

# Healthy Women, Healthy Economies: A Look at Brazil







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# HEALTHY WOMEN, HEALTHY ECONOMIES: A LOOK AT BRAZIL

## Women's economic empowerment

is essential to gender equality. The gender gap in the global workforce continues to undermine progress on Sustainable Development Goal 8, which promotes full and productive employment and decent work for all.<sup>1</sup> Access to safe, paid employment opportunities allows women to increase agency and decision-making at all levels, from the household to international institutions.<sup>2</sup> Economically empowered women also exercise increased control over resources, as well as their own time, lives, and bodies, which aids in their overall health and well-being.

Female labor force participation (FLFP) benefits everyone. If women participated in paid work at the same level as men, the annual global GDP would increase by \$28 trillion USD by 2025.<sup>3</sup> Companies with greater gender equality and more women in top leadership positions demonstrate stronger financial performance and innovation.<sup>4</sup> Increased FLFP also improves productivity, economic diversification and income equality in economies.

Yet 865 million women worldwide are not reaching their potential to contribute more fully to their national economies.<sup>5</sup> Globally, women face obstacles to entering, advancing in, and remaining in the workforce as a result of gender discrimination, harassment, and a lack of supportive,

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**59 countries** do not have any legislation on sexual harassment in the workplace.



Women bear both the individual and family burden of NCDs.



Unmet need for family planning is projected to remain above **10 percent** between now and 2030.



**75 percent** of global unpaid care work is done by women.



It will take **217 years** until women have equal pay and representation in the workplace.

Sources: UN Women, McKinsey Global Institute, World Economic Forum.

gender-sensitive policies. Many of these barriers are related to women's health and well-being, which are essential to progress in female labor force participation.

Women experience a range of health issues that affect their ability to engage in the workforce. Women are more at risk of certain non-communicable diseases (NCDs), including mental health issues, as well as chronic occupational injuries and illness. At the same time, women also face decreased access to quality healthcare due to various structural, social, cultural, and financial factors. Barriers to comprehensive sexual and reproductive health information and care, including family planning services, make it difficult for women to maintain their own health and advance in their careers.

Workplaces that lack gender-sensitive policies can often create a hostile environment for women. Domestic violence, sexual harassment, and inadequate reporting mechanisms lower productivity and increase absenteeism.<sup>6</sup> Lack of paid leave and flexible work schedules greatly complicate work/life balance for women and mothers, who bear a disproportionate burden of caregiving and domestic responsibilities in the family. Heavy involvement in the unpaid and informal work sectors also prevents women from achieving economic empowerment.

