



Riders for Health's  
Transport Asset Management programme with  
The Gambia's Ministry of Health & Social Welfare

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**GLOBAL  
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# Riders for Health's vision

**A world in which health care reaches everyone, everywhere.**



Global Health Supply Chains Summit.  
Dakar, Senegal 2015





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# Riders for Health's mission

To make the 'last mile' the most important mile in health care delivery: creating, showing and sharing the solutions for achieving truly equitable health care.



Global Health Supply Chains. Dakar  
Senegal 2015



# What Riders do

- ◆ Riders for Health is an NGO and social enterprise focused on providing **reliable and cost-efficient transportation solutions** for health-focused organisations who are reaching out to rural communities in sub-Saharan Africa.
- ◆ Riders expertise lies in **managing vehicles** for a range of organisations working in health care delivery in difficult conditions.



# Where we work

- ◆ Emphasis on **rural** access and experts in **difficult terrain**
- ◆ Partner with **ministries of health** and other health partners in **8 countries**

## Where we work

1. The Gambia
2. Liberia
3. Nigeria
4. Kenya
5. Malawi
6. Zambia
7. Zimbabwe
8. Lesotho





# Why is reliable transport critical to health service delivery?

Without reliable transport all the money that is invested in medicines, bed-nets, and trained health professionals will be wasted because they will fail to get to where they are needed on time.

*'All the donated drugs in the world won't do any good without an infrastructure for their delivery'*



Dr Margaret Chan, Director-General of the World Health Organisation





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# Why reliable transport? ... cont'd

## ◆ Collection and distribution of drugs, vaccines, in-patient food and other supplies

Riders' managed-transport systems form the foundation of a strong supply distribution network, reaching down to primary health facilities and even communities.

From the airport or sea port to the central medical stores and from there to the regional and district medical stores and finally to the health facility.





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# Why reliable transport? ... cont'd

## ◆ Patient Evacuation

from a lower level health facility to a higher level health facility, e.g. from Primary Health Care (PHC) village to a minor or major health centre, or from minor health centre to a major health centre or from major health centre to a hospital or from provincial hospital a referral hospital







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# Why reliable transport? ... cont'd

## ◆ Reproductive & Child Health (RCH) Outreach Services

Mothers and their under five children meet with health workers at designated villages for growth monitoring, immunization, family planning, antenatal care and treatment of the sick. An EPI Financing Study has revealed that about 59% of all immunizations conducted nationally took place at the outreach points. This can be extrapolated to mean that 59% of the population of mothers and children under five years access RCH/ EPI services from outreach points.





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# Why reliable transport? ... cont'd

## ◆ Community and school health outreach activities

These activities include village meetings, nutrition surveillance, eye health activities, mental health activities, HIV/AIDS prevention and control activities, environmental sanitation activities, other IEC activities, etc. Health Officers and nurses are periodically engaged in these activities at the community level.





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# Why reliable transport? ... cont'd

## ◆ Surveillance, investigation and containment of infectious diseases

Every day health personnel are responding to infectious diseases some of which have the potential to become epidemics. These include tuberculosis, poliomyelitis, meningitis, yellow fever, cholera, and now Ebola, etc.







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# The healthcare access crisis in Africa

- ◆ Throughout sub-Saharan Africa, the Millennium Development Goals (MDGs) related to health are far behind targets. The World Bank reports that transport problems have been specifically identified as part of the reason for limited progress toward achieving MDGs 4 & 5
- ◆ Trained public health workers can provide essential prevention services such as education, and products such as mosquito nets, vaccinations, water purifiers, and nutritional supplements – however, the communities they are responsible for can often be up to 20,000 people spread over long distances with harsh terrain.
- ◆ According to the World Health Organization between 40-60% of people in developing countries live more than eight kilometres away from a health facility – therefore effectively and reliably mobilised health workers are essential.

