Submission by Amnesty International UK

In response to
'Choice for Women: wanted pregnancies, safe births'
A UK Government consultation on reproductive, maternal and newborn health

Amnesty International welcomes the opportunity to give feedback to DFID's consultation on *Choice for women: wanted pregnancies, safe births*, intended to shape the UK Government's policy on reproductive, maternal and newborn health in the developing world.

Amnesty International is a worldwide movement of people who campaign for internationally recognized human rights to be respected and protected. Our vision is for every man, woman and child to enjoy all of the human rights enshrined in the Universal Declaration of Human Rights and other international human rights standards. Our mission is to conduct research and take action to prevent and end grave abuses of all rights – civil, political, social, cultural and economic.

Through Amnesty International's global *Demand Dignity* campaign we are focusing on the interplay between human rights violations and poverty, and advocating for all governments to ensure that law, policy and programmes aimed at reducing poverty are consistent with human rights standards. Maternal mortality is a key area of work in the *Demand Dignity* campaign. Amnesty International's work in this area focuses on campaigning for the elimination of the human rights violations that are associated with preventable maternal deaths and injuries and for the respect and promotion of sexual and reproductive rights.

Given Amnesty International's work on this issue, the focus of this submission is on preventable maternal mortality and morbidity and sexual and reproductive health and rights, while fully recognizing that making progress in promoting women's reproductive health will also contribute to improving the health of newborns and children.

1. What should we aim to achieve?

Amnesty International believes the UK Government's overall aim should be to work with, and to support, partner countries and other actors (including multilateral organizations, UN agencies and NGOs) to empower women throughout their lives, and enable them to exercise their human rights, including their sexual and reproductive rights and their right to the highest attainable standard of health.

1) Putting human rights at the heart of efforts to improve maternal health

As rightly recognized by DFID, maternal mortality is often the result of, among other causes, women's inequality, or inadequate access to information and services, early marriage and restricted mobility.[1] Supportive action by DFID must be grounded explicitly in international norms and standards on women's and children's human rights. According to the UN Convention on the Elimination of All Forms of Discrimination against Women, States are required to take prompt action to ensure the "removal of all barriers to women's access to health services…including sexual and reproductive health."[2] CEDAW also emphasizes that states "shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services."[3] **Preventable maternal death is the manifestation in practice of how governments fail to guarantee women's human rights.**

Given DFID's role in supporting sexual and reproductive health around the world Amnesty International believes that DFID should play an important role in supporting its partner countries and other stakeholders to develop and implement plans and strategies to tackle preventable maternal mortality which are consistent with, grounded in, and informed by human rights. In particular the right to the highest attainable standard of health and women's sexual and reproductive rights. In addition, DFID's own policies and strategies in this area must also be based on and guided by universally recognized human rights standards.

In addition to CEDAW, commitments to women's sexual and reproductive rights have been made through the outcome documents of the International Conference on Population and Development, the Fourth World Conference on Women, and also through the findings of international, regional and national human rights bodies. Most recently, in resolution 11/8 the United National Human Rights Council explicitly recognized that preventable maternal mortality and morbidity is a health, development and human rights challenge.[4] The resolution reaffirms that a human rights analysis of preventable maternal mortality and morbidity, and the integration of a human rights perspective in international and national responses to maternal mortality and morbidity, could contribute positively to tackling this issue. The UK Government should spearhead and contribute to efforts to generate further commitments and action in support of women's sexual and reproductive rights in all international fora, including the Human Rights Council. It is particularly important that the UK Government plays a leadership role in the reviews of these international commitments in 2014 and 2015.

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[1] DFID, *How to Reduce Maternal Deaths: Rights and Responsibilities*, 2005.
[2] Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health (Art. 12)* (20th Sess., 1999), U.N. Doc. HRI/GEN/1/Rev.7 (2004).
[3] CEDAW, supra note 5, article 12.
[4] Human Rights Council, Eleventh Session, Resolution 11/8. Preventable maternal mortality and morbidity and human rights, 2009

DFID should support governments in ensuring that women and girls can exercise the full range of their sexual and reproductive rights, including their rights to access a comprehensive range of effective information and services, to be free from discrimination, violence and coercion and to make decisions regarding their sexuality and reproductive lives, protected by, but free from, intervention from the law.

