

Transport & MDG 5: Lessons from UNFPA's experiences



Kate Ramsey, UNFPA
Transport for Health Access Workshop
World Bank, 18 June 2008



Millennium Development Goal 5

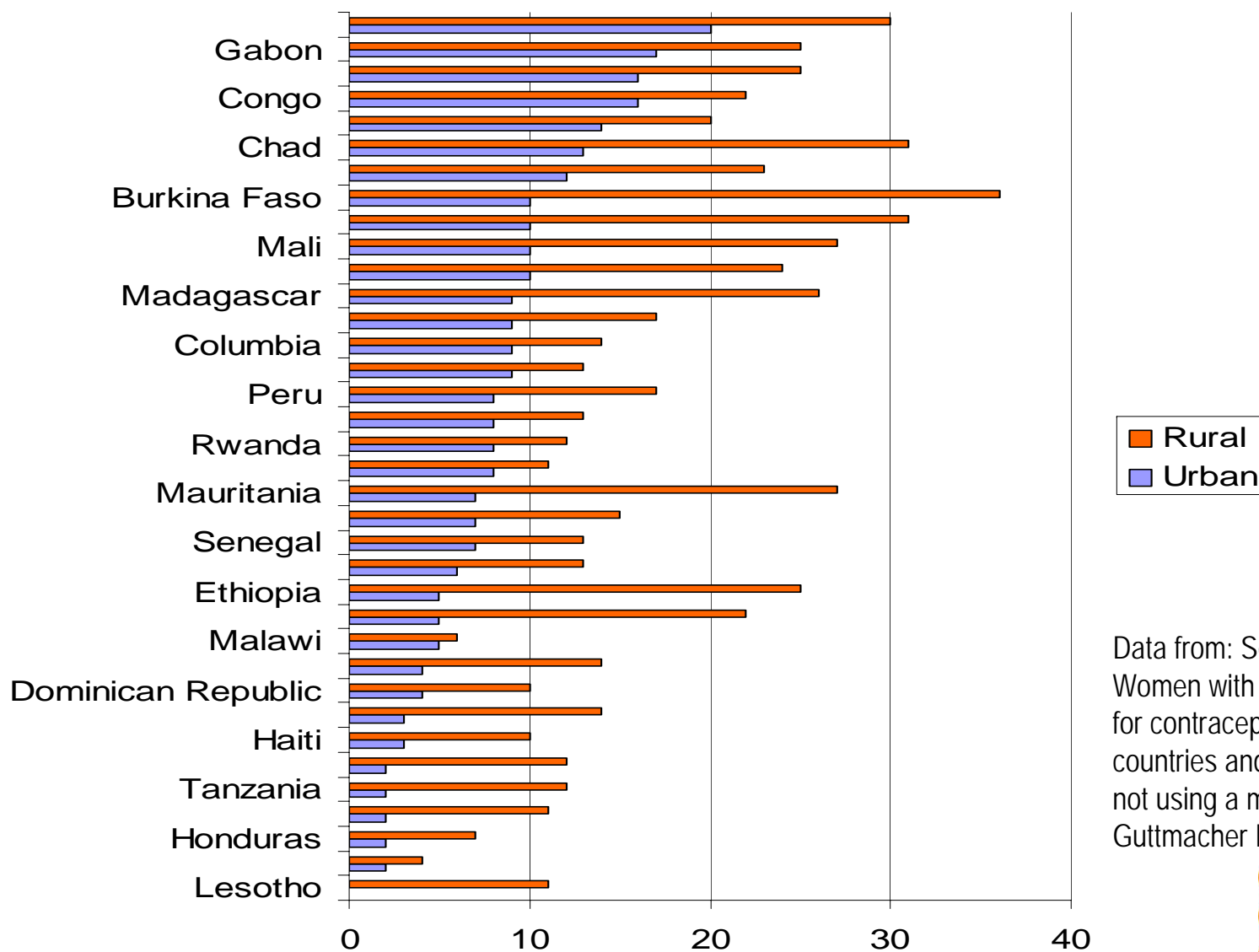
- 1 goal: improve maternal health
- 2 targets:
 - Reduce maternal mortality
 - Universal access to RH
- 4 basic elements of SRH to reach these targets:
 - Family Planning
 - Maternal health care (pre-, peri- and post-natal care)
 - STI prevention and management
 - HIV prevention (link to MDG 6)
- Universal = equitable

