Forum News

International Forum for Rural Transport and Development

Mobility and Health

Volume 15, Issue 2, September 2010

Health and Transport: a pioneering partnership

Although the impact of transport interventions on livelihoods has been acknowledged and used as a means to achieve rural development, the relationship between transport and health has been neglected until recently. Consequently, our understanding of the dynamics of health and mobility in low-income settings has lagged behind and there is a lack of synergy between the health and transport sectors. In this issue of *Forum News* we share the key findings of IFRTD's pioneering Mobility and Health Networked Research Programme, highlighting the breadth of the studies, the innovative research approach, ways in which the research is already being used to leverage change and how you can join the community.

In 2004, in collaboration with the Swiss Agency for Development and Cooperation (SDC) and the Swiss Resource Centre and Consultancies for Development (Skat), IFRTD hosted a workshop to highlight debates emerging within the IFRTD network on mobility and health issues. Following this in 2006, SDC commissioned a mapping of the evidence base to gain a better understanding of the nature and scope of international knowledge on mobility and health.

This review indicated that the majority of research focused on the health, transport and mobility concerns of industrialised nations. Typified by the body of research on air pollution and respiratory health, airline flight and deep-vein thrombosis, and the international diffusion of infections such as SARS and avian influenza. Although there was growing information on road transport and HIV diffusion in southern Africa, very little knowledge had been generated by research on mobility in the context of access to health services by marginalised, rural and poor people.

Given the need to intensify interventions to address maternal mortality and achieve the Millennium Development Goals, it was clear that a better understanding of mobility and health dynamics was needed, and that priority should be given to research that would address gaps in the evidence base and provide strategic knowledge to support informed cross-sectoral approaches as well as resource mobilisation.

SDC responded to this need by funding a two-year Networked Research Programme on Mobility and Health across Asia, Africa and Latin America, which was launched by IFRTD in 2006. It aimed to address the gaps in the evidence base relating to mobility to access health services facilitated by motorised, non-motorised and intermediate forms of transport. Special emphasis was placed on how mobility relates to maternal and child health as elaborated in the Millennium Development Goals 4 and 5. The Programme was facilitated by the IFRTD, and technically guided by the Swiss Tropical Institute, SDC and Skat. The Swedish International Development Agency (Sida) later provided additional funding support to the Programme.

Ansu Tumbahnagle

An injured man is carried in a traditional doko in Nepal.

The Programme

The Programme aimed to provide information to encourage and enable transport professionals to take a holistic, health-sensitive approach to the planning and implementation of transport interventions and, at the same time, sensitise the health sector to mobility and access issues. The overall project was designed to be led by Southern researchers, supported by each other and by an international steering committee. Methodological principles were agreed and developed at three regional workshops, the outcomes of which were published in the Programme's Research Guidance Manual. Approaches were also taken to emphasise community action for health and empowerment of people to increase control over and improve their health. Priority was given to participative research that actively included the study communities in the research design and ongoing initiatives for change.

A global research network

Twenty-five research teams completed studies, representing a global effort towards focused and co-ordinated research to provide a comprehensive understanding of issues of mobility that are linked to

Continued on page 2

In this issue:

Continued from page 1

health service use in low-income settings. In Asia, seven projects addressed gaps in knowledge on a broad spectrum of issues relating to health service access. The research teams in rural Manggarai District, Eastern Indonesia and mountain areas of Nepal examined restricted health service access as it relates to maternal health. The use of intermediate means of transport by poor and marginalised groups to reach health services formed the focus of further studies in India, riverine Bangladesh and rural Nepal. The latter investigated the use of trails and trail bridges and non-motorised conveyances across rivers. Elements surrounding the special challenges and health access issues of people with disabilities were unpacked in a study in Rajasthan, India.

