14 March 2011

Office of the United Nations High Commissioner for Human Rights
United Nations Office at Geneva
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Attention: Melinda Ching Simon

Dear Melinda

EFFECTIVE PRACTICES IN ADOPTING A HUMAN RIGHTS-BASED APPROACH TO ELIMINATING MATERNAL MORTALITY AND MORBIDITY

I write in response to your request for National Human Rights Institutions to submit information on good or effective practices on the impact of a human rights based approach to eliminating maternal mortality and morbidity. While maternal mortality in New Zealand may not have the urgency that it does in many other countries, certain of New Zealand’s health strategies are consistent with a human rights approach and could usefully inform practices aimed at eliminating maternal mortality and morbidity.

1. Background

1.1 Last year the New Zealand Human Rights Commission (the Commission) carried out a review of human rights in New Zealand as part of a statutory role which requires it to develop a national plan of action for the promotion and protection of human rights in New Zealand. This is the second review undertaken by the Commission and highlights improvements since the first review in 2004. It also identifies areas where there are still inequalities and gaps in human rights protections.

1.2 The review methodology involved assessing human rights against the civil and political and economic, social and cultural rights proclaimed in the Universal Declaration of Human Rights and enacted as international law in the United Nations Covenants and Conventions and the International Labour Organisation’s fundamental labour standards.

There were 9 maternal deaths in 2008. In 2007, there were 11 and in 2006 there were 15. It is not possible to comment on trends based on only three years data. Of the 35, 8 were mothers with pre-existing medical conditions and seven were the result of suicide. Perinatal and Maternal Mortality Review Committee, Perinatal and Maternal Mortality in New Zealand 2008, Fourth Report to the Minister of Health July 2009 - June 2010 Wellington 2010 available at http://www.pmmrc.health.govt.nz at 4
1.3 The section of the review on the right to health noted that the New Zealand health system performs fairly well by international standards. Although there is no express right to health in New Zealand law, there is a relatively strong legislative framework which includes the New Zealand Bill of Rights Act 1990 (which protects the right to freedom from discrimination, the right not to be subjected to medical or scientific experimentation and the right to refuse medical treatment); the Human Rights Act 1993 (which deals with discrimination and human rights generally); the Health and Disability Services Act 1994 (which includes a Code of Consumer Rights) and the Privacy Act 1994. There are also numerous strategies and policies that are designed to ensure the provision of health care and access to the underlying determinants of the right to health.

2. Ongoing human rights issues

2.1 In recent years human rights principles have increasingly shaped the debate about the right to health domestically and there have been some significant gains including an overall increase in life expectancy\(^2\). However, despite the fact that New Zealand is considered to do a good job of monitoring inequalities and reporting in ways that facilitate action\(^3\), inequalities persist – particularly for those on low incomes, Māori and Pacific people and other minority sections of the population.

2.2 In relation to maternal mortality, research indicates that Māori and Pacific people carry the burden of perinatal mortality, have the highest levels of deprivation and are most likely to experience the death of a baby when younger than 24 years\(^4\). While we recognise perinatal mortality is not the same as maternal mortality, a number of community initiatives designed to deal with issues relating to perinatal mortality (for example, programmes to encourage the reduction of maternal smoking as part of the effort to reduce Sudden Infant Death Syndrome in Māori communities) may provide examples of good practice that could also alleviate maternal mortality.

3. Strategies to address inequalities

3.1 New Zealand has strategies to deal with specific groups such as the Māori\(^5\) and Pacific Health\(^6\) Strategies which reinforce the generic health strategy and are designed to ensure health services are provided in a culturally appropriate manner.

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\(^4\) Supra fn 1
\(^5\) Minister of Health and Associate Minister of Health *Whakatataka Tuarua: Maori Health Action Plan 2006-2011* (Ministry of Health, Wellington, 2006)
3.2 Health funding is prioritised to ensure that it is directed at those most in need. However, this has not always been successful as there is a wider issue of accessibility (and often acceptability) of health services to many of the groups most in need.

3.3 In an attempt to make mainstream services more attractive to Māori and Pacific people there has been a shift from simply increasing the number of Māori providers to strengthening existing services to ensure that they serve Māori better in terms of accessibility and quality.

3.4 The Government also recently announced the introduction of the Whanau Ora programme. This is an innovative approach to the provision of services which is designed to empower families rather than focusing on just individuals. The programme will require government agencies to work together, and with families, to provide advice on employment and welfare matters as well as health services and, as such, has the potential to address the entire range of health determinants.

3.5 The Whanau Ora programme involved widespread consultation within the Māori community and a commitment to a philosophical approach that is consistent with thinking and operating within a Māori world view. The underlying principles are:

• **Nga- Kaupapa Tuku Iho**: the ways in which Māori values, beliefs, obligations and responsibilities are available to guide whanau in their day-to-day lives.

• **Whanau Opportunity**: all whanau will have chances in life that will enable them to reach new heights, do the best for their people, engage with their communities and foster a strong sense of whanaungatanga – connectedness.

• **Best Whanau Outcomes**: the success of Whanau Ora interventions is measured by increases in whanau capacities to undertake those functions that are necessary for healthy living, and shared contributions to the wellbeing of the whanau as a whole, as well as the wellbeing of whanau members.

• **Coherent Service Delivery**: recognises a unified type of intervention so that distinctions between services provided by health, welfare, education and housing, for example, are not allowed to overshadow wider whanau needs.

• **Whanau Integrity**: acknowledges whanau accountability, whanau innovation and whanau dignity. This principle assumes that a code of responsibility is present in all whanau, though it may sometimes be masked by events or circumstances that propel whanau into survival mode or trigger a defensive reaction.

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• Effective Resourcing: underlines two important aspects of services to whanau. First, the level of resourcing should match the size of the task – whanau-centred approaches may initially be time intensive. Second, resourcing should be tied to results. Effective resourcing means allocating resources in order to attain the best results and an intervention plan should include a set of indicators that can measure successful outcomes.

• Competent and Innovative Provision: recognises a need for skilled practitioners who are able to go beyond crisis intervention to build skills and strategies that will contribute to whanau empowerment and positive outcomes.

3.6 Refugee groups (who have found in the past that mainstream health services are inappropriate for their needs) have also welcomed the introduction of the Whanau Ora programme as they consider it to have many elements appropriate to refugee families.

4. Conclusion

4.1 Although maternal mortality in New Zealand is not as great a problem as in some other countries, the focus on community strategies to improve access to services generally could play a role in the elimination of maternal mortality. The Whanau Ora programme which is designed to redress inequality, increase participation and accountability, and empower Māori in the delivery of health services is a particularly good example of this.

I hope this information is of some use.

Yours sincerely

[Signature]

Rosslyn Noonan
CHIEF COMMISSIONER
Te Amokapua