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63rd Session of the United Nations General Assembly: Third Committee

Item 56: Advancement of Women

Maternal Health and Human Rights

Statement by

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on behalf of the

Pacific Islands Forum

14 October 2008

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I have the honour to make this statement on behalf of the Pacific Islands Forum countries in New York, in particular the Federated States of Micronesia, Fiji, Marshall Islands, Nauru, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Papua New Guinea, as well as Australia, and my own country New Zealand.

The Pacific Islands Forum reiterates our strong commitment to the advancement of women. There is also a greater focus than ever before on economic, social and cultural rights. An exclusive focus on civil and political rights and 'naming and shaming' has often concealed major issues that require international attention, including in the Pacific Islands region.

One of the greatest modern human rights disasters is the high rate of maternal mortality and disability - the preventable deaths of nearly 500,000 women, year after year. For every woman that dies, around 20 are left injured or disabled. These women are left unable to participate fully in their families and societies. Of all of the Millennium Development Goals, the international community has made least progress on MDG 5 on maternal mortality.

In the Pacific Islands Forum, as elsewhere, maternal mortality is a critical challenge. The need for better health for women and their communities is addressed in the Pacific Plan for Regional Cooperation and Integration, which is the guiding framework for the development of the Pacific Islands region. Accordingly, we reaffirm our longstanding commitments to the International Conference on Population and Development and to MDG 5 including 5b on reproductive health.

I would now like to take this opportunity to comment on issues of maternal health confronting our region. Further detail on the Pacific Islands progress in addressing maternal health is being distributed in the room.

As elsewhere, emergency obstetric care, skilled birth attendance and family planning are central to confronting the question of maternal mortality and disability in the Pacific Islands region. Some challenges most relevant to the Pacific islands include:

Reporting and effective data collection. Only with accurate reporting and effective data collection will we fully understand the nature and extent of the problem. Yet in many parts of the Pacific Islands, birth and death registration are not commonplace, let alone more comprehensive statistics.

Mobilizing resources and support remains essential, and to that end we support the focus on the connection between human rights and maternal health to help catalyse international action and increase priority on maternal health in national health budgets. Both Australia and New Zealand have recently increased resources for health programmes and for UN and regional agencies.

Availability, quality and use of maternal health services, in particular emergency obstetric care, are important issues in the Pacific, especially where communities live in remote and inaccessible areas, and populations are dispersed across enormous ocean areas.

Improved access to quality family planning and increased use and choice of contraceptives are areas of important work in the Pacific Islands, and we welcome the support provided by the SPC, the WHO and UN agencies such as UNFPA and UNICEF to these issues.

The statistic of the maternal mortality ratio per 100,000 births is a blunt instrument to assess the progress of the Pacific Islands on maternal health, due to the very small size of some Pacific Islands populations. Better indicators need to be developed to establish and monitor progress.

Mr Chairman, the Pacific Islands Forum supports international efforts to increase attention on maternal health. We further call for urgent and increased attention to this issue and assistance from UN agencies and other development partners working in the Pacific region.

At this year's General Assembly, we welcome Senegal's resolution on obstetric fistula and also the recent efforts to promote maternal health at the Human Rights Council in Geneva. We hope that this issue will also gain attention at next year's Commission on the Status of Women.

MATERNAL HEALTH IN THE PACIFIC

Key reference *2004 Pacific Islands Regional MDG Report*

Although children's health and maternal health status in the Pacific has improved significantly in recent decades, maternal health remains a serious concern across the Pacific island region. Leading causes of maternal death are similar to those reported globally; post partum haemorrhage, preeclampsia, obstructed labour, puerperal sepsis and complications of unsafe abortion. Important direct causes include anaemia and malaria.

Safe motherhood has been recognized as a basic human right that is protected by a range of human rights treaties and laws. Policies and advocacy that support safe motherhood as a basic right of women (and consequently a gender issue) are important. Approaching maternal health as a human rights issue helps to focus on and emphasise broader issues such as gender inequity (inaccessibility to care, decision-making, gender based violence etc.)

Improving the level of emergency obstetric care is a priority in all Pacific island countries; in addition actions need to be taken to expand overall access to health care during pregnancy and childbirth, and to improve pre-natal care standards. Maternal health in Pacific island countries will also benefit from strategies that focus on: improving nutrition for women and girls (including prevention of micronutrient deficiencies and anaemia), combating infectious and non communicable diseases, addressing reproductive health needs and addressing issues of violence against women.

