

Andris Piebalgs  
Commissioner on Development  
European Commission

Brussels, 27 May 2010  
Ref: B969

Dear Mr Piebalgs,

### **Amnesty International concerns on the health MDGs**

Following the Council Conclusions on the EU's role in global health and ahead of the Foreign Affairs Council on 14 and 15 June, at which the EU's common position on the Millennium Development Goals (MDGs) will be adopted for the upcoming 2010 UN Summit, Amnesty International would like to reiterate on concerns and recommendations to the EU in regard to the health MDGs.

While preparing for an EU common position on the review on the MDGs, we urge the EU institutions and its Member States to take an approach based on international human rights principles and standards. Acknowledging and integrating the invaluable role of human rights would ensure that the MDGs, and in particular the health MDGs, address not just the effects or symptoms of poverty, but also the root causes, in turn ensuring the resources used are achieving maximum impact. Restricting efforts towards the health MDGs to simply increasing access to services, would neglect states' pre-existing commitment to ensure gender equality and promote the full range of women's rights, including sexual and reproductive rights. It would exclude the fact that the eradication of poverty is interwoven with non-discrimination, gender equality and participation, and cause an inability to hold governments accountable for the failure to fulfil obligations on reducing poverty.

For example, in relation to maternal mortality (MDG 5), the EU and its Member States should take into account the specific barriers faced by women and girls in accessing health care and the need to respect and promote women's sexual and reproductive rights. Progress on MDG 5 to improve maternal health has been limited in some contexts by human rights violations such as female genital mutilation, unsafe abortion, sexual violence, early and forced marriage, as well as married girls' powerlessness to make decisions about their sexual and reproductive health. Women who are least able to access the necessary health information and services are often members of groups and communities which face discrimination and exclusion because of their race, ethnicity, age, immigration status or simply because they live in poverty. Without a focus on the most vulnerable, apparent progress may conceal a failure to improve maternal mortality among disadvantaged and marginalized groups – such as women living in remote rural areas, women living in slums, indigenous women and teenagers.

This health emergency can be addressed and prevented if it is tackled as a human rights issue, as reflected in the recent United Nations Human Rights Council resolution on preventable maternal mortality and morbidity and human rights<sup>1</sup>. The right to health includes entitlements to goods and services, including sexual and reproductive healthcare such as voluntary family planning and contraception. Providing men and women with the information and means to prevent early, mis-timed, unintended and unwanted pregnancy is crucial in the effort to reduce maternal death and ill-health. Increasing access to voluntary, safe and accessible contraception can have a significant impact on stemming the number of maternal deaths, by reducing the number of times that a woman runs the risk of fatal obstetric complications and ensuring that women can avoid becoming pregnant too early, too soon after a previous pregnancy or in circumstances where they do not want to. Addressing the unmet need for contraception

<sup>1</sup> United Nation Human Rights Council, Resolution on Preventable Maternal Mortality and Morbidity and human rights, A/HRC/11/L.16, 12 June 2009.

would therefore have a positive impact on preventing maternal mortality.

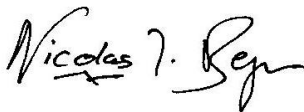
Furthermore, tackling maternal mortality as a human rights issue would require action to ensure that maternal healthcare facilities, goods and services are available, accessible, acceptable and of good quality. A policy that is based on human rights is likely to be equitable, inclusive, non-discriminatory, participatory and evidence-based. These features help to empower women and ensure that policies are sustainable, robust and effective and are therefore likely to lead to improvements in sexual and reproductive health, including maternal health.<sup>2</sup>

Amnesty International calls on the EU and its Member States to

- Underpin the EU's approach to global health by the framework of international human rights law on the right to the highest attainable standard of health
- Underpin the principle of equitable and universal access to good quality health care by an explicit recognition of the need to address discrimination as a barrier to the realization of the right to health, and by a focus on ensuring the adequate prioritization of the most marginalized and vulnerable.
- Ensure that effective monitoring and accountability mechanisms are in place to address failures to implement the right to the highest attainable standard of health both within and outside EU. Access to effective remedies and reparations for violations of the right to health are crucial to ensuring that the right to health has meaning.
- Ensure participation – the EU and its Member States must ensure that people living in poverty are able to participate meaningfully in MDG planning, implementation and monitoring at all levels. They must ensure equal participation by women and provide an enabling environment for the work of human rights defenders, including through guaranteeing people's rights to information, freedom of expression and association.

We are at your disposal and kindly request a meeting with you at your earliest convenience for discussing these issues further.

Yours sincerely,



Nicolas Beger  
*Director*  
*Amnesty International EU Office*

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<sup>2</sup> Report of Paul Hunt UN Special Rapporteur on the right to health (2002-2008) to the General Assembly, A/59/422, 2004.