

## Correspondence

### **The Employment Conditions Network final report is a political, anti-neoliberal & welfare state move**

Sir,

As members of the Employment Conditions (EMCONET) Knowledge network of the WHO Commission on Social Determinants of Health (SDOH) we appreciate Nayar and Kapoor's recent editorial<sup>1</sup> praising the Commission's contribution to bring to light the issue of SDOH as a global social justice concern. We also have to agree with the critique of the Commission's report, at least partially, as it did not sufficiently emphasize the role of the state, (class) power relations, or the effects of neoliberal capitalism, among other limitations<sup>2</sup>. Nevertheless, we think that the editorial's critical remarks do not apply to every network, especially to our network, EMCONET. These are grossly inaccurate<sup>3</sup>.

First, we should note that the Commission's Knowledge Network (KN) contributed independently, although sometimes worked cohesively with other KN. Due to the different political views and scientific background of their members (*e.g.*, from neoliberal to socialist) the conceptual frameworks and the proposed actions greatly varied by KN. This is why the editorial's<sup>1</sup> critique does not apply to the EMCONET report<sup>3</sup>. Our report explicitly mentions the role of states in the creation and reduction of labour market inequities within a power relations framework: for example, in section 3.3., "Labor Markets and Welfare States" and on figure 3, where we identify "worker's bargaining power" as the exogenous determinant of "strong welfare state" and ultimately population health. Second, power relations between capital and labour are at the origin of our theoretical framework (page 31), becoming the key social mechanism driving occupational health disparities<sup>3</sup>. And rather than ignoring politics, these are very much at the core of our model as in several previous articles<sup>4-8</sup>. For example, politics figure our adoption of Korpi's "power resources" model of social democratic welfare states. The

EMCONET report also analyzed the health damaging role of precariousness, slave labour, child labour and gender labour market inequities all of these associated with the expansion of neoliberal policies. In that context we brought power relations and politics to the forefront with labour regulations, collective bargaining, and trade unions; and also when addressing the distributive role of the welfare state, that is, the extent to which the state exerts its distributive power through the implementation of social policies.

In spite of these errors with regard to EMCONET, we agree with the editorial<sup>1</sup> on the importance of mobilizing countries to adopt national policies inspired in the commission's report. Although it is a challenging task to influence national policy makers, some countries like Brazil have already adopted some recommendations made by the commission.

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## Authors' response

Sir

Our critique largely applies to the Report as a whole and not to any specific Knowledge Network. We agree that EMCONET Knowledge Network is distinct in its recommendations. However, the inability to influence the whole (CSDH report) by the part (EMCONET network) is a critical commentary on the credibility of the collective efforts such as the Commission on Social Determinants. One distinct suggestion of the EMCONET report is to include occupational health and safety programmes within the primary health care to provide universal coverage. However, it is relevant at this juncture to point out that the philosophy of primary health care is now forgotten and efforts should be made to resurrect it. In our view, if the PHC works well, then workers' interests and universal coverage will be ensured without having to include any special vertical arms to the already truncated public health programmes.

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