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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 International Alliance of Women, a non-governmental organization in general consultative status

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

[7 May 2010]

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

Achieving MDG 5 is both feasible and cost-effective with a human rights approach

Preventing maternal mortality is not simply about improving technical interventions or making them affordable. It also requires addressing discriminatory laws, policies and practices which have institutionalized gender inequalities and hinder women's and adolescent girls' empowerment. For example, there can be much greater progress in reaching MDG 5 by providing better information to women on nutrition and sexual and reproductive health, with more determined efforts to achieve women's literacy, and by including women in health-related decision-making processes that concern them. In short, by enforcing non-discrimination, and promoting gender equality.

Unless MDG 3 is seriously tackled, MDG 5 is unlikely to be attained. Both also impact on MDG 4.

Although findings published in the medical journal *The Lancet* in April 2010¹ "challenge the prevailing view of maternal mortality as an intractable problem that has defied every effort to solve it", it's hardly cause for celebration: only 23 countries are on track to the three-quarter reduction of the maternal mortality rate by 2015. Further, for every woman who dies from obstetric complications, approximately 30 more suffer injuries, infection and disabilities.²

- Finally, statistics reveal chronic and entrenched health and gender inequalities:
- The burden of maternal mortality is borne disproportionately by developing countries.
- In many more affluent countries, marginalized women, women living in poverty, ethnic minority or indigenous women are more vulnerable to maternal mortality.
- In some others, women are simply excluded from the quality health care they may need simply because they are women.

Altogether, maternal mortality and morbidity rates reveal sharp discrepancies between men and women in their enjoyment of sexual and reproductive health.

Family planning, an essential component in the fight against maternal mortality and morbidity, remains a thorny issue. And this in spite of the fact that *Rates of contraceptive prevalence; Unmet need for family planning* and *Universal access to reproductive health* are target indicators for the implementation of MDG 5.

The prevention of untimely and high-risk pregnancies in all women should be a high priority on the MDG agenda at all levels - national, regional and international. Family planning and reproductive health need to be fully integrated into effective primary health care programmes accessible to all, including young men.

There is now plenty of irrefutable evidence why sexual and reproductive health, especially family planning information and access to contraception and reproductive health supplies, are essential for development in general.

¹ MATERNAL MORTALITY for 181 COUNTRIES, 1980—2008: A Systematic Analysis of Progress Towards Millennium Development Goal 5

² UN Special Rapporteur's report 2006 on the highest attainment of physical and mental health

*PROGRESS in reproductive health research, Issue No. 76, 2008*³: *The Millennium Development Goals a) with and b) without reproductive health care* provides clear data on the effects of improved reproductive health care, including family planning, on each and every of the 8 MDGs.

Example:

Regarding MDG 3 - *Promote gender equality and empower women*,

a) includes:

Later marriage and greater opportunities throughout life; greater male participation in reproductive health and less domestic violence; greater bargaining power for women in decisions about sexual behaviour and childbearing.

b) includes:

Continued harmful practices and violence against women; continuing low status of women.

U.N. human rights treaty-monitoring bodies have recognized that all States have human rights obligations to ensure access to contraception and reproductive health services, including comprehensive family planning.

Recent research by the Guttmacher Institute⁴ shows, for example, that maternal deaths in developing countries could be slashed by 70 percent, and newborn deaths cut nearly in half, if investment in family planning and maternal and newborn health care was doubled.

Shockingly, while 24.6 billion US \$ are currently spent annually; funding for family planning sank from 653 million dollars in 1997 to a mere 394 million dollars in 2006.

Financial considerations which drive the development agenda are more than convincing:

Combined and simultaneous investments in family planning and maternal and newborn services could save \$1.5 billion

Consensus for Maternal, Newborn and Child Health launched "*Healthy Women, Healthy Children: Investing in Our Common Future*"⁵ and plans to save the lives of 10 million women by 2015.

Implementation requires, *inter alia*:

- Political leadership, community engagement and mobilization;
- Effective health systems that deliver a package of high quality interventions in key areas along the continuum of care, including family planning, skilled care during and after pregnancy and childbirth, quality delivery care, emergency care for complications and postnatal care;
- Removal of barriers to access;
- Availability of skilled health workers with the necessary infrastructure, drugs, equipment and regulations;
- Accountability at all levels.

³ Joint UNDP/UNFPA/WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproduction

⁴ Report ADDING IT UP, the benefits of investing in sexual and reproductive health care, published in December 2009 by the Guttmacher Institute and UNFPA.

⁵ An event held at the United Nations on 23 September 2009, organized by the High-Level Task Force on Innovative International Financing for Health Systems and PMNCH

If quantitative objectives are met, by 2015 *Consensus* aims to:

- Prevent the deaths of up to 1 million women from pregnancy and childbirth complications;
- Cut by half the number of unsafe abortions;
- End to the current unmet need for family planning services of an estimated 215 million who would like to delay or avoid childbearing but do not have access to modern contraception.

The total additional programme cost of achieving these targets is \$30 billion for the period 2009-2015, with annual costs ranging from \$2.5 billion in 2009 to \$5.5 billion in 2015.

In March 2010 the Commission on the Status of Women⁶ adopted resolution E/CN.6/2010/L.6

Eliminating preventable maternal mortality and morbidity through the empowerment of women.

The resolution

*“calls upon States to fully and effectively implement the Beijing Platform for Action, the International Conference on Population and Development Programme of Action and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and reproductive rights and the promotion and protection of all human rights in this context; and to maximize their efforts to eliminate preventable maternal mortality and morbidity by strengthening comprehensive health services to women and girls, including access to sexual and reproductive health care services and information as agreed to in the Beijing Platform for Action and Cairo Programme of Action;”*⁷

In June 2009 the U.N. Human Rights Council adopted the landmark resolution (11/8) recognizing maternal mortality and morbidity as a pressing human rights concern. The resolution mandated the Office of the High Commissioner for Human Rights to identify the human rights dimensions of preventable maternal mortality and morbidity in the existing legal framework and to review initiatives and activities addressing their causes within the United Nations systems and to also identify how the Human Rights Council can add value to existing initiatives through a human rights analysis. This study will be presented to the Human Rights Council at its 14th session.

The international Alliance of Women along with its members and partners throughout the world look forward to the adoption of the Study’s recommendations by the Council

Solid foundations have been laid. Achievements now depend on the political will of countries, the international community and donors to include the recent evidence into their policy and the implementation of their programmes

⁶ Fifty-fourth session, under item Follow-up to the 4th World Conference on Women

⁷ Beijing Platform for Action paragraphs 106-108 and Cairo Programme of Action paragraphs 8.19 - 8.27