**Government of Finland**

**The Human Rights Council Resolution 11/8**

**"The preventable maternal mortality and morbidity and human rights”**

**Request from the Office of the United Nations High Commissioner for Human Rights to Member States to submit information for the preparation of a thematic study.**

**1 December 2009**

1. Identification of the human rights dimensions of preventable maternal mortality and morbidity in the existing international legal framework

Women's sexual and reproductive health and rights, including childbearing and termination of pregnancy are challenged by the rights of unborn child (fetus) and the rights of women's partners and their extended families. Different aspects of human rights and the conflicting interests of the various groups should be highlighted for discussion, even though it will be challenging to achieve consensus. The cultural and religious aspects of human rights and the sometimes differing opinions of some religions on women's human rights need to be discussed.

The question is not only related to legislation on induced abortion and the obvious connection between illegal abortions and maternal deaths, but also to women's status and rights in the society in general and in relation to their partners and their families. This includes acceptable and affordable methods of fertility regulation, the right to information, education and proper care during motherhood, information about pregnancy termination and the spread of HIV infection and other sexually transmitted diseases, as well as privileges in regard to nutrition. Also the legal framework regarding occupational health issues, such as working women’s protection during pregnancy should be acknowledged in preventing maternal mortality and morbidity.

Another important issue to be highlighted is the frequent violence − often sexual − against women and girls taking place both during peace-time but especially during conflicts and wars and the international agreements and declarations around this issue. This violence, including female genital mutilation, may affect girls' and young women's ability for safe delivery.

The starting points should be the ICPD Programme of Action and especially its chapter II (Principles), the Convention on the Elimination of All froms of Discrimination againts Women, and the International Covenent on Economic, Social and Cultural Rights, which all highlight the right to health, including reproductive and sexual health.

1. Initiatives and activities within the United Nation system to address all causes of preventable maternal mortality and morbidity

The WHO efforts to improve national health information systems through various initiatives, such as Health Metrics Network, and to estimate real maternal mortality ratio which is widely acknowledged. For global perspective and for human rights, the collection of maternal mortality statistics, especially on direct obstetrical causes, and careful evaluation and improvement of the existing statistics is still essential and of high priority. This data collection should be developed even further, as suggested in point D.

Promote an environment in which laws and policies recognize the diversity of women's and girls’ rights to seek and receive information, education and services and have access to resources. A very central issue is to increase women's participation in the establishment not only of laws, policies, programmes and services but also including international collaboration (UN and other), pertaining to their own rights in their communities. Accurate information is an essential and strong tool in this type of promotion. These points are valid also for C and D.

1. Identification of how the Council can add value to existing initiatives through a human rights analysis, including efforts to achieve the Millennium Development Goals on improving maternal health

In general, it is a question of priorities: how high up protection and health services for pregnant woman and labour are placed in international development programmes, partnerships and initiatives. This equally refers to national health and social welfare programmes as well as external aid programmes. Sexual and reproductive health and rights, as described in point A should be promoted continuously. Also, the health care services should be targeted to those who really require it. As noted in the ICPD Programme of Action, reproductive health should be part and parcel of basic health services, accessible to all, especially to the most vulnerable and underproviledged groups. This includes avoiding underuse and overuse of medical technologies, such a caesarean section.

1. Recommended options for better addressing the human rights dimensions of preventable maternal mortality and morbidity throughout the United Nations system

The exchange of opinions and standpoints on sexual and reproductive health and rights should be continued. Deriving conclusions on the human right perspective on maternal mortality and morbidity requires both enriched health information systems and developmental work to create improved indicators which are sensitive on human right aspects. This relates further to improved questionnaires, such as UN Demographic and Health Surveys (DHS), and extending routine data collection on maternal mortality to its background factors. Receiving high quality data on maternal deaths by age, parity, cause, place of delivery and population characteristics may reveal significant differences in the amount of preventable and amenable maternal deaths. In addition, the possibilities of collecting reliable and comparable routine data on maternal morbidity should be investigated. The UN operational organizations working in the country level (e.g. UNFPA; UNICEF) could support the countries in investigation, and receive technical expertise from e.g. WHO and international NGOs working in the field of sexual and reproductive health and rights.