Occupational Health and Development

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Development

- All nations and all economies are developing
- Advanced industrial economies are also now developing into something else, "postmodern"
 - Service-dominated
 - Trade dependent
 - Information- and innovation-driven
 - "Washington consensus" has its own problems
 - Concentration of risk by overreliance on relative advantage
 - Risk of creating a global economic underclass
 - · Adjusting to globalization

Economic Development and Health Protection

| Economic Development | Environmental Health | Occupational Health |
|-------------------------|--------------------------------|--------------------------------------|
| Subsistence | Clean water, sanitation | Basic OH Services, injury prevention |
| Commodity | Pesticides, land use | Rural services, BOHS |
| Industrial | Air, hazardous materials | Specialization |
| Postindustrial | Risk assessment, precautionary | Productivity |

Figure 1. Essential elements of the development model.

Human Rights Population / Resource Urbanization Imbalance

Figure 2. Central axis of the development model

Human Rights → Population / Resource → Urbanization (eg. Women's rights) Imbalance

Figure 3. Core issues in the development model.

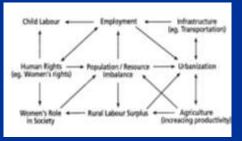


Figure 4. Environmental and occupational health.

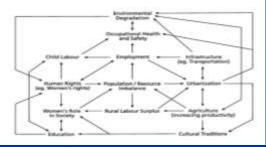
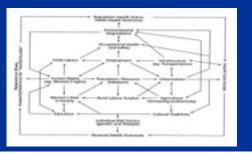


Figure 5. Health issues in the completed development model



What does ill health mean for the individual?

- · Risk of disability or death
- · Loss of livelihood or income
- Loss of opportunity, expectations
 - Self
 - Family
- · Loss of capacity
- · Security of future in doubt
- The lower you are, the further you can fall!

Implications of Illness

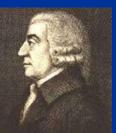
| Economic state | Acute Illness | Chronic Illness |
|-------------------------------|---|---|
| Dependency | Desperation | Lost hope |
| Subsistence | Risk starvation | Survival at risk |
| Essential needs | Drop to destitution | Permanent loss, insecure survival |
| Disposable income | Drop to subsistence | Insecurity, vulnerability |
| Disposable income, savings | Potential drop to subsistence | Insecurity |
| Moderate wealth | Possible insecurity, loss of choices | Loss of autonomy, depletion of assets |
| Social safety net | Possible insecurity but not destitution | Economic dependency, reduced expectations |
| Affluence | Loss of wealth | Personal implications |

However....

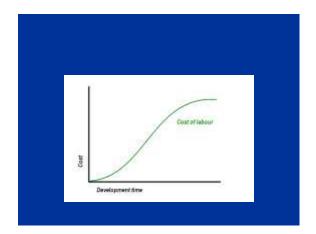
- Occupational health often seen as a consumptive cost
- Policy of deferring investment because:
 - Cost of healthcare is low early in development
 - Cost of labour is cheap
 - Competing priorities for investment: job creation, primary health care
 - No constituency for giving oh priority
- · Need a fuller understanding of oh in development

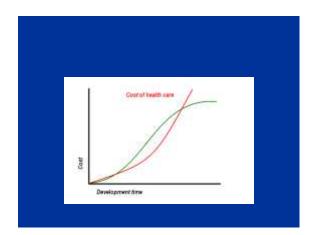
Health and Productivity

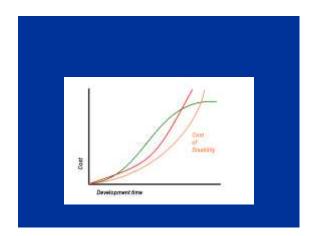
"Workers are less likely to work productively when they are frequently sick than when they are generally in good health...[Sickness] cannot fail to diminish the produce of their industry" —Adam Smith

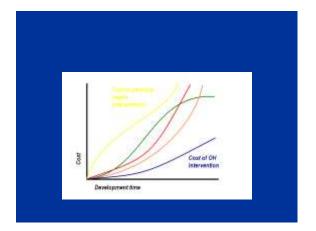


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Conclusions

- Occupational health services conserve value
- May add value as foundation of a healthcare system
- Treated as a cost: should be considered an investment
- Marginal return is probably highest in the early years of industrial development
- Effect on productivity in later years of industrial and postindustrial development

The Way Forward

- Empirical validation (of course)
- "Appropriate technology" for occupational health protection
- "Basic Occupational Health Services" as part of "Primary Health Care for All"
- More supple, comprehensive development studies that incorporate oh, productivity