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Human Resources Development Working Group
Health Working Group
Policy Partnership on Women and the Economy

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Healthy Women, Healthy Economies Policy Toolkit

ENHANCING WOMEN'S ECONOMIC PARTICIPATION BY IMPROVING WOMEN'S HEALTH

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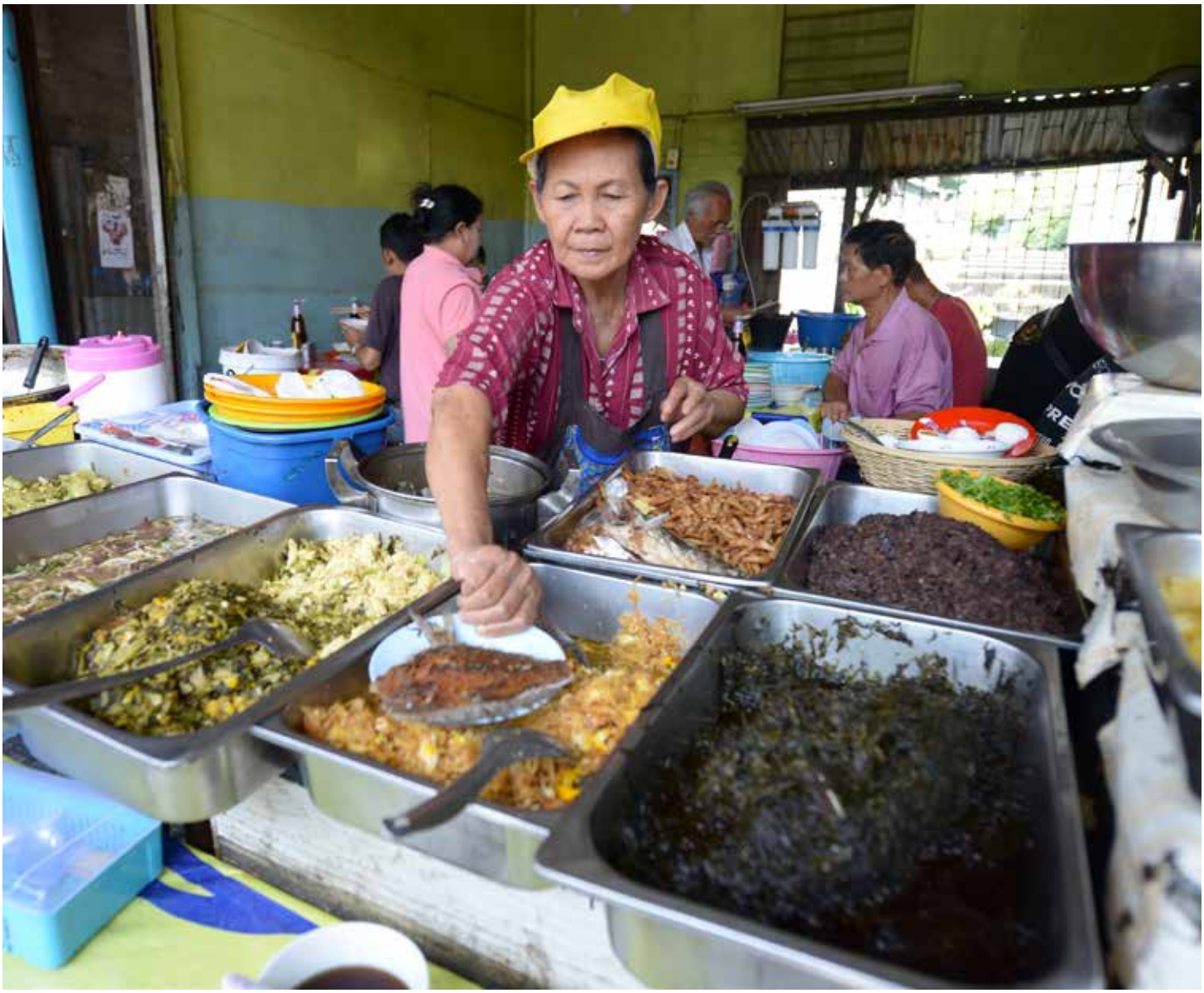
Why a Policy Toolkit?