The use of traditional and intermediate forms of conveying emergency obstetric cases to health facilities was explored in a number of contexts in rural Africa. In Zimbabwe, a study was made of a community ambulance called the Uhuru and its potential benefits for poor and disadvantaged groups; and in Rwanda, use of the Ingobyi stretcher as an intermediate means of transport to reduce maternal mortality was explored. In Uganda use of the bicycle was investigated as a means of disadvantaged rural people accessing health services. These studies were complemented by research on the safe positioning of patients conducted in rural Ethiopia. Broader studies on the theme of mobility for emergency obstetric care were conducted in rural Tanzania and Kenya. In rural Ethiopia delays in reaching skilled birth attendants were explored in relation to the high prevalence of obstetric fistula, a debilitating and socially excluding condition resulting from injuries sustained during obstructed delivery. The impact of mobile services via boat to island communities in Lake Victoria, Uganda, and of a roads project on previously isolated communities in Burkina Faso completed the ten studies conducted in Africa.

In Latin America, the use of fluvial transport systems to access both traditional and allopathic health services was investigated among indigenous groups in Amazonian Peru. Research focusing on gender equity in health service access was also conducted in Peru among mountain and forest communities. In rural Mexico and Bolivia studies were conducted on female access to reproductive and maternal services. At a second site in Bolivia, researchers explored outreach services and the access of mobile health brigades to rural communities. Access to services also formed the focus of a study in rural Guatemala among internally displaced people, and in peri-urban Buenos Aires, the research team from Argentina investigated public transport as a means of accessing maternal services among pregnant immigrant adolescents.

By Dr Kate Molesworth
Reproductive Health and Social Development Adviser of the Swiss Tropical and Public Health Institute
Contact email: kate.molesworth@unibas.ch

Improving Maternal and Child Health: a role for transport

Some of the most robust data and analyses that emerged from the studies related to maternal and child health. Maternal morbidity was central to the research programme, and a publication is currently being collated with edited chapters from five of the research studies that generated new information and firm evidence on this theme. Some of the emerging knowledge is briefly shared here.

Research conducted in the rugged mountainous region of Manggarai District, Eastern Indonesia revealed a web of barriers to women accessing maternal health services both during and immediately after pregnancy. For pregnant women, poor mobility combined with poverty was associated with delays in seeking skilled assistance, both for preventive and emergency obstetric care.

Among the rural poor in the region, the research team also found health knowledge and awareness to be negatively affected by distance from, and poor transport services to, public health centres. Impaired mobility not only restricted women travelling to health outlets but also affected the sphere of work and access of health outreach workers. Poor infrastructure was found to impact on the access of personnel to health centres and absenteeism meant that outlets were poorly staffed. This in turn was found to reduce the willingness of rural women to travel to health centres for antenatal checks or for skilled assistance at delivery and in emergencies.

The study in Ethiopia highlighted some of the consequences of delays in accessing skilled birth attendance. Working with poor rural women in Southern Ethiopia and Tigray, the study team compared the delivery outcomes of pregnant women according to the proximity of their homes to asphalt roads and health centres. Delays in accessing skilled birth attendance can result in frequent obstetric fistula, a severe medical condition that occurs in the course of traumatic or failed childbirth when adequate medical care is not reached in time. Many women and their babies do not survive unattended obstructed labour. For those women who do survive, obstetric fistula not only has negative impacts on female sexual and reproductive health, but the symptoms, including urine and fecal leakage through the vagina, cause many women to suffer social exclusion, violence and stigma.

Even in settings much closer to urban areas, disadvantaged women also encounter obstacles to accessing maternity services. The study conducted in Argentina, in peri-urban Buenos Aires, examined the access of poor migrant adolescent girls in their last trimester of

Continued on page 3

Alice Mhuruyengwe, Makoni District, Zimbabwe

Alice, 37, is one of two women selected by her community to ride and operate the Uhuru Community Vehicle for Dumbamwe Ward. She provides essential services for the communities including transport for referring patients to the nearest clinic, supporting community health clubs, taking goods to market and providing an emergency ambulance facility. The Uhuru is maintained by a technician from the NGO Riders for Health.

www.riders.org

Riders for Health www.riders.org

Continued from page 2

pregnancy. This documented a number of disconnects between health and transport systems, such as a lack of linkage between health outlets and transport routes and stops, a lack of integrative scheduling, and service suspensions that caused patients to miss appointments.

In the study, girls with uncomplicated pregnancies were required to make a total of 22 one-way journeys for antenatal checkups. Of these 66% were journeys to hospitals located between 6 and 30km away from the girls' homes. The pregnant adolescents with HIV required some 57 journeys to hospital. Some of the required journeys were inefficient, in that patients had to be physically present to collect results and make appointments. Additionally public transport involved walks of some 2.5km between home, bus stops and clinic, and costs were in excess of USD 4 per passenger.

