



RIDERS FOR HEALTH



CONTINENT

Africa



COUNTRY

Lesotho



HEALTH FOCUS

Primary health care



AREAS OF INTEREST

Transport and logistics, Last mile distribution



HEALTH SYSTEM FOCUS

Medical products and technologies,
Service delivery

RIDERS FOR HEALTH, LESOTHO

Bridging the last mile health care delivery gap in rural communities in Africa through an effective transportation model.

Authors: Rachel Chater and Lindi van Niekerk

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SIHI Academic Advisory Panel: Lucy Gilson; Lenore Manderson; and Rosanna Peeling

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CONTENTS

ABBREVIATIONS.....	4
CASE INTRODUCTION	5.
1. INNOVATION PROFILE AT A GLANCE.....	6
2. CHALLENGES	7
3. INNOVATION IN INTERVENTION	7
3.1. Vehicle management system.....	8
3.2. Training.....	8
3.3. Support services.....	8
4. IMPLEMENTATION.....	9
4.1. Innovation in implementation.....	9
4.2. Organization and people	9
4.3. Business model	10
5. OUTPUTS AND OUTCOMES	11
5.1. Impact on health care delivery.....	11
5.2. Community and beneficiaries.....	12
5.3. Organizational milestones	12
6. SUSTAINABILITY	13
7. SCALABILITY.....	13
8. KEY LESSONS	14
8.1. Implementation lessons.....	14
8.2. Personal lessons	15
CASE INSIGHTS.....	16
REFERENCE LIST	17

ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
CHAI	Clinton Health Access Initiative
HIV	Human immunodeficiency virus
HR	Human resources
M&E	Monitoring and evaluation
MOH	Ministry of Health
NGO	Nongovernmental organization
ST	Sample transport
UK	United Kingdom
US\$	United States dollar

CASE INTRODUCTION

Riders for Health (Riders) is a social enterprise, founded in 1990, that improves access to health care for rural populations by providing transportation services – including vehicle management, training and support services – to national governments and health care delivery organizations in Africa. Riders enables the existing health care system to be more effective by managing and maintaining a transport network of motorcycles and vehicles, which links the different elements of the health care system together. Certified instructors combine theoretical and practical training to deliver courses at all levels of expertise, specializing in training health workers who utilize vehicles to reach communities, particularly over rough roads and difficult terrain. Workers are trained not only to ride, but also to perform their own maintenance and repairs, to some extent, and to adhere to rigorous safety standards. By equipping these riders with a motorcycle and providing appropriate training and maintenance, health workers are able to increase coverage and enhance health care accessibility to their respective populations. Riders provides additional support services, including supply chain distribution, diagnostic sample transport, and medical emergency transportation.

Across all eight countries of operation, Riders serves 21.49 million people and manages 1 700 vehicles, which collectively travelled just under 13 million kilometres in 2014. For Lesotho, these figures are 2.07 million people, 125 vehicles and 1.5 million kilometres. Annually, the mobilized outreach health workers in Lesotho have over 45

000 extra health service interactions, providing care to even the most isolated villages. They can typically reach four times further on a motorcycle and see six times more patients. Not only is access to health care improved, it is done so in a reliable, predictable and cost-effective way. The per-kilometre fee model is structured into a manageable monthly payment that removes the challenges of unplanned ‘reactive’ vehicle maintenance. It allows the Ministry of Health to plan ahead and budget accordingly, reducing unscheduled costs and fluctuating expenditures.

The Riders case study shows how social innovation organizations can be important contributors to strengthening the delivery capacity of the existing system by addressing areas where the system does not have the expertise or resources. Riders works closely with the organizations and governments which contract its services to understand the needs and align strategies, so that it can support these areas. This case study illustrates the importance of this strategic alignment process to ensure a trusting, working relationship and the sustainability of an intervention. It also shows how an organisation can have strong standardized services offerings but still remain flexible to the cultural needs, contextual reality and regulations of each country it works in.

