

Informal work as a key social determinant of health equity: results of a systematic review.

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Systematic reviews



WHO/PAHO Multi-country Special Initiative for Action on the Social Determinants of Health to Promote Equity

Evidence for action

Systematic reviews

1. Informal work
2. Unemployment;
3. Migration,
4. Social cohesion/ Social support
5. Informal settlements.

Webinars

Regional meetings

Infographics

Policy briefs

Research questions

- What is the relationship between informal work and health?
- What are the interventions and policies that reduce the negative health impacts of informal work, as well as the individual and social barriers to the implementation of these policies and interventions?

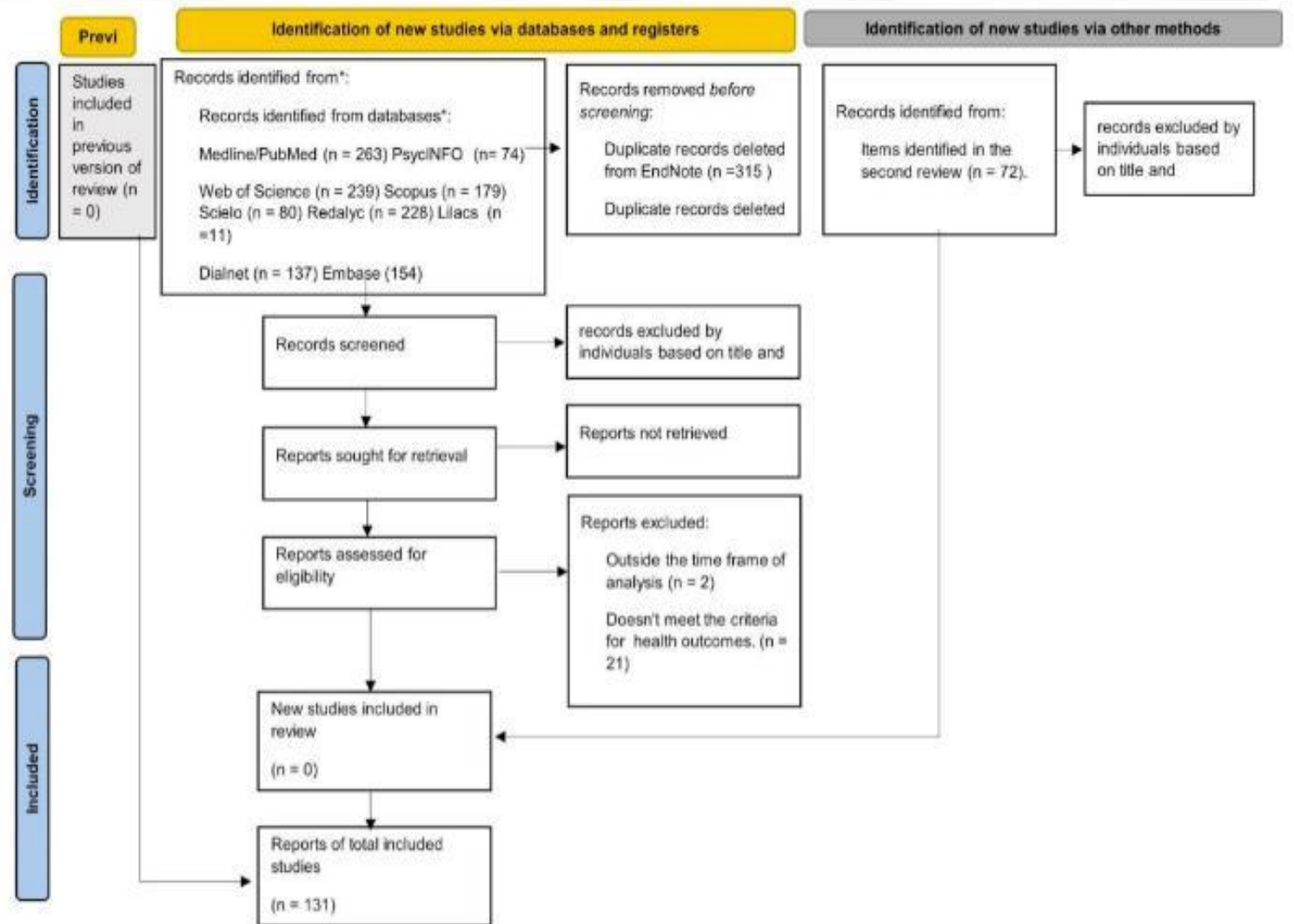
Sources and review algorithm

- **Scientific databases:**

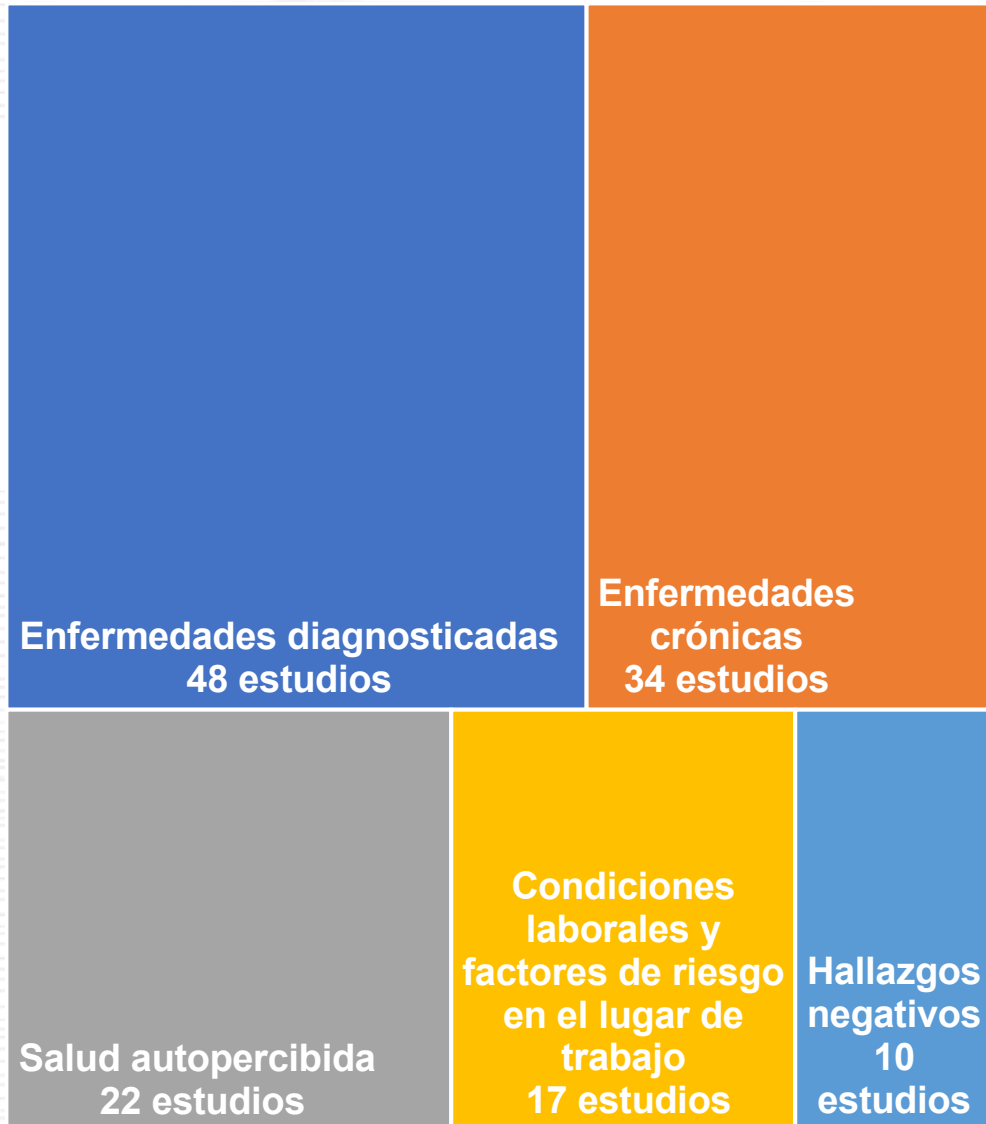
- Medline/PubMed
- PsycINFO
- Web of Science
- Scopus
- Scielo
- Redalyc
- Lilacs
- Medclatina
- Dialnet

