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Health and labour productivity

...exploring the critical nexus between worker well-being and economic performance

Imagine a thief. This is not a typical criminal; they don't steal laptops or cash from the vault. This thief operates in plain sight, on every factory floor, in every office and on every farm in Ghana. Their weapon is not a gun, but a silent, creeping ailment. Their loot is not measured in cedis stolen, but in millions of cedis never earned.

This thief is poor health. It's the malaria that forces a brilliant software developer to miss three critical days during a product launch. It's the unmanaged hypertension that fogs the concentration of a bank manager, leading to a costly error. It's the chronic back pain that slows a skilled artisan from five pieces of furniture a week to just three. We see the empty chair (absenteeism), but we often miss the filled chair where a worker is struggling at half-speed (presenteeism).

Sedentary work, chronic stress, poor ergonomics and undiagnosed conditions like hypertension have become unassuming intruders, silently eroding the health and productivity of the Ghanaian workforce.

Silent threats at work: the rising cost of chronic illness

Health has increasingly emerged as a critical determinant of labour productivity, particularly in developing economies where the burden of non-communicable diseases (NCDs), poor workplace ergonomics, and limited access to preventive care continues to rise.

Labour productivity is a central driver of economic growth, competitiveness, and national development. Classical and contemporary labour economics literature identifies human capital, education, skills, and health as a major determinant of worker output. While education and skills have received considerable attention in Ghana's development discourse, health remains underexplored despite its substantial impact on labour efficiency.

In many Ghanaian workplaces, chronic illnesses such as hypertension, diabetes, musculoskeletal disorders, and

stress-related conditions have become increasingly common. These conditions erode productive capacity through lost working hours, reduced cognitive function, and elevated error rates.

This article examines how worker health directly influences productivity outcomes, firm performance, and national economic growth.

Empirical evidence on worker health in Ghana

A 2015 health risk assessment among corporate staff in Ghana revealed alarming prevalence rates of obesity (63.8%), elevated cholesterol (49.1%), and above-normal diastolic blood pressure (60.2%) (Aidoo et al., 2015). Similarly, recent research by RiviaCo (2025) indicates that over 80% of workers, aged 27 to 62 are hypertensive and 50% have undiagnosed or poorly managed diabetes.

These health risks manifest in two key labour market outcomes:

- **Absenteeism:** Workers frequently miss work due to complications from unmanaged non-communicable diseases (NCDs), frequent hospital visits, and fatigue. Lost working hours reduce firm's output and increase labour replacement costs.
- **Presenteeism:** Workers being physically present at work but performing below capacity, which has emerged as an even greater productivity drain. For example, a worker who is suffering from a health condition that requires frequent trips to the washroom every 30 minutes with each trip taking about 10 minutes, indicates a productivity loss of 20% of every working hour, amounting to 1.6 hours of productivity lost per 8 hours.

The cumulative effect is substantial. A medium-sized Ghanaian firm with 50 employees generating GHC5 million annually may lose up to GHC1 million due to health-related productivity deficits (RiviaCo, 2025).

Socioeconomic

determinants of worker health in Ghana

The rising burden of workplace-related health challenges is largely caused by a confluence of socioeconomic, environmental, and organisational factors:

- **Nutrition and Food Security:** Workers due to stressful work schedules, affordability and convenience tend to rely on street foods and high-carbohydrate snacks (meat pies, fried foods, sweetened drinks) which contributes to rising non-communicable diseases such as diabetes and high cholesterol related illnesses.
- **Low Wages and Multiple Job Holding:** Many workers undertake secondary jobs to supplement insufficient wages. The resulting physical and mental exhaustion heightens susceptibility to chronic illnesses.

A civil servant, constrained by low salary structure, undertook a side job in the construction sector to supplement his income. However, the combined pressure and stress from construction workers coupled with financial strain from bank loans due to delayed payments for completed projects, took a toll on his health as he was already battling with hypertension which eventually led to a mild stroke. He started exhibiting the "presenteeism" syndrome due to the mild stroke, affecting his output negatively.

