

Maternal Mortality : A Public Health and Human Rights Imperative

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Part I Basic Facts: A Public Health Perspective

Maternal Mortality: Defining Terms

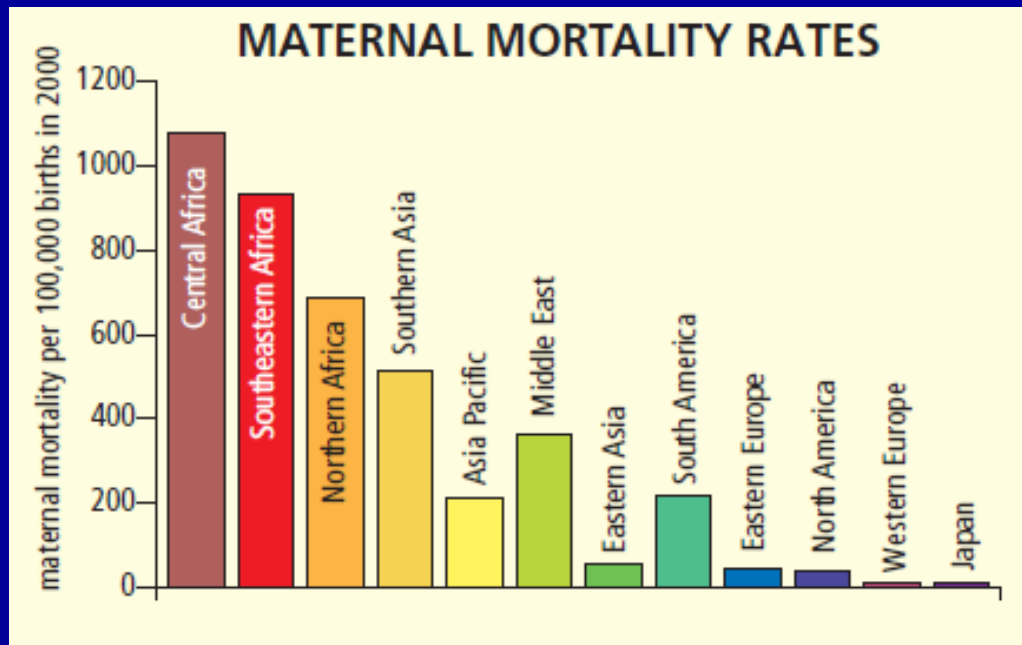
- Maternal Mortality:
 - The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes
- Maternal Mortality Ratio (MMR):
 - The number of maternal deaths in a population divided by the number of live births
- Maternal Mortality Rate:
 - The number of maternal deaths in a population divided by the number of women of reproductive age

Maternal mortality in 2005 : estimates developed by WHO, UNICEF, UNFPA, and the World Bank. Geneva: World Health Organization, 2007.