Better health outcomes for women lead to women's greater economic participation, which leads to an economy's higher economic growth.

Evidence and good practices exist on how to improve women's health for greater economic participation. However, these are not available in one place and easily accessible. The objective of this Policy Toolkit is to present this information in a user-friendly way, providing a menu of options that APEC member economies may draw from to pilot, implement and scale up on a voluntary basis, choosing the actions appropriate for their economies.



Examples of the linkages between women's health and their economic participation

See Healthy Women, Healthy Economies Literature Review for more detail.

A study from Chile found that being a mother reduces a girl's likelihood of attending and completing high school by between 24 and 37 percent. There is a clear linkage between higher levels of education and greater participation in paid employment and higher earnings.

Iron deficiency is the most common and widespread nutritional disorder in the world, affecting many women and children in developing economies. Iron deficiency and anemia reduce the work capacity of individuals, bringing serious economic consequences. Anemia contributes to 20 percent of all maternal deaths.

The World Health Organization estimates 150 million adolescent girls a year experience forced sex or other forms of sexual violence. Policies to reduce sexual violence against women not only prevent suffering by victims, but also prevent direct and indirect social costs. A study in Peru found that absenteeism due to domestic violence amounted to an estimated aggregate cost to firms equal to 3.7 percent of GDP. The 1994 Violence Against Women Act in the United States was found to prevent US$14.8 billion in net costs per year.

A woman's reproductive years dovetail with a large part of her working years. Yet maternal deaths are the second-biggest killer of women of reproductive age. Every year, approximately 287,000 women die because of complications in pregnancy and childbirth, 99 percent of them in developing economies.

Women are at least twice as likely as men to develop musculoskeletal disorders of the upper body, even in the same job. A study from Australia found that women experience increased risk for musculoskeletal disorders due to the different demands they face at work and at home.

There is lack of knowledge among women about the prevalence and risk factors for communicable and noncommunicable diseases. Cardiovascular disease is the leading cause of death among women but is widely perceived as a man's disease. A Lancet article shows that research, care and treatment of breast and gynecological cancer is "neglected." Thyroid disease affects 8 to 10 times more women than men.

Pesticide poisoning disproportionately affects women. One U.S. study found that acute pesticide poisoning was almost twice as common in women agricultural workers as in men agricultural workers. Women exposed to pesticides are at higher risk of having babies with birth defects, are at higher risk for infertility, and risk exposing their babies to pesticides through breast milk.

In women over the age of 50, NCDs, particularly cancers and cardiovascular diseases, are the most common causes of death, regardless of the level of economic development of the economy in which they live. Cardiovascular diseases account for 45 percent of deaths for women aged 50 and over.

Studies indicate that women over 50 who developed a health condition were 2.5 percent less likely to retain paid employment than healthy women in the same age group.

