



Transport and Health in Resource Poor Areas

Chris Saunders
C.E.O



Health delivery depends on good transport

- 60% of people in developing countries live over 8k from health care facilities
 - with little or no access to (affordable) transport
 - untouched by health programmes

Source: World Bank Transport Business Strategy, 2008

- Poor health indicators correlate with resource poor areas

Health MDGs not on track in all regions

Different challenges need different approaches

<i>Scale:</i>	Large	Small
<i>Level:</i>	Ministry	Community
<i>Location:</i>	Urban/Regional	Village/Small town
<i>Management:</i>	Central	Local
<i>Primary drivers:</i>	Utilisation Operating Costs Safety	Accessibility Affordability
<i>Technologies:</i>	Comprehensive: 4 wheel, two wheel, non-motorised	Bicycles Motor-bikes

Working examples illustrate what is possible

The options – balancing service and cost

Vehicle	Location	Cost (capital/per km)	Time to travel 8km	Comments:
Ambulance	Health facility	\$60,000/\$0.60	15 mins	Needs high utilisation to justify Cost; centre based, imported
Motor-cycle & sidecar	Health facility	\$6,000/\$0.12	30 mins	Lower cost, centre-based, imported
Motorcycle & ambulance trailer	Community or Health facility	\$1,600/\$0.12 (use existing motorcycle)	40 mins	Low cost, ambulance / multipurpose, use existing motor-cycles, local manufacture, community based
Bicycle & ambulance trailer	Community or Health facility	\$300/\$0.02	1-3 hours	Very low cost, local manufacture, use existing bicycles, community based



A health transport strategy might use a combination of options

Ministry vehicle fleets – a perennial problem

- 20% of MoH budget used on transport
- No clear budget allocation
- No national inventory of vehicles
- No control systems – usage, maintenance
- Personalised use of vehicles
- Donor dependence for Capital Costs



The fleets represent an existing, underutilised asset

By implementing systematic management

N W Province, South Africa achieved:

- 55% reduction in fleet numbers
- 55% saving on capital budget
- 35% reduction in operating costs
- 85% fleet availability
- 75% vehicle utilisation



Delivering savings of R4.4 million

This was rolled out across 7 Provinces - 15,000 vehicles

The Hard to Reach - Nigeria

- Overall Vaccination Coverage in Nigeria 12.3%
- In the worst performing States it is less than 2%
- Yobe, Zamfara, Katsina, Jigawa are the targets for Reviving Routine Vaccination
- The transport challenge in the four states:

Total Pop	No. Health Facilities	Vehicles New to Fair	Motorcycles New to Fair
16million	2,523	51	63

Nb: North West Province: 2000 well managed vehicles - population 3.5million

Reviving MoH Capacity to Deliver Vaccination

- Working in consortium of specialist agencies Transaid is providing transport solutions.
- Key features of context are:
 - complex social / religious / economic factors
 - weak government structures
 - poor infrastructure – remote hard to reach communities
 - limited capitalisation for transport in project framework
 - existing models of use of private sector for health delivery (okada motorcycle taxis)
- Potential for comparative data on implementation and impact across four States
- Opportunity to link transport indicators to health indicators

N. Nigeria Health Transport Strategy Components

- Effective and agreed management systems to optimise use, efficiency, and sustainability of existing vehicles
- New technology that is appropriate to need and to resource base
- Combined in-house and out-sourced transport to optimise transport budgets
- Use of voluntary and paid community resources
- Service delivery agreements to manage and quality assure outsourcing
- Capacity building of the private sector

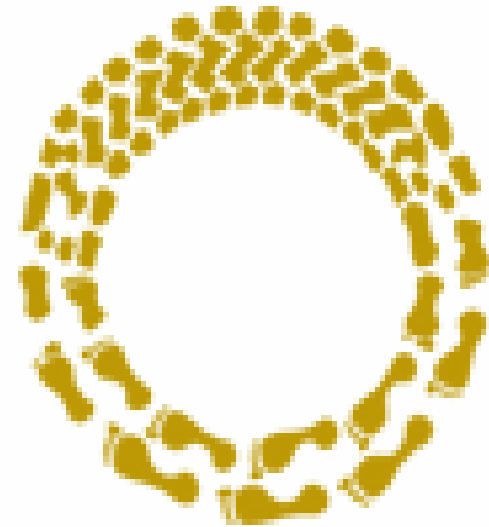
Strategy balances health transport needs with resource availability

Summary and questions

- Transaid has options already – for large and small scale
- Large scale – easily cost-justified, and effective
- Small scale – needs analysis to select the right option

So:

- What would an integrated, health and transport strategy look like?
- How can we scale up, multiple community-centric projects?
- How do we embed transport into existing health projects?
- What is the right combination of partners to deliver the projects?



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