Cost Estimates based on ILO Global Estimates on the Burden of Accidents and Diseases at Work and Disability Adjusted Life Years

**Introduction**

International Labour Organization (ILO) has made global estimates of occupational injuries and work-related diseases for the past 20 years. Some Member States submitted their injury data to ILO. However, data on work-related diseases was not available from the ILO regular survey. The missing injury data was estimated from a group of “proxy” countries for each region of the World Health Organisation (WHO). Fatal work-related diseases have been estimated using the latest WHO mortality data by WHO regions and major disease groups. A set of attributable fractions which is a percentage of diseases and disorders that are attributed to work were adjusted from available scientific sources and used for each major disease group and relevant age groups. In order to provide further incentives to reduce exposures and hazardous factors and conditions at work, economic costs of poor or non-existing measures on safety and health were estimated to prioritise public and private policies in our quest for zero harm at work.

**Methodology**

The method was based on the principle below:

Step 1: Estimate the Disability Adjusted Life Years (DALYs) for the occupational injuries and work-related diseases in the country or region by the following formula:

\[
\text{DALYS} = \text{YLD} + \text{YLL} 
\]

Step 2: Define Employment as the hypothetical number of time (in years) that the workforce would have contributed to a country’s economy if there were no occupational injuries or diseases. Then, the cost of occupational injuries and diseases can be expressed by using DALY as a proportion of Employment:

\[
\text{Cost due to poor working conditions} = \frac{\text{DALYS}}{\text{Employment (years)}} \times \frac{\text{YLL} + \text{YLD}}{\text{Employment (years)}}
\]

Let us consider the calculations of YLL and YLD separately.

\[
\text{YLL} = YLL_{inj} + YLL_{dis} = YLL_{inj,ilo} \times \text{Deaths}_{inj,ilo} + YLL_{dis,ilo} \times \text{Deaths}_{dis,ilo}
\]

\[
\text{YLD} = YLD_{inj} + YLD_{dis} = YLD_{inj,ilo} \times YLL_{inj,ilo} + YLD_{dis,ilo} \times YLL_{dis,ilo}
\]

Using ILO global estimates,

\[
\text{YLD} = YLD_{inj,ilo} \times \frac{YLL_{inj,ilo}}{YLL_{inj,ilo}} \times \frac{\text{Deaths}_{inj,ilo}}{\text{Deaths}_{inj,ilo}} + YLD_{dis,ilo} \times \frac{YLL_{dis,ilo}}{YLL_{dis,ilo}} \times \frac{\text{Deaths}_{dis,ilo}}{\text{Deaths}_{dis,ilo}}
\]

An aggregate value of \( YLL_{dis,ilo} \times \text{Deaths}_{dis,ilo} \) was used in equation (4) according to the WHO region it belonged to. Thus equation (4) was modified to:

\[
\text{YLD} = YLD_{inj} + YLD_{dis} = \frac{YLD_{inj,ilo}}{YLL_{inj,ilo}} \times YLL_{inj,ilo} \times \frac{\text{Deaths}_{inj,ilo}}{\text{Deaths}_{inj,ilo}} + YLD_{dis,ilo} \times YLL_{dis,ilo} \times \frac{\text{Deaths}_{dis,ilo}}{\text{Deaths}_{dis,ilo}}
\]

However the figures calculated by equation (5) were inconsistent in several developing countries belonging to the WHO regions AFRO, EMRO, EURO and SEARO. This could be due poor original data sources and to a shorter life expectancy where workers generally did not live long enough to develop long-latency non-communicable diseases. Thus the disease component of the number of years lived with disability may be less reliable. As such, equation (5) for these 4 WHO regions divisions was modified to:

\[
\text{YLD} = YLD_{inj} + YLD_{dis} = YLD_{inj,ilo} \times YLL_{inj,ilo} \times \frac{\text{Deaths}_{inj,ilo}}{\text{Deaths}_{inj,ilo}} + YLD_{dis,ilo} \times YLL_{dis,ilo} \times \frac{\text{Deaths}_{dis,ilo}}{\text{Deaths}_{dis,ilo}}
\]

Equation (5) would still be used to calculate the YLD for WHO Regions High, AMRO and WPRO.

**Conclusion**

This was the first attempt to estimate the cost contribution as a percentage of GDP loss due to occupational injuries and work-related diseases based on ILO Global Estimates 2017 and Global Burden of Disease (GBD) 2015 of the Institute of Health Metrics and Evaluation (IHME). While the methodology used could be further refined, we hope the figures would be useful during the prioritization of limited sources to combat safety and health issues.

**References**