

# AMNESTY INTERNATIONAL

## PUBLIC STATEMENT

AI Index: IOR 42/002/2010

16 June 2010

### **Joint statement on maternal mortality and morbidity supported by 108 States**

Amnesty International warmly welcomes the joint statement on Maternal Mortality and Morbidity and Human Rights made during 14<sup>th</sup> session of the Human Rights Council on Monday 14 June, on behalf of an overwhelming 108 States from all UN regions and political groups.<sup>1</sup>

The statement was made during a panel discussion on maternal mortality and morbidity organised to discuss the thematic study by the Office of the High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights.<sup>2</sup> Amnesty International also addressed the Council during the panel discussion.

Amnesty International supports the important call in the joint statement for the High Commissioner for Human Rights to take the study to the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, to be held in New York in September, to further discussions on the importance of integrating a human rights perspective into realising the MDGs.

Maternal mortality and morbidity is a central human rights issue affecting not only women and girls, but also men and children all around the world.

As noted in the panel discussion, according to WHO, each year more than half a million women die of pregnancy and child birth-related complications, while a further 10 million women suffer chronic injuries, infections, disease and disability related to pregnancy and birth. Yet Millennium Development Goal 5 on improving maternal health is the furthest from realization.

Most maternal deaths and injuries are the result of human rights violations faced by women and girls. Women and girls have the right to life, but die in large numbers because of poverty and injustice. They have the right to the highest attainable standard of health, but face legal, economic and social obstacles in access to health care. Women and girls have the right to determine whether and when they become pregnant, yet they are often denied access to family planning, contraception and information, and the ability to control their own bodies.

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<sup>1</sup> Burkina Faso, Colombia and New Zealand, as well as the following countries: Albania, Algeria, Andorra, Argentina, Australia, Austria, Armenia, Azerbaijan, Bangladesh, Belarus, Belgium, Brazil, Bolivia, Botswana, Bulgaria, Burundi, Cambodia, Cameroon, Canada, Chile, Congo, Costa Rica, Côte D'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Djibouti, Dominican Republic, Ecuador, El Salvador, Estonia, Finland, Former Yugoslav Republic of Macedonia, France, Gabon, Ghana, Germany, Guinea, Greece, Guatemala, Honduras, Hungary, Iceland, India, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kyrgyzstan, Laos, Latvia, Lebanon, Lichtenstein, Lithuania, Luxembourg, Madagascar, Maldives, Malta, Mexico, Moldova, Monaco, Montenegro, Morocco, Mozambique, Nepal, Netherlands, Nicaragua, Norway, Panama, Paraguay, Peru, Poland, Portugal, Republic of Korea, Romania, Rwanda, Senegal, Serbia, Singapore, Slovakia, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Tunisia, Turkey, United Kingdom, United States of America, Uganda, Uruguay, Venezuela, Vietnam, Yemen, Zambia.

<sup>2</sup> Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights A/HRC/14/39, 16 April 2010.

Renewed efforts by all are required to address maternal mortality grounded in a framework of gender equality and non-discrimination. This is not just a legal obligation, but an essential requirement for any successful initiative to reduce maternal mortality and morbidity.

The September High-level Plenary Meeting of the General Assembly provides a crucial opportunity for all governments to agree concrete strategies to ensure that laws, policies and programmes aimed at achieving Millennium Development Goal 5 are consistent with their obligations under international law and pledges made at the Beijing and Cairo World Conferences.

Amnesty International encourages China, Egypt, Nigeria, Pakistan, the Russian Federation, Saudi Arabia and other Human Rights Council members and observer States that declined to support the joint statement to contribute positively to efforts at the September High-level Plenary Meeting to bring a human rights perspective to measures aimed at achieving Millennium Development Goal 5.

Public Document

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