

# The maternity was too far away, so I died!

The challenging role of realistic geographical mapping for reducing maternal mortality in Africa

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ESTIMATED TIME TO ARRIVAL 00:08:04

TIME LAPSED 04:51:54

# THE WALK

Cord



0

[http://bit.ly/the\\_walk\\_drc](http://bit.ly/the_walk_drc)

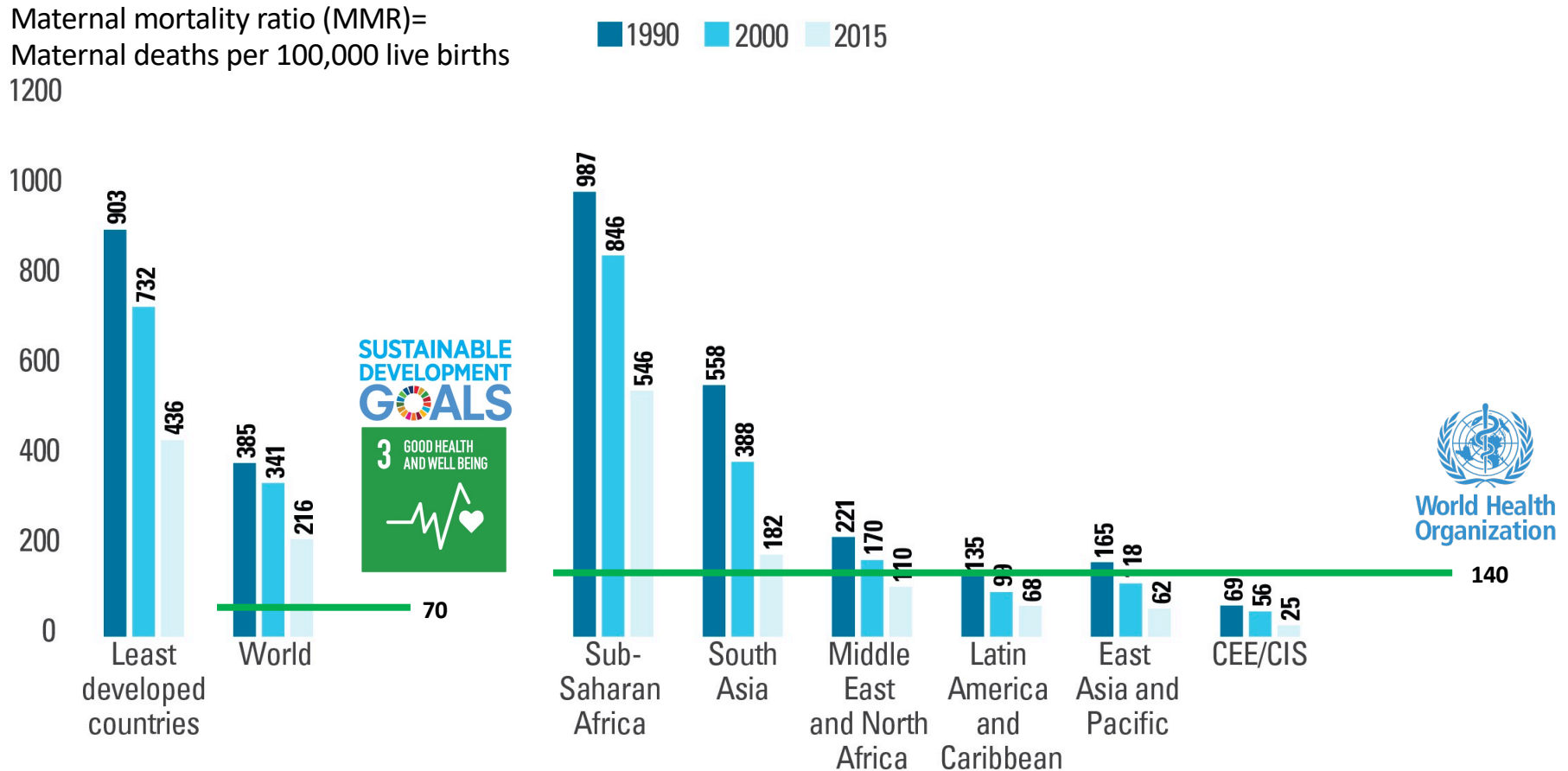


km 26



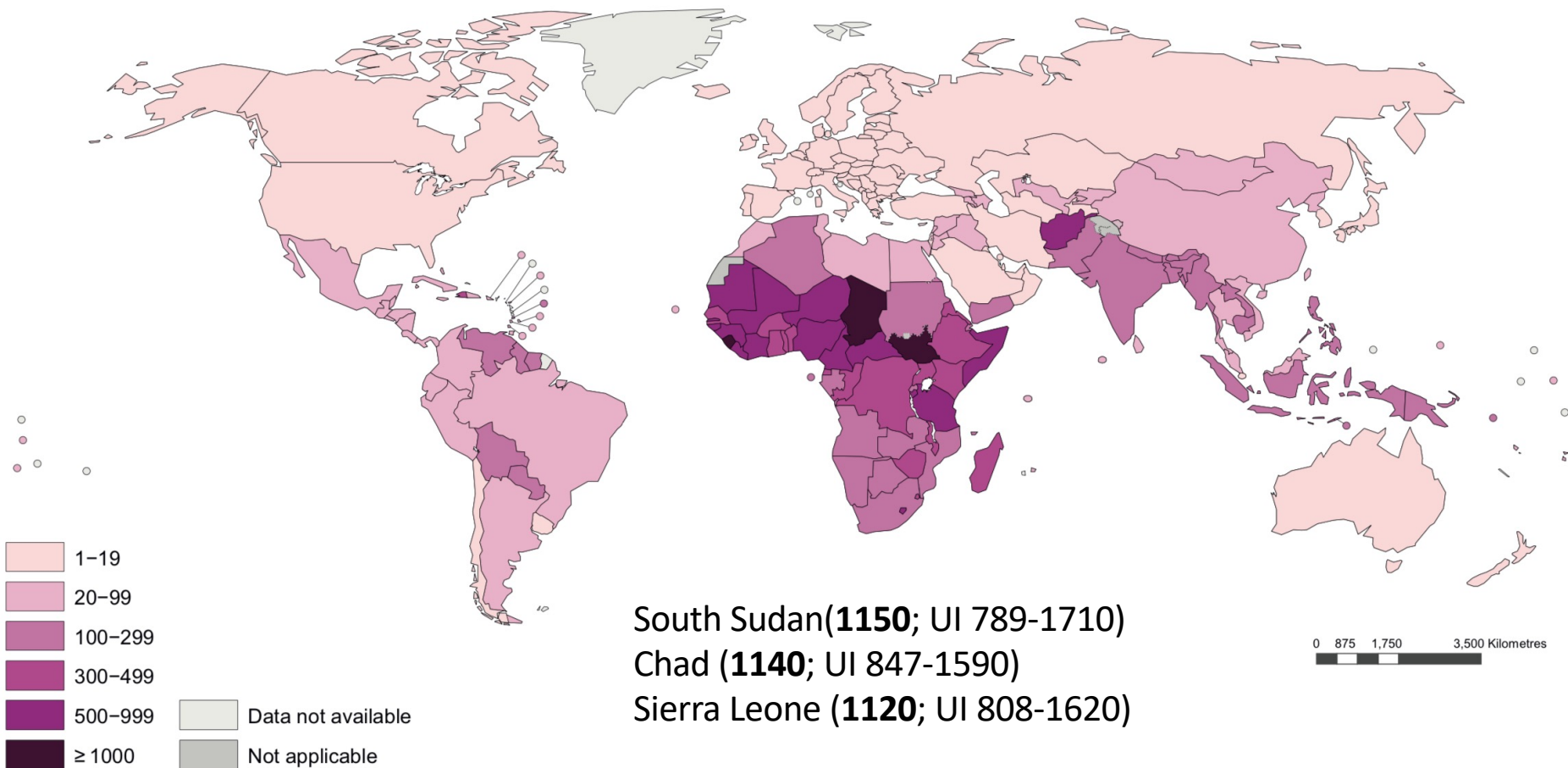
# Maternal mortality decreased by 50 % since 1990

Maternal mortality ratio (MMR)=  
Maternal deaths per 100,000 live births



Source: World Health Organization, UNICEF, United Nations Population Fund and The World Bank, *Trends in Maternal Mortality: 1990 to 2015*, WHO, Geneva, 2015

# Maternal mortality rate (maternal deaths per 100'000 live births), 2017



Source: Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: WHO, 2019

# Why do women die?

For more than 75% of the cases:

severe bleeding or infections (usually after childbirth), high blood pressure during pregnancy, complications from delivery, unsafe abortion

## **Associated factors:**

No or few antenatal consultations

Delivery without being assisted by a trained midwife, doctor or nurse

## **Causes:**


Poverty

Distance to facilities

Inadequate and poor quality services

Lack of information

Cultural beliefs and practices.

