



Economic and Social Council

Distr.: Limited
9 March 2010

Original: English

**ADOPTED
12 March 2010
ADVANCE UNEDITED
VERSION**

Commission on the Status of Women

Fifty-fourth session

1-12 March 2010

Agenda item 3 (c)

Follow-up to the Fourth World Conference on Women

and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”: gender mainstreaming, situations and programmatic matters

**Belarus, Benin,* Colombia, Ghana,* Indonesia, Israel, Kenya,* Thailand,*
United Republic of Tanzania* and United States of America: draft resolution**

Eliminating preventable maternal mortality and morbidity through the empowerment of women

The Commission on the Status of Women,

Reaffirming our strong commitment to the full implementation of the Beijing Declaration and Platform for Action, the Cairo Programme of Action adopted at the International Conference on Population and Development in 1994 and the Copenhagen Declaration and Programme of Action of 1995 and their review conferences and commitments regarding the reduction of maternal, newborn and child mortality and universal access to reproductive health, including those contained in the 2000 Millennium Declaration¹, the 2005 World Summit Outcome, and recalling other relevant UN resolutions,

Reaffirming also the internationally agreed development goals, including the Millennium Development Goals, in particular MDG 5 on improving maternal health, including the targets to reduce by 3/4 between 1990 and 2015 the maternal mortality ratio and to achieve by 2015 universal access to reproductive health, MDG 4 on reducing child mortality, and MDG 3 on promoting gender equality and empowerment of women, and MDG 6 on combating HIV/AIDS, malaria and other diseases, and taking note with concern that MDG 5 is the least likely of all the MDGs to be achieved based on current data,

Recalling the Universal Declaration of Human Rights and the obligations of States Parties to the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the International Convention on the Elimination of All Forms of Racial Discrimination, the International Covenant on Civil and Political Rights, the International

¹ General Assembly resolution 55/2

Covenant on Economic, Social and Cultural Rights, and the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,

Recalling the 2009 Ministerial Declaration of the High Level Segment of the Economic and Social Council on “Implementing the internationally agreed goals and commitments in regard to global public health,”

Recalling the Human Rights Council resolution 11/8 of 17 June 2009 on preventable maternal mortality and morbidity and human rights, and resolution 2009/1 of the Commission on Population and Development on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals,

Taking note of the holding of the various regional and international initiatives relating to the reduction of maternal mortality involving representatives of governments, civil society and the private sector, including, inter alia, the international conference “Addis Call to Urgent Action for Maternal Health” of October 26, 2009, where participants agreed to the Addis Ababa Statement of Commitment of October 27 and 28, 2009, as well as the 2009 Madang commitment agreed by the Pacific Island countries and the 2008 Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities,

Recognizing the need to continue to raise awareness at the national, regional and international level about maternal mortality and morbidity,

Recognizing the role of the UN system, including its funds, programmes and agencies, in particular the leading roles of the World Health Organization, UNFPA, UNICEF, and the World Bank, in reducing maternal mortality and morbidity and the work under the annual World Health Assembly agenda item on monitoring the achievement of the health-related Millennium Development Goals, and welcoming the ongoing efforts of United Nations entities to promote gender equality, empowerment of women, development, human rights and peace through, inter alia, the mainstreaming of a gender equality perspective in United Nations activities,

Welcoming the ongoing partnerships between a variety of stakeholders at the local, national, regional and global levels aimed at addressing the multifaceted determinants of global health and the commitments and initiatives to accelerate progress on the health-related Millennium Development Goals, including those announced at the high-level event on the Millennium Development Goals, held at United Nations headquarters on 25 September 2008, and at the corresponding follow-up high-level event held on 23 September 2009,

Expressing deep concern that more than half a million women die every year from largely preventable complications related to pregnancy or childbirth; that for every death, WHO has assessed that an estimated twenty additional women and girls suffer from pregnancy-related and childbirth-related injury, disability, infection, and disease, that over 200 million women worldwide lack access to safe, affordable and effective forms of contraception, and that complications from pregnancy and childbirth are one of the leading causes of death for women between the ages of 15 - 19, in particular in many developing countries, and further expressing grave concern over the almost nine million children—four million of them newborns—who will die this year, chiefly from preventable causes, and that children whose mothers die are ten times more likely to die within two years,

Taking note that, as reported by WHO², the causes of maternal death, in order of prevalence worldwide, include severe bleeding (haemorrhage), infections, complications due to unsafe abortion, high blood pressure in pregnancy (eclampsia), obstructed labor, and other direct causes, accounting for an estimated 80 per cent of maternal mortality worldwide, as well as other indirect causes,

