

# Applying A Human Rights-Based Approach to Maternal Mortality: A Case Study From Peru

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# Peruvian Context

- 28 million population
  - USD 2100 GDP per capita
  - 24% population in extreme poverty
  - 47% of population indigenous; disproportionately represented among rural poor.
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- Maternal Mortality Ratio: 168 per 100,000 live births [Puno and Huancavelica: 361 and 302 per 100,000 respectively]
  - 4.8% of budget spent on health (2006)

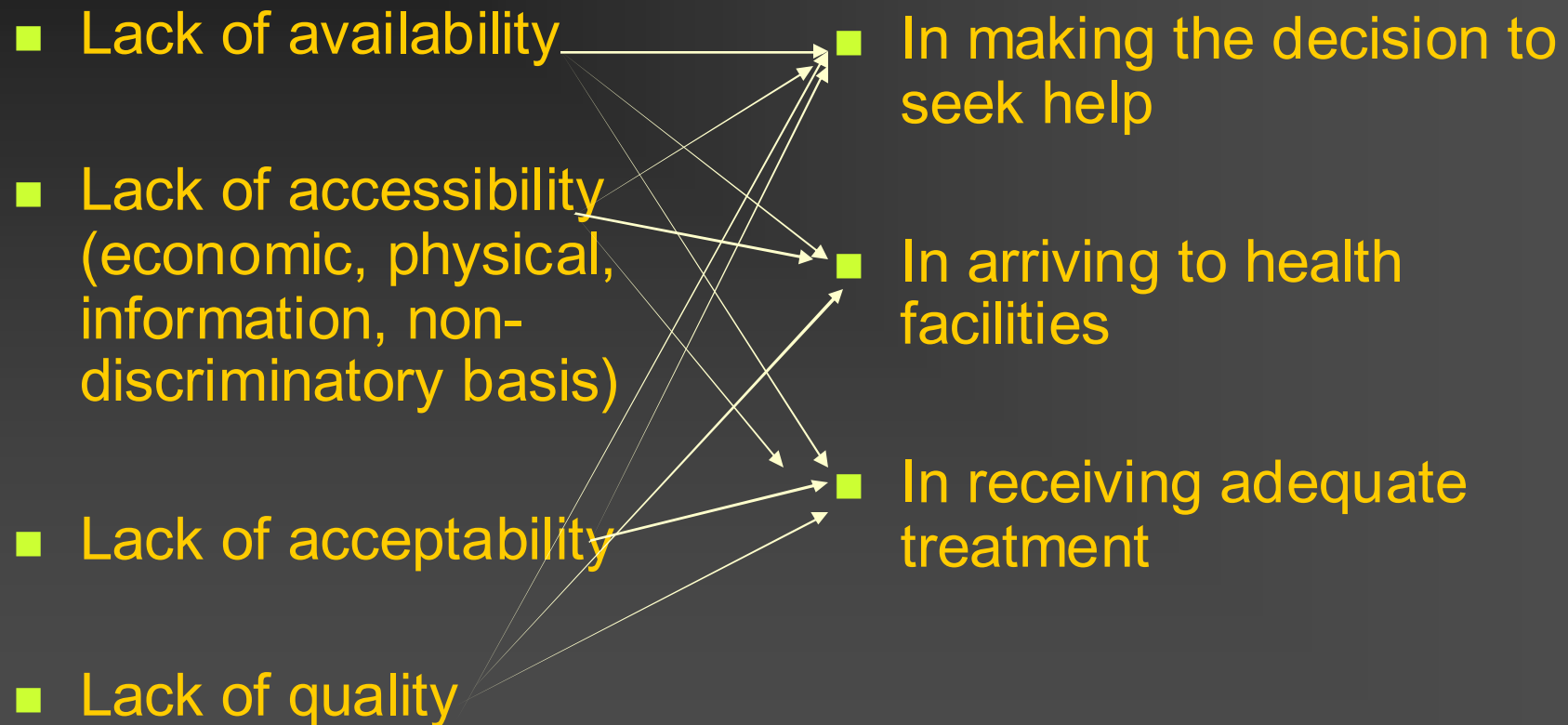
# Francisca's Story



# What Does Human Rights Add?

- Three Delays Model (Maine et al, 1992)
- Health facilities, goods and services are to be available, accessible, acceptable and of adequate quality. (ESC Rights Committee, General Comment No.14, para 12)

# Mechanism



- In its General Comment No.14, para 43, the ESC Rights Committee states that the provision of essential obstetric services constitutes a basic obligation on the part of State Parties.
- In its General Recommendation No. 24, “Women and Health,” Article 12(2), CEDAW advises States Parties to “ensure women’s right to safe motherhood and emergency obstetric services.”

