



To  
the **Office of the High Commissioner for Human Rights**  
Attn: **Ms. Masiha Ghafory**  
Geneva

Dear Ms. Ghafory:

The Swedish Association for Sexuality Education<sup>1</sup> – RFSU (Sweden), together with its partners having acting work on topics related to maternal mortality and morbidity: Centro de Investigación y Educación en Salud – CIES (Bolivia), Fundación CEMOPLAF (Ecuador), Barbados Family Planning Association (Barbados), Reproductive Health Association of Cambodia – RHAC (Cambodia), Fundación Mexicana para la Planeación Familiar A.C. – MEXFAM (Mexico), Family Planning Association of Sri Lanka – FPASL (Sri Lanka), and the International Planned Parenthood Federation (IPPF), hereby send their joint submission to the Office of the High Commissioner on Human Rights (OHCHR) on the consultation “Follow-up report on good practices and challenges in the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity”.

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 convenient<sup>2</sup>.

#### **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 9 specific questions
- Question 2 was divided into 3 specific questions
- Question 3 was divided into 5 specific questions
- Question 4 was divided into 2 specific questions
- Question 5 was divided into 2 specific questions
- Question 6 was disaggregated per indicated groups
- Question 7 was divided into 2 specific questions

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<sup>1</sup> 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.

<sup>2</sup> The contact person for this topic is Wilson De los Reyes Aragón (Main Representative to the UN in Geneva, RFSU – Sweden) [wilson.delosreyes@rfsu.se](mailto:wilson.delosreyes@rfsu.se)

The 24 questions based on the OHCHR's original questionnaire were distributed to relevant partners worldwide via an online survey (hosted at Google surveys), giving the partners the option to provide contact details or to remain anonym. 7 answers were received, none requesting anonymity. 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
- Summary of the information obtained from the respondent organisations
- Table with disaggregated questions and their correspondence to the five questions included in OHCHR's questionnaire

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wilson De los Reyes Aragón', written over a faint blue line.

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

List of organisations responding the questionnaire

- Reproductive Health Association of Cambodia, RHAC – Cambodia
- Family Planning Association of Sri Lanka – Sri Lanka
- Community Healthcare Initiative – Liberia
- Centro de Investigación y Educación en Salud, CIES – Bolivia
- Barbados Family Planning Association – Barbados
- Fundación Cemoplaf – Ecuador
- Fundación Mexicana para la Planeación Familiar A.C., MEXFAM - Mexico

### 1. Some general analysis

**On the question 1:** What steps has your Government or organisation taken to utilise 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 organisation in designing, implementing, revising and/or evaluating such policies and programmes?

General overview of the relevant population groups targeted by respondent organisations

| Group                        | %     |
|------------------------------|-------|
| Adolescents                  | 100,0 |
| Ethnic and racial minorities | 57,1  |
| Indigenous women             | 42,9  |
| Women with disabilities      | 71,4  |
| Sex workers                  | 71,4  |

|  |       |
|--|-------|
| Women living with HIV/AIDS   | 100,0 |
| Women living in underserved areas and other stigmatized or excluded populations  | 71,4  |
| Poor women   | 100,0 |
| LGBTIQ-persons   | 100,0 |
| Trafficked and sexually exploited women and girls  | 28,6  |
| Female prisoners   | 14,3  |
| Women and girls living in conflict situations (refugees, stateless, asylum seekers, undocumented migrants, displaced women or other women affected by war) | 14,3  |

On how do responding organisations reach out to those targeted groups, they mentioned a range of actions, including collaborations with the public sector and other actors in the health-provision chain, such as pharmacies. Other respondents highlighted the importance of the location of their health facilities, in order to enable trust and accessibility.