“With a bike, you can go anywhere you want to. It helps me do my job because, before Riders, I would just sit in the clinic or go to the nearer villages, but now I can go to the furthest places.”
(Environmental Health Officer, rider and trainer)

1. INNOVATION PROFILE AT A GLANCE

Organization Details

Organization name	Riders for Health
Founding year	1990
Founders	Andrea Coleman, Barry Coleman, Randy Mamola
Founder nationality	British
Current head of organization	Andrea Coleman
Organizational structure	Social enterprise (mostly registered in-country as non-profits or nongovernmental organizations)

Innovation Value

Value proposition	Bridging the last mile health care delivery gap in for rural communities in Africa through an effective transportation model.
Beneficiaries	Direct beneficiaries: Ministries of Health or Community based service delivery organizations Indirect beneficiaries: People living in remote and rural areas (21.5 million people reached per year globally)
Key components	<ul style="list-style-type: none"> • Vehicle management system • Vehicle maintenance training • Service provision in partnership with Ministry of Health especially in supply distribution, diagnostic samples transportation and emergency transportation

Operational Details

Main income streams	Revenues (60%), grants, donations
Annual expenditure	£6 199 855 in 2014
Cost considerations	Motorcycle cost per kilometre: US\$ 0.3 - US\$ 0.85 4-Wheel Drive cost per kilometre: US\$ 1

Scale and Transferability

Scope of operations	Country operations: Lesotho Liberia, Kenya, Zimbabwe, Zambia, Malawi, the Gambia, Nigeria. Head office: United Kingdom.
Local engagement	Partners with ministries of health and community-based care delivery organizations
Sustainability	A hybrid business model that allows for services to be contracted at a fee-per kilometre basis from partner organization.
Scalability	<p>To adopt the model, the following country the following conditions need to be present:</p> <ul style="list-style-type: none"> • Political will and support from the local Ministry of Health • An assessment of the country's health priorities and challenges • A sizable contract to facilitate scaled operations from the start.

2. CHALLENGES

For millions of people across Africa, access to health care services remains a challenge. Although there have been substantial improvements in available health interventions, many of these fail to reach people who need them. In a recent report by the World Bank and World Health Organization (WHO) on tracking universal health coverage, it was estimated that at least 400 million people worldwide lack access to one of seven essential services for Millennium Development Goal priority areas (WHO and WB, 2015). Access is affected by factors such as shortages in health personnel or medicines, large distances to health facilities, difficult terrain and lack of transportation. Even those who have access to transport may still struggle to access care if the country's transport infrastructure is weak. In sub-Saharan Africa, over 70% of people live in rural areas, where the best roads are often little more than dirt tracks (World Bank, 2015). In mountainous Lesotho, this proportion is even higher. Its mountainous terrain poses significant challenges both for patients trying to access health facilities, and for health workers conducting outreach work in rural areas.

The problem of inadequate transport infrastructure is particularly burdensome in health care systems in sub-Saharan Africa. The delivery of health care to remote areas is challenging without adequate infrastructure. Many patients have to travel long distances, over difficult terrain, to access these services. While many countries in the region have made substantial economic progress, poverty levels remain high (Fosu, 2014), making it difficult for households to afford the cost of transport to health facilities (Gilson, 2005), particularly in rural areas (Goudge et al., 2009; Macha et al., 2012). Travel time and distance also factor into health care accessibility and, along with

cost of transport, have had detrimental effects on pre-natal, under-five and maternal health (Parkhurst & Ssengooba, 2009; Porter, 2014; Rutherford, Mulholland & Hill, 2010). Provision of treatment for infectious diseases, such as human immunodeficiency virus (HIV) (Hardon et al., 2007; Rosen et al., 2005; Ware et al., 2009), malaria (Hill et al., 2013; Kizito et al., 2012) and tuberculosis (Eastwood & Hill, 2004), as well as vaccination coverage for illnesses such as measles (Metcalf et al., 2015) and emergency obstetric and surgical services (Luboga et al., 2009), could also be enhanced by reducing barriers and inequities in transport. The challenge also lies outside of direct patient care: lack of infrastructure has made it difficult, for instance, to transport biological samples to laboratories for diagnostic testing (Petti et al., 2006). This challenge is further complicated because transport infrastructure development often lies outside the jurisdiction of the health sector, necessitating broad involvement of various actors (Hanson et al., 2003).

Well-managed and maintained vehicles and motorcycles are often a missing link in the health delivery supply chain. Although experts advocate for transport to be the third largest resource requirement for a ministry of health, after personnel and drugs, it is frequently a neglected component in the health budgeting process. Inappropriate and overly expensive vehicles are often procured or donated, and then not effectively maintained. As a result, transportation resources and assets are not conserved or optimized. Fleets can have short, unpredictable life cycles with large amounts of downtime. The investment in trained health workers, drugs, vaccines and other medical supplies often never reaches the people who need it most.