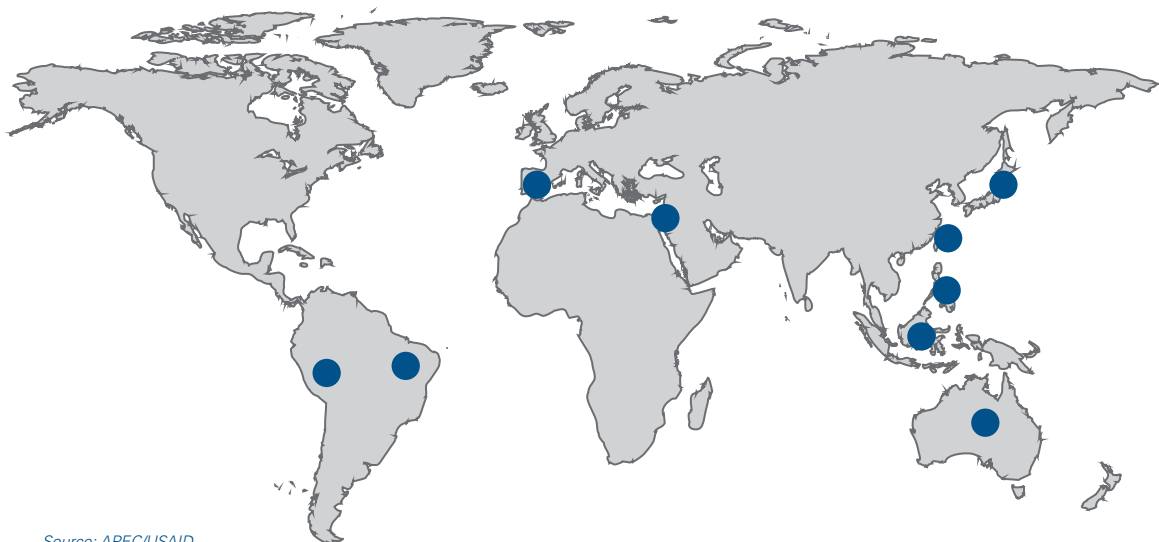
## Healthy Women, Healthy Economies

Healthy Women, Healthy Economies (HWHE) was conceived under the auspices of the Asia-Pacific Economic Cooperation (APEC) with Merck KGaA, Darmstadt, Germany as the private sector founder. The initiative aims to identify and implement policies that advance women's health and well-being to support their economic participation.<sup>7</sup> The HWHE Policy Toolkit compiles and summarizes global good practices for governments, companies, and NGOs to include and retain women in the workforce.

**The toolkit identifies five key issues to address when pursuing this goal:**

1. Workplace Health and Safety
2. Health Access and Awareness
3. Sexual and Reproductive Health
4. Gender-Based Violence
5. Work/Life Balance

### Where has the toolkit been implemented?





Each section includes key recommendations for creating supportive, productive environments for working women. To date, aspects of the toolkit's recommendations have been implemented by Merck KGaA, Darmstadt Germany through HWHE programs in the Philippines, Indonesia, Taiwan, Jordan, Japan, Peru, Spain, Australia, and Brazil. Programs and initiatives aligned with the toolkit's principles have also served as case studies for HWHE in various countries.

## The Case of Brazil

As one of a few countries in the world to have a universal, free public healthcare system, Brazil is unique. After two decades of military dictatorship, social and political reform guided the establishment of free healthcare as a constitutional right that should be provided to all citizens, regardless of income. The Unified Health System, or Sistema Único de Saúde (SUS), provides care to over 70 percent of the population and is responsible for 98 percent of all administered vaccinations in Brazil.<sup>9,9</sup> Beyond preventative, primary care, the SUS also provides free services such as HIV medication and weight loss surgery.<sup>10</sup>

Since the establishment of the SUS, Brazil has made many notable public health gains. Life expectancy increased from 72.0 in 2005 to 75.5 in 2016 and is continuing to rise.<sup>11</sup> Brazil also achieved Millennium Development Goal 4 by reducing the under-five mortality rate from 58.0 deaths per 1,000 births in 1990 to 15.6 per 1,000 births in 2011.<sup>12</sup>

Despite these achievements, major inequalities exist across the large, diverse nation. Although over 90 percent of Brazilians use the SUS in some way, it is still seen as a low quality last resort intended for those who cannot afford private healthcare. In fact, private health spending remained stable from 1995 to 2009 and still accounts for over half of Brazil's health expenditures.<sup>13</sup> A large majority of the country lacks access to private healthcare and faces quality issues, such as provider shortages and excessive waiting times at public health facilities.

## The Landscape of Health in BRAZIL

### In Brazil...

**~207 Million**

citizens have universal access to healthcare



**90%**

of the population uses the National Health System in some way

**8.3%**

of the GDP was spent on healthcare in 2014



**Between 2005 and 2017**  
life expectancy increased from

**72.0 to 75.5**

## WOMEN IN BRAZIL

**53.1%** of females ages 15+ participate in the labor force



MMR of 44 per 100,000 live births



One of the highest c-section rates in the world



Women spend an average of **22.7 hours** a week on domestic work



Women earn **23% less** than men

Data from WHO, World Bank, Yale Global Health Review, Human Rights Watch

A specific area where Brazil falls short is women's health. In 2015, Brazil's maternal mortality rate (MMR) was 44 per 100,000 live births, and efforts to reduce maternal mortality lag behind neighboring countries. MMRs in Brazil are also five to ten times higher than countries of comparable economic status. Two of the greatest challenges are the high prevalence of cesarean section (c-section) and unsafe abortions. Brazil has one of the highest rates of c-sections in the world, with almost 50 percent of deliveries occurring by this method. In comparison, the WHO caps the rate of medically necessary c-sections in any population at 15 percent, due to the numerous life-threatening complications that accompany them.<sup>14</sup>