Policy Toolkit at a Glance

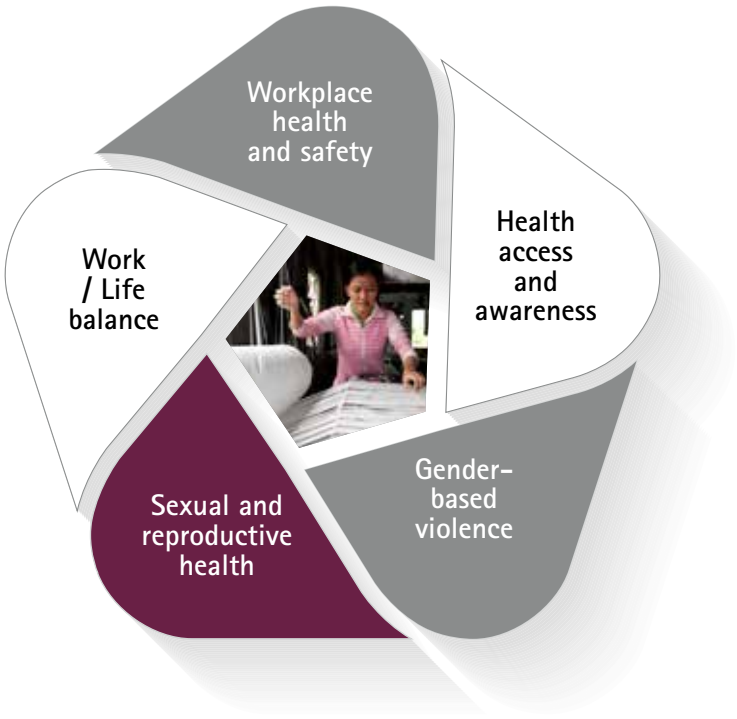
WHO ARE THE INTENDED BENEFICIARIES?

The immediate intended beneficiaries of the Policy Toolkit are those with the ability to influence, develop and implement policies and programs to improve women's economic participation through better health. These beneficiaries may include labor, health, and gender officials in APEC member economies; the private sector; academia; and other stakeholders.

The ultimate intended beneficiaries are the 865 million women in the world that the International Labour Organization (ILO) estimates have the potential to contribute more fully to their economies. This includes women in informal, vulnerable, and/or unregulated employment, women with disabilities, and migrant women.

How is the Policy Toolkit organized?

THE POLICY TOOLKIT IS ORGANIZED IN FIVE AREAS.



HOW WAS THE POLICY TOOLKIT DEVELOPED?

The drafting process was done through a public-private partnership with input from an experts group (see Acknowledgements) Co-chaired by the Philippines (Department of Health, Philippine Commission on Women, and Department of Labor and Employment) and Merck KGaA, Darmstadt, Germany. Development of the Policy Toolkit was informed by the results of a literature review undertaken by the United States.

DATA COLLECTION AND RESEARCH

Work on the Policy Toolkit revealed gaps in our understanding of the relationship between women's health, their participation in the economy, and economic outcomes. Therefore, a consistent theme throughout the Policy Toolkit is the need for routine collection of sex-disaggregated data so that gender-based research and analysis can be conducted to inform the design and implementation of gender-specific interventions to close gender gaps in areas such as workplace health and safety and health access and awareness.

WORKPLACE HEALTH AND SAFETY

ISSUE	ACTION	IMPLEMENTERS
Need for protection of women workers in occupational safety and health (OSH) laws and enforcement. OSH laws may have to be reviewed to ensure that they are sensitive to the needs of women workers.	Strengthen the gender sensitivity of economy-level labor and safety and health laws and their application (i.e., enforcement, inspections, protocols, checklists, manuals, programs) so that women are just as likely as men to be covered for prevention of work-related injury and illness. Implement risk assessment and management strategies to prevent workplace hazards and risks more common to women. Create awareness of rights and responsibilities under OSH laws.	OSH legislation, economy-level governments and regional governments, and the public and private sectors.
Need for greater protections for vulnerable women workers. The prevalence of women working in the informal economy or occupations excluded from domestic laws (e.g., domestic work) leads to inadequate OSH protection at work, as well as inadequate compensation and rehabilitation after a workplace accident or occupational illness.	Expand OSH laws and implement programs to cover vulnerable women workers, such as agricultural workers. Develop guidelines, manuals, and tips for household employers and domestic workers.	Economy-level governments and regional governments.
Need to educate migrant workers on OSH laws and health risks in their host economies. Many migrant workers are women and arrive in their host economies unaware of health risks, their rights and protections, and local customs and industry practices.	Create awareness through leaflets and predeparture and postarrival education and training.	All stakeholders such as economy-level governments and regional governments (embassies, consulates), civil society (unions, NGOs), and employers in host and sending economies.

