

To
the **Office of the High Commissioner for Human Rights**
Attn: **Mr. Ruben Brouwer / Ms. Lucinda O’Hanlon**
Geneva

Dear Mr. Brouwer:

The Swedish Association for Sexuality Education¹ – RFSU (Sweden), together with its partners having acting work on topics related to maternal mortality and morbidity: CIES Salud Sexual – Salud Reproductiva and Colectivo Rebeldia (Bolivia), Association for Preventing Septic Abortion Bangladesh – BAPSA and Reproductive Health Services, Training and Education Program – RHSTEP (Bangladesh), Family Health Options (FHOK) – Kenya, Hera XXI – Georgia, Curious Minds (Ghana), Reproductive Health Association of Cambodia – RHAC (Cambodia), and the International Planned Parenthood Federation, Western Hemisphere Region (IPPF-WHR) – Latin American Region, hereby send their joint submission to the Office of the High Commissioner on Human Rights (OHCHR) on the consultation “a human rights-based approach to the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance”.

The aforesaid organisations welcome this consultation, thanks the OHCHR for its work on the topic and the opportunity to provide input from a cross-regional perspective, and are pleased to provide further input on the topic under consultation as deemed convenient².

Preliminary remarks on the joint-submission

The present joint-submission includes the individual responses to the topics covered by the OHCHR’s questionnaire, as well as some general quantitative analysis of the information provided by RFSU’s partners.

In order to enable the active participation of local organisations focused on service provision, RFSU considered the added value of disaggregating the five general questions included in the OHCHR’s questionnaire, in order to ask more punctual on the contents of the Technical Guidance and, therefore, more accessible for organisations working mainly in the field. Following this procedure, the OHCHR’s questionnaire was disaggregated in 30 specific questions based on the content of the Technical Guidance under consultation, as follows:

- Question 1 was divided into 17 specific questions
- Question 2 was divided into 3 specific questions
- Question 3 was divided into 5 specific questions
- Question 4 was divided into 3 specific questions
- Question 5 was divided into 2 specific questions

¹ The Swedish Association for Sexuality Education, RFSU, an organisation holding consultative status before ECOSOC since 1999, works for sexual and reproductive health and rights (SRHR) since 1933. Through education, advocacy and international cooperation, RFSU aims to improve everyone’s possibility to “be, choose and enjoy”. Based in Sweden, RFSU actively works at the national and international level, running international programmes in 20+ countries and participating in global processes.

² The contact person for this topic is Wilson De los Reyes Aragón (Senior Legal Advisor, RFSU – Sweden)
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The 30 questions based on the OHCHR's original questionnaire were distributed to relevant partners to RFSU worldwide via an online survey (hosted at Google surveys), giving the partners the option to provide contact details or to remain anonym. 12 answers were received, 2 of them remaining anonym. The information included in the anonym answers to the survey were only used for statistical purposes included in the general analysis hereby provided. A soft copy of the individual answers to the survey (including clear reference to particular organisations and countries) also attached to this joint-submission.

The submission is comprised by following documents:

- Cover-letter and general remarks on the joint-submission
- Table with disaggregated questions and their correspondence to the five questions included in OHCHR's questionnaire
- Summary of the information obtained from the respondent organisations
- Soft-copy of the individual answers to the survey provided by the submitting organisations

Sincerely,

Wilson De los Reyes Aragón, Ph.D
Senior Legal Advisor – RFSU Main Representative to the UN in Geneva



Summary of the information obtained from the respondent organisations

1. List of RFSU's partners responding the questionnaire

- CIES Salud Sexual – Salud Reproductiva – Bolivia
- Association for Preventing Septic Abortion Bangladesh, BAPSA – Bangladesh
- International Planned Parenthood Federation, Western Hemisphere Region, IPPF-WHR - Latin America and the Caribbean
- Family Health Options Kenya, FHOK – Kenya (two answers)
- Colectivo Rebeldia – Bolivia
- Undisclosed
- Hera XXI – Georgia
- Reproductive Health Services, Training and Education Program, RHSTEP – Bangladesh
- Curious Minds – Ghana
- Undisclosed
- Reproductive Health Association of Cambodia, RHAC – Cambodia

This joint-submission corresponds to the following regions/countries

Africa: Ghana and Kenya
 Americas: Bolivia and regional
 Asia-Pacific: Bangladesh and Cambodia
 Eastern Europe: Georgia

2. Some general analysis

On the question 1: What steps has your Government or organization taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?

