



Women and Sustainability

Investing in Women's Health

March 2011

About the Women and Sustainability Series

This paper is part of a BSR research series on women and sustainability that demonstrates how investments in women—in the work force, supply chain, and communities, and as consumers—is beneficial for business. The Women and Sustainability series was authored by Amaya Gorostiaga, Kara Harnett Hurst, Jennifer Schappert, and Racheal Yeager.

Additional resources can be found at <http://www.bsr.org/en/our-insights/women-and-sustainability>.

About BSR

A leader in corporate responsibility since 1992, BSR works with its global network of more than 250 member companies to develop sustainable business strategies and solutions through consulting, research, and cross-sector collaboration. With offices in Asia, Europe, and North America, BSR uses its expertise in the environment, human rights, economic development, and governance and accountability to guide global companies toward creating a just and sustainable world. Visit www.bsr.org for more information.

Executive Summary

This brief is intended to arm companies with the information, process, and tools to identify and implement strategic investments in women's health.

This brief is similar in structure and some content (Prioritization Process and Call to Action) to the "Investing in Women's Economic Empowerment" brief. One or both may be relevant for different companies.

The brief is organized as follows:

- » **The Challenge:** Introduces the key health challenges women face in the developing world.
- » **Investment Opportunities:** Outlines the assets the private sector brings to seven key areas of women's health, with industry examples and suggestions.
- » **Prioritization of Strategic Involvement Areas:** Outlines a process for prioritizing investments based on women's needs and business objectives.
- » **Case Study, BSR HERproject:** HERproject provides women's health education to female factory workers in Bangladesh, China, Egypt, India, Pakistan, and Vietnam. BSR is also currently testing its training methodology in the agriculture and horticulture sectors in Kenya.
- » **Call to Action:** Lays out immediate next steps for companies to move forward, including ensuring internal commitment, gathering necessary background information, engaging key stakeholders, and communicating company commitment.

See separate [Appendix, Investing in Women: Industry Specific Examples and Recommendations](#) to get ideas for investing in women's health and economic empowerment from peer companies and other industries.

We hope the guidance provided in this document will empower more companies across all industries to invest strategically in women around the world. By integrating women's health into their sustainability strategies, companies can help women become part of the solution to building a more just and sustainable world.

Introduction

Women are increasingly relevant as operations and supply chains expand in the developing world, where gender inequity impacts business and society in myriad ways.

Improving women's health will contribute to women's economic empowerment overall by enabling them to participate more readily in the global economy. Improving women's health also represents a business-critical investment that will reap short-term benefits through higher productivity, greater labor participation,

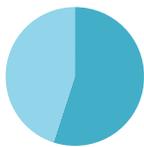
and improved product quality and yield. For example, a 2007 study by a BSR partner found a 3-to-1 return on investment from reduced absenteeism, reduced turnover, and enhanced productivity.¹

Over the long term, such investments will also contribute to an enhanced consumer marketplace and stable, thriving communities. At the community level, women often serve as the caregivers for both immediate and extended family. Women are also important wage earners, significantly more likely than men to invest in the education, nutrition, and health of their children². Through these roles, healthy women contribute to the economic well-being and productive functioning of communities large and small.

24 percent of married women in Sub-Saharan Africa, 12 percent in Latin America and the Caribbean, and 11 percent in South and Southeast Asia have an unmet need for contraception.

Ref: Population Reference Bureau, Oct 2007.

More than half of people living with HIV/AIDS worldwide are women



The Challenge

Female employees and community members represent a vulnerable population, particularly with regard to health-related risks. Their health and well-being is undervalued, particularly in poor families that must make difficult decisions about where to apply their limited resources. Educational systems in developing countries often do not provide comprehensive health education, particularly in rural areas that tend to be more conservative and lacking in resources. Women are more likely to suffer sexual abuse than men, and 99 percent of the half a million maternal deaths—death in childbirth or related to pregnancy—every year occur in developing countries³.

