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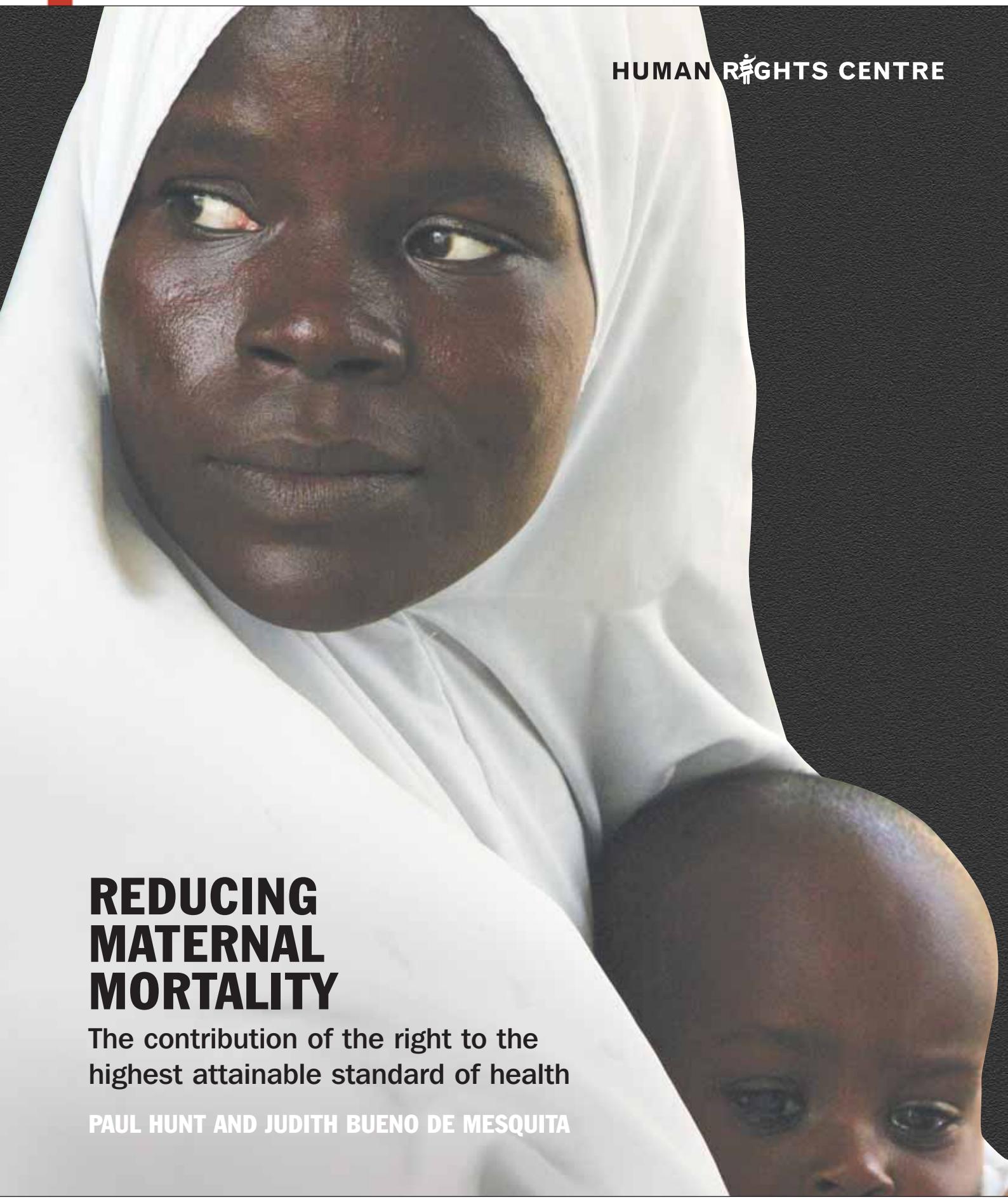