3. INNOVATION IN INTERVENTION

Riders for Health (Riders) is a social enterprise created by Andrea and Barry Coleman and Randy Mamola in 1990 to enhance access to health

services for rural populations and bridge the last mile health care delivery gap. Riders enables the existing health care system to be more effective

by managing and maintaining a transport network of motorcycles and vehicles, which links the different elements of the health care system together. The vision of Riders is a world where health care reaches everyone, everywhere. Its mission is 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 (Riders for Health, 2015).

Riders achieves this through three components of their model:

3.1. VEHICLE MANAGEMENT SYSTEM

While there is little novel about vehicle maintenance and transport management, doing so in a way that is tailored for health care delivery and is sustainable is a significant achievement. *"[Transport] is not exciting. It's just really boring, but it's got to be done. It's not an optional extra. It's so fundamental."* (Andrea Coleman, Co-founder, Riders for Health)

Riders supports health care delivery organizations in Africa by providing transportation services contracted through a fee per distance model. Riders conducts all management and maintenance functions, including preventive maintenance, replacing vehicle components on a regular basis to allow vehicles to reach their intended lifetime, minimize downtime and produce long-term savings. Riders also conducts maintenance workshops and outreach programmes in which technicians travel to a location convenient to the organizational partner to perform maintenance (Riders for Health, 2015).

Through outsourcing a local or national transportation system to Riders, health care delivery organizations are able to focus on what they do best in terms of health care service provision. Health care workers are able to reach rural communities and provide health services, including immunizations, maternal and child care, disease surveillance, education and HIV counselling. By equipping them with a motorcycle and providing appropriate training and maintenance, health care workers are able to increase coverage and enhance health care accessibility to their respective populations. Use of

a motorcycle in particular allows health care workers to travel through rough terrain at a cheaper cost than using a four-wheeled vehicle (Riders for Health, 2015).

3.2. TRAINING

Riders also provides training in operating the vehicles. Certified instructors combine theoretical and practical training to deliver courses at all levels of expertise, specializing in training health workers who utilize vehicles to reach communities, particularly over rough roads and difficult terrain. Workers are trained not only to ride, but also to perform their own maintenance and repairs, to some extent, and to adhere to rigorous safety standards. Riders has also founded the International Academy of Vehicle Management with branches in Kenya and Zimbabwe to institutionalize its training. Courses are also provided in regions outside Riders' current areas of operation (Riders for Health, 2015).

3.3. SUPPORT SERVICES

Riders supports health care delivery organizations through the provision of three additional support services:

Supply chain distribution

To ensure communities have the necessary medicines and supplies, Riders has utilized its transport network to facilitate distribution. Vehicles and trucks overseen by Riders can be incorporated into the existing distribution systems to fill gaps in the transport of medicines and supplies from regional hubs. Riders currently distributes HIV/AIDS and malaria supplies in 17 states in Nigeria, and also oversees general distribution systems enabled by motorcycle riders in Nigeria, the Gambia, Lesotho, Zambia, Zimbabwe and Kenya (Riders for Health, 2015).

Diagnostic sample transport

Riders has applied the use of motorcycles to a Sample Transport (ST) programme, whereby couriers transport medical samples from patients at health centres to laboratories, and then return the results after completion of diagnostic analysis. During transport, samples are placed in specially designed containers to maintain integrity and

ensure acceptance by laboratories. This reduces turnaround time for samples and allows patients to start treatment as early as possible. Riders currently operates the ST programme in Lesotho, Zambia and Zimbabwe, serving 37 laboratories and 272 health centres (Riders for Health, 2015). In Liberia, Riders also provided a national network of approximately 70 motorcycle couriers to facilitate the transportation of specimens (blood from patients, swabs from deceased) for Ebola testing.

Medical emergency transportation

Riders supports emergency care by overseeing ambulance fleets. This ensures that an ambulance has a trained driver and regular maintenance, with the ability to refer and transport patients from primary care to high-level facilities or hospitals. Riders currently manages 36 ambulances in the Gambia, as well as vehicles used as ambulances in other programme countries (Riders for Health, 2015).