2.1. General overview of the relevant population groups targeted by respondent organisations

Group	%
Adolescents	91,67
Ethnic and racial minorities	58,33
Indigenous women	41,67
Women with disabilities	50,00
Sex workers	58,33
Women living with HIV/AIDS	66,67
Women living in underserved areas and other stigmatized or excluded populations	66,67
Poor women	100,00
LGBTIQ-persons	66,67
Trafficked and sexually exploited women and girls	25,00
Female prisoners	25,00
Women and girls living in conflict situations (refugees, stateless, asylum seekers, undocumented migrants, displaced women or other women affected by war)	66,67

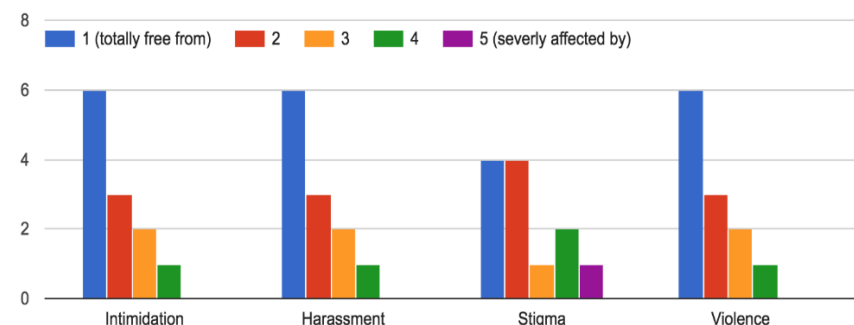
2.2. Overview of the interventions for combatting preventable maternal mortality and morbidity that respondent organisations provide and/or advocate for

Intervention	%
Family Planning Services	91,67
Prevention and management of STI	100,00
Prevention and management of HIV/AIDS	91,67
Management of unintended pregnancies	100,00
Access to safe and legal abortion services	100,00
Post-abortion care	91,67
Appropriate antenatal care	91,67
Detection of Domestic Violence	83,33
Management of prelabour rupture of membranes and preterm labour	66,67
Induction of labour for prolonged pregnancy	58,33
Prevention, management of post-partum haemorrhage	66,67
Caesarian sections	75,00
Appropriate post-partum care	75,00
Newborn care	75,00
Oxytocics	50,00
Antibiotics	58,33
Misoprostol and Mifepristone	91,67
Magnesium sulphate	50,00
Anti-retroviral medications and testing-kits	58,33
Anti-malaria medications (if relevant)	50,00
Contraceptive methods (condoms, hormonal and intrauterine)	100,00

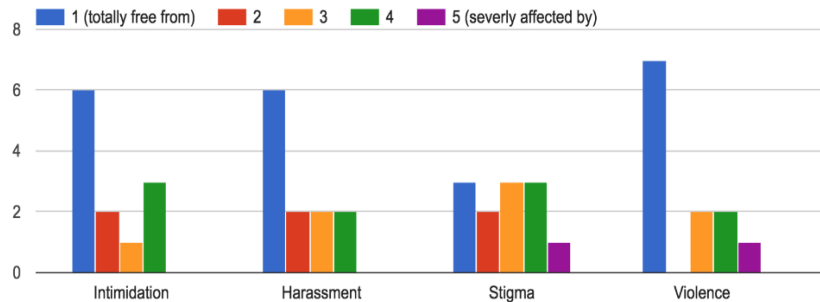
2.3. 91,7% of respondent organisations affirmed that women and girls do participate in processes concerning planning, implementation and assessment of the respective organisation’s strategies and activities against preventable maternal mortality and morbidity. Examples of how such participation looks like is provided in the individual answers to the survey.

