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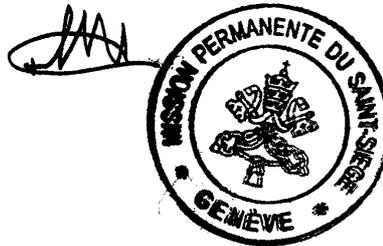
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The Permanent Mission of the Holy See to the United Nations and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and has the honor to confirm receipt of the Verbal Note WRGS/LOH/Res27/11 of 11 December 2015 which invited States to provide information on how their Governments have disseminated and applied the technical guidance regarding the reduction of maternal mortality and morbidity.

As a response to this invitation, the Permanent Mission of the Holy See is pleased to present to the Office of the High Commissioner for Human Rights the enclosed Memorandum on the Issue of Maternal Mortality as the official response of the Government of the Holy See.

The Permanent Mission of the Holy See is pleased to have the opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurance of its highest consideration.

Geneva, 1 February 2016



United Nations High Commissioner for  
Human Rights (OHCHR)  
Palais des Nations  
1211 GENÈVE 10

**OHCHR REGISTRY**

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Recipients : *L. O'Hanlon*  
*R. B.*

Enclosure .....

HOLY SEE  
MEMORANDUM  
On the Issue of Maternal Mortality

1. The Holy See welcomes the efforts being pursued to eradicate maternal mortality, which still today affects hundreds of thousands of women, reducing the chances for survival of their babies and dramatically impacting their family. While very much has been done so far, a lot remains in our common efforts to eradicate this risk and to ensure that every pregnant woman can safely bring her pregnancy to term, while benefitting from the "special care and assistance" pointedly required by Article 25 of the *Universal Declaration of Human Rights*.

Strengthening efforts to bring solutions to maternal mortality represents a critical necessity under fundamental and internationally recognized human rights, such as the right to life<sup>1</sup> and the right to health<sup>2</sup> that stems from it, as well as the right of every woman to "the enjoyment of the highest attainable standard of physical and mental health."<sup>3</sup> It remains, however, inconsistent, especially with a human rights-based approach, to neglect the fact that both the mother and the child, even in the womb, are equally entitled to the enjoyment of these fundamental human rights.<sup>4</sup> In this respect, Article 12.2.a of the *International Covenant on Economic Social and Cultural Rights* specifies that the enjoyment of the highest attainable standard of physical and mental health includes "the provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child."

2. The Holy See is supportive of every effort to ensure that each woman can benefit from all the support and assistance needed for her motherhood and in particular, from quality maternal and child health care. In that regard, the Catholic Church has a long history of caring for mothers and newborns, especially through its tens of thousands of hospitals and maternity and pediatric clinics established around the world, which continue to be front-line providers for primary health care, in particular to the most marginalized of society.

It is widely acknowledged that maternal mortality could, in most cases, be avoided through better access to quality health-care, which, in a human rights-based approach, should essentially be linked to the fundamental right to health that is owed to every human being. Linking it instead to so-called "sexual and reproductive health" and "sexual and reproductive health

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<sup>1</sup> The right to life is established in Article 6 of the *International Covenant on Civil and Political Rights*. Protecting this right entails that governments must adopt positive measures, including steps to prevent unnecessary maternal deaths.

<sup>2</sup> The right to health is mentioned in many international instruments, such as the *International Convention on the Elimination of All Forms of Racial Discrimination*, the *Convention relating to the status of Refugees*, the *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*, the *Geneva Conventions*, the *Declaration on the Protection of Women and Children in Emergency and Armed Conflict*, to name a few.

<sup>3</sup> *International Covenant on Economic, Social and Cultural Rights*, Art. 12.

