



# General Assembly

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## Human Rights Council

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Agenda item 3

**Promotion and protection of all human rights, civil,  
political, economic, social and cultural rights,  
including the right to development**

**Albania,\* Argentina, Australia,\* Austria,\* Belgium, Bulgaria,\* Canada,\* Chile,  
Colombia,\* Costa Rica, Croatia,\* Czechia, Denmark,\* Ecuador,\* Estonia,\* Finland,  
Georgia, Germany, Greece,\* Iceland,\* Ireland,\* Italy,\* Latvia,\* Liechtenstein,\*  
Lithuania, Luxembourg, Malta,\* Mexico, Monaco,\* Montenegro, Netherlands  
(Kingdom of the),\* New Zealand,\* North Macedonia,\* Norway,\* Peru,\* Portugal,\*  
Romania, Slovenia,\* Spain,\* Sweden,\* Switzerland,\* Ukraine and Uruguay\*: draft  
resolution**

## 54/... Preventable maternal mortality and morbidity and human rights

*The Human Rights Council,*

*Guided by the purposes and principles of the Charter of the United Nations,*

*Recognizing* that preventing maternal mortality and morbidity is one of the human rights priorities for all States, and reaffirming that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

*Reaffirming* the Universal Declaration of Human Rights, and recalling relevant international instruments, including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities,

*Recalling* previous Human Rights Council resolutions on preventable maternal mortality and morbidity and human rights,

*Reaffirming* the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, and reaffirming also the resolutions and agreed conclusions of the Commission on the Status of Women and the resolutions of the Commission on Population and Development,

*Recalling* the commitment contained in Sustainable Development Goal 3 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, and deeply concerned that the ratio in 2020 was still over three times higher than that target,

*Welcoming* the efforts of the World Health Organization, the United Nations Population Fund and other United Nations agencies, funds and programmes, within their

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\* State not a member of the Human Rights Council.



respective mandates, to prevent maternal mortality and to prevent and treat maternal morbidity,

*Recognizing* the importance of strengthening coordination among all relevant United Nations agencies and civil society organizations, in accordance with their respective mandates, and the need for States to respect, protect and fulfil sexual and reproductive health and reproductive rights, to reduce preventable mortality and morbidity,

*Reaffirming* that States have an obligation to take steps to achieve the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, free from discrimination, coercion and violence,

*Noting* that the World Health Organization has identified severe bleeding and infections, mostly after childbirth, high blood pressure during pregnancy, complications from delivery and unsafe abortion as the leading causes of maternal mortality and that United Nations treaty bodies have highlighted the connection between lack of emergency obstetric services, high rates of unsafe abortion and maternal mortality and morbidity,

*Recognizing* that preventable maternal mortality and morbidity is a human rights concern and that preventable deaths and grievous injuries sustained by women and girls during pregnancy, childbirth and the prenatal and postnatal periods are not inevitable events, but rather a direct result of, inter alia, discriminatory laws and practices, harmful gender norms and practices, a lack of functioning health systems and services, a lack of access to health services, in particular in rural and remote areas and the poorest urban areas, and a lack of accountability,

*Expressing concern* about the disproportionate impact of poverty, global economic crises, underdevelopment, austerity measures, unemployment, malnutrition, climate change, biodiversity loss, pollution, environmental degradation, conflict, natural hazards and health emergencies on women's and girls' enjoyment of human rights, including those related to sexual and reproductive health and well-being, which may exacerbate existing structural inequalities and contribute to maternal mortality and morbidity,

*Stressing* the interlinkages between poverty, malnutrition, lack of, inadequate or inaccessible health services, early childbearing, child, early and forced marriage, gender-based violence against women and girls, sociocultural barriers, marginalization, illiteracy and gender inequality as root causes of maternal mortality and morbidity,

*Deeply concerned* about the insufficient resources for eliminating preventable maternal mortality and morbidity in many countries, which is compounded by low levels of development assistance for sexual and reproductive health, including maternal health,