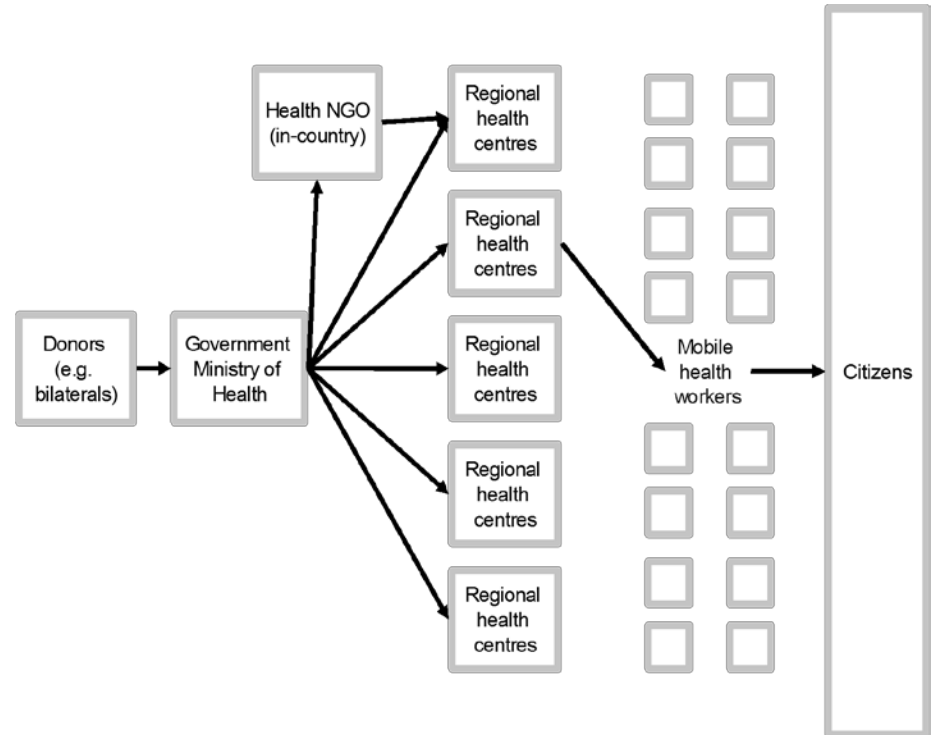




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# Barriers to health care delivery

This diagram (right) depicts the layers of government-based healthcare delivery in a typical African country: but getting this logical delivery system working becomes much more challenging when reliable transport is unavailable.



**Lack of reliable transportation constrains the performance of health delivery organisations and therefore the uptake of health interventions from basic preventive measures to advanced health technologies.**



# Reasons for lack of reliable transport

The clear need for transport for effective health care delivery has been recognised to some extent, and, as a result, huge investments in purchasing vehicles have been made over the years.

*However:*

- **Maintenance of the vehicles** is almost wholly overlooked and certainly not considered in a systematic, planned way.
- Widespread misunderstanding exists re the precise needs of vehicles in **hostile conditions and harsh terrain**.
- **Shortage of technical/maintenance expertise** available within governments or health agencies
- Governments and development agencies routinely overlook the fact that **keeping vehicles running, costs money**
- Once the vehicles travel out of capital cities, **availability of spare parts** becomes a challenge, even for sourcing inexpensive/small parts that regularly need replacing to keep a vehicle running





# Financial resource allocation and budgeting

- ◆ Vehicle fleets deteriorating prematurely (because the vehicles are not maintained and are allowed to run until they breakdown) is incredibly costly and a waste of precious resources.
- ◆ Governments often receive donor funding for health on an individual programme basis – e.g. one budget for malaria and another for HIV/AIDS – meaning that money is spent on vehicles in small, disparate ‘pockets’ that are not easily visible for a comprehensive in-house government approach.
- ◆ The significant high cost of capital is another barrier to the development of healthcare delivery infrastructure. Governments often wait for global health or multi-lateral agencies to donate vehicle fleets to meet their needs.