Brazil also has strict anti-abortion laws that only allow abortions in certain cases of rape, fetal abnormality, or life-threatening pregnancy. Nevertheless, more than one million illegal abortions occur annually in Brazil, which translates to one in four pregnancies being terminated. Illegal abortions also accounted for the majority of the 205,000 hospitalizations that were due to abortion-related complications in 2015.<sup>15</sup> As of October 2018, the Supreme Court was considering allowing elective abortions up to 12 weeks of pregnancy. The government's strong shift to the right after the 2018 elections suggests that the courts remain the best chance for progress on this issue.

Brazil is the sixth largest pharmaceutical market in the world in terms of sales revenue. The pharmaceutical industry has benefitted from the high level of healthcare spending, increasing household income, as well as the aging population. From 2007 to 2011, retail drug sales increased by 82.2 percent.<sup>16</sup> As healthcare continues to improve in Brazil, the pharmaceutical industry will accompany it.

Merck KGaA, Darmstadt, Germany, the private partner of the Healthy Women, Healthy Economies initiative and toolkit, has a strong presence in Brazil through Merck S.A., Rio de Janeiro, Brazil. In order to learn more about how the HWHE toolkit has been implemented internally and externally, we interviewed Mayra Barreto, a senior institutional relations analyst at Merck S.A., Rio de Janeiro, Brazil.

## Q&A with Mayra Barreto

**Sarah Barnes:** *What laws or policies are currently in place to protect working women and mothers? Are there policies in place that support men's role in caring for their family?*

**Mayra Barreto:** In relation to working women in Brazil, protection has been growing over the years with the evolution of society. The first national legislation on the subject was actually developed in 1923 and it guaranteed women rest for 30 days before and 30 days after childbirth. These measures are seen today as restrictions on women's access to work, rather than protection, and by 1943, new labor laws added protections for women in the workforce. The 1988 Constitution, which is currently in effect, deals specifically with women in the workforce. The Constitution includes provisions on maternity leave and work stability for pregnant women. And it bans differences in wages and hiring on the basis of sex. Since 1988, legislation on job protections have continued to evolve to prohibit discrimination in hiring, promotion, etc. based on sex, race, age, family status, and state of pregnancy.

The current legislation, however, is not enough to guarantee equality between men and women in the Brazilian labor market. Research presented by the Locomotive Institute in 2018 showed that there are still large wage differences between men and women. For example, if we consider the profile of a white man over 40 years of age with a college degree and a woman with the same characteristics, the woman receives 24 percent less in wages and a black woman of the same age and training receives 63 percent less.

Policies in Brazil have also not overcome the lack of childcare options and caregiving burdens placed on women. Eighteen percent of women in a 2018 survey cited lack of childcare as their main reason for not returning to the labor force after having a child. In addition to paid work, caregiving responsibilities create further barriers for women hoping to return to the labor force. In Brazil, women devote an

average of 92 hours per week taking care of the home and other tasks, while their male counterparts report spending 47 hours per week on the same tasks.

**SB:** *What are the current priorities in Brazil when protecting women in the workplace? How does the current political climate influence progress in this area?*

**MB:** At the National Congress, 77 proposals are currently being drafted with the theme, “protection of women’s work.” Since January, eight bills have been presented. The main themes addressed by parliamentarians are the equality of remuneration between men and women in Brazil, labor rights for pregnant and breastfeeding women, and benefits for working mothers who are responsible for the family’s livelihood. Most of the projects presented demonstrate that these are the most urgent issues on the subject and underpin the importance of equal pay and the retention of women at work.

Also at the National Congress, 151 projects are currently being drafted under the theme “protection of women.” Since January, three propositions have been presented and are under review: women’s safety in bars, restaurants, and concert halls; safety for pregnant or nursing employees; and an extended period of employment security for pregnant and postpartum employees. Currently, pregnant women have job security from the moment of pregnancy realization up through five months postpartum. This proposition would extend this protection beyond the five months.

