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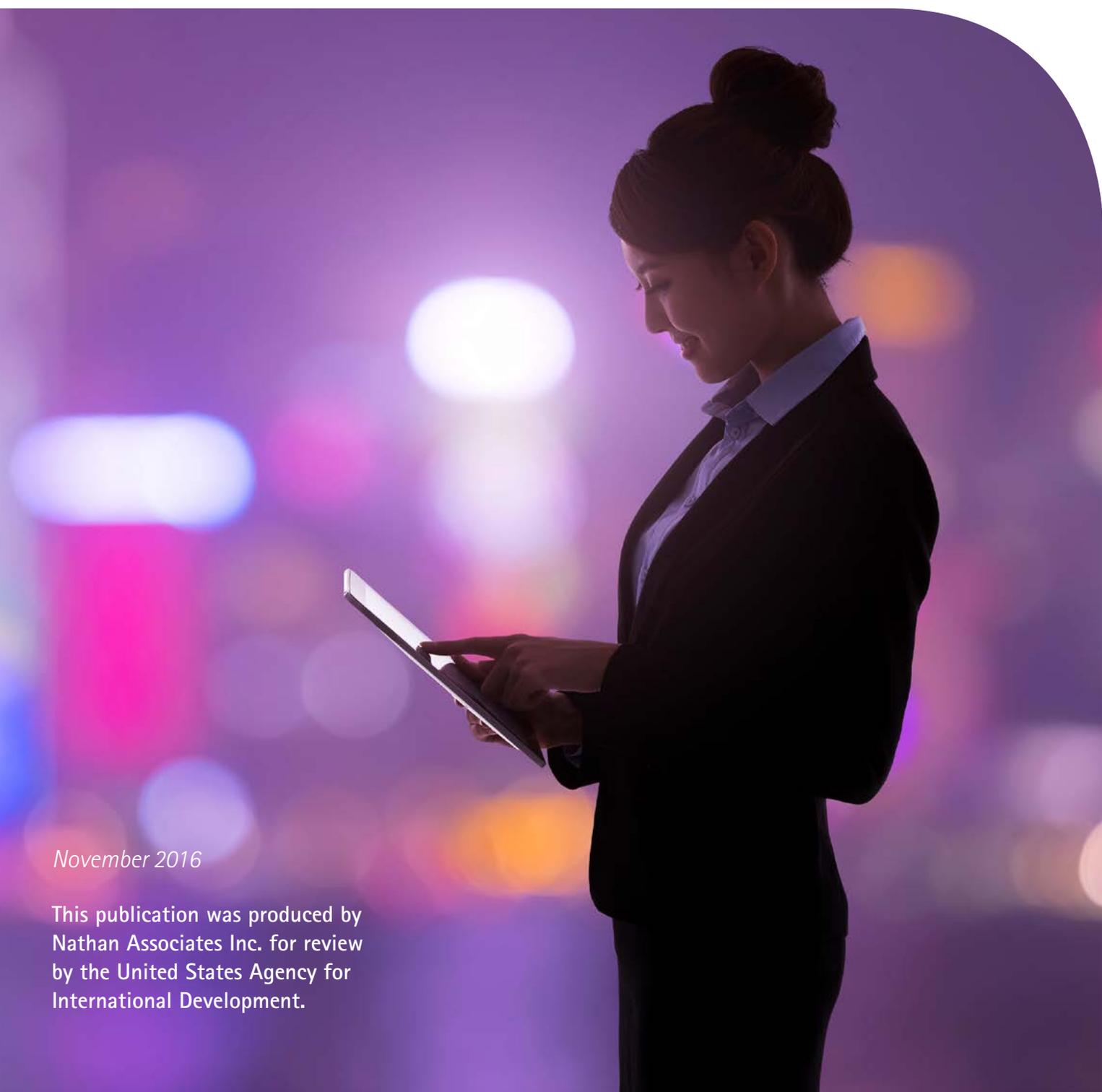
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APEC "Healthy Women, Healthy Economies" Implementation Workshop: From Vision to Action

OUTCOMES REPORT



November 2016

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Introduction

What does it look like to put policies into action? This year, the APEC Healthy Women, Healthy Economies (HWHE) Initiative answered this very question – drawing women and men from governments, businesses, and organizations from across the Asia-Pacific together to move towards the shared vision of improving women's health and well-being to expand their economic participation and achieve a more inclusive workforce.

Women in the Asia-Pacific continue to face barriers in entering, remaining in, and advancing in the workforce. The underrepresentation of women poses substantial costs to businesses and economies across the Asia-Pacific. The multi-year APEC HWHE Initiative aims to address health-related issues, which include often-occurring workplace injuries, sexual harassment, lack of family-friendly policies, and more. In 2015, APEC welcomed the HWHE policy toolkit: a menu of options and actions that economies may pursue in part or as a whole to achieve HWHE objectives. The toolkit focuses on five areas – workplace health and safety, health access and awareness, sexual and reproductive health, gender-based violence, and work/life balance.

In August 2016, the initiative encouraged governments, businesses, and organizations to move from vision to implementation through a two day workshop in Lima, Peru. The workshop provided tools to implement and track progress for the suggested actions in the toolkit. The tools included:

- economic case study for governments;
- business case to businesses;
- framework for measuring progress; and
- a wide variety of case studies.