# Background on Riders' programme in The Gambia

- ◆ Key partner: The Gambia Ministry of Health (MoH)
- ◆ November 2001: Memorandum of Understanding signed with MoH
- ◆ January 2002: The Gambia government made history by being the first African government to outsource the operations and maintenance of all its health delivery transports to Riders for Health





# About Riders' leasing programme

- ◆ In October 2008:
  - Cabinet of the Republic of The Gambia approved the Transport Asset Management programme with the Ministry of Health and Social Welfare
  - Riders for Health and the Ministry of Health of The Gambia signed another historic agreement



# A full-service lease

## Transport Asset Management (TAM) programme

- ◆ \$3.5 million capital finance supported by Nigeria-based Guaranty Trust Bank and Skoll Foundation
- ◆ 2008/9 – Riders procured a brand new fleet of:
  - 90 motorcycles
  - 36 ambulances
  - 27 trekking vehicles
- ◆ Leased to MoHSW, who pay a not-for-profit fee for Riders' fleet management service
- ◆ Budget restraints overcome by spreading fleet purchase and running costs out over a number of years
- ◆ Riders manages and maintains the fleet, mobilising outreach health workers and supporting health care interventions across the country

# A full-service lease ... cont'd

- ◆ 2014: Additional vehicles added to the TAM fleet
  - 60 motorcycles
  - 9 ambulances
  - 2 community ambulances, called Uhuru X
  - 12 trekking (supervision/ outreach) vehicles
  - 1 fuel tanker





**Driver and rider  
training conducted  
in basic defensive  
techniques and  
preventive maintenance**



Protective clothing for  
all riders provided





# Operational performance

- ◆ Riders' maintenance systems are built upon servicing vehicles to a “zero-breakdown” standard on a preventive basis using outreach service wherever possible.
  
- ◆ On average the fleet travels per month:
  - 812km – Motorcycles
  - 1,972km – Ambulances
  - 2,091km – Trekking and administrative vehicles
  
- ◆ Motorcycles receive a basic check and service every month and the four-wheeled vehicles every 5,000km.

