

Call for Inputs from the Office of the United Nations High Commissioner for Human Rights (OHCHR) for a report that will be presented at the 54th Session of the Human Rights Council (HRC) in September 2023.

'Good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, including through the utilization of the technical guidance by States and other relevant actors'.

NO.	QUESTION	COMMENT
1.	<p>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?</p> <p>How has the technical guidance assisted your government or organization in designing, implementing, revising, and/or evaluating such policies and programmes?</p>	<p>Malaysia has a strong political will and commitment to upholding the principles of a human rights-based approach in its policies and programs. Maternal health is placed high on the national agenda, thus relevant issues are given top priority. This is evident in the strategies to improve the quality of care and provide adequate as well as appropriate distribution of resources. Maternal care is integrated into a continuum of care in the health system that addresses the needs of the population using a lifecycle approach. This approach is aimed at improving access to health care and addressing the vulnerabilities and risks that women, children and adolescents encounter throughout their lives.</p> <p>National policies ensure equal opportunities for women in education, employment, and social services. Providing education for girls will have positive impacts on their health and well-being. This enabling social environment leads to improving health literacy and the overall health of pregnant women. One of the most significant social determinants is gender norms. Malaysia has put in place, strategies to improve the status of women by providing them with effective reproductive health services. Under the umbrella of Obstetrics and Gynaecological (O&G) services, there are four main subspecialties namely Gynae-Oncology, Reproductive Medicine, Uro-gynaecology, and Maternal-Fetal Medicine. In addition to that, the Medical Development Division, Ministry of Health</p>

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		<p>(MOH) is also the secretariat for the Committee on Management and Development of Obstetrics and Gynecology Services (JPPOBG) in MOH. JPPOBG provides clinicians with adequate information on the current O&G services, training, guidelines, and policies.</p> <p>The health care services for maternal health have been strengthened by improving infrastructure, providing equipment, and training of health care providers. This resulted in at least 91% of the population having access to the outpatient facility within 1 hour of travel distance (public & private facilities, the commonest health facility is private GP). Approximately more than 85% of the population have access to hospitals (for emergency cases) within 2 hours of travel by road or boat.</p> <p>Health services in Malaysia are provided through static health facilities and mobile health teams by road, water, and air (Flying Doctor Service). Physical facilities are expanded to ensure optimal geographical coverage and complement the outreach services in remote areas. Addressing disparities will require a renewed focus on primary health care, which will improve the equity, efficiency, effectiveness, and responsiveness of health services – wherever people live. The coordination of seamless care from primary care to secondary and tertiary care through the referral system is continuously strengthened.</p> <p>Huge investments were also made to bring services as close as possible to the population including nutrition, environmental sanitation, and prevention, and control of communicable diseases. These have saved the lives of women in their reproductive age group. One of the main strategies to ensure access to health</p>

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		<p>services is the “almost free” fee charges (a nominal fee of One Ringgit Malaysia or about 35 cents USD) at public health facilities”. This is a huge safety net that the government is providing to the population.</p> <p>Specific key initiatives of safe motherhood to reduce maternal morbidity and mortality include family planning services, a high-risk approach (HRA), professionalization of midwives through midwifery legislation, and Confidential Enquiry into Maternal Deaths (CEMD).</p> <p>Efforts are made to ensure safe and affordable contraceptives are made available to all women regardless of their status and socioeconomic background. For antenatal care, by adopting HRA, pregnant women are risk-stratified, based on criteria to indicate their levels of risk, and each risk is coded by a colour tag. This enables follow-up and management according to set protocols.</p> <p>CEMD is a review/ audit mechanism that identifies factors that contributed to each reported maternal death and permits healthcare providers to carry out remedial actions. This audit also allows the providers and managers to draw on the experience of others to further improve the quality of the provision of maternal health care. Analysis of the CEMD reports has provided good indications and justifications for budget allocations to improve maternal health care such as new health facilities, upgrading O&G equipment, training for healthcare workers, and maximising access to healthcare services. The accessibility of O&G specialists’ services in the country is available at 133 MOH hospitals including 65 specialist hospitals. For non-specialist hospitals, the O&G services are delivered through a</p>