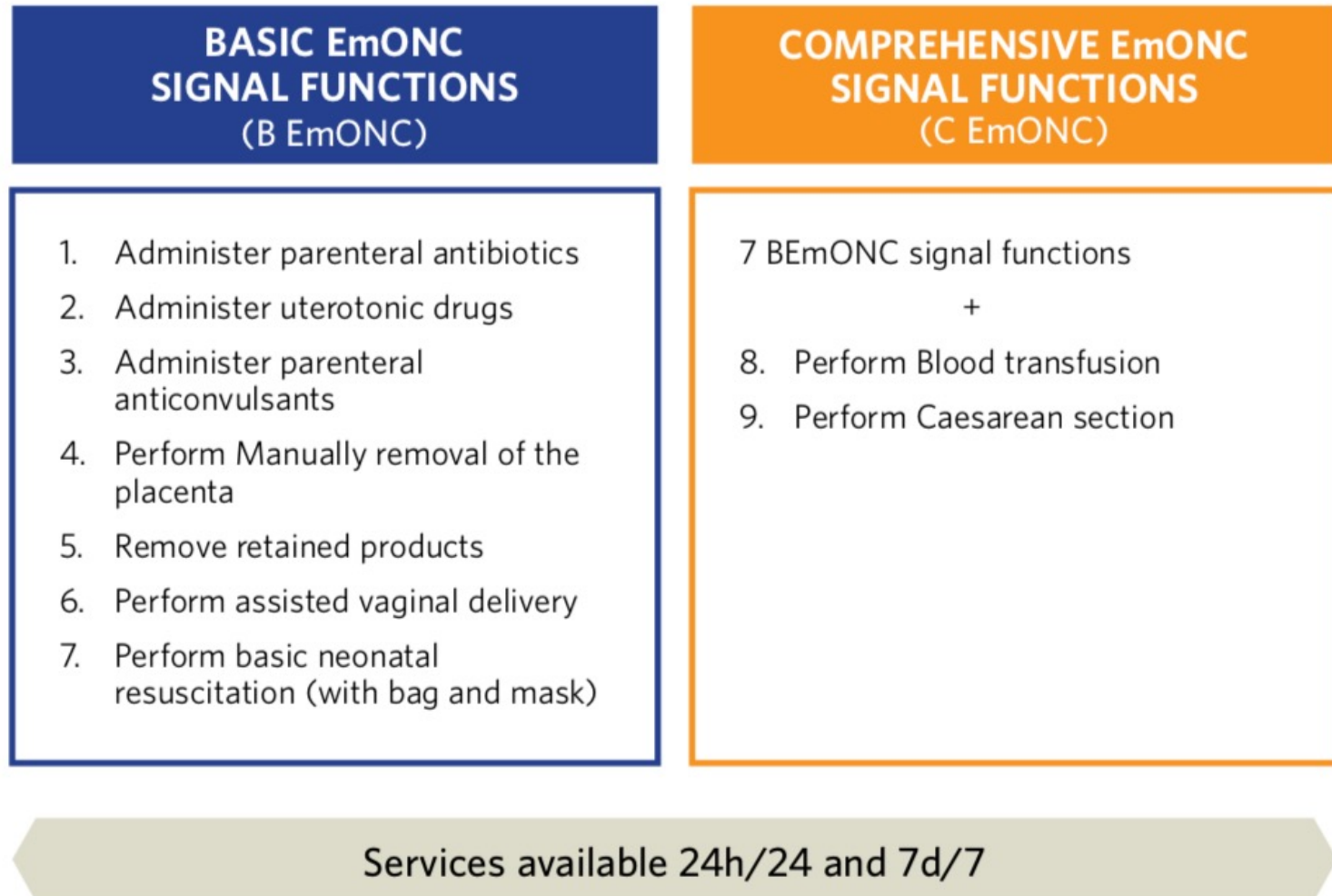


Geographical (physical) accessibility to adequate quality services

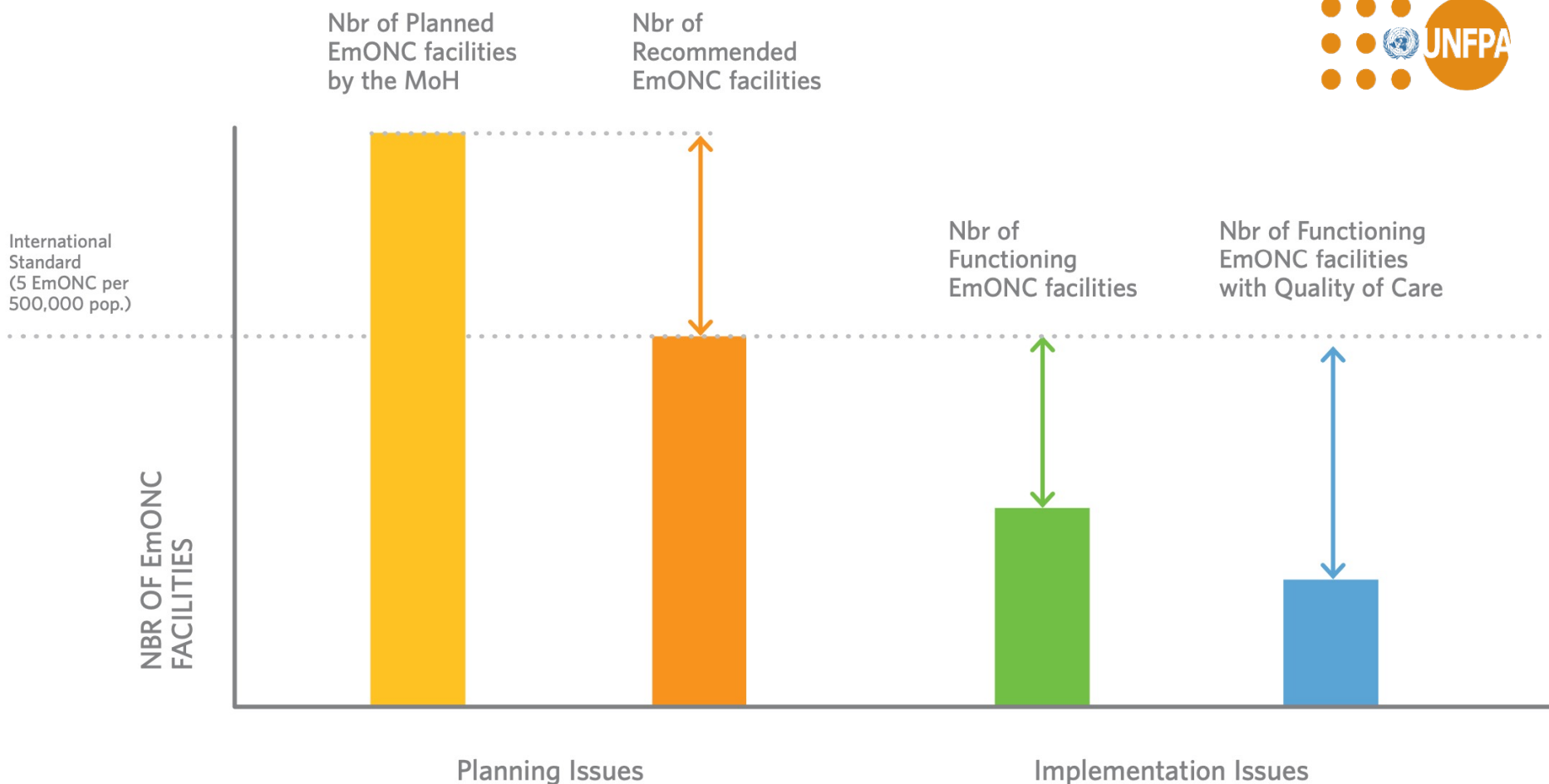


# EmONC (Emergency Obstetric and Neonatal Care)

FIGURE 1. EmONC SIGNAL FUNCTIONS

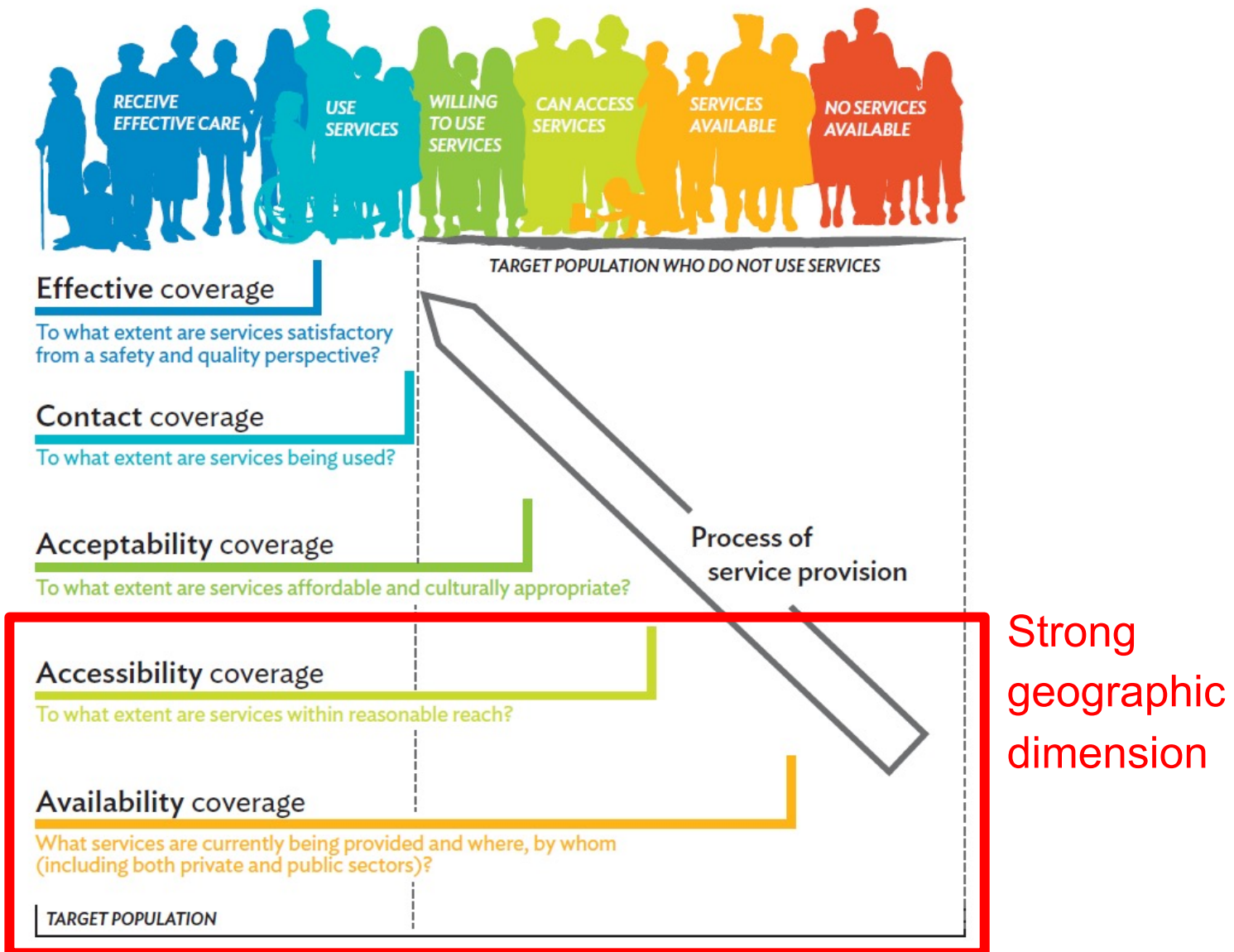


# EmONC situation in countries with a high burden of maternal and newborn mortality



Source: Adapted from 2016 unpublished graph by Lynn Freedman (AMDD, Columbia University) and Patricia Bailey (FHI360) based on EmONC Needs Assessments of 15 countries.

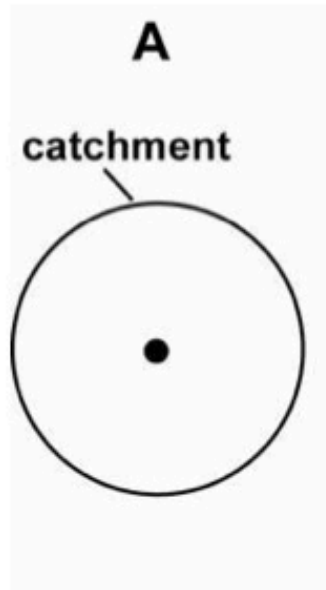
# Tanahashi framework (1978)



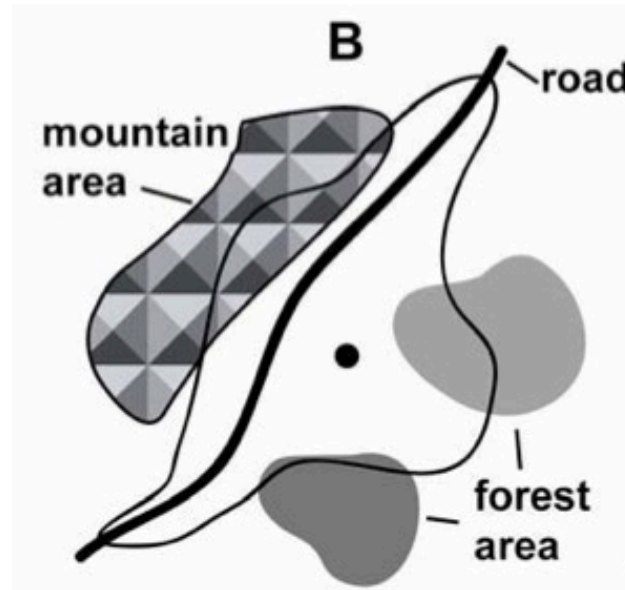


# Geographical accessibility

how to model it ?