- **Gray literature:**

- Google Scholar
- Lanic
- ILO Global database
- Proquest Dissertation & Thesis Global



Main categories of analysis and systematized health outcomes



Diagnosed diseases

- Silicosis
- Occupational respiratory diseases
- Cancer (including occupational types)
- Poisson acute and chronic by metals such as lead and mercury

Chronic diseases

- Hypertension
- Diabetes mellitus
- Chronic musculoskeletal disorders
- Mental health:
 - High levels of stress
 - Depression
 - Anxiety

Self-perceived Health

- Low perception of physical and mental well-being
- Increased perception of undiagnosed health problems

Working conditions and risk factors in the workplace

- Occupational injuries and accidents
- Exposure to toxic substances
- Poor ergonomic conditions
- Infection risks due to lack of personal protective measures

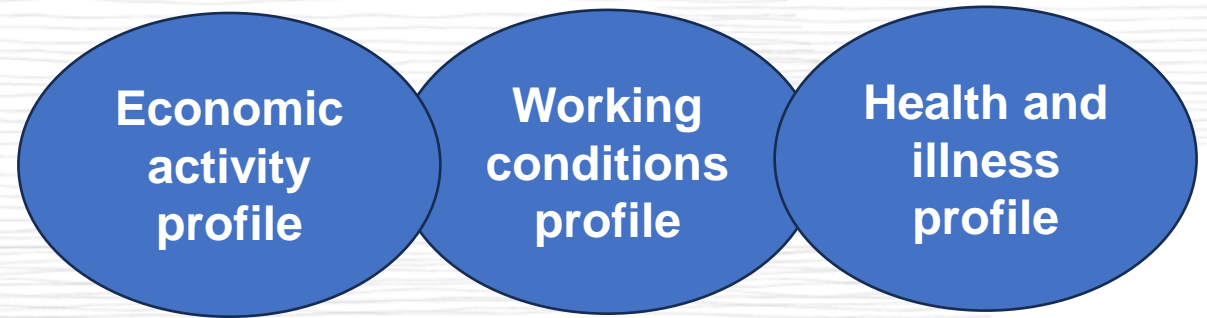
Negative findings

- Mortality associated with poor working conditions.
- Increased vulnerability to communicable diseases

Differential exposure and occupational hazards



- Blood lead levels in informal battery workers are high (45.9 µg/dL vs. 25.6 µg/dL in formal jobs).
- Contaminants such as lead dust are often carried into homes on workers' clothing and tools, also affecting their families, including children, who are particularly vulnerable to its effects.



Underlying factors:

- Informal workers who dismantle batteries or recycle metals operate in spaces without adequate safety standards, increasing their exposure to lead dust and fumes.
- Lack of personal protective equipment (PPE) such as masks, gloves or adequate ventilation.
- Many workers are unaware of the risks associated with handling toxic materials, which aggravates exposure.
- Limited availability of training or awareness programs on chemical risks.
- Difficulty in accessing preventive medical check-ups and treatment, which prevents early detection of intoxications.

Differential exposure and occupational hazards

- Informal part-time workers in Brazil have a higher risk of occupational cancer compared to formal workers (OR: 3.4; 95% CI: 1.49-7.93).
- They are often exposed to toxic agents such as asbestos, lead, pesticides and industrial solvents due to the lack of safety measures in their work environments.
- Sectors such as construction, recycling and informal agriculture are the most affected, where prolonged exposure to hazardous materials is common.



The impact of informality on mental health

- Informal workers are more likely to suffer from depression compared to formal workers (OR: 5.02, 95% CI: 2.72-9.27).
- Some prominent mechanisms are: chronic stress, anxiety and social isolation due to economic insecurity, lack of recognition and absence of support networks.
- In low- and middle-income economies, rates of mental disorders among informal workers are higher than the population average, associated with excessive working hours and lack of time.



