

3. Partnerships are critical for ILO in mobilizing an effective response to NCDs

In addition to strengthening partnerships with governments, employers and workers within its tripartite structure, the ILO can advance strategic partnerships with multilateral stakeholders.

The ILO and World Health Organization (WHO) have collaborated on producing a methodology for estimating the global burden of work-related disease and injury.²⁴ This methodology builds on existing work to estimate burdens of disease for 39 pairs of occupational risk factors and health outcomes. The updated methodology will include an estimated 13 additional risk factor and outcome pairs including the following:

- Occupational exposure to solar ultra violet radiation and skin cancers, cataracts;
- Occupational noise and cardiovascular diseases; and
- Long working hours and ischemic disease, stroke, depression and alcohol use disorders.

Jointly, the ILO and WHO have created the International Chemical Safety Cards Project that includes over 1700 data sheets in more than 10 languages and using a recognizable, clear and concise format to promote the safe use of chemicals in the workplace.

The Inter-Organization Programme for the Sound Management of Chemicals (IOMC) and the Globally Harmonised System for Classification and Labelling of Chemicals (GHS) are two ILO partnerships on chemical safety.

The ILO is also providing technical support to WHO in the development of guidelines on mental health in the workplace.²⁵



4. Mobilizing resources to deliver

The ILO will continue to address NCDs as an important issue in the world of work through technical support and partnerships on NCD prevention and care.

The Global Occupational Safety and Health Coalition includes the WHO, the ILO and other founding partners. The coalition's priorities include the prevention and control of NCDs in support of paragraph 44 of the 2018 Political declaration of the 3rd High Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable diseases.²⁶

Each year, the ILO leads the World Day for Safety and Health at Work with a different theme.²⁷ Often these themes address safety and health issues related to NCDs.

The ILO also organizes, along with other partners, the World Congress on Safety and Health, which occurs every three years.²⁸



²⁶ United Nations. 2018. Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable diseases. Available at: <https://bit.ly/2U6Zy6L>.
²⁷ ILO. World Day for Safety and Health at Work. Available at: <https://bit.ly/2UozbZk>.
²⁸ ILO. 2020. World Congress on Safety and Health. Available at: <https://bit.ly/3h9hh6y>.

The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity and learning in countries.



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Responding to the Challenge of Non-communicable Diseases

International Labour Organization

1. Non-communicable diseases (NCDs) in the world of work

A comprehensive and effective prevention strategy for NCDs requires engagement of the world of work. Workers in all sectors are at risk of NCDs. NCDs arise from risk factors at work and affect worker productivity. They can be prevented by improving working conditions and through workplace health promotion programmes.

The International Labour Organization (ILO) was founded on the mandate of guaranteeing adequate protection for the life and health of workers in all occupations. The workplace is where people spend more than one-third of their lives and is therefore an important platform for health promotion among workers, their families and communities.¹

Most occupational diseases are non-communicable and from workplace exposures such as exposure to hazardous substances including chemicals, dusts and fumes.² These exposures can increase the risk of negative health outcomes such as respiratory diseases and cancer.³

United Nations high-level meetings have highlighted the need for UN agencies, including the ILO, to scale up their work on NCDs as part of the 2030 Agenda for Sustainable Development.

NCDs contribute to ill health, poverty and inequities and slow the development of countries. Every year 15 million people die before age 70 from NCDs, with 86% of these premature deaths occurring in low and middle-income countries.

Major progress on NCDs is possible. Premature deaths from NCDs are largely caused by modifiable behavioural risk factors such as tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Environmental risks (e.g. air pollution) and constrained access to basic services also contribute significantly to NCDs.

Addressing NCDs requires coordinated action from all UN agencies within a broader whole-of-society response.

It is estimated that cardiovascular diseases (31 per cent), cancers (26 per cent) and respiratory diseases (17 per cent) account for almost three-quarters of work-related mortality worldwide.⁴

Certain working practices can also lead to NCDs, for example sedentary habits are a risk for cardiovascular diseases and diabetes.

¹ WHO. 1994. Global strategy on occupational health for all: The way to health at work. Available at: <https://bit.ly/2UrgMen>.
² ILO. 2010. ILO List of Occupational Diseases (revised 2010). Available at: <https://bit.ly/2f3kmDq>.
³ ILO. 2020. Harmful Chemical and Biological agents/substances. Available at: <https://bit.ly/37gpkKA>.