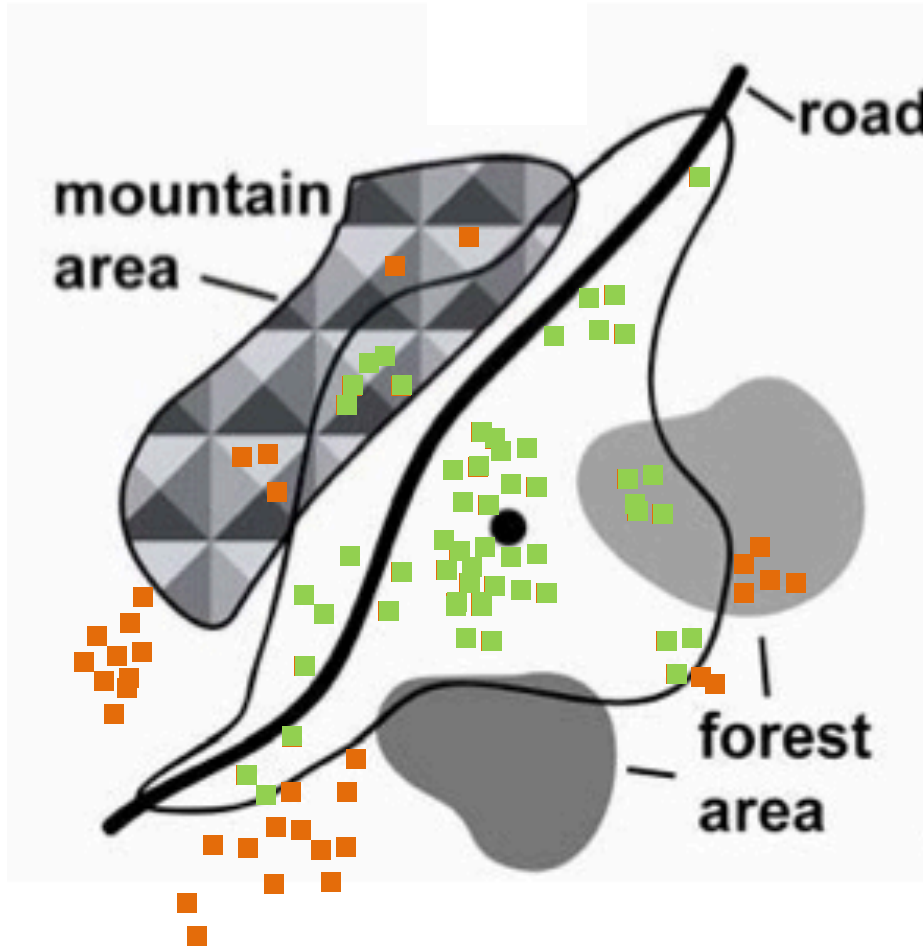


Circle at a given distance



Accounting for movement facilitators/constraints (roads, forest, rivers, etc.), for a maximum travel time (ex: 60 minutes)

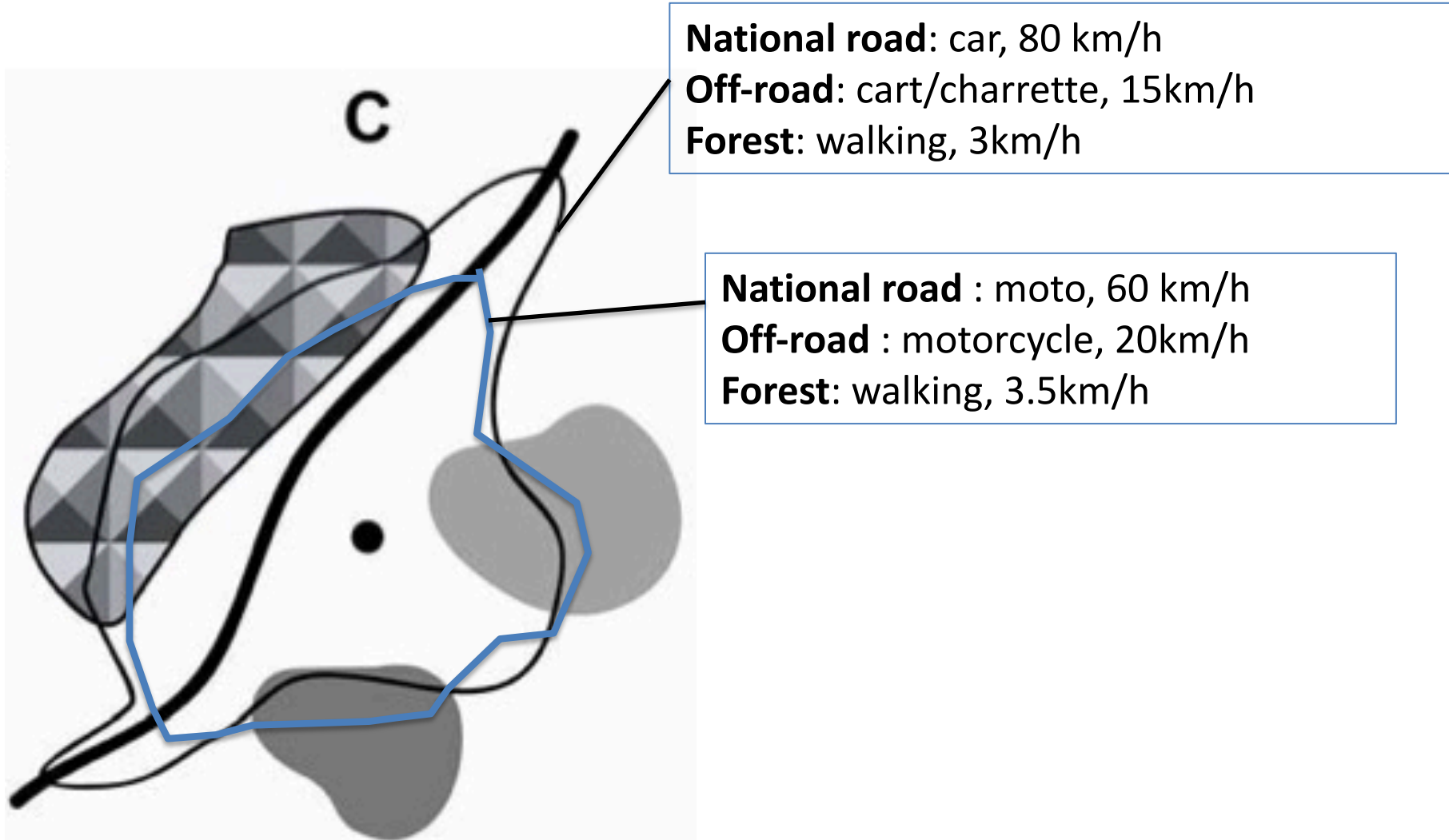
## Overlay with population density



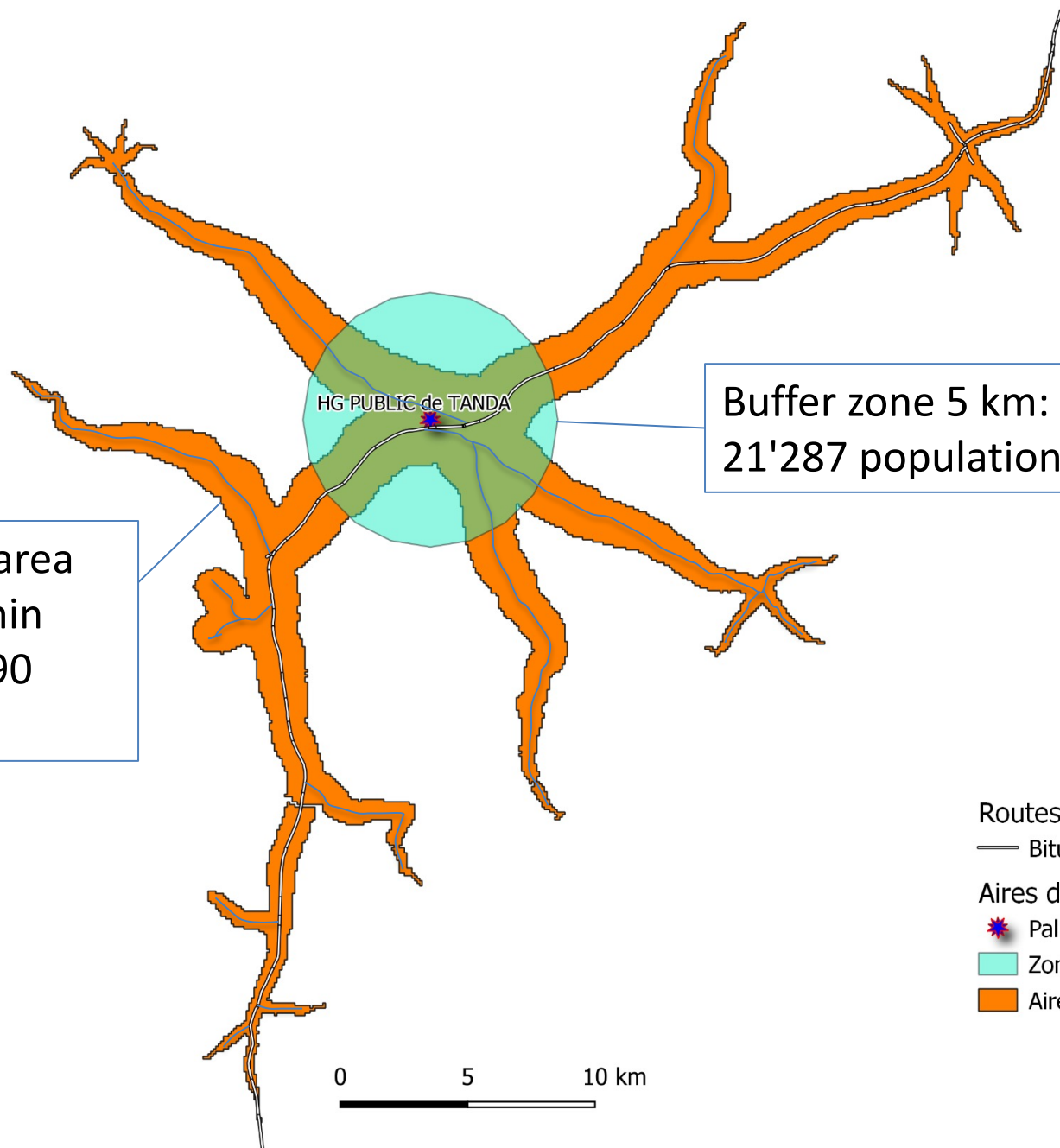
### Zonal statistics

(e.g., percentage of the population within 2-hour travel time to the health service)

