



Input on the update to the technical guidance on the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity

Pursuant to HRC resolution 54/16

South Centre

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Background

Access to quality healthcare is a fundamental human right, yet significant disparities persist globally. While maternal mortality rates have decreased overall, this progress has stagnated since 2015;¹ the World Health Organization (WHO) estimates that approximately 287,000 women died during pregnancy and childbirth in 2020, with 95% of these deaths occurring in developing countries.² Within developed nations, disparities also exist. In the United States, the 2023 maternal mortality rate for women and girls of African descent was 50.3 deaths per 100,000 live births, significantly higher than the rate for white women (19.1) and Hispanic women (28.1).³

These statistics highlight the complex interplay of different social, economic and cultural factors surrounding access to maternal healthcare and the persistent inequalities within and among countries. Underlying social determinants, including poverty, gender inequality, lack of education, and limited healthcare access, further exacerbate maternal health challenges. Access to sexual and reproductive health and rights (SRHR), including essential education and information, can promote SRHR services, directly contributing to the reduction of maternal morbidity and mortality.

Addressing these challenges requires multi-faceted solutions, which include tackling poverty, gender inequality and lack of adequate education. Empowering women and girls through information sharing, training and communication materials is also essential, particularly as they have the potential to increase their participation in decision-making processes.⁴ International cooperation also plays a vital role; financial and technical assistance and knowledge sharing can support developing countries.⁵ In

¹ World health statistics 2024: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2024, p. 15

² Ibid.

³ Hoyert DL. Maternal mortality rates in the United States, 2023. NCHS Health E-Stats. 2025 in <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm> (accessed 06.02.2025)

⁴ See: United Nations Population Fund, Start with Her: UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being 2025–2030.

⁵ See for example: United Nations Population Fund, Maternal and Newborn Health Fund in <https://www.unfpa.org/maternal-and-newborn-health-fund-catalyst-change> (accessed 06.02.2025).

line with these objectives, it is necessary to strengthen the link between States' efforts towards reducing preventable maternal mortality and morbidity with the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and its target 3.1 (reducing the global maternal mortality ratio to less than 70 per 100,000 live births)⁶ which provide a framework for global action.

Updating the technical guidance on applying a human rights-based approach to eliminating preventable maternal mortality and morbidity should guide countries to develop policies guaranteeing access to quality health services and addressing root causes of health disparities. It should prioritise vulnerable populations, including those in poverty and take concrete actions towards promoting health financing, upholding women's and girls' health rights, ensuring access to sexual and reproductive health services, integrating traditional medicine, and increasing transparency in pricing of medicines and health technologies.

In partnership with The Global Center for Health Diplomacy and Inclusion, the South Centre's program aim to amplify developing countries' voices in shaping global health policies, including SRHR.⁷ This programme aims to promote participation in international forums, evidence-based research, and stronger policy frameworks in line with the UN General Assembly resolution "Global health and foreign policy: strengthening health system resilience through affordable health care for all", which emphasises the link between global health and foreign policy and encourages Member States to prioritise affordable health services, promote equitable health financing, and support the development and distribution of essential health products.

As part of this process, the South Centre submits these inputs to update the technical guidance on applying a human rights-based approach to eliminating preventable maternal mortality and morbidity (Technical Guidance). It considers the need to strengthen the core principles of a human rights addressing key challenges and gaps, integrating Sustainable Development Goals, and outlining recommendations for implementation, international cooperation, and accountability.

I. Strengthening Core Principles

The updated Technical Guidance must reaffirm and strengthen its core principles. The technical guidance should emphasise the principles of universality and non-discrimination, which implies that the right to life, health, non-discrimination, equality, and information apply to all women and girls, regardless of background or location. The Technical Guidance must also explicitly address intersectional discrimination faced by marginalised groups, including women and girls of African descent, indigenous women, and women with disabilities. The Committee on Economic, Social and Cultural Rights noted, "(...) the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life."⁸

In addition, efforts towards improving maternal health require addressing the complex interplay of factors impacting women's lives, such as access to education, economic opportunities, and freedom from violence. The updated Technical Guidance should tackle the root causes of disparities in maternal morbidity and mortality, in particular those based on ethnicity, socioeconomic status, geographic location and age. Proactive measures are required to reach the most marginalised and vulnerable. The

⁶ See: United Nations General Assembly, Resolution 70/1, *Transforming our world: the 2030 Agenda for Sustainable Development* (25 September 2015) UN Doc A/RES/70/1.

⁷ See: South Centre, South Centre with CeHDI steps up work on advancing the right to health including sexual and reproductive health and rights, Press Statement, 5 February 2025 in <https://www.southcentre.int/press-statement-south-centre-cehdi-project-5-february-2025/> (accessed 06.02.2025).

⁸ See: Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health (Twenty-second session, 2000), U.N. Doc. E/C.12/2000/4 (2000) in para. 4.

interdependence and interrelatedness of human rights should also link measures to reduce maternal morbidity and mortality with increased participation and empowerment of women and girls.