The workshop was held on the margins of the Third APEC Senior Officials' Meeting, hosted by Peru. The Vice Minister of Women

and Vulnerable Populations, Mario Rios Espinoza, offered opening remarks on Peru's priorities. Peru has been an engaged partner in HWHE from the initiative's infancy, given Peru's focus in the economic impacts of women's health issues, particularly gender-based violence. The Vice Minister highlighted a recent study by Dr. Vara Horna which explained that almost 4% of the GDP

“I am excited about the power of what is possible with this toolkit!”

– Holly Wong,

U.S. Department of Health and Human Services

of the Peruvian economy is lost due to gender-based violence. These losses, the Vice Minister explained, are due to lowered productivity, increased levels of absenteeism, higher rates of turnover, and other factors. The Vice Minister also noted that work/life balance is a major issue for women in Peru. Peru's clear commitment to HWHE core issues opened a full two days of impassioned economies and private sector representatives sharing case studies from across the Asia-Pacific.

The workshop saw participation from 46 attendees across 13 APEC economies and featured expert speakers from Deloitte, McKinsey and Company, General Electric, Jhpiego, Merck KGaA and other partners. Attendees left the workshop with a clear plan of action, armed with the tools needed to implement and measure progress of policies and programs to improve women's health and unleash their ability to join, remain, and rise in the workforce.



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Making the Economic Case

Through a panel with speakers from the Australian Department of Health, McKinsey and Company, and the US-ATAARI Project managed by Nathan Associates Inc., attendees considered ways that governments can use data to make the case to implement health-related programs or reforms as suggested in the HWHE Policy Toolkit.

The session presented the findings for data that can be used to persuade governments to enact reforms that address health-related barriers to women's workforce participation. The [Making the Economic Case](#) report developed by Nathan Associates under US-ATAARI quantified the impacts of several areas of the toolkit. The report concluded the following:

- Based on costs arising from occupational injuries among women, a developed APEC economy can save up to \$2.4 billion or 0.177% of GDP annually, and a developing APEC economy nearly \$7.7 million or 0.003% of GDP annually (in 2016 current dollars), by implementing actions that make workplaces safe for female workers.
- The benefit of reducing anaemia among working women, based on the cost to the economy of working women with anaemia, could be up to \$280 million or 0.021% of GDP to a developed APEC economy, and nearly \$1.2 billion or 0.423% of GDP in a developing APEC economy.
- Up to \$186 million or 0.014% of GDP in a developed APEC economy, and nearly \$57 million or 0.019% of GDP in a developing APEC economy in 2016 current dollars, could be saved if sexual harassment were eliminated.
- Based on total estimated cost associated with domestic violence, a developing APEC economy could benefit up to \$2.8 billion or 0.948% of GDP and a developed APEC economy up to \$13.4 billion or 1.002% of GDP measured in 2016 current dollars, if domestic violence and its impact on productivity and absenteeism can be reduced.

In addition to the economy-specific data provided by US-ATAARI's Making the Economic Case report, McKinsey and Company provided concrete data on a global scale from their recent ["The Power of Parity"](#) report. The report, which studied 95 economies, concluded that \$12 trillion could be added to global GDP by 2025 by advancing women's equality. Furthermore, if women could contribute the same productivity and number of hours as men, the global GDP would increase by 26% or \$28 trillion dollars – equal to the GDP of the U.S. and China combined. In order to address the stark gender inequality, McKinsey recommended ten key areas for economies to focus on, several of which are addressed by the HWHE Policy Toolkit. These include low labor-force participation in quality jobs; blocked economic potential; and violence against women. Though the report recommends ten key topics for all economies to focus on in order to improve gender equality, McKinsey stressed that gender inequality differs by region – and thus any action should be specific to the regional and even economy-level context.

Following the presentation of current data, the session informed attendees about how data and analysis have been used effectively to persuade governments to implement reforms. The Australian Department of Health discussed how it made the case to their government that women's health is a priority, leading to the development of Australia's 2010 National Women's Health Policy. The Department of Health used data to guide the policy, including the identification of four health priorities for women. Through their efforts, the Australian authorities demonstrated that data is needed up front for policy planning, and as a next step, they intend to track progress following policy implementation. While each economy has unique needs when it comes to the health of their female population and workforce as a whole, there is a clear need to link data to proposed policies and objectives. The HWHE Policy Toolkit aligns with this message: it is a menu of options, enabling each economy to identify the areas that apply



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most to them, and then work to make the case by using data to implement policies in those areas.

KEY TAKEAWAYS:

- In regards to data collection, the costs of women being unable to fully participate in the economy are evident. Further research on the costs of implementation of workplace programs and policies to reach robust participation and eventually gender parity are needed to make the economic case even stronger.

- Because women's health issues and gender inequality as a whole differ from economy to economy, solutions and actions taken should be specific to a particular economy's needs.
- Data elucidating key women's health issues can aid in making the case for and driving policies in those areas.
- A combined effort by the government, private sector, and civil society is vital for making a strong economic case.

Making the Business Case

Workshop attendees heard from Deloitte, Merck KGaA, and US-ATAARI about the ways in which companies are making – or can be making – the business case to implement elements of the HWHE Policy Toolkit. The panelists offered responses to the question: why does it make financial sense for companies to invest in healthy women? Further, the session offered guidance for businesses on using data to justify policy reforms to not only maintain momentum, but expand programs once implemented. Finally, the panel offered key messages that businesses can utilize in making the pitch at all levels.