WORKPLACE HEALTH AND SAFETY

ISSUE	ACTION	IMPLEMENTERS
Need for policies and programs to accommodate pregnant and lactating women. Pregnant women may require accommodations such as more frequent breaks and the options to sit while working or to work different shifts to keep her and baby safe.	Develop appropriate guidance to manage risks related to pregnant and lactating women (i.e., limitations on weight they can be required to lift, additional bathroom breaks, lower thresholds for allowable chemical exposure, emergency evacuation procedures). Offer alternative tasks and/or work schedules to pregnant and lactating women.	Economy-level governments and regional governments, private sector.
Need for gender awareness in prevention, diagnosis, compensation, and rehabilitation for workplace injury and illness. Because of the type of work that women more typically engage in, women are more likely to suffer chronic injuries, such as musculoskeletal disorders, than acute injuries. Chronic injuries are harder to diagnose. Furthermore, workstations and safety equipment may be designed for the male body and may not function as well for women as men. In addition, gender bias has been shown in response to compensation claims (i.e., denying claims based on a reproductive condition such as menopause).	Train health care providers in early detection and diagnosis of workplace injury and illness more prevalent among women (i.e., chronic injuries such as musculoskeletal disorders). Remove gender bias in the review of compensation claims.	Economy-level governments and regional governments, compensation review boards, and medical professional organizations.

WORKPLACE HEALTH AND SAFETY

ISSUE	ACTION	IMPLEMENTERS
Need for sex-disaggregated data to detect OSH issues faced by women. Men and women face different OSH risks. For example, women are over-represented in low-wage work with repetitive movements and static or standing postures, which expose them to musculoskeletal and cardiovascular disease. Research on women's health at work in developing economies is lacking.	Routinely collect sex-disaggregated data and conduct gender-based research and analysis. This data can be used to design and implement gender-sensitive OSH programs to enable women to avoid, be diagnosed and compensated for, and be rehabilitated from work-related illness and injury.	Government statistical bodies, government inspection bodies, academic and research institutions.

HEALTH AWARENESS AND ACCESS

ISSUE	ACTION	IMPLEMENTERS
Need for disaggregated indicators and data. Sex-specific data and research on diseases to understand their prevalence and risk factors among women are needed to ensure that gender-specific heath programs and interventions are developed.	Identify and use domestic and international data sets to determine health risks more prevalent among women. Identify sex-specific gaps in data sets. Identify and use domestic and international data sets to determine financial, geographical, and other barriers to access to services more prevalent among women than men. Identify sex-specific gaps in data sets. Ensure interagency coordination and collaboration in data collection, analysis, and dissemination (i.e., synthesizing labor data on absenteeism or occupational illness and injuries with data on hospital visits). Make data and analysis publicly available.	Domestic statistical bodies and ministries of health in coordination with other relevant ministries.

HEALTH AWARENESS AND ACCESS

ISSUE	ACTION	IMPLEMENTERS
Need to improve women's awareness of diseases that impact them, as well as risk factors for noncommunicable and communicable diseases, including lifestyle risk factors. Cardiovascular disease is the leading cause of death among women but is widely perceived as a man´s disease. A recent Lancet article shows that the research, care, and treatment of breast and gynecological cancer are "neglected." Thyroid disease affects 8 to 10 times more women than men. Women are nearly twice as likely as men to suffer from major depression, which is associated with problems such as lost productivity. There is a stigma associated with **mental health illness** and a lack of awareness of mental health services. **Need for greater awareness among women of the symptoms and treatment options for diseases** such as sexually transmitted infections (STIs).	Integrate awareness of lifestyle-disease risk factors (i.e., nutrition, exercise, and tobacco and alcohol use) into government health communication strategies. Train urban and rural health practitioners on diseases among women and their risk factors so health practitioners can diagnose and treat women more effectively. Create awareness through educational campaigns appropriate to different segments of the population (i.e., migrant, adolescent, minority, and vulnerable women) and targeted points of access (i.e., television, social media, workplace, places of worship, schools). Integrate health education, including lifestyle-disease risk factors, into the academic curriculum. Engage civil society in awareness-raising campaigns.	Economy-level and local governments (including health, labor, and education ministries), civil society, labor unions, trade associations, and employers.