REDUCING MATERNAL MORTALITY

The contribution of the right to the highest attainable standard of health

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UNFPA

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INTRODUCTION

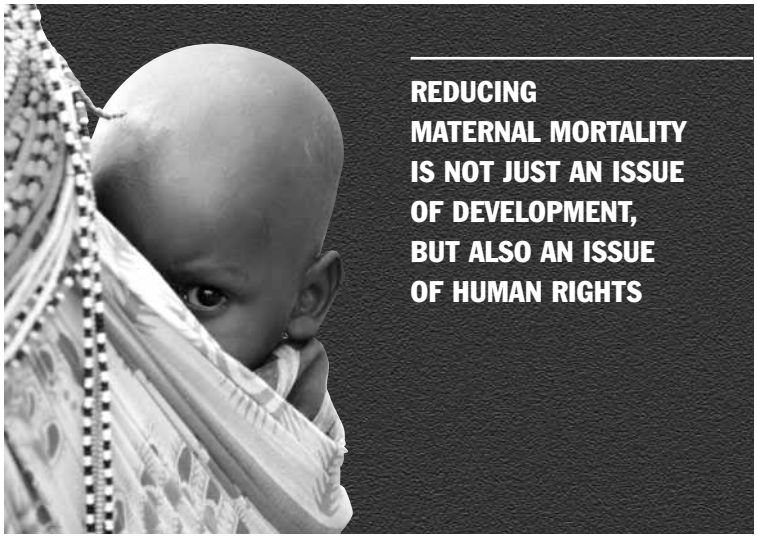
Over half a million women die each year due to complications during pregnancy and birth. The vast majority of these deaths are preventable.

At the Millennium Summit in 2000, States resolved to reduce maternal mortality by three quarters by the year 2015. This commitment is encapsulated in the Millennium Development Goals, which derive from the Millennium Summit commitments, and which have come to play a defining role in international development efforts. Goal 5 is a commitment to improve maternal health: the reduction of maternal mortality is an outcome chosen to assess progress in this regard. This resolve by States to reduce maternal mortality is not new. However, never before has the issue been given such prominence on the international development agenda.

Despite longstanding international commitments to reducing maternal mortality, so far progress has been disappointing.[2] This briefing illustrates how human rights – and the right to the highest attainable standard of health ("right to health") in particular – can contribute new impetus, frameworks and strategies for reducing maternal mortality.

In recent years, there has been increased recognition that reducing maternal mortality is not just an issue of development, but also an issue of human rights. Preventable maternal mortality occurs where there is a failure to give effect to the rights of women to health, equality and non-discrimination. Preventable maternal mortality also often represents a violation of a woman's right to life.

Maternal health has a particularly close relationship with the right to the highest attainable standard of health. This fundamental human right is recognised in the International Covenant on Economic, Social and Cultural Rights, as well as other international human rights treaties. The right to health includes entitlements to goods and services, including sexual and reproductive health care and information. It requires action to break down political, economic, social and cultural barriers that women face in accessing the interventions that can prevent maternal mortality. It requires participation by stakeholders in policy and service development. And it requires accountability for maternal mortality. In short, the promotion and protection of the right to health demands actions that lead to a significant and sustained reduction in maternal mortality.



This briefing introduces the contribution of the right to the highest attainable standard of health to reducing maternal mortality. This contribution is twofold. The right to health provides:

a) A framework for designing effective policies to reduce maternal mortality;
b) Tools and strategies for advocacy and accountability for reducing maternal mortality.

Entitlements and obligations arising from the right to health underpin both of these contributions and are described in the first chapter of this briefing. Policy making and the role of traditional human rights techniques are explored in the second and third chapters respectively. This briefing indicates key contributions that the right to health can make in the context of policy making and through the human rights community's traditional techniques, such as letter writing campaigns, litigation and advocacy. It also indicates key actions that may be required by policy makers and the human rights community. The briefing does not, however, provide detailed guidance on to how to operationalize the right to health in the context of maternal mortality.

The right to health should lie at the heart of the human rights response to maternal mortality. The right to health is intimately connected to other human rights – including the rights to life and education – which are also highly relevant in the struggle against maternal mortality. While this briefing focuses on the right to health, it also gives some attention to the contribution of other human rights.[3]

I. MATERNAL MORTALITY AND THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH: THE CONCEPTUAL LINKS

A. THE SCALE OF MATERNAL MORTALITY

In 2000, the estimated number of maternal deaths worldwide was 529,000. 95 per cent of these deaths occurred in Africa and Asia.[4] While women in developed countries have only a 1-in-2,800 chance of dying in childbirth – and a 1-in-8,700 chance in some countries – women in Africa have a 1-in-20 chance. In several countries the lifetime risk is greater than 1 in 10.[5]

For every woman who dies from obstetric complications, approximately 30 more suffer injuries, infection and disabilities.[6] In 1999, for example, WHO estimated that over 2 million women living in developing countries remain untreated for obstetric fistula, a devastating injury of childbirth.