⁴ Hämäläinen, P.; Takala, J.; Boon Kiat, T. 2017. Global Estimates of Occupational Accidents and Workrelated Illnesses 2017 (XXI World Congress on Safety and Health at Work, Singapore, Workplace Safety and Health Institute).

²⁴ ILO. 2016. The WHO/ILO joint methodology for estimating the work-related burden of disease and injury. Available at: <https://bit.ly/30mJNM2>

²⁵ ILO & WHO. International Chemical Safety Cards (ICSCs). Available at: <https://bit.ly/37cC2d0>

Addressing modifiable risk factors and using the workplace as a platform for health promotion is critical to addressing NCDs.

This can be done by developing national and workplace level policies, technical guidance, and awareness raising including on the following⁵:

- **Workplace nutrition:** Healthy diets reduce the risk of NCDs and other diseases, workplace injury and productivity loss. As workers often spend a large proportion of their time at work, access to healthy food options and education about nutrition in the workplace can have a large impact on their diets and overall health;
- **Mental health, stress and psychosocial risks:** Mental health can be affected in the workplace when workers experience an imbalance between perceived responsibilities and their abilities and resources, underutilization of talent, bullying, harassment, repetitive tasks, economic stress, precarious work and other factors and situations. In addition, mental health conditions can affect workers' productivity and their ability to complete tasks safely. Workplaces can provide education and support for workers in the area of mental health;
- **Violence and harassment:** Violence and harassment in the workplace can be horizontal (between co-workers), vertical (between supervisor and worker) or external (between worker and the public, customers or vendors). Violence and harassment can affect the mental and physical health of workers as well as their productivity and safety on the job. Workplaces should have training, clear policies and procedures in place to protect workers;

- **Alcohol and drug abuse:** Alcohol and drug use, occurring both during working hours or outside of the workplace, can affect workers' ability to safely complete tasks and can increase risks of diseases and injuries. Workplaces can provide cessation support and education about these substances as part of their health promotion strategies. Regulations concerning consumption of alcohol and drugs in the workplace can also protect workers' health and safety;
- **Tobacco control:** Tobacco use in the workplace can affect workers through primary exposure as well as second-hand smoke from other workers. Smoking breaks can also result in reduced productivity from workers. Smoking in the workplace also has the potential to cause fires or explosions, further posing a risk to safety and health. Providing workers with education, cessation support and regulations concerning smoking on workplace premises can protect workers from the harmful effects of smoking;
- **Healthy sleep:** Working schedules, long hours, stress and other factors can impact healthy sleep, increasing the risk of workplace injury and NCDs;
- **Physical activity:** Depending on the tasks at a specific workplace, workers may be either sedentary for extended periods of time or physically active. Workplace health promotion initiatives can ensure physical activity opportunities to reduce the risk of NCDs.

Promoting good health benefits both employers and workers by improving well-being, productivity and performance. A foundation of good health in the world of work reduces pressure on the health, welfare and social security systems while supporting economic growth.

2. The ILO has an important role to play in supporting countries to prevent and control NCDs

Working with governments, employers and workers through its tripartite governance structure, the ILO has developed International Labour Standards focused on fundamental principles of occupational safety and health (OSH) as well as risk-specific and sector-specific Conventions⁶ and Recommendations.

Risk-specific Conventions relevant to NCDs include those on radiation,⁷ benzene,⁸ cancer,⁹ the working environment,¹⁰ asbestos¹¹ and chemicals.¹² Sector-specific Conventions relevant to NCDs include those on construction,¹³ mining¹⁴ and agriculture.¹⁵

The ILO published SOLVE: Integrating Health Promotion into Workplace Occupational Safety and Health (OSH) Policies in 2012.¹⁶ This comprehensive training package focuses on both prevention of psychosocial risks and promotion of health and well-being at work through policy design and action. It covers stress, alcohol and drugs, violence, HIV & AIDS, tobacco, nutrition, physical activity, healthy sleep and economic stress in the world of work.

