

Marianna Leite

Paul Hunt and Tony Gray (eds), *Maternal Mortality, Human Rights and Accountability* (London: Routledge, 2013), 256 pp., ISBN: 9780415534581, £135.00, hardback.

Edited by Paul Hunt and Tony Gray, *Maternal Mortality, Human Rights and Accountability* (2013) is an important contribution to academic knowledge on maternal mortality accountability and agenda setting. I say this for three reasons: it gathers well-known experts and authorities working on maternal health and human rights; it produces the sort of insights and recommendations that are likely to result in international rules and recommendations; and it addresses some important contemporary global health strategies that respond to the widespread issue of maternal mortality from a human rights perspective.

Maternal Mortality, Human Rights and Accountability is rather patchy. And this is exactly how it is supposed to be. The richness of the book lies in its capacity to showcase the importance of multidisciplinary to human rights-approaches to health and to acknowledge the great diversity that exists in approaches to maternal health—i.e. the variety of ‘accountability arrangements’ as stated in the foreword by Pillay. These approaches and global responses can relate to everything ranging from monitoring, reviewing and redressing at all levels, and across countries, and can be defined as accountability. Interestingly, as the wide array of contributions exemplify, perspectives on accountability can be defined narrowly or not; progressive or conservative. Understanding this is important because it sheds light into the overarching discourse (neo-Malthusian) and even the clash of discourses (i.e. racialising discourses on population control vs. reproductive autonomy) that still exist and impede effective and expedient changes to appalling maternal mortality rates worldwide.

The book results from a 2010 international roundtable on maternal mortality, human rights and accountability, and, for this reason, is divided into two parts: the first consisting of papers delivered at the roundtable; and the second of articles or excerpts from articles and international documents addressing or attempting to address some of the gaps not dealt with in the presentations. Human rights students may read as a handbook on maternal mortality

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accountability, while researchers may analyse it as an example of the sort of competing discourses that push for different changes in the global health agenda.¹ For instance, Frisancho mentions the Peruvian case and the World Bank's approach to accountability (the 'accountability triangle') to propose the use of 'citizen healthcare monitoring for the reduction of the cases of maternal mortality and morbidity'. At the same time, pointing to the importance of emergency obstetric services, Lobis defends the strengthening of monitoring systems through the use of better indicators and benchmarks. Although nothing prevents these approaches from being part of a holistic accountability system for improved maternal health, they are only a step towards accountability. Therefore, strategies and proposals must not be read separately (i.e. there is no magic bullet) and, consequently, when read in conjunction, they must attain to human rights radical principles of transformative social justice.

In contrast, Hunt contends that 'human rights accountability refers to holding governments and others actors responsible for their conduct in light of human rights standards of behaviour and performance, and taking remedial action when necessary' (p. xxi). Additionally, Yamin affirms that adopting an accountability approach to maternal health means respecting, protecting and fulfilling all civil and political rights, as well as all economic and social rights, and guaranteeing that accountability strategies reach well beyond the health sector. This demonstrates how diverse, and at times conflicting, this field of knowledge and advocacy really is. It is in the challenge of concerting a homogeneous global agenda that the real issue lies. That is, an effective global maternal health agenda must recognise that human rights are indivisible; that in establishing a homogeneous agenda there must be space for heterogenous application of global rules; that human rights are and must be progressive by acknowledging all previously established rights (such as the right to sexual and reproductive autonomy); and that strategies must ensure the enjoyment of human rights through structural changes (through the tackling economic inequalities) (Sardenberg, 2008; Sen and Mukherjee 2013).

In spite of these conflicts, this compendium is surely a step forward in the full establishment of maternal mortality and morbidity as a human rights issue. As Pillay and Bustreo mention, it consolidates important cornerstones such as the Hunt's work as the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health from 2002 to 2008. Moreover, Strauss and

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Ward's section brings forth the important issue of intersectionality and point thereof to the complete failure of countries and global organisations to streamline intersectional inequalities into maternal health and human rights strategies. That is, by homogenising strategies, mainstream maternal mortality reduction strategies (such as the MDG5) tend to overlook systemic failures and health disparities that considerably influence the state of maternal health within a particular social group in a particular place and context (Yamin and Boulanger, 2013).

