

Geneva, 31 March 2011

Enclosure mentioned.
To offer one example of an initiative addressing maternal mortality and morbidity from a human rights-based approach, Japan previously implemented an ODA Project entitled "Improving Maternal, Newborn and Child Health Service in Madagascar 2007 – 2010". The aim of the project was to provide high-quality maternal and child health services based on evidence-based medicine, together with the construction of a Maternal and Child Health Center, given the fact that the country had suffered from high maternal and under-five mortality rates. Prior to the project implementation, pregnant women in the project area had limited opportunities to express how they wanted to deliver, or what care they needed. This situation often had resulted in the women feeling neglected or discriminated against by health-care providers.

In order to address the abovementioned situation, the project was implemented in accordance with the concept of "humanized maternity care". The concept of humanized care can be defined as follows: 1) care which fulfills and empowers both women and their care providers; 2) care which promotes the active participation and decision-making of women in all aspects of care; and 3) care provided by physicians and non-physicians working together in harmony.

The project successfully contributed to: 1) increasing the practice of humanized care during delivery/birth; 2) decreasing inappropriate medical interventions; 3) increasing the appropriate use of medicines for delivery; 4) improving capacity of service providers for maternal and child health services; and 5) increasing the appropriate use of Caesarean section based on absolute maternal indications.

Moreover, the project contributed to ensuring the rights and dignity of pregnant women, in the following ways: 1) providing pregnant women with information on a variety of delivery options to enable them to make a choice; 2) empowering women to express their opinions to obstetricians or midwives; 3) reducing inappropriate medical interventions, unnecessary Caesarean sections or use of medicines for delivery; and 4) training health care providers.