2.4. 91.7% of respondent organisations affirmed having organizational participation (contribute and influence) in state-led processes concerning planning, budgeting, implementation and assessment of state-led strategies against preventable maternal mortality and morbidity. Examples on this are provided in the individual answers to the survey

2.5. General overview of respondent organisations’ opinion about of the main risks/challenges they face when working on preventable maternal mortality and morbidity



2.6. General overview of respondent organisations’ opinion about the main risks their patients/beneficiaries face



2.7. The GAG-rule has not had a general impact on all respondent organisations, but definitely has affected some of them. More information on this topic is included in the individual answers provided by partners.

On the Question 2: Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.

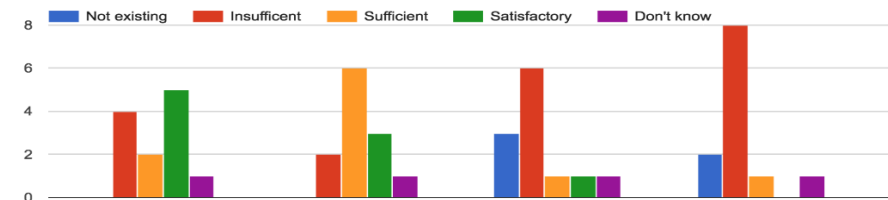
2.8. 58.3% of respondent organisations affirmed being familiar with the “Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality”. Out of them, 63,6% considered the Technical Guidance useful (more information on how the Guidance is actually used by stakeholders is provided in individual answers to the survey)

These results indicate that, while the Technical Guidance is not generally unknown, further dissemination among relevant stakeholders is still necessary. Also, that communication strategies on the Guidance should not be limited to dissemination, but need to include actions to build capacity

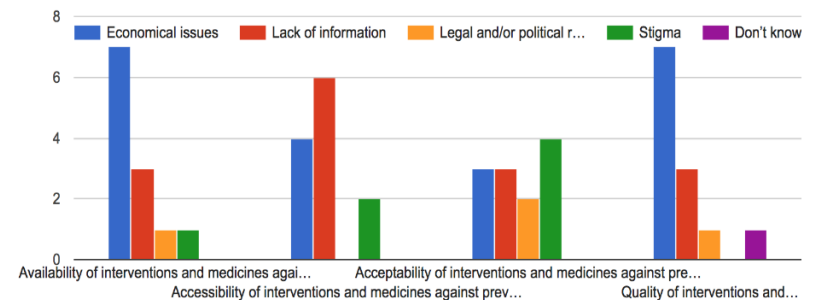
among relevant stakeholders in order to be effectively used by them in practice.

On the Question 3: What challenges does your Government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

2.9. A general overview of respondent organisations’ opinion on the current legislative, policy and regulatory measures for addressing preventable MMM, as relevant for their own contexts is presented below. More information is provided in individual answers to the survey



2.10. Respondent organisations’ opinion on the major obstacles hindering the availability, accessibility, acceptability and quality of interventions and medicines for preventing maternal mortality and morbidity is presented below, noting the major relevance of economic barriers and lack of information. More details are available in individual answers to the survey



On the Question 4: With evidence indicating that a majority of maternal deaths occur in fragile and humanitarian settings and that pregnant women may have increased medical risks in crises settings, how does your Government or organization work to apply a human rights-based approach to reducing maternal mortality and morbidity in these contexts? Please elaborate on good practices and challenges in this regard.

2.11. 66.7% of respondent organisations is actively engaged in advocating for and/or providing SRHR-related services in humanitarian settings. Their assessment of the availability of relevant medicines, services and information is presented below (7 answers out of 12)

Service/Information/Medicines	%
Family Planning Services	100,0
Prevention and management of STI	71,4
Prevention and management of HIV/AIDS	28,6
Management of unintended pregnancies	71,4
Access to safe and legal abortion services	71,4
Post-abortion care	71,4
Appropriate antenatal care	71,4
Detection of Domestic Violence	57,1
Management of prelabour rupture of membranes and preterm labour	28,6
Induction of labour for prolonged pregnancy	28,6

Prevention, management of post-partum haemorrhage	42,9
Caesarian sections	42,9
Appropriate post-partum care	57,1
Newborn care	28,6
Oxycytocics	42,9
Antibiotics	71,4
Misoprostol and Mifepristone	71,4
Magnesium sulphate	57,1
Anti-retroviral medications and testing-kits	14,3
Anti-malaria medications (if relevant)	14,3
Contraceptive methods, including condoms, Hormonal methods and intrauterine devices	85,7

On the Question 5: Does your Government or organization regularly collect data on sexual and reproductive health in crisis settings? Please elaborate on good practices and challenges in this regard.

