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## HEALTH REPORTER: focus on transport and maternal health 9 October 2007

produced by the [IDS Health and Development Information](#) team  
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is [transport and maternal health](#). The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

[Health Reporter archive](#) - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at [www.eldis.org/go/topics/resource-guides/health/health-reporter](http://www.eldis.org/go/topics/resource-guides/health/health-reporter)

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## Feature: transport and maternal health

Every year more than half a million women die from pregnancy related complications in developing countries. Most maternal deaths are due to five direct causes: haemorrhage, obstructed labour, eclampsia, sepsis, and unsafe abortion. These complications can occur without forewarning and can rapidly become life threatening. Access to appropriate, affordable and timely transport affects women's ability to receive preventative and emergency obstetric care that is essential for their survival.

Lack of transport and immobility of pregnant women are key components that delay women and their families' decision to seek care; to reach a health facility; and to receive adequate care. Factors such as long distances to facilities, poor roads, and high costs of hiring a vehicle, mean that many women must give birth without a trained attendant present to identify and manage complications. The absence of public transport, especially in rural areas, forces many women to walk or improvise a way to reach care. The patient's condition may deteriorate on the way which makes treatment more difficult, provided the patient is still alive upon arrival.

There are several transport-related interventions that are designed to improve access to maternal health services. Interventions include: reducing the cost burden of emergency transport through cost-sharing, pooled insurance, or community saving schemes; reducing distance to services by training midwives on home deliveries and in emergency management; and increasing access to transport. A number of initiatives have been set up to provide alternative transport for women needing emergency obstetric care when health sector resources are limited including motorcycle ambulances and the use of existing transport networks such as bus drivers.

Most evidence linking transport interventions to successful maternal health outcomes is limited to localised examples. The factors that affect women's decisions and ability to use transport to access maternal health services are context specific. This means that scaling up or replicating successful interventions may not work unless these complex social and cultural factors are taken into consideration.

This feature is based on a new Eldis health key issues guide on maternal health and transport. The full guide is available online at: [www.eldis.org/go/health/maternal-health-and-transport](http://www.eldis.org/go/health/maternal-health-and-transport)

### For more information see:

- Maternal and newborn health  
[www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health](http://www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health)
  - id21 insights: transport the missing link?  
[www.id21.org/insights/insights63/art00.html](http://www.id21.org/insights/insights63/art00.html)
  - Mobility and health  
[www.mobilityandhealth.org/](http://www.mobilityandhealth.org/)
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## Recommended readings on transport and maternal health

### **Mobility and health: the impact of transport provision on direct and proximate determinants of access to health services**

Authors: K. Molesworth

Publisher: Swiss Tropical Institute, 2006

The role of mobility and transport in public health remains neglected both in terms of research and inclusion in development agendas. This paper examines the relationship between mobility and access to health services in low income countries, and assesses the impacts of transport interventions on access to health. The paper finds that distance and time taken to travel to health facilities prevents many people from accessing services and the direct costs of transport contribute a substantial proportion of expenditure on health care. Poor mobility and accessibility of maternal services has a major impact on excluding poor rural women from maternity facilities in low-income countries. This in turn impacts negatively upon broader initiatives towards safer motherhood and reducing maternal and neonatal mortality.

The paper concludes that mobility is key for many rural communities to accessing available preventive and curative services, and also supports indirect determinants of health including livelihoods and education. An integrated approach to transport development and health has the potential to indirectly enhance health through non-medical aspects of improved mobility, as well as through more direct health access routes.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=24669&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=24669&type=Document)

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### **Maternal and child mortality development goals: what can the transport sector do?**

Authors: J. Babinard; P. Roberts

Publisher: World Bank, 2006

This report published by the World Bank focuses on the role of transport and road infrastructure in the delivery of and access to maternal and child health services, and in the effectiveness of the health referral process in developing countries. It finds that many households do not have reliable, suitable, and affordable transport services essential for access to care during critical perinatal and neonatal periods. The authors point out that emergency access to care is particularly vital for women and children because many childbirth-related complications are unpredictable and the majority of births in developing countries take place at home.