The Pact of the Future recognises the need to implement “policies and programmes to achieve gender equality and the empowerment of all women and girls, eliminate all forms of discrimination and violence, harassment and abuse against women and girls, including sexual and gender-based violence, and ensure women’s full, equal and meaningful participation and equal opportunities for leadership at all levels of decision-making in all spheres of society.”⁹ Therefore, women and girls must be at the centre of decision-making processes related to their health, and the Technical Guidance should ensure their meaningful participation in the design, implementation, and monitoring of maternal health programs, including legal and policy frameworks necessary for providing access to redress for human rights violations.

II. Addressing Key Challenges and Gaps

To effectively reduce maternal mortality and morbidity, the Technical Guidance should consider a multi-pronged strategy focusing on social determinants of health, quality of care, robust health systems, improved data collection, strong accountability, integration of sexual and reproductive health and rights (SRHR), emergency preparedness, and mental health:

- i. **Social Determinants of Health:** The Technical Guidance should address maternal health’s social, economic, and cultural determinants. This requires a multi-sectoral approach beyond the health sector, addressing poverty, gender inequality, lack of education, harmful traditional practices, and limited access to financial resources.¹⁰

An approach considering how social determinants of health impact States’ efforts to reduce and eliminate preventable maternal mortality and morbidity could identify the fundamental barriers that impact maternal health services and, in particular, recognise the different dimensions of inequality limiting universal access to health.

- ii. **Data Collection and Monitoring:** Following the social determinants of health would require improving data collection and monitoring systems. These information systems are essential to track progress, identify disparities, and provide sufficient information for planned interventions. Data disaggregated by relevant social factors become crucial for revealing inequalities and guiding targeted interventions.

In addition, disaggregated data on the social determinants of health should be integrated into public policies and programmes to improve health services, reduce health inequalities¹¹ and identify key public investment in infrastructure, essential medicines and supplies, and the training and retention of qualified healthcare providers, particularly midwives.

- iii. **Quality of Care:** The updated Technical Guidance must emphasise increasing quality of care and moving beyond access to care, to address service fragmentation and promote integrated care. These efforts will encompass respectful maternity care, adherence to evidence-based guidelines, and the availability of skilled birth attendants equipped to manage complications.

Quality of care also requires the establishment of accountability mechanisms, including independent monitoring bodies, legal frameworks protecting sexual and reproductive rights,

⁹ United Nations General Assembly, Resolution A/RES/79/1, UN Doc A/79/1 (22 September 2024) annexe [Pact for the Future], para. 13.

¹⁰ See: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_2

¹¹ See: World Health Assembly 74th, Social determinants of health (31 May 2021) agenda item 22.1.

and access to effective remedies for human rights violations, moving beyond forced sterilisation and coerced abortion.¹²

Stronger accountability mechanisms are needed, including independent monitoring bodies, legal frameworks protecting women's reproductive rights, and access to effective remedies for rights violations. Impunity for violations must be addressed.

- iv. **Integration of SRHR and Emergency Preparedness and Response:** The Technical Guidance should explicitly integrate SRHR into maternal health frameworks, guaranteeing access to comprehensive SRHR information and services.

The Guidance must also incorporate lessons from health crises, such as the COVID-19 pandemic, emphasising resilient health systems that maintain essential maternal health services during emergencies.¹³

- v. **Mental Health:** The updated Guidance must explicitly recognise the critical link between mental health and maternal mortality. Postpartum depression and other mental health conditions can significantly contribute to adverse maternal health outcomes, including death. This will also require promoting timely and appropriate mental health services and encouraging integrated care that comprehensively addresses physical and mental health needs.

III. Integrating the Sustainable Development Goals

The 2030 Agenda and its Sustainable Development Goals (SDGs) offer a framework for advancing human rights, including within the context of maternal health.¹⁴ The SDGs, particularly goals 3 (health) and 5 (gender equality), are intrinsically linked to the human rights framework, emphasizing the rights to life, health, and non-discrimination.¹⁵ Integrating the SDGs into the Technical Guidance on eliminating maternal mortality and morbidity will strengthen this framework by providing specific targets and indicators, promoting a participatory approach, and leveraging existing human rights mechanisms.¹⁶

The integration of the SDGs into the Technical Guidance could also strengthen the collaboration between health and human rights actors, emphasising on community participation in the design, development and implementation of policies and programmes linked to Goal 3 and Goal 5.¹⁷ Likewise, it can drive progress towards significantly reduce maternal mortality and morbidity, by upholding the rights of all women and girls and by promoting the use of Voluntary National Review (VNRs) Reports as

¹² See: Alfonso Barragués Fernández, Accountability for sexual and reproductive health and rights in development practice: building synergies in “Sexual and Reproductive Health Matters”, Taylor and Francis 2020, p. 430 – 432.