In presenting the report entitled "[Making the Business Case](#)", US-ATAARI developed a tool that speaks directly to the impact on a company's bottom line and offers key messages that both internal and external stakeholders can use to justify these programs. US-ATAARI explained that one of the key arguments for implementing programs that address women's health issues is the importance of building a stronger workforce. US-ATAARI discussed supporting arguments, including capturing talent through the provision of strong employer-provided benefits. Deloitte stressed how essential it is for businesses to first understand the needs of women, how to encourage their well-



being, and provide appropriate benefits and adapt corporate culture to support them. Just as other experts explained that economy-level policies should be driven by each economy's specific needs, corporate policies should also be driven by the needs of a company's employees, which can differ based on age, location, and many other factors. While some female employees may be concerned with strong maternity leave policies, others may be keen to work for a company that offers flexible schedules. Even though these tailored benefits are often helpful, they are simply not enough – women need to be supported in returning to work following maternity leave and striving for advancement.



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In an effort to address this point, Deloitte highlighted how it adjusts performance metrics for women returning from maternity leave. This allows the employees to be evaluated slightly differently as they are ramping back up and re-acclimating themselves, encouraging a smooth transition back into the workplace following childbirth. Furthermore, it is vital to establish a positive environment where not just policies, but managers and teams encourage employee well-being – this includes ensuring that having a baby and working a flexible schedule are not negatively regarded. This requires a shift in corporate culture – a culture where employees at all levels support the well-being of their employees. Once the corporate culture is adapted, policies and workplace programs ideally become less challenging to implement and scale up.

The panel also discussed the importance of enlisting men as champions in making the case for implementation. In implementing the HWHE Policy Toolkit internally at Merck KGaA, those making the pitch to a mostly male leadership team were faced with questions on why programs and policies are focused solely on women's health. They asked – where are the men in this program's equation? In the development of their program, employees found that the case for HWHE must be presented in a way that demonstrates an impact on all stakeholders, rather than just female employees, in order to gain buy in. They found that pitching it as "good for men and families" strengthened the argument. For example, a policy allowing job sharing between both parents can be a supportive policy for families, and in the end, support women to thrive and advance. In terms of implementation

POWER THROUGH PARTNERSHIP: MERCK KGAA, DARMSTADT GERMANY

Merck KGaA has been the primary private sector partner of HWHE since its inception in 2014, exemplifying the importance of public-private partnerships in propelling this initiative forward. Merck, a leader in global health with a focus on non-communicable diseases, recognizes that when women are healthy and are able to fully engage, businesses do better. To formalize this idea, Merck led the development of the HWHE Policy Toolkit, launched in 2015.

To put the HWHE Policy Toolkit into action, Merck is conducting an internal diagnostic to closely examine how its current policies impact women workers. During this process, Merck is comparing its policies to those of other

companies and interviewing employees to understand firsthand how existing programs are or aren't being utilized. They are looking at who the policies applied to, who they excluded, and whether they were gender specific. Matching existing policies to those suggested in the HWHE Policy Toolkit, Merck is in the process of cataloguing where programs exist and in which areas there are gaps that can be addressed. Based on the findings of the internal diagnostic, Merck is developing an Action Plan, which will be shared in 2017 in Viet Nam. The action plan will clearly follow through a specific hypothesis complemented by data and outcomes of how the Toolkit can be used to directly impact gender diversity and

inclusion at Merck KGaA to create a better and stronger company.

Moving forward, Merck's emphasis is on data collection – collecting better and relevant data that can inform implementation or changes to existing programs and policies. Collecting and using this data is critical for implementing programs that create a real impact. Merck is also focused on exploring further private-private or public-private partnerships in implementation. Merck is looking to facilitate the sharing of information and best practices between partners, so that public and private entities can learn from one another and expand their implementation together.



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CASE STUDY HIGHLIGHT: DELOITTE'S EMPLOYEE BENEFIT PROGRAM

Deloitte is a leader in providing high-quality benefits to their personnel. As a response to targeted recruiting and employee surveys and focus groups dating back to early 1990s,¹ Deloitte has adjusted its employee benefits to better meet the needs of its people while also addressing its overall business objective of securing and retaining high-performing talent. For example, a recent millennial survey² identified that the millennials – which currently represent a significant share of incoming workforce at Deloitte – were more interested in work-life balance than other aspects of their professional career when salaries and benefits were removed from the equation.

Select highlights of Deloitte's current Employee Benefit Program include:

1. The Family Leave Program provides US professionals with up to 16 weeks of fully paid family leave to support life events impacting our people— from the arrival of a new child, to caring for a spouse or domestic partner, parent, child, or sibling with a serious health condition.
2. Flexible and virtual work arrangements are offered to meet

the evolving and individual needs of Deloitte professionals. We estimate that 95% of our people use some form of flexibility in determining how, where and when to complete their work.