The report argues that improved transport and roads for poorly served communities can contribute to reducing maternal and child mortality rates. However, they recommend that transport interventions are planned as part of a long-term integrated health and transport strategy, in order to ensure that essential services are affordable and financially sustainable. The report also recommends that community participation and mobilization are integrated into these plans to ensure that transport arrangements are appropriate and socially acceptable. Improved communications are found to be an important complement, along with linking the transport need of both mothers and newborns [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33302&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33302&type=Document)

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## Making motherhood safer: overcoming obstacles on the pathway to care

Authors: E. I. Ransom; N. V. Yinger

Publisher: Population Reference Bureau , 2002

If motherhood is celebrated around the world, the path to becoming a mother can be a very dangerous one indeed. Half a million women die each year of pregnancy and/or childbirth-related causes. Ninety per cent of these deaths occur in less developed countries, mainly because of the inadequacy of obstetric care, and it is clear that most could be avoided. Produced by the Population Reference Bureau (PRB), this booklet reviews various strategies that have been developed to improve access to care and reduce maternal mortality in poorer countries. Over the past decade, much research has been done to find which lifesaving policies could be workable in low income settings. The introduction to the booklet discusses the extent of the problem and the various causes and consequences of maternal deaths. The next section explains the importance of governmental support for safe motherhood policies. In the last section, the authors identify four main obstacles to women receiving adequate obstetric care ('the four delays'). They also review various policies that have been shown to work in overcoming these obstacles in some less developed countries.

Looking at the current status of maternal health in the developing world, the paper finds that:

- Four-fifths of maternal deaths are due to direct causes (haemorrhage, infections, hypertensive disorders, obstructed labour, unsafe abortions), most of which could be avoided if women received skilled obstetric care
- Only about half of deliveries in the less developed world take place in the presence of a skilled attendant
- A strong political commitment to maternal death reduction is paramount to the success of lifesaving strategies. In Honduras, maternal mortality ratio halved between 1990 and 1997 thanks to a concerted effort by policy makers
- There are four stages to what governments can do to save mothers' lives: (1) assess the local situation as different interventions will be more or less appropriate depending on the setting; (2) strengthen the existing facilities and resources; (3) monitor progress and make information about maternal deaths available to policy makers as this has been shown to fuel high-level commitment; (4) address the obstacles that women face in receiving lifesaving care.

The authors identify four main obstacles to women receiving adequate and timely obstetric care, and make the following recommendations to overcome them:

- If women and their families fail to seek care because they do not recognise signs of life-threatening complications, they can be educated in recognising these signs and knowing where to seek help
- There might also be delays in the decision to seek care which can be addressed by enhancing women's decision-making power, and making health care facilities more affordable and socio-culturally approachable, as well as by promoting links between communities, traditional healers and skilled health professionals
- Creating emergency transport systems, improving roads, enhancing referral systems and establishing maternity-waiting homes will go a long way toward overcoming geographical obstacles
- Poor quality of care may also deter women from visiting health facilities. To ensure the quality of obstetric care when women do reach facilities, national protocols on how to treat complications should be established, personnel should be trained, and adequate supplies of emergency medicine, blood and essential equipment should be readily available.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=16099&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=16099&type=Document)

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### **Transport, (im)mobility and spatial poverty traps: issues for rural women and girl children in sub-Saharan Africa**

Authors: G. Porter

Publisher: Overseas Development Institute, London, 2007

This paper produced for a conference at the Overseas Development Institute (ODI) reflects on the experiences of women and girls with poor accessibility to services and markets, and inadequate transport in rural sub-Saharan Africa. It uses examples from field research to look at the impact of these factors on girl's education before going to examine access to health services. The paper reviews evidence regarding the extent to which road construction positively impacts on women and girls, and the potential for Intermediate Means of Transport, including bicycles and motorcycles. Non-transport interventions are also considered: in particular, the diffusion of mobile phones across Africa in the past few years and their growing impact in some remote areas.

The author calls for a stronger focus on gendered mobility and access issues within the development community, arguing that it is a neglected area amongst gender and transport specialists alike. In the meantime, it is argued, the prospects for rural women and their daughters who live in areas with inadequate transportation will remain extremely poor, with evident implications in terms of inter-generational transfers of poverty [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33305&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33305&type=Document)

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### **Transport for health care delivery**

Authors: W. Hall; D. du Plessis; D. McCoyi

Publisher: Health Systems Trust, South Africa, 2002

This chapter, in the South African Health Review, explores some of the complexities of the present transport management systems for health service delivery within the public sector in South Africa. Data is provided by case studies from three provinces in the country: Limpopo, Mpumalanga and Gauteng. The authors find that support services, such as transport, are essential for delivery of cost effective, efficient health services. However, improvements are needed. In particular, attention needs to be given to strengthening the management, monitoring and evaluation of transport services, which are currently managed through a centralised, bureaucratic system.

