

Recognizing Women's Rights at Work: Health and Women Workers in Global Supply Chains

A SUMMARY OF ARGUMENTS AND RECOMMENDATIONS PUBLISHED
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OVERVIEW

Women's health rights at work have been largely passed over in the many debates over corporate responsibility for human rights violations associated with business operations. As more companies are determining how to implement the UN Guiding Principles on Business and Human Rights, adopted in 2011, it is time to re-evaluate the current notions of what the right to health entails for women workers—and all workers—in global supply chains.

In our law review article, [*Recognizing Women's Rights at Work: Health and Women Workers in Global Supply Chains*](#), we argue for a more expansive view of health rights at the workplace. In particular, there needs to be much greater alignment between occupational safety and health (OSH) standards for workplaces and internationally recognized health rights. The default position of government, business, and others is to view workplace health rights as limited to traditional (i.e. OSH) standards for enterprises, defined by the important conventions on health and safety of the International Labor Organization.

This default position is out of date and out of touch with reality. While the U.N. Guiding Principles do not create new rights, they can open the door to needed discussions about how companies uphold their role in respecting existing rights. Such a discussion on health rights is justified not only by the changes to the global economy, gender makeup of the workforce, and experiences of women workers, but also by the evolving understanding of

health rights under international law and the recognition of the unjustifiable and gender-biased segregation of worker health rights as confined to “occupational health.”

THE CURRENT APPROACH TO HEALTH RIGHTS AT WORK

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. The reason is straightforward: workplaces operating in global supply chains must meet constantly changing and urgent production demands and deadlines. Many labor advocates have documented how production demands on factories and farms come at the expense of labor and human rights and of

compliance with voluntary codes of conduct endorsed by corporate buyers. Health rights, too, are sacrificed to production demands, with the consequences born by workers.

The article describes the evolution of health rights, beginning with their incorporation in the World Health Organization Constitution in 1946 and the Universal Declaration of Human Rights (UDHR) in December 1948. Key human rights instruments since have addressed the social determinants of health, including the workplace, occupational health and safety, and the right to sexual and reproductive health. In addition, they describe State obligations to guarantee that health goods, services, and information are accessible to all who reside in a State. Of great importance to operationalizing health rights is the AAAQ Framework, which requires States to ensure that the facilities, goods, services, and conditions needed for health are “accessible, available, acceptable, and of quality.” Many workplaces have infirmaries and health care providers that do not achieve common public health standards for cleanliness, confidentiality, privacy, health information and referral – standards that respond to the AAAQ principles.

RE-ENVISIONING THE BUSINESS ROLE IN THE RIGHT TO HEALTH

The objective here is not to turn workplaces into public health facilities. Yet the U.N. Guiding Principles, in concert with other “soft law” mechanisms such as corporate global commitments, Codes of Conduct, certification and reporting schemes, can spur a re-envisioning of business’s ability and responsibility to protect the right to health of workers.

We make four recommendations on how business, governments, labor and human rights advocates can advance a broader – and business-beneficial – approach to women’s health rights at the workplace:



1. Address health comprehensively.

Companies should use the due diligence and human rights assessment processes required by the U.N. Guiding Principles to consider human rights risks related to women’s health more comprehensively. If due diligence under the Guiding Principles conforms only to a narrow OSH lens, then corporate risk assessments will not ask the kinds of questions that will identify potential violations of women workers’ rights to access quality health services, education and information, including related to reproductive health.

This recommendation builds on two recommendations from a 2015 [UN Global Compact Good Practice Note on human rights risks in supply chains](#): namely 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.



2. Take a leadership role.

Organizations and corporations that manage or promote what might be called soft, non-legal, regulatory mechanisms under corporate social responsibility should also provide leadership for advancing a more expansive notion of health rights at the workplace—and provide corporations with testing grounds to learn what works and how best to achieve results. Nothing prevents corporate social responsibility-focused organizations from advancing policies and practices that address gender equality and worker health rights. This could include incorporating some of the major guidance on health included in the [“Gender Equality in Codes of Conduct” guidance document](#)⁴ released in April by Business for Social Responsibility.

¹ The Evidence Project/Meridian Group International, Inc. contributed to the development of this guidance document.



3. Ensure policy coherence. National governments and organizations involved in health policy at the country level should review public health and occupational safety and health policies and regulations to see where these can be aligned. This review needs to consider not only what additional standards and practices should be asked of industry, but also how government resources for public health improvements can help protect worker health rights. Two examples of such an approach are the Philippine’s [Responsible Parenthood and Reproductive Health Act of 2012](#) (and the labor department’s related Family Welfare Program) and the Bangladesh Ministry of Health [Directorate General for Family Planning’s agreement with the Bangladesh Garment Manufacturers Export Association](#) (BGMEA) to provide training and free contraceptives to BGMEA-qualified member factories. Both need further support to make them fully operational and sustainable.



4. Align with the SDGs. Corporations should make explicit commitments to address women’s health components of the [Sustainable Development Goals \(SDGs\)](#) relating to their own business operations. The SDGs offer an opportunity for companies to align development goals, human rights and occupational health standards through SDG #3 (Good Health & Well-Being), #5 (Gender Equality), #8 (Decent Work and Economic Growth) and #17 (Partnerships) with their own operations and business relationships.

While many health rights can be contentious, addressing the health rights of women in the workplace need not be. It is not only important for the health and well-being of all workers, but also benefits corporations and their supplier companies in ways that have yet to be realized.

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The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council in partnership with INDEPTH Network, International Planned Parenthood Federation, PATH, Population Reference Bureau, and a University Research Network.



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