***2*) Focus on those hardest to reach**

Discrimination against poor and marginalized women severely impacts their ability to access maternal and reproductive health services. Levels of preventable maternal deaths and injury tend to be higher among certain vulnerable groups of women and girls, for example among those living in remote rural areas and among Indigenous women.[5]

Women and girls who live in poverty face various barriers to accessing health care, including financial barriers. In Peru, for example, maternal mortality is six times higher among people living in poverty compared with more affluent sections of the population.[6]

The right to the highest attainable standard of health requires states to ensure that health facilities, goods and services are available, accessible, acceptable and of good quality. It is therefore imperative that DFID supports health strategies that contain a strong focus on ensuring equitable access to reproductive and maternal health services, so that the barriers facing the poorest and most marginalized women are overcome.

DFID has played an important role in supporting global efforts to strengthen health systems in developing countries and it is crucial that it continues to do so. However, while strengthening health systems is key, if women are discriminated against, if they lack access to information about existing services or the power to decide when to use them, women will not be able to access sexual and reproductive health services and maternal mortality ratios will remain high.

3) Comprehensive approach to sexual and reproductive health and rights

Data on specific country situations may provide justification for prioritising support towards the implementation of specific health interventions, however women and girls need consistent sexual and reproductive information and services throughout their lives. Therefore, it is extremely important that policies, plans and programmes for reproductive, maternal and newborn health are guided by a comprehensive, approach supporting women's and girls' sexual and reproductive rights, their needs and decision-making throughout their life cycle.

Selective approaches can lead to detrimental outcomes in terms of women and girls health and decision-making. For example, those that include prevention of unwanted pregnancy and post-abortion care, but do not address provision of safe abortion services to the full extent of the law and (where necessary) legal and policy reform - will only partially meet the needs of women and girls.

[5] Immpact, Submission to the Committee on International Development, 2008. Available: http//www.parliament.the-stationery-office.com/pa/cm200708/cmselect/cmintdev/66/66we08.htm#note43
[6] Ibid, 2008

Equally, approaches which exclude some groups of women – for instance girls, young women or unmarried women – from information and services, whether as a matter of law or policy, will detract substantially from otherwise reachable goals.

DFID can also help partner countries to develop comprehensive action plans and policies which integrate actions in the health sector with other sectors such as education and justice, among others – in order for girls and women to enjoy their human rights in a way that is supportive of positive reproductive, maternal and newborn health outcomes. For example, government action to prevent and respond to all forms of gender-based violence against women is crucial to girls' and women's ability to have control over their sexuality and reproductive lives and to access reproductive and maternal health information and services. This requires partner countries to implement a range of actions outside the health sector, including (but not limited to) prevention of violence in schools, effective prohibition of child marriage, criminalisation of marital rape, lawful access to abortion for women pregnant as a result of rape, decriminalisation of consensual sexual relations outside marriage, and support for single mothers.

4) Participation and accountability

Defining interventions in narrow terms only as services undervalues the processes, accountability and participation fora and mechanisms which are crucial to ensuring that the causes of lack of access to information and services and the lack of women's and girls' decision-making power are addressed and removed. Women and girls must have effective means to hold their governments to account for violations of human rights.

DFID has an important role to play in supporting partner countries to develop national monitoring and accountability mechanisms. Such mechanisms would help enhance the delivery of governments' policies and programmes and empower women and their families to claim what they are entitled to under such policies. Processes to increase accountability and provide effective remedies can also serve as an incentive for governments to engage in co-operative dialogue with groups often excluded from policy making. Mechanisms such as maternal death or 'near miss' audits, complaints mechanisms for those who are denied access to healthcare and oversight by national human rights institutions can play a key role in ensuring accountability at the local and national levels.

2. Which interventions should we prioritize?

Today, there is a growing international consensus around four cornerstone interventions to reduce maternal morality: family planning, skilled birth attendance, effective referral networks and emergency obstetric care.[7] In relation to maternal mortality, these are the minimum "appropriate" measures required by international human rights law.

These interventions are essential for preventing and reducing maternal mortality and ensuring reproductive and maternal health, and DFID should continue to support

[7] For example, see *Who's Got the Power? Transforming Health Systems for Women and Children*, Millennium Project, Task Force on Child Health and Maternal Health, 2005, and A.Yamin, "Beyond compassion: the central role of accountability in applying a human rights framework to health", *Health and Human Rights, an International Journal*, Vol.10, No.2, 2008, p.9.

these interventions. However, an approach that purely focuses on strengthening health systems may not, on its own, address the complexity of the problems confronted by women and girls in the realisation of their reproductive rights. Health services, goods and facilities are essential to meet the challenge of reducing the number of women and girls dying due to preventable causes during pregnancy and childbirth. But the underlying causes - such as gender based violence, discrimination, early marriage - which subject certain women and girls to a greater risk of maternal mortality and morbidity, must also be addressed.

