Resolution 11/8. Preventable maternal mortality and morbidity and human rights

Reaffirming the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development and their Review Conferences and the targets and commitments regarding the reduction of maternal mortality and universal access to reproductive health, including those contained in the 2000 Millennium Declaration (General Assembly resolution 55/2) and the 2005 World Summit Outcome (General Assembly resolution 60/1),

Reaffirming also the Millennium Development Goals, in particular the Goals on improving maternal health, promoting gender equality and empowering women, reducing child and infant mortality and the development of a global partnership,¹

Recalling the obligations of States parties to the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the International Convention on the Elimination of All Forms of Racial Discrimination, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Protection of the Rights of All Migrant Workers and Their Families,

Convinced that increased political will and commitment, cooperation and technical assistance at the international and national levels are urgently required to reduce the unacceptably high global rate of preventable maternal mortality and morbidity,

Recognizing the leading role of the World Health Organization in maternal health and the work under the annual World Health Assembly agenda item on the monitoring of the achievement of the health-related Millennium Development Goals,

Recognizing also that the unacceptably high global rate of preventable maternal mortality and morbidity is a health, development and human rights challenge, and that a human rights analysis of preventable maternal mortality and morbidity and the integration of a human rights perspective in international and national responses to maternal mortality and morbidity could contribute positively to the common goal of reducing this rate, with a view to eliminating preventable maternal mortality and morbidity,

Welcoming the ongoing efforts of the United Nations human rights treaty bodies to highlight the human rights aspects of preventable maternal mortality and morbidity, including those of the Committee on the Elimination of Discrimination against Women, the Human Rights Committee, the Committee on the Rights of the Child, the Committee on Economic, Social and

¹ Millennium Development Goals 5, 3, 4 and 8, respectively.
Cultural Rights, and of the special procedures, in particular those described in the 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),

Recognizing that the Council has a constructive role to play in raising awareness of the human rights aspects of the unacceptably high global rate of maternal mortality and morbidity and in supporting, promoting and enhancing existing national and international efforts to reduce this rate,

Welcoming its initiative to hold an interactive dialogue at its eighth regular session on maternal mortality and the human rights of women, on 5 June 2008,

Recognizing that preventable maternal mortality and morbidity affects women and their families in all regions and cultures, and that it is exacerbated by factors such as poverty, gender inequality, age and multiple forms of discrimination, as well as factors such as lack of access to adequate health facilities and technology, and lack of infrastructure,

1. Expresses grave concern at the unacceptably high global rate of preventable maternal mortality and morbidity, noting in this regard that the World Health Organization has assessed that over 1,500 women and girls die every day as a result of preventable complications occurring before, during and after pregnancy and childbirth, and that, globally, maternal mortality is the leading cause of death among women and of girls of reproductive age;

2. Recognizes that most instances of maternal mortality and morbidity are preventable, and that preventable maternal mortality and morbidity is a health, development and human rights challenge that also requires the effective promotion and protection of the human rights of women and girls, in particular their rights to life, to be equal in dignity, to education, to be free to seek, receive and impart information, to enjoy the benefits of scientific progress, to freedom from discrimination, and to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health;

3. Requests all States to renew their political commitment to eliminating preventable maternal mortality and morbidity at the local, national, regional and international levels, and to redouble their efforts to ensure the full and effective implementation of their human rights obligations, the Beijing Declaration and Platform for Action, the Programme of Action of the International Conference on Population and Development and their review conferences, and the Millennium Declaration and the Millennium Development Goals, in particular the Goals on improving maternal health and promoting gender equality and empowering women, including through the allocation of necessary domestic resources to health systems;

4. Also requests States to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and cooperation arrangements, including by honouring existing commitments and considering new commitments, and the exchange of effective practices and technical assistance to strengthen national capacities, as well as to integrate a human rights perspective into such initiatives, addressing the impact that discrimination against women has on maternal mortality and morbidity;

2 Millennium Development Goals 5 and 3.
5. Encourages States and other relevant stakeholders, including national human rights institutions and non-governmental organizations, to give increased attention and resources to preventable maternal mortality and morbidity in their engagement with the United Nations human rights system, including with the human rights treaty bodies, the universal periodic review and special procedures;

6. Requests the Office of the United Nations High Commissioner for Human Rights to prepare a thematic study on preventable maternal mortality and morbidity and human rights, in consultation with States, the World Health Organization, the United Nations Population Fund, the United Nations Children’s Fund, the World Bank and all other relevant stakeholders, and requests that the study include identification of the human rights dimensions of preventable maternal mortality and morbidity in the existing international legal framework; an overview of initiatives and activities within the United Nations system to address all causes of preventable maternal mortality and morbidity; identification of how the Council can add value to existing initiatives through a human rights analysis, including efforts to achieve the Millennium Development Goal on improving maternal health, and recommended options for better addressing the human rights dimension of preventable maternal mortality and morbidity throughout the United Nations system;

7. Decides to address the thematic study requested in paragraph 6 above within the programme of work of its fourteenth session, and to consider taking further possible action on preventable maternal mortality and morbidity and human rights at that session, and invites the Office of the High Commissioner, the World Health Organization, the United Nations Population Fund and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health to participate in an interactive dialogue on the study in the Council.

27th meeting
17 June 2009

[ Adopted without a vote. ]

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3 Millennium Development Goal 5.