¹³ United Nations Population Fund, The Impact of COVID-19 on Women and Girls with Disabilities, A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights (2021) in https://www.unfpa.org/sites/default/files/pub-pdf/NEW_UNPRPD_UNFPA_WEI_-_The_Impact_of_COVID-19_on_Women_and_Girls_with_Disabilities.pdf

¹⁴ United Nations. (2015). Transforming our world: the 2030 Agenda for Sustainable Development. Resolution adopted by the General Assembly on 25 1 September 2015. A/RES/70/1.

¹⁵ UNDP, UNDP Support to the Implementation of Sustainable Development Goal 3: Ensure Healthy Lives and Promote Well-being for All at All Ages (United Nations Development Programme, 2017) in <https://www.undp.org/sites/g/files/zskgke326/files/publications/SDG-3%20Health.pdf>

¹⁶ Office of the High Commissioner on Human Rights, Human Rights Council holds Panel discussion on how enhancing human rights technical cooperation can contribute to the implementation of the Sustainable Development Goals, July 2018.

¹⁷ Alfonso Barragués Fernández, “Accountability for Sexual and Reproductive Health and Rights in Development Practice: Building Synergies,” *Sexual and Reproductive Health Matters* 28, no. 1 (January 1, 2020), p. 429.

a tool to “inform and guide national and global” policies towards access to maternal health services and sharing good practices.¹⁸

VNRs should be inclusive and transparent, aligning them with the core principles of a human rights, prioritising community engagement and empowerment of women and girls. Furthermore, SDGs encourages the use of information from established human rights mechanisms, such as the Universal Periodic Review (UPR) and treaty bodies, ensuring that maternal health interventions are grounded in international human rights law and standards.¹⁹

In addition, it will be essential for the Technical Guidance to consider the United Nations Pact for the Future,²⁰ particularly Action 8, on gender equality and the empowerment of all women and girls. This implies recognising that achieving the full implementation of women's and girls' human rights should consider the role of sexual and reproductive health and rights (SRHR) and align it with the Beijing Platform for Action and their review conferences. Specifically, the updated guidance should detail how respecting, protecting, and fulfilling SRHR, including universal access to related information and services, contributes directly to preventing maternal deaths and morbidities, thereby advancing progress across all SDGs.

IV. Recommendations

Updating the Technical Guidance on the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity requires to reaffirm the universality and the non-discrimination principle that underpins the right to health. This means ensuring that *all* women and girls, regardless of their background or location, have access to life-saving care, information, and resources. This also means that the Technical Guidance should acknowledge the barriers faced by marginalized groups, women and girls of African descent, indigenous women, and women with disabilities that often experience discrimination due to the intersection of race, ethnicity, disability, and other social identities.

Furthermore, the Technical Guidance should address the root causes of these disparities, in particular by promoting access to education, women and girl's empowerment, and increase the participation of women and girls in decision-making processes related to their health. Their participation in the design, implementation, and monitoring of maternal health programs, including legal and policy frameworks, is essential for addressing key challenges and gaps in access to reproductive and sexual health and rights.

It is also essential to consider the social determinants of health in the design of these programmes and policies, as they would allow the establishment of a multi-sectoral approach that extends beyond the health sector. This means addressing poverty, gender inequality, lack of education, harmful traditional practices, and limited access to financial resources. Establishing mechanisms for improving data collection and monitoring systems, including disaggregated data by relevant social factors, is necessary to track progress, identify disparities, and inform targeted interventions.

Integrating the principles of SRHR into maternal care is also necessary, including by providing strong accountability mechanisms and effective remedies for human rights violations, as well as ensuring access to comprehensive SRHR and family planning services. Similarly, lessons learned from health crises like the COVID-19 pandemic should be incorporated to build resilient health systems that can maintain essential maternal health services during emergencies. The Technical Guidance must also recognise the critical link between mental health and maternal mortality, promoting timely and

¹⁸ Ibid. p. 428.

¹⁹ Ibid, p. 429 – 132.

²⁰ United Nations General Assembly Resolution A/RES/79/1, *The Pact for the Future* (20 September 2024).

appropriate mental health services and encouraging integrated care that addresses both physical and mental health needs.

Integrating the Sustainable Development Goals (SDGs) in the updated Technical Guidance provides a powerful framework for advancing human rights in maternal health. The 2030 Agenda and the SDGs, offer an important tool for strengthening collaboration between health and human rights actors and emphasise community participation in the design, development, and implementation of policies and programs linked to these SDGs. At the same time, VNR reports are valuable tools to inform and guide national and global policies towards access to maternal health services. Therefore, the Technical Guidance should ensure that VNRs are inclusive, transparent, and prioritize community engagement and empowerment of women and girls is critical. Finally, integrating information from established human rights mechanisms, such as the Universal Periodic Review (UPR) and treaty bodies, ensures that maternal health interventions are grounded in international human rights law and standards.