



# General Assembly

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## Human Rights Council

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### Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

**Albania,\* Argentina, Australia,\* Austria, Azerbaijan,\* Belgium,\* Bolivia (Plurinational State of), Bosnia and Herzegovina,\* Bulgaria, Canada,\* Chile,\* Colombia,\* Croatia,\* Cyprus,\* Czechia, Denmark, Ecuador,\* Estonia,\* Fiji, Finland,\* France, Georgia,\* Germany, Greece,\* Iceland,\* Ireland,\* Italy, Latvia,\* Liechtenstein,\* Lithuania,\* Luxembourg,\* Mexico, Monaco,\* Montenegro,\* Netherlands, New Zealand,\* North Macedonia,\* Norway,\* Paraguay,\* Peru,\* Portugal,\* Romania,\* San Marino,\* Serbia,\* Slovenia,\* Spain,\* Sweden,\* Switzerland,\* Thailand,\* Ukraine, United Kingdom of Great Britain and Northern Ireland and Uruguay: draft resolution**

### 47/... Preventable maternal mortality and morbidity and human rights

*The Human Rights Council,*

*Guided by the purposes and principles of the Charter of the United Nations,*

*Recognizing* that preventing maternal mortality and morbidity is one of the human rights priorities for all States, and reaffirming that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

*Reaffirming* the Universal Declaration of Human Rights, and recalling relevant international instruments, including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities,

*Recalling* previous Human Rights Council resolutions on preventable maternal mortality and morbidity and human rights,

*Reaffirming* the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, and reaffirming also the resolutions and agreed conclusions of the Commission on the Status of Women and the resolutions of the Commission on Population and Development,

*Recalling* the commitment contained in Sustainable Development Goal 3 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030,

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\* State not a member of the Human Rights Council.



*Welcoming* the efforts of the World Health Organization, the United Nations Population Fund and other United Nations agencies, funds and programmes, within their respective mandates, to prevent maternal mortality and to prevent and treat maternal morbidities,

*Recognizing* the importance of strengthening coordination between all relevant United Nations agencies and civil society organizations in accordance with their respective mandates, and the need for States to ensure fully respect for and the protection and fulfilment of sexual and reproductive health and reproductive rights, in accordance with the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, in reducing preventable maternal mortality and morbidity,

*Reaffirming* that States have an obligation to take steps to achieve the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, free from discrimination, coercion and violence,

*Recognizing* that maternal morbidity, as defined by the World Health Organization, refers to any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's or girl's well-being,

*Recognizing also* that preventable maternal morbidity is a human rights concern and that preventable deaths and grievous injuries sustained by women and girls during pregnancy and childbirth are not inevitable events, but rather a direct result of discriminatory laws and practices, harmful gender norms and practices, a lack of functioning health systems and services and a lack of accountability,

*Stressing* the interlinkages between poverty, malnutrition, lack of, inadequate or inaccessible health-care services, early childbearing, child, early and forced marriage, violence against women and girls, sociocultural barriers, marginalization, illiteracy and gender inequality as root causes of maternal mortality and morbidity,

*Recognizing* that a human rights-based approach to the elimination of preventable maternal mortality and morbidity is underpinned by the principles of, inter alia, equality, accountability, engagement, participation, accessibility, transparency, empowerment, sustainability, non-discrimination and international cooperation,

*Recognizing also* that the underlying determinants of health, such as equitable access to affordable and safe drinking water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, access to health-related education and information, as well as quality and essential health-care services, are essential to ensure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and to eliminate preventable maternal mortality and morbidity,

*Recognizing further* that violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, and those involving inadequate emergency obstetric services and unsafe abortion can cause high levels of maternal morbidity, including obstetric fistula, uterine prolapse, post-partum depression and infertility, among others, leading to ill health and death for women and girls of childbearing age in many regions of the world,

*Recognizing* that sexual and reproductive health and reproductive rights are integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that comprehensive sexual and reproductive health-care services must have the interrelated and essential elements of availability, accessibility, acceptability and quality, on the basis of non-discrimination and formal and substantive equality, including by addressing multiple and intersecting forms of discrimination,

*Recognizing also* that the right to seek, receive and impart information concerning sexual and reproductive health and reproductive rights issues is essential for the accessibility of services, and that unequal access to information by women and girls, including indigenous

women and girls, those from ethnic minorities, those with disabilities and those from other marginalized groups, amounts to discrimination,

*Deeply concerned* that there are continuing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, which have a negative impact on rates of maternal mortality and morbidity, and that the full enjoyment of this right remains a distant goal for many women and girls, including adolescents, throughout the world,