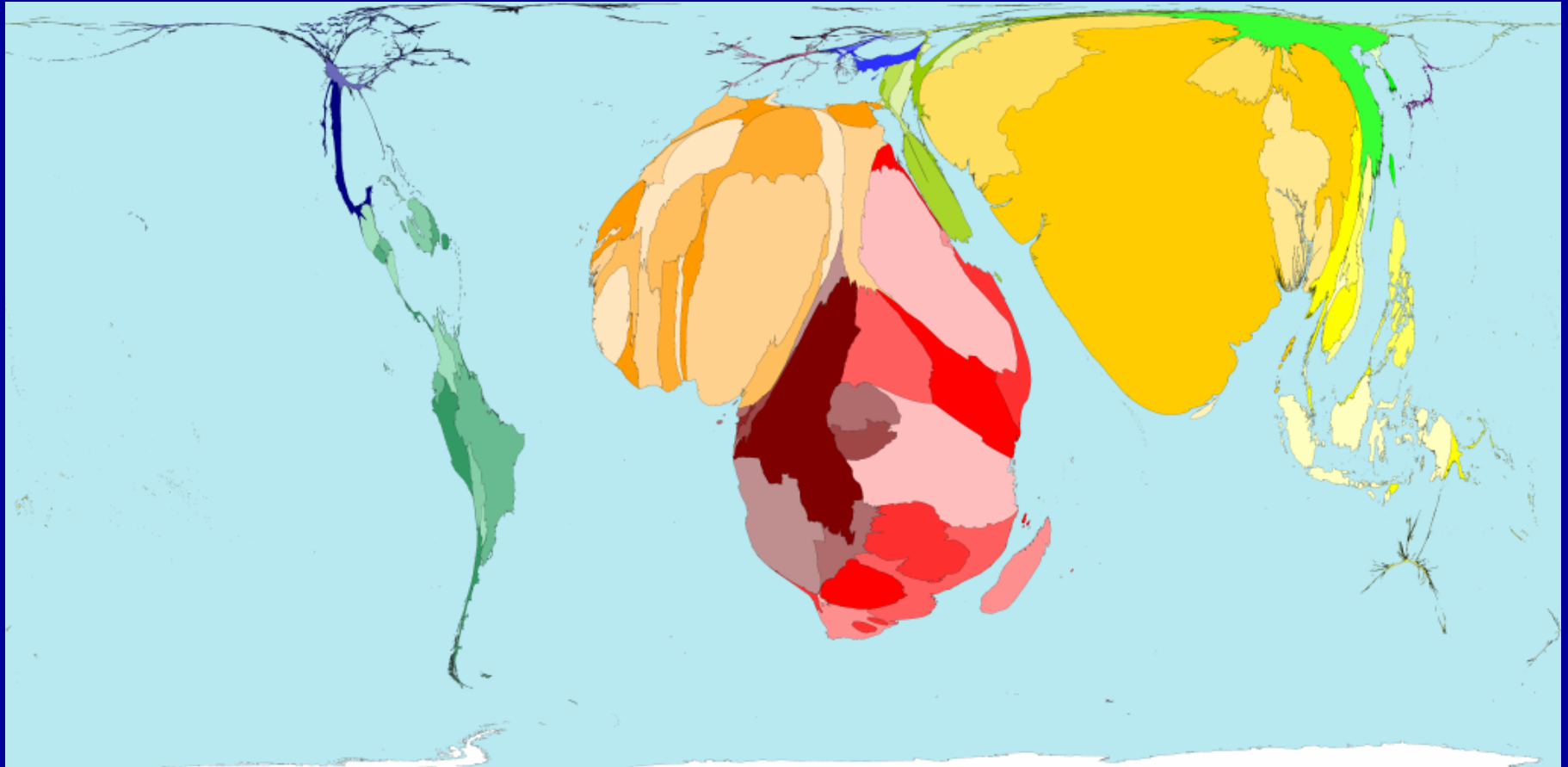
Table 2. Estimates of MMR, number of maternal deaths, lifetime risk, and range of uncertainty by United Nations MDG regions, 2005

Region	MMR (maternal deaths per 100 000 live births)*	Number of maternal deaths*	Lifetime risk of maternal death*: 1 in:	Range of uncertainty on MMR estimates	
				Lower estimate	Upper estimate
WORLD TOTAL	400	536 000	92	220	650
Developed regions**	9	960	7 300	8	17
Countries of the commonwealth of independent states (CIS)***	51	1 800	1 200	28	140
Developing regions	450	533 000	75	240	730
Africa	820	276 000	26	410	1 400
Northern Africa****	160	5 700	210	85	290
Sub-Saharan Africa	900	270 000	22	450	1 500
Asia	330	241 000	120	190	520
Eastern Asia	50	9 200	1 200	31	80
South Asia	490	188 000	61	290	750
South-Eastern Asia	300	35 000	130	160	550
Western Asia	160	8 300	170	62	340
Latin America and the Caribbean	130	15 000	290	81	230
Oceania	430	890	62	120	1 200

Maternal mortality in 2005 : estimates developed by WHO, UNICEF, UNFPA, and the World Bank. Geneva: World Health Organization, 2007.

