

Riders for Health's managed-transport systems in the fight against HIV/AIDS



94% of health workers mobilised by Riders for Health contribute to the fight against HIV/AIDS in their day-to-day roles. Please find below a summary of the cycle of care, with specific focus on where Riders' managed-transport systems can contribute towards the fight against HIV/AIDS.

Prevention

◆ **Education:** Health education provides communities with accurate information about the transmission and symptoms of HIV to reduce the myths and stigma surrounding the disease. This encourages patients to know their status, to get tested for HIV and take control of their health.

Riders' influence: In Lesotho, outreach health workers can conduct three times more health education meetings/gatherings after being mobilised on Riders-managed motorcycles. This means a potential 190,000 extra people can receive health education each year across the country.

◆ **Condoms:** The use of condoms is one of the most effective ways to prevent the transmission of HIV. It is therefore essential that equitable access to condoms is achieved through widespread distribution.

Riders' influence: Mobilised by Riders, professional health workers can manage the transportation of medical supplies. In Zambia, reliable transportation has increased health worker capacity, which has enabled them to take on new areas of work including condom distribution.

◆ **Prevention of Mother-to-Child Transmission (PMTCT):** The vertical transmission of HIV/AIDS can be prevented by encouraging pregnant women to be tested for HIV, ensuring access to antiretroviral therapy (ART) in pregnancy and counselling on breastfeeding practices.

Riders' influence: In Lesotho, Riders mobilises 62 outreach health workers, including PMTCT coordinators, whose role is to educate HIV-positive women in rural communities on how to avoid passing the virus to their children.

Diagnosis

◆ **Voluntary counselling and testing (VCT):** Regular VCT can help control the spread of HIV by enabling early detection and linkage to care.

Riders' influence: In Zimbabwe, health workers with Riders-managed motorcycles can now spend four days every week conducting outreach in the community, compared to just two before. Reliable transportation means that outreach health workers can regularly provide VCT in a community setting.

◆ **Early Infant Diagnosis (EID):** Six weeks after the baby is born, HIV-positive mothers are advised to return to the health centre for immunisation and the first blood draw for dry blood spot (DBS) testing for EID.

Riders' influence: Riders' Sample Transport (ST) programme is a motorcycle courier system designed to improve primary level access to laboratory services and reduce the time-delay in monitoring HIV. In Zambia, DBS samples are delivered by Riders ST couriers to the Centre for Infectious Disease Research in Zambia (CIDRZ), where they are then referred to the central laboratory for testing. In the latest quarter of operations, ST couriers transported four times the number of DBS samples that were referred in the first quarter of Riders' operations – which means that more than 60 extra babies were tested for HIV.

Treatment initiation

◆ **Adherence counselling:** ART is a life-long commitment, with patients needing to achieve 95% adherence in order to protect against treatment failure. Counselling helps people living with HIV/AIDS (PLWHAs) to understand the importance of adherence, set goals, assign treatment 'buddies' and take control of their health.

◆ **Pre-treatment patient monitoring:** Patient monitoring is important to ensure those who test positive with HIV are initiated on ART when their immune system weakens to a certain level. In order to determine the timely initiation of ART, which can greatly improve prognosis, patients must undergo a series of basic laboratory tests.

Riders' influence: *The efficient turnaround of test results is vital to patient monitoring. Since the introduction of ST in Zimbabwe, the average turnaround time from sample collection to receipt of test results by the health centre has reduced from eight days to three. This allows for a full laboratory-based analysis of disease progression and efficient patient monitoring to ensure timely and appropriate treatment initiation.*

◆ **Drugs and medication:** A strong supply chain is essential to link health centres with district-level facilities to provide consistent availability of antiretroviral drugs and achieve patient adherence. Riders can also transport materials used at health centres to verify HIV rapid testing quality.

Riders' influence: *Riders can manage the transportation of drugs for treatment, as well as reagents for laboratory testing and other consumables, like gloves and syringes, linked to the treatment of HIV.*

Follow-up care

◆ **Patient monitoring during treatment:** PLWHAs may need to undergo additional laboratory tests to monitor treatment response and disease progression.

Riders' influence: *Operating across Lesotho, and in regions of Zambia and Zimbabwe, Riders' ST programme supports efficient testing of patient samples and enables effective monitoring of people living with HIV/AIDS – improving access to primary-level laboratory services for a potential 2.5 million people.*

◆ **Follow-up care:** PLWHAs require regular follow-up care and support to assess their adherence to treatment, and to manage any adverse reactions. Regular follow-up care also enables health workers to provide psychosocial support to both patient and family, and is a vital tool in reducing opportunistic infections, such as tuberculosis (TB).

◆ **Defaulter tracing:** It is vital that outreach health workers can trace patients if they miss scheduled appointments, which can reduce the number of patients lost to follow-up.

Riders' influence: *Reliable transport means that health workers have the capacity to provide reliable and consistent follow-up care and defaulter tracing. In Lesotho, the mobilisation of outreach health workers has led to 60% more health workers providing follow-up care at least every six weeks.*

Support services

◆ **Counselling:** Counselling should take place across the cycle of care, from preventive counselling services to adherence and the psychosocial support of HIV-positive patients and their families.

Riders' influence: *In the Gambia, Riders' mobilised health workers are visiting three times the number of people than before. This means that they can provide a greater number of home visits.*

◆ **Support groups:** Local support groups can provide people with the opportunity to openly discuss their treatment, and how to manage living with HIV/AIDS.

◆ **Palliative care:** Home-based palliative care improves the quality of life for PLWHAs and their families by focusing on the relief of suffering across all stages of the disease. This can be particularly important in households where children and young people take the role of primary caregivers.

◆ **Supporting orphans and vulnerable children (OVCs):** As of 2009, over 16 million children had lost one or both parents due to HIV/AIDS, according to the United States Agency for International Development (USAID). Programmes that support OVCs often provide young people with the help they need to stay healthy, go to school and continue leading their lives.

Riders' influence: *In Kenya, Riders mobilises health workers from local grassroots organisations. Often HIV-positive themselves, these health workers provide essential support services to PLWHAs and OVCs. Thanks to Riders, these health workers are able to see over seven times more people than before, travelling to communities up to four times farther than when walking, cycling or using public transport.*

Riders' potential role in the HIV/AIDS cycle of care