The Urban v. Rural Divide

Characteristics of rural settings:

- Weakest infrastructure
 - Health, transport, communications
- Greater geographic distance between services
- Lower population density
- Lower utilization of services
- Higher fertility
- Potentially higher maternal mortality

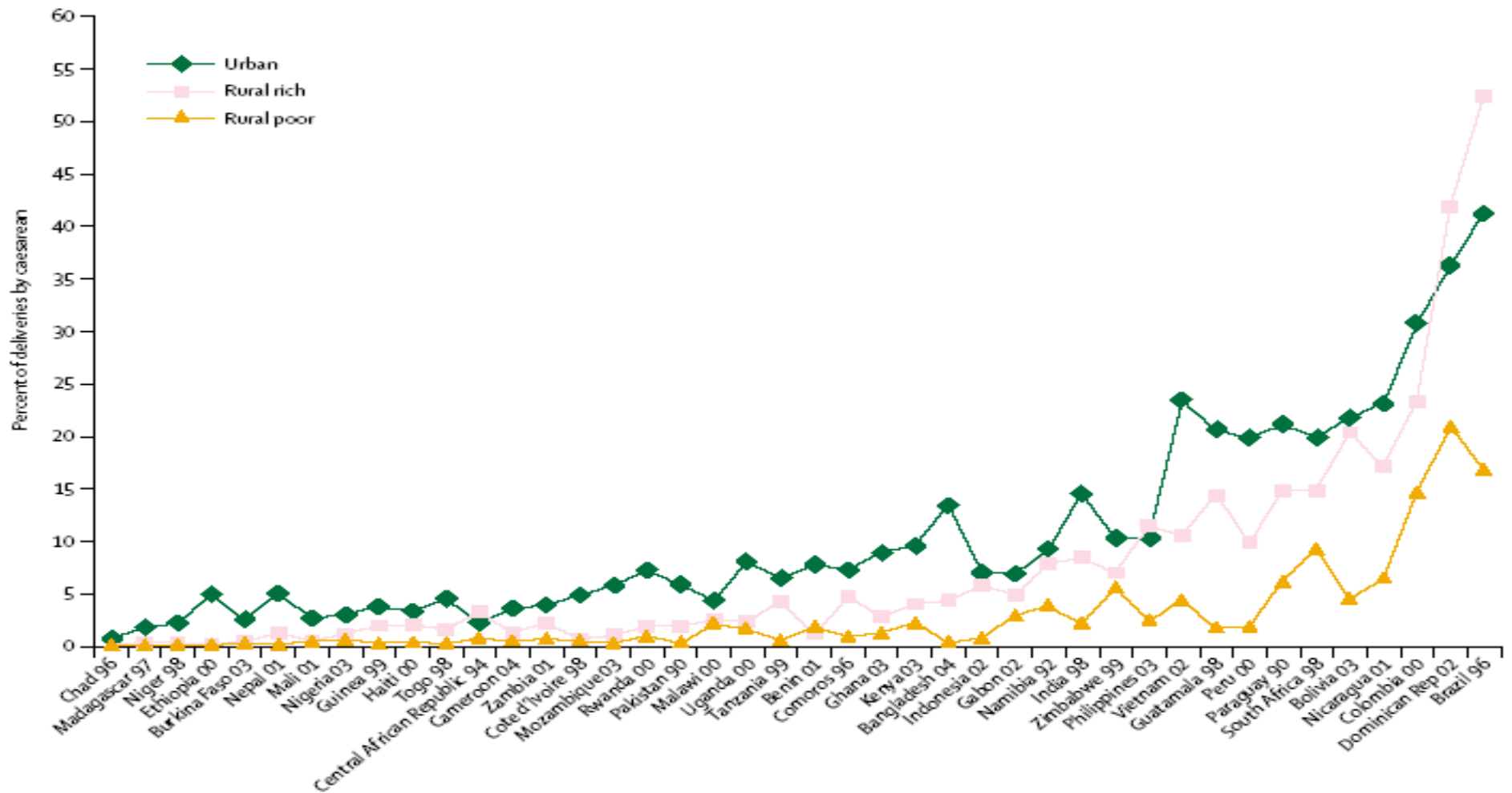
Percentage of married women 15–49 not using contraception because they lack knowledge or access



Data from: Sedgh G et al.,
 Women with an unmet need
 for contraception in developing
 countries and their reasons for
 not using a method.
 Guttmacher Institute. 2007.



