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*Federal Democratic Republic of Ethiopia  
Permanent Mission to the United Nations  
Geneva*

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The Permanent Mission of the Federal Democratic Republic of Ethiopia to the United Nations Office at Geneva and other International Organisations in Switzerland presents its compliments to the Office of the United Nations High Commissioner for Human Rights and with reference to the latter's Note, No. WRGS/MG/Res39/10, dated 11 November 2019 has the honour to attach herewith Ethiopia's submission on "good practices and challenges to respecting, protecting and fulfilling all human rights in the elimination of preventable maternal mortality and morbidity, including through the utilisation of the technical guidance", which will be presented to the 45<sup>th</sup> Session of the Human Rights Council.

The Permanent Mission of the Federal Democratic Republic of Ethiopia to the United Nations Office at Geneva and other International Organisations in Switzerland avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

*ZK*



Enclosure

The Office of United Nations High Commissioner  
for Human Rights  
Geneva

## Introduction

According to the most recent report by UN agencies, about 14, 000 maternal deaths occur each year and adult lifetime risk of maternal death (the probability that a 15-year-old female will die eventually from a maternal cause) of 1 in 52. There are large disparities in maternal mortality rates between Regional states (subnational). According to the Maternal Perinatal Death Surveillance Review (MPDSR) annual reports, three types of obstetric complications account for most maternal deaths (> 80%): hemorrhage (50 per cent); pre-eclampsia and eclampsia (24 per cent); and prolonged or obstructed labor (10 per cent).

Ethiopia is signatory to various international treaties on reproductive right. The Ministry of Health (MoH) considers the provision of maternal health services as obligation, and has taken deliberate, concrete and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth. Accordingly, Maternal and Child Health directorate at the FMOH provides this report on how the MoH has applied the technical guidance in realizing elimination of preventable maternal mortality, in respecting, protecting and fulfilling sexual and reproductive health and reproductive right and using comprehensive right based approaches to address the interlinked root causes of maternal mortality and morbidity.

### Question 1:

The government of Ethiopia/MOH has taken strategic steps to ensure human rights values and concepts are incorporated into all aspects of programming of Reproductive, Maternal, and Newborn Health including Family Planning. In order to institutionalize a human rights-based approach, the following steps were taken:

- Analyzing the inequalities related to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services access and utilization to generate evidences that used to monitor the status and trend of the disparity in delivery and use of RMNCAH related services.

- Ensuring the processes of planning, policies and programs developing adhere to the core human rights principles such as participation, accountability, nondiscrimination, and empowerment.
- Working toward equitable service delivery in four pastoralist regions, constituting about 20% of the total population of the country. In order to realize this, in 2016/17 established Special Support Structure/Directorate/HSSD at Federal level, that provide comprehensive support to address the disparity in the availability, access and utilization of RMNCAH related services.
- Focusing on key elements of the right to health-availability, accessibility, acceptability and quality when defining standards for provision of RMNCAH services.
- Revitalizing Health extension program in 2018 that has been vital in empowering women and families especially those who are living in rural part of the country where about 80% of the population resides.

In the context of preventable maternal mortality and morbidity, application of human right-based approaches facilitated the identification of high-risk groups, enable analysis of the complex gaps in protection, participation and accountability they are facing, and promote the identification of comprehensive and sustainable solutions. It also helped to strengthen partnership with development stakeholders engaged in RMNCAH program and this has resulted in alignment of their investment with country's priority areas (equity, quality, participation and accountability).

#### **Question 2:**

MoH used the guidance in building consensus at the subnational levels on the importance of using human right approach in reducing maternal mortality and morbidity, using the available resources to ensure availability, accessibility, acceptability and good quality of services. Hence, key interventions were undertaken to address interrelated reasons that prevent pregnant women from accessing the health care they need.



### Question 3:

The main challenges faced by the maternal and child health directorate in implementing the guidance includes:

- Gaps in the capacity of health program experts and managers in integrating these rights into RMNCAH programming at all levels of the health system. For instance, in family planning program, there is good level of understanding and agreement in achieving universal access to high quality contraceptive information and services. However, there are still gaps in capacity on how to operationalize human right approaches.
- Lack of suitable health management information system that provides quality, reliable and disaggregated data to effectively monitor implementation status regularly. To address this problem a web-based system of information management system (DHIS2) was designed and implemented.
- Difficulty of accurately measuring levels of maternal mortality for lack of systems of medical certification of cause of death and vital statistics. To address these challenges, based on WHO recommendation, MoH launched Modulation Demodulation Software Radio (MDSR program) (maternal death surveillance and response) in 2013. This system provides reliable and timely data regarding causes and determinants of maternal deaths by allowing capturing and reviewing all maternal deaths irrespective of place of their deaths through its community and facility-based surveillance components. So far, based on the evidences obtained through MPDSR system, programmatic actions were taken at national level to contribute to the achievement of the goal of elimination of preventable maternal deaths through addressing the major causes of maternal deaths, i.e. Post-Partum Hemorrhage (PPH) and Eclampsia that attributed to more than 80% of deaths.

#### **Question 4:**

In addition to the mortality, for every maternal death, an estimated 20 women suffer pregnancy-related morbidities the common morbidity related with childbirth are uterine prolapse and obstetric fistula or incontinence which is estimated at 0.4%.

#### **Question 5:**

Teenagers face higher levels of risk of preventable morbidity due to childbirth complications and the risk of injuries related to pregnancy.

#### **Question 6:**

- Age at marriage
- Educating girls (universal enrollment)
- Harmful traditional practices

#### **Question 7:**

In order to address this problem specifically Uterine and Vaginal Prolapse (UVP) and Obstetric Fistula (OF), designed for UVP and fistula a five year fistula and UVP strategy documents, training materials, communication guide and algorithm for identification of fistula and UVP and being implemented.to support and treat UVP cases had worked by campaign and worked strongly with our partner and professional association to address this issue including line ministries.

#### **Question 8:**

In Ethiopia, MoH has applied multi-pronged approaches to reducing maternal morbidity and mortality. These approaches have included improving access to and strengthening facility-based maternal health services. Most of near miss mother like severe anemia, Antepartum Hemorrhage (APH), PPH, preeclampsia and eclampsia cases happen at health facility and discussed at facility level with prepared action plan for the next response.

One of the critical problems in our country is fistula, 3000-3500 fistula new cases happen in our country. To respond to this, MoH had developed elimination strategy by 2020 including advocacy and training for health care provider for identification of fistula cases. We had conducted regularly every 3 months from each treatment center and holding of annual review meeting to tackle this problem. The prevalence of fistula in Ethiopia was 0.4% Based on 2016 Ethiopia Demographic and Health Survey (EDHS).