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- Human Rights Centre, University of Essex
- International Budget Partnership
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For more information about the Initiative, including how your organization can become a member, please contact:

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Stay tuned: The Initiative will launch a new website in the coming months at www.righttomaternalhealth.org

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International Initiative on Maternal Mortality and Human Rights

What is the number-one cause of death for women aged 15-19 living in the developing world? Not disease, not poverty, not violence—but pregnancy and childbirth. What is for many women a joyous occasion filled with excitement is for too many others a tragic and sometimes fatal event. Each year over half a million women die from pregnancy-related complications. For every woman who dies, another 30 women suffer injuries, infection, and disabilities.

The real injustice is that these deaths and disabilities are almost always preventable. If every woman were assisted in childbirth by a skilled birth attendant and if good-quality

emergency obstetric care (EmOC) were universally available, accessible, and utilized by women with complications, virtually all maternal deaths and disabilities could be averted. A functioning health system is critical to the equitable delivery of good-quality maternity services.

The vast majority of maternal deaths occur in the global South where health systems are in greatest need of strengthening: 95% of deaths occur in Africa and Asia. While a woman living in Africa faces a 1-in-20 risk of dying in childbirth over her lifetime, a woman in an industrialized country faces a 1-in-2,800 chance. This shocking inequity is unacceptable.

"The scale of maternal mortality is an affront to humanity. Preventable maternal mortality and morbidity is a violation of women's rights to life, health, equality and non-discrimination. The time has come to treat this issue as a human rights violation, no less than torture, 'disappearances', arbitrary detention and prisoners of conscience."

— Mary Robinson, former UN High Commissioner for Human Rights and President of Realizing Rights: The Ethical Globalization Initiative

Jessica Scranton, RAISE Initiative, 2007



The scale of maternal mortality varies drastically not only across countries, but also within them: in many countries, marginalized women—for example, indigenous women, displaced women, women living in rural areas, or women living in poverty—suffer the most.

Too many people accept maternal mortality as an unfortunate reality. It is much more than that: preventable maternal mortality is a violation of a woman's most fundamental human rights. Avoidable maternal mortality violates women's rights to life, health, equality and non-discrimination. It is time for us to recognize preventable maternal mortality for the massive human rights problem that it is.

An effective response requires that we look beyond the delivery of quality health services, and embrace the language and norms of human rights. **A human rights approach to reducing maternal mortality** is a powerful tool for several reasons:

- It ensures that we can hold governments and others to account for their policies, programs, projects and pledges to reduce maternal mortality.
- It empowers people to advocate for rights related to maternal health.

- It offers civil society a means by which to engage in a constructive dialogue with governments around their responsibility to ensure safe pregnancy and childbirth.

- It places women's equality and well-being at the center of governmental responses to reproductive rights and health issues.

Maternal death is defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.”

Source: Tenth Revision of the International Classification of Diseases



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A human rights approach to maternal health plays a critical role in legitimizing, promoting and enforcing norms, policies and programs that seek to reduce maternal mortality.

Experience in various countries over the past decades has demonstrated that maternal mortality can be reduced significantly and sustainably when it becomes a political priority. Yet it remains a low priority in far too many countries, despite the target set by Millennium Development Goal 5. Even though dying of an easily preventable cause is a human rights violation — as much as extrajudicial executions, torture and arbitrary detentions are — the

connection between maternal mortality and human rights has not been widely recognized. The time is ripe for an effort that confronts this unacceptable situation. The International Initiative on Maternal Mortality and Human Rights seeks to take on that challenge.

Core global commitments that address maternal mortality

- Millennium Development Goal 5, which aims to reduce the maternal mortality ratio by three quarters by 2015 (2000)
- Beijing Declaration and Platform for Action, Fourth World Conference on Women (1995)
- Programme of Action of the World Summit for Social Development (1995)
- Programme of Action of the International Conference on Population and Development Programme of Action (1994)
- World Declaration on the Survival, Protection and Development of Children (1990)



Pairat Saensawat/CARE

The International Initiative on Maternal Mortality and Human Rights

The scale of avoidable maternal mortality demonstrates a massive failure to value women's lives.

Women have a right to safe pregnancy and childbirth. Governments have an obligation to ensure the provision of pregnancy-related care in a way that respects the dignity and rights of women and families and respects the principles of non-discrimination, equity, transparency, and participation.

We are a civil society initiative whose goal is to reduce maternal mortality as a human rights imperative.

OUR OBJECTIVES:

- To promote government accountability for the implementation of effective and equitable policies and programs to reduce maternal mortality.
- To secure increased resources at the global and national levels committed to reducing maternal mortality.
- To promote understanding among and provide expertise to key stakeholders on addressing maternal mortality as a human rights issue.

We also seek to support and amplify existing efforts on human rights approaches to reducing maternal mortality.

The Initiative is governed by a Steering Committee of up to 12 members, with guidance and input from an Advisory Board consisting of experts in human rights and/or health. The Initiative is open to members from both the global North and South who are committed to advancing this goal.

Jessica Scranton, RAISE Initiative, 2007



"I have a suspicion that if men had to give birth, then mortality and morbidity arising from childbirth would be taken more seriously, and attract more resources, than they do today."

– Paul Hunt, UN Special Rapporteur on the Right to the Highest Attainable Standard of Health, Statement to the UN General Assembly, 19 October 2006

Human rights that can be applied to maternal mortality

- Right to life
- Right to be free from cruel, inhuman or degrading treatment
- Right to the highest attainable standard of health
- Right to education
- Right to equality
- Right to information
- Right to freedom from discrimination
- Right to enjoy the benefits of scientific progress
- Right to decide the number and spacing of children

These rights are found in key human rights instruments including the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, among others.

"Poor women die during pregnancy and childbirth because the services they need to save their lives are too few and too far away. All women have the right to good quality health care, no matter who they are, where they live or what their economic status."

– Dr. Grace Kodindo, Obstetrician/Gynecologist at the Hôpital Général de Référence, N'Djamena, Chad and Medical and Advocacy Advisor for the RAISE Initiative, Mailman School of Public Health, Columbia University



Julia Griner/CARE