*Recognizing* that all women and girls are subject to multiple, intersecting and systemic forms of discrimination throughout their lives based on, inter alia, gender, age, race, ethnicity, indigeneity, religion or belief, physical and mental health, disability, civil status, socioeconomic background and migration status, in private and public spaces, both online and offline, and that substantive equality requires the elimination of the root causes of structural discrimination against them, including deep-rooted patriarchal and gender stereotypes, negative social norms, sociopolitical and economic inequalities and systemic racism, as well as traditional understandings of gender roles that perpetuate unequal power relations, discriminatory attitudes, behaviours, norms, perceptions, customs and harmful practices, such as female genital mutilation and child, early and forced marriage,

*Recognizing also* that a human rights-based approach to the elimination of preventable maternal mortality and morbidity is underpinned by the principles of, inter alia, equality, accountability, engagement, participation, accessibility, transparency, empowerment, sustainability, non-discrimination and international cooperation and requires the provision of available, accessible, including economically accessible, acceptable and quality sexual and reproductive health information and services, including maternal health information and services,

*Recognizing further* that the underlying determinants of health, such as equitable access to affordable and safe drinking water and adequate sanitation, an adequate supply of

safe food, nutrition and housing, healthy occupational and environmental conditions, access to health-related education and information and quality and essential health services, are essential to ensuring the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and to eliminating preventable maternal mortality and morbidity,

*Recognizing* that violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, and those involving inadequate emergency obstetric services, obstetric violence and unsafe abortion can cause high levels of maternal morbidity, including obstetric fistula, uterine prolapse, post-partum depression and infertility, leading to ill health and death among women and girls of childbearing age in many regions of the world,

*Recognizing also* that sexual and reproductive health and reproductive rights are integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that comprehensive sexual and reproductive health information and services must have the interrelated and essential elements of availability, accessibility, including economic accessibility, acceptability and quality, on the basis of non-discrimination and formal and substantive equality, including by addressing multiple and intersecting forms of discrimination,

*Recognizing further* that the right to seek, receive and impart comprehensive information concerning sexual and reproductive health and reproductive rights issues is essential for the accessibility of services and that unequal access to information by women and girls, including Indigenous women and girls, those from ethnic minorities, those with disabilities and those from other marginalized groups, amounts to discrimination,

*Deeply concerned* that there are continuing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, which have a negative impact on rates of maternal mortality and morbidity, and that the full enjoyment of this right remains a distant goal for many women and girls, including adolescents, throughout the world,

*Deeply concerned also* that women and girls living in vulnerable or marginalized situations, including in humanitarian and conflict settings, are disproportionately exposed to a high risk of human rights violations and abuses, including through sexual and gender-based violence, trafficking in persons, systematic rape, sexual slavery, forced sterilization, forced pregnancy, harmful practices, such as child, early and forced marriage and female genital mutilation, and lack of available, accessible, including economically accessible, acceptable and quality sexual and reproductive health information and services, evidence-based information and education, including evidence-based comprehensive sexuality education, lack of access to perinatal care, including skilled birth attendance, and emergency obstetric care, poverty, underdevelopment and all types of malnutrition, resulting in heightened risks of unintended and unwanted pregnancy, unsafe abortion and maternal mortality and morbidity,

*Deeply concerned further* that the coronavirus disease (COVID-19) pandemic has led to overloaded health systems, the reallocation of human and financial resources, including through the de-prioritization of sexual and reproductive health and rights and the removal of certain services from the list of essential services, the redeployment of midwives, shortages of medical personnel and supplies and disruptions to global supply chains, which has negatively impacted the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, particularly for women and girls, and has affected the availability of and access to health-care workers, access to maternal and newborn care and other essential maternal and child health support and services; safe abortion when not against national law, and post-abortion care; sexual and reproductive health information and education; contraception; and treatment of sexually transmitted infections, while fear of contracting the virus inhibited some women and girls from visiting health-care facilities, thereby increasing the risk of maternal mortality and morbidity,

*Deeply concerned* that widespread discrimination against women and girls, including on the basis of age, socioeconomic status, disability, racial or ethnic background, language,

religion, health or Indigenous or other status, and multiple and intersecting forms of discrimination substantially heighten their risk of suffering maternal morbidity and that the COVID-19 pandemic further underscored the health impact of social inequalities, exacerbated pre-existing forms of inequality and systemic discrimination faced by women and girls and increased the occurrence of sexual and gender-based violence and harassment, including obstetric violence, child, early and forced marriage and unintended and unwanted pregnancy, in particular among adolescents, thereby also increasing the risk of maternal mortality and morbidity,

