



Civil Society Welcomes Landmark Resolution on Maternal Mortality and Morbidity and Human Rights at the Human Rights Council

The Center for Reproductive Rights, the Sexual Rights Initiative, the Global Justice Center, Arrow, Rutgers, the International Planned Parenthood Federation, the Swedish Association for Sexuality Education, Plan International, the Association for Women’s Rights in Development, the Federation for Women and Family Planning, Akahatá and the White Ribbon Alliance applaud the significant progress on the rights of women and girls and on sexual and reproductive health and rights at the 39th session of the Human Rights Council (HRC).

A comprehensive resolution on preventable maternal mortality and morbidity and human rights in humanitarian settings (A/HRC/RES/39/13), led by New Zealand, Colombia, Burkina Faso and Estonia, was adopted by consensus on Thursday September 27, 2018. This initiative is part of a long-term push by States, civil society organizations (CSOs) and U.N. agencies to address the human rights violations contributing to preventable maternal mortality and morbidity.

This resolution focuses on addressing the disproportionately high maternal mortality and morbidity rates (MMMRs) affecting women and girls in humanitarian settings, addressing pre-existing patterns and structures of discrimination and inequalities such as patriarchal values and norms, that are exacerbated by conflict and disasters and that contribute to the negative pregnancy related outcomes for women and girls in these situations. The resolution also focuses on sexual and reproductive rights violations faced by women and girls in humanitarian settings and the impact of lack of access to sexual and reproductive health-care services, including safe abortion, on affected women and girls.

Most importantly, the resolution emphasizes the need for accountability for the full range of rights violations of women and girls in humanitarian settings, sending a clear message that States must take responsibility for ensuring women and girls’ right to an effective remedy, including reparation, and to guarantee non-recurrence in these settings. While accountability for women and girls affected by conflict has largely been addressed through the lens of the criminal responsibility of perpetrators of violations, thus putting them rather than the affected women and girls at the center of interventions and discussions, this resolution reframes the conversations on women and humanitarian settings around women and girls themselves.

Despite the ongoing global backlash against sexual and reproductive health and rights and against multilateral diplomacy, the positive outcome of this process shows what can be achieved when all stakeholders work together and when politically negotiated documents are designed with affected women and girls firmly at the center of these efforts. This should serve as a reminder of the core



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importance of the work of women and girls human rights defenders (WHRDs), feminist networks and women's and girls' rights organizations.

Beyond the work of these entities, it is the agency of the primarily concerned women and girls themselves that need to be recognized. When women and girls affected by conflict express their need for sexual and reproductive health information, education and services, all actors, including entities providing humanitarian assistance, must ensure that their interventions and policies reflect their demands and lived experiences.

We call on all stakeholders to disseminate and implement the letter and spirit of this resolution to ensure that the sexual and reproductive rights of women and girls affected by humanitarian settings are respected, protected and fulfilled.

Key highlights of the resolution:

- Recognizes that sexual and reproductive health and reproductive rights are integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and that comprehensive sexual and reproductive health-care services must have the interrelated and essential elements of availability, accessibility, acceptability and quality, on the basis of non-discrimination and formal and substantive equality, including by addressing multiple and intersecting forms of discrimination. ***This is the first time in a Geneva or N.Y. politically negotiated document that the terminology 'sexual and reproductive health and reproductive rights' is used without ICPD and Beijing qualifiers, thereby removing the national sovereignty clauses included in these agreements.***
- Recognizes that unsafe abortion is a violation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- Recognizes that in humanitarian settings, disintegrating judicial systems, ***gender-based discrimination and discrimination against refugees in host countries***, fear of reprisals against their families or themselves, and the stigma associated with sexual and gender-based violence all prevent **women and girl** survivors of sexual and gender-based violence and those denied access to sexual and reproductive health-care services from reporting sexual violence and seeking justice, accountability and remedies for the violations they have endured. ***By recognizing the stigma attached to seeking sexual and reproductive health-care services, the resolution makes significant strides towards ending this stigma and removing barriers preventing women and girls from accessing care, information and services. The reference to discrimination against refugees is also core to ensuring that no woman or girl affected by***



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conflict is left behind and brings host countries, including major donor countries, to bear responsibility for discriminatory laws and policies that negatively affects concerned populations.

- Frames forced pregnancy as a human rights violation.
- Explicitly recognizes that the risk of maternal death and injury is higher for adolescents and the sexual and reproductive health should be integrated into programmes and policies related to adolescents.
- Highlights the integration of a **human rights-based approach** to the provision of sexual and reproductive health-care services as positively contributing to the common goal of reducing maternal mortality and morbidity rates.
- **Establishes the principle of bodily autonomy as the main consideration driving legislative reforms and the development and enforcement of policies and good practices:** ‘Urges States to eliminate preventable maternal mortality and to respect, protect and fulfil sexual and reproductive health and reproductive rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and their review conference and outcome documents, and the right to have full control over and decide freely and responsibly on all matters relating to sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including through the removal of legal barriers and the development and enforcement of policies, good practices and legal frameworks that respect bodily autonomy and guarantee universal access to sexual and reproductive health-care services, evidence-based information and education within a human rights-based approach, including for family planning, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care, such as skilled birth attendance and emergency obstetric care, safe abortion in accordance with international human rights law and where not against national law, the prevention and treatment of reproductive tract infections, sexually transmitted infections, HIV and reproductive cancers, and the integration of sexual and reproductive health into national health strategies and programmes for all women and girls, including adolescents’. **This para builds on the normative gains we have made in June 2018 on bodily autonomy and access to abortion in accordance with international human rights law and when not against national law and emphasizes that services should be provided to all women and girls, including adolescents.**



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- Encourages all stakeholders to consider promoting and using the Inter-Agency Field Manual and the Minimum Initial Service Package (MISP), which is necessary to curb MMRs in humanitarian settings.
- Strongly urges States to prevent and address acts of violence, attacks and threats against medical personnel and facilities.
- Urges States to bring laws and policies concerning sexual and reproductive health, including international assistance policies, in line with international human rights law and to repeal discriminatory laws relating to third-party authorization for health information and health-care services, and to combat gender stereotypes, norms and behaviours that are discriminatory. ***This para is crucial in terms of countering harmful effects of international assistance policies such as the Global Gag Rule (GGR).***
- Includes three operative paragraphs on accountability for women and girls that address ***legal accountability, accountability via monitoring and reporting mechanisms, and remedies, reparations and guarantees of non-recurrence for victims and survivors of SGBV as well as on women and girls' meaningful and effective participation in all decisions that affect them.***
- Expresses deep concern at the lack of access to comprehensive sexuality education (CSE) consistent with the evolving capacities of the child for women and girls in humanitarian settings and calls upon States to support gender equality and women's rights and the rights of the child, through, inter alia, ensuring universal access to evidence-based comprehensive sexuality education consistent with the evolving capacities of the child. ***This is the first time that States agree on the need to ensure access to CSE for women and girls in humanitarian settings, which represents a significant advance in terms of ensuring women and girls are fully equipped to make choices about their own lives and body, including if they have been affected by humanitarian emergencies.***