Caesarean rates among urban, rural rich, and rural poor women from 42 countries



Source: Ronsmans C et al. Socioeconomic differentials in caesarean rates in developing countries: a retrospective analysis. Lancet 2006; 368: 1516–23



UNFPA's efforts

- Transport-related
 - Community mobilization
 - Emergency transport vehicles – ranging from ambulances to motorcycles to bicycles to horses
 - Transport for health workers to reach communities
- Health system approaches
 - Assessments of access to reproductive health care
 - Community-based distribution of family planning
 - Training health professionals, particularly community SBAs
 - Upgrading health facilities to provide EmOC
 - Setting up referral systems
 - Supply chains for commodities

Maternal and Neonatal Health Assessment in Zimbabwe

- Cross-sectional study framed to assess the 'Three Delays'
- 43.6% of women cited distance or lack of transport as reason for no antenatal or skilled delivery care
- Some communities travel up to 160 km to reach PHC
- 47% of PHCs had no ambulance transport available
- 110 km avg. distance from PHC to BEmOC
- 208 km avg. distance from BEmOC to CEmOC
- Recommendations:
 - Strategic support for community transport and revolving fund schemes
 - Increase ambulance availability, incl. maintenance
 - Increase capacity for obstetric first aid and with referral protocols
 - Mapping of health facilities to identify EmOC upgrading needs

Fistula Needs Assessments

- Facility and community assessments completed in 36 countries
- Opportunity to speak with women who had a near-miss
- Transport & cost most frequently cited barriers across assessments
- Needs Assessment of Obstetric Fistula in 4 Districts of Kenya
 - Typical delay = at home for 3 days + 24 hours travel to facility
 - Adequate # of EmOC facilities, but poor geographic distribution
 - Difficult terrain, impassable roads and long distances
 - Variations: some areas need water transport, some inaccessible for 4-wheel drive and utilize wheelbarrows and bicycles, remote areas have public transport only on market days
 - Nighttime security is also a problem on some roads



Malawi – Community Mobilization

- 3 Districts, 232 villages
 - RH available at health facilities
 - Established Village Health Committees in collaboration with chiefs
-
- Created SM committees and by-laws on maternal death
 - Ensured community-based distribution for family planning
 - Designed communications plans to encourage safe delivery
 - Monitored pregnancies within the community
 - Ensured reliable emergency transport
 - Results include a decline in maternal deaths at the facilities and increased use of family planning services
 - Challenge is scale-up via health sector SWAp

Uganda - RESCUER

- 4 elements: skilled providers, equipped and supplied facilities, communication and transport systems
- TBA would call health centre for emergency transport by ambulance when needed
- Transport includes ambulances and motorboats
- Coverage reached 14 of 56 districts by 2005
- Cost for start-up per district = \$236,700
- Annual maintenance = \$6000
- Early success led to high demand from districts that was hard to meet
- Changed policy related to TBAs affected premise of programme



Senegal - Evaluation

- Evaluation by GoS, IMMPACT, UNFPA, CEFOREP
- Government policy for free deliveries and caesareans
- Delivery kits supplied to the regions as well as additional funding
- Communication plans in place to inform the system & public
- Results
 - Increase in institutional deliveries (by 16% between 2004 and 2005 and by 25% between the first quarters of 2005 and 2006)
- Challenges
 - Reimbursement system still not well understood nor fully functional
 - Confusion at all levels on the packet of services and costs
 - Distribution of kits unequal (stockouts and overstocks)
 - Lacked accompanying measures to improve roads and transport access

What is needed to improve access?

- Need multi-faceted strategy:
 - Improve road infrastructure and affordable public transport options via relevant sectors, especially rural areas
 - Strengthen health infrastructure to reduce geographic distances to health facilities and need for referral
 - Include transport costs in programmes related to financing for equitable access
 - Work with communities to mobilize demand for services and to identify contextually relevant solutions for transport