As a consequence of the lack of basic synergies between the health and transport systems, many of the pregnant adolescents in the study travelled to antenatal clinics (ANC) on foot, cycle or horse-drawn cart. These intermediate modes of conveyance place an additional strain on young and high-risk pregnancies and discouraged young women from accessing services. One health promoter's comment to the study team sums up the situation of long and wasted journeys:

> *"… you arrive and found that there is not medical attention. On Saturdays, the epidemiology paediatric surgery works and, despite cold weather, mothers with babies used to go. In May, I felt discouraged. Mothers were booked to pick up medication. That day was declared holiday since 10am due to hospital anniversary, without previous announcement. The next day, the mothers were booked for babies' paediatric appointments. But, once again, with no announcement, the hospital personnel celebrated "Día de la Piedra Fundamental de Rodriguez", so the mothers returned to home without receiving what they are looking for…and carrying their babies…"*

Action research carried out in Nepal showed that intermediate forms of transport such as bicycle ambulances and tuins increase the uptake of health services and improve awareness on issues such as HIV among remote and disadvantaged people. In one mountain and one lowland area, the study compared health-seeking behaviour among communities that had received a non-motorised mobility intervention and those that had not.

In the lowland area of Dhanusa some communities had been supplied with cycle ambulances through their village health management committees. Meanwhile, in hilly Dhading, tuin systems had been installed – wires crossing two banks of a ravine enabled people to cross in a manually operated people-carrier that rolls on multiple pulleys and cables connected across river banks. In both settings the uptake of antenatal services was higher than in non-intervention areas. This was particularly pronounced in the hill area of Dhading where ANC visits were 66% higher among women who travelled by tuin than those in the region who did not have this mobility intervention and therefore had a longer and more hazardous journey to reach facilities. In the lowlands of Dhanusa the impact of bicycle ambulances was associated with a 40% improvement among pregnant women. As one mother of four children in Dhanusa District commented to the research team:

> *"I gave birth to my three children at home, while my fourth child was born in the hospital and it was only possible because of the cycle ambulance facility available in the village."*

The importance of skilled birth attendance

The Ethiopian study was conducted among women in maternity hospitals in the two study regions. It found that fistula patients live further away from any health institutions and asphalt roads than the non-fistula patients.

"Fistula developed in 3% of women living within 10km of health services, but this rose to 30% among women living between 10 and 50km from services, and 37% among those living between 50 and 100km away. For the women living most remote from health outlets, between 100 and 150km away, the fistula rate was 59%."

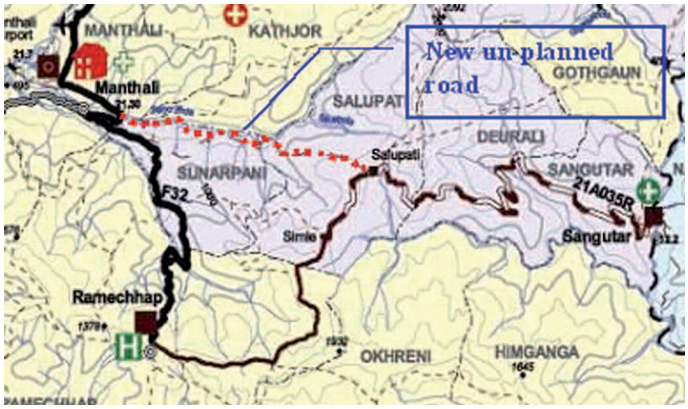
As well as being in labour for many days, women in the study sites who encountered transport and access obstacles had to walk or be carried on a stretcher for part of their journey to the maternity hospitals. Others travelled by bus, in commercial trucks and a few by taxi. None accessed any kind of ambulance. As a gynaecologist at the Fistula centre in Tigray stated:

"..the main problem in this zone is access to transportation, even if there is a road, to get transportation means is very difficult. Particularly women in labour pain, they suffer a lot. Even if by chance they got some sort of a vehicle to take them to the hospital they are asked for a lot of money."