<sup>4</sup> Congregation for the Doctrine of the Faith, Instruction *Donum vitae*, 22 February 1987, III: "the moment a positive law deprives a category of human beings of the protection which civil legislation must accord them, the State is denying the equality of all before the law."

rights" is, in fact, overly simplistic, lacking in objectivity and injurious to the fundamental rights of the child. Moreover, as the Holy See already pointed out during the 21<sup>st</sup> session of the Human Rights Council, when noting the frequent references to the expression "*sexual and reproductive health (and) rights*," in 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*,<sup>5</sup> "such a totally unbalanced attention to sexual and reproductive health fails to address the complex and underlying causes responsible for maternal mortality and morbidity in an integrated and complete manner and in a way that respects the full dignity of all members of the family."<sup>6</sup>

In this regard, the Holy See deplores the continuing insistence on the part of UN agencies and entities, including of the Office of the High Commissioner for Human Rights, on the implementation of measures that are controversial for many States and other stakeholders, and on concepts that are not even recognized in international law. For example, while the right to health for every person is a right recognized by human rights international law, "*sexual and reproductive health rights*" are not defined in the latter, nor are so-called "*reproductive rights*" considered as human rights<sup>7</sup> or health related. Moreover, the heavy emphasis that is often put on legal permissiveness as regards national abortion laws<sup>8</sup>, is not only contrary to international law, which has never recognized "*abortion*" as a "human right", but also breaches the fundamental rights of the child and unduly pressurizes States to change their existing laws, without respect to their autonomy, nor to the sensitivities of vast numbers of persons, believers and unbelievers alike.

3. The adoption of a human rights-based approach to combat maternal mortality is laudable in itself, inasmuch as it is aimed at making use of existing international instruments, and of their political momentum, to foster the implementation of appropriate women's health measures. However, this cannot entail creating new obligations or "rights" that are not already sanctioned by international law or would conflict with other fundamental rights. Thus, healthcare services can never be conceived or operate against the right to life, the application of which cannot discriminate based on the various stages of life,<sup>9</sup> for "*human beings are ends in themselves and never a means of resolving other problems. Once this conviction disappears, so do solid and lasting foundations for the defense of human rights, which would always be subject to the passing whims of the powers that be.*"<sup>10</sup> By the same token, the recommendation to modify "*unregulated conscientious objection*" to the benefit of disseminating "*newly established obligations of providers and rights of individuals users*" related to "*services used by women*" in

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<sup>5</sup> A/HRC/21/22, 2012.

<sup>6</sup> Abp. Tomasi, Holy See statement on Maternal Mortality during the 21<sup>st</sup> Session of the HRC, Geneva, 2012.

<sup>7</sup> Contrary to what is stated at n. 75.d; 81 of the *Technical Guidance*, *op. cit.*

<sup>8</sup> See for example, n. 9 and 56 of the *Technical Guidance*, *op. cit.*

<sup>9</sup> Congregation for the Doctrine of the Faith, *Declaration on Procured Abortion*, 18 November 1974, n. 12: "Any discrimination based on the various stages of life is no more justified than any other discrimination. The right to life remains complete in an old person, even one greatly weakened; it is not lost by one who is incurably sick. The right to life is no less to be respected in the small infant just born than in the mature person. In reality, respect for human life is called for from the time that the process of generation begins. From the time that the ovum is fertilized, a life is begun which is neither that of the father nor of the mother, it is rather the life of a new human being with his own growth. It would never be made human if it were not human already."

<sup>10</sup> Pope Francis, Apostolic Exhortation *Evangelii Gaudium*, n. 213.

the health sector<sup>11</sup> would directly contradict a human rights-based approach, where freedom of religion and conscience necessarily remain well-established fundamental rights.<sup>12</sup> Instead, the adoption of the largest possible provisions to protect the fundamental freedom of conscience, including that of medical practitioners and health care providers, and the freedom of thought and religion, including that of parents and educators, is critical wherever abortion would be legalized, in contrast with human dignity and the fundamental right to life.

The Holy See forcefully maintains that “a society lacks solid foundations when, on the one hand, it asserts values such as the dignity of the person, justice and peace, but then, on the other hand, radically acts to the contrary by allowing or tolerating a variety of ways in which human life is devalued and violated, especially where it is weak or marginalized.”<sup>13</sup> Maternal mortality should not be used to promote solutions that are detrimental to unborn human life and the integral needs of women themselves. In this regard, international human rights instruments not only recognize the right to life of the mother and of the unborn,<sup>14</sup> but also clearly reject abortion as a method of family planning.<sup>15</sup> Indeed, beyond this ethical and human rights-based approach, it is well established that abortion can never be considered safe, as it carries serious risks for the mother’s health and inevitably contributes to maternal mortality too, as do some other practices of contraception and sterilization that are too often promoted in the guise of “health services”. Thus, the recourse to such procedures should not be considered as a key approach to maternal mortality, as happens, alas, throughout the *Technical Guidance*, nor can abortion (or so-called “safe abortion”) be accepted as an essential element for improving women’s health.