HEALTH AWARENESS AND ACCESS

ISSUE	ACTION	IMPLEMENTERS
Need for targeted mechanisms and programs to raise awareness and provide better access to health care for vulnerable women (e.g., indigenous women, cross-border workers, migrant workers, unregulated workers, local casual labourers, and the urban poor). Vulnerable women have poorer health outcomes and face greater barriers to awareness of and access to health care.	Develop and strengthen targeted mechanisms and programs to ensure vulnerable women can gain awareness of and access to health services based on each member economy's local legislation(s). Key areas include: • Awareness campaigns: Raise awareness through information leaflets and predeparture and postarrival education and training appropriate to the target population (i.e., language, level of education). For example, the Philippines holds predeparture training and requires a certificate of attendance before workers may leave the Philippines. • Service accessibility (e.g., rural health services, targeted primary care services) • Geographical accessibility (e.g., mobile health services and telemedicine) • Cultural and social accessibility (e.g., special training for health providers and community health workers) • Financial accessibility (e.g., migrant health insurance)	**Governments, the private sector, and NGOs.**

HEALTH AWARENESS AND ACCESS

ISSUE	ACTION	IMPLEMENTERS
Need for financial protection for women's health. Women are more likely to face out-of-pocket expenditures and high opportunity costs in obtaining health care for themselves and their families (linked to women's multiple roles as workers and primary care providers).	Develop and strengthen health systems that ensure universal access to health care and ensure women do not face financial barriers to health services. Create awareness of financial protection mechanisms through educational campaigns appropriate for different segments of the population (e.g., migrant, adolescent, minority, and vulnerable women) and using different points of access (e.g., television, social media, workplace, and place of worship). Ensure that equitable access to gender-specific health services are included in universal health coverage systems.	Economy-level, local, and regional governments; social health insurance agencies; employer insurance schemes.
Need for health programs and initiatives to better target women's health needs. Women are faced with situations where women's health services do not exist and/or there are social, cultural, and geographical barriers to obtaining health care services.	Develop health policies, services, and programs to target women's health promotion, disease prevention, and care (including innovative methods of delivering health services such as integrated care). Key service areas include: • Integrated health services at the primary care level • Sexual and reproductive health services • Mental health services • Noncommunicable disease programs (e.g., screening for breast and cervical cancer) • Diseases and chronic conditions more prevalent among women than men (thyroid disease, lupus, multiple sclerosis, osteoarthritis, STIs, HIV/AIDS, tuberculosis) • Healthy ageing and nutrition programs.	Economy-level, local, and regional governments, the private sector (employers), NGOs, the community.

SEXUAL AND REPRODUCTIVE HEALTH

Women need access to quality health services, including maternal, newborn, and child health and nutrition services (MNCHN) and voluntary family planning. Healthy childbirth and birth spacing are associated with improved women's and children's health as well as higher education and earnings and greater participation in paid employment for women. As women invest the majority of their income back into their families, when women are healthy, economic security increases not only for themselves, but also for their families, their communities, and their economies.

ISSUE	ACTION	IMPLEMENTERS
Need improved access to maternal, newborn, child health and nutrition, and sexual and reproductive health services throughout a woman's life course. Services should include, but are not limited to, voluntary family planning (including in the postpartum period); screening and treatment for tuberculosis, HIV/AIDS, STIs, breast cancer, cervical cancer, and thyroid problems; mental health assessment and treatment; treatment for malaria in pregnancy; prenatal and postnatal care, including breastfeeding support; gender-based violence prevention and support for victims; and services for postmenopausal women.	Assess barriers to women's access to health services and develop a comprehensive plan to address the barriers, including difficult geography, lack of facilities, inadequate number of skilled workers (according to international standards), lack of access to transportation, a weak service delivery network, a faulty supply chain, and inconvenient operating hours. Develop workplace policies that support women's health services and employee wellness programs. Strengthen health services so that they are comprehensive and age-appropriate. Develop policies and programs to improve access to health services for the vulnerably employed (e.g., domestic and agricultural workers). Reduce financial barriers that prevent women from accessing services and supplies (i.e., health insurance coverage, employer-provided programs, public health programs).	Economy-level and regional government regulations and incentives, public and private sectors.