Women in developing countries, and in particular poor women, suffer from anemia, poor hygiene, inadequate pre- and post-natal care, sexual violence, exposure to infections and illness, sexual abuse, and maternal mortality. Lack of education and limited access to resources contribute to unsafe sexual behaviors, sometimes leading to unwanted pregnancies or sexually transmitted infections. These circumstances lower women's quality of life and inhibit their ability to provide for their families. They also contribute to high rates of malnutrition, maternal and infant mortality, and the spread of sexually transmitted infections and other preventable diseases. More than half of the estimated 33 million people living with HIV/AIDS are women, and women who suffer from domestic violence are 48 percent more likely to have the virus⁴.

The majority of these diseases or health conditions are preventable with proper care and safe behavior. However, in addition to limited access to services, many women lack awareness, or their knowledge of how to care for themselves and their families is restricted by cultural biases or gender-based power structures that affect health decision-making.

Investment Opportunities

Simple interventions and innovations can help to overcome these challenges and elevate women, communities, and businesses. Helping women to improve their own health allows them to participate more actively in the workplace and the home. Enabling women to care effectively for themselves, their children, and other family members frees time and resources that can be utilized elsewhere in both formal and informal sectors.

Similarly, empowering women to make decisions about their health and the health of their family will also create new markets for consumer health products, medicines, and nutritious food products.

PRIVATE SECTOR ASSETS

A good place to start is by defining the assets a business can bring to improving women's health.

Every company has a unique set of assets through its product and service offerings, human capital, financial capital, customer base, geographic distribution, supply chain, and philanthropic contributions.

One of the most critical assets a company has is access. Some companies have unique access to groups of vulnerable women, such as rural-to-urban migrants, temporary employees, or small-holder female farmers. This is especially relevant in workforces where women predominate, such as in agriculture and light manufacturing.

Workplace access can be utilized to bring these women much-needed health information and services, as demonstrated through BSR's HERproject, which provides health education to female factory and farm workers in Asia and Africa (see case study, page 8). Other companies may be able to enhance women's access to a health product or service through community outreach, consumer education, or product donation.

Relevant assets that companies can contribute include:



Analysis of how company assets fit with women's health should incorporate business opportunities; for example, how your assets could be applied to improve health services in a women's health clinic, educate local female community residents, mitigate risks associated with medicine-product donations, and increase product uptake.

Once assets are identified, companies can begin to pair them with potential investment areas, which are explored in the following section.

POTENTIAL AREAS FOR INVESTMENT

Businesses should invest in line with broader global objectives, and where possible, seek to partner with the public sector on shared objectives. Investment areas for women's health improvement described below are in line with broader global objectives, including Millennium Development Goals 3, 4, and 5.

MDG 3: Promote gender equality and empower women.
MDG 4: Reduce child mortality.
MDG 5: Improve maternal health.
 Ref: [UN Millennium Development Goals](#)

Enhance assets through collaboration

Partnership can help you accomplish your objectives with a lower financial investment and added partner assets. Opportunities exist to collaborate with other businesses as well as non-corporate entities.

For example, companies in the information and communications technology sector can offer software, hardware, or expertise to your women's initiative. Likewise, consumer product and food, agriculture, and beverage companies can often offer access points to help reach large populations of women.

Local NGOs, international donors, and national aid agencies such as the U.K.'s Department for International Development (DFID) and the U.S. Agency for International Development (USAID), can support your efforts and make them more impactful. Such partners can provide assets such as philanthropic capital, issue expertise, implementation capability, and local government and business networks. See [BSR's related report on Partnering with USAID](#).

Companies can apply their assets to seven main areas for potential investment, divided into two categories: information and access.

Health Information

Women in developing countries, especially those living in rural areas or who have migrated to cities from rural areas, lack basic information about their health and the health of their children and families. This lack of basic preventative health knowledge prevents women from caring for themselves or their families, with significant impacts on workplace productivity and community prosperity. Women will benefit from simple awareness-raising programs as well as more innovative means of sharing health information.

1. Health education

In most developing countries, women do not receive general or reproductive health information from school, family members, or society at large. Awareness-raising, and peer education in particular, is extremely effective in improving women's confidence to administer self-care and to seek appropriate health services when needed.

EXAMPLES

- **BSR HERproject** provides health education in factories. See Case Study, page 8.
- **Chevron HIV/AIDS company policy** includes workplace and community-based awareness-raising on HIV/AIDS prevention and treatment.

