sector organisations that bear these responsibilities.

Yes, the rights to water and sanitation are dangerously disregarded. The specialist private water operators that my organisation, AquaFed, represents have been stressing this for years. We have been actively and positively engaged with the UN to provide practical input to their work in defining and promoting these rights.[3] We have called for the European Union to recognise these rights in the European Union Charter.[4] We highlighted the issue again on World Human Rights Day 2016.[5]

Private water operators contribute to delivery of reliable and compliant water and sanitation services to more than 1 billion people every day. They are agents for the realisation of the human rights to water and sanitation that act on behalf of public authorities and under their control. They do not own or commodify the water they deliver. They go beyond recognising the right to water—they help the public authorities responsible make it a reality for the people they serve. In this respect, your Editorial is completely misleading. Your statement that "Privatising water supplies shifts the power from people to corporations, and cannot ensure safe, clean, accessible, and affordable water supply" is completely unfounded and untrue. Additionally, it is unhelpful to all those waiting to have their human right to water and sanitation fulfilled. Involving the private sector can help them.

I declare no competing interests.

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1 Lancet. Dangerous disregard for the right to water. *Lancet* 2016; **388:** 2838.

2 UN General Assembly. Report of the Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque. A/HCR/18/33. July 4, 2011. www2.ohchr.org/english/bodies/hrcouncil/docs/18session/A-HRC-18-33_en.pdf (accessed Dec 12, 2016).

3 AquaFed. Global issues. http://www.aquafed.org/WaterIssues/Entry/item/global-issues--4.sls (accessed Dec 12, 2016).

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5 AquaFed. AquaFed stands up for human rights every day. Dec 10, 2016. http://www.aquafed.org/News/Entry/item/aquafed-stands-up-for-human-rights---every-day--27.sls (accessed Dec 12, 2016).

Maternal deaths and humanitarian crises

I would like to respond to Helena Nordenstedt and Hans Rosling's Comment (Oct 15, p 1864)[1] about maternal deaths in humanitarian settings. The comment is timely and valuable, given the urgency of locating where maternal deaths are occurring to guide Sustainable Development Goal-related interventions and save lives.

The UN Population Fund (UNFPA) generates policy briefs to attract world attention to population matters. In 2015, we estimated that 185 000 maternal deaths occurred in 35 countries affected by humanitarian crises or fragile conditions,[2] which represented approximately 61% of the 303 000 global maternal deaths estimated for 2015 by the Maternal Mortality Estimation Inter-Agency Group, of which UNFPA is a member.

That estimate cannot be taken to suggest that 61% of maternal deaths are occurring in humanitarian settings, but rather they are occurring in countries that include areas of humanitarian crisis—often called fragile states. The estimate is large because it includes countries such as Nigeria, Democratic Republic of the Congo, and Pakistan, which have both high numbers of maternal deaths as well as areas of humanitarian crisis.

This distinction is important—as noted by Nordenstedt and Rosling—because in our efforts to respond to humanitarian crises, we cannot divert focus and resources from the greater proportion of maternal deaths that occur among women living in poverty and without access to life-saving health services. The authors correctly underline the potential snowballing of errors when estimations are not quoted precisely and in all instances.

In fact, the estimate was generated to highlight that state fragility often co-exists with poverty, and where governments are struggling to stabilise areas of grave insecurity, those efforts deflect resources from national infrastructure and human capital investments needed to prevent maternal mortality and other poor health outcomes. Prevention of maternal mortality requires deep investments in health, education, economic development, and women's rights—but it also requires peace and security.

I declare no competing interests.

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1 Nordenstedt H, Rosling H. Chasing 60% of maternal deaths in the post-fact era. *Lancet* 2016; **388:** 1864–65.

2 UNFPA. Maternal mortality in humanitarian crises and in fragile settings. Nov 12, 2015. http://www.unfpa.org/resources/maternal-mortality-humanitarian-crises-and-fragile-settings (accessed Dec 12, 2016).

Prevention of early-onset pre-eclampsia

Marc Rodger and colleagues (Nov 26, p 2629)[1] concluded from their meta-analysis of individual patient data that low-molecular-weight heparin did not reduce the composite outcome of early-onset or severe pre-eclampsia, birth of small-for-gestational-age neonates, fetal loss, or placental abruption, and, in subgroup analyses, did not reduce the risk of early-onset pre-eclampsia.

However, in that meta-analysis, which collected data from 963 participants from eight trials, the HABENOX[2] and ALIFE[3] studies were included, which were mainly designed to assess aspirin or low-molecular-