There is no single cause of death and disability for men between the ages of 15 and 44 that is close to the magnitude of maternal death and disability.[7]

Women living in poverty and in rural areas, and women belonging to ethnic minorities or indigenous populations, are among those particularly at risk.[8] Complications from pregnancy and childbirth are the leading cause of death for 15-19 year old women and adolescent girls in developing countries.

These deeply shocking statistics and facts reveal chronic and entrenched health inequalities. First, the burden of maternal mortality is borne disproportionately by developing countries. Second, in many countries, marginalised women, such as women living in poverty and ethnic minority and indigenous women, are more vulnerable to maternal mortality. Third, maternal mortality and morbidity rates are often indicative of inequalities between men and women in their enjoyment of the right to the highest attainable standard of health.

B. THE CAUSES AND PREVENTION OF MATERNAL MORTALITY

Globally, around 80 per cent of maternal deaths are due to obstetric complications; mainly haemorrhage, sepsis, unsafe abortion, pre-eclampsia and eclampsia, and prolonged or obstructed labour.[9] Complications of unsafe abortions account for 13 per cent of maternal deaths worldwide, and 19 per cent of maternal deaths in South America.[10]

Almost all cases of maternal mortality are preventable. An estimated 74 per cent of maternal deaths could be averted if all women had access to the interventions for preventing or treating pregnancy and birth complications, in particular emergency obstetric care.[11] In many countries with high maternal mortality rates, there is a need to increase provision of appropriate quality services. Poverty, gender and other inequalities, a lack of information, weak health systems, a lack of political commitment, and cultural barriers are other obstacles that need to be overcome if women are to access technical services and information that can often prevent maternal mortality and morbidity.

In the last twenty years, a series of international commitments and initiatives has pledged to reduce maternal mortality. While many countries have made progress in reducing maternal mortality, progress has stagnated or been reversed in many of the countries with the highest burden of maternal mortality:[12] Most parts of the world are off-track to meet the MDG target of reducing maternal mortality.[13]

Photograph © J. Isaac, courtesy of UNFPA. Mothers and children in Djibo, on the border with Mali, Burkina Faso.

Box 1: Human rights treaty protections relevant to reducing maternal mortality

The Convention on the Elimination of All Forms of Discrimination Against Women requires States parties to: "*ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation*" *(article 12.2).*

The International Covenant on Economic, Social and Cultural Rights requires States parties to take steps to provide for: "*the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child.*" The UN Committee on Economic, Social and Cultural Rights, the body responsible for monitoring this treaty, has stated that this treaty obligation must be: "*understood as requiring measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information*" *(General Comment 14, para.14).*

C. LEGAL PROTECTIONS PROVIDED BY THE RIGHT TO HEALTH

In recent years, there has been a deepening conceptual understanding of maternal mortality as a human rights issue.[14] Maternal mortality and morbidity are connected to a number of human rights, in particular the right to the highest attainable standard of health.

The right to the highest attainable standard of health is legally protected by international human rights treaties including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the International Covenant on Economic, Social and Cultural Rights (ICESCR). It is also recognised in regional treaties, as well as by the domestic constitutions and laws of many countries worldwide.

International treaties include entitlements and corresponding obligations on States which are highly relevant in the context of reducing maternal mortality *(Box 1)*. If fulfilled, these entitlements and obligations would entail a reduction of maternal mortality. The features of the right to health are set out most fully in General Comments, which are authoritative interpretations of treaty provisions adopted by the bodies responsible for monitoring implementation of treaties.[15] The following paragraphs draw on treaties and General Comments to set out key features of the right to health in the context of maternal mortality.

D. FREEDOMS AND ENTITLEMENTS ARISING FROM THE RIGHT TO HEALTH

The right to health takes into account an individual's biological and socio-economic preconditions, as well as a State's available resources. It is not a right to be healthy: it is a right to a variety of services, facilities, goods and conditions that promote and protect the highest attainable standard of health.

