

September 2013

RE: Comments on Shift/Mazars Global Standards for Reporting and Assurance

Dear Anna,

On behalf of the ***RAISE Health Initiative for Workers, Companies, and Communities***, I am pleased to provide input to the development by Shift and Mazars of global standards for reporting and assuring company alignment with the UN Guiding Principles on Business and Human Rights. A major goal of *RAISE Health* is to increase the attention on health issues in the arena of corporate accountability and responsibility, including how codes of conduct and other standards are defined and operationalized. We believe that health rights and needs have been undervalued or largely ignored in these instruments as well as in their implementation in workplaces and communities.

Our suggestion for your process is quite simple: we encourage you to pay stronger attention to and **articulate more forcefully and concretely the inclusion of health rights as human rights** within the conceptual/definitional and operational frameworks and guidance you create.

While other issues tend to dominate the human rights discourse – particularly where corporate accountability is concerned – there is no doubt that health rights are well established in the United Nation’s formulation of human rights:

- Article 25 of the Universal Declaration of Human Rights (1948) states that "Everyone has the right to a standard of living adequate for the health, and well-being of himself and his family..."
- The United Nations further defined the right to health in Article 12 of the International Covenant on Economic, Social and Cultural Rights in 1966. The Covenant guarantees the "right of everyone to the enjoyment of the highest attainable standard of health," and calls for the "provision for the reductions of . . . infant mortality and for the healthy development of the child; the improvement of all aspects of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic, occupational, and other diseases; and the creation of conditions which could assure to all medical service and medical attention in the event of sickness."
- In 2000, the United Nations issued the General Comment No.14 "Right to Health" which expands upon the original ideas from 1966 by further defining the meaning of an adequate health care system, detailing obligations of states and NGOs, defining violations, and discussing the basics of implementation.
- Reproductive rights began to be recognized as a subset of human rights at the United Nation's 1968 International Conference on Human Rights. These rights were affirmed by the UN General Assembly in the 1974 Declaration on Social Progress and Development.
- The International Conference on Population and Development (ICPD) held in Cairo in 1994 is widely acknowledged as another watershed point in human rights development, for it focused attention on links between empowerment of women and achievement of health rights, particularly around reproductive health. The ICPD further articulated in its "Programme of Action" the importance of availability of services to enable people to realize their rights.

- The United Nation's Fourth World Conference on Women held in Beijing (1995) served to further establish health and gender rights and highlighted the need to rectify the pervasive lack of health information and services for women and their families.
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is another core UN instrument that clearly recognizes health rights, with a special emphasis on women's rights to sexual and reproductive health. Rights to reproductive and sexual health include the right to life, liberty and the security of the person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and in their availability and accessibility. Of central importance are the rights to autonomy and privacy in making sexual and reproductive decisions, as well as the rights to informed consent and confidentiality in relation to health services. All these matters are vitally important for business to take into account as they meet obligations to those in their sphere of influence as employers and significant institutions in a community.
- Other "specialized" UN instruments refer to and reinforce health rights. For instance, Article 25 of the Convention on the Rights of Persons with Disabilities specifies that "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability."
- Another UN body, the World Health Organization (WHO), states in its constitution of 1946 that health is one of the fundamental rights of every human being. They also declare that inherent in the right to health is the right to the underlying conditions of health as well as medical care.

The many points made above clearly demonstrate the acceptance of health as a human right and the established notion that states, NGOs, and others are obligated to provide services, *including reproductive health services*, to citizens.

It has been easy to use ILO and other well-established standards of occupational health to be considered the boundary of corporate responsibility to respect the rights of workers. However, **these standards were developed long before changes to the global economy where men and women have been recruited by business from the countryside or other countries to provide labor in industrial or agricultural commercial areas.** The composition of the workforce has also changed dramatically, with women workers dominating many industries. Women workers have specific health concerns that are easily overlooked by predominantly male ownership and supervisors. Workers of either sex are often disconnected from health services and supportive communities. It is no longer enough to rest on existing occupational health standards as the benchmark for determining whether corporations and their supply chains are respecting human rights as regards to the health of their workers.

Considering business' existing legal obligations in many countries to provide health services for employees, as well as the UN Guiding Principles on Business and Human Rights goal of further defining a company's sphere of influence, **we urge that your process should emphasize health services provision and policies as part of a company's human rights obligations, which includes suppliers.** Language that does not make broader health issues, including women's health, explicit will fail to achieve the underlying principles of the Standard.

While health rights and services might, for practical purposes, be linked to labor rights and workplace matters in your standards, we want to emphasize that we advocate for a more holistic approach to worker health in the context of responsible labor practices. This may include access to

quality comprehensive health services and requirements for the collection and analysis of sex-disaggregated data with regard to safe labor practices and workplace conditions. Most important, we strongly urge you to articulate health rights in the workplace as something more than traditional occupational health and safety and to expand the concept of occupational health to include the fuller notion of health that has been embraced by the United Nations community as part of human rights.

Women's health, in particular, is all but absent in most standards based on the false assumption that the terms "worker" or "employee" covers all general or occupational health issues affecting men and women. The health impacts on women directly related to safe labor practices are different from the health impacts on men. This may include urinary tract infections, poor menstrual hygiene, increased risk of sexual harassment and unwanted pregnancy, and a lack of access to not only general, but also reproductive and maternal health services.

It is worth mentioning that, from a business perspective, there is a strong case to be made for companies to incorporate general worker health concerns into their business approach to responsible labor practices and human rights due diligence. A wide range of studies in developing and developed countries documents the benefits to companies and their workers when worker health needs are addressed. Studies undertaken by Business for Social Responsibility and others indicate a strong return on investment from reduced absenteeism and turnover, and note a wide range of other qualitative benefits when a workplace addresses the health needs of its workers.

Thank you for considering our input and please feel free to make our comments public as appropriate. We are happy to provide further input or answer any questions as our initiative, funded by USAID, is about developing practical proposals for expanding men and women worker health standards in global supply chains from both a rights and a business case perspective.

Sincerely,



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