- *UN Guidelines on Monitoring the Use and Availability of Essential Obstetric Services*  
(WHO, UNICEF, UNFPA; 1997)

- Maternal deaths are not random biological events but the predictable result of systematic policy decisions
- Not just bad health policy; inconsistent with legal obligations under international human rights law



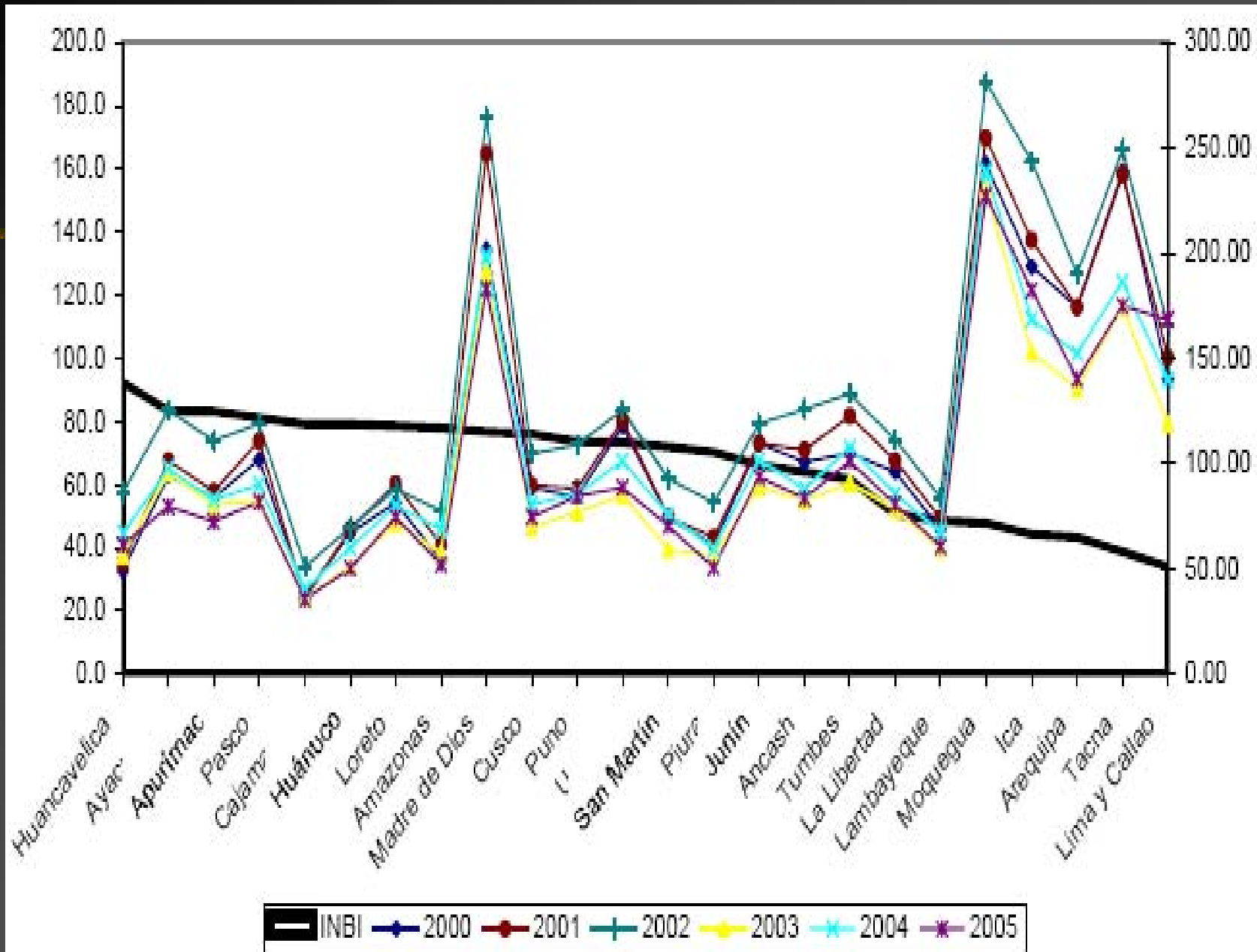
# Characteristics of A Human Rights-Based Approach to Safe Motherhood

- Non-retrogression and Adequate Progress
- Meaningful Participation
- Non-Discrimination and Equality
- Accountability
- International Assistance and Cooperation