The right to an effective and integrated health system

The right to health should be broadly understood as an entitlement to an effective and integrated health system, encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all.[16] An equitable, well-resourced, accessible and integrated health system is widely accepted as a vital pre-condition for guaranteeing women's access to the interventions that can prevent or treat the causes of maternal deaths.[17]

Entitlements to specific goods and services connected to reproductive health care

The right to health includes entitlements to a range of health interventions which have an important role to play in reducing maternal mortality. These include:

- Emergency obstetric care (EmOC);[18]
- A skilled birth attendant;[19]
- Education and information on sexual and reproductive health;[20]
- Safe abortion services where not against the law;[21]
- Other sexual and reproductive health care services, such as family planning services;[22]
- Primary health care services.[23]

The State has an obligation to provide these goods and services in order to prevent maternal mortality. Particular attention must be given to EmOC. As Lynn Freedman has emphasised: "We know from health research and experience that not all interventions are equal... if the human right in question is the right not to die an avoidable death in pregnancy and childbirth, then the first line of appropriate measures that will move progressively toward the realisation of the right is the implementation of EmOC. In a human rights analysis, EmOC is not just one good idea among many. It is an obligation." [24]

D. FREEDOMS AND ENTITLEMENTS CONTINUED

An entitlement to health goods, services and facilities which are available in adequate numbers, accessible, acceptable and good medical quality

Health care services, goods and facilities connected to preventing maternal mortality must be available, accessible, acceptable and good quality. Each of these criteria has particular importance for maternal mortality *(see Boxes 2 and 3):*

Entitlements to the underlying determinants of health

The right to health is not only a right to health care. It also encompasses a right to underlying determinants of health. Many of these determinants play a key role in ensuring women are able to access the necessary services and facilities to prevent maternal mortality. Here we mention just two important determinants of maternal health: gender equality, and water and sanitation.

Box 2: Availability, accessibility, acceptability and quality of health facilities, goods and services and their relevance to maternal mortality

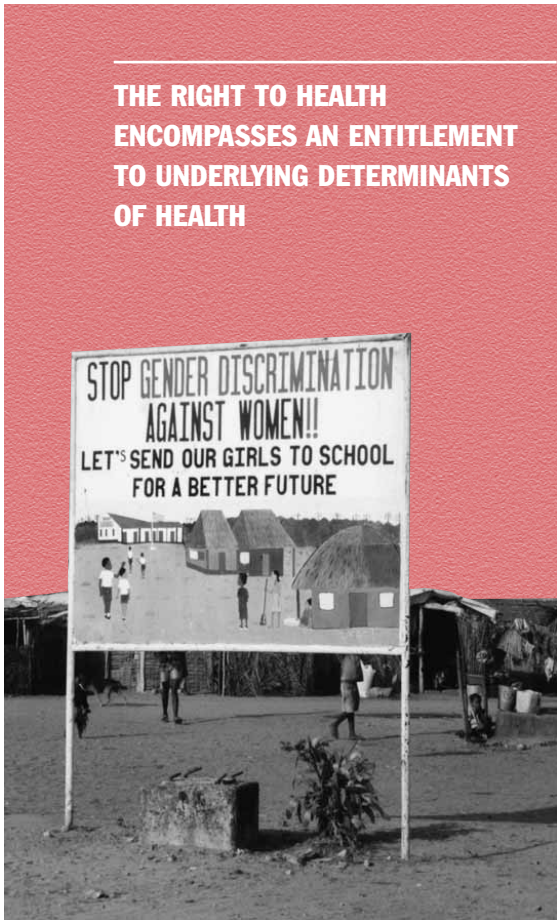
Criteria	Right to health requirement	Relevance to maternal mortality
Available	An adequate number of goods, services and facilities necessary for maternal health, as well as sufficient numbers of qualified personnel to staff the services.	Increasing care, and improving human resource strategies – including increasing the number and quality of health professionals and improving terms and conditions – will be key for reducing maternal mortality in many countries.[25]
Physically and economically accessible	Maternal health and sexual and reproductive health services which are both physically and financially accessible.	Physical access to, and the cost of, health services often influence whether women are able to seek care.[26]
Accessible on the basis of non-discrimination	Health services must be accessible on the basis of non-discrimination.	Ensuring women's access to maternal health and other sexual and reproductive health services may require addressing discriminatory laws, policies, practices and gender inequalities in health care and in society that prevent women and adolescents from accessing good quality services.
Accessible information	The right to seek, receive and impart information and ideas concerning health issues, including information that can help prevent maternal mortality.	Laws or policies that restrict women's access to information on sexual and reproductive health have a direct impact on maternal mortality.[27]
Acceptable	All health facilities, goods and services must be respectful of the culture of individuals, minorities, peoples and communities and sensitive to gender and life-cycle requirements.	Preventing maternal mortality and enhancing access to maternal and other sexual and reproductive health care is not simply about scaling up technical interventions or making the interventions affordable. Also important are strategies to ensure that the services are sensitive to the rights, cultures and needs of pregnant women, including those from indigenous peoples and other minority groups *(see Box 3).*[28]
Good quality	Maternal health care services must be medically appropriate and good quality.	The quality of care often influences the outcome of interventions and it also influences a woman's decision of whether or not to seek care.