International Journal of
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and Public Health



Systematic Review

Health Services Use and Health Outcomes among Informal Economy Workers Compared with Formal Economy Workers: A Systematic Review and Meta-Analysis

Nisha Naicker ^{1,2,3,4}, Frank Pega ⁵, David Rees ⁷, Spo Kgallamono ^{1,2} and Tanusha Singh ^{1,3,4}

ORIGINAL ARTICLE

Effect of informal employment on the relationship between psychosocial work risk factors and musculoskeletal pain in Central American workers

David Gimeno Ruiz de Porras, ^{1,2,3} Marianela Rojas Garbanzo, ^{2,4} Aurora Aragón, ⁵ Lino Carmenate-Milián, ⁶ Fernando G Benavides ^{2,3}

[Home](#) > [Archives of Public Health](#) > [Article](#)

Mental wellbeing among Hispanic female domestic cleaners

Research | Open Access | Published: 30 February 2020
Volume 78, Article Number 10, (2020) | [Classification](#)



Archives of Public Health

Barriers to access to health and social protection services

- Informal workers are 30% more likely to report poor health compared to their counterparts in formal employment.
- Precarious working conditions, such as long working hours, economic insecurity and lack of benefits, contribute to this negative perception.
- Out-of-pocket payments for medical care are significantly higher among informal workers, limiting their ability to receive timely care.
- Women in informal employment face greater barriers due to their double workload (employment and unpaid household chores) and often prioritize family needs over their own health.

> J Epidemiol Community Health. 2008 Dec;62(12):1079-85. doi: 10.1136/jech.2007.069740. Epub 2008 Jun 25.

Household context and self-rated health: the effect of unemployment and informal work

L Giatti ¹, S M Barreto, C Comini César

Rev Saúde Pública 2006;40(1)
www.scielo.br/rsp

The individual's status in the labor market and health inequity in Brazil

Luana Giatti and Sandhi Maria Barreto

Programa Pós-Graduação de Saúde Pública. Faculdade Medicina, UFMG
Gerais. Belo Horizonte, MG, Brasil

DLSU Business & Economics Review (2017) 27(1): 107-123

RESEARCH ARTICLE

Making Social Health Insurance and Micro-Savings Programs Work for the Informal Sector in the Philippines

Mitzie Irene P. Conchada and Marites M. Tiongco
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Access to Health Services Domains: Informal Workers

Barriers Associated with Employment Conditions

Health
care
needs

Perception
of needs
and desire
for care

Health
care
seeking

Health
care
reaching

Continuity
of health
care

- No time available
- Fear of losing job/income
- Loss of income
- Work instability
- Lack of social protection and labor rights
- Difficulties conforming workers' organizations

