

Guest Editorial: Advancing Development Goals for health through decent work

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It is noteworthy that the year 2015 marks the end of set targets to achieve the 8 Millennium Development Goals (MDGs) and, the onset of the prioritization of Sustainable Development Goals (SDGs). The MDGs provided a shared framework for global action and cooperation on development from 2000 to the end of 2015. The MDGs aim was to reduce extreme poverty and hunger, tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation (UNDP 2000). For the post-2015 era, 17 Sustainable Development Goals (SDGs) have been proposed to be used as benchmarks to inform national programmes. Plausibly, SDG 8 highlights that decent work is key for sustainable development and should be a priority for the 2015-post development agenda. This will ensure healthy lives and promote the wellbeing for all at all ages (SDG 3) and hopefully achieve total eradication of poverty and hunger (SDG1).

This letter argues the case for workplaces to serve as catalysts for mobilizing resources to advance the MDGs, especially through the provision of decent work and relevant health promotion programmes. Of particular interest are the vulnerable working populations, including women. It is understood that addressing the female population will trickle down to improving the health outcomes of their children, significant others and communities at large. Workplace health promotion (WHP) seeks to foster conditions that allow populations to be healthy and to make healthy choices (World Health Organisation [WHO] 2002; WHO 2008). WHP activities increase education levels which are directly linked to positive health seeking behaviour. Improving child protection and the health status of women through cultivating the empowerment of women and gender equality is key to achieving MDGs 3, 4 and 5. These MDGs recognise the key role played by women in protecting their health, that of their unborn children, families and their communities.



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The achievement of the MDGs, particularly those related to the empowerment of women, maternal and child health is strongly underpinned by the progress made on sexual and reproductive health. Ill-health from causes related to sexuality and reproduction remains a major cause of preventable death, disability, and suffering; particularly among women in low and middle-income countries (International Labour Organisation [ILO], 2002 and Lancet 2012). Apart from ill-health consequences, poor sexual and reproductive health contribute significantly to poverty, inhibiting affected individuals' full participation in sustainable socio-economic development. HIV/AIDS is the most important cause of excess maternal and infant mortality in South Africa. Therefore, scaling up HIV interventions for women and children remains a key priority (Lancet, 2012). Compounding the challenges posed by HIV/AIDS is rape and violence against women, the situation further increases women's vulnerability to various sexually transmitted infections.

Although there are critical human and material resource shortages, particularly among the marginalised rural communities, the potential to improve health outcomes exists through improving the quality and productivity of existing resources (Lancet 2009). For instance, workplaces are ideal settings for safeguarding the health and safety of workers. This can be achieved through promoting decent working conditions which is an integral tool for social, environmental and economic development (MDG 7) (ILO 2002). This singular effort also has great potential for contributing towards alleviation of extreme poverty and hunger (MDG1).

The International Labour Organization supports efforts to reach MDG 4 with a focus on empowering working mothers, health-care workers, and combating child labour as well as extending social protection (ILO 2008; WHO 2008). Considerably, improving the safety of working conditions and the wellbeing of women at workplace makes a positive contribution towards attracting and retaining women in the workplace. This is particularly relevant in heavy duty male-dominated workplaces such as mining and construction; thereby promoting job opportunities for women, gender equality and the empowerment of women (MDG 3). It also promotes women's health at work (MDG 5), sustains their families and communities to reduce hunger and poverty (MDG 1), and contributes to sustainable economic development.

Furthermore, workplaces are important entry points for enhancing access to information, education and health services. Interventions at the workplace level are key to improving maternal and child health, as well as reducing maternal and child mortality (MDGs 4 and 5). By the same token, the promotion of linkages of various workplace health promotion programmes is critical to improving access, uptake and utilisation of available health services.

This particularly benefits vulnerable workers, such as pregnant women, women living with workplace acquired diseases, as well as those living with tuberculosis and HIV/AIDS. For example, integrated workplace health services such as sexual and reproductive health/HIV integration; TB/HIV collaboration; maternal, neonatal

and child health programmes; infant and young child (IYCF) feeding programmes promote attainment of various MDGs all at once. In particular, (IYCF) addressing HIV issues alongside stigma and discrimination; and promoting safe and responsible sexual behaviour has a greater potential of advancing the attainment of MDGs 4, 5 and 6. In order to promote these efficient and collaborative strategies, all workplace health programmes should include aspects crucial to promoting maternal, infant and child health, such as: promoting IYCF, pre and post-natal health care, immunization, family planning, water and sanitation and HIV prevention programmes.

The ILO recognizes that HIV/AIDS is a public health emergency and believes that the workplace is key to preventing the spread of the epidemic as well as providing information and assistance on treatment and support (ILO 2001). Hence, the ILO Code of Practice serves as the framework for action related to the workplace and stipulates guiding key principles for policy and programme development at enterprise, community and national levels (ILO 2001).

Going beyond 2015, it is important to acknowledge the successes of the MDGs (2000 - 2015) in mobilizing resources to address major gaps in human development. These successes should be used as springboards to map the way forward towards the post-2015 sustainable development agenda. There is a need to accelerate health promoting interventions by strengthening capacity building in research through multi-stakeholder collaborations and partnerships.

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