

**MATERNAL MORTALITY
JOINT STATEMENT; HRC 10, ITEM 3: GENERAL DEBATE
MONDAY 16 MARCH 2009**

Mr President,

I have the honour to make this statement on behalf of the following delegations:

Albania, Andorra, Angola, Argentina, Armenia, Australia, Austria, Azerbaijan, Belgium, Bhutan, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Burkina Faso, Burundi, Canada, Chile, Colombia, Congo, Costa Rica, Cote D'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Dominican Republic, Djibouti, Ecuador, El Salvador, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Gabon, Germany, Greece, Guatemala, Guyana, Honduras, Hungary, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Maldives, Malta, Mauritius, Mexico, Moldova, Monaco, Montenegro, Mozambique, Nepal, Netherlands, Nicaragua, Norway, Panama, Peru, Poland, Portugal, Republic of Korea, Romania, Rwanda, Serbia, Singapore, Slovakia, Slovenia, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Timor Leste, Turkey, Ukraine, United Kingdom, Uruguay, Venezuela and my own delegation, New Zealand.

Our delegations express concern at the unacceptably high number of women who die every year during or after pregnancy and childbirth, or from reasons associated with childbirth.

The panel event on maternal mortality in the Human Rights Council's June 2008 session clearly highlighted that there are human rights implications to be taken into account in addressing maternal mortality.

It is estimated that more than 500,000 women die each year as a result of pregnancy or childbirth. Most of these deaths are preventable. The failure to prevent them is an impediment to the universal realisation of human rights and could constitute a violation of human rights, including women's right to health, life, education, dignity, access to information and appropriate healthcare.

This is not an issue that affects only one region or one culture. Maternal mortality and morbidity affects women and their families in all countries, in all regions, but it is exacerbated by factors such as poverty and multiple forms of discrimination.

In the Convention on the Elimination of All Forms of Discrimination against Women and the International Covenant on Economic, Social and Cultural Rights, as well as in the Beijing Declaration and Platform for Action and the International Conference on Population and Development we have committed to ensuring that women have access to appropriate health services and special protection before, during and after pregnancy and childbirth. In Millennium Development Goal 5 we committed to reduce the maternal mortality ratio by three quarters between 1990 and 2015.

Despite these commitments, many challenges remain in the realisation of women's access to appropriate services and special protection before, during and after pregnancy and childbirth. Globally, the maternal mortality rate has decreased by less than 1% between 1990-2005, which is far below the 5.5% annual improvement needed to reach the target¹, and in some cases there has been no discernible reduction.

Poverty is a contributing factor in many deaths and, accordingly, we recognise the need for partnerships on maternal health through development programmes, dialogues, international

¹ The MDG report 2008; page 25.

cooperation and technical assistance. At the same time, we recognise the need for all States to respect their human rights obligations. Good practices in several developing countries have reversed the rate of maternal mortality and morbidity showing that it is possible to make a difference by strengthening healthcare systems; for example, through increased access to skilled healthcare professionals before, during and after pregnancy and childbirth.

We recognise the leading role of the World Health Organisation to reduce the maternal mortality rates and to achieve MDG5, in cooperation with other organisations such as the UNFPA and the Partnership for Maternal, Newborn and Child Health, UNICEF and the World Bank, as well as civil society.

We believe that the Human Rights Council can contribute to reducing maternal mortality and to achieve MDG5 (a) & (b), as well as other MDGs that address the wider economic and social determinants of health which contribute to the realisation of MDG5.

As a start, the Human Rights Council can contribute to existing efforts by:

- 1) Identifying the human rights dimensions of preventable maternal mortality and morbidity;
- 2) Reviewing and considering information on discrimination in the provision of and access to healthcare for women and discrimination against women in respect of their right to decide freely and responsibly on the number and spacing of their children².
- 3) Talking about the human rights implications of maternal mortality and morbidity in the universal periodic review and in treaty body dialogues, including the exchange of programmes and policies that have successfully reversed the trend of maternal deaths and injuries.
- 4) Requesting States to include women in decision-making about maternal health, including decisions on the design of local health care mechanisms, and to recognise women's right to skilled professional care before, during and after pregnancy and childbirth.

Mr President,

The Council's actions should contribute to the global strategy aiming at achieving all MDGs, and in particular those related to health.

Our delegations remain committed to addressing human rights and maternal mortality through constructive and coordinated contributions to existing efforts. We must renew our political will, at all levels, to combat the unacceptably high number of preventable maternal deaths.

Our first priority is to raise awareness of the human rights implications of maternal mortality. We look forward to working with all delegations in the coming months to ensure that the Council takes collective and concrete action on maternal mortality in its session this June.

Thank you Mr President.

² Refer Article 16(1) of the Convention on the Elimination of all Forms of Discrimination against Women, 1979.