*Reaffirming* that human rights include the right to have control over and to decide freely and responsibly on matters relating to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships in matters of sexual relations and reproduction, including full respect for dignity, integrity and bodily autonomy rights, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences,

*Recognizing* that the stigma, shame and isolation associated with specific forms of maternal morbidity can lead to harassment, discrimination, ostracism and violence against women and girls and can prevent them from seeking care, thereby resulting in physical, psychological, economic and social harm to or suffering for women and girls,

*Recognizing also* that there are large disparities in maternal mortality and morbidity rates not only between but also within countries, in particular in rural and remote areas and the poorest urban areas, and that for women and girls from marginalized groups, pre-existing inequalities and discrimination in their socioeconomic status, as well as multiple and intersecting forms of discrimination during the COVID-19 health crisis, compounded the impact of the pandemic on their lives,

*Noting with concern* that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age and that complications in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls in developing countries, and recognizing the need to address all social, economic and environmental determinants of health in order to reduce the aforementioned disparities,

*Convinced* that greater political will and commitment, international cooperation and technical assistance at all levels are urgently required to reduce the unacceptably high global rate of preventable maternal mortality and morbidity and that the integration of a human rights-based approach to the provision of sexual and reproductive health information and services can contribute positively to the common goal of reducing that rate,

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

*Deeply concerned* that maternal morbidity has an intergenerational impact, by reducing girls' opportunities to complete their education, gain comprehensive knowledge, participate in the community or develop employable skills, is likely to have a long-term adverse impact on their physical and mental health and well-being, their employment opportunities and their quality of life and that of their children and violates the full enjoyment of their rights,

1. *Urges* all States to eliminate preventable maternal mortality and morbidity, to respect, protect and fulfil sexual and reproductive health and reproductive rights and the right to have full control over and decide freely and responsibly on all matters relating to sexuality and sexual and reproductive health, free from discrimination, coercion and violence, including by addressing social and other determinants of health, through the removal of legal barriers and the development and enforcement of policies, best practices and legal frameworks that respect bodily autonomy, and to guarantee universal access to sexual and reproductive health services, evidence-based comprehensive sexuality education, safe and effective methods of modern contraception, emergency contraception, universal access to health care, including quality maternal health care and maternal mental health services, such as skilled birth attendance and emergency obstetric care, safe abortion, when not against

national law and post-abortion services and care, and the integration of sexual and reproductive health into national health strategies and programmes for all women and girls, including adolescents;

2. *Calls upon* States to ensure equitable coverage and timely access, by means of national plans, policies and programmes, to health services, in particular emergency obstetric and newborn care, skilled birth attendance and family planning, that are available, accessible, including economically accessible, acceptable and of quality, in particular in rural and remote areas and the poorest urban areas;

3. *Calls upon* all States and relevant international organizations to take measures and support programmes that are aimed at combating undernutrition in mothers, in particular during pregnancy and breastfeeding;

4. *Urges* States to ensure that response and prevention measures for present and future health emergencies are grounded in human rights standards and integrate an age- and gender-responsive approach, with a combination of emergency and long-term measures, including in relation to sexual and reproductive health, to be developed and implemented with the full, equal, meaningful and inclusive participation and leadership of women and girls at all levels of decision-making, and to protect individual autonomy and freedoms;

5. *Also urges* States to strengthen health systems, ensure the integration of sexual and reproductive health services into national health policies and guarantee that health facilities, goods and services related to women's and girls' sexual and reproductive health are available, accessible, including economically accessible, acceptable and of quality, including by facilitating access to telemedicine or telecommunications to support sexual and reproductive health services and the distribution of information about contraceptives and family planning, through toll-free services, and putting in place creative arrangements to support victims and survivors of gender-based violence, for example, hotlines and online services;

6. *Further urges* States to prioritize sexual and reproductive health services, including maternal health services, from the outset of health emergencies and to provide them with sufficient funding, supplies, equipment and infrastructure to ensure that all women and girls have uninterrupted access to such services, without discrimination, including maternal health services, contraception, safe abortion services, when not against national law, and post-abortion care;