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		<p>cluster hospital system to ensure specialist coverage to non-specialist hospitals on a rotational basis.</p> <p>Malaysia adopted a right-based approach even before the technical guidance documents were available. This technical guidance will assist in strengthening the implementation of rights-based policies and programs in particular. It provides a structured framework that works as a checklist for situational analysis to identify gaps in the implementation.</p>
2.	<p>Has the technical guidance assisted your government or organization in building an enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has on the design and implementation of policies and programmes in this area.</p>	<p>Although the Government adopted a rights-based approach before the development of the technical guidance, this document is useful to assist a better understanding of the concepts not only for policymakers but also for implementers and healthcare providers. The structured framework of the technical guidance will enable policymakers to develop capacity-building programs to equip the implementers and healthcare providers with this concept. Emphasis on accountability has been made throughout the document. Government and other organisations will ensure that every development step of the policies and programs are in agreement with the human rights-based approach.</p> <p>This document also will guide the formulation of future laws, policies, and standards of care, based on the core principles outlined, namely; availability of the underlying determinants of health, accessibility in different dimensions (i.e.; physical, economic, non-discrimination, and information), acceptability, and quality.</p>

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		<p>Shared care systems allow the Government to attain uniformity all over the country while still accommodating local demands and accessibility. Human rights-based approaches are adopted within the boundaries of the national healthcare system and it must adhere to the policies of the Government. This allows fair and equitable service delivery to be provided by the Government. The Government also strongly emphasised the engagement with patients in making choices and decisions to enable services to be delivered.</p>
3.	<p>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 the steps taken to address them.</p>	<p>Malaysia is committed to eliminating preventable maternal mortality and morbidity. Collaborative efforts have been initiated by various agencies, governments, and non-governmental organisations to improve service provision in compliance with rights-based principles.</p> <p>Women and community empowerment play a central role in improving participation and health-seeking behaviours. They need to be aware of their rights and entitlements in order to exercise their rights to any care and services. Apart from that, in many instances, the services were not accessible due to self-stigmatization which leads to poorer outcomes. The government and non-governmental organisations continuously making efforts in promoting health information to increase the health literacy levels of the population. This can be accessed through various media including printed materials, social media, and online platforms.</p> <p>Local sociocultural values may sometimes be a hindrance to fully adopting a rights-based approach. Observing and respecting these values that were deemed not harmful may be necessary to maintain the harmony of the community. As an example, the requirement of spousal consent prior to the</p>

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		<p>bilateral tubal ligation procedure may seem to be in violation of the women's autonomy to decide. However, from local perspectives, excluding the partner in major decision-making may place the relationship at risk and result in unwanted consequences to the marriage.</p> <p>As the implementation of right-based policies and programs requires understanding and competencies among healthcare providers at all levels, ensuring adequate awareness among them is a challenge, especially in certain areas with a high turnover rate of staff. In view of this, the Government plans and provides continuous training and capacity-building programs. For example, all healthcare providers who were involved in maternal care are strongly recommended to attend 'Safe Motherhood Training' that will be held at least once in every district and state. This is in addition to the regular seminars and continuous medical education (CME) sessions provided to healthcare providers.</p>
4.	Does your Government or organization regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of the COVID-19 pandemic? Please elaborate on good practices and challenges in this regard.	<p>MOH Malaysia has established a reporting system to collect data and information on maternal mortalities and morbidities.</p> <p>Through the initiative 'Confidential Enquiry into Maternal Deaths (CEMD)', all deaths during pregnancy or within 42 days of the termination of the pregnancy (also known as pregnancy-related death) are notified and investigated, followed by submission of a full death report for every case. The initiative was introduced in Malaysia in 1991 and it includes death occurring in health facilities and outside health facilities. Audit processes or inquiries are done by a committee that identifies factors that contributed to the death and enables the providers to carry out remedial actions. The analysis and recommendations derived from a</p>