4. The current advances in medical science provide us with many ways to prevent and avoid maternal mortality, which requires access to basic health care, especially in the area of skilled birth attendance and emergency obstetric care. In order to efficiently reduce maternal mortality, high emphasis should therefore be put on the principle of universal access and on the quality of basic health care. In particular, it is critical and urgent to provide basic maternal health care in developing countries and especially in rural areas, where the majority of maternal deaths occur due to a lack of basic health-care. The devastating effect of the lack of healthcare is particularly appalling when considering the situation of mothers amongst the poorest, the migrant and the most marginalized and disenfranchised populations.

Therefore, it is urgent to strengthen efforts to increase the number of skilled birth attendants, trained in treating obstetric fistula, post-partum hemorrhage, high blood pressure and infections, eclampsia and prolonged obstructed labor, which are the primary causes of maternal mortality and which are largely preventable or treatable complications. States should also be encouraged and supported to implement social and health care measures that include better access to antiretroviral medications for mothers who are HIV-positive. A solution respectful of the dignity of women commits every stakeholder to protecting motherhood by investing in and improving

<sup>11</sup> *Technical Guidance*, n. 61, *op. cit.*

<sup>12</sup> *Universal Declaration of Human Rights*, Art. 18.

<sup>13</sup> John-Paul II, *Evangelium Vitae*, n. 101.

<sup>14</sup> Art. 3 of the *Universal Declaration of Human Rights*; Art. 6 of the *International Covenant on Civil and Political Rights*; Art. 6 of the *Convention on the Rights of the Child*.

<sup>15</sup> Abortion, which destroys an existing human life, is never an acceptable method of family planning, as was already recognized by consensus at the *Mexico City United Nations International Conference on Population* (1984) and as reiterated in the *Programme of Action of the International Conference on Population and Development* (Art.8.25) and in the *Beijing Declaration and Platform of Action* (Art. 106.k).

local health systems and providing essential obstetric services. In this regard, the international community should also encourage science and research institutions to develop innovation and cost-effective technologies that may assist in improving neonatal healthcare.

Moreover, better cleanliness in health care facilities, clean water supply, sanitation, food security and basic nutrition are among the important steps to be taken to overcome infectious diseases that contribute to maternal mortality. Access to education for women is also of utmost importance, not only to help them better know their bodies and learn basic sanitary and hygiene rules, but also to help them provide preventive health care for their infants.

Catholic Church institutions, for their part, have stepped up efforts to address the hindrances to accessing emergency obstetric care and the underlying causes of disproportionately high rates of maternal morbidity and deaths among adolescent girls. Several Church organizations and institutions also offer specialized health care for women and outreach programs like fistula repair, holistic care and social integration for the victims of domestic violence, care for single young mothers, as well as the promotion of the education and integral development of women and girls. And, in order to ensure specialized health care for women, the Catholic institutions engage in the training of medical and professional personnel in different parts of the world.

5. Beyond the efforts made to guarantee a better access to health care, much has also to be done in other sectors to address the problem of maternal mortality. Specifically, one cannot ignore socio-economic factors and practices that may also greatly impact maternal mortality. In this sense, the international community should tirelessly engage in combating poor working conditions for women, early marriages, trafficking in women and girls, prostitution, feminine genital mutilations, as well as environmental issues that affect human health, adequate housing and living conditions. In conclusion, an effective approach to combating maternal mortality needs to be truly holistic and urgently requires the promotion of a real culture of life, in a social and cultural environment that is open and welcoming to the newborn and that guarantees respect and care for the mother, for *"our openness to others, each of whom is a "thou" capable of knowing, loving and entering into dialogue, remains the source of our nobility as human persons."*<sup>16</sup>

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<sup>16</sup> Pope Francis, *Laudato si'*, n. 119.