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Healthcare for truck drivers: Assessing accessibility and appropriateness of South African Roadside Wellness Centres

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ABSTRACT

Background: Truck drivers occupy a pivotal role in the economies of southern Africa, due to limited rail, water and other forms of transport of goods. The occupational nature of truck driving limits access to healthcare. North Star Alliance (North Star) offers a tailored primary healthcare service for truck drivers along the sub-Saharan trucking corridor.

Objectives: The overall objective of this study was to explore truck drivers' views regarding access to, and appropriateness of, selected South African North Star Roadside Wellness Centres (RWCs) coupled with understanding their health-seeking behaviour.

Methods: We conducted semi-structured interviews with two groups of purposively-sampled truck drivers: 24 who accessed North Star RWCs and 22 who knew about the centres but did not use them. The interviews explored access, health-seeking behaviour, and healthcare experiences. Additional information on risk perceptions emerged. Qualitative data were organised into four themes: client satisfaction, health-seeking behaviour, risk perception and behaviour, and service delivery strengthening.

Results: The majority of those interviewed were older (36–65 years old), South African, with secondary education, employed full-time, in stable relationships, and having children.

Overall users were satisfied with RWC locations, operating hours, infrastructure, and healthcare worker attitudes. Half of the non-users did not access routine healthcare anywhere. Non-users primarily did not access the RWCs because they did not know the operating times and preferred local facilities. Both groups used traditional healers and pharmacies. RWC users accessed traditional healers and pharmacies for services not available to them at the RWCs. Both groups reported not using private general practitioners or specialists. Both groups provided recommendations for strengthening the service delivery model including an increased focus on non-communicable diseases and occupationally-required health services including vaccinations. **Conclusion:** Comprehensive care packages delivered through accessible satellite facilities should form the foundation of service delivery models for truck drivers and other mobile populations.

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1. Introduction

Long working hours present limited opportunities for truck drivers to access healthcare facilities with limited opening hours, and make them vulnerable to unfavourable clinical outcomes (Lalla-Edward and Gomez, 2015; Lalla-Edward et al., 2016; DeVries et al., 2013; Olson et al., 2016; Robb and Mansfield, 2007; Apostolopoulos et al., 2013; Greenfield et al., 2016). Similar to its role in the United States economy (Harrison, 2009), the South African trucking industry has a major impact on the health and well-being of the overall economy, as it facilitates the movement of products nationally and internationally and contributes to social development (Fourie and Schoeman, 2006). With an approximate total of over 70 000 truck drivers in South Africa (Lalla-Edward and Gomez, 2015), efforts need to be directed towards prioritised healthcare interventions to maintain a healthy truck driver work force.

In response to this priority, several funders and implementers have developed interventions to address truck driver health needs. North Star Alliance (North Star) is a non-governmental organisation that engages in several public-private partnerships to alleviate healthcare challenges faced by truck drivers, sex workers and local communities around sub-Saharan transport corridors by providing services in Roadside Wellness Centres (RWCs) (North Star Alliance, 2014). RWCs are located in hotspots (identified through mapping exercises). These hotspots are typically areas where there would be a congregation of truck drivers daily; including areas on the trucking route, near depots (or hubs for freight and logistics companies) and within truck stops. They make use of converted shipping containers painted in blue (thus known in the communities they serve as the *blue box*) to provide an array of outreach and primary healthcare services, including sexual reproductive health services. Although largely focussing on screening clients for diseases and referring them to the nearest appropriate fixed healthcare facilities (where prior referral relationships have been established), North Star has partnered with organisations like Wits Reproductive Health and HIV Institute (Wits RHI) to expand and strengthen HIV and ART clinical services. North Star uses a networked patient record system (COMETS) which facilitates paperless retrieval of client records at any RWC along the corridor. Data for nine South African RWCs showed that at the end of September 2015 34 237 separate visits were recorded. Of this 16 784 were visits made by 13 328 different truck drivers (Fobosi et al., 2017).

Little is known about the health, health seeking and risk behaviour profiles of truck drivers in South Africa. A survey conducted in 1999 reported HIV prevalences of 69% in the 55–59 year age group (Ramjee and Gouws, 2002) while others reported 26% in 2003/4 (Delany-Moretlwe et al., 2014) and a sexually transmitted infection (STI) prevalence of 66% (Ramjee and Gouws, 2002). The lack of truck driver health evidence is compounded by the paucity of available, reported information on the acceptability and appropriateness of RWCs for the truck driver population. Using the North Star model of service delivery as a case study we gathered in-depth qualitative information on truck drivers' views about access to, and appropriateness of, the RWC concept for selected President's Emergency Plan for AIDS Relief (PEPFAR) supported South African RWCs. To be able to comprehensively understand truck drivers' views we chose to collect information from both users and non-users of the RWCs. The aim of this paper is to therefore present all these truck driver perspectives of, opinions about, and recommendations for, RWCs in South Africa. To contextualise recommendations the data on risk perceptions that emerged during the interviews are also reported on in this paper.

2. Methods

2.1. Setting

Six South African sites in six provinces (Cato Ridge (KwaZulu Natal), Bloemhof (North West), Ngodwana (Mpumalanga), Musina (Limpopo), City Deep (Gauteng) and Upington (Northern Cape)) were included in this evaluation. These sites were chosen because they were operational at the start of the evaluation.

Clinics became operational at different time points. Cato Ridge, City Deep and Ngodwana were all opened in September 2013. For logistic reasons City Deep was closed in September 2014 (and relocated to a more accessible location in Pomona). Musina, Upington and Bloemhof were opened in January 2014, February 2014 and March 2014 respectively (Fobosi et al., 2017).

All clinics operate on weekdays and are typically open for a minimum of six hours. Operating hours for some clinics have changed in the period after this research. However at the time of the data collection, Cato Ridge and Bloemhof were operating 14:00–22:00; Upington 18:00–22:00; Ngodwana 11:00–19:00 and Musina 07:00–15:00. The City Deep site primarily functioned as a mobile clinic. Healthcare workers are proficient in the vernacular mostly spoken in the location of the RWC that they co-ordinated and offered services from, as well as other South African official languages including English. This facilitates communication and service provision to both local and international clients.

All RWCs are classified as urban and located on busy routes in the South African trucking corridor. Cato Ridge and Upington are located slightly parallel to the major N3 and N10 highways respectively. Bloemhof and Ngodwana are situated on the very busy N12 and N4 highways respectively. Musina RWC is located close to the South Africa/ Zimbabwe border and is recognised as the busiest border crossing in Southern Africa. City Deep RWC was located in a retail centre which was a hub for the transport and freight industry using the N17 highway.

2.2. Pilot

Pilot interviews were conducted with five truck drivers at the City Deep RWC to ensure that the contents of the semi-structured interview guide were being interpreted (and administered) correctly by both the interviewer and truck drivers. During this pilot process we found that questions and discussions could not always be as long and in-depth as preferred because, in the case of the City Deep RWC which was located in a retail park central to many fast moving consumer goods (FMCG) companies, some truck drivers

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