Brazil still has much to do to support working women. The current president, Jair Bolsonaro, formed a predominantly male ministry, with only 2 out of 22 ministers being women. In the Senate, only 12 out of 81 senators are women, which makes it difficult to create policies, but the number of proposals targeting women’s economic empowerment and moving toward the equality outlined in the Brazilian Constitution are positive steps.

**SB:** *How has the Healthy Women, Healthy Economies toolkit been implemented internally at Merck S.A., Rio de Janeiro, Brazil an affiliate of Merck KGaA, Darmstadt, Germany? What have been some of the results?*

**MB:** Our internal implementation of the toolkit focused on gender equality and leadership. At the start, in March 2017, women comprised 30 percent of our internal leadership. Currently, women hold 43 percent of our leadership positions. We worked internally on strategies focused on retention of skilled female workers to make this happen. We have been developing a mentoring program for women who are already in leadership roles to support and mentor other women who have similar aspirations. We also use the toolkit throughout our external relations activities, when we speak at events, and when we want to give examples of how the toolkit can be implemented to other like-minded organizations.

Internally, our teams have focused great attention on two pillars from the HWHE toolkit: workplace health and safety and work/life balance.

**In support of workplace health and safety, Merck S.A., Rio de Janeiro, Brazil, an affiliate of Merck KGaA, Darmstadt, Germany, has:**

1. developed policies around sexual harassment and assault to keep employees safe, including providing employees with steps to take to report an issue and giving employees a direct line to the company’s compliance officer.
2. determined if areas where women are working are indeed a safe environment for their health and well-being. For example, we produce a particular product that has hormones that have been proven to be unsafe for women to work around due to a possible side effect of infertility. Women are restricted from working in areas with this hormone.
3. conducted trainings on unconscious bias, gender parity, and the pay gap with leadership and staff.

**In support of work/life balance, Merck S.A., Rio de Janeiro, Brazil, an affiliate of Merck KGaA, Darmstadt, Germany has implemented:**

1. flexible work hours, telecommuting options, and two-hour early release on Fridays during the spring and summer months.
2. competitive leave policies, such as paid sick leave, vacation leave, and family leave. For new parents, Merck S.A., Rio de Janeiro, Brazil, an affiliate of Merck KGaA, Darmstadt, Germany has opted into a benefit plan through Brazil's National Institute of Social Security (INSS) where women can have paid maternity leave for up to 6 months and men have paid paternity leave for up to 20 days.

**SB:** *How has the Healthy Women, Healthy Economies toolkit been implemented outside your organization? What are some of the results from this implementation?*

**MB:** The HWHE toolkit is a mechanism we use to help develop and strengthen education and awareness of particular diseases, as well as access to healthcare services and treatments for the general public, including more marginalized populations.

For us, the toolkit has provided a great opportunity to develop women-centered initiatives, start engagements with some stakeholders we hadn't collaborated with prior, and broaden our impact. For example, we currently engage with patient groups that advocate for breast cancer research, education, and treatment. We don't have any products for this type of cancer, but at the end of the day, we are a

company that is taking care of women's health and having the toolkit connected us to the important issues around breast cancer.

We have focused attention externally on the health access and awareness pillar. We have done a great deal of work in female cancers, particularly to bring light to the severity and high incidence of colorectal cancer in women. In Brazil, colorectal cancers are the second most commonly diagnosed cancer for women, but people don't know about it. We found women only knew about breast cancer and did not know signs or symptoms of colorectal cancer, so we worked to increase awareness first and then we connected women with organizations and treatment facilities to increase access. Historically, colorectal cancer was not included in policies related to women's health. The toolkit has helped us influence policies and add colorectal cancer to the national discussion. We were instrumental in the work to include colorectal cancer at the National Policy for Comprehensive Health Care for Women that historically only recognized breast and cervical cancer. If approved by the Senate, our Brazilian public health system (SUS) would include comprehensive informational and educational work on prevention, detection, treatment, and post-treatment of colorectal cancer.



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