*Deeply concerned also* that women and girls living in vulnerable situations, including in humanitarian and conflict settings, are disproportionately exposed to a high risk of human rights violations and abuses, including through sexual and gender-based violence, trafficking, systematic rape, sexual slavery, forced sterilization, forced pregnancy, harmful practices such as child, early and forced marriage and female genital mutilation, and lack of affordable, accessible and appropriate sexual and reproductive health-care services, evidence-based information and education, including evidence-based comprehensive sexuality education consistent with the evolving capacities of the child, lack of access to perinatal care, including skilled birth attendance, and emergency obstetric care, poverty, underdevelopment and all types of malnutrition, resulting in heightened risks of unwanted pregnancies, unsafe abortion and maternal mortality and morbidity,

*Deeply concerned further* that the coronavirus disease (COVID-19) pandemic has led to overloaded health systems, the reallocation of human and financial resources, including the redeployment of midwives, shortages of medical personnel and supplies, and disruptions to global supply chains, which could undermine the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including the sexual and reproductive health of women and girls, and has affected the availability of and access to health-care workers, access to maternal and newborn care and other essential maternal and child health support and services; safe abortion when not against national law, and post-abortion care; sexual and reproductive health information and education; contraception; and treatment of sexually transmitted infections, while fear of contracting the virus may inhibit women and girls from visiting health-care facilities, thereby increasing the risk of maternal mortality and morbidity,

*Deeply concerned* that widespread discrimination against women and girls, including on the basis of age, socioeconomic status, disability, racial or ethnic background, language, religion, health, indigenous or other status, and multiple and intersecting forms of discrimination substantially heighten their risk of suffering maternal morbidities, and that the COVID-19 crisis has exacerbated pre-existing forms of inequality and systemic discrimination faced by women and girls and increased the occurrence of sexual and gender-based violence and harassment, child, early and forced marriage and unintended pregnancy, particularly among adolescents, thereby also increasing the risk of maternal morbidity,

*Reaffirming* that human rights include the right to have control over and to decide freely and responsibly on matters relating to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships in matters of sexual relations and reproduction, including full respect for dignity, integrity and bodily autonomy, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences,

*Recognizing* that the stigma, shame and isolation associated with specific forms of maternal morbidities can lead to harassment, discrimination, ostracism and violence against women and girls and can prevent them from seeking care, thereby resulting in physical, psychological, economic and social harm to or suffering for women and girls,

*Recognizing also* that there are large disparities in maternal mortality and morbidity rates not only between but also within countries, particularly in rural and remote areas and the poorest urban areas and among women and girls facing multiple and intersecting forms of discrimination,

*Noting with concern* that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age, and that complications in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls in

developing countries, and recognizing the need to address all social, economic and environment determinants of health in order to reduce the aforementioned disparities,

*Convinced* that greater political will and commitment, international cooperation and technical assistance at all levels are urgently required to reduce the unacceptably high global rate of preventable maternal mortality and morbidity, and that the integration of a human rights-based approach to the provision of sexual and reproductive health-care services can contribute positively to the common goal of reducing that rate,

*Acknowledging* that the failure to prevent maternal mortality and morbidity is one of the most significant barriers to the empowerment of women and girls in all aspects of life, to the full enjoyment of their human rights, to their ability to reach their full potential and to sustainable development in general,

*Deeply concerned* that maternal morbidity reduces girls' opportunities to complete their education, gain comprehensive knowledge, participate in the community or develop employable skills and is likely to have a long-term adverse impact on their physical and mental health and well-being, their employment opportunities and their quality of life and that of their children, and violates the full enjoyment of their rights,

1. *Urges* all States to eliminate preventable maternal mortality and morbidity and to respect, protect and fulfil sexual and reproductive health and reproductive rights, in accordance with the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, and the right to have full control over and decide freely and responsibly on all matters relating to sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including through the removal of legal barriers and the development and enforcement of policies, best practices and legal frameworks that respect bodily autonomy, and to guarantee universal access to sexual and reproductive health-care services, evidence-based information and education within a human rights-based approach, including for family planning, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care, such as skilled birth attendance and emergency obstetric care, safe abortion when not against national law, and the integration of sexual and reproductive health into national health strategies and programmes for all women and girls, including adolescents;

2. *Urges* States to ensure the availability, accessibility, acceptability and quality of health-care services, including mental health and psychosocial services and sexual and reproductive health-care services, free of coercion, discrimination and violence;

3. *Calls upon* States, also in the context of the COVID-19 pandemic, to ensure continuity of sexual and reproductive health-care services, including access to maternal and newborn care, and other essential maternal and child health support and services, safe abortion when not against national law, modern forms of contraception, screening and treatment for sexually transmitted infections, screening and treatment for cervical cancer, prevention of vertical transmission of HIV, nutrition and mental health services;

4. *Also calls upon* States to address the underlying determinants of health, such as gender discrimination and socioeconomic factors, including poverty and malnutrition, which render certain women and girls, including adolescents, more vulnerable to maternal morbidities, such as obstetric fistula, uterine prolapse, post-partum depression and infertility, among others;