# The travel scenario influences the catchment !







Catchment area  
at max. 30min  
travel: 57'690  
population

Buffer zone 5 km:  
21'287 population

Routes

— Bitumées

Aires de captage

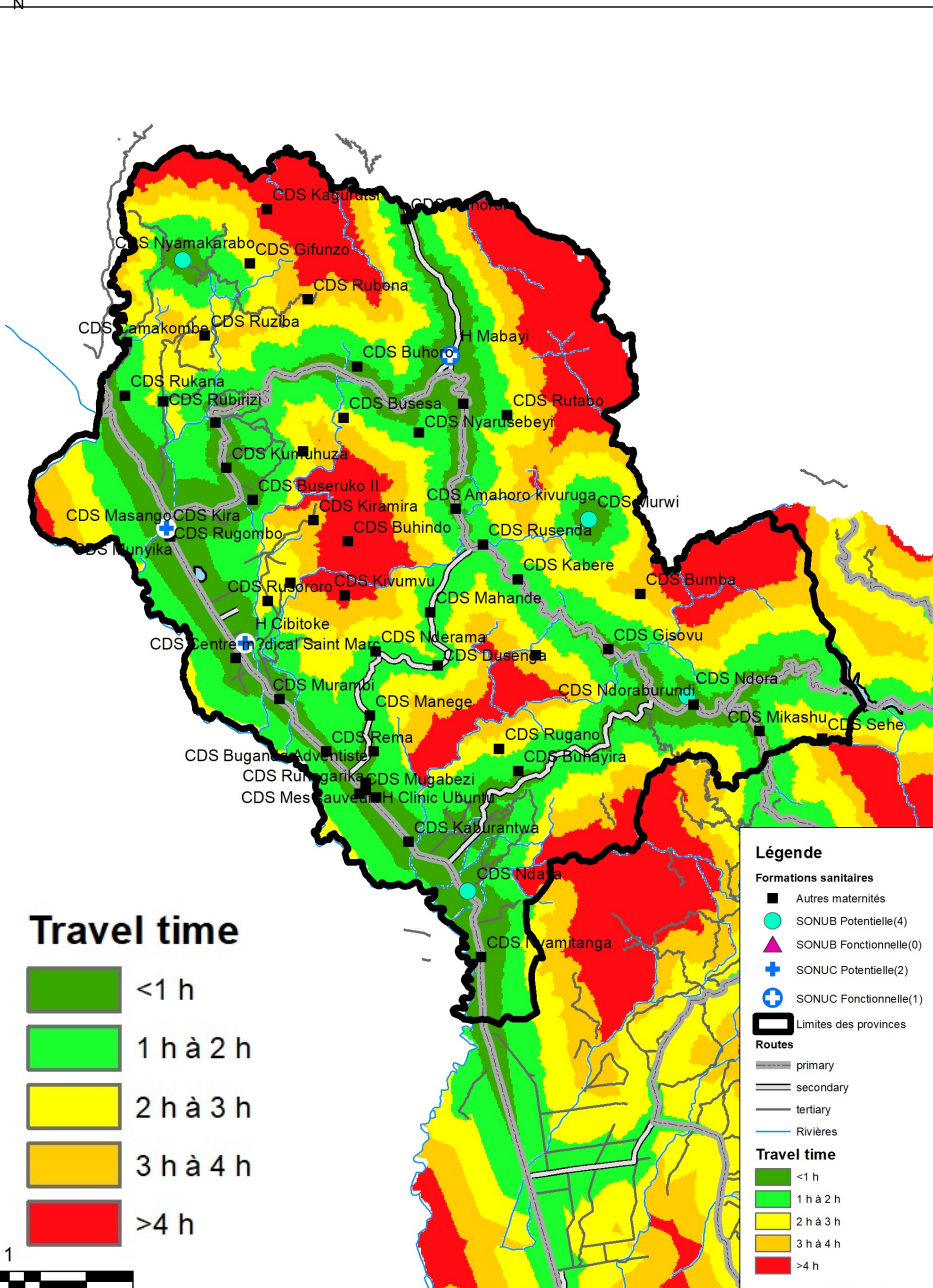
★ Palu grave

Zone tampon de 5km

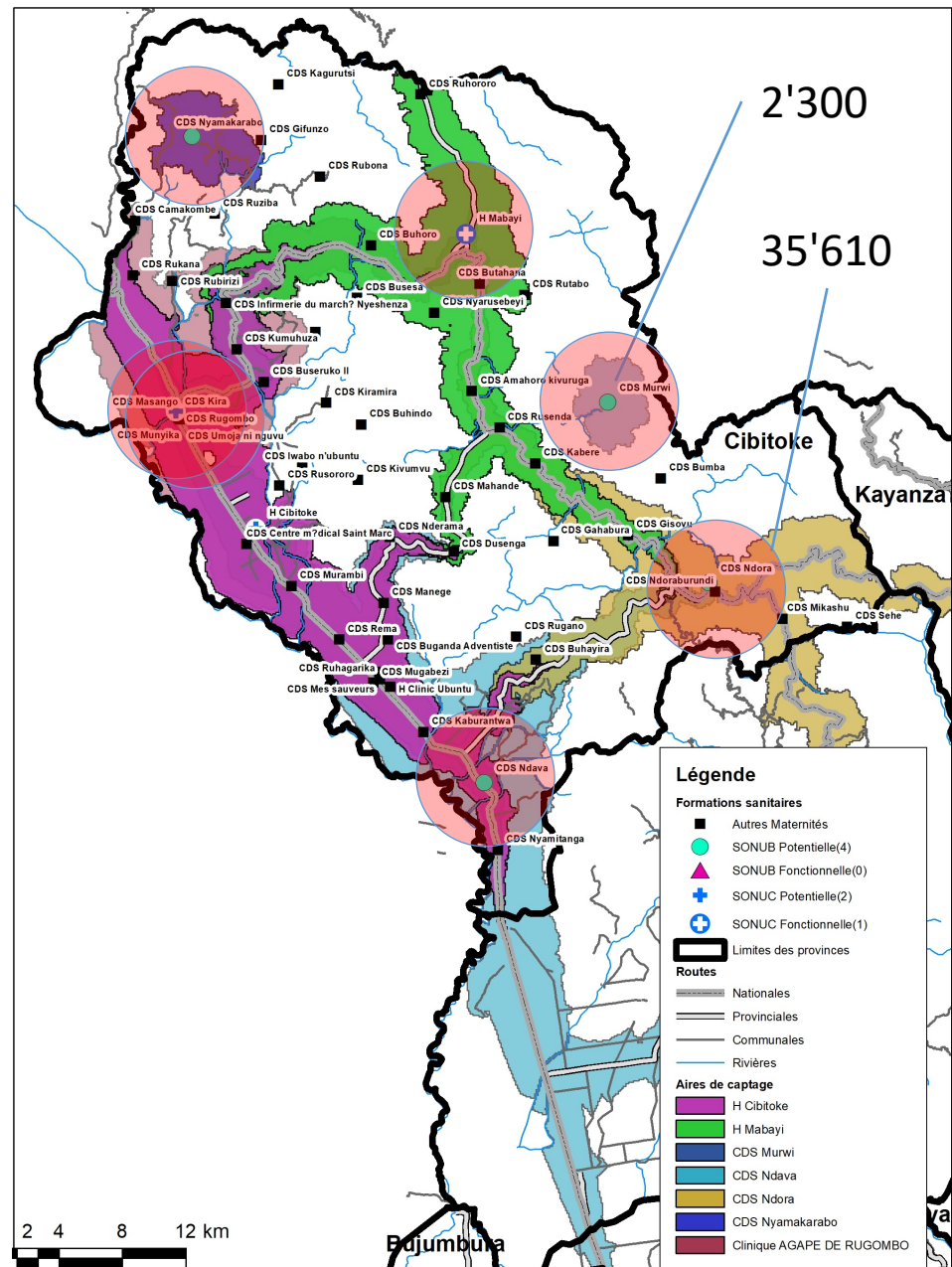
Aire de captage géographique

0 5 10 km

# CIBITOKÉ



# CIBITOKÉ



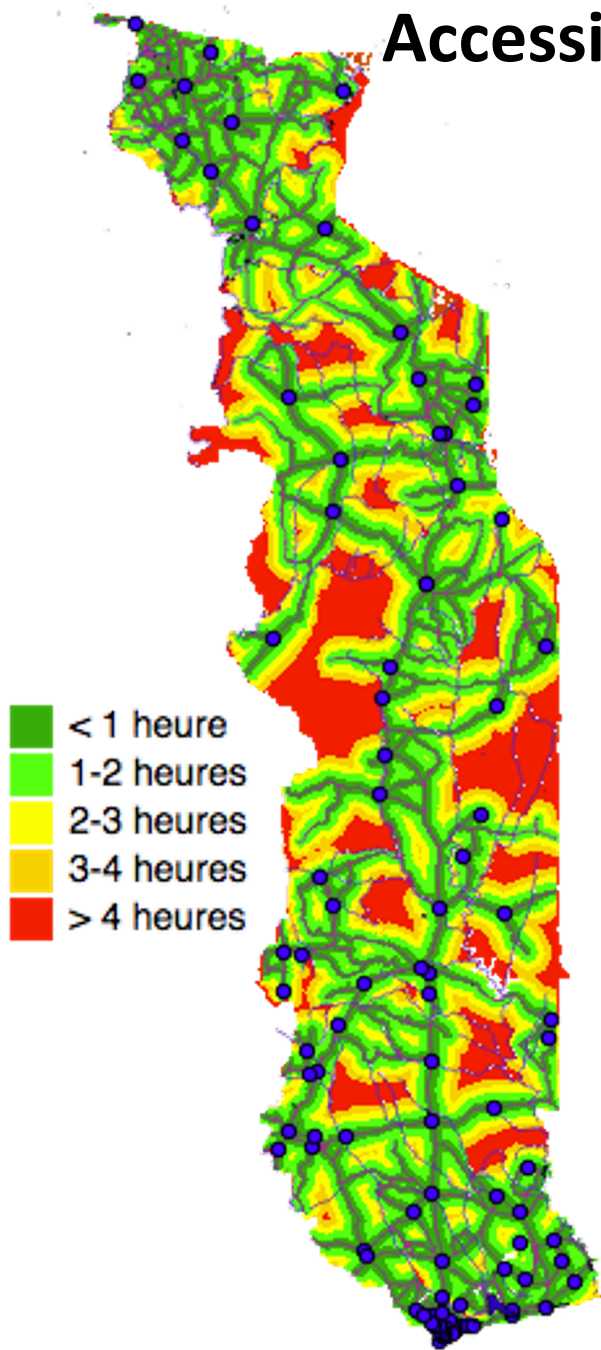
# Accessibility coverage at national scale in Togo

Travelling scenario:

class	Occ. du sol	Vitesse (km/h)	mode
1	AGRICULTURE	3	WALKING
2	PLAN_DEAU	1	WALKING
3	FORET_DENSE	1.5	WALKING
4	HABITATION	3	WALKING
5	CARRIERE	1	WALKING
6	TERRE_ROCHEUSE	3	WALKING
7	SAVANES	3	WALKING
1002	principale	80	MOTORIZED
1003	secondaire	40	MOTORIZED

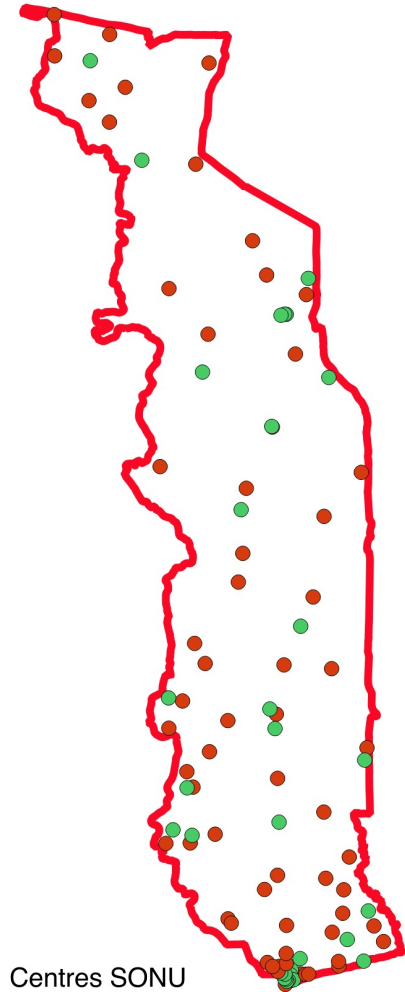
National population coverage at 120min: **83%**

Region	Perc. coverage
PLATEAUX	70
KARA	75
MARITIME	92
CENTRALE	73
SAVANES	87
LOME_COM	99



