



Explanation of Vote on Draft Resolution entitled “Preventable Maternal Mortality and Morbidity (PMMM) and Human Rights”

54th HRC Session

12 October 2023

Mr. President

We thank the core group of Colombia, Estonia, and New Zealand for bringing this important draft resolution.

Maternal Mortality and Morbidity is a sad reality in most of the countries. Several contributing factors include inter alia lack of access to adequate healthcare services, malnutrition, and low development assistance for maternal health facilities.

Pakistan strongly advocates for women’s access to highest attainable standard of physical and mental health, including eliminating preventable maternal mortality and morbidity.

We recognize that this is a well-intentioned and critical initiative by the core group to focus on ways to prevent the increasing occurrence of maternal mortality and morbidity. We align with the purposes and objectives of this draft resolution. The core group has been considerate and has held open consultations.

We, however, also take note of the skewed approach in the draft resolution, which could undermine the overall objective of this resolution. It has been our experience that overloading much-needed initiatives like these with overzealous advocacy of concepts that are neither universal nor fully explained or understood and are even dynamic in their evolving implications, only brings in much avoidable controversy and regrettably retards implementation.

Such debates must be appropriately contextualized and solution-oriented, consider different cultural realities, and focus on a holistic approach to the problem, rather than catering to the advocacy needs.

There is an equal need to emphasize technical assistance, capacity building, and finding tailored solutions for different socio-economic realities.

We also have some normative concerns about the draft resolution, as it either attempts to establish new rights or redefine the existing ones. We maintain this position that the establishment of new rights should either be done by the UN General Assembly or through treaties/conventions and should be universally agreed.

L.17/Rev. 1 still contains language that does not reflect consensus on concepts of Comprehensive Sexuality Education (CSE) and Bodily Autonomy. The text also does not keep the delicate balance between the rights of women and girls regardless of age and their evolving capacities.

In view of the importance of the need to prevent maternal mortality and morbidity, Pakistan supports the resolution. However, due to the reasons outlined above, we are constrained to disassociate ourselves from Preambular Paragraphs 8, 9, 18, 21, 22, 23, and 25, and Operative Paragraphs 1, 11, 12, 20, and 22.

We encourage other countries to consider the same.

I thank you!