3. Sabbatical programs offer two options, including unpaid for 1 month for any reason or partially paid for 3–6 months to pursue personal or professional growth opportunities.
4. Well-being subsidies covering 50% of well-being related expenses up to \$500 per year, and as many as 79% of Deloitte professionals utilized the well-being subsidy in 2014.
5. Emergency back-up dependent care for children and adults.
6. Deloitte also looked at critical areas in a work life-cycle to offer targeted support for their women personnel, ranging from leadership skills development and networking programs to new parent programs. For example, Deloitte offers a Lactation Support Program for mothers who want to continue nursing to help ease the transition back to work. Some of the program features include: a professional-

grade portable breast pump; six months of unlimited telephone consultations with a certified lactation consultant; a Lactation Resource Kit with information related to nursing; and wellness/lactation rooms to express milk available in many U.S.-based offices.

As a result of some of these programs, Working Mother magazine once again named Deloitte as one of their top 10 "100 Best Companies for Working Mothers" list (2015), and we have amassed awards and accolades from other respected groups and publications such as Fortune, Diversity Inc., Catalyst, and The Human Rights Campaign.

Additionally, Deloitte has used its experience and knowledge of the industry and has now advised over half of the Fortune 100 Companies on their inclusion programs. Deloitte remains committed to both supporting the quality of life for their employees and supporting its clients on their inclusion journeys – and is excited that it is seen as a thought leader in this effort.

1. Harvard Business Review, Winning the Talent War for Women: Sometimes It Takes a Revolution, Douglas M. McCracken, November–December 2000 Issue.

2. <https://www2.deloitte.com/global/en/pages/about-deloitte/articles/millennialsurvey.html>



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of policies, Deloitte stressed the importance of sensitizing male managers to matters such as breastfeeding. Male senior staff should be aware of the needs of their female colleagues, such as having a private space for breastfeeding and access to breast pumps, and would be even more effective if they were proactive and open about the provision and use of these benefits, rather than female employees having to ask.

In addition to obliging male colleagues, Merck and US-ATAARI underlined the significance of having a champion at the highest levels of a company's leadership. Merck noted that buy in from those in senior leadership positions is important for implementing new programs and policies. Member of the Executive Board and CEO of Merck Healthcare, Belén Garijo, has been a champion of Healthy Women, Healthy Economies from the start and instrumental in the progress of implementation to date. US-ATAARI also explained that in identifying clients, companies are taking into account whether these potential clients have programs in place to increase women's participation, citing a study of law

firms in the United Kingdom that had to supply information on their diversity policies when garnering new clients. Deloitte agreed – it is a demand push that is driving companies to ensure they provide the right benefits for female employees.

KEY TAKEAWAYS:

- An internal company diagnostic owned by senior leaders and followed by the development of an action plan with metrics and clear accountability for implementation is key.
- All counterparts, including men, must be involved and considered – in both the program and policy implementation, and also in the pitch.
- Providing benefits alone is not enough – it is vital to ensure that the workplace culture encourages and supports healthy female employees.
- A pitch for programs and policies needs to have a champion and buy-in from others.
- Messages that promote implementation must be tailored to their audience.



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Measuring Progress

Once governments, businesses, and organizations make the pitch for new programs and policies, they move to program design and implementation. In order to implement a program and show that it is in fact having the impacts intended, governments, businesses, and organizations must develop a way to measure progress. US-ATAARI presented a [Monitoring and Evaluation \(M&E\) Framework](#), which helps implementers begin to think about the data that could be gathered to measure impact of policies and programs. Specifically, the framework provides indicator options that correspond with several HWHE Policy Toolkit actions. The indicators can be used and expanded by both public and private sector implementers. The M&E Framework is a starting point, prompting implementers to think about data collection and measurement for impact at the beginning of program development. It ideally provides governments, businesses, and organizations with the basis needed for them to collect data as they begin to roll out programs and policies, and then aggregate data on a broader scale as the initiative moves into the next few years. Moving forward, APEC could look to pull this data together to tell broader stories of HWHE impact in two, five, and ten years.

The M&E Framework provides a foundation for those who have not commenced implementation. However, several economies and companies have already begun implementation of HWHE programs, including the Philippines Department of Health (DOH), which last year launched a project that translated the HWHE Policy Toolkit into an operational tool known as a Scorecard. The Scorecard is composed of two elements: a validator's tool and a self-assessment tool. Both are used to measure the engagement of women in the labor force, to validate compliance with labor requirements in specific industries, and to increase women's productivity. Companies are given a score, corresponding to green, yellow, or red, based on their success in each of the five HWHE Policy Toolkit areas. Following the assessment and scoring, the Philippines DOH

makes recommendations to the participating companies on how they can make improvements across the five areas.

The Philippines DOH piloted the Scorecard tool on four private sector companies, one of which shared their progress to date at the 2016 workshop. They mentioned that one of the barriers to implementation is that companies think that new policies encouraging healthy female employees will interfere with operations, be too time consuming, and that the company will not be able to achieve its targets. Thus, being able to measure the results and demonstrate that this is not the case is helpful for other companies to see and encouraging for those on the brink of implementation.

In addition to measuring progress and being able to demonstrate results, monitoring and evaluation bring to light what is working and what is not for new programs and policies, and offers information that can be valuable in improving and expanding programs. Following further implementation of the Scorecard program across the private sector, the Philippines DOH now has the feedback and data needed to make informed changes to the Scorecard program. They have decided to ensure that small, medium, and large companies are all represented, instead of solely the original participating companies, which were mainly large. In addition, they would like to re-examine the indicators, particularly to see if they can tailor them to small and medium sized businesses, and ensure that targets are scaled appropriately.

