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**Promotion and protection of all human rights,
civil, political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Amnesty International, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[16 May 2010]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Preventable maternal mortality and morbidity and human rights

Amnesty International welcomes the Human Rights Council's increased focus on the issue of preventable maternal mortality and morbidity, which is a central human rights issue affecting not only women and girls, but also men and children all around the world.

Worldwide, more than half a million women die each year from complications related to pregnancy and childbirth. Most of these deaths could have been prevented had higher priority been given to respecting women's human rights, including their right to health, which comprises adequate healthcare during pregnancy and childbirth. The vast majority of women who die are in developing countries; however, discrimination in access to good quality healthcare leads to women dying from complications of pregnancy and childbirth in developed countries as well. Although a recent study contains some welcome news about progress toward Millennium Development Goal (MDG) 5, this goal remains the most off-track of the MDGs.

When women and girls die in pregnancy or childbirth because the government fails to take the measures necessary to address the preventable causes of maternal death, the government violates their right to life. Preventable maternal deaths and injuries also reflect violations of the rights to the highest attainable standard of physical and mental health, equality and non-discrimination and freedom from torture and cruel, inhuman or degrading treatment. They are also closely linked to and exacerbated by denial of sexual and reproductive rights, and by sexual and other forms of gender-based violence.

In this statement Amnesty International shares its findings on maternal mortality and human rights in **Burkina Faso** and the **United States of America**.

Every year, more than 2,000 women die in **Burkina Faso** from complications of pregnancy and childbirth. During the last decade the authorities in Burkina Faso, with the help of the donor community, have devoted effort and resources to reducing maternal mortality. In 2006, the government adopted a subsidy policy based on the principle that 80 per cent of the cost of deliveries and emergency obstetric and neonatal care would be met by the government. Efforts have also been made to increase the number of trained medical personnel, including midwives and nurses, and to enhance their skills. To encourage more women to give birth in health facilities, rather than at home, the role of traditional birth attendants has changed from them assisting women in deliveries to promoting medically assisted delivery and helping women gain access to those services. Primary health care centres have been built throughout the country. The government has also adopted a national strategy for family planning. However, these policies suffer from serious shortcomings in their implementation, and maternal health services are still not available and accessible to all the women who need them.

Many women die because they need blood, but none is available. Others die from obstructed labour, infections or hypertension because they are unable to reach a health facility capable of treating them, or because they arrive too late. Many lose their lives because their relatives cannot pay the fees being asked by medical personnel. Many do not have access to health facilities because of geographical, financial or cultural barriers.

There are many reasons for this: gender discrimination which undermines women's right to decide whether and when to have children; lack of information on sexual and reproductive health and rights; social and economic barriers, notably the cost of medical treatment; and poor quality of treatment due to shortages of medical supplies and qualified personnel.

Although Burkina Faso is one of the poorest countries in the world, this does not justify the government's failure to take steps to the maximum of its resources to realize the right to health, including sexual and reproductive health, for all its population.

Amnesty International urges the government of Burkina Faso to:

- Allocate adequate resources to maternal and reproductive health care, prioritizing the poorest regions with highest mortality ratios;
- Systematically reduce economic, physical and cultural barriers that prevent poor rural women from access to life-saving reproductive and maternal health care;
- Provide accessible information to women about their sexual and reproductive rights and their right to health;
- Ensure meaningful participation of women in government decisions about reproductive and maternal health care;

Ensure adequate monitoring of government policy to reduce maternal mortality to promote effective planning and accountability.

Amnesty International is also urging donors to support efforts of the Burkina Faso authorities to achieve these goals.

In the **United States of America**, more than two women die every day from complications of pregnancy and childbirth. Approximately half of these deaths could be prevented if maternal health care were available, accessible and of good quality for all women without discrimination.

Maternal mortality ratios have more than doubled from 6.6 deaths per 100,000 live births in 1987 to 13.3 deaths per 100,000 live births in 2006. African-American women are nearly four times more likely to die of pregnancy-related complications than white women. This disparity has not improved in more than 20 years.

Discrimination profoundly affects women's health. Women of colour are less likely to be in good health when they become pregnant, because they are less likely to have access to adequate health care services. For instance, Native American and Alaska Native women are 3.6 times, African-American women 2.6 times and Latina women 2.5 times more likely than white women to receive no or late pre-natal care. They are more likely to die in pregnancy and childbirth and more likely to experience discriminatory and inappropriate treatment and poorer quality of care. Women on low incomes face considerable obstacles in obtaining maternal health care, particularly in rural and inner-city areas.

The shortage of health care professionals is also a serious obstacle to timely and adequate health care for some women. Women interviewed by Amnesty International also cited lack of transport to clinics, inflexible appointment hours, difficulty in taking time off work, lack of child care, and the absence of interpreters and information in languages other than English as major barriers.

A significant factor contributing to the failure to improve maternal health is the lack of comprehensive data collection and analysis. Reporting of pregnancy-related deaths as a distinct category is mandatory in only six states.

The US government has a responsibility to ensure equal access to quality health care services for all, without discrimination. Amnesty International urges the US government to:

- Ensure that all women have equal access to timely and quality maternal health care services, including family planning services, and that no one is denied access to health care services by policies or practices that have the purpose or effect of

discriminating on grounds such as gender, race, ethnicity, age, Indigenous status, immigration status or ability to pay;

- Task the U.S. Department of Health and Human Services' Office of Civil Rights, with undertaking investigations into laws, policies and practices that may hamper equal access to quality maternal health care services;
- Ensure through State governments that pregnant women have temporary access to Medicaid while their application for coverage is pending (presumptive eligibility) and that Medicaid provides timely access to pre-natal care. In cases where a woman receives prenatal care before eligibility is confirmed, states should ensure that Medicaid reimburses retroactively for services provided.
- Ensure at federal, state and local government levels that an adequate number of health service facilities and health professionals, including nurses, midwives and physicians, are available in all areas. Particular emphasis should be given to medically under-served areas, including by expanding community health care center programs, such as the Federally Qualified Health Center program.
- Ratify the Convention on the Elimination of All Forms of Discrimination against Women.

All governments are parties to international and regional human rights treaties that require them to respect, protect and fulfil women's human rights. Their efforts to address maternal mortality must be grounded in a framework of gender equality and non-discrimination, which is not just a legal requirement, but has been demonstrated to be an essential practical requirement for any successful initiative to reduce maternal mortality and morbidity.

Amnesty International calls on the Human Rights Council to:

- Identify and agree specific policy and practical measures to strengthen the implementation and monitoring of human rights obligations and commitments by States to address maternal mortality and morbidity.
- Encourage UN Agencies, programs and funds that are undertaking initiatives and activities in relation to maternal mortality and morbidity to include such policy and practical measures in their program planning and delivery.
- Invite UN Agencies, programs and funds that are undertaking initiatives and activities in relation to maternal mortality and morbidity to systematically contribute information on maternal mortality and related human rights concerns for consideration in the Universal Periodic Review (UPR) and by relevant treaty bodies.
- Encourage States to address the issue of maternal mortality and morbidity in the UPR including by focusing on issues around the right to health, discrimination and equality, and sexual and reproductive rights in specific country reviews.
- Encourage States to include in their national reports under the UPR and in their reports to the relevant treaty bodies information on action taken to eliminate preventable maternal mortality and morbidity.
- Submit the OHCHR Report on Preventable Maternal Mortality and Morbidity and Human Rights, as well as the outcome of the inter-active dialogue at its 14th session, to the September 2010 UNGA high-level meeting reviewing the progress made towards achieving the Millennium Development Goals and to the WHO for consideration at the 64th World Health Assembly.