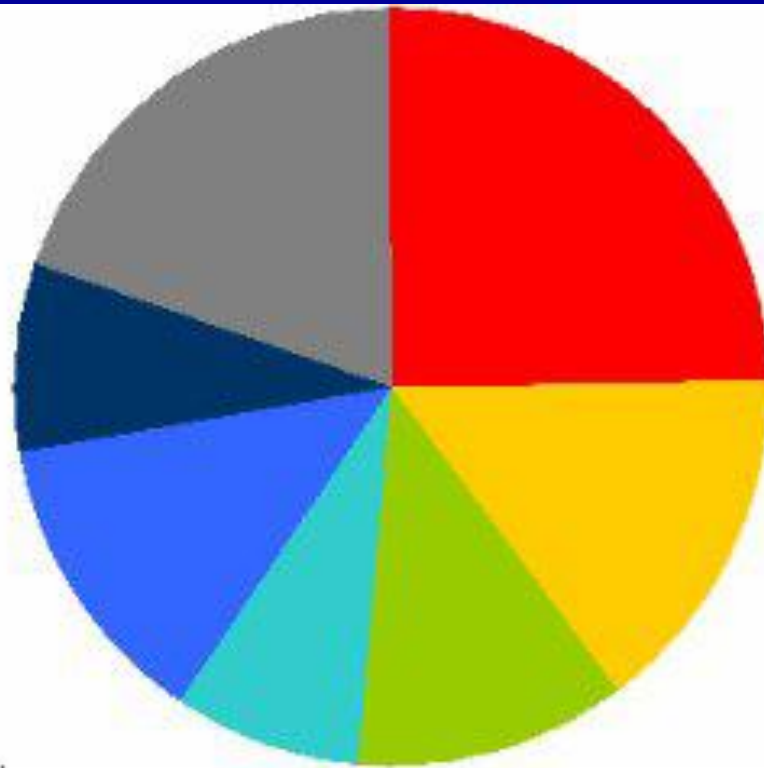


<http://www.worldmapper.org/images/largepng/258.png>



<http://www.worldmapper.org/images/largepng/258.png>

Causes of maternal death



- Severe bleeding (haemorrhage) 25%
- Infections 15%
- Eclampsia 12%
- Obstructed labour 8%
- Unsafe abortion 13%
- Other direct causes 8%
- Indirect causes 20%

Source: *The World Health Report 2005. Make every mother and child count.*
Geneva, World Health Organization, 2005.

Other Direct Causes: Largely complications during interventions (e.g. ectopic pregnancy, embolism, anaesthesia-related causes)

Indirect Causes: Diseases that are not complications of pregnancy but complicate pregnancy or are aggravated by it (e.g. malaria, anaemia HIV/AIDS and cardiovascular disease)

Table 4. Causes of maternal death in Latin America

Morbidity	Percentage
Hypertensive disorders	25.7
Haemorrhage	20.8
Obstructed labour	13.4
Abortion	12.0
Unclassified deaths	11.7
Sepsis/infection	7.7
Other indirect causes of deaths	3.9
Other direct causes of deaths	3.8
Embolism	0.6
Ectopic pregnancy	0.5
Anaemia	0.1
HIV/AIDS	0.0

UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. <http://www3.alliance-hpsr.org/reproductive-health/MNBH/epidemiology.html> Accessed 18 May 2009.