By Dr Kate Molesworth
Reproductive Health and Social Development Adviser of the Swiss Tropical and Public Health Institute
Contact email: kate.molesworth@unibas.ch

Poor transport planning can inhibit access to health care

Robin Workman, DRSP



In Ramechhap, Nepal a new road was built without any planning. It by passed the main hospital with the result that public transport ceased on the old road making it difficult for people to access the district hospital.

A Networked Research Approach

As a network, IFRTD is focused on the sharing and exchange of knowledge and information, capacity building and facilitating multiple stakeholders to come together with one voice to leverage positive change. Often the issues that emerge within our network are new challenges or issues that network members feel have been ignored or mis-understood in the past and require greater attention. Research is needed to gain a better understanding of specific issues and to start to establish an evidence base which the network can use to ask for changes in policies and practice.

IFRTD has responded to this need for research to support its work by developing a *Networked Research Approach* that maintains the values of sharing and capacity building, and builds ownership and communication into the design of the research Programme itself to ensure that the findings are taken up and used as widely as possible. The Mobility and Health Programme is the latest in a series of networked research programmes facilitated by IFRTD and follows programmes on Gender and Transport, Waterways and Livelihoods, and Gender and Transport Mainstreaming.

The *Networked Research Approach* brings together people from different countries or contexts to work together and build a common analytical framework for their research. During the research phase support and/or technical back-stopping is provided to the researchers from their peers using an email discussion group and/or direct communication with the core project team. The Programme then culminates in a researcher's workshop bringing together all the participants to analyse and peer-review their findings. This synthesis and the original research is shared at an international event alongside other dissemination activities.

This methodology has demonstrated several significant impacts:

- The creation of a community of practice around a particular issue, encouraging learning and sharing across geographical and hierarchical boundaries.
- The harnessing of local knowledge, experience and latent research skills.
- National ownership of the research theme and findings.
- The stimulation of debate at national and local level.
- The creation of opportunities for raising awareness of the issues and ensuring a wide range of stakeholders committed to their resolution.
- Cost effectiveness.
- Wider and more interactive dissemination of the research findings.

A networked research programme does not place any institutional ownership on the knowledge or information it generates. Attempts to copyright or own the outputs of networked research would in fact undermine the methodology's core values of peer learning, south-south exchange, and action-oriented research. Instead programme participants are encouraged to share the research outputs and use them to leverage change in relation to their own work and their national context.

There is nothing really new in the concept of Networked Research – 'participation' and 'ownership' are familiar buzz words for the development community. This methodology was born from the recognition that if we are to achieve truly southern-driven, pro-poor development, then we need to tackle research, the pillar that supports our development agenda, in a much more participative way.

Find out more:
The Networked Research Approach – A Guide to Conducting Research in a Network Setting. By Kate Czuczman in collaboration with Priyanthi Fernando, Marinke van Riet, Dr Urs Karl Egger. November 2006.
www.ifrtd.org/en/full.php?id=539

Lessons Learned

The Programme's emphasis on disaggregating data by gender, age, socio-economic status, ability and location provided a rich body of data that details the experience of communities accessing health care in different settings. Several themes emerged from the overall research Programme:

Accessibility of health services is strongly mediated by economic and social status. Poor and marginalised groups face greater obstacles in accessing appropriate care than their better-off counterparts. This is further compounded by distance to public transport and health outlets. The most disadvantaged tend to live at the greatest distances both from transport facilities and health outlets and they are less likely than their more advantaged counterparts to have access to private means of transport or to have the resources to pay for public transport.

Women and girls within various socio-cultural and economic groups face additional challenges to accessing health care as their needs often receive lower priority in household and community decision-making regarding the high expenditure of accessing distant health services. For those who do travel, cultural and religious constraints are compounded by the lack of security in transit, to further constrain female mobility.

People living with disabilities face further obstacles to the use of existing transport infrastructure. They are less able to use trails and trail bridges used by their able-bodied counterparts and encounter physical barriers to boarding public transport. This engenders additional costs as they require one or two people to accompany them when travelling to assist in embarking on public transport and stowing wheelchairs and intermediate conveyances.