6 ILO. International Labour Standards on Occupational Safety and Health. Available at: <https://bit.ly/3izwrSK>
 7 ILO. 1960. C115 - Radiation Protection Convention, 1960 (No. 115). Available at: <https://bit.ly/3h5MaJn>
 8 ILO. 1971. C136 - Benzene Convention, 1971 (No. 136). Available at: <https://bit.ly/37XcHk>
 9 ILO. 1974. C139 - Occupational Cancer Convention, 1974 (No. 139). Available at: <https://bit.ly/3a3N991>
 10 ILO. 1977. C148 - Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148). Available at: <https://bit.ly/3cOq4fj>
 11 ILO. 1986. C162 - Asbestos Convention, 1986 (No. 162). Available at: <https://bit.ly/3f6uds9>
 12 ILO. 1990. C170 - Chemicals Convention, 1990 (No. 170). Available at: <https://bit.ly/2XMgpxh>
 13 ILO. 1988. C167 - Safety and Health in Construction Convention, 1988 (No. 167). Available at: <https://bit.ly/2XOqGah>
 14 ILO. 1995. C176 - Safety and Health in Mines Convention, 1995 (No. 176). Available at: <https://bit.ly/3hcmx9u>
 15 ILO. 2001. C184 - Safety and Health in Agriculture Convention, 2001 (No. 184). Available at: <https://bit.ly/2zfS9dh>
 16 ILO. 2012. SOLVE: Integrating Health Promotion into Workplace OSH Policies. Available at: <https://bit.ly/3h2WLVc>

BEST BUYS

In 2017, the World Health Assembly endorsed a set of "best buys" and other recommended interventions to address NCDs. Best buy interventions address four NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and four disease areas (cardiovascular disease, diabetes, cancer and chronic respiratory disease). There are 88 recommended interventions, including overarching/enabling policy actions.



| Evidence-based interventions | ILO actions |
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| Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport. | Promotion and implementation of a smoke-free work environment fall under the ILO's mandate to create healthy and safe workplaces. The ILO has produced a number of Conventions and Recommendations related to smoking at the workplace and provides assistance to countries and employers in their implementation. |
| Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke. | |
| Provide support for tobacco cessation to all those who want to quit. | |
| Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided. | The ILO works with partners to ensure that workers have access to nutritious, safe and affordable food, an adequate meal break and decent conditions for eating. |
| Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables. | |
| Implement multi-component workplace physical activity programmes. | The ILO is working with employers on encouraging physical activity of workers, including through wider campaigns on health promotion at the workplace, with information, education and other measures to create a social environment which is conducive to physical activity and exercise. |
| Cost-effective interventions to prevent occupational lung diseases, for example, from exposure to silica or asbestos. | The ILO works with countries on laws and regulations, enforcement of occupational exposure limits and technical standards, and on national action programmes involving governmental agencies, industry and trade unions, to create infrastructure which is needed to prevent silicosis. |
| Develop and implement a national multi-sectoral policy and plan for the prevention and control of NCDs through multi-stakeholder engagement. | The ILO engages with multi-sectoral partners to encourage policies that prevent and control NCDs, including health promotion and well-being at work programmes. |
| Raise public and political awareness, understanding and practice about prevention and control of NCDs. | |

In addition, the ILO has developed a large number of codes of practice and other publications to support countries in workplace settings. Risk specific publications include a Code of Practice on alcohol and drugs,¹⁷ multiple publications and resources on psychosocial risk and stress in the world of work^{18, 19, 20, 21} and training on stress prevention at work.²² The ILO also produced the International Classification of Radiographs of Pneumoconiosis.²³

17 ILO. 1999. Management of alcohol and drug-related issues in the workplace. Code of practice. Available at: <https://bit.ly/37qDAtE>
 18 ILO. 2020. Managing work-related psychosocial risks during the COVID-19 pandemic. Available at: <https://bit.ly/2PIDCyt>
 19 ILO. 2020. Safe and healthy working environments free from violence and harassment. Available at: <https://bit.ly/3fRTvdq>
 20 ILO. Stress Prevention at Work Checkpoints app. Available at: <https://bit.ly/2AQ8VQH>
 21 ILO. 2016. Workplace Stress: a collective challenge. Available at: <https://bit.ly/3hdA8xw>
 22 ILO. 2012. Stress Prevention at Work Checkpoints. Practical improvements for stress prevention in the workplace. Available at: <https://bit.ly/2B0IqEs>
 23 ILO. 2020. ILO International Classification of Radiographs of Pneumoconiosis. Available at: <https://bit.ly/2BPzFKT>

5 ILO. 2012. The SOLVE training package: Integrating health promotion into workplace OSH policies. Available at: <https://bit.ly/3dSY0UJ>