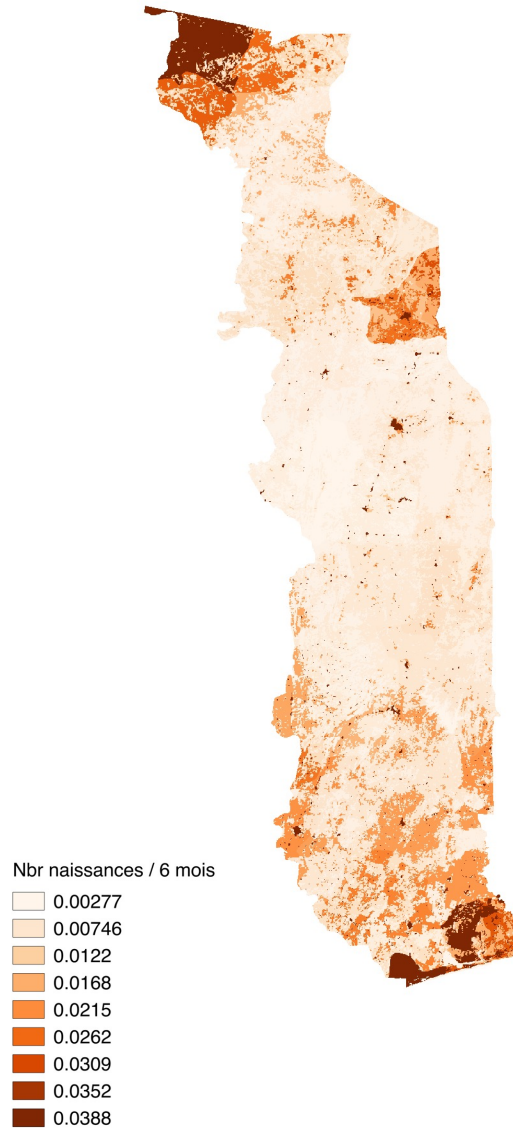


## Facilities



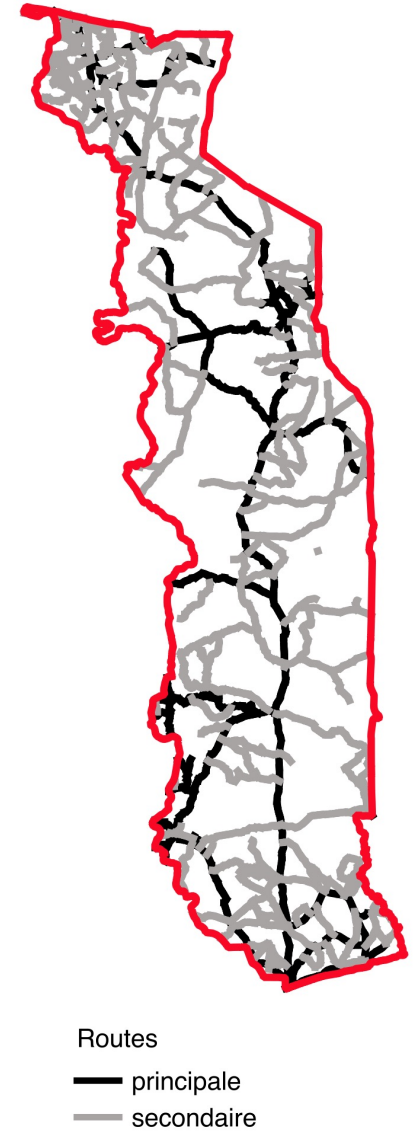
Source: Ministère de la Santé

## Population



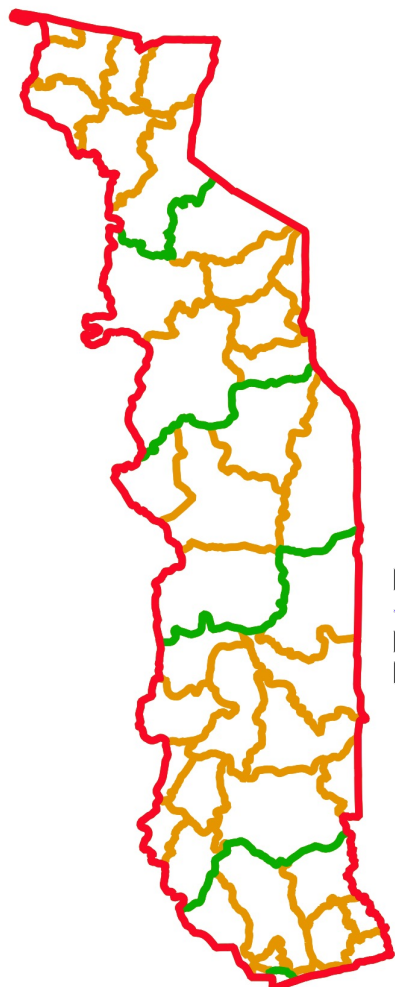
Source: Worldpop

## Roads



Source: Direction générale  
des travaux publics

## Admin.

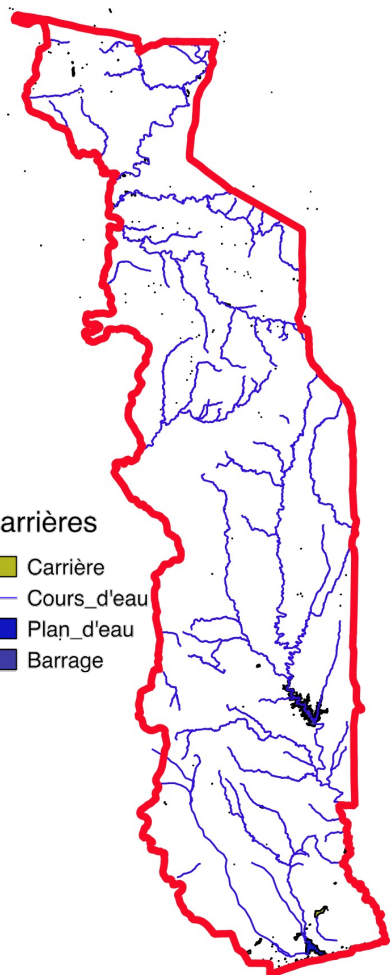


Limites administratives

- Limite\_d'Etat
- Limite\_Région
- Limite\_Préfecture

Source: IGN / INSEED

## Rivers

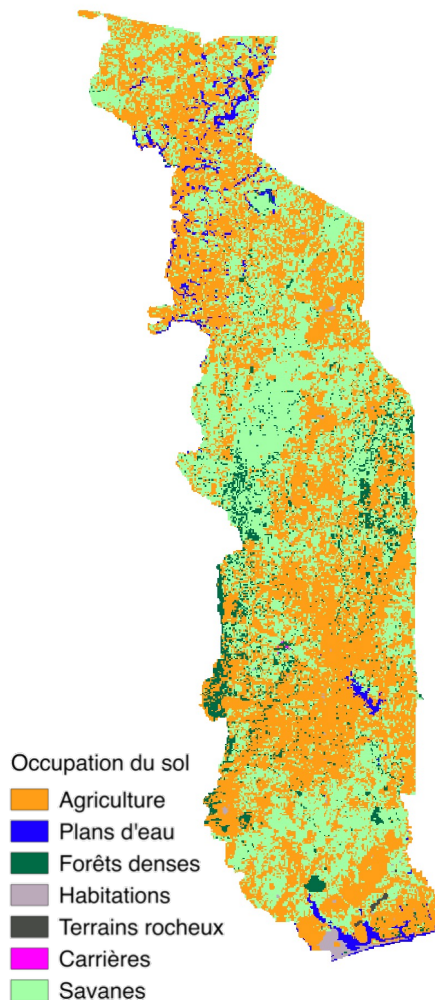


Barrières

- Carrière
- Cours\_d'eau
- Plan\_d'eau
- Barrage

Source: Direction de  
l'hydraulique + INSEED

## Land cover

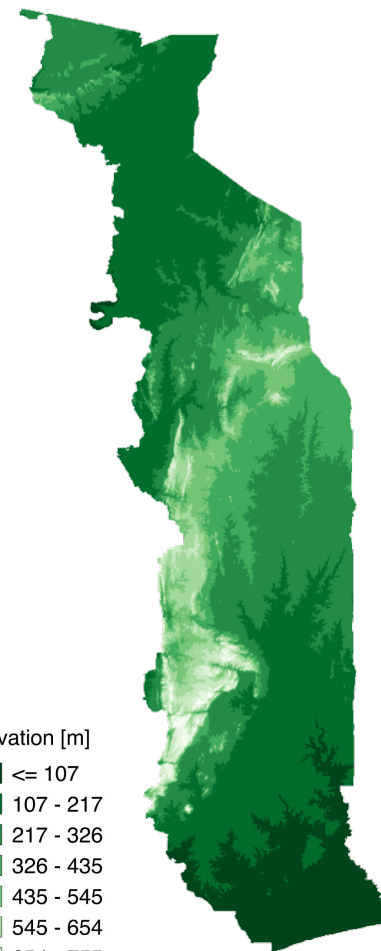


Occupation du sol

- Agriculture
- Plans d'eau
- Forêts denses
- Habitations
- Terrains rocheux
- Carrières
- Savanes

Source: Agrhyment / INSEED / ANGE  
rééchantillonné de 500m. à 100 m.

## Elevations

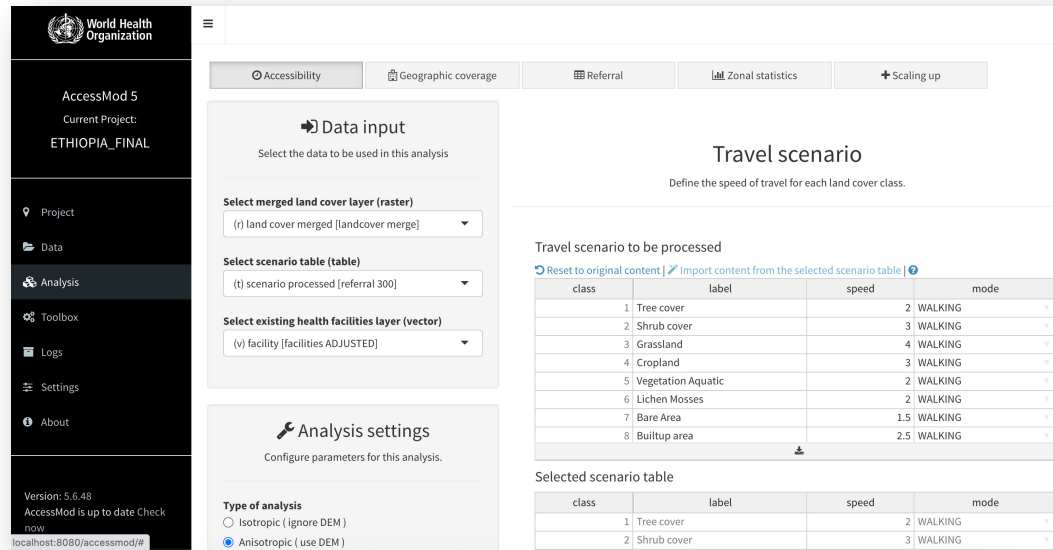


Elevation [m]

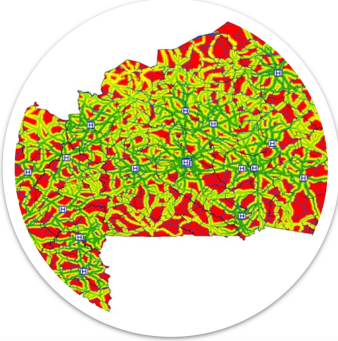
- <= 107
- 107 - 217
- 217 - 326
- 326 - 435
- 435 - 545
- 545 - 654
- 654 - 755
- 755 - 839
- > 839

Source: SRTM rééchantillonné de 90m à 100 m

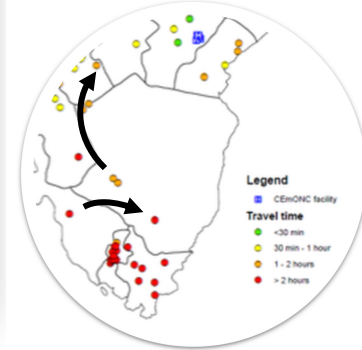
**+ national and local expertise to inform about  
modes and speeds of transport of the population**



Accessibility analysis



Referral analysis

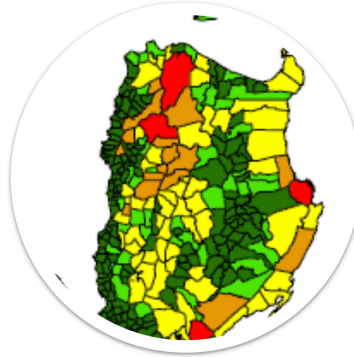


# AccessMod 5

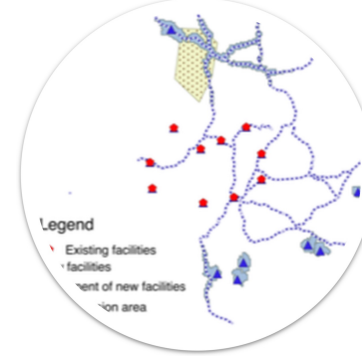
Catchment analysis



Zonal statistics



Scaling-up analysis



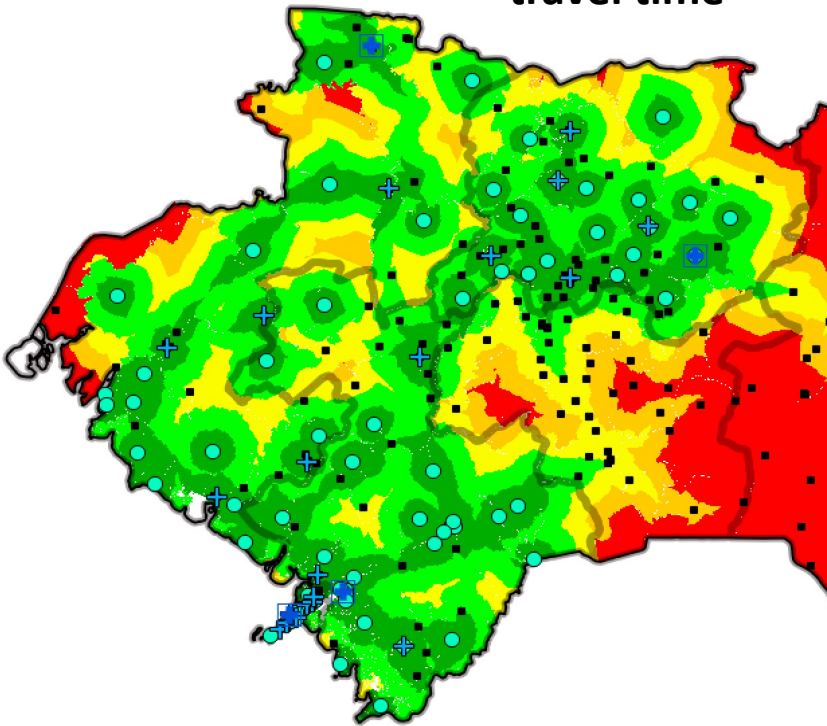
[accessmod.org](http://accessmod.org)