Evidence emerged that in low-income countries, the **health and transport sectors rarely engage in joint planning** to ensure that each sector optimises the others' expertise, functioning and resources. As a consequence, the placement of new health outlets may not take into consideration transport links and hubs to maximise accessibility. Equally, transport planning tends not to consider health service outlets in planning public transport such as bus stops and waiting areas.

A review of the outcomes of the Programme underscored the value of combining both qualitative and quantitative approaches in exploring and describing mobility and health within different communities. Some studies limited their interpretation of factors that enable or act as barriers to health service access due to a lack of robust primary data. Others did not fully exploit the opportunity offered by the Programme to collect the maximum data from primary sources in the field. In some cases this was due to researchers experiencing mobility and access problems themselves, particularly in the wet season.

By Dr Kate Molesworth
Reproductive Health and Social Development Adviser of the Swiss Tropical and Public Health Institute
Contact email: kate.molesworth@unibas.ch

Leonard Cheshire Disability International, South Asia. www.lcdsouthasia.org/

People with locomotive disabilities are often forced to drag themselves on and off vehicles on all fours because assistive devices, such as wheelchairs, do not fit into public transport vehicles.
www.lcdsouthasia.org

Reaching out to the Health Sector

A major objective of the Mobility and Health programme is to encourage a symbiotic existence between the transport and health sectors, and what better way to achieve this than to work in both sectors? This is exactly what happened when Marinke Van Riet joined Marie Stopes International in April 2009 following four years as Executive Director of the International Forum for Rural Transport and Development. Here she shares with us her efforts to sensitise her new organisation to the transport issues that she cares about.

Marie Stopes International (MSI) is a global reproductive health organisation working in 43 countries worldwide to offer women and men choices in when and how many children they have. What is particularly impressive is that MSI provides the majority of its services in rural areas. MSI outreach teams travel long distances by road to provide long and permanent family planning methods in public health facilities. Following what I have learnt from the Mobility and Health research, this '*bring the services to the client*' philosophy particularly appealed to me as an alternative to asking clients to travel for hours (primarily on foot) to access MSI services.

On my arrival at MSI I presented the Mobility and Health findings using images to illustrate the various ways in which people in rural areas travel to clinics. This encouraged a lot of discussion around what steps MSI could take to improve accessibility. One idea that emerged was to contract a rural bus company to pick up potential MSI clients on outreach days and bring them to the health sites. In addition, the MSI outreach programme could be aligned to coincide with market days, building upon the findings of the Rapid Assessment of Rural Transport Services Study (P Starkey 2006) which very clearly demonstrated that people make multi-purpose journeys. While on the bus with a captive audience, the MSI community-based health workers would have the opportunity to raise awareness on sexual and reproductive health issues and rights, generating additional demand that could potentially cover the costs of the bus service.

From a supply perspective, the extensive MSI outreach programme necessitates a fleet of sturdy 4x4 cars and an efficient and cost-effective fleet management system, including routine maintenance and a trained fleet of drivers in road safety. This is a global challenge for MSI and, to tackle this head on, we have developed a training toolkit for country programmes to implement a fleet and fuel management system. It looks primarily at optimising fuel consumption and establishing routine maintenance systems. The MSI programme in Zambia has taken this a step further by developing – with the help of a consultant – a fleet management Access database to allow for optimal vehicle productivity, fuel usage and overall costs. Zambia also requires each driver to take additional training to assure safety and responsible driving. MSI is looking to replicate this model in other country programmes and, at a recent global conference, I exhibited a transport booth to show what MSI can do to improve access and mobility.

Last, but not least, I continue to use my IFRTD network connections extensively to bridge the gap between the two sectors. For the transport booth I used materials from a variety of IFRTD members, such as Transaid and eRanger, and found out that the latter has already supplied the MSI programme in Uganda with a motorbike ambulance in case of emergencies. Riders for Health was introduced to MSI's CEO during a dinner with the Gates Foundation (who are showing an increased interest in transport issues) and jointly we have been exploring opportunities to work together to optimise fleet management as well as improve accessibility. In Tanzania there are ideas to use GPS technology to map maternal mortality, contraceptive prevalence rates and accessibility with the aim of identifying the most under-served areas. This is building upon work carried out by Wendy Walker and colleagues at the World Bank in Lesotho, Ghana and Ethiopia. Finally, while in Madagascar I endeavoured to network MSI with a loyal IFRTD member and transport NGO, called Lalana, to help us develop a fleet management and road safety training for all drivers.