During the subsequent discussion, the Mexican Health Foundation reminded attendees of the importance of tracking progress for women across the Asia-Pacific on a greater scale. They discussed the difficulty in measuring women's economic participation, as much of women's time is spent on unpaid care work.



Case Studies in the Five Areas

WORKPLACE HEALTH AND SAFETY CASE STUDY: INDONESIA'S GP2SP

Indonesia's Healthy Productive Women Workers Movement (GP2SP) is a program developed to engage both public and private sector employers in improving the health and nutrition of women workers in Indonesia. Started in 1992, it initially served to address iron deficiencies in women workers, and has since grown to a legislatively-mandated program to educate, advocate, and implement programs to increase women's overall health in the workplace. Its programmatic criteria directly align with the goals of HWHE, and are broken into five distinct program areas:

1. Breast Feeding Program – aims to increase the incidence of Breast-Feeding Rooms at places of work
2. Reproductive Health – focuses on improving the Reproductive Health and family planning options
3. Nutrition
4. Communicable Diseases (CD) & Non-Communicable Disease (NCD) Awareness and Promotion
5. Healthy Working Environment

Since implementation of GP2SP, Indonesia has recorded data and awarded annual prizes to companies who successfully implement every aspect of GP2SP. Amongst its best medium to large enterprises, GP2SP has shown a decrease in pregnancies and anemic pregnancies, while an increase in both economic productivity and quality of work. Their data shows that when companies invest in women's health, they perform better and produce more capital. GP2SP has now begun focusing on informal economic activity as well, and hopes to increase the health status of women workers in sector that are often ignored by the formal economy.



The workshop also highlighted efforts underway across the five toolkit areas which can be emulated in other APEC economies. Speakers explained what has worked and what has failed in programs in order to help participants learn how to apply tested practices and lessons learned to future implementation.

Specific to workplace health and safety programs, the Indonesia Ministry of Health and the Taiwan High Speed Rail Corporation highlighted key elements of their programs. The following exhibit presents these case studies in greater detail. While distinctly different, both programs offered lessons learned that they've taken into account as they move into later stages of implementation. As they plan for the next few years, both panelists will focus on expanding their respective programs, targeting the informal sector, small businesses, and for Indonesia, businesses located on the outer islands.

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WORKPLACE HEALTH AND SAFETY CASE STUDY: **TAIWAN HIGH SPEED RAIL CORPORATION'S HEALTH PROMOTION PROGRAMS**

The Taiwan High Speed Rail Corporation (THSRC) has remained dedicated to both its customers and its staff in providing access to both high-quality rail service and customer and employee care. For their customers, they ensure access to breast-feeding stations, automated external defibrillators (AEDs), and designated bathrooms for persons with disabilities on all of their trains. THSRC also strives to promote a positive work environment, encouraging health and wellness for all employees. The on-board staff is encouraged to exercise for three to five minutes on their own before beginning their daily work. The in-office staff participates in the office exercise twice daily. THSRC also offers the health promotion programs, such as no-cost health consultations. An entertainment room, complete with exercise and gaming equipment, as well as massage stations, provide employees with a space to relax and recharge after the work day. In addition, organized sports teams afford employees the opportunity to improve their health and wellness while engaging with coworkers. Female employees who are pregnant are invited to address their safety concerns with their management team, and they are kept on distinct work schedules until one year after delivering their child in accordance with those concerns. Additionally, THSRC provides breastfeeding rooms at all stations, train depots and offices.

Participants then heard from the U.S. Department of Health and Human Services and General Electric on best practices in health access and awareness programs. The United States presented several government-funded programs including Medicaid and Medicare, and the expanded care and access brought about by the Affordable Care Act. A representative from GE Healthcare's southern cone highlighted a clinic that offers breast cancer screenings. GE also shared how they are tracking the impact – they detailed a study of 11,000 women over 8.5 years, which showed the percentage of biopsies avoided (10%), patient satisfaction (more than 80%), and the reduction in cost per patient for benign cases (up to 50%). As far as making improvements to the program for the future, GE is interested in expanding from the current private-private partnership model to private-public.

The Ministry of Health of Viet Nam and Jhpiego presented their lessons learned on programs in sexual and reproductive health. Jhpiego, a U.S.-based non-governmental organization, detailed the process of implementing programs that increase family planning opportunities as a means to decrease the maternal pregnancy rate in adolescents. Part of the success of Jhpiego's program is their dedication to monitoring and evaluation – they have been able to track how many adolescents are using the various resources and are using that data to expand the program. Additionally, the Ministry of Health of Viet Nam presented the progress



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SEXUAL AND REPRODUCTIVE HEALTH CASE STUDY: **VIET NAM'S VILLAGE BASED ETHNIC MINORITY MIDWIFE INITIATIVE**

For many years, maternal care was a looming issue, especially in the less centralized and outlying areas of Viet Nam. Government efforts to reduce the cost of these services and thus the incidence of maternal mortality were under-utilized; there were not many skilled physicians who were women, nor were there many who spoke local languages other than Vietnamese and understood local customs. To address these issues, several hospitals began an initiative in 1998 to train local women to work as Midwives. The six month training course gave women the ability to serve as medical resources for health education, antenatal care, and assistance during delivery in their local communities. Some successes of this program funded by the United Nations and development partners include:

1. Presence in all 29 provinces with ethnic minority populations
2. Over 1,500 Midwives trained
3. More than 110,000 deliveries assisted by trained Midwives

Moving forward, the program aims to increase data collection regarding the utilization of the Midwives and existing gaps in their capacity. Using this data, the initiative hopes to implement follow-on trainings for Midwives, aiming to expand their reach in their communities.

and challenges to date of the Village based ethnic minority midwife initiative. In gaining and receiving continuing support from the government, the Ministry of Health stressed the need to produce data demonstrating positive results. Both panelists underscored that data collection is part of a sustainability and success model, and those implementing the program need to use that data and be willing to make program changes.