The failure of governments to address structural human rights issues, such as denial of sexual and reproductive rights, discrimination against women, financial and other barriers encountered by women while trying to access health services, their unequal status and lack of participation in decision-making at various levels, undermines progress. Unless these structural human rights issues and related violations are addressed, any progress is likely to mask exclusion and discrimination faced by many groups of women and girls.

Amnesty International's research on Sierra Leone highlights how the inequitable distribution of health facilities within the country, combined with financial and other barriers, limits women's access to life-saving health care. Mismanagement and corruption within health facilities coupled with the lack of monitoring and accountability mechanisms and processes also creates barriers to women's access to health services and essential medicines and supplies. Our research on maternal mortality in Sierra Leone has also highlighted the link between the high risk of pregnancy-related death and ill-health for girls and the failure to enforce the legal minimum age of marriage, the prevalence of early marriage of girls (some as young as ten years), early pregnancies, married girls' powerlessness to make decisions about their sexual and reproductive health and their lack of access to education and information.[8]

Amnesty International strongly believes in a comprehensive, integrated approach to reproductive and maternal health, whereby human rights are at the heart of programmes and policies aimed at the reduction of maternal mortality and morbidity.

Given its commitment to women's health and gender equality, DFID has an important role to play in supporting and working with partner countries and other stakeholders to ensure that responses to tackling preventable maternal deaths proactively identify and address the barriers faced by women and girls who are most marginalized. This requires DFID and its partners to develop and implement policies and strategies which prioritise those who face the greatest difficulties in gaining access to sexual and reproductive health services – for example, adolescents, unmarried women, or women from Indigenous or rural communities or from ethnic minorities.

3. Where should we work?

Amnesty International is not in a position to choose which countries or regions DFID should focus its efforts to advance progress on reproductive and maternal health.

However, as a guiding principle, DFID should focus on supporting efforts aimed at addressing preventable maternal mortality and morbidity and the denial of sexual and reproductive rights among the most marginalised and vulnerable women and girls.

[8] Amnesty International, Out of Reach: the cost of maternal health in Sierra Leone, 2009, pg2

This should include those who face the greatest barriers in accessing sexual and reproductive healthcare information and services, as a result of discrimination and exclusion.

DFID should also work with others – including other donors and multilateral bodies – to ensure that there is greater international cooperation and coordination so that cooperation and assistance for reproductive, maternal and newborn health is provided where needed, and that particular countries, issues and groups of people and communities are not being neglected.

4. How should we address inequality?

a) Focus on particularly vulnerable groups

To tackle inequalities, attention needs to be given not just on providing health care and information equally to all in need without discrimination but also to the specific needs of particular groups of girls and women. For instance, Amnesty International's research on Peru has documented how indigenous and rural women face particular barriers in accessing maternal health care. These include lack of identity documents which limit women's access to health services and to schemes offering free health services, lack of information, discriminatory attitudes and low level of Quechua-language training to health professionals.[9]

DFID should support partner countries and others in identifying and meeting the needs of those who are hardest to reach such as women living in rural areas or indigenous women. This requires supporting partner countries to develop culturally sensitive (but also medically sound and high quality) services for indigenous women and the specific means that help girls and women with disabilities to exercise their sexual and reproductive rights.

b) Remove cost barriers

In many countries financial barriers to health care contribute to high levels of preventable maternal deaths and injury. When costs are a barrier to essential life saving maternal health care, they must be removed. DFID should support partner countries and others to develop programmes and policies aimed at ensuring equal and timely access to life saving maternal healthcare services.

c) Support women's empowerment

Another way in which DFID can help partner countries address inequalities is by supporting them in initiatives to identify and tackle systemic factors that exclude girls and women from reproductive, maternal and newborn health information and services, and women's ability to make autonomous decisions regarding their sexuality and reproductive lives, such as the requirement for husband's consent as a prerequisite for accessing family planning services.[10]

To do so, data collection on the impact of discrimination on grounds including (but not limited to) age, marital status, ethnicity, sexual orientation and gender identity and poverty is crucial because such data helps to identify and guide action against particular forms of discrimination and exclusion. DFID could support the collection of

[9] FN Peru 2006
[10] UN SR RTH, UN Doc. E/CN.4/2006/48, p. 30

qualitative and quantitative data on the impact of discrimination and inequalities on specific health outcomes but also on the processes and mechanisms that structure and underlie such outcomes, for instance laws or individual health services providers' practice requiring third party consent for family planning services.

