

Input Re: Working Group's Report on the Gender Lens to the UN Guiding Principles on  
Business and Human Rights  
Responses by Meridian Group International, Inc./RAISE Health Initiative  
October 30, 2018

**Question 1:** In what ways do women experience the impact of business-related human rights abuses differently and disproportionately?

Women's health rights at the workplace – particularly in global supply chains – are not addressed by business and not recognized as an area for due diligence or for new policies and practices. The term “abuses” is problematic because it implies an acute, urgent, immediate harm. While these do occur, when workers are injured, the abuse in the case of health rights and women workers is structural and systemic. We argue that the health rights of all workers need to be addressed, the harm is particularly acute for women workers.

Employers can have a significant impact on the health and well-being of women workers, negative as well as positive. Too often, it is negative as workplace managers fail to recognize the unique needs of women in low- and middle-income countries:

- Access to health services is a major problem for poor women in general. Yet for women workers the barriers are even higher not only because of their double burden of domestic and paid work, but also because of the hours and days they work. Most public health facilities are closed after normal work hours and on weekends, which means that women workers have access to a limited number of private health providers.
- In workplaces with onsite infirmaries and related health programs, worker access may not be much better, and the quality of health providers and onsite services may be very poor.
- Even in workplaces where there are good policies meant to ensure a worker's agency to leave her post to receive health services on or offsite, middle management practices often undermine these policies. Supervisors threaten workers who leave their stations in many factories if it is not for an emergency or approved break time.
- Poor sanitary conditions of restroom facilities and strict break policies also affect women more than men. Limited on hydration and bathroom breaks can lead to an increased risk of urinary tract infections. Without access to usable toilets, restrooms with soap and water, and sanitary pads for women, women workers are forced to use unsanitary products, which can lead to gynecological infections.
- Many workers are young women of reproductive age that have moved from their more rural home areas to cities. Lack of access to reproductive health and family planning health services and products, in addition to primary care, has significant impact of these women, who are at risk for unwanted pregnancy and sexually transmitted diseases.

The fact is, the way workplaces address women's health is antiquated, and based on the gender assumptions (i.e. predominantly male workers) of the last century. The premium is on safety, no doubt critical, with little consideration to the need to respect overall health rights.

OSH standards and public health standards are generally not aligned with international human rights standards, affecting women worker's access to unique health services and education they

need. Traditional global occupational safety and health (OHS) regulations typically have a “gender-blind” approach, containing restrictive policies and practices that don’t recognize women’s specific health needs, subsequently negatively impacting to women workers in global supply chains.<sup>1</sup>

**Question 2:** Please share any good practices on how to deal with increased marginalization or vulnerabilities faced by women due to intersectionality, feminization of work, informal economy, and conflicts

There are numerous relatively small-scale programs that address key women’s empowerment issues, including health needs and rights, including:

- Levi Strauss & Co. has launched a Worker Wellbeing (WWB) initiative to create a sustainable global supply chain by protecting the basic needs and rights of their workers, including their health. The company has committed to having the initiative reach 80% of its supply chain by 2020 or 350,000 workers.
- GAPs P.A.C.E program addresses professional advancement of women’ workers and includes a health module. GAP plans to reach one million people (including in the community) with PACE.
- Business for Social Responsibility’s HERproject program has been adopted by more than 50 companies for their supply chains. HERproject has a health component as well as gender-based violence and financial literacy components.
- The Business for Social Responsibility (BSR) published **Gender Equality in Codes of Conduct**<sup>2</sup> Guidance to recognize codes of conduct as one way to implement gender equality in the workplace---codes of conduct are a widespread approach used by companies to create principles drive sustainability and human rights in supply chains.
- Key NGOs like Marie Stopes International and the International Family Planning Association (and their network of affiliates) have initiatives to reach women (and men) workers in low- and middle-income countries. The UN Foundation’s business guide, **Private Sector Action for Women’s Health and Empowerment**<sup>3</sup>, recommends eight actions by companies to address women’s health and give examples of good practices around the world.

Yet these efforts have neither scaled (yet) not become essential practices in the operations of multinational corporations or their supply chains. They do represent a better direction on women’s health and empowerment. There’s an increasing focus that health and well-being need to be integrated into company operations and policies, not be programmatic add-ons.

**Question 3:** How to address sexual harassment and sexual or physical violence suffered by women in the business-related content, including at the workplace, in supply chains, and in surrounding communities?

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<sup>1</sup>Erika George, Candace Gibson, Rebecca Sewall, David Wofford, “Recognizing Women’s Rights at Work”. Berkeley Journal of International Law, Volume 35, Issue 1. 2017

<sup>2</sup> <https://www.bsr.org/en/our-insights/report-view/gender-equality-in-codes-of-conduct-guidance>

<sup>3</sup> <https://www.privatesectoractionforwomenshealth.com/>

Others can say much more on this. However, in those workplace contexts where there are onsite health professionals, business needs to be sure those doctors, nurses or others are training on how to recognize sexual harassment or violence of women worker at the workplaces and in their homes. Health professionals should be trained on basic counseling skills or at a minimum be fully aware of external treatment facilities and program where victims of violence can be referred (and know how to ensure workers are able to gain access to those programs). If no health professionals on staff, then the human resources staff should be fully aware of such programs.