4. IMPLEMENTATION

4.1. INNOVATION IN IMPLEMENTATION

Contextual understanding

Before Riders moves into a new country, staff invest time to understand the contextual factors. This is done through desk research, as well as discussions with other organizations that are already operating in the environment. Riders emphasizes the value of doing this groundwork within the organization, rather than outsourcing it, as it builds the institutional knowledge around each country office and helps develop relationships with local stakeholders along the way. This knowledge highlights to Riders what the key need areas are for the country, and flags potential challenges it may face as an organization operating there (for example, import regulations would affect the costs associated with running the maintenance programmes).

These things are important to know before you go into a country and say, "Well, we do sample transport." In some countries it's completely irrelevant. They wouldn't even need a system like that. It's really just important to understand what the health system looks like, what the major disease burdens look like and what the split between rural and urban populations looks like. (Partnerships Director, Riders for Health)

Partner alignment

Riders' model is built on enabling health care delivery organizations to enhance their

performance through more effective transportation systems. Riders works closely with the organizations who contract its services to understand the needs and align strategies, so that it can support these areas. The types of partners Riders works with vary by country. In most cases, Riders aims to work directly with the Ministry of Health (MOH). For example, in the Gambia, Riders manages the MOH's entire fleet of health care vehicles. In Kenya, however, it manages vehicles for a number of small community-based organizations.

Rather than entering with its own agenda, Riders tailors the application of its solution to fit partners' priority areas. It also works to have the partner co-own the funding and implementation of the solution towards the end goals. This alignment of interests helps foster trust. Whereas the MOH may not know whether a local garage or fleet management agency is overcharging for maintenance or parts, it knows that Riders is not there as a business, but rather as a partner with the same core priority – delivery of health care to all. This has opened the door for Riders to act in an advisory capacity, where appropriate, and be engaged in a meaningful way with the MOH. In Lesotho, the Riders for Health offices are located within the MOH headquarters, making the organization truly able to operate from within, and in alignment with, the Ministry.

I think it makes it easy for them because we are here with them. And, whenever they have a

problem, they just call us. Sometimes when they have their own Ministry of Health meetings, they invite us. They invite us knowing clearly that we are partners. They say, "We want you to be here, because this is the direction we want to take and we want to see how you can be able to assist." (Mahali Hlasa, Lesotho Country Director, Riders for Health)

Build local country capacity

Riders believes that it is important to hire local staff who understand the context and are committed to their country. It sees value in building the skill level around vehicle maintenance and management in the country, even if those people then move on with the training they received to work elsewhere. Although this is challenging from a human resource (HR) perspective, Riders believes that the more people who can contribute towards the development and running of a good transport network, the more benefits the country will accrue in the long run. Local hiring is coupled with connections between the country offices, with international training programmes and exchanges that are held in different countries. In this way, a transfer of skills, a sense of camaraderie and a united team culture are developed. These trainings, meetings and skill development programmes happen for all levels of staff.

We see it as our job to train people to have those skills, so they can either use them within Riders or they can get job elsewhere, or they can start their own business. So we see that a job of Riders is to make sure people have a skill they can either use in the health system or start their business and spread the vehicle maintenance culture at very high level. (Andrea Coleman, Co-founder, Riders for Health)

4.2. ORGANIZATION AND PEOPLE

Co-founder Andrea Coleman was born into a family of competitive motorcyclists, who fostered her love of riding. She had always been interested in the rest of the world and in particular what creates unfairness or inequity. After raising funds for Save the Children and visiting Africa upon the organization's encouragement, she realized:

No wonder nobody is getting any health care. No wonder people are dying of things they shouldn't be dying of, not getting the right nutrition and stuff, because they are out there neglected. There are no roads, there are no service stations, no petrol stations, there is nothing out there, no infrastructure. Nobody is being trained. It's very, very undervalued, the mobility issue. This is what we are going to do.

Motivated by what she describes as "a fury", she and co-founders Barry Coleman and Randy Mamola established Riders, initially as a UK charity organization in 1990, with the aim of creating a model for running fundamental transport services that would allow health workers to deliver care to patients.