2. Male engagement on women's health

In many parts of the world, male family members—including fathers, husbands, brothers, and others—make the majority of health decisions in families. Engaging men on women's health needs, as well as the benefits of promoting women's participation in health decision-making, will contribute to improving women's health and empowering women more broadly.

EXAMPLE: Unilever Tea Tanzania's Healthy Images of Manhood (HIM) program. With USAID's [ESD project](#), HIM provides basic information to help change behavior and increase male workers' use of reproductive health, family planning, and HIV/AIDS health services.

3. mHealth

Mobile connectivity continues to grow at an exponential rate in the developing world. Mobile devices can be used to promote health messages and encourage healthier behavior. Such messaging can be particularly impactful in communities where women's mobility is restricted or in isolated rural areas with limited access to health workers.

EXAMPLES

- **Johnson & Johnson's Every Mother, Every Child** provides pregnant women and new mothers with information via mobile phone.
- **Voxiva, text4baby** is a U.S.-based free service that texts basic information and vaccine and check-up reminders to new mothers based on inputted birth date.

Access to Health Services

4. Access to medicines

Many women lack access to critical medicines and health services, including contraception, maternal health, and prevention and treatment of sexually transmitted infections. Companies can facilitate health-product donation, can

support mobile or fixed clinics and hospitals in dispensing medicines, and can contribute to enhanced health systems as a whole.

EXAMPLE: GlaxoSmithKline: Several access programs, including motorcycle ambulances for pregnant women in Sudan and community-based maternal and neo-natal care in Ethiopia and the Democratic Republic of the Congo.

5. **Health product design**

Many critical women's health issues have been addressed through product innovation, such as the introduction of the oral contraceptive in 1960, innovations on breast cancer testing and treatment, and post-partum hemorrhage prevention and treatments. Advancements in low-cost nutritionals are another area with disproportionate benefits to women. Such innovations can be supported by companies through venture capital or philanthropic donations, and through research and development and training and skills transfer.

EXAMPLE: Nestlé is developing a new line of fortified foods—including powdered milk with added iron, vitamin A, and zinc; and bouillon cubes with iodine-enriched salt—to address nutrient deficiencies in the developing world.

6. **Telemedicine**

Telemedicine is a rapidly developing field that uses information and communication technology to improve access to and quality of health services in isolated rural areas in developed and developing countries. Programs target the registration of newborns, remote medical testing, and doctor consultations via teleconference or videoconference. Companies can contribute capital, products, and knowledge transfer to such efforts.

EXAMPLE: HP's remote diagnoses program is helping to convert paper records to digital to improve infant HIV diagnosis time. HP is providing data centers, technology products, and IT training.

7. **Infrastructure improvements**

Many of the challenges women face in accessing health care is related to poor infrastructure. Poor roads or no roads could prevent a woman from delivering her baby in a hospital, which would substantially reduce her risk of maternal mortality. Hospitals often lack ambulances or other necessary vehicles, and smaller clinics may lack access to clean water. Companies can help address these challenges by integrating clinics and hospitals with planned infrastructural improvements.

EXAMPLES:

- **Becton, Dickinson and Company and the U.S. government's PEPFAR initiative's collaborative Strengthening Laboratory Systems** program seeks to improve health laboratory systems in African countries.
- **Ericsson and Apollo Hospitals Connectivity for Health** program in India provides high-speed Internet connectivity for remote medical examinations and newborn registration.

Many leadership companies have already begun investing in women's health in innovative and profitable ways. See **Investing in Women Appendix** for additional examples and recommendations.

Many of the company examples noted in this section are applicable to multiple industries beyond those highlighted. The following section details how to prioritize areas of engagement for your company.

Definition: Materiality analysis

“Materiality” helps companies assess the relative importance of an issue based on its impact on business strategy as well as its impact on society.