Part II Basic Facts: A Human Rights Perspective

Human Rights: Defining Terms

- Human rights:
 - Are primarily about the relationship between the individual and the state
 - Are universal, interrelated and indivisible
 - Impose on governments the obligation to respect, protect and fulfill human rights
- International human rights law:
 - Defines what governments can do to us, cannot do to us, and should do for us
 - Is meant to be equally applicable to everyone, everywhere in the world, across all borders and across all cultures and religions
 - Consists of the obligations that governments have agreed they have in order to be effective in promoting and protecting our rights

Some Human Rights Relevant to Maternal Mortality

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

Relevant International Human Rights Law

1948: Universal Declaration of Human Rights (UDHR)*

Treaties: Legally binding on nations that have ratified

1965: International Convention on the Elimination of All Forms of Racial Discrimination

1966: International Covenant on Economic, Social, and Cultural Rights

1966: International Covenant on Civil and Political Rights

1979: International Convention on the Elimination of All Forms of Discrimination Against Women

1985: Convention Against Torture

1990: Convention on the Rights of the Child

2000: Convention on the Protection of Migrant Workers and their Families

2006: Convention on the Rights of Persons with Disabilities

* The UDHR is not a legally binding document, but has served as inspiration for, and been incorporated into, all the human rights treaties that have followed

Relevant Legal Obligations: International Covenant on Economic, Social and Cultural Rights

Committee on Economic, Social and Cultural Rights
General Comment 14:

“The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child’ (Article 12.2 (a)) may 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.”

Relevant Legal Obligations: International Covenant on Civil and Political Rights

Human Rights Committee General Comment 28:

“When reporting on the right to life protected by article 6, States parties should provide data on birth rates and on pregnancy- and childbirth-related deaths of women. Gender-disaggregated data should be provided on infant mortality rates. States parties should give information on any measures taken by the State to help women prevent unwanted pregnancies, and to ensure that they do not have to undergo life-threatening clandestine abortions.”

Relevant Legal Obligations: Convention on the Elimination of All Forms of Discrimination Against Women

CEDAW Committee General Recommendation 24:

“States parties should include in their reports how they supply free services where necessary to ensure safe pregnancies, childbirth and post-partum periods for women. Many women are at risk of death or disability from pregnancy-related causes because they lack the funds to obtain or access the necessary services, which include ante-natal, maternity and post-natal services. The Committee notes that it is the duty of States parties to ensure women's right to safe motherhood and emergency obstetric services and they should allocate to these services the maximum extent of available resources.”

Relevant Legal Obligations: Convention on the Rights of the Child

Committee on the Rights of the Child General Comment 4:

“Adolescent girls should have access to information on the harm that early marriages and early pregnancy can cause, and those who become pregnant should have access to health services that are sensitive to their rights and particular needs.”

An Important Human Rights Norm For This Discussion: Progressive Realization

States must “*take steps, individually and **through international assistance and cooperation**, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the [Economic, Social, and Cultural Rights] covenant by all **appropriate means**, including particularly the adoption of legislative measures.*”

International Covenant on Economic, Social and Cultural Rights Article 2,
Section 1

Part III: Coming Together

Human Rights and Maternal Mortality

- 1987: International Conference on Safe Motherhood and the Safe Motherhood Initiative
- 1994: International Conference on Population and Development (Cairo)
- 1995: Fourth World Conference on Women (Beijing)
- 1997: 10 Year Safe Motherhood Initiative Evaluation (Sri Lanka)
- 1999: Making Pregnancy Safer Initiative
- 2000: Millennium Development Goal 5--Improve Maternal Health
- 2005: UN Millennium Development Task Force on Child and Women's Health
- 2005: Partnership for Maternal, Newborn and Child Health
- 2007: Women Deliver Initiative
- Etc.....

Select Political Consensus Documents Relevant to Maternal Mortality*

1990: World Summit on Children

1993: World Conference on Human Rights (and its 5 year review)

1994: International Conference on Population and Development (and its 5 year review)

1995: Fourth World Conference on Women (and its 5 year review)

1995: World Summit for Social Development (and its 5 year review)

2000: United Nations Millennium Declaration Resolution (the MDGs)

2001: United Nations General Assembly Special Session on HIV/AIDS

2002: United Nations General Assembly Special Session on Children

* not legally binding but set important political commitments with attention to human rights

Human Rights and Maternal Mortality

“The right to life is a fundamental human rights, implying not only the right to protection against arbitrary execution by the state but also the obligations of governments to foster the conditions essential for life and survival. Human rights are universal and must be applied without discrimination on any grounds whatsoever, including sex. For women, human rights include access to services that will ensure safe pregnancy and childbirth.”