7. *Urges* States to ensure the availability, accessibility, including economic accessibility, acceptability and quality of health information and services, including mental health and psychosocial services and sexual and reproductive health-care information and services, free of coercion, discrimination and violence, and to take measures to address any misinformation and disinformation, online and offline, regarding sexual and reproductive health services and barriers to access to such services;

8. *Calls upon* States, also in the context of health emergencies, to ensure the continuity of sexual and reproductive health-care services, including access to maternal and newborn care, and other essential maternal and child health support and services, safe abortion, when not against national law, and post-abortion care, modern forms of contraception, screening and treatment for sexually transmitted infections, preventative vaccination, screening and treatment for cervical cancer, prevention of vertical transmission of HIV, nutrition and mental health services;

9. *Also calls upon* States to ensure a more holistic approach to the humanitarian-development nexus by integrating the prevention and elimination of maternal mortality and morbidity into humanitarian preparedness and response plans, including in the continuum of essential services for sexual and reproductive health and combating gender-based violence in emergencies, with particular attention given to the protection needs of refugee, asylum-seeking, migrant and internally displaced women and girls;

10. *Further calls upon* States to address the underlying determinants of health, such as gender and racial discrimination and socioeconomic factors, including poverty and malnutrition, which render certain women and girls, including adolescents, and especially

those facing intersectional discrimination, more vulnerable to maternal morbidity, such as obstetric fistula, uterine prolapse, perinatal distress, post-partum depression and infertility;

11. *Calls upon* States to respect, protect and fulfil the right to sexual and reproductive health, including for women, girls, women and girls with disabilities, and pregnant and breastfeeding women and girls in criminal justice detention, free from discrimination, coercion and violence, and addressing the social and other determinants of health, removing legal barriers, developing and enforcing policies, good practices and legal frameworks that respect dignity, integrity and bodily autonomy and guarantee universal access to sexual and reproductive health services that are available, accessible, including economically accessible, acceptable and of quality and evidence-based information and education, including for menstrual health and family planning, and ensuring timely access to maternal health services and emergency obstetric care, including treatment for pregnancy-related morbidity, while being respectful of the principle of confidentiality;

12. *Urges* States and encourages other relevant stakeholders, including national human rights institutions and non-governmental organizations, to take action at all levels, utilizing a human rights-based approach, to address the interlinked causes of maternal mortality and morbidity, such as lack of available, accessible, including economically accessible, acceptable and quality health services for all, lack of information and education, including evidence-based comprehensive sexuality education, lack of access to medicines, medical equipment and perinatal facilities, all types of malnutrition, poverty, stigma, lack of confidentiality of medical patient records, lack of access to safe drinking water and sanitation, poverty, underdevelopment, shortages in human and material resources facing health-care systems, shortages in humanitarian assistance and funding shortages affecting hospitals, technical assistance, capacity-building and training needs, harmful practices, including child, early and forced marriage and female genital mutilation, early childbearing and gender-based inequalities and discrimination, and to take concrete measures to eliminate all forms of discrimination and violence against all women and girls;

13. *Calls upon* States to promote human rights-based, age- and gender-responsive and disability-inclusive multisectoral and cross-disciplinary coordination of policies, programmes, budgets and services designed to prevent and treat maternal mortality and morbidity, with the active participation of all relevant stakeholders, including civil society, and especially the full, equal, meaningful and inclusive participation of all women and girls, at the national, local and community levels, and to promote social accountability mechanisms to monitor such policies, programmes, budgets and services in order to accelerate the elimination of maternal mortality and morbidity and the achievement of universal access to sexual and reproductive health;

14. *Urges* States to strengthen the capacity and resourcing of health systems and the health workforce, to provide the essential services needed to prevent and treat maternal mortality and morbidity, including through increased budget allocations for health, including sexual and reproductive health-care services, and the deployment and training of midwives, nurses, obstetricians, gynaecologists, doctors, surgeons and anaesthesiologists, in accordance with international medical standards, and to ensure holistic social integration services, including counselling, education, family planning, socioeconomic empowerment, social protection and psychosocial services, so that women and girls living with maternal morbidity can overcome stigma, discrimination, ostracism and economic and social exclusion;