Expressing deep concern that HIV infection significantly increases the risk of maternal mortality and morbidity, so that in countries with high HIV prevalence, AIDS-related complications are one of the leading causes of maternal mortality,

² World Health Report 2005: Make Every Mother and Child Count

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

Reaffirming our commitment to the equal participation of women and men in public and political life as a key element in women's and men's equal participation in eliminating preventable maternal mortality and morbidity as well as in decision-making when defining policies and strategies in that regard,

Reaffirming that gender equality cannot be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health, and *reaffirming* that expanding access to sexual and reproductive health information and health services are essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals,

Recognizing the need for greater coordination, global cooperation and commitment to achieving universal access to health services for women and children through a primary health care approach and evidence-based interventions and further to reduce maternal and newborn mortality and morbidity, including through the provision of sexual and reproductive health care services, including family planning services, in line with the Beijing Platform for Action and Cairo Programme of Action,³

Recognizing also that the unacceptably high global rates of preventable maternal mortality and morbidity are health, development and human rights challenges, and recognizing further that such high rates are directly related to poverty, the presence of persistent gender inequalities, including inequitable and unequal access to adequate health services and facilities, gender-based violence, harmful traditional practices, lack of education, lack of economic opportunity, lack of participation in decision-making, and multiple forms of discrimination,

Recognizing that early pregnancy and early childbearing present a much higher risk of complications during pregnancy and delivery as well as maternal mortality and morbidity, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, cause high levels of obstetric fistula and other maternal morbidities as well as maternal mortality,

Recognizing the need to ensure women's and girls' right to education at all levels, as well as sex education based on full and accurate information in a manner consistent with the evolving capacities of girls and boys, and with appropriate direction and guidance,

Reaffirming the commitment to strengthening health systems that deliver equitable health outcomes,

Expressing concern about the slow pace of progress in improving maternal, newborn and child health and the inadequate resources for their health, and *noting* the growing inequalities between and within Member States, the lack of appreciation of the impact of maternal, newborn and child health on sustainable socio-economic development, and the continuing need to address gender inequalities,

Stressing the importance of strengthening health systems to better respond to women's health needs in terms of access, comprehensiveness, and quality, and *underlining the need* to address women's health through comprehensive strategies targeting root causes of gender inequality in health care, including unequal and limited access to health services,

1. *Calls upon* Member States and the international community to strongly commit at all levels to eliminate the persistent and the unacceptably high global rate of maternal mortality and morbidity;

³ Beijing Platform for Action, paragraphs 106-108 and Cairo Programme of Action paragraphs 8.19 - 8.27

2. *Urges* Government authorities and other leaders at the international, regional, national and local levels, to generate the political will, increased resources, commitment, international cooperation and technical assistance urgently required to reduce maternal mortality and morbidity and improve maternal and newborn health;

3. *Calls upon* States to fully and effectively implement the Beijing Platform for Action, the International Conference on Population and Development Programme of Action and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and reproductive rights and the promotion and protection of all human rights in this context; and to maximize their efforts to eliminate preventable maternal mortality and morbidity by strengthening comprehensive health services to women and girls, including access to sexual and reproductive health care services and information as agreed to in the Beijing Platform for Action and Cairo Programme of Action; ⁴

4. *Further calls upon* States to address gender inequalities, violations of the full enjoyment of all human rights of women and girls, discrimination against women and girls, poverty, and harmful traditional practices that contribute to the unacceptably high and persistent global rate of maternal mortality and morbidity, bearing in mind the impact of multiple forms of discrimination, to guarantee to all women access to the highest attainable standard of health, and to ensure women's full participation in decision-making at local, national and international levels regarding health care;

5. *Encourages* Member States to develop comprehensive strategies to target root causes of gender inequality in health care and put into practice policies to ensure women's access to affordable and adequate health services by strengthening health systems to better respond to women's needs;

6. *Calls upon* States to integrate HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, including strengthening efforts to eliminate the mother-to-child transmission of HIV, and *encourages* the international community, especially the Global Fund to combat HIV/AIDS, Tuberculosis and Malaria, to support these efforts;

7. *Urges* Member States, with the help of the United Nations system and the international community where needed, to strengthen health systems for women and girls to reduce maternal mortality and morbidity, through health financing, the health workforce, the procurement and distribution of medicines, vaccines, commodities and equipment; infrastructure, information systems, service delivery and political will in leadership and governance, bearing in mind the need for gender mainstreaming;