5. *Urges* States and encourages other relevant stakeholders, including national human rights institutions and non-governmental organizations, to take action at all levels, utilizing a human rights-based approach, to address the interlinked causes of maternal mortality and morbidity, such as lack of available, accessible, acceptable and quality health-care services for all, and of information and education, including evidence-based comprehensive sexuality education consistent with the evolving capacities of the child, lack of access to medicines and medical equipment, all types of malnutrition, poverty, stigma and lack of confidentiality of medical patient records, lack of access to safe drinking water and sanitation, poverty, underdevelopment, shortages in human and material resources facing health-care systems, shortages in humanitarian assistance and funding shortages affecting

hospitals, technical assistance, capacity-building and training needs, harmful practices, including child, early and forced marriage and female genital mutilation, early childbearing, gender-based inequalities and discrimination, and to take concrete measures to eliminate all forms of discrimination and violence against women and girls;

6. *Calls upon* States to promote human rights-based and gender responsive multisectoral and cross-disciplinary coordination of policies, programmes, budgets and services designed to prevent and treat maternal morbidities with the active participation of all relevant stakeholders, including civil society, and especially the full, equal and meaningful participation of women and girls at the national, local and community levels, and to promote social accountability mechanisms to monitor these policies, programmes, budgets and services in order to accelerate the elimination of maternal mortality and morbidity and the achievement of universal access to sexual and reproductive health;

7. *Urges* States to strengthen the capacity and resourcing of health-care systems and the health workforce, to provide the essential services needed to prevent and treat maternal morbidities, including through increased budget allocations for health, including sexual and reproductive health-care services, and the deployment and training of midwives, nurses, obstetricians, gynaecologists, doctors, surgeons and anaesthesiologists, in accordance with international medical standards and to ensure holistic social integration services, including counselling, education, family planning, socioeconomic empowerment, social protection and psychosocial services, so that women and girls living with maternal morbidity can overcome stigma, discrimination, ostracism and economic and social exclusion;

8. *Also urges* States to strengthen their research, data collection and monitoring and evaluation systems to promote reliable, transparent, collaborative and disaggregated data collection on the availability, accessibility, acceptability and quality of sexual and reproductive health-care services for all women and girls, in order to support more comprehensive policies to prevent and address maternal morbidities;

9. *Calls upon* States to increase awareness and the visibility of maternal morbidity as a human rights concern, including through more targeted research in this area, allocation of sufficient resources and dedicated efforts to ensure the availability, particularly for women and girls, of information on the causes of specific maternal morbidities and their prevention;

10. *Takes note with appreciation* of the report of the Office of the United Nations High Commissioner for Human Rights on follow-up on the application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity,<sup>1</sup> which focuses on maternal morbidity as a human rights issue, and encourages all stakeholders to consider the recommendations contained therein;

11. *Requests* States and other relevant actors to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and international assistance and cooperation arrangements, including by strengthening technical cooperation to address maternal mortality and morbidity, including through the transfer of expertise, technology and scientific data and exchanging good practices with developing countries, while honouring existing commitments, and to integrate a human rights-based perspective into such initiatives, addressing the impact that discrimination against women and girls has on maternal mortality and morbidity;

12. *Urges* States to ensure that laws, policies and practices respect bodily autonomy and privacy rights and the equal right to decide autonomously in matters regarding one's own life and health by bringing laws and policies concerning sexual and reproductive health and reproductive rights, including international assistance policies, into line with international human rights law and repealing discriminatory laws relating to third-party authorization for health information and health-care services, and combating gender stereotypes, norms and behaviour that are discriminatory;

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<sup>1</sup> A/HRC/45/19.

13. *Also urges* States to ensure access to justice and accountability mechanisms and timely and effective remedies for the effective implementation and enforcement of laws and standards aimed at preventing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, especially those aimed at preventing maternal mortality and morbidity, such as by informing women and girls of their rights under relevant normative frameworks and by improving legal and health infrastructure and removing all barriers in access to legal counselling, assistance and remedies;

14. *Calls upon* States to ensure gender equality, women's rights and children's rights through inclusive public awareness-raising and evidence-based initiatives, including in schools, through the media and online, and by incorporating curricula on all women's and girls' rights into teacher training courses, including the prevention of sexual and gender-based violence and discrimination, and ensuring universal access to evidence-based comprehensive sexuality education consistent with the evolving capacities of the child, in and out of school settings;

15. *Also calls upon* States to convene and support multi-stakeholder meetings involving health workers and marginalized women and girls at multiple levels to discuss the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, to identify opportunities within national-level processes and to prioritize concrete areas and plans for action;

16. *Requests* the United Nations High Commissioner for Human Rights to prepare, in consultation with States, United Nations agencies and all other relevant stakeholders, a follow-up report on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance by States and other relevant actors, including the United Nations Population Fund, the United Nations Development Programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the World Health Organization, and to present it to the Human Rights Council at its fifty-fourth session;

17. *Decides* to remain seized of the matter.

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