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GENDER-BASED VIOLENCE CASE STUDY: PERU'S SEAL PROGRAM

The Ministry of Women and Vulnerable Populations, established a Seal Program in 2013, which gives recognition to companies whose central focus is the prevention of violence and discrimination against women. The Seal Program evaluates companies on three main criteria:

1. Organizational Culture
2. Daily Practice of Preventing Violence Against Women
3. Community Engagement

To date, more than 150 enterprises have participated in the Seal Program, and the Ministry has utilized the past award recipients to address ways in which violence against women has a direct impact on the companies' profit margin. Laboratorios Bago, a past recipient of the award, has implemented internal training programs on ways to identify workers suffering from domestic or sexual violence for their management team, and have established an internal system to provide employees suffering from violence avenues to receive assistance. Partnering with the Ministry of Women and Vulnerable Populations, Laboratorios Bago has also begun a broadcast media campaign to educate the public about methods to prevent violence against women.

The Ministry of Women and Vulnerable Populations (MIMP) of Peru, the Women Entrepreneurs Development Commission of the Lima Chamber of Commerce, and Laboratorios Bago presented different perspectives on tackling gender-based violence in Peru, through several programs, one of which is detailed in the text box. Companies have called to inquire about the program, how they can participate, and what its goals are. After the first few years of implementation of the GBV Seal program, MIMP is looking to adapt to the needs of Peru by expanding the program to enable microbusinesses to participate, similar to the expansion efforts of Indonesia's Department of Health.



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WORK/LIFE BALANCE CASE STUDY: JAPAN'S WORKPLACE REFORMS

Japan has worked diligently to reform their labor sector in order to meet the needs of women employees in the 21st Century. The economy has sought to improve the quality of life of their workers. To promote better work-life balance and meet the needs of women, Japan has addressed discrimination against women workers who are pregnant; improved the environment for balancing child and elderly care through the provision of additional childcare arrangements and increased amount of care leave; encouraged men to proactively participate in household works and childcare; and promoted more flexible work schedules. Through the Act on Promotion of Women's Participation and Advancement in the Workplace, which went into effect in April 2016, Japan strives to promote the participation and advancement of women in the workplace based on the following principles: actively providing and taking advantage of opportunities to hire and promote women; developing an environment where women and men can balance work and family life; and respecting women's choice with regard to balance between work and family life. Under the Act, government agencies, local government and private-sector corporations with more than 300 employees are obliged to identify and analyze women's participation from the time of recruitment to promotion, devise and disclose action plans to improve gender equality with concrete objectives and measures, and openly share the data regarding women's participation and advancement. In addition, the promotion of work-life balance was added in 2016 as one of the criteria for evaluation in the public procurement bidding process by the domestic governments and corporations.

Finally, the Gender Equality Bureau Cabinet Office of Japan and Deloitte presented their experiences in implementing work/life balance programs. Both perspectives focused on transforming leadership, the work culture, and the best practice of engaging senior management, especially males. Both panelists stressed the need for senior male managers to understand the need to promote women's empowerment, and that businesses can play a valuable role in a cultural shift or perception on the role of women in society. The panelists noted that whether in the private or public sector, the push to change work/life balance values needs to start at the top.



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Looking Ahead

An open dialogue at the close of the two day workshop allowed attendees to reflect on the best practices and tools shared. Converting lessons learned into next steps, many economies and businesses shared thoughts and commitments on the way forward. Some of this discussion is highlighted below.

KEY TAKEAWAYS

Linking existing work to HWHE Policy Toolkit Actions

Many governments and companies are already implementing programs or have policies in place related to the suggested actions in the HWHE Policy toolkit. Mexico is working to address issues of gender-based violence prevention, health access, and more across various government agencies. Mexico, Papua New Guinea, Deloitte, and others feel that they can clearly link existing work to the toolkit areas, which would facilitate an even greater exchange of best practices with more programs to share. In addition, these economies and businesses now have an additional set of tools – the Making the Business Case report, Making the Economic Case report, and M&E Framework – to utilize in expanding and strengthening their existing programs. In 2017, these economies and businesses will be able to share how HWHE Policy Toolkit and accompanying tools have been used to amplify the impacts of their programs and policies.