Currently an organization of 470 employees, Riders consists of a head office in the United Kingdom and country offices in the Gambia, Kenya, Lesotho, Malawi, Nigeria, Zambia and Zimbabwe. 95% of staff are based in Africa. Teams in each country office typically interact with their counterparts in the head office (e.g. finance, human resources, monitoring and evaluation) on a regular basis. While certain data and processes are consolidated in the UK head office, country offices are still granted substantial autonomy. *"We don't like to see ourselves as a head office. We like to describe ourselves as a support office... It's very much about empowering [the country offices] to run their programmes."* (HR and Sustainability Director at UK office, Riders for Health)

Despite having a large organization spread across eight countries, Riders aims for a family cooperative culture, where everyone feels part of a united team. *"When I say cooperative approach, it's where you're encouraging the different people who are recruited from different nations to say, 'We are one team and we all fight for one another as a team'."* (Operations Director, Riders for Health)

4.3. BUSINESS MODEL

Riders for Health is registered as a charity in the UK. In its eight African country offices, the legal status is determined by the regulatory environment of the country to enable Riders'

structure to operate with greatest effect, most usually as a nongovernmental organization. These offices are given flexibility in the exact operating structures employed: *“You can’t always be too rigid on the processes that you want to put in place, because countries operate in different ways. Culturally, programmes operate in different ways and there can be different rules and regulations that govern the employment laws or whatever. You have to be flexible.”* (HR and Sustainability Director, Riders for Health)

Riders has adopted a hybrid business model that combines revenue generation for services rendered with donor funding. Riders’ programmes are based on partners contributing a fee for managing and maintaining health care vehicles. This is done on a per-kilometre basis, using a unique calculation that covers each and every aspect of fleet management, from fuel to replacement parts to the technicians who fit them.

While the maintenance and running of the country programmes is largely covered by the fee income, the cost of large capital outlays, such as the purchase of the fleets of four-wheeled vehicles and motorcycles, are usually covered by donor funding. Grants help cover remaining funding needs, both restricted (for areas like programme/project set-ups and new innovations) and unrestricted (for organizational development, etc.).

In 2014, Riders had an income of £5 842 510, of which 59.8% was programme income from partner contributions. The average income growth rate across 2009 to 2014 was 12.6%. The proportion of income from grants dropped from 38.2% to 18.5% over the last two years, while programme income has steadily been contributing more – an average annual growth rate of 21.9% from 2009 to 2014. The programme income from Lesotho comprises 10% of the global programme income total.

5. OUTPUTS AND OUTCOMES

5.1. IMPACT ON HEALTH CARE DELIVERY

Improved access to basic care services

Across all eight countries of operation, Riders serves 21.49 million people and manages 1 700 vehicles, which collectively travelled just under 13 million kilometres in 2014. For Lesotho, these figures are 2.07 million people, 125 vehicles and 1.5 million kilometres. Annually, the mobilized outreach health workers in Lesotho have over 45 000 extra health service interactions, providing health care to even the most isolated villages. They can typically reach four times further on a motorcycle and see six times more patients.

Cost-effective transportation

Not only is access to health care improved, it is done so in a reliable, predictable and cost-effective way. The per-kilometre fee model is structured into a manageable monthly payment

that removes the challenges of unplanned ‘reactive’ vehicle maintenance. It allows the MOH to plan ahead and budget accordingly, reducing unscheduled costs and fluctuating expenditures. With a predictable cost structure and a predictable service delivery, the MOH is able to invest more time and money into other health care services. The predictability and pre-charging of the model also allows transport to become a central part of a country’s health system, not an added extra when additional budget exists. The predictability aspect of the model is also highly valued by rural communities, who now know exactly when a health care worker is going to arrive and can plan accordingly.

What the community values most about the riders is predictability; that actually they know when the health worker is going to arrive, which day, what time and that they will come – that it’s not as if they won’t come because the vehicle’s broken down or there is no vehicle or there is no fuel or something. That predictability is very important to

women in rural communities, because otherwise they need to be out in the fields doing what they do. (Andrea Coleman, Co-founder, Riders for Health)

5.2. COMMUNITY AND BENEFICIARIES

Riders' model is designed to benefit three groups, all of whom speak positively about the impact it has had on their work and lives: health care delivery organizations (including the MOH), health workers, and patients in remote rural areas. Health care workers are enabled to reach patients in remote areas and perform their tasks more efficiently. For patients, this means that health care comes to them in a timely and reliable manner, eliminating the need to walk hours over difficult terrain to access services.