- **Urbanisation and Commuting Stress:** Long daily commuting through traffic congestion increases stress, reduces sleep quality, and elevates risks of hypertension.
- **Environmental and Geographic Factors:** Workers who live or operate in flood-prone communities, areas with high pollution, poor air quality or direct exposure to intense sunlight face some vulnerabilities. Such conditions often lead to a high incidence of malaria due to stagnant water, as well as respiratory problems such as chronic coughs and chest irritations caused by dusty roads and persistent exposure to

construction debris. These combined pressures gradually erode workers' health, morale and overall productivity.

- **Poor Workplace Ergonomics:** Exposure to uncomfortable office chairs, inadequate office furniture, poor lighting and improper workstation arrangements contribute to physical strain, fatigue, musculoskeletal disorders and frequent health complaints such as back pain and eye strain. In severe cases, chronic ergonomic-related conditions can lead to long-term sick leave or early retirement on medical grounds.

A discussion with a young female employee in a public sector organization in Ghana, revealed that the prolonged use of ergonomically inadequate office seating contributed to a serious spinal injury. The condition ultimately required corrective surgery, resulting in a prolonged period of work absenteeism during her recovery.

- **Weak Preventive Health Culture:** High out-of-pocket expenditure, limited screening programmes, and gaps in National Health Insurance Scheme (NHIS) coverage contribute to late detection of diseases.

The health-productivity nexus in labour economics

From the perspective of labour economics, poor worker health reduces productivity through several mechanisms:

- **Human Capital Depletion (Decline in labour quality):** Chronic illnesses depreciate human capital by reducing stamina, cognitive function, and skill utilisation.
- **Increased Labour Costs:** Firms face higher medical expenses, health insurance claims, higher costs of replacing labour due to overtime pay and cost associated with hiring temporary workers. Additionally, sick employees cause bottlenecks in production and service delivery which eventually disrupts workflow owing to increased downtime.
- **Reduced Effective Labour Supply:** Absenteeism reduces available labour hours, while presenteeism lowers the quality of labour input. Also, chronic illness, injury or disability may push workers out of

employment or early retirement.

- **Macroeconomic Effects:** At a macroeconomic scale, health-related productivity losses reduce GDP, weaken government revenue, and strain public health expenditure.

These mechanisms underscore the importance of treating health as an economic asset rather than a peripheral welfare concern.

International benchmark: Japan's health and productivity management (H&PM) model

Japan's H&PM framework represents a globally recognised model for institutionalising workplace health as an economic strategy. The programme, administered by the Ministry of Economy, Trade and Industry (METI), certifies firms that demonstrate strategic investment in employee health, preventive care, and data-driven wellbeing initiatives.

Empirical evaluations show that firms certified under H&PM achieve:

- Higher labour productivity;
- Lower absenteeism and presenteeism;
- Better employee retention; and
- Improved mental health outcomes.

This model provides a valuable blueprint for African countries seeking to integrate health into their national productivity agendas.

Policy options for Ghana

- **Government-Level Strategies**
 - Establish a national H&PM-style certification system to reward firms investing in worker well-being;
 - Strengthen National Health Insurance Scheme (NHIS) to improve disease management and

preventive care; and

- Integrate workplace health metrics into Ghana's productivity and labour market policies.

- **Employer-Level Strategies**
 - Treat health expenditure as a return-on-investment (ROI) rather than a cost;
 - Implement regular health screenings, wellness programmes, ergonomic improvements, and mental health services; and
 - Promote healthy workplace norms, including rest breaks and access to nutritious foods.

- **SME Support**
 - Provide capacity-building, subsidies, or technical assistance to help Small and Medium Scale Enterprises (SMEs) implement workplace wellness programmes.

- **Enhanced Data and Research**
 - Invest in systematic measurement of productivity losses attributable to health; and
 - Strengthen occupational health surveillance systems.

Conclusion

A healthy workforce is essential for Ghana's economic transformation. Addressing the growing burden of NCDs, workplace stress and poor ergonomics requires coordinated action across government, employers and public health institutions. The evidence is clear, investing in worker health yields substantial productivity gains and strengthens national competitiveness. Ghana can no longer afford to view health as a peripheral issue; it must be embedded at the centre of a national productivity policy.

Implementing integrated health and productivity strategies can help build a resilient, efficient, and prosperous workforce capable of driving sustainable national development.

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