-WHO/UNFPA/UNICEF/World Bank Joint Statement (1999)

UNFPA

“UNFPA's approach to reducing maternal mortality is grounded in human rights and gender equality and equity principles. Recognizing the role of gender in influencing access to and quality of health care, a rights-based approach promotes the empowerment of women and supports conditions in which they can choose safe delivery. A rights-based approach also guides the design and implementation of UNFPA's maternal mortality policy and programming. Applied in a culturally sensitive manner, human rights principles can promote dignity and social justice for clients and providers at the levels of clinical operations, facility management and national policy. A human rights approach strives for equality and equity not just in “what” we do to reduce maternal mortality, but also in “how” we do it.”

--Maternal Mortality Update 2004

UNFPA. Putting rights into practice: making motherhood safer. <http://www.unfpa.org/rights/motherhood.htm>
Accessed 18 May 2009.

UNICEF

“A human rights-based approach to improving maternal and neonatal health focuses on enhancing health-care provision, addressing gender discrimination and inequities in society through cultural, social and behavioural changes, among other means, and targeting those countries and communities at risk.”

- State of the World's Children 2009

Averting Maternal Death and Disability Program Mailman School of Public Health, USA

“The human rights approach used by AMDD is fluid and flexible, drawing on the evolving law of human rights and its underlying philosophy, in order to extract some key values and principles which we then use to shape programs and policy. This approach to human rights is not a punitive venture bent on hunting out and exposing violators. In that sense, it is quite different from the classic civil and political rights work on issues such as torture or unlawful imprisonment. Instead, our approach takes human rights as a conceptual system and uses it to re-characterize and guide what we do as health workers, managers, policy makers, and advocates - and how we do it.”

Averting Maternal Death and Disability. Human right.http://www.amddprogram.org/index.php?s=ub=2_3. Accessed 20 May 2009.

Framing Avoidable Maternal Mortality as a Human Rights Violation

“The human rights community must be urged to remonstrate and demonstrate about maternal mortality just as loudly as it complains about extrajudicial executions, arbitrary detention, unfair trials and prisoners of conscience.”

-Paul Hunt
Former UN Special Rapporteur

Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. A/61/338.

Human Rights NGOs and Maternal Mortality

- Physicians for Human Rights: “In addition to highlighting the centrality of Peru’s obligations to provide available, accessible, acceptable and quality EmOC, human rights law contains principles that can be used to evaluate Peru’s efforts to address maternal mortality, and can also guide future policymaking and programming.... human rights-based approaches to health policy include at least the following principles: non-retrogression and adequate progress; non-discrimination and equality; participation; accountability, and international assistance and cooperation.”
- Amnesty International: States’ obligations include ensuring reproductive, maternal (prenatal as well as postnatal) and child health care, guarantee the equitable distribution of health facilities, goods and services; protect the right of access without discrimination; provide appropriate training for health care personnel in relation to these duties and responsibilities; and guarantee the population access to information on major health problems, including the means of preventing and controlling them

Addressing Maternal Mortality From a Rights and Health Perspective*

2006 Report to the UN General Assembly:

“The right to the highest attainable standard of health entitles women to services in connection with pregnancy and the post-natal period, and to other services and information on sexual and reproductive health. These entitlements encompass the key technical interventions for the prevention of maternal mortality, including access to a skilled birth attendant, emergency obstetric care, education and information on sexual and reproductive health, safe abortion services where not against the law, and other sexual and reproductive health-care services.”