Outreach health care workers now go to the surrounding villages rather than waiting for patients to come to them. *"With a bike, you can go anywhere you want to. It helps me do my job because, before Riders, I would just sit in the clinic or go to the nearer villages, but now I can go to the furthest places."* (Environmental Health Officer, rider and trainer) *"I do the vaccinations in the community. The motorbike helps me to go to those villages where the car cannot reach, so I go by motorbike."* (Registered nurse and rider)

It also provides flexibility for health workers to travel easily between their outreach clinics in rural villages and their work at the health facility, allowing them to conduct remote work whilst still being available to return if their services are needed at the health facility. *"I can be at different places within a short time. When I am needed here [at the health centre], maybe I'm at outreach but I get the message that there are visitors here, I make sure that I leave those people there then I come here to attend to such thing, then I go back again."* (Nurse mid-wife and rider)

The solution allows the existing health system to deliver care more effectively. One of the elements of Riders' approach that was highlighted by the MOH was the alignment of strategies between the two parties. Whereas many other NGOs come in with their own agenda and either side-line the MOH or simply ask for permission to

continue the work they have planned, Riders invests in an ongoing relationship with the MOH to understand ministry priorities, and to work alongside ministerial staff to achieve those.

The way Riders operates is not like other NGO's. It strengthens us. It does not have its own parallel programme. So it strengthens each individual programme, as and when the need arises. So that's one good thing about it, it does not stand alone and say: 'I am doing this, I want this.' No. We indicate our gaps, and so it feeds into those gaps. So that's what makes it different from other non-state organizations. (Lesotho Ministry of Health official)

5.3. ORGANIZATIONAL MILESTONES

Riders has achieved significant scale across its years of operation. Starting in 1990, Riders launched its first country office in Lesotho in 1991, followed by Nigeria in 1999. Within three years of this, it began a new programme with the Gambian Ministry of Health, started operations in Kenya and opened its first driving school in Zimbabwe. The work in the Gambia has since grown to cover the entire country, with Riders managing the full MOH fleet. In 2009, Riders began operations in Zambia and two years later opened their second driving school in Kenya. Recently, Riders has expanded into Liberia, in partnership with the government. This has been done at an unprecedented rate for them following the wake of the Ebola epidemic.

One of the partnerships that was valuable in the early days of expansion was with the Clinton Health Access Initiative (CHAI). As an established and reputable organization, CHAI was able to give a credible vote of confidence that paved the way for Riders to scale.

We initially tried to leverage this relationship with CHAI and we signed a partnership agreement with them. They basically said CHAI has vetted Riders as a good supplier of services, specifically sample transport. If any countries are interested in reaching out to Riders, CHAI at a global level has already vetted Riders... That opened a lot of doors initially and a lot of initial discussions happened out of that agreement. (Partnership Director, Riders for Health)

The design and implementation of the sample transport system was a particularly significant milestone in the expansion of Riders' service offering. In 2008, Lesotho was the first country where Riders piloted the sample transport (ST) system. In 2009, the system was rolled out across the whole country. Annually, the sample couriers in Lesotho now transport over 300 000 samples for testing and halve the time taken to return results to patients. The ST system has since also been initiated in Zambia and Zimbabwe, accessing 37 laboratories to serve 272 health facilities (Riders for Health, 2014). In 2013, the ST system in Lesotho was given the Big Impact Award in the Third Sector Excellence Awards for its role in

improving diagnosis and treatment of HIV in rural communities in southern Africa.

Riders has become an internationally acclaimed social enterprise. Among many other awards, it has been awarded the Skoll Award for Social Entrepreneurship in 2006, the Best Practices in Global Health Award from the Global Health Council in 2005, the Best Transport Achievement Award from the Fleet Forum in 2012 and was named as the UK Charity of the Year in 2001. Riders was invited to join the Schwab Foundation in 2004 and in 2013 the Global Journal listed Riders as one of the Top 100 NGOs in the world and Top 7 for Innovation.

6. SUSTAINABILITY

Riders operates on the belief that to achieve sustainability it is necessary to work with governments, which it does by closely aligning to the needs of its government partners and countries. Riders also aims for longer contracts to get more value out of resources, both capital and human, and to better manage risks. Having a fee for distance service model decreases donor dependency and increases buy-in, so there is a shared responsibility for keeping the fleet operational over time.