5. How can we improve the realization of women's rights and women and girls' empowerment?

a) Placing human rights at the heart of policy and practice

Improving women and girls' empowerment is dependent on an approach that addresses the discrimination women and girls face throughout their lives and that puts the human rights of women and girls at the heart of policy and practice. By focusing on women's choices, DFID is in an excellent position to ensure that international and national efforts to improve reproductive, maternal and newborn health are grounded in a vision of the girl and the woman as a whole person, with a comprehensive range of human rights and different needs at different stages of her life span. This vision requires an integrated approach as highlighted by the International Conference on Population and Development (Cairo 1994). It also requires implementation of the commitments made in the Millennium Development Goals to be grounded within the framework of state obligations under international human rights law.

In order to foster the realization of women's rights and the empowerment of women and girls, it is vitally important that DFID works with and supports its partners to address the discrimination faced by women and girls in many aspects of their lives. This requires DFID to work with other stakeholders to tackle issues such as discrimination in access to healthcare information and services on the grounds of age or marital status, other legal barriers faced by women in getting necessary healthcare services, harmful practices that undermine sexual and reproductive rights, early and forced marriage and violence against women, including sexual violence.

b) Supporting women's advocacy

Supporting the participation of women in decision-making processes that affect their lives is key to the realization of women's rights. Supporting the participation of women – including the more marginalized - in the development, implementation and monitoring of healthcare services is key to women's health, as well as their empowerment. Women's participation will also ensure that health services reflect their health needs.

Effective civil society advocacy – especially by women's rights organisations – is crucial in bringing about sustainable change grounded in human rights. Advocacy on gender-based human rights issues like violence against women is an essential input into leveraging broader impact. We recommend that DFID continue to support efforts of women human rights defenders and campaigns and advocacy in support of girls' and women's human rights.

c) Supporting legal reform

An important challenge that remains under-addressed and which DFID could help address within frameworks focusing on reproductive, maternal and newborn health is the impact of states' use of the criminal law to regulate individuals' conduct in regard of sexuality, reproduction and parenthood. DFID could make an important

contribution by supporting partner countries and others at the national and international level to develop and implement legal analyses and reform strategies that highlight the public health and human rights impact of appropriate use of the criminal law (for instance, to target gender-based violence against women) and inappropriate use of the criminal law (for instance, to target consensual sexual relations outside marriage which stigmatises pregnancy outside marriage).

6. Which neglected and sensitive issues should we focus on?

In recent years, the UK Government has shown commitment to women's rights and to sexual and reproductive health. Despite international commitment to tackling maternal mortality and morbidity, there is a danger that some issues may be de-prioritized and neglected – these include issues such as family planning and contraception, safe abortion services, sexual and reproductive health information for adolescents, including sex education for both girls and boys.

Depending on specific country contexts and developments in international and other fora, DFID should seek to highlight any human rights issue that threatens to 'fall off the agenda.' In doing so, DFID should support the partner countries and others to highlight some issues which require specific attention at both a national and global level in order to ensure women and girls can access maternal and reproductive health, these include:

a) Adolescent sexual and reproductive health and rights

Inadequate sexual and reproductive health education in schools about contraception and how to obtain health services, high risk of sexual violence and little independence in deciding on the timing of births or use of contraception are reasons why many adolescent girls in developing countries are especially vulnerable to violations of their sexual and reproductive rights. This not only puts them at greater risk of unwanted pregnancy and unsafe abortion, but it is also a significant factor fuelling HIV infection rates among young women in many countries. Even when girls reach a health facility, they may experience discriminatory attitudes which are a barrier to their reproductive rights. In Burkina Faso, Amnesty International found some medical personnel refused to give information to adolescents because they were "too young".[11] An auxiliary midwife working in a rural service told Amnesty International in March 2009 that "sometimes medical personnel tell adolescents who come for a consultation about contraception that it is not for girls their age and that they should go home."[12]

DFID should support partner countries and others to work to ensure adolescents have access to family planning services and information, and particularly work to address issues such as violence, discrimination and/or cost which can be significant barriers in accessing sexual and reproductive healthcare services.

b) Improving access to safe abortion services

Unsafe abortion continues to be one of the leading causes of maternal mortality around the world. In cases of sexual violence and situations that risk a woman's life or health, it is imperative that women and girls have access to safe abortion services.