# Non-Discrimination and Equality

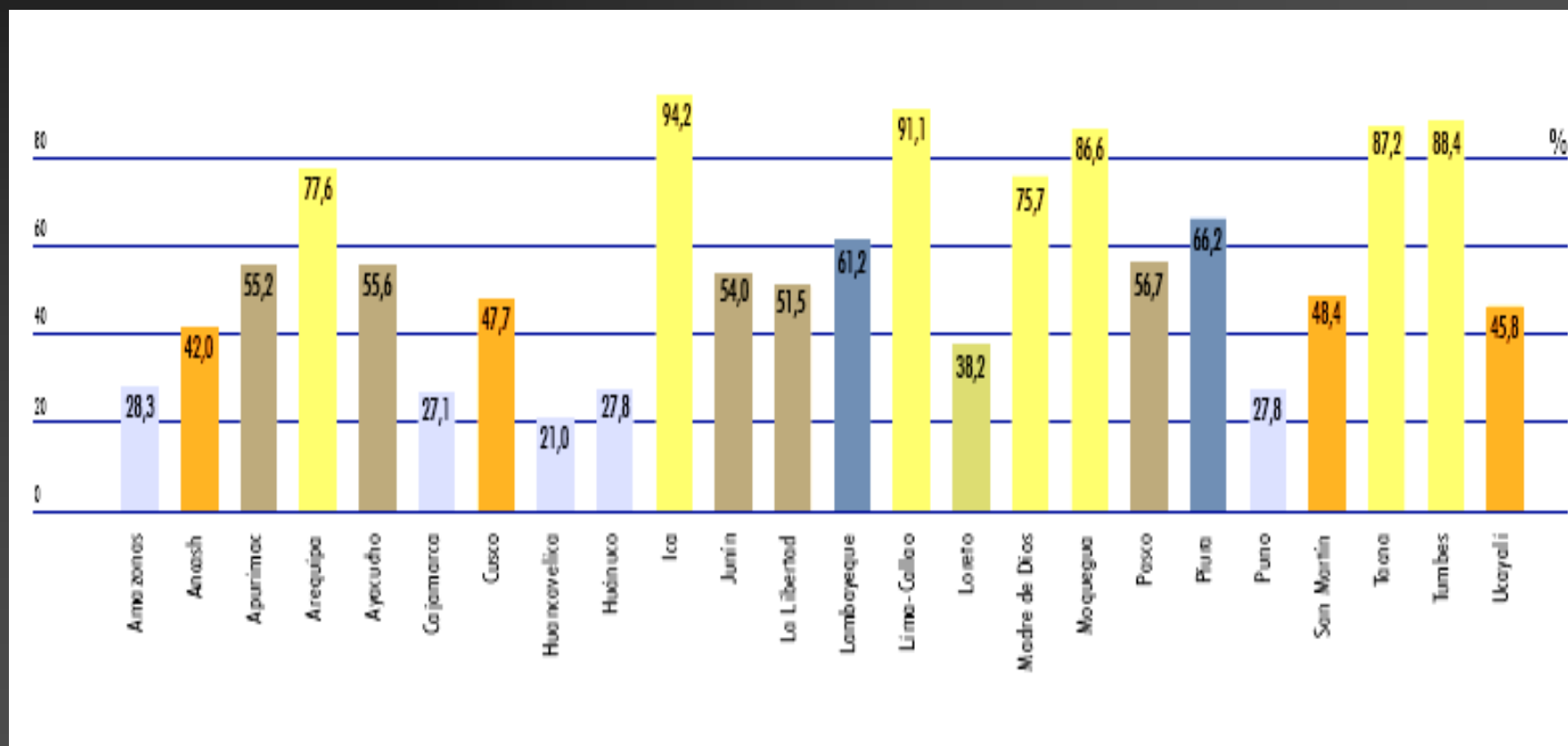
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- Individual
- Institutional
- Systemic/Structural



Source: SIAF-MEF in Portocarrero AG. La Equidad en la Asignación Regional del Financiamiento del Sector Público de Salud. 2000-2005. CIES. p.9

## Percentage of births attended to by skilled health professionals according to department, 2000



Source: United Nations Development Group. *Hacia el cumplimiento de los objetivos de desarrollo del milenio en el Perú*. National MDG Reports. 2004:62. Available at: [http://www.undg.org/archive\\_docs/5504-Peru\\_MDG\\_Report\\_-\\_MDGR.pdf](http://www.undg.org/archive_docs/5504-Peru_MDG_Report_-_MDGR.pdf).

# Accountability



Failure to recognize and immediately treat Francisca's pre-eclampsia so it would not progress to eclampsia.