The strongest sections, I find, are the ones by Andión Ibañez, Potts, Freedman and Yamin. Although not all of these contributions were written specifically for this book, they seem to fit perfectly with one another as they recognise the importance of human rights principles for the establishment of a global structure for asserting maternal mortality as a human rights violation and seeking effective remedies and redress aimed at structural and systemic social changes. Indeed, Andión Ibañez demonstrates how human rights litigation has become a useful tool for women's rights movements in policy change, advocacy and legal practice. Andión Ibañez cites Freedman 'constructive accountability' theory which in turn determines that 'a rights-based approach to maternal mortality reduction is not primarily about enacting a system to find fault and pronounce punishment; rather, it is about developing a dynamic of entitlement and obligation between people and their government and within the complex system of relationships that are necessary for a wider health system, being it public and/or private' (p.117). Freedman's analytic structure has been used elsewhere, as noted by Hunt in the introduction, mostly because the gap between global maternal mortality rhetoric is still far from its reality on the ground. The recognition of the need to create cutting-edge strategies for the implementation of the human right to be free from preventable maternal health is also present in Potts' piece on accountability and the right to the highest attainable health. Potts' article demonstrates how the unstable history of the right to the highest attainable health, already analysed by others (e.g. Meier, 2010), has limited its capacity to be translated into specific measures of implementation and of accountability in the case of non-implementation. And, as Yamin skilfully writes, traditional advocacy models seeking redress for individual cases of human rights are not enough for the effective advancement of a maternal mortality and morbidity accountability system. This is because in such cases rigid punitive remedies are imposed upon frontline workers which end up leading to more impunity because health professionals perceive this as a disincentive to handle

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obstetric emergencies. And, most importantly, it unintentionally pays lip services to those in power who, at the face of problems and hardships, want to relieve all of those working at the institutional level of any responsibility over violations.

Moreover, as Freedman notes, there are still serious gaps in maternal health and human rights practice particularly because current strategies tend to benefit fragmented and individual remedies and cover up deeper and structural problems. In this sense, this compendium points to the important distinction between structural and non-structural problems, but it does not point to the underlying difference in these discourses such as the difference between the concept of deaths related to pregnancy and childbirth complications (more progressive) and the concept of maternal deaths (more conservative). For instance, this distinction could incite a much needed critique of maternalistic approaches to global health embodied, for example, in the MDGs and interrelated recommendations such as the 2010 Global Strategy on Women's and Children's Health. This failure to address the restrictive limits imposed by patriarchy on women is not only clear in the absence of such discussion, but in the clear re-affirmation of women's 'maternal obligations' by some of the book's contributors. For example, when Songane affirms that '[p]regnancy is not a disease; it is one of the most important experiences in the life of a woman, perhaps one of her noblest achievements' (p.3), he reinscribes motherhood with all its socially constructed and backwards gender roles. Conservative political standpoints such as the one expressed by Songane run in parallel with more progressive positions acknowledging women's choice such as the one argued by Wijecmanne or even in the clearly feminist voice of Andión Ibañez.

In conclusion, *Maternal Mortality, Human Rights and Accountability* is a necessary read for maternal health advocates, human rights students, women's rights scholars, and international experts alike. This book is, in my opinion, particularly interesting as it sheds light into what and how issues are brought to international negotiation tables. In this sense, it enables us to have a candid glimpse into what happens 'behind closed doors'. It is almost anthropological in the way it creates space for historical accounts such as the one by Prasad, who describes the work of civil society members before the United Nations Human Rights Council during the making of the resolution 11/8 of 2009 on preventable maternal mortality and morbidity and human rights. This is why this book is so different and illuminating: it puts the reader in the corridors of power where whispering becomes just as important as those accounts that have become 'written in stone'. It is in this rich array of discourses that every political issue

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lies, and it is in their deconstruction and transparency that we, women's rights activists, will be able to move forward.

¹ There are several rights-based approaches with different definitions and implications for praxis (Cornwall and Molyneux, 2006). But, essentially, a rights-based approach, as opposed to a 'needs-based approach', claims to shift away from utilitarian ideals as a way to give voice and power to all people including those at the margins (Beracochea, Evans and Weinstein, 2010). Instead of prioritising problems based on needs and charity work, it asserts individual rights to everyone irrespective of their status, class, race, gender, sexual orientation, age or disability (Beracochea, Evans and Weinstein, 2010). Therefore, rights-based approaches claim to frame health disparities as legal violations while shying away from utilitarian and market-oriented notions of health (Meier, 2010). In this case, health and health care policies instead of providing health care as a commodity or a public good are to be grounded upon social justice principles (Rudiger and Meier, 2010). However, previous research suggests that both need-based and human rights-based are both in practice individualising (Berry, 2010).

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