It should be recognized and emphasized that for small Pacific Island countries and territories, indicator for Target 6 of MDG 5: *Maternal mortality ratio per 100,000 live births* is not an appropriate indicator given the small number of annual births and the even smaller number of maternal deaths in most of these countries. For example, a small island state such as Tuvalu records approximately 250 births in a given year and a single maternal death would produce a maternal mortality rate of 400 which would be the highest in the Pacific region and would completely misrepresent the status of maternal health care in Tuvalu.

Caution is also advised when considering maternal mortality in larger Pacific Island countries such as in the Solomon Islands where there is under-reporting and the data needs to be seen in the context of other mortality indicators such as female life expectancy and infant mortality.

Dramatic reduction of maternal mortality as called for in Target 6 requires that emergency care be accessible and used by pregnant women experiencing complications. Deadly complications randomly occur in all women, and it is often difficult to predict which women will develop these complications. Maternal mortality and morbidity have been found to be correlated with delays in receiving the required care (including delays in deciding to seek care for an obstetric complication, in actually reaching a care facility, and in actually obtaining care). This emphasizes the need for birth attendants to be capable of performing efficient emergency interventions.

Consequently the global emphasis on provision of skilled birth attendants and basic and comprehensive emergency obstetrical care is highly relevant in the Pacific, where availability, quality and use of maternal services are important issues. In PNG, studies have concluded that it will be difficult to decrease the maternal mortality rate significantly unless antenatal clinic attendance and supervised delivery improves drastically. Training of health practitioners and health service providers including midwives in the utilization of evidenced based obstetrical protocols and guidelines is also important.

In addition attendants should also be made aware of the importance of birth and death registration as required by the Convention on the Rights of the Child and of the importance of early and regular prenatal visits. In many Pacific Island countries, birth and death registration exist but in name. In some States, there is considerable under-reporting of births. Vanuatu's civil registration office estimates that less than 20 per cent of all births are registered within a year (*ibid*, 14); according to the Solomon Islands Registrar, the "Civil Registration and Electoral Commission has added only 576 birth registrations to its database since 2002, whereas there have been probably at least 45,000 births in Solomon Islands during this period". The situation regarding death registration is worse.

In addition to training there is a need for the development and upgrading of infrastructure, particularly in rural areas (including communications, medical facilities and equipment), and provision of supplies. The lack of accurate and timely data and information are real concerns to planners and policymakers. There is a need for specific information regarding why maternal mortality persists, which requires first and foremost better diagnostic skills and accurate reporting. It may also require information including qualitative data specific to place and time. This has been recognized at many international meetings, i.e. guidance for health professionals, health care planners and managers to collect better information relating to causes of maternal mortality.

Because of the problems associated with the maternal mortality ratio for the Pacific, other progress indicators are needed to measure progress in providing expanded obstetric care, and maternal health more generally. Such indicators should be developed cooperatively with international agencies, regional organizations and Pacific Island countries. Information requirements and issues include:

- Common definitions to measure proportion of deliveries with skilled attendants trained in the delivery of emergency obstetric care (EMOC); indicators for the number of facilities offering such care and their geographic distribution within each country; indicators of the percentage of women with complications treated with EMOC facilities, and for caesarean section and fatality rates; data on percentage of women attending antenatal care at least once during pregnancy, percentage of women receiving post natal care, and %age of anaemic women; age specific fertility rates
- Various plans and programmes are actively addressing a number of the issues raised here. They include: WHO introduced evidenced based guidelines and manuals that address both emergency obstetric care for complicated cases, more general training addressing neonatal care more broadly, for peripheral staff and communities.
- Measures are also being implemented to strengthen health information systems for maternal and child care service. Efforts in this area are complemented by the recent conduct of Demographic and Health Surveys in 5 Pacific Island countries between 2006-2007 by the SPC in partnership with MACRO Int., which not only provide very comprehensive demographic and health statistics and indicators, but also much needed information on health practices, and associated attitudes and beliefs.
- Some Pacific Island countries have drafted national action plans on maternal health and neonatal mortality reduction with planned support by WHO.
- Pacific Island countries under the agreed Plan of Action on Reproductive Health commodities have improved access to contraceptives. Other activities to improve access to quality family planning, to increase contraceptive use and to address high prevalence of STIs are being conducted by WHO and SPC's Public Health Programme, in association with other UN agencies such as UNFPA and UNICEF.
- The UNFPA/SPC Adolescent Health Development Programme is addressing reproductive health issues targeting young people which is important given the high percentage of PIC populations between the ages of 10-24 years.
- However, the biggest challenge for the Pacific in improving maternal health is not in determining strategies and actions but in mobilizing resources and support.