Gender equality: Behind maternal mortality is a failure to guarantee women's human rights. This is often manifested in, among others, low status of women and girls, poor access to information and care, early age of marriage and restricted mobility.[29] Gender equality has an important role to play in preventing maternal mortality. Gender equality and empowerment lead to greater demand by women for family planning services, antenatal care and safe delivery. The Convention on the Elimination of Discrimination Against Women provides that States Parties "agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women" and that they "shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning." [30]

Water and sanitation: Water and sanitation must be ensured for the provision of prenatal care and emergency obstetric care. Water and sanitation are essential elements of the right to health.

Freedoms

In addition to the numerous entitlements associated with the right to health, this human right includes a number of freedoms. In the context of maternal mortality, relevant freedoms include freedom from discrimination; harmful traditional practices, such as early marriage; and violence.



Photograph © P. Delargy, courtesy of UNFPA. Stop Gender Discrimination Against Women, Liberia.

Box 3: Culturally acceptable maternal health services in Peru

In the village of San José de Secce and the communities of Oqopeqa, Punkumarqiri, Sañuq and Laupay in Ayacucho district, Peru, an assessment by non-governmental organisations showed that there were various barriers to using health services in these communities, which had very high maternal mortality rates. In addition to the distance that had to be travelled to the establishment, the inability to pay for transport or care and the lack of health personnel and equipment, the main barrier was reluctance on the part of the population to use health facilities offered by the state. This situation was reflected in the high percentage of women (94 per cent) giving birth at home, compared with 6 per cent who gave birth in health centres.

The state health services did not take account of local cultural conceptions of health and sickness. The population had no trust in the ability of the personnel or the services and viewed attending a health facility as inconvenient or risky and therefore resisted using the facilities.

Between 1999 and 2001, in consultation with the communities in question, a culturally-adapted project to provide sexual and reproductive health services was put into effect. The project promoted communication between health professionals and the community, user participation, and a closer relationship between traditional midwives and health personnel. In health centres, the environment of the delivery room and care given during prenatal checkups, delivery and the postnatal period were adapted to make them culturally sensitive. These measures included creating a private environment, with curtains to keep out draughts and anyone not associated with the birth, as well as the provision of a bed and a sturdy rope, so that women could give birth in an upright position, or squatting and gripping the rope, as they wished. The protocol for care also stipulated, among others, that the person attending the birth should speak Quechua and preferably be female. In addition, in accordance with the beliefs of the communities, the protocol included the requirement to deliver the placenta to the family member present so that it could be buried, and the opportunity for the user to remain in the health facility for up to eight days. According to an assessment, after the project was implemented, there was a great increase in deliveries at health centres.

Source: adapted from Amnesty International, Peru: Poor and excluded women – denial of right to maternal and child health, 2006.

E. THE THREE DELAYS MODEL AND ITS RELATIONSHIP TO THE RIGHT TO HEALTH

It is often said that maternal mortality is overwhelmingly due to a number of interrelated delays which ultimately prevent a pregnant women accessing the health care she needs.[31] Each delay is closely related to services, goods, facilities and conditions which are important elements of the right to health *(see Box 4)*.

Box 4: Three delays and the right to health

Three delays	Corresponding right to health entitlements and freedoms
1. Delay in seeking appropriate medical help for an obstetric emergency for reasons of cost, lack of recognition of an emergency, poor education, lack of access to information and gender inequality.	■ Access to health information and education ■ Access to affordable and physically accessible health care ■ Enjoyment of the right to health on the basis of non-discrimination and equality
2. Delay in reaching an appropriate facility for reasons of distance, infrastructure and transport.	■ Safe physical access to health care
3. Delay in receiving adequate care when a facility is reached because there are shortages in staff, or because electricity, water or medical supplies are not available.	■ An adequate number of health professionals ■ Availability of essential medicines ■ Safe drinking water, sanitation and other underlying determinants of health

OTHER HUMAN RIGHTS THAT HAVE A BEARING ON MATERNAL MORTALITY