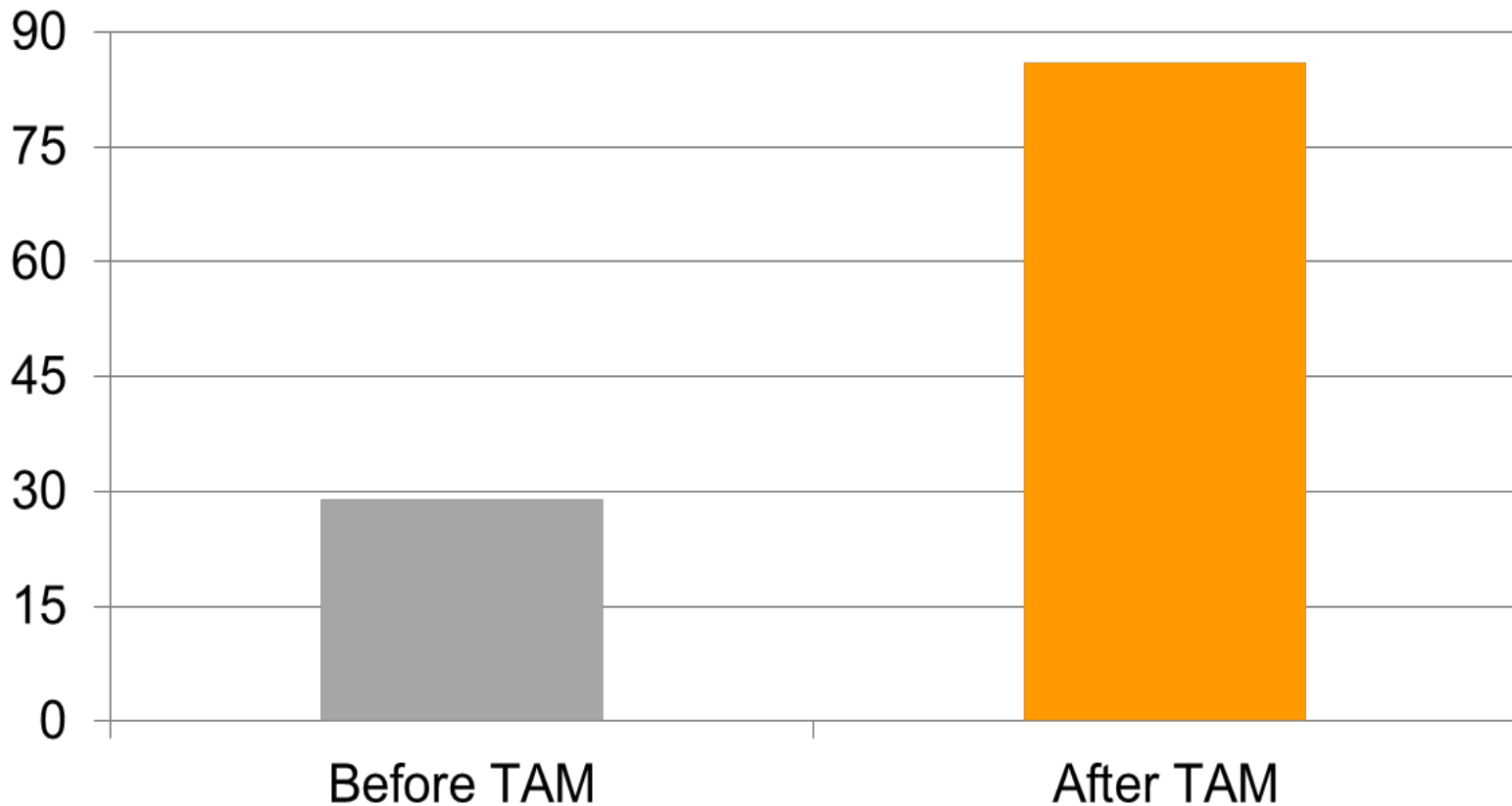


# The impact in numbers...



# Outreach health workers can now see **three times more people** each week

## Number of people seen each week







Outreach health workers can **visit three times more villages** each week



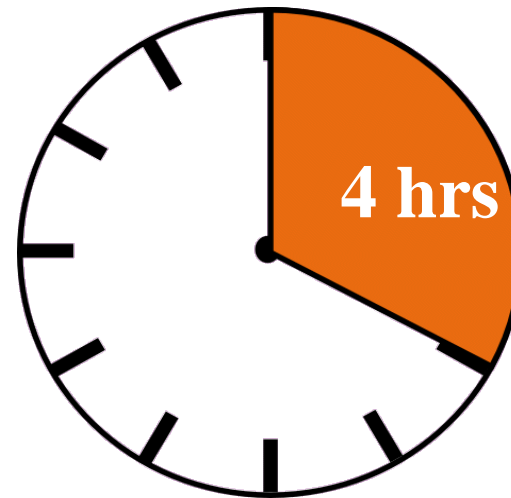
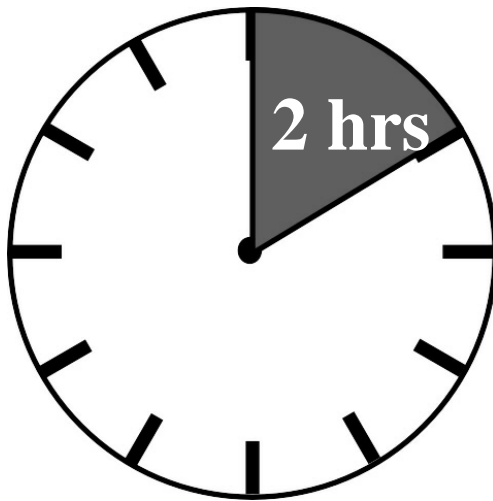
**Before TAM = 2  
villages**



**After TAM =  
6 villages**



# Outreach health workers spend almost **double** the amount of time with communities each day





# Improved drugs and vaccine delivery via outreach clinics and mass immunisation campaigns

- ◆ **No outreach clinic cancelled** due to transport or fuel constraints
- ◆ A third of health centres (32%) are holding **more outreach clinics** each month
- ◆ The immunisation team have maintained **high levels of immunisation coverage**





# Final word ...

**Riders for Health has demonstrated that appropriate transport, well managed and maintained will get the job done especially in countries with little or no infrastructure – roads, service stations etc. –**





**Thank you**  
**Merci beaucoup**