“In many countries, health systems are chronically under-funded and in a state of collapse. Increased expenditure and policies which strengthen health systems and give priority to maternal health are essential for reducing maternal mortality.”

*Paul Hunt

International Initiative for Maternal Mortality and Human Rights

A human rights approach to reducing maternal mortality:

1. Empowers people to advocate for rights related to maternal health
2. Offers civil society a means by which to engage in a constructive dialogue with governments around their responsibility to ensure safe pregnancy and childbirth
3. Places women's equality and well-being at the center of governmental responses to reproductive rights and health issues
4. Plays a critical role in legitimizing, promoting and enforcing norms, policies and programs that seek to reduce maternal mortality

IIMMHR. About maternal mortality.
<http://righttomaternalhealth.org/about-maternal-mortality>. Access 19 May 2009.

Part IV: Moving Forward

Suggested Actions To Be Taken (Treaty Bodies)

- access to information (ESC)
- access to family planning (ESC)
- access to pre- and post-natal care (ESC)
- measures to help women prevent unwanted pregnancies (CPR)
- access to emergency obstetric services when needed (ESC)
(CEDAW)
- measures to ensure women do not have to undergo life-threatening clandestine abortions (CPR)
- Adolescents who become pregnant should have access to health services that are sensitive to their rights and particular needs (CRC)
- resources necessary to access necessary services should be made available to the maximum extent of available resources (ESC)
(CEDAW)
- Disaggregated data on pregnancy- and childbirth-related deaths of women. Gender-disaggregated data should be provided on infant mortality rates. (CPR)

(Suggested) Causes of Maternal Death

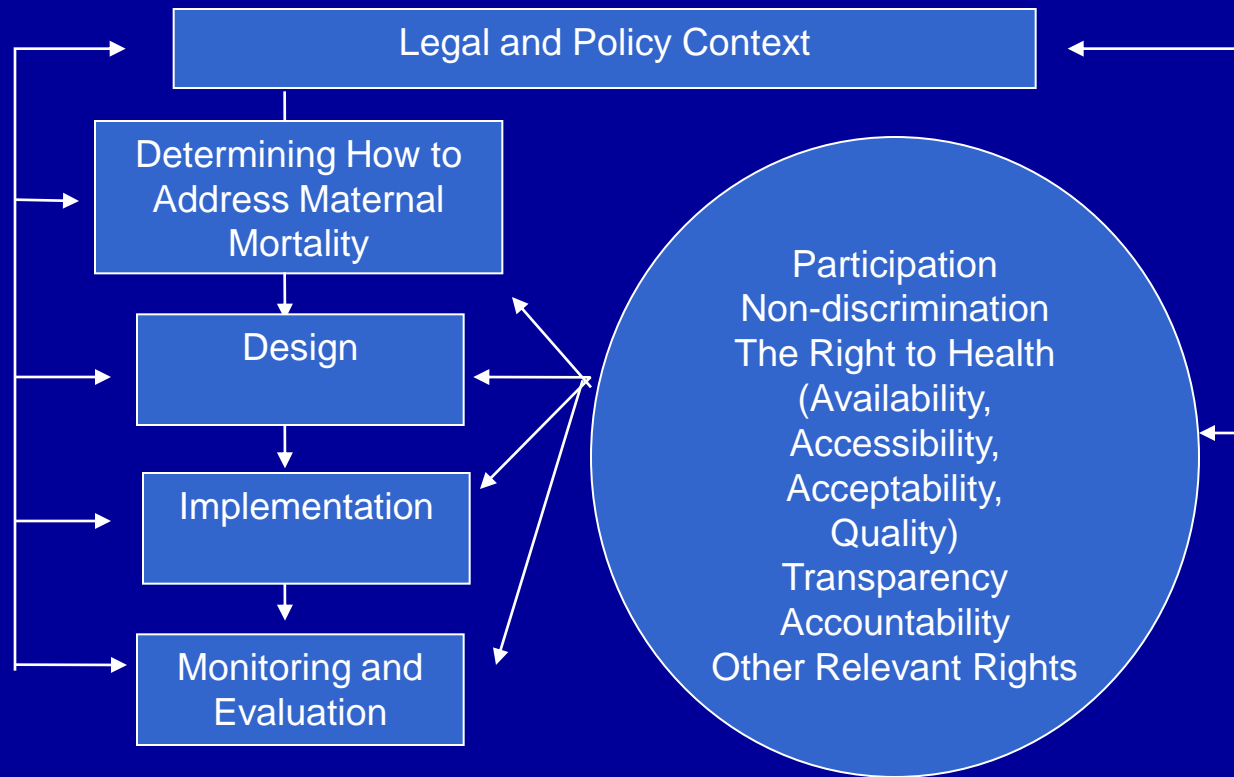
- Medical causes, consisting of direct medical problems, such as excessive bleeding during pregnancy or delivery, or infection, and of indirect preexistent or co-existent medical problems that are aggravated by pregnancy, such as anemia malaria, TB and HIV
- Health systems laws, policies and practice that affect availability, accessibility, acceptability and quality of sexual and reproductive health services and information, including abortion and post-abortion care
- Underlying socio-legal conditions, such as violence, lack of enforcement of minimum age of marriage laws, and lack of alternatives to early marriage and childbearing for adolescent girls

