enable timely access to vocational rehabilitation services and employers support flexible return-to-work policies.

National NCD plans include a policy framework and adequate resources for the provision of financial support, information and training for caregivers of people living with NCDs.

National workplace anti-discrimination legislation protects people living with NCDs and their caregivers from discrimination and stigma.

RECOMMENDATION 4

PROVIDE INCENTIVES TO SCALE AND MEASURE IMPACT

Financial incentives are available to employers that support a holistic approach to health and include outcome-oriented goals and performance measurements.

Governments provide a package of incentives to SMEs to improve engagement in employee health and wellbeing.

Governments incentivise and provide support to businesses to report on quantifiable measures of outcome and generate wider recognition of success through a number of employer-led voluntary initiatives.

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Website: www.ncdalliance.org Twitter: [@ncdalliance](https://twitter.com/ncdalliance) E-mail: info@ncdalliance.org

