

**LAUNCH OF THE INTERNATIONAL INITIATIVE ON MATERNAL
MORTALITY AND HUMAN RIGHTS**

‘WOMEN DELIVER’ CONFERENCE, LONDON

FRIDAY, 19 OCTOBER 2007

**Remarks of Paul Hunt, UN Special Rapporteur on the right to the highest
attainable standard of health**

The landscape of human rights is changing – and nothing typifies those changes more than the Initiative that we are launching today.

Human rights used to be dominated by civil and political rights, slogans, ‘naming and shaming’, test cases and lawyers.

And those features have an important place in the International Initiative on Maternal Mortality and Human Rights.

But so does the right to the highest attainable standard of health; and the integration of human rights into health policies and programmes; and the use of indicators, benchmarks, impact assessments and budget-analysis; and innovative forms of constructive accountability; and close collaboration across a range of sectors, disciplines and professions.

This is the new human rights landscape – and this is the terrain in which our new Initiative is located.

One of the strangest features of the old human rights landscape was what it concealed. Somehow it managed to ignore shocking human rights catastrophes – like the preventable deaths of approaching 500,000 women, year after year.

One of the Initiative's objectives is to expose maternal mortality as a human rights calamity, and to persuade human right organisations and bodies to take maternal deaths as seriously as torture, 'disappearances' and prisoners of conscience.

Another objective is to encourage maternal health workers to use human rights language, analysis, advocacy and networks to further their goals. Those working on maternal health and those working on human rights share much common ground.

Health workers have an indispensable role to play in the reduction of maternal mortality, but they cannot do their job without proper supplies, equipment, support systems, and terms and conditions of employment – all of which are human rights issues. The Initiative aims to promote health workers' rights because that is one way of tackling maternal mortality.

The Initiative also aims to reinforce existing efforts to reduce maternal mortality and to promote functioning health systems. So it very much looks forward to supporting the Partnership for Maternal, Newborn and Child Health; UNFPA, WHO and other important international agencies; the Global Campaign for the Health MDGs; Deliver Now for Women and Children; and comparable endeavours.

The Initiative wants Governments and others to be held to account for their policies, programmes, projects and pledges on maternal mortality – not with a view to blame and punishment, but with a view to identifying what works, so it can be repeated, and what does not, so it can be revised. The conduct of Government, and their explanations, must be subject to assessment by an independent body.

So what will the Initiative do? Briefly, it will show how human rights can be applied to maternal mortality – and make a difference. It will engage in fact-finding, exposing the gaps between the legal guarantees and realities on the ground. It will show the vital role that national human rights institutions and gender commissions can play, for instance by holding public enquiries into maternal mortality. In collaboration with sympathetic States, UN agencies and civil society organisations, the Initiative will seek to strengthen health systems. Within its capacity, it will monitor whether maternal mortality pledges are being honoured.

In the couple of minutes available to me, I cannot adequately capture all the Initiative's objectives and plans. I hope that in discussion time, friends and colleagues from the Initiative will add their comments and insights.

Although driven by civil society, the Initiative has benefited from the guidance of UNFPA, WHO and others. It has been gestating for about two years, with several consultations in the North and South. A provisional steering group, consisting of the Averting Maternal Death and Disability Program at Columbia University, CARE, Center for Reproductive Rights, Family Care International, Physicians for Human Rights, and colleagues at Essex University's Human Rights Centre, has brought the Initiative this far. Steps are now being taken to establish a steering committee and advisory board. For the time being, the Center for Reproductive Rights has taken on the duties of coordination and host organisation – all of us are extremely grateful to the Center for the incredible work they have already undertaken.

Finally, the Initiative is a challenge to both developing and developed countries. When the data in developed countries are disaggregated, they often reveal that maternal mortality among minorities and indigenous communities is significantly higher than among dominant groups. Also, developed countries have a human rights responsibility – reflected in the MDGs 5 and 8 - to take reasonable measures to address maternal mortality in developing countries. So the Initiative represents a challenge to all countries, both developing and developed.

May I take this opportunity to very warmly thank my extremely illustrious co-panellists for giving their valuable time to say a few words on the launch of the International Initiative on Maternal Mortality and Human Rights.