Using Human Rights To Address Maternal Mortality

- Analysis and application of the law, including both international and national legal norms and standards
- Advocacy
- Application of human rights principles to analyzing, designing, implementing, monitoring and evaluating policies and programmes (a “rights-based approach”)

Gruskin S, Mills EJ, Tarantola D. 'History, principles and practice of health and human rights,' *Lancet*, vol. 370, pp. 449-455 (2007).

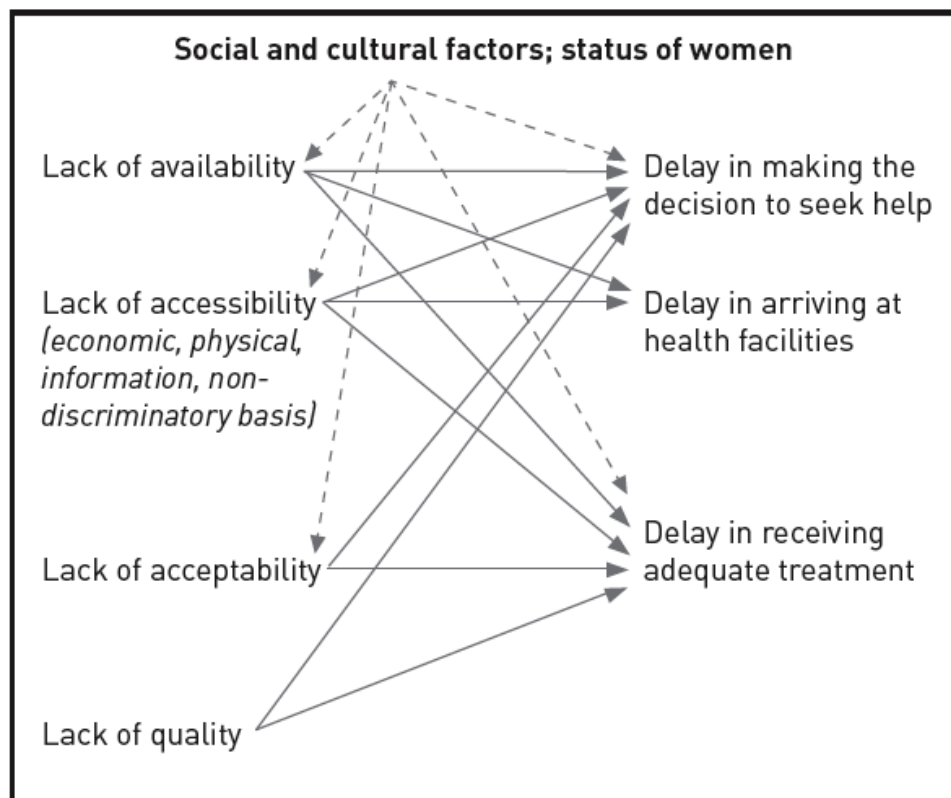
A Rights-Based Approach to Addressing Maternal Mortality