Continuing to Exchange Best Practices

While panelists shared the details of their programs and policies, and the lessons learned through implementation, workshop participants wanted to know more. During the last session, economies were actively discussing how they can utilize one another's programs to help further develop and refine their own. Peru asked the Philippines to share its assessment tools used for the Scorecard program, which may be applicable to some of their GBV work. Australia will utilize news of Japan's new government procurement regulation as they return back to their government

“[Based on the training, we could] look into doing something similar to Impresa Segura of Peru, to encourage the private sector to participate in HWHE!”
– Workshop participant

and continue to make the case for women's health reforms. Japan's new policy awards extra points to those companies with women-friendly policies. This discussion elucidates the need for continued exchange of tools, ideas, and program successes and failures as an increasing number of economies and businesses work to improve women's health across the Asia-Pacific.

Creating more Public-Private Partnerships

Across the five HWHE Policy Toolkit areas, both private and public sector representatives presented key examples of program implementation. However, many of these entities are working independently, despite similar approaches and objectives. The HWHE Policy Toolkit provides a way not only to categorize and bring together these examples from both government agencies and the private sector, to learn from one another, but also to begin partnering more. Both Deloitte and Merck KGaA emphasized that governments must think about it from a business perspective – what's in it for the business? What can they offer each other? In 2017, Merck KGaA is looking to answer this through exploration of public-private partnerships with select APEC governments. In addition, Indonesia, Malaysia, and Viet Nam recognized the need to work more closely with the private sector in order to drive progress in these areas.



APEC "Healthy Women, Healthy Economies" Implementation Workshop: From Vision to Action

OUTCOMES REPORT

Using a Framework to Track and Aggregate Impact Data

With many implementers, the challenge is to organize the various efforts in a way that tells a story and communicates a strong message. Because governments, companies, and organizations are implementing programs across a wide range of areas and sectors, it is crucial to capture the efforts in a systematic way. Utilizing a data framework to organize and exhibit the work to date will not only provide a clearer vision of the impact of the HWHE Policy Toolkit, but will also allow implementers to examine what other firms are doing, and have a benchmark for what partners or competitors are doing. This is an incentive for businesses to implement the HWHE Policy Toolkit.

NEXT STEPS

HWHE will draw directly on lessons learned from the 2016 workshop in developing a 2017 conference, which will provide attendees with a forum for reporting back, discussing implementation to date with key experts in the field, and absorbing best practices to improve and expand their programs. Utilizing the M&E Framework presented at the 2016 workshop, economies and businesses are encouraged to track and share progress and success to date at the 2017 conference.

With more and more success stories and evidence of the impact of these programs, HWHE will encourage an increasing number of economies, NGOs, and companies to make HWHE commitments annually. By 2017, HWHE will have amassed a number of programs in implementation. Implementers will be encouraged to share their impact data, creating a powerful accumulation of data and success stories that HWHE will continue to convey at annual events.



APEC “Healthy Women, Healthy Economies” Implementation Workshop: From Vision to Action

OUTCOMES REPORT

Appendix A. Final Agenda



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Agenda

APEC “Healthy Women, Healthy Economies” Implementation Workshop: From Vision to Action

Enhancing women’s economic participation by improving women’s health

17-18 August, 2016

Lima Convention Center

Lima, Peru

DAY ONE		17 August 2016	
8.30 – 9.00 am		Registration and arrival	
9.00 – 9.20 am		Welcome Remarks Honorable Mr. Mario Rios Espinoza , Deputy Minister of Women and Vulnerable Populations, Peru Ms. Holly Wong , Principal Deputy Assistant Secretary for Global Affairs, U.S. Department of Health and Human Services	
9.20 – 9.30 am		HWHE Overview and Meeting Objectives Ms. Ann Katsiak , Chief of Party, US-APEC Technical Assistance to Advance Regional Integration (US-ATAARI) Project, Nathan Associates Inc.	
9.30 – 9.45 am		Participant Self Introductions Ms. Ann Katsiak , Chief of Party, US-ATAARI Project, Nathan Associates Inc.	
9.45 – 11.00 am		<u>Day 1 Focus: Making the Pitch and Designing for Impact</u> Making the Economic Case to Governments <i>How governments can use the data to convince their government to implement health-related new programs or reforms.</i> Moderator: Ms. Julia Santucci , Senior Advisor, Secretary’s Office of Global Women’s Issues, U.S. Department of State <ul style="list-style-type: none"> • <u>Quantifying the Economic Impact</u> – Dr. Ram Tamara, Vice President and Senior Economic Adviser, US-ATAARI, Nathan Associates Inc. • <u>Findings of McKinsey’s Global Institute Research</u> – Lino Abram, Senior Partner, McKinsey Peru 	