[11] Amnesty International, Giving Life, Risking Death: Maternal health in Burkina Faso, 2009, pg 31
[12] Ibid, pg31

Amnesty International's research on Nicaragua shows how the complete ban on abortion places a legal hurdle between medical professionals and the delivery of timely and appropriate reproductive and maternal health care to women and, as a result, undermines programmes intended to reduce maternal mortality and morbidity.[13]

DFID should support the provision of good quality and non-stigmatizing post-abortion care. DFID should support partner countries to ensure that safe abortion is provided for to the full extent of national law, and should also continue to support access to safe abortion for survivors of rape and incest, and where the health or life of the woman is in danger.

7. How can we deliver better results through multilateral aid?

Given that DFID plays a very important role in many multilateral bodies and initiatives which aim to stem maternal mortality and ill-health, DFID should work with its partners to ensure that multilateral aid is consistent with human rights standards under the right to the highest attainable standard of health, sexual and reproductive rights, women's human rights and gender equality. This requires DFID to work with other actors within these institutions to ensure that the financial and technical support that they provide to supporting this issue are used in ways which respect and promote – and do not undermine - sexual and reproductive rights and the right to the highest attainable standard of health.

DFID should work with other to ensure that the policies and strategies adopted by multilateral bodies live up to the commitment made in the Accra Agenda for Action that: "Developing countries and donors will ensure that their respective development policies and programmes are designed and implemented in ways consistent with their agreed international commitments on gender equality, human rights, disability and environmental sustainability."[14]

Finally, DFID should support efforts to ensure that the policies, strategies and programmes of multilateral bodies give adequate priority to the most vulnerable and marginalised, identify and address discrimination and inequality, support the effective participation of women in decision-making processes and support accountability mechanisms to uphold the rights of women and girls.

8. How should we work with private and other non-state actors?

DFID's collaboration with private and other non-state actors should be grounded in a strong and non-negotiable commitment to universal human rights, including in particular a commitment to gender equality and the empowerment of girls and women – as expressed in international and regional human rights treaties and declarations. In practice, this means that DFID's support to private and non-state actors should be based on a mutual commitment to ensure that sexual and reproductive health services are made available in accordance with international human rights standards.

[13] Amnesty International, The total ban on abortions in Nicaragua, 2009

[14] Third High Level Forum on Aid Effectiveness, September 2-4 2008, para. 13 (c), Accra Agenda for Action, Accra, Ghana, available at www.undp.org/mdtf/docs/Accra-Agenda-for-Action.pdf, last accessed 24 May 2010.

According to the right to the highest attainable standard of health, health facilities, goods and services must be economically accessible to all, i.e. affordable, and payment for health care services should be based on the principle of equity. This means that health services, whether privately or publicly provided, must be affordable to everyone, including the poorest and most disadvantage groups. According to the UN Committee on Economic, Social and Cultural Rights' General Comment 14 on the right to the highest attainable standard of health, equity also demands that poorer households are not disproportionately burdened with healthcare expenditures, in comparison to richer households.

When making decisions on providing support via private or other non-state actors and in the context of possible privatization of services, DfID should:
- Ensure that support to private or other non-state actors is consistent with efforts to realise the highest attainable standard of health,
- Ensure that private or other non-state actors promote gender equality and women's human rights, and to uphold sexual and reproductive rights, and
- Ensure effective due diligence so that any privatization of sexual and reproductive healthcare services must deliver equal and timely access to necessary healthcare services for poor and marginalized women.

9. What are optimal modes of service delivery for delivering RMN health outcomes?

It is the State's responsibility to provide the highest attainable standard of health – national governments must take the lead in providing maternal and reproductive health care.

According to international human rights treaty law, States must take "all appropriate measures" to reduce maternal mortality.[15] To be "appropriate", health interventions must be consistent with the best evidence in clinical medicine and public health. Governments may not disregard compelling scientific evidence. While the right to health is subject to progressive realisation, this does not mean that a State is free to choose whatever maternal health interventions it wishes so long as they are broadly going in the right direction. Countries are required to prioritise those health interventions that are the best available to them, taking into account epidemiological evidence, resource availability and other human rights considerations.

The right to the highest attainable standard of health also requires countries to ensure that such services are of sufficient quality and are provided in a culturally sensitive way. It also requires that facilities and services are equitably distributed so that certain areas or groups or people are not neglected.

