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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 the Associazione Comunita Papa Giovanni XXIII, 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.

[13 February 2017]

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

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Preventable Maternal Mortality and Morbidity and the implementation of the Right to Development

APG23 appreciates the initiative of the Human Rights Council to hold a panel discussion on preventable maternal mortality and morbidity as a human rights priority for all States, including in the context of the implementation of the 2030 Agenda for Sustainable Development, during its 34th regular session. It also appreciates the fact that the HRC resolutions on preventable maternal mortality and morbidity in the last years increasingly applied a human rights based approach.

The last Human Rights Council resolution on preventable maternal mortality and morbidity¹, adopted by consensus in the 33rd HRC regular session after oral revision, focuses mostly on the important role of sexual and reproductive health but, in our opinion, did not address in a balanced manner the root causes of maternal mortality and morbidity. In fact, the resolution regrettably failed to mention the right to development and the need for its implementation.

It might have been a deliberate omission due to political reasons but, surely, it has been at the expenses of all women in the world.

In fact, article 1 of the Declaration on Right to Development says clearly that “every human person (and therefore every woman) and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development, in which all human rights and fundamental freedoms can be fully realized” and article 8 states that “States should undertake, at the national level, all necessary measures for the realization of the right to development and shall ensure, inter alia, equality of opportunity for all in their access to basic resources, education, health services, food, housing, employment and the fair distribution of income. Effective measures should be undertaken to ensure that women have an active role in the development process. Appropriate economic and social reforms should be carried out with a view to eradicating all social injustices.”

Mentioning the right to development in the annual resolution on maternal mortality and morbidity would have not been a rhetoric and formal move, but rather would have reinforced substantially and comprehensively the idea that the issue of maternal mortality and morbidity is a human rights priority.

In fact, the implementation of the right to development is crucial for eliminating the structural international and national obstacles that impede the developing countries (where 99% of maternal deaths occur²), to make real and substantial progresses on providing quality health services and have an real impact on the social determinants of health³ that greatly influence maternal mortality.

Collecting reliable data on maternal mortality rates, especially in developing countries, remain a challenge⁴. However, according to the World Health Organisation fact sheet on Maternal Mortality⁵ approximately 830 women die every day from preventable causes related to pregnancy and childbirth. Globally, over 300 thousand women die each year due to complications during pregnancy and childbirth. As mentioned above, 99% of these deaths occur in the developing countries, mostly in sub-Saharan Africa and south Asia.

¹ A/HRC/33/18

² World Health Organisation fact sheet on Maternal Mortality updated to November 2016

³ WHO Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health* (2008)

⁴ Trends in Maternal Mortality: 1990 to 2013 Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division

⁵ World Health Organisation fact sheet on Maternal Mortality updated to November 2016

The evidence-based primary causes of maternal deaths are pre-existing medical conditions exacerbated by pregnancy such as diabetes, malaria, HIV and obesity (28%), haemorrhage (27% mostly bleeding after childbirth), hypertension during pregnancy (14% pre-eclampsia and eclampsia), sepsis or infections (11%), obstructed labour (9%) and abortion complications (8%)⁶.

There are large disparities in maternal mortality and morbidity rates between countries and within countries, and between women with a high and a low income, and between those living in rural as against urban areas.

Maternal mortality in resource-limited nations has been attributed mostly to the “3 delays”⁷: delay in deciding to seek care, delay in reaching care in time, and delay in receiving adequate treatment.

The first delay is on the part of the mother, family, or community not recognizing a life-threatening condition. Most births occur at home with unskilled attendants.

This reveals how important is to promote, protect and fulfil the right to education for all. Educated women, families and communities can progressively get rid of harmful practices and break old taboos.

The second delay is in reaching a health-care facility, and may be due to road conditions, lack of transportation, or location. Many villages do not have access to paved roads and many families do not have access to vehicles. Public transportation (or animals) may be the main transportation method. This means it may take hours or days to reach a health-care facility.

Our Association, through its members who spent years in developing countries, such as Zambia, United Republic of Tanzania, Kenya, Burundi etc., can bear witness to this situations. This reveals how important is to address the development inequities existing within a country between urban and rural areas and the link existing between maternal mortality and eradication of extreme poverty and inequities.

The third delay occurs at the health-care facility. Upon arrival, women receive inadequate care or inefficient treatment. Resource-limited countries with fragile health-care facilities may not have the technology or services necessary to provide critical care to haemorrhaging, infected, or seizing patients. Omissions in treatment, incorrect treatment, and a lack of supplies contribute to maternal mortality.

This reveals that is necessary to strengthen health systems especially in developing countries. Such a strengthening requires effective international cooperation and solidarity and elimination of international barriers for the transfer of technologies, access to treatment etc.

Even if a multitude of factors can lead to maternal mortality and morbidity such as the lack of accessible and appropriate health and sexual reproductive health services, information and education, lack of access to emergency obstetric care, poverty, lack of food and all types of malnutrition, harmful practices, discrimination against women, gender inequality and gender-based stereotypes, it is quite clear and statistically correct to affirm that a significant reason for the high rates of maternal mortality and morbidity in developing countries is the lack of adequate development and infrastructure in certain areas, especially rural areas⁸.

Therefore, without addressing in a broader and holistic vision the root causes of the high maternal mortality and morbidity in the world, we cannot expect, especially in developing countries, to reduce the global maternal mortality ratio to less than 70 per 100,000 live births as envisaged by target 3.1 of SDG 3. Such a vision is comprehensively provided by the declaration on the right to development that also inspired the 2030 agenda for Sustainable Development.

⁶ World Health Organisation fact sheet on Maternal Mortality updated to November 2016

⁷ Bulletin of the World Health Organization, Applying the lessons of maternal mortality reduction to global emergency health - Emilie J Calvella a, Alexander P Skog a, Andrea G Tenner b & Lee A Wallis, published online: 16 March 2015

⁸ A/HRC/33/18