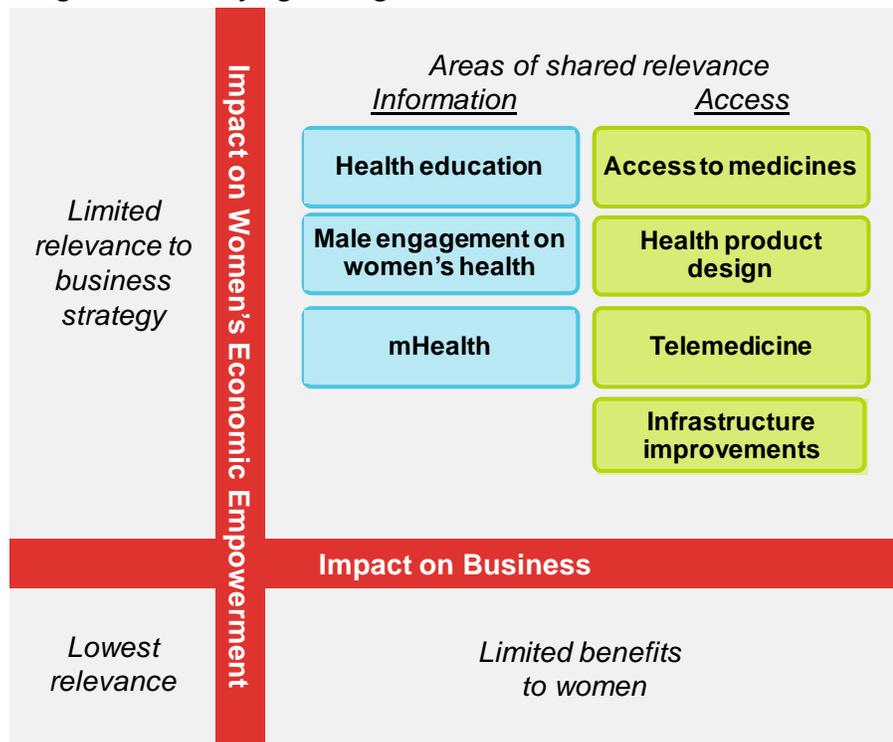
Prioritization of Strategic Involvement Areas

Once company assets and women’s health needs have been assessed, a company can start to identify strategic intersections with business and sustainability strategies. A **materiality analysis** can help to prioritize areas for investment.

Identifying these intersection points can help tie investments in women’s health directly to planned market expansion, supply chain management, talent attraction and retention, community engagement strategies, and other strategic priorities.

The diagram below plots women’s needs (as identified in the previous section) in the upper-right-hand quadrant of the materiality matrix, indicating high strategic relevance for both women and business. In a traditional materiality analysis, a company will rank investment areas by order of relevant. In the diagram below, in order to serve cross- industry relevance, all “areas of shared relevance” shown below in the upper right-hand quadrant are plotted equally.

Diagram 1: Identifying strategic intersections



Different companies will find different investments more or less strategic and may include greater detail in the matrix, such as specific program or geographic focus areas. For example, a technology partnership to provide health information, skills transfer to community or workplace nurses, or targeted health-product donations, could be plotted along the axis, mapped against a business or sustainability strategy.

The prioritization process requires a number of inputs:

- A list of women’s health issues that may be relevant for the business (see preceding section)
- A set of overarching business objectives
- A list of relevant stakeholders

See BSR’s [Women and Sustainability website](#) for a list of relevant stakeholders

- Other information gathered from internal and external assessments, such as feedback from female employees and/or customers, investor input, and more.

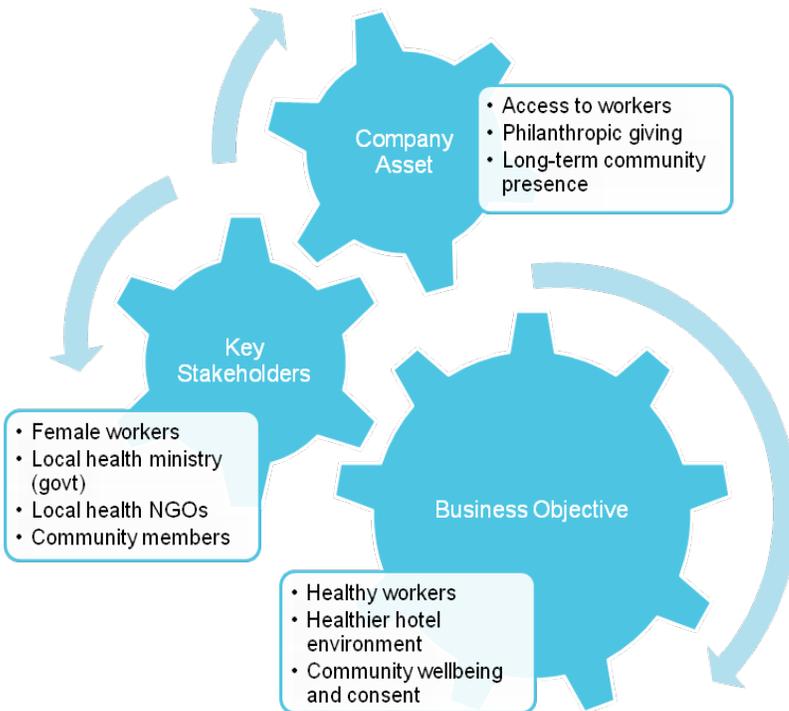
Using the resources identified, the prioritization process includes four steps:

Once the process is completed, a company should have:

- » A list of potential investment areas
- » Key stakeholders associated with the issue area
- » A clear understanding of relevant company assets to contribute to the issue
- » A clear set of business objectives

1. Identify where women are impacted by your business	<ul style="list-style-type: none"> » What percentage of the workforce in your operations, subsidiaries, and supply chain is female? » Where are women the key consumer base for health-related products or services? » Where do women provide services or product inputs in your value chain?
2. Seek external perspective	Engage with NGOs and other companies to help answer your questions and identify best-practice examples. Engage at the local level for insight into specific geographic contexts.
3. Compare identified women’s needs with business objectives	Objectives and success factors may include revenue growth (new markets/customers, new products), operating efficiency (employee retention, productivity), risk management (regulatory, reputation, license to operate), and strategic alignment.
4. Prioritize investments	Identify locations and issues areas in which investment will be most impactful and strategic, and explore time/cost and implementation options and constraints.

Below is a sample program idea arrived at through the recommended prioritization process.



EXAMPLE: TRAVEL AND TOURISM COMPANY

Investment Area: Female Hotel Staff Health Training and Community Clinic

Many employees in upscale tourist hotels in the developing world are women, such as receptionists, maids, and restaurant wait-staff. Regardless of their skill levels, these women would benefit from a hotel-wide women’s health education program.

To ensure staff and their families can access recommended services, the hotel could contribute to building a community health clinic. Such clinics could be equipped to also provide basic services to hotel guests as needed—a good customer service offering for resorts in rural areas.

When the company selects this area to focus on, using the prioritization process above, the company can define the assets they bring to the investment, key stakeholders to involve in structuring a program, and the business objectives the program would fulfill. See diagram

at left for sample completion of this process.

Using this prioritization process will help a company maximize both business relevance and positive impact, and should help navigation of the vast and growing resources on women's economic empowerment.

HERproject: Investing in Women Workers for Health and Business Returns

50,000 WOMEN BENEFITED

HERproject, Health Enables Returns, has benefited approximately 50,000 women through projects with eight multinational companies, 30 factories, eight local NGOs, and multiple health-service clinics and local government departments.



THE CHALLENGE

The global economy has brought millions of women between the ages of 16 and 25 into employment in export factories all across the developing world. Because many of these women are migrants working long hours, they are often isolated from traditional support networks that can help them with challenges such as working conditions, proper compensation, and access to education, health care, and other social services. At the same time, there is a great opportunity to leverage their presence in global supply chains to improve the welfare of these women, many of whom are entering the formal economy for the first time.

OUR STRATEGY

Drawing on nearly two decades of supply chain expertise, we created HERproject, a factory-based program that links BSR member companies, their suppliers, and local NGOs in emerging economies to raise female workers' awareness of general and reproductive health and to improve their access to basic health services.

In 2009, we expanded the initiative to include projects in China, Egypt, India, Mexico, Pakistan, and Vietnam, working with eight multinational companies and eight local NGOs. Through the project, local NGOs trained women in 30 factories to become peer educators on issues including nutrition, personal hygiene, reproductive health, family planning, and sexually transmitted diseases. This approach allows peer educators to share information not just through formal trainings and new worker orientations, but also during lunch and commute times.

In addition to the peer education, we launched efforts to improve factory-based clinics and create links between the factories and local hospitals or women's clinics. So far, we have connected 12 clinics with local hospitals in China, India, Pakistan, and Vietnam.