SEXUAL AND REPRODUCTIVE HEALTH

ISSUE	ACTION	IMPLEMENTERS
Need increased awareness of maternal, newborn, and child health and nutrition and sexual and reproductive health services throughout a woman's life course. Services should include, but are not limited to, voluntary family planning (including in the postpartum period); screening and treatment for tuberculosis, HIV/AIDS, STIs, breast cancer, cervical cancer, and thyroid problems; mental health assessment and treatment; treatment for malaria in pregnancy; prenatal and postnatal care, including breastfeeding support; gender-based violence prevention and support for victims; and services for postmenopausal women.	Develop comprehensive programs to increase use of services at places easily accessible to women (including adolescent women) and men, including distribution of education materials in appropriate languages and education levels), high-level advocacy, mobile and multimedia (print, television, radio, Internet) outreach. Recognize the critical role of community and front-line health care workers in empowering community members to understand available health services and link them to skilled health care providers. Develop broad-based sexual and reproductive health education in various settings. Expand programs to increase use of services in nontraditional settings, including child care facilities, workplaces, community centers, family centers, markets, hotlines, and social media. Address attitudes, myths, and misperceptions (e.g., about family planning methods causing infertility), frequently asked questions, and gender and other social norms that limit use of sexual and reproductive health services (e.g., lack of communication in a couple about family size). Educate beneficiaries about available health services, including insurance benefits and public health programs.	Economy-level and regional government regulations and incentives, the public and private sectors.

SEXUAL AND REPRODUCTIVE HEALTH

ISSUE	ACTION	IMPLEMENTERS
Need high-quality maternal, newborn, and child health and nutrition and sexual and reproductive health services throughout a woman's life course. Services should include, but are not limited to, voluntary family planning (including in the postpartum period); screening and treatment for tuberculosis, HIV/AIDS, STIs, breast cancer, cervical cancer, and thyroid problems; mental health assessment and treatment; treatment for malaria in pregnancy; prenatal and postnatal care, including breastfeeding support; gender-based violence prevention and support for victims; and services for postmenopausal women.	Strengthen health care worker training, including training on providing high-quality, nondiscriminatory services and supportive supervision to ensure skilled providers are available in all geographic areas. Promote technical exchange among and across economies. Explore methods for accreditation and licensing of all health care workers and health technicians, public and private, including continuing education requirements. Explore methods for recognition and accreditation of facilities, including health care facilities and workplaces that provide health services. Strengthen standards, policies, and regulatory and legal frameworks to support high-quality, gender-sensitive services (in terms of accountability, privacy, timeliness, and autonomy in decision making for access to and use of services). Establish client satisfaction tools during the evaluation to ensure quality services.	Economy-level and regional government regulations and incentives, and the public and private sectors.

SEXUAL AND REPRODUCTIVE HEALTH

ISSUE	ACTION	IMPLEMENTERS
Need protection against discrimination against women, including adolescents. Women can experience stigma, prejudice, and discrimination that lead to disadvantages and disparities in health, as well as in access to education and employment opportunities. When it occurs, discrimination against women is often gender-based.	Assess the legal, regulatory, and policy environments, including enforcement of laws, that protect women from discrimination, including maternity protection and educational laws (for pregnant adolescents). Develop policies and implement training that supports nondiscrimination by health care workers against women of reproductive health age.	Economy-level and regional government regulations and incentives, and the public and private sectors.

