

Transportation: Barrier to Maternal and Child Health Services in Rural sub-Saharan Africa

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Maternal and infant mortality has been a great challenge to the global health system. 1 Globally, 830 women die every day from preventable causes related to child birth and pregnancy. On the other hand, an estimate of 5.9 million of children under age five died in 2015 according to the World Health Organization 2016 report 2. The 2014 report by the World Health Organization estimated that 56 million people die globally with almost 99% of these deaths occurring in middle and lower income countries. 3 More than half of these deaths happened in sub-Saharan African countries 4 such as Ghana, Ethiopia, Sierra Leone, Tanzania, Malawi, Nigeria, among others.

Many lives especially that of pregnant women and children have been endangered in sub-Saharan Africa especially in the rural communities due to the challenges of patient referral 5. Patient referral refers to the request of a health professional at a lower health facility for a patient to receive healthcare services at a higher level health facility 6. Key among the other challenges in referring a patient to a higher health facility from rural communities in sub-Saharan is the means of transport.

Transport is an essential component of access to healthcare, serving as the link between health facilities and home 5. Transport is very critical to healthcare delivery especially in areas where people have to travel for several kilometers before accessing a health facility 7. People have to travel that long because health facilities are sited within urban and peri-urban communities. This significantly and negatively affects the achievement of Maternal and Child health outcome in spite of the efforts ongoing in sub-Saharan Africa.

Maternal Mortality Ratio and under 5 (children below age 5) mortality is higher in rural communities and among the poor 4. In sub-Saharan Africa, poor road network, lack of ambulance for referral services, non-existence of regular means of suitable transport, long distance from homes to facilities among others makes it difficult for people in rural communities to access specialized healthcare available in urban areas 7,8. Some sections of rural communities in sub-Saharan Africa do not have access to primary healthcare and this has led to a situation where indigenes of these communities have no choice but to resort to alternate forms of healthcare such as spiritual healers and herbal medication other than the modern scientific method of healthcare 9. The above challenges hampered the achievement of the goal 4 and 5 of the Millennium Development Goal (MDG) of Reduction in Child Mortality and Improvement in Maternal Health 7 respectively in sub-Saharan Africa.

Although sub-Saharan African countries have experienced a considerable decline in Maternal Mortality Ratio between the periods of 1990 and 2015, it remains the highest in the world which is approximately 66% (201,000) 10. Also, infant mortality in sub-Saharan Africa is the highest globally 2. Between these periods (1990 to 2015), sub-Saharan African countries have witnessed 45% decrease in Infant Mortality 2,11. The percentage of reduction in Maternal Mortality between these periods are Ghana 49.7%, Ethiopia 71.8%, Tanzania 60.1%, Malawi 33.8%, Nigeria 39.7% and Sierra Leone representing 48.3% 12.

The 2012 report by the World Health Organization on maternal deaths in sub-Saharan Africa was so alarming. Most of the countries with high maternal and infant mortality were located in sub-Saharan Africa. Women in this part of the world were 15 times more prone to the dangers of childbirth and pregnancy situations as compared to those in the developed countries 13. In sub-Saharan Africa, children on the other hand were more than 14 times more likely to die before attaining age 5 than children in the developed world 11. For example, Maternal Mortality Ratio in Ghana as presented by the World Health Organization reduced by 2.6 percent between 1990 to 2000. Beyond the year 2000, Maternal Mortality Ratio further declined by 4.5 percent, this represents a Maternal Mortality Ratio of 350 per 100,000 births 14. On the other hand, Netherland's (a developed country) Maternal Mortality Ratio as presented by the United Nations Development Programme (UNDP) was 10 per 100,000 births in 1990, this figure witnessed a slight increase to 13 per 100,000 births in the year 2000 and reduced to 8 per 100,000 births in 2005 15.

It is considered that, more than half of deaths caused by pregnancy in developing countries could have been prevented if the right emergency referral facilities were readily available, accessible and affordable especially in the rural communities 7. Therefore, for countries in sub-Saharan Africa to achieve the targets of the goal 3 of the Sustainable Development Goal (SDG) which is to "ensure healthy lives and wellbeing for all at all ages", the issue of geographic and physical barriers to healthcare should be well looked into. Communities should be able to easily access healthcare. Government and non-governmental organizations should help in the building of health facilities in rural and deprived communities, provide ambulance services, adequate health officers and drugs. All these coupled with good road network would help people in these communities. Also, primary healthcare should be placed within the cultural settings of these people, so that they can embrace and easily access it to save mothers and children from preventable deaths. Again, the scaling up of the Community-based Health Planning and Services (CHPS) compound pilot project carried out by the Navrongo Health Research Center (NHRC) in Ghana, which aims at bringing healthcare services to the doorsteps of rural indigenes, should be intensified to reach all rural communities in the various regions in Ghana. Finally, other sub-Saharan African countries should adopt the Community-based Health Planning and Services (CHPS) compound system of primary healthcare provision to help reduce the maternal and infant mortality rate drastically by 2030.



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