# West of Rep. of Guinea

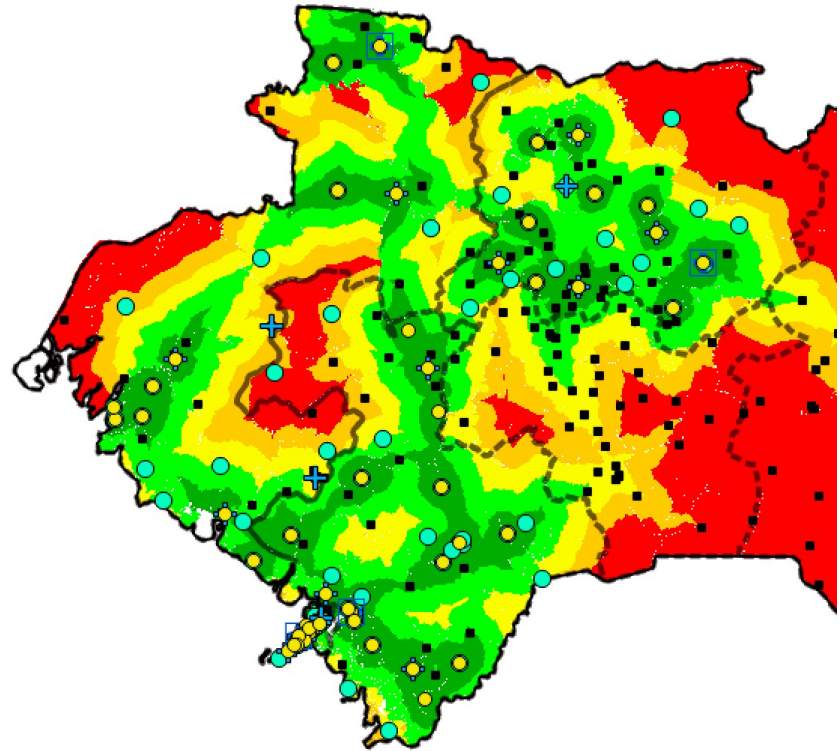
## Before prioritization

108 designated EmONC  
covering 89% of the  
population at 2 hours max  
travel time

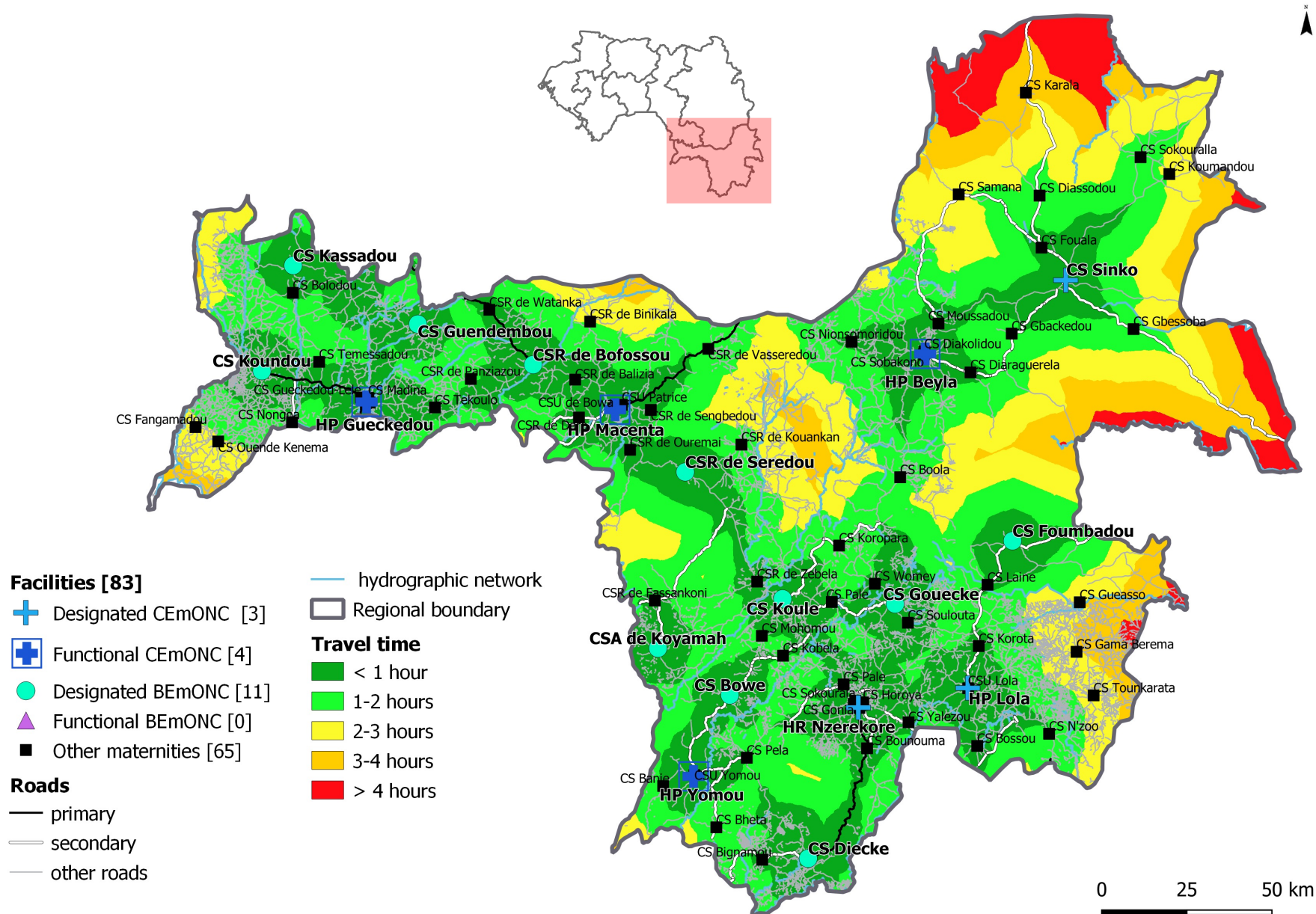


## After prioritization

59 designated EmONC  
covering 83% of the  
population at 2 hours max  
travel time



# Republic of Guinea – Nzerekore region

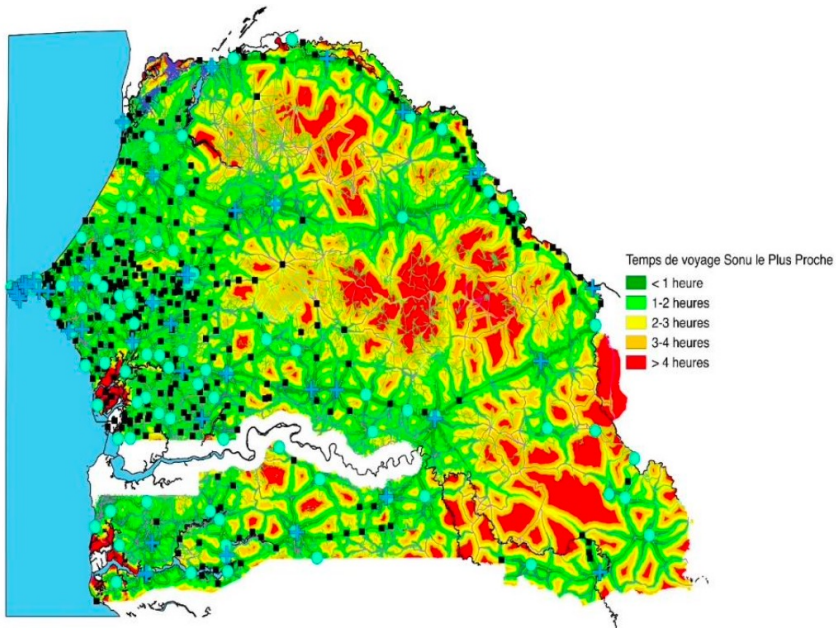




# Senegal

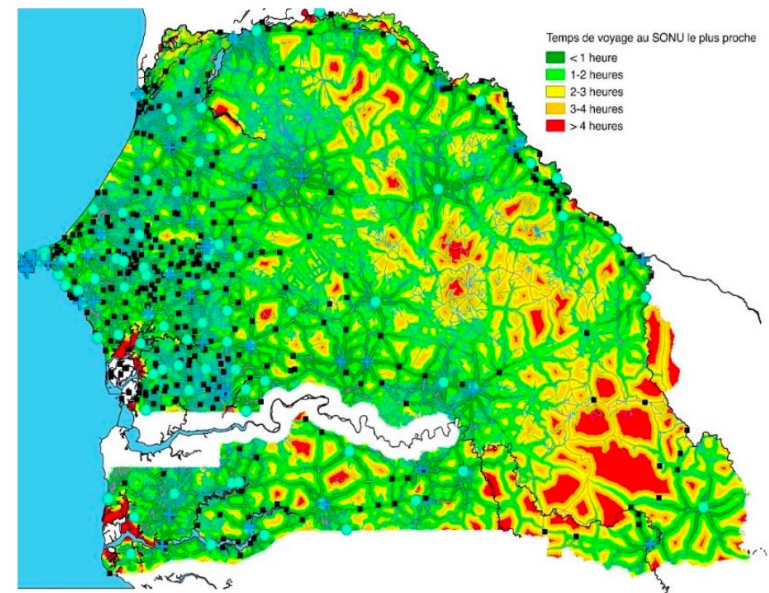
## Priorisation 2017 (without GIS)