- SIS (*Seguro Integral de Salud*) Protocol
- Training and staffing to monitor

# Lack of oversight and failure to make timely transfer

- Ambulance
- SIS (*Seguro Integral de Salud*):
  - 90 Nuevos Soles
  - No reimbursement for inter-departmental transfer
- Late attempt at transfer?

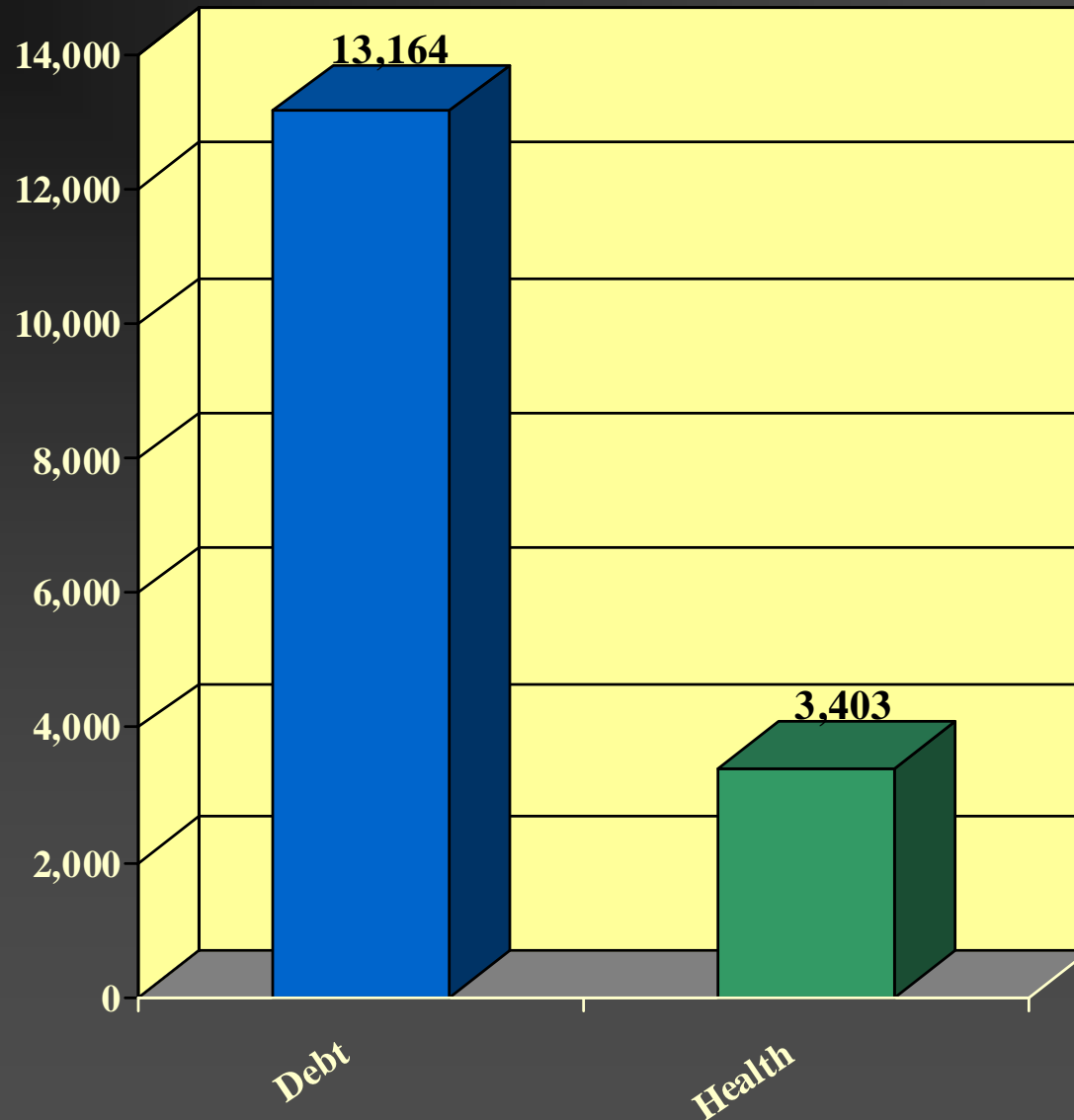


# International Assistance and Cooperation





## Government Spending on National Debt versus Health (in millions Nuevos Soles)



Source: Vásquez, E. (2004: 24) Presupuesto público y gasto social: La urgencia del monitoreo y evaluación. Lima: Centro de Investigación de la Universidad del Pacífico – Save The Children Suecia.

# Concluding Reflections