All in all I feel very proud to have been able to create a momentum thanks to the opportunity I had to learn from the researchers and core team of the Mobility and Health programme. The challenge now before me is to sustain my efforts and work towards my dream of establishing a global MSI transport focal point tasked with innovating to improve mobility and accessibility for underserved people worldwide.

By Marinke van Riet
Marie Stopes International
Contact email: marinke.vanriet@mariestopes.org

Networking for Change

The Mobility and Health research has not been carried out to sit on shelves and gather dust. Throughout the Mobility and Health research Programme a strong emphasis has been placed on developing an agenda for advocacy. The Researchers were all encouraged to disseminate their study outcomes and to encourage collaboration between health and transport authorities at both local and national level.

At the conclusion of the research three regional and various national advocacy workshops were hosted to help to maintain the momentum of the Programme. In addition, various exciting activities have emerged which are helping to translate the research into positive change either on the ground or at policy level. Here we share a few examples, for the latest updates please visit www.mobilityandhealth.org.

Peru-tube gives 21st Century Voice to an Invisible Community

Poor villages located deep in Peru's Amazon rainforest are using simple technology and modern social networking websites to bridge huge distances and bring their stories to computer screens around the world. Using mobile phones and camcorders, the communities have recorded video messages describing their challenges accessing healthcare and asking their political leaders to do more to help them.

Franziska Agrawal

Home to 13,300 people the Cenepa communities of Peru's northern jungle region are among the most isolated and impoverished in the country. The only means of transport and communication is the river, and access to the nearest public services requires a long and expensive boat journey. Health problems that rarely affect other Peruvians are often fatal in the Cenepa communities. Illnesses such as diarrhoea, typhoid and parasitical infections are rarely diagnosed or treated on time. Poor maternal care means that many women and babies die during childbirth. The region has a high rate of HIV/AIDs infection as accessing prevention and treatment services is difficult and expensive.

With IFRTD's support the villagers have uploaded eight videos to youtube and facebook. Each gives a different perspective on the scale of the problem in the Cenepa. Most describe losing close relatives to easily treatable diseases. Ana Bravo, Latin America Regional Coordinator for IFRTD explains:

> **"The desperate situation that the people of the Cenepa find themselves in calls for some new approaches to explain their problem to the outside world. With this campaign using social networking tools the community has been able to communicate directly in their own words with the people that matter."**

Watch the videos:
www.ifrtd.org/MensajesDelAmazonas
www.youtube.com/MensajesAmazonicos

The messages from the Amazonas project was funded by the Overseas Development Institute (ODI) and Centro Implementación de Políticas Públicas para la Equidad y el Crecimiento (CIPPEC)

Simple Stretchers Breathe Life into Rural Nepal

> **"It was comfortable during the transport and saved time to reach the hospital following my leg fracture." Mr Krishna Shresth, age 65**

In rural areas of Nepal, where there are no roads and motorised transport is not an option, simple stretchers can provide a vital means of transporting sick and injured people to health care facilities. Research carried out by Nepal's District Roads Support Programme under the Mobility and Health Programme identified that disadvantaged groups, primarily women and discriminated castes, tend to live further from the road and from health facilities. Strategically located stretchers have a huge potential to benefit these groups isolated by location and poverty.

By sharing these findings with the Women in Transportation Seminar London (WTS) IFRTD was able to leverage seed funding to place stretchers in the heart of rural communities in three districts in Nepal: Dolakha, Ramechhap and Baglung. They are managed and maintained by

Robin Workman

local groups to improve their own access to routine and emergency medical care. The Rural Health Development Programme (RHDP) identified disadvantaged groups in each district to receive the stretchers to ensure that the neediest communities would benefit. The recipient communities signed agreements with the RHDP for proper use and maintenance of the stretchers and to monitor their use.

Find out more: www.ifrtd.org/en/full.php?id=472
Contact: Robin Workman
Email: robin.workman@drspnepal.org

Taking Mobility and Health to the UN CSD

The 1992 United Nations Conference on Environment and Development (UNCED), also known as the "Rio Earth Summit", adopted a programme of action for sustainable development called Agenda 21. The Commission on Sustainable Development (CSD) was established to ensure the effective follow up of UNCED and to review progress on the implementation of Agenda 21.

