

**Commission on Population and Development**  
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**Agenda item 4**

**Maternal health, morbidity, mortality and development**

**Oral statement by Ipas, Catholics for Choice, the Center for Reproductive Rights, Human Rights Watch, Irish Family Planning Association, Population Action International, Red Activas in Spain, RFSU in Sweden, World Population Foundation and the Youth Coalition**

The ultimate objective of the Millennium Development Goals (MDGs) — to promote sustainable and equitable development — cannot be achieved without full attention to sexual and reproductive health and rights; this is particularly the case for MDGs 1, 3 and 5, which are necessary to eliminate preventable maternal mortality and morbidity.

The UN Secretary General's report notes:

“... most of the 536,000 women who died in 2005 of maternal causes could have been saved if they had had access to appropriate care. Virtually all maternal deaths occur in developing countries.”

This statement highlights the report's assertion that the proportion of deaths caused by HIV/AIDS, tuberculosis, malaria and maternal conditions is highest in low-income countries (14%) and virtually nil in high-income countries. Maternal mortality and morbidity thus provide clear evidence of the enormous development disparities affecting our world.

Lack of antenatal care and emergency obstetric services are two major causes of maternal morbidity and mortality, as is unsafe abortion. Every day, 182 women die from complications of unsafe abortion. Nearly 46% of women who die from unsafe abortions are younger than 24 years. In addition, it is estimated that every year at least five million women and girls are hospitalized for treatment of complications of unsafe abortion, which can lead to long-term effects such as infertility. All in all, unsafe abortions account for about 20% of the total global burden of maternal mortality as well as long-term reproductive ill health.

MDG 1 calls for eradicating extreme poverty and hunger. Poverty can be defined broadly as the sustained deprivation of resources, choices and opportunities that are essential for human dignity. Most women who die from unsafe abortions are resource-poor and certainly have been denied the ability to make decisions about their health and lives. The women most harmed by lack of access to safe reproductive choices are those without financial means or social connections: women who are poor, young, HIV-positive, survivors of sexual violence, refugees or otherwise vulnerable. When women are able to make safe reproductive choices, they can take better advantage of opportunities for education and employment.

Economic class clearly affects reproductive and sexual health: higher-income women more consistently use contraception, are better able to negotiate circumstances of sex, and have better access than poor women to health services, including safe abortion, regardless of its legal status. Legalizing abortion can decrease financial barriers to health care, including by reducing the prevalence of black-market services, which are often exorbitantly priced. Making safe elective abortion widely available can also dramatically reduce costs associated with managing complications of unsafe abortion. An Ipas study employing a costing model estimated an eight-to-one ratio between the costs of treating complications of unsafe abortion in tertiary settings under restrictive abortion law and providing safe elective abortions in primary health-care centers under liberal legislation.

MDG 3 calls for promoting gender equality and empowering women, both of which are integral to women's most basic human rights — the rights to health, survival and security. Denying women control over their own reproductive decision-making denies them full citizenship, by unduly limiting their self-determination and impeding equal participation in their nations' social, political and economic life. Laws that criminalize abortion — a procedure sought by tens of millions of women, and only women, each year — constitute gender-based discrimination and should be reformed. International human rights law creates government obligations with regard to the availability and quality of health care and services, including abortion. Since 1995, 28 countries from all regions of the world have liberalized their abortion laws and others are considering this.

In June 2009, the Human Rights Council adopted a resolution stating that maternal mortality is a worldwide problem with public health, development and human rights dimensions. The Council asked all States to “renew their political commitment to eliminating preventable maternal mortality and morbidity at the local, national, regional and international levels, and to redouble their efforts to ensure the full and effective implementation of their human rights obligations, [and] the Beijing Declaration and Platform for Action...”

At ICPD, governments agreed to a definition of reproductive health that includes abortion in circumstances where it is legal under national legislation. The outcome document from the United Nations General Assembly's 1999 review of the ICPD Programme of Action further stated in paragraph 63(iii): “In circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible.”

In October 2009, governmental Ministers at the High-Level Meeting on Maternal Health issued a call to action that urged presidents and ministers to provide effective and comprehensive voluntary family planning, as well as safe abortion and postabortion care, in line with the ICPD Programme of Action. Over 400 legislators and ministers at the Fourth Global Parliamentarians' Conference on Population and Development reiterated this and further called for a review of “all laws and practices that still restrict access to sexual and reproductive health services.”

Unsafe abortion is one of the easiest causes of maternal mortality and morbidity to address, through improved access to family planning information and services, high-quality postabortion care, and safe, legal abortion. Meeting the MDG5 targets of reducing maternal mortality and achieving universal access to reproductive health care can only be met if unsafe abortion is fully and effectively addressed, as just described. We sincerely hope that the resolution on health, morbidity, mortality and development will explicitly acknowledge this need.