

**AMCHP Annual Conference, 2010**

**Moving Ahead Together:**

**Celebrating the Legacy, Shaping the Future of Maternal and Child Health**

**From Analysis to Action:**

**Addressing Maternal Morbidity and Mortality at the State and International Levels**

March 6-10, 2010

SHABIR ACHMAD: Our next speaker is Jason Disterhoft. I will ask him to come to the podium and provide you the national and national perspective on maternal mortality and morbidity and also talk about the maternal health as a human right. So he is going to talk about human right and maternal health.

JASON DISTERHOFT: Hey everyone. So my name is Jason and I'm the campaigner on the Demand Dignity campaign, Amnesty International's newest campaign which is about poverty and human rights overall and one of the key things we're focusing on is maternal health as something that hits women living in poverty particularly hard and it also a cause of poverty when women pass away in pregnancy or childbirth. As Betsy mentioned this issue isn't going to get solved unless new players come to the table and Amnesty International is going to do what it can to bring a human right's perspective and the moral and legal and grass roots energy of the human right's movement to bear on the issue. So I'll be talking about three things. A little bit about maternal mortality and human rights in general. I'll illustrate some of the relevance of a human right's

perspective in three particular countries that we're working and finally and this will be very brief I'll say something about maternal health care in the United States. We have a new report coming out in two weeks which we should all look out for and we're going to be getting in touch with each and every one of you to help us out once that finally does come out so...maternal mortality and human right's. This is Mary Robinson, former U.N. commissioner for human rights and all around here. At the Women Deliver Conference in 2007 she said"preventable maternal mortality and morbidity is a violation of women's right's to life, health, equality and non-discrimination. The time has come to treat this issue as a human right's violation no less than torture, disappearances, arbitrary detention and prisoner's of conscience." Strong stuff but that keeps us going.

Last year there was very significant development in the human rights framework. The human rights council at the United Nations last summer adopted a resolution on preventable maternal mortality and morbidity which says among other things" the unacceptably high global rate of preventable maternal mortality and morbidity is a health development and a human right's challenge" and this represented the first time that this...that the most important human right's body recognized maternal mortality as a human rights issue.

So a little bit about the right to health. You see it enshrined in the World Health Organization constitution, the highest tenable standard of health is a fundamental right of every human being. In the universal declaration of human right's everyone has a right to a standard of living adequate for the health and well being of himself and of his

family...including medical care and the right security in the event of sickness. If people are really interested in every word of this it's on the hand out so please pick one up on your way out. And do people recognize this quote? "Health care should be a right for every American." That was oops...that was Barack Obama in his second debate against John McCain. It's a little bit of an adventure with PowerPoint. Okay. Just a little bit more about the right to health. There are two parts to it, right? Health care on the one hand obviously crucial but also the underlying determinants of health which means a healthy environment, which means education, which means social status in general. The triple AQ framework it's a tool that comes out of...and this is sort of the authoritative statement of the right to health if you're really interested in getting in the weeds, look this up general comment 14. So availability there has to be enough in terms of facilities, health care workers, that sort of thing. It has to be accessible, it has to be culturally and ethically acceptable and it has to be of good quality. Again relatively common sense but it's proven to be a powerful tool in terms of analyzing gaps in health systems. The right to health isn't the right to be healthy. It's the right to the opportunity to be healthy. Everyone has the right to health. Government is ultimately responsible for insuring the right to health and it has to be realized progressively so we're going to be talking about Sierra Leone, Burkina Faso, Peru...they are at very different stages and the United States. They are in very different socio-economic circumstances and the obligations that they each have differ because of that. And finally there is a requirement to internationally assist and cooperate in terms of fulfillment of the right to health globally.

I'm going to leave the bulk of this slide for folks who are really interested can read the details in the hand out but the jest of it just says for each of the traditional three delays in seeking appropriate help, in reaching a facility and then receiving care once you get to the facility there are corresponding entitlements and freedoms that the right to health guarantees that has a bearing on each of those delays. All right. So the cornerstones of the work that Amnesty does are a series of country reports so our research team goes out and documents the situation of women in health care systems in places like Peru, and Sierra Leone and Burkina Faso and I'll say just a bit about each of those and then again I'll say something about the U.S.