The CSD convenes annually and, since 2002, following the World Summit on Sustainable Development (WSSD), the CSD meets in seven two-year implementation cycles: a review year and a policy year. The cycle CSD18 and 19 focuses on the thematic cluster transport, chemicals, waste management, mining and sustainable consumption and production patterns. The CSD18 focused on the review of barriers and constraints in implementation, lessons learned and best practices on the issues of this thematic cluster. Although the CSD is not a legally binding process and its relevance is under scrutiny, it is still the only institutional platform within the UN system where transport can be dealt on its own to improve international co-operation and policy co-ordination.

Given the existing interest on the contribution of the transport sector to climate change, there was an unsurprising emphasis in the discussions on low carbon transport options and transport efficiency, especially in the urban context. However, governments also recognised the need to ensure the affordability and accessibility of transport to play a role in poverty eradication, achievement of the MDGs and overall sustainable development.

In this context IFRTD organised a side event in collaboration with the Africa Community Access Programme (AFCAP) and Transaid to highlight the role that mobility has for the achievement of the health related MDGs. The event, called "Bridging the Gap: addressing mobility needs as a means to achieve the health related MDGs", was held during the first day of the meeting. Kate Molesworth presented the main findings and remaining challenges that the Mobility and Health international networked research programme had identified; Jeff Turner highlighted the need for research referring to a recent collaborative initiative to address key issues around emergency transport to prevent maternal and neo-natal mortality in Africa; finally, Gary Forster from Transaid shared important aspects of their practical experience on these issues.

As part of the official programme IFRTD was also invited by the UNDESA to be a panellist during the transport theme government discussions on 5th May. IFRTD's presentation highlighted the importance of addressing all aspects of rural transport and poverty in a comprehensive and integrated manner, including key aspects of gender, vulnerable groups and enhancing local participation in planning and decision making. The situation of isolated communities to access health services due to lack of access to transport means was also highlighted.

The preparations for the CSD19 have begun. IFRTD will need to ensure that the multifaceted dimensions of rural transport and development are adequately addressed in these discussions. Focused work on policy positioning, awareness raising and strategic alliance building will be necessary. Given that 2010 also marks the MDG Review Year, and considering that the health-related MDGs are at risk of not being achieved, the discussion of mobility and health becomes particularly critical.

By Maria Arce Moreira
IFRTD Executive Director
Contact email: maria.arce@ifrtd.org
CSD 18 Highlights Bulletin: www.iisd.ca/vol05/enb05285e.html

Looking Ahead

Key recommendations

Although the Mobility and Health Programme of Networked Research represents the first concerted response to address the knowledge gaps within this theme, certain conclusions have clearly emerged around planning and financing within and between the health and transport sectors. Efforts need to be made to institute interventions that ensure joint planning and cost-sharing between the two sectors. From the transport sector side, a small percentage of any transport development should be allocated to joint planning to ensure that new infrastructure optimally meets the mobility needs of health outlet clients, particularly those from vulnerable groups. Enabling initiatives such as subsidies and travel vouchers should be considered for those in remote and rural locations and special provisions should be made for people living with disabilities, children, women and the elderly. Equally, all health service planning should be conducted in consultation with the transport sector to ensure synergies to optimise accessibility offered by existing and planned transport and mobility routes and services.

Strengthening the understanding of health and mobility in different contexts is elemental to supporting results-based planning. However, the health and transport sectors themselves need to become better aware of the added value and synergies that can be achieved by joint planning, programming and budget allocations. The next step is for effective dissemination of the knowledge generated by the Mobility and Health Programme of Networked Research. This is an integral component of the Programme and all research teams are required to diffuse their findings and support national and local authorities to implement cross-sectoral initiatives to ensure inclusive access, particularly of the marginalised and disadvantaged to health services.

Disseminating the Mobility and Health Findings

The knowledge generated by the Mobility and Health Programme of Networked Research will be developed to support advocacy for action at the local, national and international levels. Apart from the forthcoming publication to support maternal and child health practitioners, planners and policy makers; information from the broader spectrum of studies will be made publicly available in a number of ways.