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

| Intervention                               | %     |
|--|-------|
| Family Planning Services                   | 100,0 |
| Prevention and management of STI           | 100,0 |
| Prevention and management of HIV/AIDS      | 100,0 |
| Management of unintended pregnancies       | 85,7  |
| Access to safe and legal abortion services | 85,7  |
| Post-abortion care                         | 100,0 |
| Appropriate antenatal care                 | 85,7  |

|   |       |
|---|-------|
| Detection of Domestic Violence                                  | 71,4  |
| 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               | 28,6  |
| Caesarian sections  | 42,9  |
| Appropriate post-partum care                                    | 57,1  |
| Newborn care  | 71,4  |
| Oxycytocics   | 57,1  |
| Antibiotics   | 57,1  |
| Misoprostol and Mifepristone                                    | 85,7  |
| Magnesium sulphate  | 57,1  |
| Anti-retroviral medications and testing-kits                    | 42,9  |
| Anti-malaria medications (if relevant)                          | 0,0   |
| Contraceptive methods (condoms, hormonal and intrauterine)      | 100,0 |

100% 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. These consultations usually take place in collaboration with national Governments.

A general overview of respondent organisations’ opinion about of the main risks/challenges they face when working on preventable maternal mortality and morbidity shows a varied reality. Stigma and violence are still reported as the major obstacles faced in their daily work. However, partners report a slightly reduced impact of harassment and intimidation to patients and visits to health facilities in the sample. These responses contrast with the challenges faced by patients and visitors, where intimidation and harassment

are perceived as the major challenges. In conclusion, while organisations/staff working to fight MMM feel stigmatized, their patients/visitors are more concerned about violence and intimidation against themselves.

71,4% of respondents consider themselves fully able to ensure full confidentiality for patients and visitors. 28,6% consider that, while they do their best to ensure confidentiality, it cannot be fully guaranteed for diverse external reasons.

**On the Question 2:** Has the technical guidance assisted your Government or organisation 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.

42,9% 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, only 2 respondents were actively using the Technical Guidance in their work. The reason for that low rate of use is the knowledge divide within the organisations. Staff working directly with patients/targeted groups usually does not have access to internationally issued documents, and *vice versa*. At the same time, respondents who actively use the technical guidelines say that its major added value is as entry-point for interaction with Governmental authorities.

As in previous consultations, these results indicate that, since 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.

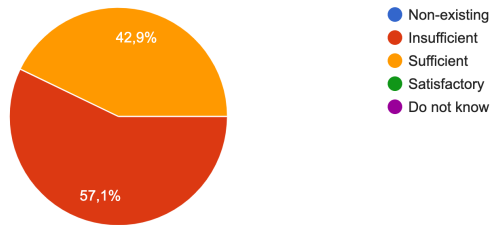
**On the Question 3:** What challenges does your Government or organisation face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity?

Please elaborate on the nature of these challenges and steps taken to address them.

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.

3.1. What is your opinion about the current legislative, policy and regulatory measures addressing preventable Maternal Mortality and Morbidity in your context?

7 svar



**On the Question 4:** Does your Government or organisation regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of COVID-19 pandemic? Please elaborate on good practices and challenges in this regard.

85,7% of respondent organisations stated that their Governments and their organisations regularly collect information about MMM, including specific information related to the Covid-18 pandemic.

When inquired about good practices to implement a HRBA to fighting MMM, respondents indicated joint-strategies involving the Government, relevant UN Country Offices and specialized civil society for achieving better coordination and filling implementation gaps. Feedback from patients/visitors was also mentioned as a good practice in order to adjust strategies to actual needs. Finally, access to CSE and training to relevant public servants was also identified as a very effective practice.

In relation to information on Covid-19 pandemic's impact on MMM, respondents indicated that good practices include centralization and digitalization of records and information as having a key role.

**On the Question 5:** Please elaborate on the main causes that may have led to poor maternal health outcomes in the context of COVID-19 pandemic in your country and/or context? Please also describe the impact of the COVID-19 pandemic response on the availability and accessibility and quality sexual and reproductive health, including maternal health services for women and girls