Riders' goal since its foundation has been to create lasting programmes for the countries in which it works. Riders aims for each country to become self-sustaining over time and works to achieve this

through capacity building and training of locally run workforces. All Riders' programmes are run and staffed by nationals of the countries concerned, which is a key element of their sustainability. Support is given from the UK centre to the programmes in set-up, skills development, strategy and initial growth stages of each programme.

Although not completely self-sustaining yet, Riders has demonstrated its ability to offer impactful services for over 25 years to an increasingly large number of people with a consistently decreasing contribution of donor funding.

7. SCALABILITY

"I think the beauty of Riders is replication. You can lift up those models and those systems and make them work somewhere else." (HR and Sustainability Director)

Riders has designed a simple solution with clear core functions and principles. While tailored to fit

the health priorities of each partner, the model is inherently replicable. The way vehicles get maintained, staff get trained, workshops get run and fleets get managed is standard across any context. The elements that get tailored are how a partnership is built and structured, and what health priorities the country has that the transport

solution can best support. But the core offering is easy to understand and replicate once the fundamental knowledge of how to do it properly (which Riders has spent decades developing) is in place.

Riders has scaled into eight countries in Africa (Kenya, Lesotho, Liberia, Zimbabwe, Zambia, Malawi, the Gambia and Nigeria). It aims to scale operations within the countries where it operates, as well as in new countries. There is little in the way of competition, with no existing same-level alternative in sub-Saharan Africa. There are a few pockets of vehicle maintenance solutions in isolated cases in Africa, but these are not replicable or sustainable, and so far, it is only Riders that has developed a targeted and comprehensive system capable of meeting the widespread need for health care delivery. This makes Riders able to scale more readily into countries that are willing to invest in infrastructure for health care delivery. Riders has embraced both reactive and proactive approaches for scaling into new countries. In some cases, the country's MOH reached out directly to Riders asking it to partner and in others, Riders has actively sought out meetings and presented its model to potential partners. As it has become better known, more interest has been directed its way.

The core elements which Riders considers as prerequisites before moving into a new country are: 1) a willingness from the MOH to commit to and support Riders (even if it is with political will

in the beginning and not full funding); 2) a deep understanding of the country's health priorities and challenges; and 3) a large enough contract to operate at scale from the start. Because of the overhead costs associated with developing a transport logistics system, achieving economies of scale within a country is an important determinant of efficiency. *"We assumed 'scale' meant just getting bigger. But 'scale' also means economies of scale, so that bigger means less spent per vehicle, but reaching more people and getting more coverage."* (Andrea Coleman, Co-founder, Riders for Health)

As partnership is a fundamental approach for Riders, before moving into any new country it is important that the MOH is invested in the process and genuinely wants to improve the transport infrastructure. Expansion within a country then happens over time, based on the growth of that partnership. This partnership tends to be more readily achieved in smaller countries, where there are fewer layers of bureaucracy within government and it is easier to access and work with those at the top.

Understanding the local context is also essential before deciding to scale into a new country. This includes not only knowing the needs and priorities of the health sector, but also understanding the legal, political and regulatory environments. If, for example, a partner is not paying the contracted invoices, there needs to be a system in place to address this.

8. KEY LESSONS

8.1. IMPLEMENTATION LESSONS

Getting started

Ministries of health in African countries are often resource-constrained and have to make difficult decisions regarding the allocation of funds. When Riders considers entering a new country and approaches the MOH, it needs to demonstrate the benefit of its model. This is initially a difficult

proposition as it goes against the expectation that NGOs come with existing funding and do not require the government to pay for its services. Although Riders' donor funding often covers the capital investment in vehicles, the model is based on a fee-per-kilometre basis that requires investment from the MOH. Riders has to show how the short-term investment will lead to long-term financial and non-financial gains. A high level of

advocacy, good evidence of value, and a realistic timeline are needed from Riders to facilitate the launch phase.