	<ul style="list-style-type: none"> • <i>Case Study from an Economy</i> – Mr. Matthew Williams, Assistant Secretary, International Strategies Branch, Department of Health of Australia <p><i>Questions and Answers</i></p>
11.00 – 11.30 am	Coffee/Tea Break
11.30 am – 12.30 pm	<p>Making the Business Case to Companies</p> <p>Moderator: Ms. Patricia Wu, Senior Director, C&M International</p> <ul style="list-style-type: none"> • <i>Quantifying the Business Impact</i> – Dr. Ram Tamara, Vice President and Senior Economic Adviser, US-ATAARI, Nathan Associates Inc. • <i>Case Study from a Business</i> – Dr. Sarbani Chakraborty, Head, Global Health Policy, Merck • <i>Case Study from a Business</i> – Ms. Tina Mendelson, Principal, Deloitte <p><i>Questions and Answers</i></p>
12.30 – 12.45 pm	Morning Wrap-Up
12.45 – 2.30 pm	Lunch
2.30 – 3.15 pm	<p>HWHE Implementation: How do you know if you are making progress?</p> <p>Moderator: Dr. Sarbani Chakraborty, Head, Global Health Policy, Merck</p> <ul style="list-style-type: none"> • <i>Case Study from an Economy</i> – Dr. Leonita Gorgolon, OIC Assistant Secretary and Director IV-DOH Regional Health Office 3, Department of Health, the Philippines • <i>Measuring Progress and Policy Changes in a Targeted Way</i> – Mr. Hector Arreola Ornelas, Health Observatory Project Coordinator, Mexican Health Foundation • <i>Broader M&E Framework for Implementation</i> – Ms. Ann Katsiak, Chief of Party, Chief of Party, US-ATAARI Project, Nathan Associates Inc. <p><i>Questions and Answers</i></p>
3.15 – 3.45 pm	Coffee/Tea Break

3.45 – 4.30 pm	<p>Toolkit Area #1: Workplace Health and Safety Best Practice Examples</p> <p>Moderator: Dr. Paul Pearlman, Senior Policy Advisor, National Cancer Institute, United States</p> <ul style="list-style-type: none"> • Case Study from an Economy – Ms. Kartini Rustandi, Director, Directorate of Occupational Health, Ministry of Health of Indonesia • Case Study from a Business/NGO – Mr. Yun-Chung Lee, Head of Occupational and Safety Health and Senior Manager, Taiwan High Speed Rail Corporation <p><i>Questions and Answers</i></p>
4.30 – 4.45 pm	<p>Day 1 Conclusion / Day 2 Overview</p> <p>Ms. Ann Katsiak, Chief of Party, US-ATAARI Project, Nathan Associates Inc.</p>
DAY TWO	
18 August 2016	
8.30 – 9.00 am	Registration and arrival
9.00 – 9.15 am	<p>Call for Action for Day 2</p> <p>Ms. Julia Santucci, Senior Advisor, Secretary's Office of Global Women's Issues, U.S. Department of State</p>
9.15 – 10.00 am	<p>Toolkit Area #2: Access and Awareness Best Practice Examples</p> <p>Moderator: Ms. Patricia Wu, Senior Director, C&M International</p> <ul style="list-style-type: none"> • Case Study from an Economy – Ms. Erika Elvander, Director, Asia and the Pacific, Office of Global Affairs, U.S. Department of Health and Human Services • Case Study from a Business and NGO – Ms. Mariana Iribarne, Latin America Government Relationship Manager, General Electric Healthcare <p><i>Questions and Answers</i></p>
10.00 – 10.30 am	Coffee/Tea Break

10.30 – 11.15 am	<p>Toolkit Area #3: Sexual and Reproductive Health Best Practice Examples</p> <p>Moderator: Ms. Julia Santucci, Senior Advisor, Secretary’s Office of Global Women’s Issues, U.S. Department of State</p> <ul style="list-style-type: none"> • Case Study from an Economy – Mr. Nguyen Duc Vinh, Director General of Maternal and Child Health Department, Ministry of Health, Viet Nam • Case Study from a Business and NGO – Dr. Leslie Mancuso, President and Chief Executive Officer, Jhpiego <p><i>Questions and Answers</i></p>
11.15 am – 12.00 pm	<p>Toolkit Area #4: Gender Based Violence Best Practice Examples</p> <p>Moderator: Mr. Armando Orcilla, Planning Officer II, Philippine Commission on Women</p> <ul style="list-style-type: none"> • Case Study from an Economy – Ms. Illian Hawie, Director Against Gender Based Violence, Ministry of Women and Vulnerable Populations, Peru • Case Study from a Business – Ms. Yolanda Torriani, President, Women Entrepreneurs Development Commission of the Lima Chamber of Commerce • Case Study from a Business – Ms. Maria de Pilar Durand, Human Resources Manager, Laboratorios Bago <p><i>Questions and Answers</i></p>
12.00 – 2.00 pm	<p>Lunch</p>
2.00 – 2.45 pm	<p>Toolkit Area #5: Work/Life Balance Best Practice Examples</p> <p>Moderator: Ms. Mariana Iribarne, Latin America Government Relationship Manager, General Electric Healthcare</p> <ul style="list-style-type: none"> • Case Study from an Economy – Ms. Kyoko Deguchi, Director of the Gender Equality Bureau Cabinet Office of Japan • Case Study from a Business – Ms. Tina Mendelson, Principal, Deloitte <p><i>Questions and Answers</i></p>
2.45 – 3.00 pm	<p>Breakout Session on the First Steps for Developing an Implementation Plan: Overview and Assignments</p> <p><i>This session will allow participants to identify priority actions and work with other participants to chart out an implementation plan.</i></p>
3.00 – 3.15 pm	<p>Coffee/Tea Break</p>
3.15 – 4.00 pm	<p>Breakout Sessions</p>

4.00 – 4.30 pm	Breakout Sessions: Report Outs
4.30 – 4.45 pm	Closing Remarks Mr. Nguyen Duc Vinh , The Director General of Maternal and Child Health Department, Ministry of Health, Viet Nam
4.45 – 5.00 pm	Meeting Conclusion and Evaluation