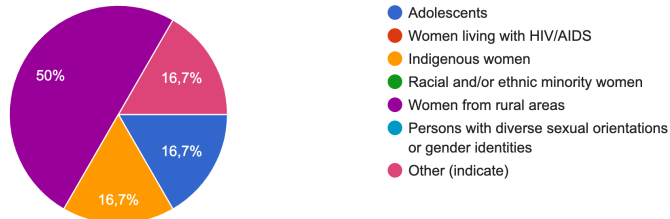
Partner organisations' replies show a wide range of causes behind poor maternal health outcomes during Covid-19. Partners reported a slightly decline in the use of maternal health facilities during the pandemic, partially due to the reallocation of resources from maternal health to addressing the pandemic in the country. In the case of Barbados, a relevant cause observed is the correlation between non-communicable diseases and MMM during this period. Low availability of trained staff, especially in rural areas and insufficient communication campaigns were also identified as causes behind MMM. This includes the need to postpone/cancel scheduled services due to lock-down or shortage of available staff. Finally, shortage and/or delay in distribution of vaccines and medicines played a major role in MMM during the pandemic.

While pandemic-related measures and contexts are perceived to have a general impact on MMM, respondents' information shows that the major impact was focused on the availability of SRH-services, followed by accessibility. According to their information, the impact on quality was not significant.

**On the question 6:** 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, persons with diverse sexual orientations, gender identities etc.)

6.1. Based on your experience, which group of women in your country and/or context have been disproportionately affected by the pandemic and res...uctive health, including maternal health services?

6 svar



In addition to these categories, some respondents highlighted girls between 10 – 14 years old as a group particularly affected by pandemic-related restrictions to SRH services.

**On the question 7:** What measures have your Government or organisation undertaken in order to mitigate the impact of COVID-19 pandemic on maternal health? Please elaborate on any lessons learned, good practices as well as challenges faced

Due to the specific nature of this question, we considered it most suitable to provide the specific answers from each respondent, as follows:

**Cambodia:** Develop MCH guidelines to implement during the outbreak, train health providers about the guidelines, develop telemedicine and train the providers, raise awareness among the public on COVID-19 and pregnant women, including vaccine and ANC.

**Sri Lanka:** The government was good in ensuring that services were kept going during the pandemic however it was difficult for people to travel. Telemedicine was identified as a major challenge.

**Liberia:** No input

**Bolivia:** Cies through its partners and collaborators, strengthened its services for efficient and quality care for vulnerable groups in Bolivia. On lessons learned, Cies indicated that “We are a social development organization that promotes the full exercises of sexual rights and reproductive rights by implementanding a model of promotion and assistance in comprehensive health with a gender, gnerational, intercultural and intersectional approach; to improve the quality life of Bolivian population”

**Barbados:** (1) They allowed for women who were pregnant to be a prioritised group (2) Healthcare facilities were allowed to stay open for this group (3) Had a specialised Birthing Center for women who may have or be at risk for COVID19 created.

**Ecuador:** Access to medical service through digital platforms was developed, including tele-health, tele-abortion as well as in-person services in case of emergencies. On lessons learned, the respondent indicated that the lack of due preparation for a pandemics was evident, together with the importance of installed capacities for offering digital services.



**Mexico:** The good practice was the elaboration and publication by the federal government of a guideline to be applied in all public services of the country, for the care of pregnancy, childbirth and puerperium, and newborn person in the context of the Covid 19 pandemic. The guideline made it explicit that professional midwifery can and should also participate in obstetric care. MEXFAM continued with the activities of promotion and dissemination to public institutions and adolescent and young population, through social networks and virtual spaces. Likewise, training for health and educational personnel through visual resources and virtual training. Good practices are to develop audiovisual material, and sustain specific communication to adolescents and young people, through social networks. The lack of institutional inputs or tools to develop virtual materials and strategies for people with disabilities.