GENDER-BASED VIOLENCE

ISSUE	ACTION	IMPLEMENTERS
Lack of awareness of what constitutes sexual harassment[1] in the workplace and the impact of harassment on women's health and productivity. Women may also lack the knowledge of support mechanisms to address the issue.	Develop, implement, and monitor clearly-defined anti-sexual harassment legislation that includes: • Obligation to facilitate a no-tolerance environment and prevention; • Due process and fair treatment of both complainants and accused persons; and • Coverage of public places and public transport. Encourage employers to develop clearly-defined policies that facilitate a no-tolerance environment and prevention. Promote prevention through physical layout and job design. Institute regular training for workers, inspectors, union leaders, workplace safety officers, and human resource personnel on gender discrimination and sexual harassment. Implement communication campaigns on sexual harassment. Encourage incident reporting and recording by strengthening employer policies.	Economy-level, regional, and local governments, the private sector, and NGOs.

1. The term "sexual harassment" does not have a common definition agreed by all APEC economies. For purposes of this Policy Toolkit, the term "sexual harassment" should be applied as appropriate for economy circumstances.

GENDER-BASED VIOLENCE

ISSUE	ACTION	IMPLEMENTERS
Need for support mechanisms for women who have experienced sexual harassment in the workplace.	Develop, implement, and monitor support mechanisms to address sexual harassment in the workplace. Promote employer participation with the provision of incentives. Improve access to anonymous complaint mechanisms, legal representation, advocacy services, and victim support.	Economy-level, regional, and local governments, the private sector, and NGOs.
Female migrant, domestic, and mobile workers are at risk of sexual harassment and gender-based violence. An unregulated work space, a lack of job security, and isolation are contributing factors to the increased chance that these workers have of experiencing such violence.	Conduct predeparture and postarrival seminars (information on rights, employment contracts, who to contact, travel tips). Provide accessible support services for women who have experienced sexual harassment and gender-based violence and ensure that these services are promoted widely and available in local languages. Create and strengthen women's help desks in host economies with properly trained staff to detect, handle, and report sexual harassment and gender-based violence cases. Reduce vulnerability of female workers by expanding regulation and strengthening labor inspection services in the domestic sector and ensuring that domestic workers are aware of these new regulations.	Regional and local governments, the private sector, and NGOs.

GENDER-BASED VIOLENCE

ISSUE	ACTION	IMPLEMENTERS
Lack of awareness of forms of intimate-partner violence and its impact on women's health and productivity.	Disseminate information and facilitate communication campaigns to prevent and protect women from intimate-partner violence and to empower women to take action.	Economy-level, regional, and local governments, the private sector, and NGOs.

WORK/LIFE BALANCE

ISSUE	ACTION	IMPLEMENTERS
Women face pregnancy discrimination in the workplace. Pregnancy affects hiring processes through companies' use of pregnancy tests and other measures. Pregnancy also affects the job security and advancement of women in the workplace.	Strengthen regulatory and legal frameworks for maternity protection legislation such as prohibiting pregnancy testing during the hiring process and employment; ensuring equal promotion opportunities for pregnant women; ensuring that women returning from maternity leave can return to the same job level; prohibiting termination of employment because of pregnancy. Provide training for employers on the legal requirements of equal hiring.	Economy-level and regional government regulations and incentives, the public and private sectors.
Need for stronger sick and paid time off policies. The economic and public health impacts of insufficient leave include poor workplace performance, the spread of disease, and difficulty balancing the demands of the household (e.g., supporting children and elderly family members). Benefits are often not extended to part-time and low-wage workers.	Establish or strengthen sick and paid time off policies and ensure that they are applied consistently regardless of gender, sector, part- or full-time status, or age group.	Economy-level and regional government regulations and incentives and the public and private sectors.