OUR IMPACT

To date, HERproject has benefited approximately 50,000 women globally. The two main areas of impact are:

Improved health awareness: Following trainings in factories in Vietnam, 97.3 percent of women said they knew how to use condoms to prevent sexually transmitted infections, compared with 59.3 percent before the trainings. In Pakistan, safe pre- and post-natal care knowledge increased: The number of women who knew to get tetanus toxoid immunization during pregnancy increased from 30 percent to 83 percent, and the number of women who learned the importance of post-natal checkups increased from 50 percent to 92 percent. In Mexico, one factory saw a 38 percent increase in the number of respondents who had heard about, seen, or read about how to prevent diabetes.

Increased worker productivity: In Pakistan, women who improved their menstrual hygiene as a result of factory trainings reported a 25 percent reduction in poor concentration at work, 28 percent lower absenteeism, and 33 percent less difficulty in meeting production targets. Initial return-on-investment (ROI) analysis has confirmed that women in the factory worked an average of two-and-a-half more hours per month during the project period, representing an additional 615 days of work per year.

Thanks to our partnership with the Swedish International Development Cooperation Agency (Sida), we will further expand HERproject in 2010, launching initiatives in several new countries, with a focus on East Africa. More information is available in our 2010 report on HERproject, "Investing in Women for a Better World," at www.herproject.org.

Call to Action

Improving women's health will be critical to reducing poverty and realizing the economic potential of many of the world's emerging economies. As such, investments in women's health represent an enormous opportunity for international companies to share in the growth of those economies.

This brief is intended to arm you with some of the information and the basic tools needed to examine these possibilities.

With these in hand, we urge you to consider the following call to action:

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With these tools in hand, we suggest the following actions to get you started:

Look internally: Find out whether your house is in order before exploring opportunities to invest outside.

- » Obtain gender-disaggregated data on direct employees, management, and board members.
- » Assess existing gender wage gaps.
- » Catalog leadership and professional development opportunities offered to female staff.
- » Examine codes of conduct for subcontractors and suppliers to ensure that they address women's rights issues, such as maternity leave or sexual harassment.

Do your homework: Gather information to inform your investment decisions.

- » Obtain gender-disaggregated data on your field operations, subsidiary operations, and suppliers.
- » Familiarize yourself with critical public health issues, and specific women's health issues that are affecting your employees and their communities in key geographies.
- » Examine your existing networks and partnerships for opportunities to collaborate on women's health.
- » Identify a champion to manage internal dialogue and preparation.
- » Undertake a prioritization process, such as identified in this brief or similar.
- » Set overall objectives and obtain senior-level buy-in.

Get external input: Engage key stakeholders at the global and local levels.

- » Partner with an NGO with expertise in women's health. View a list of potential partners [here](#).
- » Compare assets to identify business-to-business collaboration opportunities.
- » Talk to your suppliers and subsidiaries about health-related issues they are facing in the community.
- » Talk to female community members about their needs and interests in key consumer and supply chain markets.

Speak out about your commitment: Motivate others to follow your lead or collaborate with you.

- » Become a CEO Signatory to UNIFEM/UNGC's [Women's Empowerment Principles](#).
- » Make a commitment through the [Clinton Global Initiative](#).
- » Explore partnership opportunities with your government, for example, in the United States with the [U.S. State Department, Office of Global Women's Issues](#) or USAID's [Global Health Bureau](#).
- » Engage with governments in your field operations or supply chains, either ministries of health or ministries of women and children.

Contributing to women's health is one way for a company to support women through its sustainability strategy. See more ideas at <http://www.bsr.org/en/our-insights/women-and-sustainability>.

References

¹ Extending Service Delivery, "Effects of Workplace Health Program on Absenteeism, Turnover, and Worker Attitudes in a Bangladesh Garment Factory," 2007.

² Blumberg, "Income Under Female Versus Male Control," *Journal of Family Issues*, 9(1), 1988; Desai and Johnson, "Women's Decision-Making and Child Health: Familial and Social Hierarchies," commissioned by the Measure DHS project in Calverton, Md., 2005.

³ World Health Organization, "Women's Health Fact Sheet" November 2009; BSR, "Investing in Women for a Better World," March 2010.

⁴ UN World's Women Report 2010.