**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 organisation taken to utilise 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 organisation in designing, implementing, revising and/or evaluating such policies and programmes?</p> | <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)</p> <p>Adolescents, Ethnic and racial minorities, Indigenous women, Women with disabilities, Sex workers, Women living with HIV/AIDS, Women living in underserved areas and other stigmatised or excluded populations, Poor women, LGBTIQ-persons, Trafficked and sexually exploited women and girls, Female prisoners, Women and girls living in conflict situations (refugees, stateless, asylum seekers, undocumented migrants, displaced women or other women affected by war)</p> <p>If you answer yes, please indicate how you reach them.</p> <p>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?</p> <p>If yes, how?</p> <p>If not, why?</p> <p>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?</p> <p>If yes, how?</p> <p>If not, why?</p> <p>Does your organisation provide/advocate for the following interventions for combating preventable Maternal Mortality and Morbidity: (list taken from the guidelines)</p> <p>Family Planning Services, Prevention and management of STI, Prevention and management of HIV/AIDS, Management of unintended pregnancies, Access to safe and legal abortion services, Post-abortion care, Appropriate antenatal care, Detection of Domestic Violence, Management of prelabour rupture of membranes and preterm labour, Induction of labour for prolonged pregnancy</p> <p>Prevention, management of post-partum haemorrhage; Caesarian sections, Appropriate post-partum care, Newborn care, Oxytocics, Antibiotics, Misoprostol and Mifepristone, Magnesium sulphate, Anti-retroviral medications and testing-kits, Anti-malaria medications (if relevant), Contraceptive methods (condoms, hormonal and intrauterine)</p> <p>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</p> <p>Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent is your organisation/staff affected by... (multiple choice) ... intimidation - harassment - stigma - violence</p> <p>Please complete the following sentences: When fighting preventable Maternal Mortality and Morbidity, to what extent are your patients/target groups affected by... (multiple choice) ... intimidation - harassment - stigma - violence</p> <p>Complete the following sentence: My organisation is able to guarantee full confidentiality to all patients/visitors (from 1 (not at all) to 10 (fully)</p> <p>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> |
| <p>Question 2: Has the technical guidance assisted your Government or organisation 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>                                | <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)?</p> <p>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?</p> <p>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>  |
|   | <p>What is your opinion about the current legislative, policy and regulatory measures addressing preventable Maternal Mortality and Morbidity in your context? ... non-existing - insufficient - sufficient - satisfactory - do not know</p>   |





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| <p>Question 3: What challenges does your Government or organisation 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 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? ... intimidation - harassment - stigma - violence</p> <p>What are the major obstacles hindering availability, accessibility, acceptability and quality of interventions and medicines ... intimidation - harassment - stigma - violence</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: Does your Government or organisation regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of COVID-19 pandemic? Please elaborate on good practices and challenges in this regard.</p>   | <p>Does your Government or organisation regularly collect and analyse disaggregated data and information on maternal mortalities and morbidities, including in the context of COVID-19 pandemic?</p> <p>Please elaborate on good practices and challenges and challenges for collecting disaggregated data in this regard.</p>  |
| <p>Question 5: Please elaborate on the main causes that may have led to poor maternal health outcomes in the context of COVID-19 pandemic in your country and/or context? Please also describe the impact of the COVID-19 pandemic response on the availability and accessibility and quality sexual and reproductive health, including maternal health services for women and girls</p>   | <p>Please list the 5 main causes leading to poor maternal health outcomes in the context of COVID-19 pandemic in your country and/or context. Please elaborate besides each cause you list.</p> <p>Describe the impact of the COVID-19 pandemic response on the availability, accessibility and quality of sexual and reproductive health, including maternal health services for women and girls:</p> <p>Range 1 (no impact) to 10 (substantial impact) on availability - accessibility - quality. Elaborate beside each answer.</p>   |
| <p>Question 6: 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, persons with diverse sexual orientations, gender identities etc.)</p> | <p>Based on your experience, which group of women in your country and/or context have been disproportionately affected by the pandemic and response measures when accessing sexual and reproductive health, including maternal health services?</p> <p>List: adolescents - women living with HIV/AIDS - indigenous women - racial and ethnic minority women - women from rural areas - persons with diverse sexual orientations, gender identities - other (indicate)</p>   |
| <p>Question 7: What measures have your Government or organisation undertaken in order to mitigate the impact of COVID-19 pandemic on maternal health? Please elaborate on any lessons learned, good practices as well as challenges faced</p>  | <p>Please elaborate on measures taken by your Government or organisation in order to mitigate the impact of COVID-19 pandemic on maternal health? - Open question</p> <p>Please elaborate on any lessons learned, good practices as well as challenges faced</p>  |