So Peru, the second worst maternal mortality ratio in South America despite being a middle income country. Huge disparities. Betsy mentioned one of them; here are a couple of others. Rural women twice as likely to die as urban women, and more than 50% of births in rural areas lack a skilled birth attendant. So this is testimony from a technician at a rural health post who told Amnesty International researchers that the main cultural problem for access to health is language. The main disagreements with the community are about cultural issues. The point of this of course is language, culture, these are crucial things that need to be brought into alignment for women to be encouraged to go seek care in the first place and that's something that a right to health perspective makes clear. So one of the things that Amnesty International is pushing for is implementation of best practices including things like training and vertical birth, instruction in Quechua and not just Spanish.

Burkina Faso, every year more than 2000 women die. There are a number of contributing factors including lack of control over when to seek care, timing and spacing of pregnancies, a variety of oppressive practices, shortages, and infrastructure which bears directly on the second delay. This is the story of a particular woman named Safiatoo who is profiled in Amnesty International's report on Burkina Faso. She gave birth at home, again without the help of the trained birth attendant. After her delivery she hemorrhaged badly and required emergency care but had no way to get to the health center with the services that she needed. So her husband borrowed a bicycle which had no fuel, you had to push it six miles to get gas and she ended up passing away on the back of the motorcycle. So safe physical access to appropriate health facilities is something that's necessary obviously for bringing down rates of maternal mortality and that is one of the things that Amnesty International is pushing for in Burkina Faso. This is a place where we actually have had some success. So there was a meeting with the president shortly after the report came out and he did...he pledged to eliminate financial barriers to emergency obstetric care and to family planning. So either a success or at the very least a very promising first step. There's a lot to get through, I'll try to pick up the pace a little bit. Just two countries to go though.

So Sierra Leone, after Nassir and Afghanistan it's the most dangerous place in the world to give birth with one in eight women dying in pregnancy or childbirth lifetime. Cost of medical care is a key factor despite an official free care policy. So that's something that Amnesty has been focusing on. And one of the key factors there is lack of payment to health workers, which means they operate essentially on a haggling

system all too often, which delays care even once women reach a health facility they need to pay out of pocket and very often end up negotiating over fees for particular services. This is a story again you can read it in the hand out, but that is something that Amnesty has been pushing for and here again there's been...there are a lot of factors going into this obviously but free care policy coming online at the end of next month, very good thing, but our folks on the ground are turning a serious lack of knowledge that the policy is coming into place and inadequate plans as far as we can tell for supplementing health worker salaries which looks like the heart of the problem so there's a lot more work to be done. In each of these cases, Peru, Burkina Faso, Sierra Leone, our work, our advocacy work is being led by Amnesty International sections in those countries and the movement around the world lends whatever support it can to those in country efforts.

So wrap up with the United States. We have a report coming out two weeks from tomorrow. It's called Deadly Delivery which some people think sounds like a Kung Fu movie but we hope it's catchy. I'm restricted from saying too much about it because our media people would kill me if I did. I'll just say a bit about a couple of things we're going to be pushing for at the national level and at the state level, so one of them is establishment of an office of maternal health with in the department, within HHS along British lines. And the other main national ask is going to be increased support for CHC's at first through the regular appropriations process and of course we're going to have to see what happens with health care reform. At the state level, I'm very glad to be here telling you about this. Presumptive eligibility for Medicaid coverage which our

researchers have identified as a key bureaucratic barrier and then some simple best practices in accountability at the state level so establishment of maternal mortality review boards in every state, improvement of state death certificates and mandating reporting of maternal deaths in every state. I see a couple of nods which is super encouraging. It's always good to...good to hear that we're on the right track. So we do need your help and I really would love to be in touch and I put my email address everywhere I could think to put it including on a couple of different places on the handout and I'd be very happy to talk to folks or take questions about any of this stuff going forward. Last item I'll leave you with this inspirational quote from Mahmud Matalo, which I'm sure you've all seen, but we love it. "Women are not dying of diseases we can't treat, they're dying because societies have yet to make the decision that their lives are worth saving." So in a nutshell that's why we're doing this, thanks.