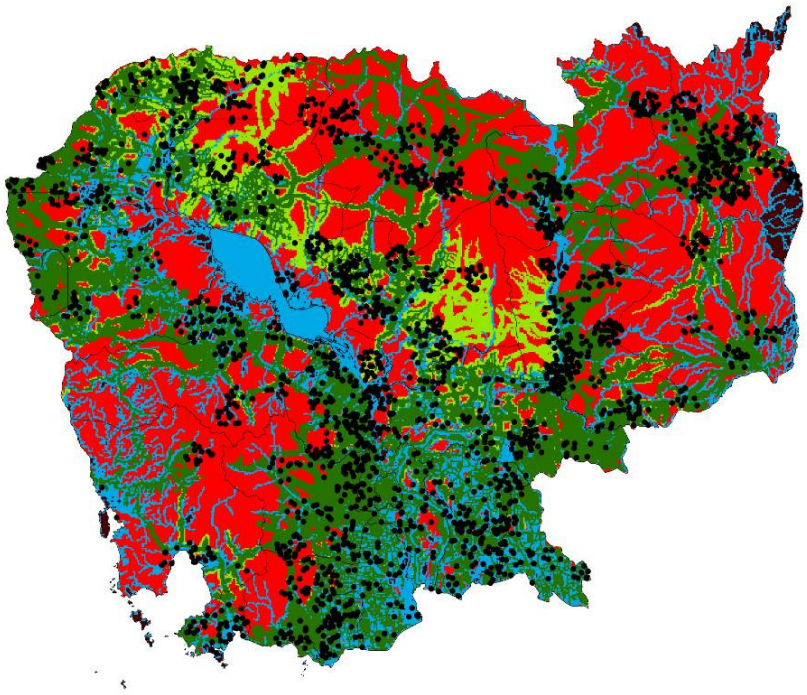
World Health Organization

Investing the Marginal Dollar for Maternal and Newborn Health: Geographic Accessibility Analysis for Emergency Obstetric Care services in Cambodia



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Executive summary

Objective

Progress on MDG5a to reduce maternal mortality is lagging behind in many countries and a key constraint is access to skilled care at birth including emergency obstetric care (EmOC) services. In order to expand coverage, good-quality essential services must be integrated into strong health systems.

The World Health Report 2005 proposed a "close to client" approach with back up services at referral level. While the first level should be able to provide most of the Basic Emergency Obstetric Care (BEmOC) signal functions, there is also a universal need for access to comprehensive Emergency Obstetric Care (CEmOC) referral services, in case the need arises.

In recognition of the key impact that EmOC services can have on maternal mortality and safe birth outcomes, the World Health Organization (WHO) is supporting the use of Geographic Information Systems (GIS) to analyse physical accessibility to facilities providing EmOC in five selected countries, namely (by alphabetical order): Burkina Faso, Cambodia, Lao People's Democratic Republic, Malawi and Rwanda.[1]

Essentially, from a normative perspective every woman should be able to easily access a health facility that provides BEmOC. This is not currently the case in most low-income countries. Strategic decisions need to be made by policy makers and health planners with regards to what investments are feasible given limited resources and competing priorities.

The broader project aims to inform policy discussions on how to optimize or target the spending of the marginal dollar for maternal health at country level; in particular to examine the infrastructure requirements for scaling up coverage of institutional delivery with skilled attendance. The research undertaken as part of this project and presented here aims to investigate the current accessibility to EmOC and potential implications for future global and national level policy recommendations and norms.

Methodology

The analysis assesses accessibility coverage[2] and then combines the results with the availability of human resources in the currently available infrastructures (existing health facilities) in order to obtain a measure combining both the population needs and service availability, this measure is referred to as geographic coverage.

[1] This work has received financial support from the Norwegian Government as part of a work plan to operationalize the UN Secretary General's Global Strategy for women and children's health.

[2] Refers to ensuring that health services are located within reasonable reach of the people who should benefit from it (Tanahashi, 1978)

In the case of Cambodia, working in close collaboration with the Ministry of Health of Cambodia, a freely available GIS extension developed by WHO to measure physical accessibility to health care, called AccessMod (See Chapter 4), has been used in combination with statistical data from existing sources (household surveys, Health Information System, data,..) to perform the following analyses (See Chapter 5 for more details):

1. Accessibility coverage:
    a. The percentage of all births where the household is located within 2 hours of travel time of a BEmOC facility;
    b. The travel time between each BEmOC facility and the nearest CEmOC facility.

2. Geographic coverage:
    a. The percentage of all births where the household is located within 2 hours of travel time of a BEmOC facility with enough capacity to cover all births if normal delivery (i.e., with sufficient availability of skilled birth attendants);
    b. The percentage of births with complications requiring blood transfusion/Caesarean-section (C-section) that will reach a CEmOC facility within 2 hours of travel time from BEmOC facilities, and where the CEmOC facility has enough capacity to manage complications (through the availability of EmOC surgical teams).

3. Service utilization: Comparing results from the accessibility/geographic coverage analysis with data on actual service utilization (estimated capacity of BEmOC compared with the percentage of births delivered in a health facility; the estimated capacity of CEmOC compared with the number of caesarean-sections)

4. Scaling up: Scenarios developed to reach universal coverage through various mechanisms of expanding the EmOC facility network.

The results coming out of these analyzes (Chapter 7) are presented in the form of tables, graphs and maps to be included into the analysis of maternal and new born health investments in the country.