**

***Ministry of Foreign Affairs and International Cooperation***

***Inter-ministerial Committee for Human Rights***

***ITALY***

***Contribution of Italy to the Office of the United Nations High Commissioner for Human Rights in relation to Resolution 39/10 entitled***

***"Preventable maternal mortality and morbidity and human rights in humanitarian settings"***

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**Contribution of Italy to the Office of the United Nations High Commissioner for Human Rights in relation to Resolution 39/10 entitled "Preventable maternal mortality and morbidity and human rights in humanitarian settings".**

Further to your query in relation to the Human Rights Council Resolution A/HRC/39/10, Italian Authorities are in a position to provide the following contribution, **for your information only**.

1. **What steps has your Government or organization taken to utilize a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian settings? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?**

In Italy, recent data show an estimated population of 60.5 million inhabitants to date and more than 470,000 live births registered per year. Since 2008 the Italian National Health Institute (INHI) is in charge of monitoring maternal mortality in the country. The National Health Service provides free comprehensive coverage to the entire population and responsibility for healthcare is shared by the central government and the 20 Italian regions. Considerable regional differences in the provision of health services and health service information systems exist throughout the country. The Ministry of Health is constantly engaged to put in place specific actions in order to ensure the equity of the system and to overcome inequalities between the different regional realities.

Surveillance, review and reporting are a public health priority and the INHI emphasizes the link between information and response to move beyond mere numbers of maternal deaths. The Italian Obstetric Surveillance System (ItOSS), coordinated by the INHI, has adopted a dual approach to investigate and monitor maternal mortality, including vital statistics analysis and prospective surveillance relaying on incident reporting and confidential enquiries. By using an active surveillance approach aimed at saving more women’s lives and at improving the quality of maternity service, the ItOSS enhances lesson learned and reinforces both process- and result-oriented approaches. Confirming the validity of this dual approach, the last Euro Peristat Report included the ItOSS among the 7 enhanced maternal mortality surveillance systems active in Europe.

1. **Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.**

Italy eagerly endorses a human rights-based approach to the implementation of policies and programmes in order to reduce preventable maternal mortality and morbidity. Therefore, principles and practices for a human rights-based approach are applied in the broader context of the Italian public health system. The National Health Service (SSN) is a system of structures and services that aim to guarantee all citizens access to health care according to the principles of universal health coverage and equity-based approach, established by art. 32 of the Constitutional Law. The protection and promotion of women's health is an important investment for the improvement of the country's health status, which requires a strategy of multisectoral actions. Through generous public financial resources, the public health system ensures that women's health care services are pursued, particularly through the promotion of reproductive well-being, including access to legal services for interruption of pregnancy, birth care and the health of the mother with her child, by ensuring a life-course approach from childhood and adolescence to menopause and senescence, too. The healthcare services, which the SSN is required to provide to all citizens, are established by the 2017 Decree of the President of the Council of Ministers containing "definition of essential levels of assistance".

1. **What challenges does your Government or organization face in implementing a human rights-based approach in policies and programs to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.**

One of the main challenges of the activities devoted to eliminating preventable maternal mortality and morbidity concerns the shortage of human resources in both health and research institutions. The generation of knowledge is an essential feature of strategies aimed at improving health promotion and care. Among others, the promotion of synergies between the activities of epidemiological surveillance and the continuing education of professionals is deemed essential in order to improve the appropriateness of clinical practice. The stability of adequate funding represents another critical issue that requires the appropriate identification of intervention priorities in the field of public health.

1. **Please provide information on the main areas of concern specifically in relation to maternal morbidities in your country and/or context. Please elaborate on the main causes leading to maternal morbidities in your country and/or context?**

Obstetric haemorrhage is the major cause of death within 42 days from the pregnancy outcome (specific MMR 1.92) followed by hypertensive disorders of pregnancy (specific MMR 1.06) and cardiac diseases (specific MMR 1.06). Violent cause of maternal deaths, of which suicides were 64%, is the second most common cause of late maternal deaths, according to the data available. This is an unexpected finding, since in Italy the female suicide rate is among the lowest in Europe. Two prospective population-based studies on the leading causes of maternal morbidities in the country have been promoted and coordinate by the ItOSS. Both studies collected data on women delivering at ≥22 weeks of gestation with any of the following complications: severe postpartum haemorrhage, abnormally invasive placenta, uterine rupture, peripartum hysterectomy, maternal sepsis, eclampsia, amniotic fluid embolism and spontaneous hemoperitoneum in pregnancy.