2.12. Only 50% of respondent organisations working on humanitarian settings considered that their respective Government collected data on sexual and reproductive health in humanitarian settings on a regular basis. More information on the challenges regarding this topic is included in individual responses to the survey.

Table with disaggregated questions and their correspondence to the five questions included in OHCHR’s questionnaire

OHCHR-questionnaire	Specific questions to RFSU’s partners
<p>Question 1: What steps has your Government or organization taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?</p>	Does your organisation (directly or indirectly) reach out to the following groups in your work against preventable Maternal Mortality and Morbidity? (list taken from the guidelines)
	If you answer yes, please indicate how you reach them.
	Can women and girls participate (i.e. being able to contribute and influence) in processes concerning planning, implementation and assessment of your strategies and activities against preventable Maternal Mortality and Morbidity?
	If yes, how?
	If not, why?
	Can your organisation participate (i.e. being able to contribute and influence) in State-led processes concerning planning, budgeting, implementation and assessment of strategies against preventable Maternal Mortality and Morbidity?
	If yes, how?
	If not, why?
	Does your organisation provide/advocate for the following interventions for combating preventable Maternal Mortality and Morbidity: (list taken from the guidelines)
	Identify the three most important reasons behind adolescent pregnancy in your context. Does your organisation have some strategy for addressing those reasons? Please share your experiences
	Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent is your organisation/staff affected by... (multiple choice)
	Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent are your patients/target groups affected by... (multiple choice)
	Complete the following sentence: My organisation is able to guarantee full confidentiality to all patients/visitors (multiple choice)
	Has your organisation been affected by restrictive funding policies having a negative impact on preventing Maternal Mortality and Morbidity? Explain how and your strategies on this issue.
<p>Question 2: Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.</p>	Are you familiar with the “Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable Maternal Morbidity and Mortality” (A/HRC/21/22)?
	If yes, has the technical guidance assisted your organisation in building enhanced understanding of the requirements of a human rights-based approach on this regard?
	If yes, please indicate the impact that such enhanced understanding has had for the design and implementation of your policies and programmes in this area

<p>Question 3: What challenges does your Government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.</p>	<p>What is your opinion about the current legislative, policy and regulatory measures addressing preventable Maternal Mortality and Morbidity in your context?</p> <p>What are some of the major obstacles hindering women and girls to seek help, information and services for preventing Maternal Mortality and Morbidity in your context?</p> <p>What are the major obstacles hindering availability, accessibility, acceptability and quality of interventions and medicines</p> <p>Please share good practices and strategies for increasing knowledge on effective interventions against preventable Maternal Mortality and Morbidity among most vulnerable groups, public servants and other stakeholders.</p> <p>In your opinion, which state and non-state actors can promote or hinder the policies and activities addressing preventable Maternal Mortality and Morbidity in your context? Why?</p>
<p>Question 4: With evidence indicating that a majority of maternal deaths occur in fragile and humanitarian settings and that pregnant women may have increased medical risks in crises settings, how does your Government or organization work to apply a human rights-based approach to reducing maternal mortality and morbidity in these contexts? Please elaborate on good practices and challenges in this regard.</p>	<p>Does your organisation work on preventing Maternal Mortality and Morbidity in humanitarian settings?</p> <p>If you answered yes to the previous question, please indicate whether the following medicines, services and information are available in humanitarian settings you work in?</p> <p>If any of the above-mentioned medicines, services etc. is not available, please share your opinion on why they are not (for example due to economic, political, legal, lack of knowledge, lack of staff or other restrictions)?</p>
<p>Question 5: Does your Government or organization regularly collect data on sexual and reproductive health in crisis settings? Please elaborate on good practices and challenges in this regard.</p>	<p>Does your Government or organisation regularly collect data on sexual and reproductive health in humanitarian settings?</p> <p>Please elaborate on good practices and challenges regarding collecting data on sexual and reproductive health in humanitarian settings.</p>