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Occupational Health Care Services for Informal Workers. From Public Policy to Real Practice

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ABSTRACT

Millions of workers who carry out their labor activities in the informal economy lack access to health services that promote well-being and materialize healthy workplaces. Despite the impacts that working conditions have on the health of workers in the informal economy, coverage and access to promotion, prevention, treatment, and rehabilitation services are still limited that allow not only to treat illnesses and accidents but also, develop promotion actions that improve the quality of life of workers and their families. Despite the constant call of the World Health Organization to promote universal coverage in occupational health services, its materialization has been complex, due not only to the magnitude of workers without coverage, but also to the approach of a complex problem that It implies developing a strategy that involves multiple entities focused on the same objective.

Keywords: Occupational health, Informal workers, Health systems, Social insurance

INTRODUCTION

The health of workers is a central element in the recognition of the well-being of human beings. Work and employment conditions are a fundamental part of the determinants of health. In addition, work stands as a relevant indicator of how societies distribute wealth and power (Benach *et al.*, 2013). However, only a small part of the world's working population has access to occupational health services, which include not only the prevention of accidents and illnesses, but also health promotion, among other aspects relevant to the working population.

Informal workers (representing more than half of the world's employed population) lack access to occupational health care programs that can account for their work and health conditions. Despite the great importance of the health-work relationship, the general characteristics of informal workers are neglected, their working conditions are scarcely analyzed, and their health is poorly documented in relation to the occupational exposures to which they are subjected.

TOWARDS AN OCCUPATIONAL HEALTH CARE POLICY FOR ALL

Despite the magnitude of informal work, the impact it has on the economy of millions of families around the world and the consequences in terms of quality of life that work causes in individuals, there have been limited programs that aim to real coverage in terms of analysis of work and health conditions in the informal population, as well as health promotion actions that go beyond services with a curative approach (Barten, Fustukian and Haan, 1996).

Under this scenario, access to health services stands as one of the four dimensions that positively or negatively impact the health of workers. Since the declaration of Alma Ata in 1978, access to health services has been proposed under an equity approach, with support in social, economic, and political actions that enable the provision of promotion, prevention, treatment, and rehabilitation services to all peoples of the world with an ideal of universal coverage (OMS, 1978). However, informal workers, when they have access to basic care services, are served by health systems that treat their clinical problems without delving into the axis of the health-work relationship, and do not implement health promotion strategies, since his approach is eminently curative (Solar and Gonzalez, 2019).

In relation to this problem, the Declaration of Colombo (Sri Lanka), arising from the first conference on occupational health in developing countries (1981), proposes some fundamental elements to promote the development of technical capacities that allow the provision of health services for informal workers. Three aspects are fundamental for the declarants: first, the provision of health for agricultural populations and workers in small-scale industries; second, the health situation of migrant workers; and, finally, the need to provide training in occupational health for developing countries. A relevant strategy mentioned by the Colombo declaration and because of developments after Alma Ata indicated the importance of integrating occupational health services with primary health care, as a strategy, not only to improve the health of workers, but living conditions of populations in industrial areas (Barten, Fustukian and Haan, 1996). This change in focus should not only ensure the provision of health services of a curative nature, but also, particularly, generate strategies that would imply overcoming the paradigm of risks derived from specific work conditions and develop the concept of healthy workplaces that goes beyond the determinism of exposures and health effects, to focus on wellness and health (not just disease) as a goal.

Subsequently, the 60th assembly of the World Health Organization contributed to increasing efforts around the development of strategies that promote occupational health coverage for all (OMS, 2007). In the final declaration, the assembly mentions the health of workers as a fundamental requirement for productivity, economic development and launches its global action plan that emphasizes not only the assessment of the dangers of the work environment but also, the social, individual and access to health dimensions that are promoted from Alma Ata.

Within objective number three of the action plan aimed at improving occupational health services and access, it is stated that it is necessary to expand the coverage and quality of services, indicating textually "It is necessary to

provide basic health services occupational health to all workers, including those in the informal sector, those in small businesses and agricultural workers" (OMS, 2007). As can be seen, an approach that emphasizes populations mentioned by the Colombo declaration in 1981.

Later, in 2011, the Hague declaration was promulgated, which was developed to contribute to the improvement of coverage and access to health services at work. Its intention, like the declarations that preceded it, is to establish principles that contribute to the search for an integrated approach to health in relation to work (OMS, 2012). Likewise, emphasizing the importance that primary health care can play in the care of informal workers. Thus, declarations such as that of The Hague in 2011, the workers' health action plan and Colombo have continued to focus on the need to guarantee inclusive occupational health service coverage that covers the entire working population, and especially to the most vulnerable workers.

Finally, the global plan of action on workers' health for the period 2015-2025 proposes as one of its strategic lines of action to increase access and coverage of health services for workers, also proposing integration between services basic occupational health and primary health care services (OPS and OMS, 2015). This goal, for the region of the Americas, is based on three basic elements: increase the number of countries with basic occupational health services linked to primary care; second, primary health care workers with training regarding occupational health aspects; and third, referral and counter-referral systems to enable access to specialized occupational medicine services for all workers.

As can be seen, from a theoretical point of view there is an interest in occupational health being universally accessible to workers, however, due to the heterogeneity of care models in the countries and the difficulties of covering millions of workers, these ideas continue to be recurrent in the guidelines of organizations such as the WHO, which frequently advocates for greater access and expanded coverage in the provision of such services.

BASIC OCCUPATIONAL HEALTH SERVICES

With the aim of developing a guideline for the provision of occupational health services, the World Health Organization, the International Labor Organization, and the International Commission on Occupational Health have joined forces to develop a model that defines the principles, content and resources necessary to develop such services and that include all workers regardless of their economic sector, their form of employment or geographical location.

The model is based on the construction of a system of different levels whose focus of action is the elimination, prevention and control of health hazards found in the workplace (Rantanen, 2005). From this perspective, the monocausal model of occupational health is overcome, and a multicausal or multifactorial model is approached that seeks to put the complexity of workplaces and the synergy of multiple exposures at the same time at the center (Rantanen, 2005).

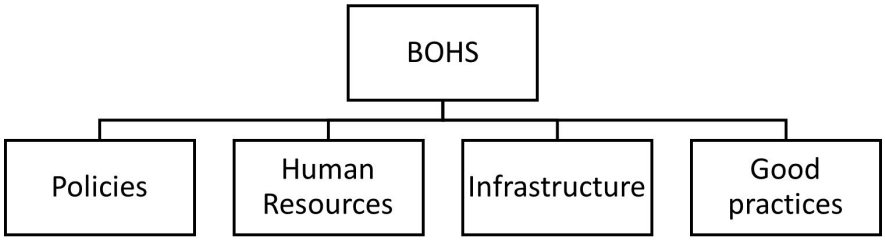

Figure 1: Basic occupational health services. Four elements for your development. (Adapted from Rantanen, 2005).

The way of approaching occupational health in this primary care model is based on 4 elements: developed policies that set out mission, objective and strategies; second, human resources with skills, abilities and ethics; third, infrastructure; and finally, good practices (Rantanen, 2005) (see Figure 1). In conclusion, due to the complexity of the problem, it is necessary for there to be government leadership for the development of policies that promote the construction of priorities on the health of workers that allow the gradual expansion of coverage and access to health care. health, mainly for the most vulnerable workers.

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