1. **Is there particular group of women and girls who are more at risk of maternal morbidities? (For instance, adolescents, women living with HIV, indigenous women, women of African descent, women from rural areas etc.)**

With regard to the socio-economic conditions, older, migrant and low educated women are at greater risk of maternal morbidity and mortality in Italy. Obesity is a frequent cause behind the causes of severe maternal morbidity and IVF is associated with worse outcomes.

1. **What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human rights-based approach informed such measures?**

The INHI in collaboration with the Ministry of Health and with the Italian Regions coordinates an obstetric surveillance system through incident case reporting and assessment from experts. The surveillance generates the necessary information to outline realistic and practical actions to accelerate progress towards reducing preventable maternal severe morbidity and mortality through continuous data collection, in depth analysis by clinical audit and confidential enquiry, as well as response by acting on ﬁndings. The set up and the first three years of the prospective maternal death surveillance were funded by the Italian Ministry of Health. From 2017 a Decree of the President of the Council of the Italian Ministers attributes to the INHI the responsibility of the national coordination of the maternal mortality surveillance. A specific National Committee, established by Ministerial Decree of 12 April 2011 and renewed by Ministerial Decree of 11 April 2018, ensures the permanent coordination between the Government, the Regions and the Local Authorities to put in place the promotion and improvement of the quality, safety and appropriateness of care interventions for maternal and perinatal health.

1. **What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?**

Italy supported ten UNGA73 and HRC resolutions on the rights of women and girls, which include Call to Action issues (Elimination of all forms of discrimination against women and girls; Accelerating efforts to eliminate violence against women and girls: Preventing and responding to violence against women and girls in digital contexts; Elimination of female genital mutilations; Preventable maternal mortality and morbidity and human rights in humanitarian settings; Equal participation in political and public affairs; Trafficking in women and girls; Intensification of efforts to end obstetric fistula; Intensification of efforts to prevent and eliminate all forms of violence against women and girls: sexual harassment; Intensifying global efforts for the elimination of female genital mutilation; Child, early and forced marriage).

Epidemiological surveillance and clinical governance as well as continuing education of health professionals are the main activities promoted in order to better address specific needs of women and girls affected by maternal morbidities. In addition, specific resources of the National Health Fund are aimed at the diagnosis, treatment and care of postpartum depression syndrome.

1. **Does your Government or organization regularly collect and analyse disaggregated data and information on maternal morbidities? Please elaborate on good practices and challenges in this regard.**

Learning lessons and acting on the results is the core of using an active surveillance approach aimed at saving more women’s lives and at improving thequality of maternity service. As the results of the ItOSS surveillance highlighted the critical aspects of care associated to the avoidable haemorrhagic maternal deaths and morbidities, many concrete initiatives were taken in order to disseminate results and promote a positive change. Three free distance learning courses on prevention, diagnosis and management of postpartum haemorrhage (PPH) have been offered by the ItOSS under the accreditation system of Continuous Medical Education in order to address the health professionals training needs. Over 15.000 clinicians (obstetricians, anaesthesiologists and midwives) were enrolled in the ItOSS distance learning courses. Over 99% of the participants rated them as relevant, effective and of high quality and 85% acquired the credits. Moreover, in 2014-2016 ItOSS implemented the first prospective population-based Italian study on haemorrhagic severe acute maternal morbidity as part of the International Network Obstetric Survey System (INOSS). In 2016 the first national guideline on PPH prevention and treatment promoted by ItOSS has been published by the Italian National Guidelines System.

Thanks to the knowledge produced by the active surveillance, maternal sepsis is now a public health priority in Italy and is part of a new population-based project on severe acute maternal morbidity coordinated by ItOSS in 11 Regions, covering 77% of total births in the country. The topic has also been addressed by a specific distance learning course offered to medical doctors and midwives and through the participation of the ItOSS in the GLOSS study coordinated by WHO within the global campaign on the prevention of maternal sepsis. The effort to disseminate the results of the research promotes the participation of the clinicians to the reporting and to the assessment of maternal deaths and near miss cases, as well as it supports research and training activities in the country. The extension of the surveillance also to perinatal mortality, the continuation of prospective studies on severe acute maternal morbidity, the continuous training of health professionals in the critical areas that arise from the surveillance and the provision of recommendations for clinical practice are ongoing activities coordinated by ItOSS. One of the challenges concerns the measures for the transfer of knowledge into evidence-based recommendations, which are to be disseminated among clinicians and policy makers in order to outline realistic and practical actions to improve health outcomes for mothers and new-borns.

Italian Authorities avail themselves of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of their highest consideration and to further reiterate their firm willingness to continue full and extensive cooperation with all relevant UN mechanisms and bodies.

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