**174 designated EmONC facilities  
cover 87% of the population in  
2 hour travel time**



## Priorisation 2017 (with GIS)

**150 designated EmONC facilities  
cover 91% of the population in  
2 hour travel time**

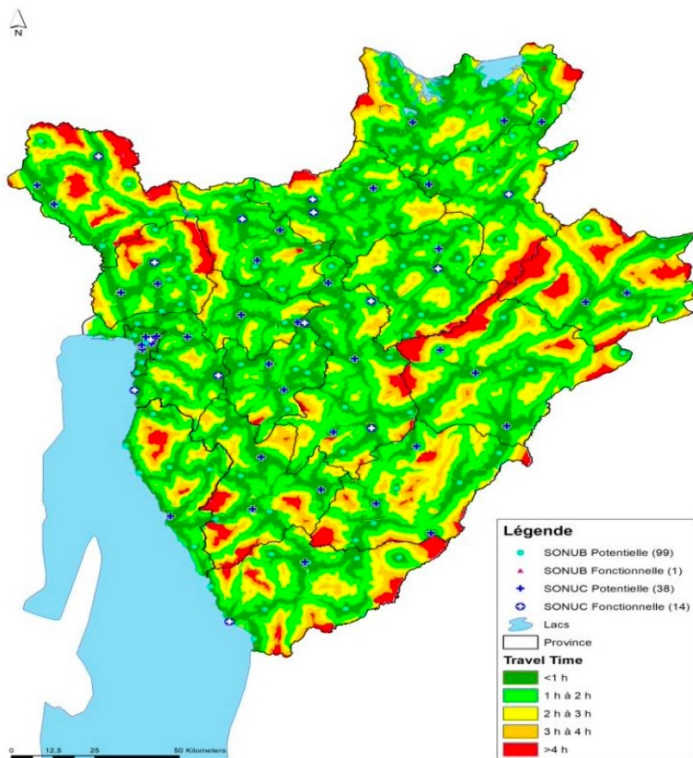




# Burundi

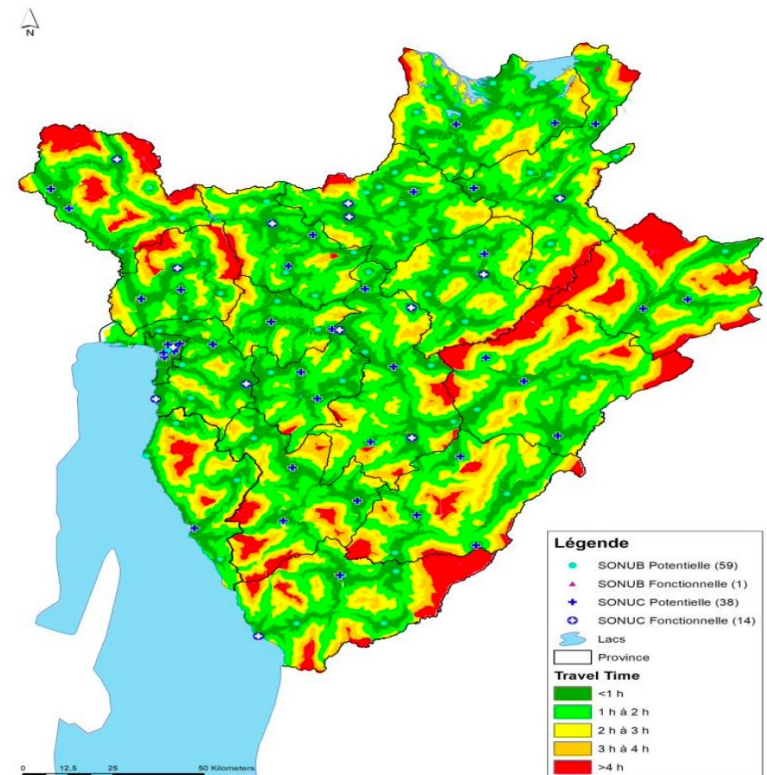
## Before prioritization

**152 designated EmONC facilities  
cover 72% of the population in  
2 hour travel time**

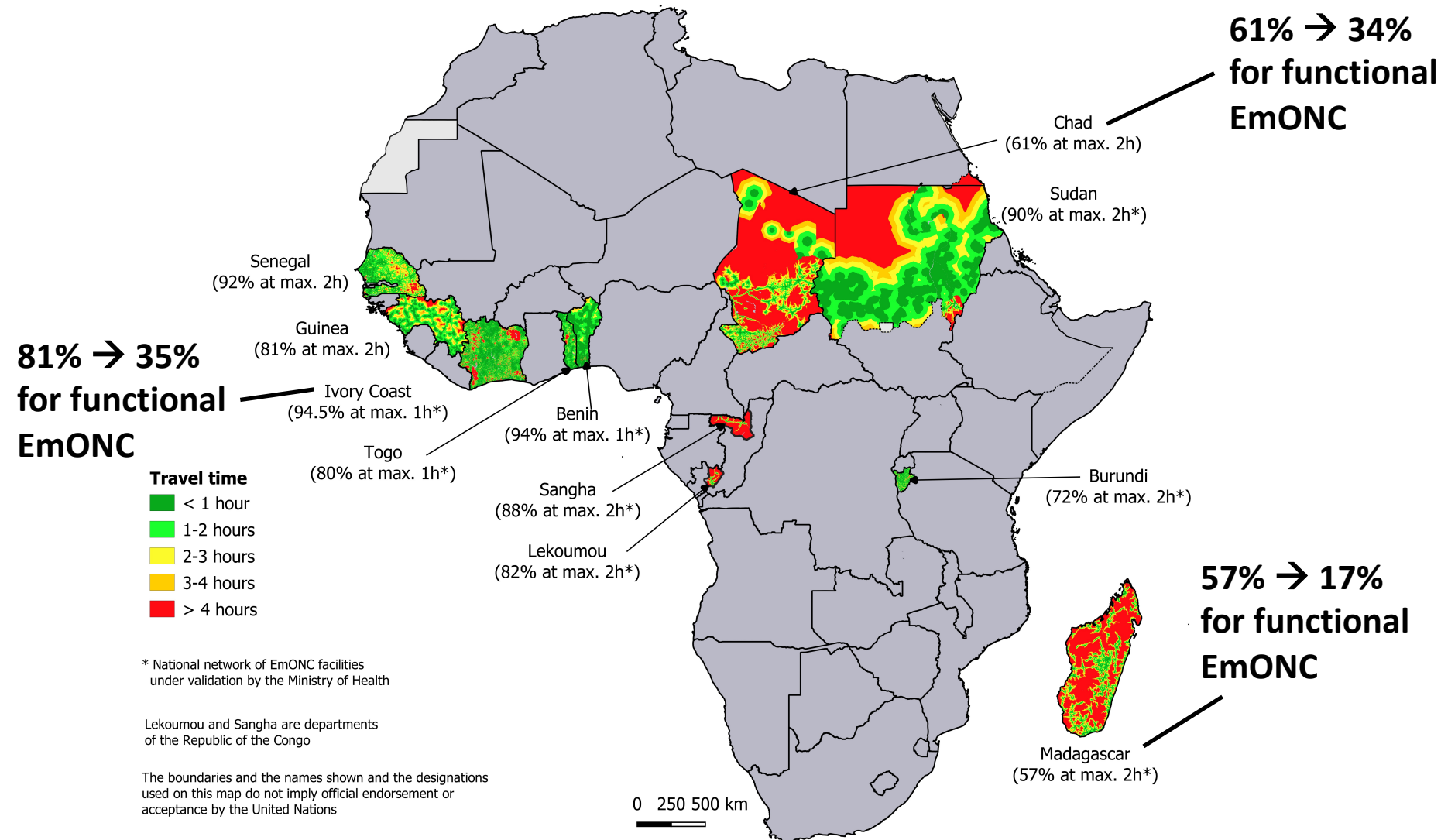


## After prioritization

**112 designated EmONC facilities  
cover 68% of the population in  
2 hour travel time**



# Similar work done in 11 countries, with UNFPA (2017-2021)

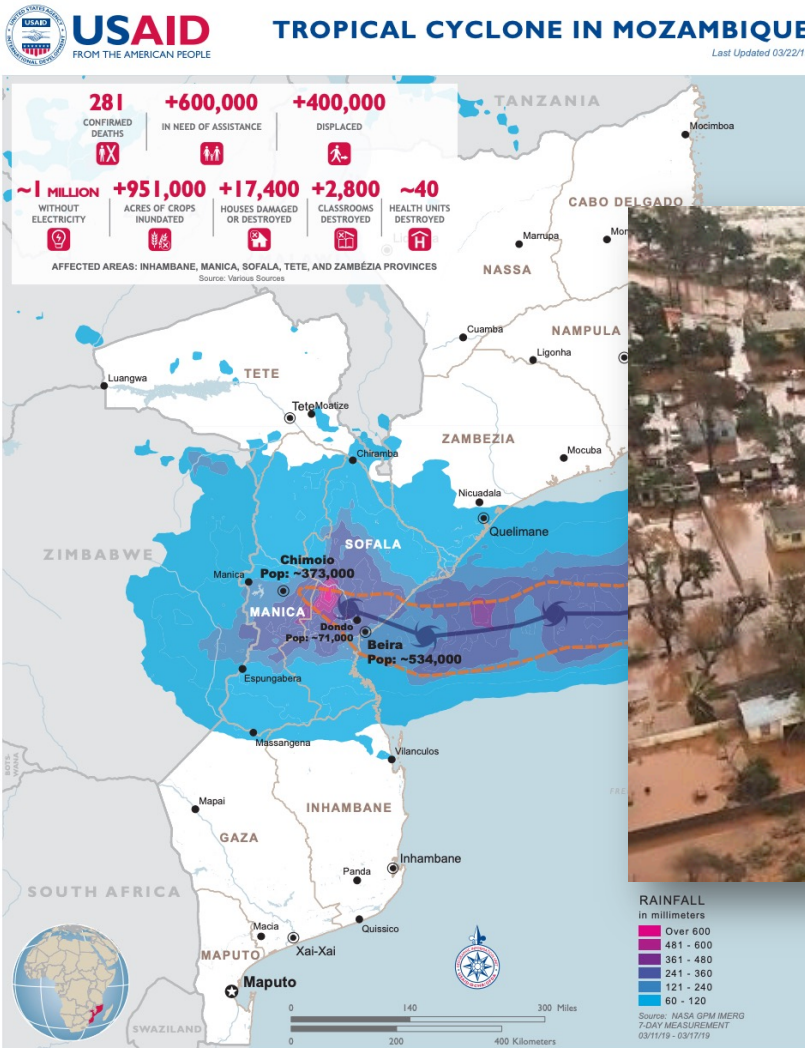


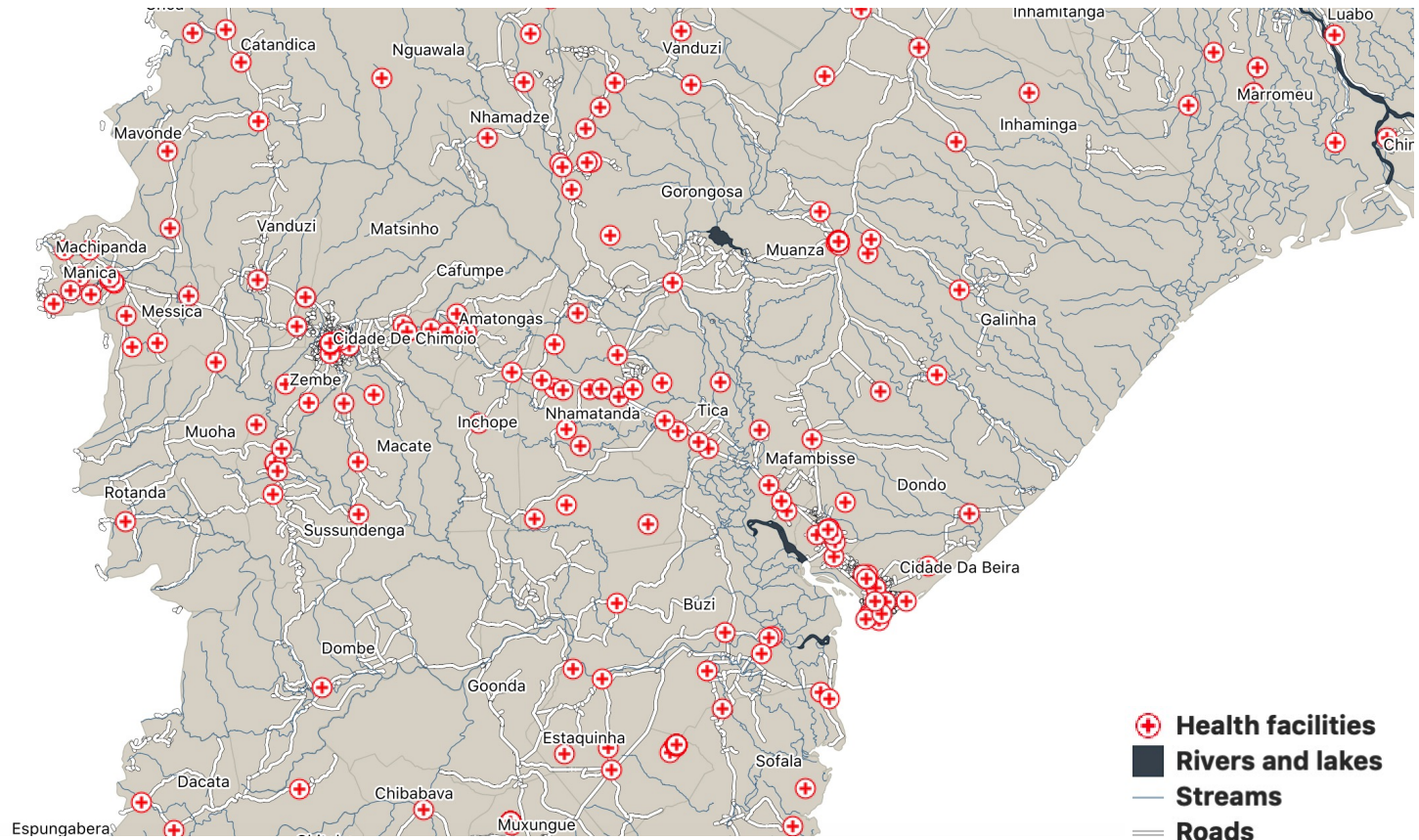
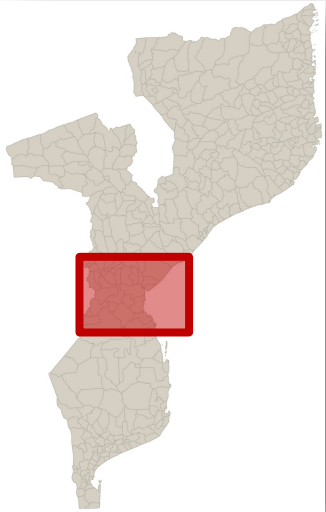