15. *Also urges* States to strengthen their research, data collection and monitoring and evaluation systems to promote reliable, transparent, collaborative and disaggregated data collection on the availability, accessibility, including economic accessibility, acceptability and quality of sexual and reproductive health services for all women and girls, as well as the sexual and reproductive health needs of all women and girls throughout their life cycles, in order to support more comprehensive policies to prevent and address maternal mortality and morbidity;

16. *Further urges* States to strengthen maternal death surveillance and response mechanisms within national health systems to identify and correct systemic failures in access to acceptable and quality sexual and reproductive health services, including community and facility-based maternal health services;

17. *Calls upon* States to build recognition, at the national and international levels, that preventable maternal mortality and morbidity is a human rights issue, including through more targeted research in this area, the allocation of sufficient resources and dedicated efforts to ensure the availability, in particular for women and girls, of information on the overlapping causes of specific maternal mortalities and morbidities and their prevention;

18. *Takes note with appreciation* of the follow-up report of the United Nations High Commissioner for Human Rights on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity,<sup>1</sup> which was focused on the impact of the COVID-19 pandemic on sexual and reproductive health, including maternal health, and encourages all stakeholders to consider the recommendations contained therein;

19. *Requests* States and other relevant actors to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and international assistance and cooperation arrangements, including by strengthening technical cooperation to address maternal mortality and morbidity, including through the transfer of expertise, technology and scientific data and by exchanging good practices with developing countries, while honouring existing commitments, and to integrate a human rights-based perspective into such initiatives, addressing the impact that discrimination against women and girls has on maternal mortality and morbidity;

20. *Urges* States to ensure that laws, policies and practices respect bodily autonomy and privacy rights and the equal right to decide autonomously in matters regarding one's own life and health, by bringing laws and policies concerning sexual and reproductive health and reproductive rights, including international assistance policies, into line with international human rights law and repealing discriminatory laws relating to third-party authorization for health information and health services and combating discriminatory gender stereotypes, norms and behaviour;

21. *Also urges* States to ensure access to justice and accountability mechanisms and timely and effective remedies for the effective implementation and enforcement of laws and standards aimed at preventing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, especially those aimed at preventing maternal mortality and morbidity, such as by informing all women and girls of their rights under relevant normative frameworks, improving legal and health infrastructure and removing all barriers to access to legal counselling, assistance and remedies;

22. *Calls upon* States to ensure gender equality, women's rights and children's rights, and other relevant stakeholders as appropriate to take action, through inclusive public awareness-raising and evidence-based initiatives, including in schools, through the media and online, such as by incorporating curricula on all women's and girls' rights into teacher training courses, including the prevention of sexual and gender-based violence and discrimination, and ensuring universal access to evidence-based comprehensive sexuality education in and out of school settings;

23. *Also calls upon* States to convene and support multi-stakeholder meetings and consultations involving health workers and marginalized women and girls at multiple levels to discuss the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, to identify opportunities within national-level processes and to prioritize concrete areas and plans for action;

24. *Notes* the importance of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes for the reduction of preventable maternal mortality and morbidity,<sup>2</sup> which provides detailed guidance on the steps required to develop, implement and evaluate policies and programmes on maternal health, following a policy cycle of planning, budgeting, implementation, monitoring, review and oversight and remedies;

<sup>1</sup> A/HRC/54/34.

<sup>2</sup> A/HRC/21/22.

25. *Requests* the Office of the United Nations High Commissioner for Human Rights to prepare an update to the technical guidance on the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, informed by a global analysis from different regional perspectives of good practices, gaps and challenges and the main developments in the area of preventable maternal mortality and morbidity and to submit the updated technical guidance, in a comprehensive report, accessible to persons with disabilities, including in accessible and Easy Read formats, to the Human Rights Council at its sixtieth session;

26. *Also requests* the Office of the High Commissioner to facilitate the open, transparent and inclusive update of the technical guidance, through online consultations with States, relevant entities of the United Nations system, in particular the United Nations Population Fund, the World Health Organization, the United Nations Children's Fund and the United Nations Entity for Gender Equality and the Empowerment of Women, civil society organizations and other relevant stakeholders, such as health providers and women's human rights organizations, including through one expert consultation, to be held in hybrid format in 2025;

27. *Decides* to remain seized of the matter.

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