Businesses need policies that enable health professions to inform management of problems of harassment if they become aware of it, in ways that can protect a victim's confidentiality. Related to this, companies need to make sure they are maintaining basic health rights of confidentiality and privacy so that coming to a health professional provides a safe space.

In Australia, national law required business to be aware of GBV at the home and be flexible about hours and lateness so that women workers are not put further at risk. Nothing stops a company elsewhere from adopting similar policies.

There is much more to say on GBV, but we have focused only on the health aspect.

- Companies should ensure workplace health providers are trained in sexual harassment/sexual or physical violence to better educate and provide services for the workforce they serve. Additionally, health staff should provide health training to the workforce during the workday to ensure all workers, men and women, know how to prevent sexual harassment and/or sexual or physical violence
- Women should have access to health services on-site. If the workplace doesn't have health services on-site, a referral system should be in place so women workers have access to services external from the workplace.

**Question 4:** Which State laws and policies or social, cultural and religious norms continue to impede women's integration into economic activities and public life generally?

Clearly access to family planning and reproductive health is a major problem for women, particularly unmarried women, in many countries. This directly affects their ability to get and hold a job and be promoted. Lack of access is only part of the challenge. Disapproval by health professional, family, and religious and community leaders plays a complex role. However, as many women leave their home communities to work in urban areas, businesses can play a role in addressing access issues, ensuring quality information on reproductive health products and services are available, and making sure onsite staff and health professional do not reinforce negative or harmful social norms.

**Question 5:** Are there any good practices of integrating a gender perspective into States' economic sphere (e.g., state-owned enterprises, public procurement agencies, trade missions, export credit agencies, privatisation of public services, public-private partnerships, and trade and investment agreements)?

Not many. The Philippines and Bangladesh have laws on broader worker and family welfare. In Bangladesh, the Ministry of Health signed a five-year agreement in 2015 with the Bangladesh Manufacturers and Exporters Association<sup>4</sup> to train factory health profession in family planning services and counseling and provide them short-term family planning products to be made available at the workplace.

**Question 6:** How could policy coherence be improved between different government ministries or departments dealing with women issues and business-related matters?

In health, there is a major divide between public health and occupational (or workplace) health. Ministries of health have oversight of public and private health facilities/providers in the community; ministries of labor have oversight of labor rights in the workplace including occupational safety and health. This is a false division, but labor and health ministries typically do not work together, communicate or develop joint policy frameworks. The fact is, health professionals at the workplace are required to adhere to profession standards of their profession, which do not change based on the location of their activities. The division at the national level is reflected in the same divisions at the global level between the World Health Organization and the International Labor Organization.

Business, labor groups and public health organizations could work together with government to bridge this divide and identify where there needs to be policy coherence on OSH and public health. For instance, the role of workplace nurses needs special focus for pre-service and in-service training, but there is very little public health or OSH focus on this. And the labor focus is mainly on safety, not broader health services and practices that should be adopted when in the workplace and reflecting a commitment to health rights. An example of a successful small step in policy coherence took place in Cambodia where a technical working group of health NGOs and international agencies worked with the labor ministry, through a consultative process with stakeholders, to create **new guidelines for workplace health infirmaries**.<sup>5</sup>

It is important to note that the goal here is not to turn each factory or workplace clinic into a primary care facility (although some large factories have done that). But rather it is to ensure basic health rights and practices are adhered to – so that within the context and resources of each workplace, health providers and management are meeting key public health standards on confidentiality, education, referral, hygiene and other key practices.

**Question 7:** What is the extent to which businesses currently apply a gender lens in conducting human rights due diligence, including social or environmental impact assessment?

Companies undertake their due diligence related to health rights through the lens of labor law and its narrow conception of occupational safety and health (OSH). But health rights are more than labor OSH rights. Women do not lose their health rights, particularly their sexual and reproductive health rights, when they cross the threshold of the workplace and become employees. Yet corporate due diligence on health assumes that a business' respect responsibility

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<sup>4</sup> [http://www.bgmea.com.bd/home/pages/MoU\\_signed\\_to\\_strengthen\\_family\\_planning\\_service\\_in\\_RMG\\_sector](http://www.bgmea.com.bd/home/pages/MoU_signed_to_strengthen_family_planning_service_in_RMG_sector)

<sup>5</sup> <http://evidenceproject.popcouncil.org/resource/lessons-learned-from-the-cambodia-enterprise-infirmaries-guidelines-development-process/>

is restricted to meeting traditional OSH standards. Thus, broader health rights are not considered “material.”