Continued on page 8

Continued from page 7

A website has been set up **www.mobilityandhealth.org** in English, French and Spanish, where the Programme and all accumulated resources can be accessed. All documents, manuals, videos and full final study reports will be available to open access, together with project news, the original research bibliography, a photograph library and access to the online community.

Outcomes from the initial findings have already been presented by researchers at the 11th Global Forum for Health Research in Beijing in 2007. This year findings of the Programme were presented at the 20th IUHPE World Conference on Health Promotion in Geneva and at the UN CSD in New York.

Most importantly perhaps the Programme has stimulated the interest of researchers in low and middle income countries to themselves address mobility and health issues to contribute to health equity. A number have taken their interests and efforts forward. The research team in Cenepa are a case in point (see page 6). The concerns documented in their study have been taken up and disseminated by international print media (the *Guardian Weekly*) and through social networking sites such as facebook and YouTube. This highlights that grass-roots level research can be used to raise awareness and lobby for change using free and accessible systems that have global outreach. We do not need connections or power to do this, just passion and energy to make the voices heard of disadvantaged people contending with barriers to health access.

By Dr Kate Molesworth
Reproductive Health and Social Development Adviser of the Swiss Tropical and Public Health Institute
Contact email: kate.molesworth@unibas.ch

Key Resources:

Web portal of the mobility and health programme – news, issues, photo library, and an online community.
www.mobilityandhealth.org

K. Molesworth (2006) Mobility and Health: *The impact of transport provision on direct and proximate determinants of access to health services*. International Forum for Rural Transport Development
www.ifrtd.org/en/full.php?id=586

K. Molesworth (2007) Gender and political dynamics mediating mobility and access to health services and female reproductive health in rural Nepal 89 – 106. *Transport and Communications Bulletin for Asia and the Pacific*, No. 76
http://www.unescap.org/ttdw/PubsDetail.asp?IDNO=193

IFRTD (2006) Mobility and Health Research Guidance Manual.
www.ifrtd.org/en/full.php?id=587

You tube channel for the Messages from the Amazonas project
http://www.youtube.com/mensajesamazonicos

Join Our Online Community

Share, learn, debate, collaborate
Join our online community today, a virtual meeting place for academics, practitioners, policy makers and students. Whether you have a question, would like to share your experiences, have a project or initiative that you would like to collaborate with others on, or just want to understand more about issues relating to mobility and health; then we think you will find it useful to subscribe to the mobility and health email discussion group. To subscribe please send an email to mobilityandhealth@dgroups.org.

The Mobility and Health Networked Research Programme is supported by:

IFRTD

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra
Swiss Agency for Development and Cooperation SDC

Sida

Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

skat Swiss Resource Centre and Consultancies for Development

About Us:

The IFRTD is a global network of individuals and organisations working towards improved access and mobility for the rural poor. It provides a framework for collaboration, information sharing, debate and advocacy that bridges traditional geographic and institutional boundaries.

International Programmes and Communications, Can Mezzanine, 49–51 East Road, Old Street, London, N1 6AH, United Kingdom
Tel: +44 (0)20 7250 8322
Fax: +44 (0)20 7250 8323
Email: info@ifrtd.org

Guy Augustin Kemtsop (West and Central Africa)
Tel: +237 994 48 30 or +237 994 78 30
Email: guy.kemtsop@ifrtd.org

Peter Njenga (East and Southern Africa)
Tel/fax: +254 2 883323
Email: peter.njenga@ifrtd.org

Ana Bravo (Latin America),
Tel/fax: +51 1 222 6863
Email: ana.bravo@ifrtd.org

Ranjith de Silva (Asia)
Tel: +94 (0)11 284 2972
Fax: +94 (0)11 285 6188
Email: ranjith@ifrtd.org

IFRTD website in English, French and Spanish:
www.ifrtd.org

IFRTD Blog:
www.ruraltransport.blogspot.com

This issue:
Edited by Kate Czuczman
Typeset by My Word!

International Forum for Rural Transport and Development (IFRTD), Company registered in England and Wales. Company Number: 6835743,
Registered Address: Can Mezzanine, 49-51 East Road, London, United Kingdom, N1 6AH