8. *Urges* Member States to strengthen measures, including increased financial resources, as necessary, to accelerate progress towards the achievement of Millennium Development Goal 5 on improving maternal health;

9. *Acknowledges* the critical role of men and boys and the need to share responsibilities between women and men in reducing maternal mortality and morbidity and promoting the health of women and girls, and *urges* Member States, the United Nations, and civil society to include in their development priorities programmes that address the critical role of men in supporting women to have access to safe conditions for pregnancy and childbirth, contributing to family planning, preventing sexually transmitted infections (STIs) and HIV, and ending violence against women and girls;

10. *Encourages* Member States, including donor countries, and the international community to increase their efforts to eliminate preventable maternal mortality and morbidity through effective health interventions and health system strengthening, promotion and protection of the full enjoyment of all human rights by women and girls and the empowerment of women and girls, and to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and cooperation arrangements, by honouring existing

⁴ Beijing Platform for Action paragraphs 106-108 and Cairo Programme of Action paragraphs 8.19 - 8.27

commitments and considering new commitments in areas such as humanitarian, emergency and crisis situations, and by coordinating at the MDG Summit in September 2010 to strengthen planning and accountability for greatly accelerated progress on reducing maternal mortality and morbidity;

11. *Urges* States to elaborate and implement comprehensive gender-sensitive poverty eradication strategies that address social, structural and macroeconomic issues in order to eliminate preventable maternal mortality and morbidity;

12. *Recognizes* the interlinkages between poverty, malnutrition, lack of, or inadequate or inaccessible health services, early childbearing, and gender discrimination as root causes of maternal mortality and morbidity, that poverty remains a major social risk factor, that the eradication of poverty contributes to meeting the needs and protecting and promoting the rights of women and girls and that continued urgent national and international action is required to eliminate it;

13. *Also encourages* Member States, in particular those with persistent high maternal mortality and morbidity, to maximize the efficient use of existing resources for maternal health and also to meet commitments such as those included in the Abuja Declaration to reduce poverty, and to increase budgetary allocations towards health and development programmes that would eliminate preventable maternal mortality and morbidity, including prevention and treatment of hemorrhage, obstructed labor, obstetric fistula, infections and reproductive cancers, eliminate financial barriers, and promote the health, including sexual and reproductive health, of women and girls;

14. *Urges* Member States, the international community, civil society, including women's and youth organizations, and the private sector to strengthen partnerships and international cooperation to eliminate preventable maternal mortality and morbidity;

15. *Encourages* Member States to collect data disaggregated by sex and age on all factors contributing to maternal mortality and morbidity, and on other categories needed for monitoring in a timely fashion progress toward MDG 5 and to share such data with the United Nations system for better monitoring of progress towards MDG 5 and its targets;

16. *Notes with appreciation* the work done by the United Nations on Millennium Development Goals indicators, in particular for MDG 5, and in this regard, *requests* the Secretary-General to continue to expand the knowledge base, including the United Nations web site on MDG progress, and *encourages* relevant United Nations Funds and Programmes, specialized agencies and offices, as feasible, to prepare a compendium of best practices that have been taken by Member States, United Nations bodies, Funds and Programmes, the private sector, and non-governmental organizations, including women's organizations, on eliminating preventable maternal mortality and morbidity, including through the empowerment of women and girls, the elimination of gender discrimination and gender inequalities, and the promotion of the full enjoyment of all human rights by women and girls;

17. *Decides* to hold at its fifty-fifth session an expert panel discussion on eliminating preventable maternal mortality and morbidity and the empowerment of women, including oral briefings by, and interactive discussion with the relevant United Nations Funds and Programmes, agencies and offices, including the World Bank, as well as representatives of the private sector and civil society, such as the Global Alliance for Vaccines and Immunizations (GAVI), the Global Fund to Combat HIV/AIDS, Tuberculosis and Malaria, and the Partnership for Maternal, Newborn, and Child Health;

18. *Requests* the Secretary-General to provide a report to the fifty-sixth session of the Commission on the Status of Women, in consultation with Member States, international organizations, and all other relevant stakeholders, taking into account Human Rights Council Resolution 11/8 and other relevant United Nations resolutions, on actions to strengthen linkages among programmes, initiatives and activities throughout the United Nations system for the empowerment of women and girls, gender equality, protection of all their human rights and elimination of preventable maternal mortality and morbidity.