The chapter therefore recommends that transport management for health services is decentralised to health district level. In addition, human resource development for transport managers and officers should be provided at all levels of the system. Management information systems for transport are available and it is recommended that they are used for management decisions. Finally, the authors call for further research on the effect of the current transport policy direction on health service delivery [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33304&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33304&type=Document)

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### **Too far to walk: maternal mortality in context**

Authors: S. Thaddeus; D. Maine

Publisher: Social Science and Medicine, 1994

This paper, published in Social Science and Medicine, reviews the Prevention of Maternal Mortality Program, a collaboration between Columbia University's Center for Population and Family Health and

multidisciplinary teams of researchers from Ghana, Nigeria and Sierra Leone. The paper focuses on the factors that affect the interval between the onset of obstetric complication and its outcome. It finds that, if prompt, adequate treatment is provided, the outcome will usually be satisfactory. It therefore looks at factors that delay the decision to seek care; those that delay arrival at a health facility; and those that delay provision of adequate care.

The literature indicates that distance and cost are major obstacles in the decision to seek care. However, the authors maintain that the relationships are complicated. Differential use of health services is also shaped by such variables as gender and socio-economic status. Patients who make a timely decision to seek care can still experience delay, because of lack of adequate access to health services. Shortages of qualified staff, essential drugs and supplies, coupled with administrative delays and clinical mismanagement, all contribute to maternal deaths. The paper concludes with examples of efforts to reduce maternal deaths, emphasising strategies to mobilise and adapt existing resources. [adapted from author]

Please note: This document is not freely available online. Photocopies can be obtained from the British Library of Development Studies (BLDS). [Click here to order a copy](#). There is a charge for this service

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## Other recommended readings

### **Unequal, unfair, ineffective and inefficient. Gender inequity in health: why it exists and how we can change it.**

Authors: G. Sen; P. Ostlin; A. George;

Produced by: Women and Gender Equity Knowledge Network, 2007

Gender differentials in health related risks and outcomes are partly determined by biological sex differences. Yet they are also the result of how societies socialise women and men into gender roles. The paper draws together evidence that identifies and explains what gender inequality and inequity mean in terms of differential exposures and vulnerabilities for women versus men, and also how health care systems and health research reproduce these inequalities and inequities instead of resolving them.

This report shows that addressing the problem of gender inequality in health requires actions both outside and within the health sector. It is critical to develop skills and capacities among health professionals at all levels of the health system to understand and apply gender perspectives in their work. This must be matched by efforts to monitor quality of care, for example by incorporating gender into clinical audits. Broader strategies to tackle the social biases that generate differentials in health related risks and outcomes are also essential. One approach is to work with boys and men to transform harmful masculinist norms, high risk behaviours, and violent practices. Another priority is to create, implement and enforce formal international and regional agreements, codes and laws to change norms that violate women's rights to health. [Summary adapted from BRIDGE/Siyanda, [www.siyanda.org](http://www.siyanda.org)]

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33542&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33542&type=Document)

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## **Integrating family planning services into voluntary counseling and testing centers in Kenya**

Produced by: Family Health International , 2006

This study, published by Family Health International, aims to determine the effectiveness and costs of

adding selected levels of family planning services to Voluntary Counselling and Testing (VCT) centres in Kenya, as well as looking at the effect of adding family planning services on VCT quality of care. The authors found that integrating family planning training improves providers' knowledge and attitudes toward family planning and increases the likelihood of VCT clients receiving family planning messages.

The study confirms the feasibility and acceptability of integrating family planning services in VCT and makes the following recommendations. Advocacy efforts should stress to policy makers the relatively large proportion of VCT clients at risk for unintended pregnancy. Trainings and supervision should focus on developing providers' skills in pregnancy risk screening, informed choice counselling, and dual protection counselling. Finally, future trainings should enhance providers' ability to target their messages to clients at risk for unintended pregnancy, men, and potentially clients who are HIV-positive. However, more research is needed to be able to make a definitive statement about whether integration of family planning services into VCT can result in contraceptive uptake [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33613&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33613&type=Document)

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### **Overcoming barriers to health service access and influencing the demand side through purchasing**

Authors: T. Ensor; S. Cooper

Produced by: World Bank, 2004

This study, from the Health, Nutrition and Population family of the World Bank, reviews literature on demand barriers to accessing health services and surveys studies that report and evaluate methods for overcoming these barriers. Evidence suggests that distance, education, opportunity cost, and cultural and social barriers are often at least as important in determining access to services as the quality, volume and price of health services. However, the authors find that relatively little work has been done on how to overcome these barriers. Obstetric care and family planning stood out as the main areas where demand-side initiatives have been tried and evaluated.

