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Statement submitted by Alliance Defense Fund and Mujer para la Mujer, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.







Statement

Importance of maternal health in meeting the Millennium Development Goals

Alliance Defense Fund is a not-for-profit international legal alliance of more than 2,100 lawyers dedicated to the protection of fundamental human rights. It has argued cases before the Supreme Court of the United States of America and the European Court of Human Rights. It has also provided expert testimony to the European Parliament and the United States Congress. It has full accreditation with the Economic and Social Council, as well as the Organization for Security and Cooperation in Europe and the European Union (the European Union Agency for Fundamental Rights and the European Parliament). Mujer para la Mujer is an accredited non-governmental organization with the Economic and Social Council that works to promote the fundamental human rights of women, with a special focus on improving the lives of rural women of the various indigenous communities in Mexico.

We recognize that, in order to attain the Millennium Development Goals, it is imperative that all United Nations processes be based on respect for the fundamental rights that form the foundation upon which the Organization was created. As noted in the preamble to the Universal Declaration of Human Rights, "disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people". If we restrict these rights, we risk losing the freedom and peace that the United Nations has helped to build in so many parts of the world.

We call upon Member States to reaffirm our immutable human rights with a particular attention to women and girls. As the deadline for the attainment of the Goals looms, we call upon the United Nations to focus specifically on target 5.A: to reduce by three quarters the maternal mortality ratio. Our commitment to achieving the Goals demands that we not allow any more deaths to occur. It is critical that the agreed conclusions from the current session reflect a common commitment to protecting both mothers and babies. It is possible to love them both.

We have seen great achievements with regard to target 5.A. According to the World Health Organization, maternal mortality worldwide fell by almost 50 per cent between 1990 and 2010. However, it is clear that increased attention to this target is necessary if we are to meet our goal. Some 99 per cent of pregnant mothers who die are from the developing world. According to the World Health Organization, a woman's risk of dying during or following pregnancy is 1 in 3,800 in the developed world. In sub-Saharan Africa, it is 1 in 39. These statistics point to the fact that the causes of maternal mortality are driven by poverty and a lack of critical health-care infrastructure. There are four direct causes of maternal mortality: haemorrhage, infection, high blood pressure and obstructed labour. The solution is thus to ensure that every woman has access to high-quality prenatal care, to increase the number of skilled birth attendants, to strengthen health-care systems and to focus on educating women and alleviating poverty.

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Some agencies and non-governmental organizations consider abortion to be the fifth cause of maternal mortality. Although women can die as a result of an abortion, it cannot be considered to be a cause of maternal mortality because it does not explain why women die in childbirth. Calls for "safe abortion" do nothing to meet the needs of women who want to bring their children safely into the world. For this reason, we call upon Member States to keep the focus on the four causes that constitute the vast majority of maternal deaths.

If we are to successfully reduce the extremely high rates of maternal mortality in developing countries, we must look to the examples of Ireland and Chile, which are two countries with exceptional maternal health-care standards. Ireland is the safest place in the world for an expectant mother to give birth. After banning almost all abortions in 1983, the country strengthened its focus on providing high-quality prenatal care and rose to become an international model with regard to women's health. The United Nations Children's Fund ranked the country first in 2005 and third in 2008 for the lowest global maternal mortality rate. Richly documented evidence reveals that, in an emergency, Irish doctors will go to virtually any length to save the life of both mother and baby, thus demonstrating that it is possible to love them both.

Following the prohibition of abortion in Chile in 1989, the country experienced a steep decline in the number of maternal deaths (69.2 per cent). Chile now boasts the second-lowest maternal mortality ratio in the western hemisphere, after Canada. An unprecedented 50-year analysis of maternity data from Chile reveals two essential facts. First, restricting access to abortion services does not negatively affect maternal mortality. In fact, prohibiting abortion in Chile resulted in significantly improved maternal health in the country. It is attention to life-saving health-care services such as access to skilled birth attendants and improved health-care infrastructure and transportation that has a dramatic effect on a mother's safe pregnancy and delivery. Second, the data from Chile make clear that the level of women's education is the single most important factor in reducing the maternal mortality rate.

Chile makes the case for educating women as the key to combating maternal mortality. The more educated a woman is, the greater her ability to gain access to the health-care resources available to her, including skilled attendants for childbirth. We welcome the 2014 review theme, given that access to education is a fundamental human right that has myriad ramifications on the ability of women and girls to flourish and lead healthy lives.

We affirm that the fundamental group unit of society is the family. It is within the family that women and men learn many of life's essential lessons. It is critical that the agreed conclusions resulting from the current session recognize the vital role of the family in meeting the Goals. Although the State has a duty to provide access to education, the family is the first and primary educator of children. If we are to focus on education as a crucial solution to achieving improved maternal health in the developing world, then we must also support strong families as the backbone of a flourishing society.

Conclusion

Women should be able to exercise their fundamental right to become mothers and bring children safely into the world, regardless of where they live. As we look

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to the conclusion of the Goals and the creation of the sustainable development goals, it is imperative that Member States demonstrate their commitment to reducing maternal mortality rates in the developing world and helping women everywhere to lead healthy lives. The case studies outlined above reveal that it is possible to love both mother and baby and that the key to successful maternal health care is an educated female population. Healthy and educated women have the potential to improve their own lives and to transform their communities. It is only by securing the fundamental rights of women and girls and investing in their health and education that we can attain the Goals.

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