# Another use case for UNICEF: access to health facilities in Mozambique

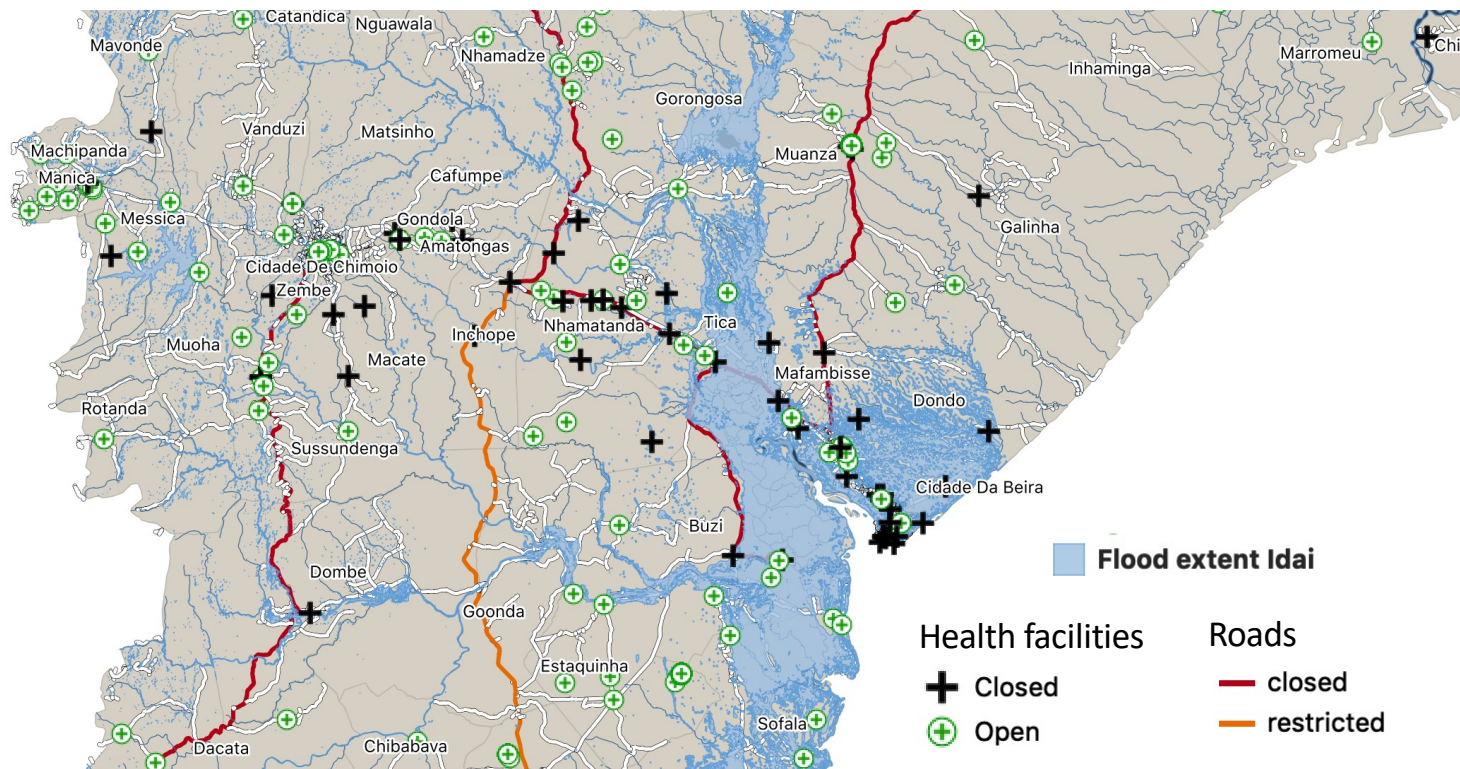
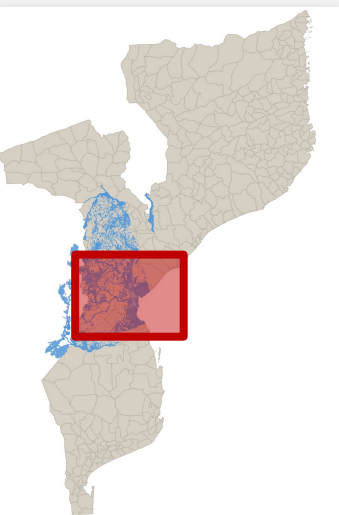
Cyclone Idai made landfall in Mozambique in March 2019





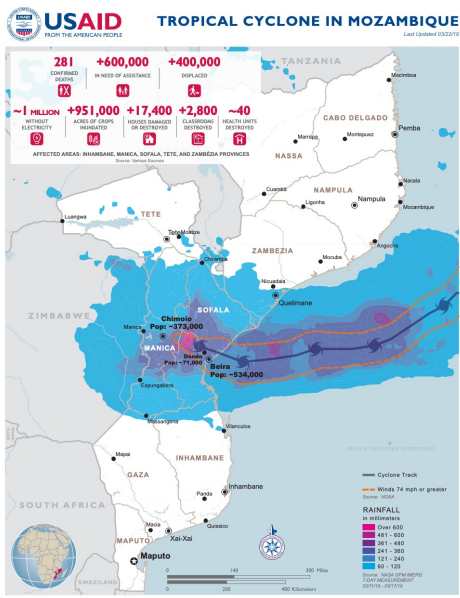
**Pre-cyclone situation**





## Post-cyclone situation



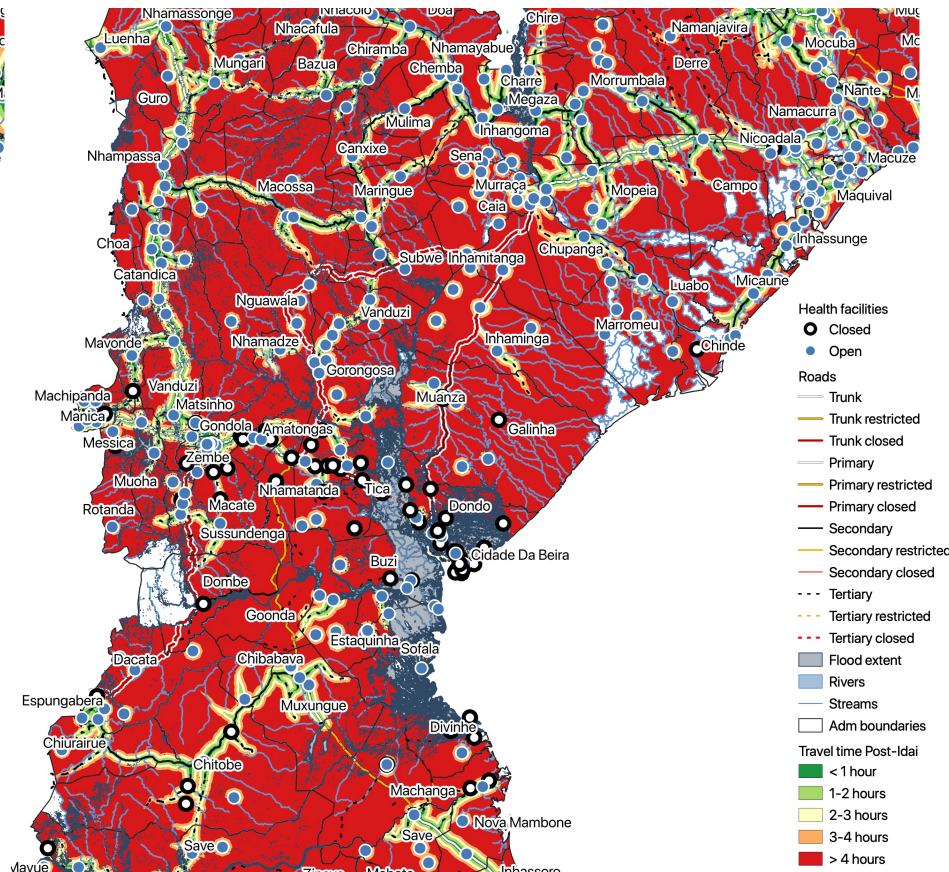
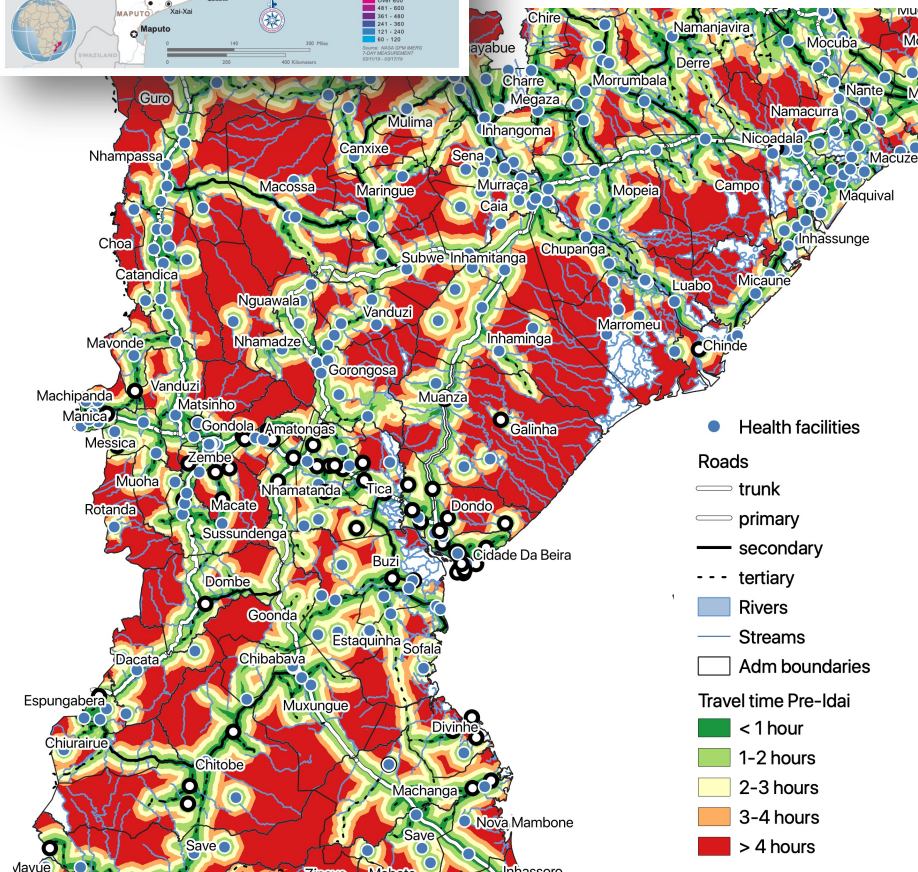


# Accessibility maps to the nearest functional health facility, post cyclone Idai in 2019

25% of target population lost timely access to care

before

after






ESTIMATED TIME TO ARRIVAL 00:07:02

TIME LAPSED 04:52:56

# THE WALK

Cordaid 



0



km 26

The health center will be closed after 5pm.

Walk with her at [www.cordaid.org](http://www.cordaid.org)



Thank you for your attention !

Prof. Nicolas Ray

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