

Dispatches



The cause that needs a movement



Paul Hunt

Every minute a woman dies in childbirth or from complications of pregnancy. Each year, there are over 500,000 maternal deaths. Most could be avoided by a few well-known interventions. Ninety-five per cent of these avoidable deaths are in Africa or Asia. Women in some rich countries have a 1 in 8,700 chance of dying in childbirth; in some poor countries giving birth will kill on average 1 in 10 women.

For every woman who dies from obstetric complications, about 30 more suffer from injuries, infection and disabilities. Over 2 million women living in developing countries remain untreated for obstetric fistula, a devastating injury of childbirth. Fistula is easy to prevent and easy to treat.

These facts are especially shocking not only because the deaths and injuries they chronicle are mostly preventable, but also because they expose a number of profound health inequalities.

First, the burden of maternal mortality falls disproportionately on women in developing countries.

Second, in both developing and developed countries, the burden of maternal mortality falls disproportionately on ethnic minority women, indigenous women, and women living in poverty.

Third, there is no single cause of death and disability for men between the ages of 15 and 44 that is even close to the magnitude of maternal mortality and morbidity. In other words, maternal mortality and morbidity reveal stark discrepancies between men and women in their

enjoyment of sexual and reproductive health rights. (If men had to give birth, there can be little doubt that mortality and morbidity arising from childbirth would be taken more seriously, and attract more resources, than they do today.)

In short, maternal mortality highlights multiple inequalities – global, ethnic and gender. And a recurring theme across these is the entrenched disadvantage of those living in poverty.

In recent years, an increasing number of countries have made progress in reducing maternal mortality. But, in many of the countries with the highest rates, progress has stagnated or reversed. This is

‘Women in some rich countries have a 1 in 8,700 chance of dying in childbirth; in some poor countries giving birth will kill on average 1 in 10 women.’

despite long-standing international commitments and initiatives to reduce maternal mortality.

Millennium Development Goal 5 aims to reduce maternal mortality by three-quarters by 2015. The Millennium Project Task Force – charged with devising recommendations for meeting all the MDG targets – emphasises the role of human rights, including the right to health, in the struggle to beat maternal mortality.

The right to health has a major contribution to make to maternal health policies because of its emphasis on guaranteeing primary health care; ensuring adequate numbers of health professionals; enhancing access to good-quality health services for all; addressing the underlying determinants of health, such as access to information on sexual and reproductive health; and improving participation, monitoring and accountability.

In the 1990s, domestic violence was identified as a violation of human rights,

lending crucial momentum to the global campaign against this type of abuse. Maternal mortality needs the same kind of push. This is not just a health or humanitarian problem – it is a human rights issue. Avoidable maternal mortality violates women’s rights to life, health, equality and non-discrimination. The human rights community should take up the fight against maternal mortality with vigour equal to that deployed against extrajudicial executions, enforced disappearances, arbitrary detention and prisoners of conscience.

For the scale of maternal mortality is just as great – if not larger.

According to estimates, about 2,250 people received a death sentence and were executed in 2005. This is probably an underestimate. Let’s multiple this figure by more than four. Let’s say 10,000 people were executed in 2005.

How many maternal deaths were there in the same period? About 500,000.

Since 1980, the UN Working Group on Enforced or Involuntary Disappearances has taken up about 50,000 cases. Naturally the working group could not take up all the cases of disappearances over this 26-year period. So let’s multiply 50,000 by 20; let’s say there were 1 million disappearances over 26 years.

This is equal to the number of maternal deaths that took place in the last 24 months.

We all agree that disappearances are an extremely serious human rights violation. But so is maternal mortality, and it is time to recognise and treat it as such. It is a human rights catastrophe in the struggle against which many will need to be engaged: the international community, national governments, the managers of health facilities, families and communities. And donors, too, must play their part – not only by helping developing countries, but also by scrutinising their own domestic policies, where disaggregated data often expose discriminatory maternal health outcomes demanding robust action.

Of course, tuberculosis and malaria are even more prolific killers than maternal mortality. But if we are to beat maternal mortality, we will have to construct basic,