From the limited evidence available, the paper finds that while demand-side barriers are important, interventions are likely to work only if services have already reached an adequate standard. The importance of consulting extensively with communities both on the barriers that prevent use of services and the types of interventions that might be acceptable is also stressed. The study calls for a research agenda to stimulate the evaluation of methods to minimize demand-side barriers and incorporate a poverty focus into future work [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33303&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33303&type=Document)

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### **Stolen smiles: the physical and psychological health consequences of women and adolescents trafficked in Europe**

Authors: C Zimmerman; M Hossain; K Yun

Produced by: London School of Hygiene and Tropical Medicine , 2007

Trafficking is a severe form of violence against women and a serious violation of human rights. Women and adolescents who are trafficked often suffer serious abuse, exploitation and degradation. The damage to their health and well-being is often profound and enduring. Yet, to date, little data has been available on the range and extent of the physical and psychological health damage experienced by women who are trafficked.

This report presents some of the first-ever statistical data on the health consequences of women who have been trafficked. It also provides information on the violence and health risks that may have influenced these outcomes. The authors hope that this evidence base will contribute to improved policies and well-planned resources and services available for the many women who require assistance in rebuilding their health and well-being.

Available online at: [www.eldis.org/go/topics/resource-guides/health&id=33266&&type=Document](http://www.eldis.org/go/topics/resource-guides/health&id=33266&&type=Document)

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## Announcements

### New resources on family planning, maternal and newborn health

The IDS Health & Development Information team has produced and compiled key resources on family planning, maternal and newborn health.

#### **IMPROVING THE HEALTH OF MOTHERS AND BABIES**

id21 insights health 11

Every minute, at least one woman dies from pregnancy-related causes. The majority of these deaths are avoidable. This publication highlights the health systems constraints to improving maternal health and identifies political and technical strategies to overcome these constraints.

Available online at: [www.id21.org/insights/insights-h11/index.html](http://www.id21.org/insights/insights-h11/index.html)

#### **MATERNAL HEALTH AND TRANSPORT**

Eldis health key issues guide

Transport affects women's access to and use of preventative and emergency maternal health services. This guide examines the link between transport and maternal health and provides examples of transport-related interventions to increase maternal survival.

Available online at: [www.eldis.org/go/health/maternal-health-and-transport](http://www.eldis.org/go/health/maternal-health-and-transport)

#### **UNSAFE ABORTION**

id21 health focus

Unsafe abortion is a major cause of maternal death. This resource draws on findings from a technical meeting on unsafe abortion held at the Institute of Development Studies in April 2007. It highlights the key debates around unsafe abortion and includes important lessons for decision-makers.

Available online at: [www.id21.org/focus/unsafe\\_abortion](http://www.id21.org/focus/unsafe_abortion)

A limited number of CD-ROMS containing these resources are available for individuals and organisations in low- and middle-income countries. If you are eligible and would like a copy, please send an email including your name, organisation and address to: [hdi@ids.ac.uk](mailto:hdi@ids.ac.uk)

### Forum on the 'Next Steps in the Fight Against TB', Global Health Council, Washington D.C., October 16, 2007

The Global Health Council is holding a discussion about the global TB epidemic, U.S. advocacy and the resources required to fully fund the Global Plan to Stop TB, a 10-year roadmap that would result in the global achievement of the Millennium Development Goal related to TB. Full implementation of the Global Plan will save approximately 14 million lives and would represent an enormous achievement in progress toward TB elimination. The discussion will include speakers from the Stop TB Partnership and the Stop TB

Department at the World Health Organisation

For more information go to: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33626&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33626&type=Item)

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See the complete list of new additions, announcements, job adverts at: [www.eldis.org/health](http://www.eldis.org/health)

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- HIV and AIDS Resource Guide - [www.eldis.org/hiv aids](http://www.eldis.org/hiv aids)

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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