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		<p>thorough examination of each case at every level of care have significantly helped in understanding the gaps; thus, directing the way to improve the health care system at the health facility, district, state, or national level. Using the same platform with pre-existing maternal death review and additional data collection forms, mothers' death that was associated with COVID-19 infection were investigated and reported. Additional analysis was done for these mothers.</p> <p>Data on maternal morbidities are collected using the National Obstetric Registry (NOR). The registry was initiated by the O&G fraternity and the National clinical research centre (CRC) in 2009. NOR is a clinical "disease" database that compiles obstetric data to enable healthcare planning, implementation, and evaluation from 14 tertiary hospitals across Peninsular Malaysia and East Malaysia, which represent one-third of Obstetric practice and contribute data to NOR. It was able to give a complete picture of patient care through a comprehensive database to help track patients' management and outcome.</p> <p>As for the information on pregnant mothers infected with COVID-19, data were collected in aggregated form, with limited variables i.e states, age group, ethnicity, and phase of pregnancy.</p>
5.	Please elaborate on the main causes that may have led to poor maternal health outcomes in the context of the COVID-19 pandemic in your country and/or context.	In response to the COVID-19 pandemic in Malaysia, essential healthcare services including maternal health care continues and were never halted at any point. The percentage of pregnant mothers who had antenatal care (at least one visit) remained high; more than 95% in 2020 and 2021. The total number of attendances to a clinic for antenatal and postnatal showed a slight drop with an average of less than 5% in 2020 and 2021, as compared to 2019. The reduction was apparent from March to May 2020 during the early phase of the pandemic.

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	<p>Please also describe the impact of the COVID-19 pandemic response on the availability and accessibility and quality of sexual and reproductive health, including maternal health services for women and girls.</p>	<p>In 2021, almost 60% of maternal death were due to COVID-19 infection and 80% of mothers who died from COVID-19 infection were unvaccinated with the COVID-19 vaccine.</p> <p>Among the factors observed to influence the drop in the clinic attendance of pregnant women and postnatal mothers were difficulties to travel to health clinics due to the Movement Control Order (MCO) or financial constraints or refusal to come to health facilities because of fear of COVID-19 infection. This may lead to a delay in the management of the mother's health conditions.</p> <p>During the pandemic, challenges faced were not only limited to the morbidity and mortality caused by the infection itself, but also to the continuity of service delivery. Health clinics need to divert some resources from regular service delivery to respond to the pandemic. Staff shortages became more profound when the infection involved the health care providers, which would require them and their close contacts to be isolated. In the early phase of the pandemic, the efforts were focused on ensuring uninterrupted access to essential health services including maternal care. The Government also made modifications and additional precautions to the existing standard operating procedures (SOPs) with the aim to provide safe and effective care at the same time protecting healthcare providers from COVID-19 infection.</p> <p>Several new guidelines were developed to ensure continuity of service delivery without compromising the quality of care and safety of both patients and providers. The guidelines include Prevention and Control of COVID -19 Infection</p>