This point is made very strongly in a **2015 UN Global Compact Good Practice Note<sup>6</sup>** on human rights risks in supply chains. The note recommends that companies should undertake due diligence “by understanding what rights mean before determining which ones are relevant to the company” and “consider supply chain impacts on all human rights in and beyond the workplace,” as labor rights capture only a portion of all human rights.

A gender lens for due diligence would recognize that the workplace is a social determinant of health. It would also recognize that the workers’ health rights should be considered using the AAAQ (Availability, Accessibility, Acceptability and Quality) framework that is the basis for all health rights. Thus, what is material is not simply whether first aid products, protective clothing, and training exist onsite, but more importantly the access women and men have to affordable, quality services. It would mean ensuring that the doctors, nurses and other health workers required in industrial and agricultural workplaces are qualified to provide basic services and information. And women workers have access to hygiene products as a basic practice and receive referrals to sexual and reproductive health services in the community. Due diligence would not only look at policies but also practices – do workers actually have the agency under management to exercise their health rights.

**Question 8:** Are there any good practices of business enterprises adopting a gender perspective in making human rights policy commitments, addressing the gender wage gap and underrepresentation of women in boards and senior positions, or involving affected women in meaningful consultations and remediation processes?

Not that I know of. But Meridian was a partner in helping Business for Social Responsibility produce its guidance document, Gender Equality in Codes of Conduct, released in April 2017, which has a section on workplace health policies and practices. BSR released a companion piece in September 2018 on Gender Equality in Social Auditing. These documents incorporate a gender perspective on all the issues in the question as well as on health and provide a roadmap for improvement.

Also, the **Women’s Empowerment Principles (WEPs) Gender Gap Analysis Tool<sup>7</sup>** is an internal benchmarking/self-assessment tool developed by UN Women and UN Global Compact and the Inter-American Development Bank comprises 18 multiple choice questions that draw from good practices from around the world-covering gender equality in leadership, workplace, marketplace, and community. One question address health from a gender perspective.

**Question 9.** What is the role of businesses in dealing with domestic laws, policies and societal practices which are discriminatory to women?

Business should be at the forefront of advocating for gender equitable laws and for health and other services that improve the well-being of workers and their communities they live in. A key

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<sup>6</sup> <https://www.unglobalcompact.org/library/2851>

<sup>7</sup> <https://weps-gapanalysis.org/>

issue in many communities is that public health and largely free health services tend to be closed after the work day. Governments have a responsibility to provide accessible health services. Companies should be using their position to advocate for public health and other services that meet the needs of workers – as well as communities. If a business is paying into a public health insurance scheme, they should care that the quality of the services meets basic or higher standards. So business has an interest and a role in promoting better policies and practices and asking governments to fulfill their roles.

**Question 10.** How could media and advertising industries fight against gender stereotyping and disempowerment of women?

**Question 11.** What additional or specific barriers do women (women human rights defenders) face in accessing effective remedies for business-related human rights abuses?

**Question 12.** How could all types of remedial mechanisms, processes and outcomes be made more gender-sensitive?

Get more women involved. Think broadly about “remedial” mechanisms and processes. The best remediation is to stop bad practices and adopt good ones. More on this below.

**Question 13.** How to overcome power imbalances and discriminatory practices that might undermine the effectiveness of remedies obtained by women?

**Question 14.** Please provide any additional comments, suggestions or information which you think may be relevant for the Working Group’s forthcoming report on the gender lens to the UNGPs.

A major dilemma for this working group and others is that human rights is framed primarily in terms of abuses and violations when it comes to business and human rights. This is understandable – with human rights defenders’ lives being at risk and people facing direct and immediate harms. Yet, this framing leaves little space for looking at structural and systemic changes that are not dominated by a legal lens of investigation/due diligence, violations, remedy and enforcement. The structures to ensure those actions are important and essential but not sufficient. It also leave little space for thinking about the positive role companies can have on gender norms and practices – the so-called progressive agenda. This is not to white or green wash the various bad corporate practices or actors. But the long-term changes supporting gender equality won’t arrive with better regulation, enforcement and remediation, but through improved social norms and practices, which business can play a role in advancing or impeding.

The metaphor in health is the difference between emergency services and primary health care. The emergency services are essential, but a healthier population requires a strong primary care system. The human rights agenda appears heavily weighted toward emergency services. I would suggest that the human rights community engage a broad range of expertise in development, behavioral sciences and design that have insights to share on human rights social norms that offer additional, complementary approaches to the legal framework.

Furthermore, in health, human rights violations can be subtle and pervasive and supported by a range of standard operating procedures, practices and policies that are seen as normal or traditional. The issue is not about stopping acute violations (although those exist). It's about rethinking the overall role of business in respecting health rights. Changing the traditional business OSH role can have huge impact in advancing better norms and behaviors. There is evidence that companies which create a culture of health that goes beyond OSH, including a gender-sensitive approach to worker health, create a range of social and professional changes in norms that are beneficial to workers, communities and business. Respecting health rights can be a door to improving overall human rights.