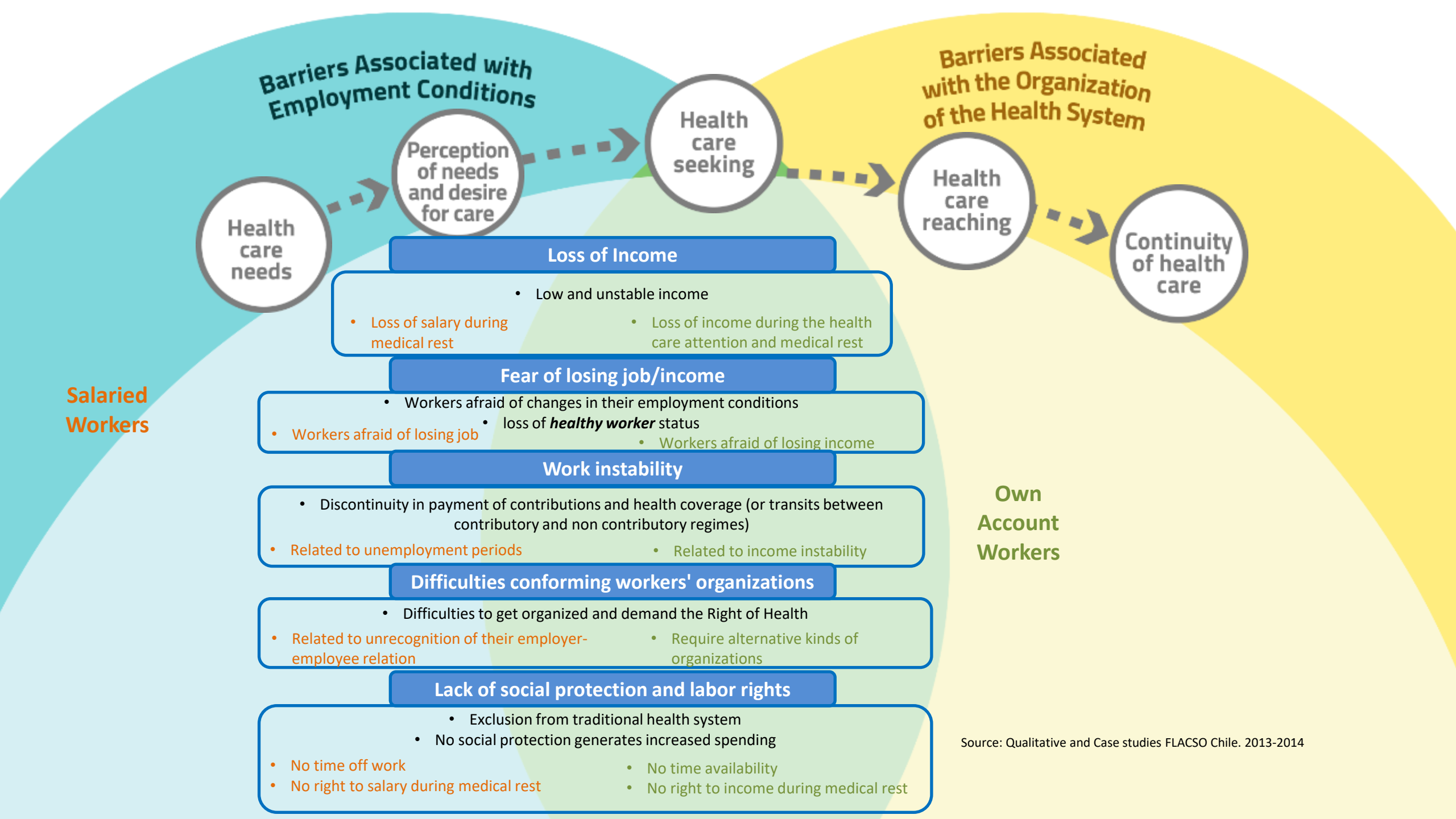
Don't have the right to get sick

Financial
Protection

Labor
Protection

Barriers Associated with the Organization of the Health System

- Availability (scarce resources, no coverage)
- Accesibility (cost of care, transport, scheduling, waiting times)
- Acceptability (poor attention, lack of confidence in the staff)
- Contact (lack of resources to continue treatment, dissatisfaction).



Source: Qualitative and Case studies FLACSO Chile. 2013-2014

Policy recommendations

Multisectoral governance:

Create alliances between key sectors (health, labor, social protection) and civil society to coordinate comprehensive policies that benefit informal workers.

Integrated health and employment programs:

Adapt primary care and occupational health training to the specific needs of the informal economy.

Designing cross-sectoral interventions

Expansion of social protection:

Design flexible and accessible social security schemes, with subsidies for low-income workers.

Progressive formalization:

Offer tax incentives and transition programs to gradually integrate informal workers into formal employment.

Policy recommendations: Examples of good practices

BRAZIL

- The "Health in the Informal Workplace Program" combines primary health care services with educational programs to reduce occupational hazards.
- **Result:** Decrease in occupational diseases and greater perception of well-being in vulnerable communities.

THAILAND

- Incorporation of informal workers into the social protection system through the Universal Health Coverage Program (2002).
- **Result:** Increased access to health services and protection against medical emergencies.

COSTA RICA

- Integrated health systems that include informal workers through community partnerships.
- **Outcome:** Reduced regional inequalities; expanded access to preventive and curative services.

Conclusion and call to action:

It is essential to implement intersectoral actions that address not only the consequences of informal employment on health, but mainly the underlying causes of labor informality, which requires employment and social security policies, including regulation of labor relations and control of labor legislation, as well as acting on the incentives for informality of self-employed workers and small businesses.