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		<p>during Postnatal Home Care Visits, a Checklist on Telephone consultation for Monitoring of Antenatal and Postnatal Mothers, and Guiding Principles on Delivering Maternal Health and Family Planning Services at Primary Health Care Facilities. In addition to that, a few initiatives were introduced to reduce the congestion of patients in the clinics, eg: extra hours for clinic operational time and the introduction of web-based online clinic appointments. The system was introduced in government clinics to facilitate bookings for consultations and allows healthcare providers to plan the number of patients attending the facilities to reduce congestion. Another initiative started was virtual consultation (VC); a live and interactive mode of delivery of health services by the health care provider that includes clinical consultation and care plans for the client. The virtual mode is incorporated into the antenatal and postnatal visit schedule, apart from physical contact at health facilities or at home.</p>
6.	<p>Please provide information on whether there is a particular group of women in your country and/or context who have been disproportionately affected by the pandemic and response measures when accessing sexual and reproductive health, including maternal health services. (For instance, adolescents, women living with HIV, indigenous women, racial and ethnic minority women, women from rural areas,</p>	<p>Sexual and reproductive health, including maternal health services in public health facilities, are accessible to all, without any discrimination, regardless of social grouping and nationality. Antenatal and postnatal care is given free for Malaysian women at public facilities, and was exempted from a nominal fee of 1 Malaysian ringgit. Healthcare for non-Malaysians attending public health facilities in general is funded by out-of-pocket payment or private health insurance. Non-Malaysians could seek health care at government health facilities but are charged with non-subsidised rates for consultation, investigations, and medical procedures.</p> <p>The COVID-19 pandemic impacts significantly the lives of the population, particularly the financial implication. Women in the low-income group are much</p>

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	persons with diverse sexual orientations, gender identities, etc.)	more likely to be affected. Although maternal health services in government health facilities are given free, women still need to bear the cost of transportation and time lost from work. For those that are more financially capable and are concerned about the risk of infection in crowded places, (eg: public health facilities), they may choose to seek care in private health facilities but will impose more cost.
7.	What measures have your government or organization undertaken in order to mitigate the impact of the COVID-19 pandemic on maternal health? Please elaborate on any lessons learned, good practices as well as challenges faced.	<p>The Government implemented efforts and actions to mitigate the impact of the COVID-19 pandemic on maternal health through general and specific measures. The general public health measures were movement control orders, border measures, restrictions of mass gathering, COVID-19 vaccination, physical distancing measures, compulsory mask-wearing, the practice of hand hygiene, contact tracing, COVID-19 screening/testing, isolation and quarantine of confirmed cases.</p> <p>Meanwhile, specific measures for pregnant mothers and postnatal mothers include the COVID-19 vaccination program, the development of specific guidelines in the management of pregnant mothers infected with COVID-19, public awareness and communication, additional precautions to the existing standard operating procedures (SOPs) to deliver maternal health services and virtual consultation.</p> <p>Pregnant mothers are susceptible to infection due to the immunological adaptations during pregnancy and postnatal, and therefore they should be prioritised as a vulnerable group with regard to infectious diseases, outbreaks, or during an epidemic. Pregnant mothers are in a higher risk group to get a</p>

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		<p>complication of COVID-19 infection. Therefore, along with health promotional messages to the general population, targeted messages to pregnant women are crucial to increase their awareness on key precautions. Efforts must be made to increase vaccination coverage among pregnant mothers by providing opportunistic vaccination during antenatal and postnatal clinics without delay. Healthcare providers should encourage them on each encounter to complete their vaccination and booster doses so as to reduce ICU admissions and deaths. Mental health screening should be performed on each encounter, with the aid of a questionnaire. Healthcare providers should be more vigilant on red flags such as suicidal ideation, poor sleep quality, poor appetite, harm to the baby, and psychotic symptoms.</p> <p>Amongst the challenges during the COVID-19 vaccination program for pregnant women, are the safety concerns of the vaccine and its effect on mothers and babies, which has influenced the uptake rate of the vaccine among them. This was apparent during the early phase of the vaccination program when the evidence was still scarce. Fake news and conspiracy theories spread through social and traditional media on an everyday basis. Communication and the media environment are important influences on vaccine hesitancy and uptake. Therefore, MOH has designed various ways to communicate safety information on COVID-19 vaccines to pregnant women, provided reassurance, facilitated informed pregnancy vaccine decisions and countered the misinformation.</p> <p>Healthcare workers must keep themselves updated with the national guidance on the management of COVID-19 in pregnancy. These guidelines were reviewed</p>

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		several times within a short period of time due to the emergence of new strains of the virus and new evidence to help guide practice.