Maintaining efforts

Being able to demonstrate its impact to external funders and prospective partners is an important component of Riders' work. In 2009, it was able to establish a dedicated monitoring and evaluation (M&E) function in its UK central support office. Part of this work involves recruiting and training M&E officers in the country programme offices (so far Lesotho, the Gambia and Zambia) to conduct ongoing data collection and reporting activities. This M&E work enables Riders to make informed decisions about its programmes, share learnings across the different country offices, and engage more effectively with existing and prospective partners.

Overcoming challenges

Getting governments and funders to understand the value of good transport networks has been a challenge for Riders. Although clearly a vital component of healthcare delivery, it has historically not received the same attention as other interventions. To overcome this, Riders has developed a strong communications function, which, in conjunction with its M&E work, advocates for and demonstrates the importance of reliable, effective transport systems for health care delivery. *"Getting money for our 'engine room' or 'core' funding is hard, especially when what we do is not 'touchy-feely' or about the big issues of the day, such as girls' education, but about systems development, social marketing, motorcycles, maintenance."* (Andrea Coleman, Co-founder, Riders for Health) Another challenge with donor funding is the expectations that exist. Working with county governments to secure contracts and build strong relationships takes time, sometimes many years from initial contact to programme launch. Having patient donor funding is therefore especially important. *"Donors often think you can perform miracles in a short space of time, so getting realistic timeframes is critical as you have to start with winning hearts and minds, getting champions within the system and then getting contracts with money attached and then implementing and making sure the contract is*

respected." (Andrea Coleman, Co-founder, Riders for Health)

Riders has worked to increase the proportion of its income that is revenue-generated and not donor-funded. This helps manage the risks associated with donor funding streams and timelines. However, it has also been important to diversify its operations to multiple countries to minimize the risk from revenue generation instability. If one of its programme countries becomes unstable or withdraws from a contract unexpectedly, this can have a severe impact on Riders' financial sustainability. This was the case for its operations in Zimbabwe, previously Riders' most mature and successful programme, following the economic and political challenges. Working across eight countries helps reduce the risk that changes in a single country programme can significantly impact its overall income and financial sustainability.

8.2. PERSONAL LESSONS

Over 25 years of involvement piloting, implementing and expanding Riders, Andrea Coleman has learnt a number of lessons that are likely to resonate with others who have also pioneered something new.

Perhaps one of the most fundamental traits found in innovators is a willingness to question and challenge the status quo. Driven by what she describes as "a fury", Coleman has been appalled at a world that accepts sub-standard health care delivery as normal in rural Africa.

I find a world that sees so clearly that maintained transport and supply chains are vital for this world in which we, the privileged, live, and yet find all sorts of reasons to try to do without it in rural Africa, where the lack of it plainly costs lives and creates a bottleneck for goods and services that exist in abundance, but cannot make the journey. This means finding the world and the status quo unacceptable. This is uncomfortable, and to overcome it you have to be unreasonable in the eyes of the conventional.

Andrea notes the importance of being focused, but flexible in designing an organization that can address the identified challenge. *"Keep your focus. Think, from the start, about the kind of*

organization that is needed for developing the innovation and what kind of organization is needed to implement and scale your innovation. Be prepared to learn and change as your organization matures.”

She also understands that innovation requires persistence and personal sacrifices. Coleman and her husband (and co-founder) Barry Coleman,

with a young family, made decisions that many others would have shied away from. Yet their determination to address a situation they viewed as unacceptable pushed them to develop Riders into the successful and impactful organization it is today. *“You have to be persistent, obsessive and driven. All exhausting! You sacrifice time with your family, time for yourself, holidays and weekends.”*

CASE INSIGHTS

1. There are abundant opportunities for innovation to address operational challenges faced by health care systems. Defining a clear challenge, e.g. transportation, and creating a high-quality, appropriately costed solution, can enhance the delivery capacity of the public sector and increase access to health care services for patients in remote areas.
2. Discussing and aligning priorities between innovators and national governments ahead of implementation is an important step to ensure a trusting working relationship and the sustainability of an intervention. Even with strong processes in place, innovations need to remain flexible to the cultural needs, contextual reality and regulations of each country it works in.
3. Change only happens with relentless determination and a healthy dose of anger at the status quo. It inevitably calls for personal risk and sacrifice to see the effects of one's efforts, sometimes only many years after starting.
4. Scaling can be successful and sustained by first clearly defining your model, and then by investing in local country capacity to the extent where services can be maintained, without the institutional presence of the founding innovator.

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