WORK/LIFE BALANCE

ISSUE	ACTION	IMPLEMENTERS
Need to strengthen family care options. Need to provide supportive policies for paid maternity and paternity leave, part-time work, and child care. When women and men do not have adequate leave and child care policies, it results in lower productivity and retention rates, which are of significant cost to the employer. The benefits are more accentuated for low-income employees. Leave policies should provide adequate time off and compensation.	Generate and collect data that will inform policymakers and employers about the economic impact of more supportive family care policies. Develop, implement, and enforce protective maternity leave laws and policies, including establishing a minimum of 14 weeks of leave and ensuring that leave is compensated. Promote or expand paid paternity, adoption, and family leave work and family policies. Broaden the definition of family care policies to include elderly care. Encourage the establishment of child care benefits (e.g., child care center on site, public provision of child care services) consistently applied regardless of sector and part- or full-time status.	Economy-level and regional government regulations and incentives and the public and private sectors.
Need for supportive policies for breastfeeding. Inadequate workplace accommodation (location and allowance of time) for breastfeeding affects women's ability to return to work.	Implement policies mandating the provision of equipment, time, and a hygienic and private space to support breastfeeding when women return to work after giving birth. Raise awareness through employer information advocacy campaigns and management training.	The public and private sectors.

WORK/LIFE BALANCE

ISSUE	ACTION	IMPLEMENTERS
Need for flexible schedules within the workplace. Allowing flexible work schedules allows for employers to save in turnover costs as well as have employees happier and more productive.	Provide the option of a flexible work schedule, compensatory leave, and telework options, enabling employees to take the time necessary to care for children, elders, as well as get the medical attention they need.	The public and private sectors.
Need to create awareness of the double burden. Providing opportunities for governments and employers to understand the economic and social impacts of the double burden of paid and unpaid work on women will help move society toward more equitable distribution of work.	Provide educational programs and management trainings on gender equity. Work to quantify and value women's unremunerated work; Raise awareness so that this work is recognized.	The public and private sectors.

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Asian Development Bank

Asian Forum of Parliamentarians on Population and Development (AFPPD)

Australia—Department of Health

BSR HERProject

C&H Garments

Canada—Embassy of Canada in the Philippines

Chile—Ministry of Foreign Affairs

Indonesia—Ministry of Health, Ministry of Manpower

International Labour Organization

Jabil

Jhpiego

Malaysia—Ministry of Women, Kuala Lumpur & Putrajaya State Health Department

Mexico—Secretariat of Health

Monash University, School of Public Health and Preventive Medicine, Australia

New Zealand—Health Quality and Safety Commission

Papua New Guinea—Ministry of Trade and Commerce

People's Republic of China—National Health and Family Planning Commission

Peru—Ministry of Women and Vulnerable Populations, Ministry of Foreign Affairs

Russian Federation—Embassy of the Russian Federation in the Republic of the Philippines

Thailand—Ministry of Public Health, Ministry of Social Development and Human Security

U.S. National Cancer Institute, Center for Global Health

Viet Nam—Ministry of Labour

Women Doctors Association

World Bank

"HLM5 commended APEC initiatives to secure better participation by women in the economy. HLM5 welcomed the Policy Toolkit on Healthy Women, Healthy Economies. This Policy Toolkit includes a set of strategies and practices that may serve as a reference for policymakers, companies, and non-profit organizations seeking to improve female labor force participation through better health. Further, HLM5 urged volunteer economies to join the Philippines to participate in the implementation of model pilot projects and noted that results will be reviewed in 2016."

— Statement of the 5th High Level Meeting on Health & the Economy or HLM5, Cebu, Philippines (30–31 August 2015) attended by health ministers

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"We encourage cross-fora synergies wherever possible, and welcome the Healthy Women, Healthy Economies joint initiative to enhance women's labor force participation..."

– APEC Ministers in their joint ministerial statement, Beijing, China (8 November 2014)

"HLM4 considers that demographic shifts require a fresh approach to ensuring that women are empowered through improved health to enter the work force in a sustainable way ...HLM4 welcomes the new cross fora work in APEC on ways to increase the participation of women in the economy through improved health outcomes."

— Statement of the 4th High Level Meeting on Health & the Economy or HLM4, Beijing, China (15–16 August 2014) attended by health ministers

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