DFID should ensure assistance provided by it is based on the best available evidence and takes into consideration the needs of vulnerable and marginalized groups.

10. How should we work in fragile and conflict affected states and humanitarian situations?

[15] For example, see article 2(1) ICESCR and paragraph 26, General Recommendation No.24, CEDAW.

In fragile and conflict affected states, the primary focus is on building basic infrastructure and health systems. However, in this context attention to gender equality and women's empowerment is often overlooked. However, Amnesty International believes that when working in fragile and conflict affected states, DFID can play an important role in working with partners to ensure that issues that particularly affect women and girls in such context, such as violence against women in including sexual violence are prioritized and given due attention.

Fragile and conflict affected states and humanitarian situations manifest particular threats to the ability of girls' and women's to choose whether and when to become sexually active, to decide on the timing and spacing of children and to access relevant health information and services. In situations not (yet) recognised as conflict, violations of girls' and women's sexual and reproductive rights have been identified as 'warning signs' for impending conflict.[16] In these contexts, women and girls face political pressure in the form of enforced dress codes and maternal stereotyping, further undermining women's equality, impacting negatively on their sexual and reproductive health and rights.

DFID can work with partners to help identify and address the priority concerns from the perspective of girls' and women's sexual and reproductive rights. These could include gender-based violence against women (including rape and the risk of unwanted pregnancy, with access to abortion needed as an option), the rise or resurgence of child or early marriage (prompted by families' economic destitution or desire to ensure 'safety' for their daughters) and the imposition of gender-discriminatory norms and practices (including restrictions on women's freedom of movement which may be grounded in security concerns).

DFID should think of health information and service provision as one part of a comprehensive response to the immediate and longer-term needs of girls and women which also includes other, related elements such as access to justice and redress and post-conflict transformation of discriminatory laws, policies and systems.

DFID should also ensure consistency of policy with UK Government foreign policy objectives and commitments, for example including commitments to women's participation in conflict resolution and peace-building through implementation of UN Security Council Resolution 1325.

11. What should we support in terms of knowledge, research and innovation?

a) Knowledge

The recently published maternal mortality figures[17] and controversy surrounding the reported reductions in maternal deaths demonstrate the challenges of measuring maternal mortality and the uncertainty surrounding interpretation of data. Identifying a maternal death requires accurate data on the deaths of women of reproductive age, including cause of death, pregnancy status, and time of death in relation to pregnancy or childbirth. Solely using maternal mortality rates is limited as it only reflects the risk of death once pregnant and misses the cumulative mortality risk associated with the number of pregnancies a women has. Not only is available data

[16] FN Tajikistan 2007
[17] Hogan et al. 2010

limited, but information about why and how changes are occurring is even more limited and needs further investigation.

DfID should support the collection of disaggregated data which is essential to ensure the discrimination facing poor and marginalized women is not masked in national statistics. Disaggregated data can also inform focused interventions for at risk groups and increase accountability in service provision at the local and national levels.

b) Research

While progress has been made in understanding technical interventions needed for prevention and reduction of maternal mortality and morbidity there is still very limited understanding of human right aspects. The right-to-health approach to maternal mortality requires monitoring, accountability and redress mechanisms. Effective monitoring (e.g. by way of appropriate indicators) is a pre-condition of accountability. The registration of all maternal deaths, and a procedure for investigating the causes of all such deaths, are essential. Often known as maternal death reviews or audits, the investigation must go beyond a narrow consideration of medical causes and review all circumstances, including relevant social, economic and cultural factors.[18] These reviews should primarily focus on institutional and systemic issues rather than the errors of individual health workers.

Other mechanisms will also be needed, such as health commissioners, national human rights institutions, public hearings and, as a last resort, judicial proceedings. Where mistakes are identified, accountability requires redress. Redress has many forms, such as public apology, amendments to laws or policies, compensation, and so on. Accountability should not be understood as a matter of blame and punishment. Sometimes called 'constructive accountability', it is a process that helps to identify what works, so it can be repeated, and what does not, so it can be revised.

12. If we could do only one thing to improve reproductive, maternal and newborn health outcomes what should it be and why?

The UK Government should put human rights and the empowerment of women and girls at the heart of all its efforts to improve maternal and reproductive health – both in its bilateral cooperation and assistance and in its support to, and engagement with, other stakeholders including multilateral institutions.

[18] WHO, *Beyond the numbers*, 2004; UNICEF, *Maternal and perinatal death inquiry and response*, nd.