The Three Delays Model

1. Delay the decision to seek care
2. Delay arrival at a health facility
3. Delay the provision of adequate care

Human Rights and the Three Delays



Adapted from Maine D. *Safe Motherhood Programs: Options and Issues*. Center for Population and Family Health. Columbia University. 1991.

Physicians for Human Rights. *Deadly Delays: maternal mortality in Peru-A rights-based approach to safe motherhood*. Cambridge: PHR, 2007.

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

Hunt P, de Mesquita JB. Reducing maternal mortality: the contribution of the right to the highest attainable standard of health. Human Rights Centre, University of Essex. Undated.

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
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.

Hunt P, de Mesquita JB. Reducing maternal mortality: the contribution of the right to the highest attainable standard of health. Human Rights Centre, University of Essex. Undated.

Some Issues to Consider: The 3AQ

- **Availability**
 - What relevant information and/or services are already readily available?
 - Are multiple actors involved in delivery of relevant services? If so, is this resulting in a co-ordinated effort between government and non-governmental actors which ensures availability or is this resulting in difficulties in availability for users?
- **Accessibility**
 - What accessibility issues could potentially constrain the success of this effort?
- **Acceptability**
 - How are you ensuring the information/services are culturally appropriate for all affected sub-populations?
 - Are you ensuring they are informed by international and nationally accepted good practice?
- **Quality**
 - Are the information and services provided scientifically and medically appropriate?
 - How are you ensuring the services delivered are considered of quality by the users?

Issues to Consider in Designing, Implementing, Monitoring and Evaluation of Maternal Mortality Reduction Strategies

- **Which interventions to put in place?** Interventions should be reviewed to ensure they adequately safeguard human rights obligations.
- **What laws or policies will help or hinder this effort?** For those that are helpful what will it take to implement them?
- **How to address discrimination and ensure that is avoided at each stage of this effort?** (e.g attention to Women, Young women, Adolescents (children), Black women, Indigenous women, Mulatto women, Rural women, Poor women)
- **What will it take to ensure the participation of affected communities throughout?** (see above)
- **How to ensure the availability, acceptability, accessibility and quality of the services provided?**
- **How to ensure transparency and some level of accountability for the strategy chosen?** Methodologies need to be transparent about their assumptions (eg indirect causes) and corresponding cost calculations.
- **How to measure success?** To strengthen the human rights dimension of any activity, all corresponding targets need to be disaggregated according to urban/rural, gender, ethnicity etc.. as relevant and still adequate from a public health perspective.

Suggestions for Strengthening the Integration of Human Rights in Maternal Health and Maternal Mortality Reduction Strategies

- Assess the extent to which human rights are integrated into existing law and policy documents
- Assess the extent to which human rights are integrated into existing programmatic efforts at national, state and local levels
- Assess the extent to which indicators currently in use to determine program effectiveness are sensitive to human rights concerns
- **Then..** systematically apply human rights principles (e.g. nondiscrimination, participation and accountability) to the design, implementation, monitoring and evaluation of all relevant laws, policies and practice going forward

The Health and Human Rights Imperative

- Underlying Assumption: The extent to which sexual and reproductive health efforts pay attention to human rights will have a positive impact on reported behaviors, morbidities and mortality
- What Human Rights Offer:
 - A language everyone knows, understands and can relate to..
 - Legal obligations and commitments
 - A systematic approach to the design, implementation, monitoring and evaluation of relevant policies and programs

Maternal Mortality is unacceptable
and something must be done!