

UN HUMAN RIGHTS COUNCIL

**PANEL ON MATERNAL MORTALITY AND THE HUMAN RIGHTS OF
WOMEN**

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ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF
PHYSICAL AND MENTAL HEALTH
(‘right to health’ or ‘right to the highest attainable standard of health’)**

Distinguished delegates, ladies and gentlemen.

The landscape of human rights is changing dramatically – and this panel graphically symbolises these changes.

Human rights are not just about prisoners of conscience, they are also about prisoners of poverty. Human rights are not just about torture, they are also about avoidable deaths from preventable health conditions.

These are some of the issues – poverty and preventable maternal deaths - that this panel is wrestling with.

These issues were not part of the human rights landscape ten years ago -- but they are now.

Moreover, these changes demand other changes. They demand cooperation across different governmental departments, UN agencies, professions and disciplines.

This panel includes pre-eminent health experts from WHO, UNFPA, and civil society – we are led by Dr Songane, formerly a Minister of Health and now Director of a critically important new international health partnership.

This typifies the sort of cooperation that the new human rights landscape demands.

Each of my co-panellists is using human rights language and a human rights analysis.

They are not using human rights slogans and threatening test cases in the courts. They are talking - practically and constructively - about how human rights can strengthen policies, programmes and projects, and save the lives of hundreds of thousands of women.

Their approach reflects the new, changing human rights landscape.

In recent years, the Human Rights Council has played a decisive role in shaping this new human rights landscape – and for this it deserves great credit.

Where do we go from here?

We have to be clear what human rights bring to maternal mortality and health systems.

The right to a fair trial tells us that a good justice system requires independent courts, defence counsel, cross-examination, legal aid in serious cases, interpretation when necessary, reasoned judgements, an appeal process, and so on.

Equally, the right to the highest attainable standard of health tells us what a good health system requires.

The health system requires a comprehensive plan for maternal health – the plan must have some basic features, like a budget, otherwise it is of limited use.

The health system requires basic data which are disaggregated so that we know which disadvantaged groups to target.

It requires outreach programmes to reach those disadvantaged groups.

It requires an effective referral system from one level of maternal health care - or from one facility - to another.

It requires a basic ‘basket’ of maternal health-related services, including information about family planning, antenatal care, emergency obstetric care and so on. These services must be of good quality.

The health system requires monitoring and accountability mechanisms so we know what is working and what is not, and to ensure any necessary adjustments are made.

I could go on – my point is that just as the right to a fair trial demands that a court system has certain key features, equally the right to the highest attainable standard of health demands that a health system has certain key features. This is not rocket science. Most of the features are pretty clear.

Of course, the right to health is subject to resource availability. So we expect more of OECD countries than low-income countries. This is a complication, but manageable. Put simply, you group countries and expectations by their level of development.

In very recent years, there has been a remarkable and very welcome surge of interest in maternal mortality and morbidity. MDG 5 has not generated as much attention as other MDGs but, nonetheless, there is now a proliferation of initiatives and programmes for maternal health.

As I survey these impressive, vital initiatives, I am struck by one particular weakness. It is a weakness that, from the right to health perspective, is very troubling.

Human rights demand accountability. Without accountability, obligations, pledges promises and good intentions run the risk of being set aside or overlooked.

I am not talking about judicial accountability. Accountability comes in many shapes and sizes. Nonetheless, human rights demand that there be accessible, transparent, effective and independent mechanisms of accountability - *not* with a view to blame and punishment. But with a view to finding out what works, so it can be repeated, and what does not, so it can be revised. Sometimes, redress will be needed.

And when I look at the numerous, very encouraging maternal health initiatives, it seems to me that independent accountability is weak, both at the national level and the international level.

At the national level, we need maternal death audits or reviews. We need national human rights commissions – perhaps women’s commissions - to hold all actors to account in relation to maternal mortality and morbidity.

At the international level, we need to ensure that the Universal Periodic Review routinely encompasses maternal mortality. Relevant Special Rapporteurs should be encouraged to give maternal mortality careful attention, including the mandates on racial discrimination, indigenous people, education, and violence against women. The relevant UN human rights treaty-bodies should also be encouraged to look closely at maternal mortality, including the Human Rights Committee in relation to the right to life.

All have a vital role to play. I mean no disrespect when I say that none of these mechanisms presently has the time and resources to closely scrutinize the relevant maternal mortality policies and programmes in a country. Moreover, they are unlikely to give any or much attention to the numerous *international* initiatives on maternal health.

I take this opportunity to emphasise how imperative it is that UN agencies, and other international actors, consistently integrate human rights into their policies and programmes. Implicit since the UN was founded, this imperative has been explicitly re-affirmed on numerous occasions since Kofi Annan’s reforms of 1997. The Council’s mandate explicitly includes human rights mainstreaming across the UN.

However, can we expect UN agencies and partnerships to hold States and others to account in relation to maternal mortality? I do not think it is fair to expect them to do this. It is not what they are designed to do. They have an absolutely critical role to play – and they are doing a lot. But they are partnerships of one sort or another – how can one partner hold the other to account, robustly and independently?

So there is no alternative. At the international level, a simple mechanism is needed to hold States – and others – to account in relation to maternal mortality. Perhaps an interdisciplinary working group of five independent people with expertise in public health and medicine. They would consider what all States – and others – are doing in relation to maternal mortality. They would come to conclusions and make sensible recommendations. Those States that need help to address the recommendations would go to the experts - Dr. Songane’s Partnership, WHO, UNFPA and so on – for advice and assistance.

Historically, the Council has established such bodies – consider the Working Group on Disappearances. The number of preventable maternal deaths dwarfs the number of disappearances. If we have a mechanism on ‘disappearances’ why not on maternal mortality?

The new, changing human rights landscape demands new, imaginative, appropriate, independent accountability mechanisms.

I encourage the Council to rise to this human rights challenge – just as it has risen to human rights challenges in the past.

But if it cannot, then I hope one of the new international initiatives will establish an independent body to make independent assessments.

Of course, accountability can be uncomfortable and inconvenient. But it can save lives. Constructive accountability in relation to maternal mortality can help to save - each year - the lives of many thousands of women.

So I urge the Council to play its historic role and establish an appropriate independent accountability mechanism on maternal mortality. Of course, this new mechanism must be linked closely with existing international initiatives on this vital issue. Together they can tackle maternal mortality -- one of the most pressing human rights challenges of our time.
