



The relative popularity of three distinct models of differentiated service delivery (DSD) offered to ART clients in Botswana



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Only people can liberate themselves from the AIDS epidemic!

Background

HIV programs in Sub-Saharan Africa and beyond are scaling up differentiated service delivery (DSD) models to increase access, expand reach, reduce costs, and better sustain anti-retroviral treatment (ART) programs. Evidence shows that DSD for drug distribution helps reduce cost and increase adherence, but less is known about the relative popularity of different DSD models from which people on ART may choose.

Description

Local NGO Humana People to People Botswana (HPPB) provides community-based HIV health services under our Total Control of the Epidemic (TCE) program in eight health districts in Botswana. The TCE model is people-centered and focuses on building the capacity of each person with HIV to take control of the disease, while working with communities to break down stigma and discrimination. As part of TCE, HPPB offers a comprehensive process for engaging and retaining receivers of care (ROC) across the full HIV cascade. In support of the 3rd 95, HPPB offers people stable on ART a choice from three models of DSD:

- **Community Medication Refill (CRM);**
- **Fast-track queues** at pharmacies for repeat prescriptions; and
- **Community Adherence Groups (CAGs).**

The analysis assessed the relative popularity of the three models of DSD among people on ART, by reviewing data retrieved by HPPB Community Health Workers from health facilities in eight health districts served by the project, over the period of March 2021 to December 2023.

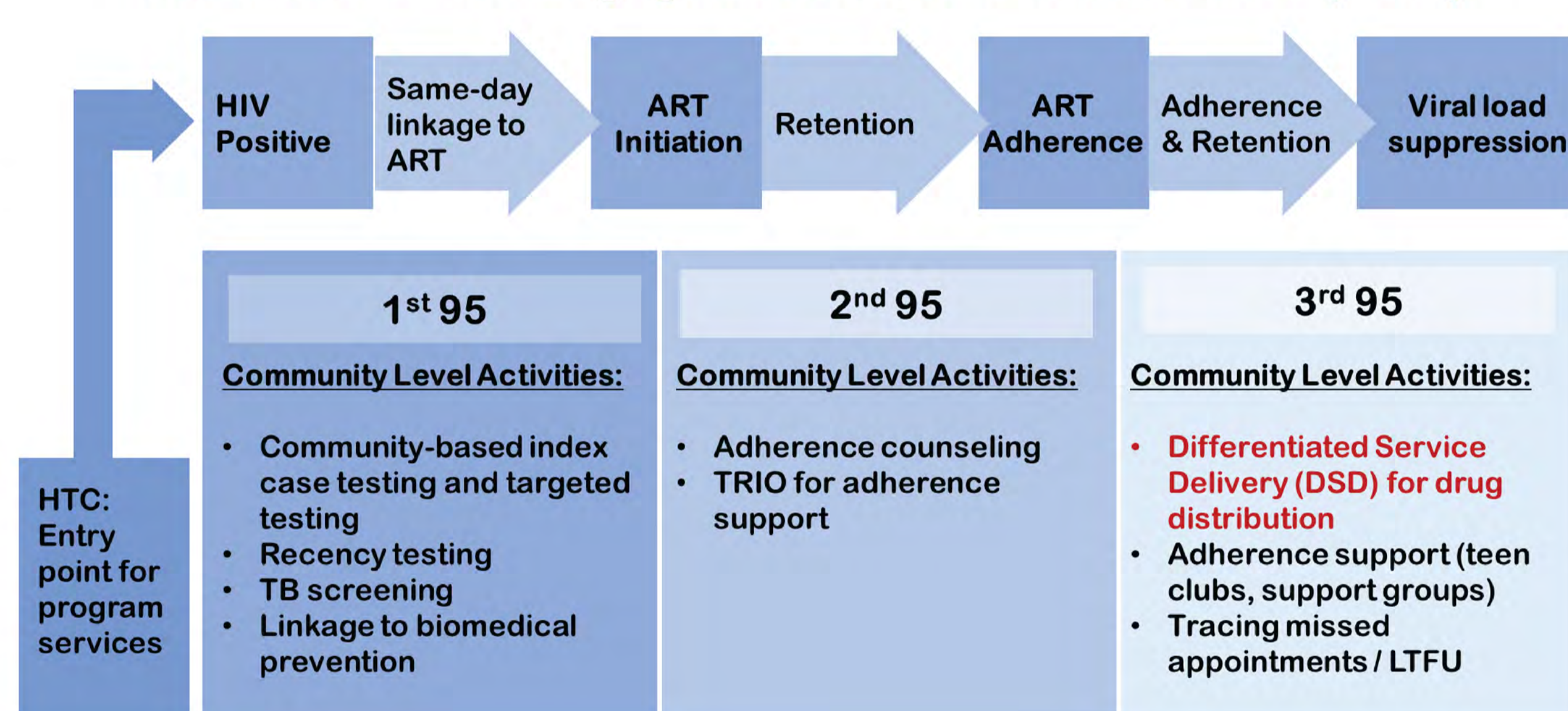
Lessons Learnt

Between 2021-2023, HPPB enrolled 61.3% of the eligible people on ART onto a DSD drug distribution model (1,126 out of 1,836 people on ART). The data shows that approximately half of the people on ART (617/1,126) chose to receive ART through the CRM model, one-third (377/1,126) of the people on ART chose fast-track queues, and the remaining 12% (132/1,126) of people on ART chose CAGs. When asked, people on ART enrolled in DSD cited several factors influencing their choice of DSD models, including the flexibility of pick up times, transportation costs, and the possibility to access services on weekends.

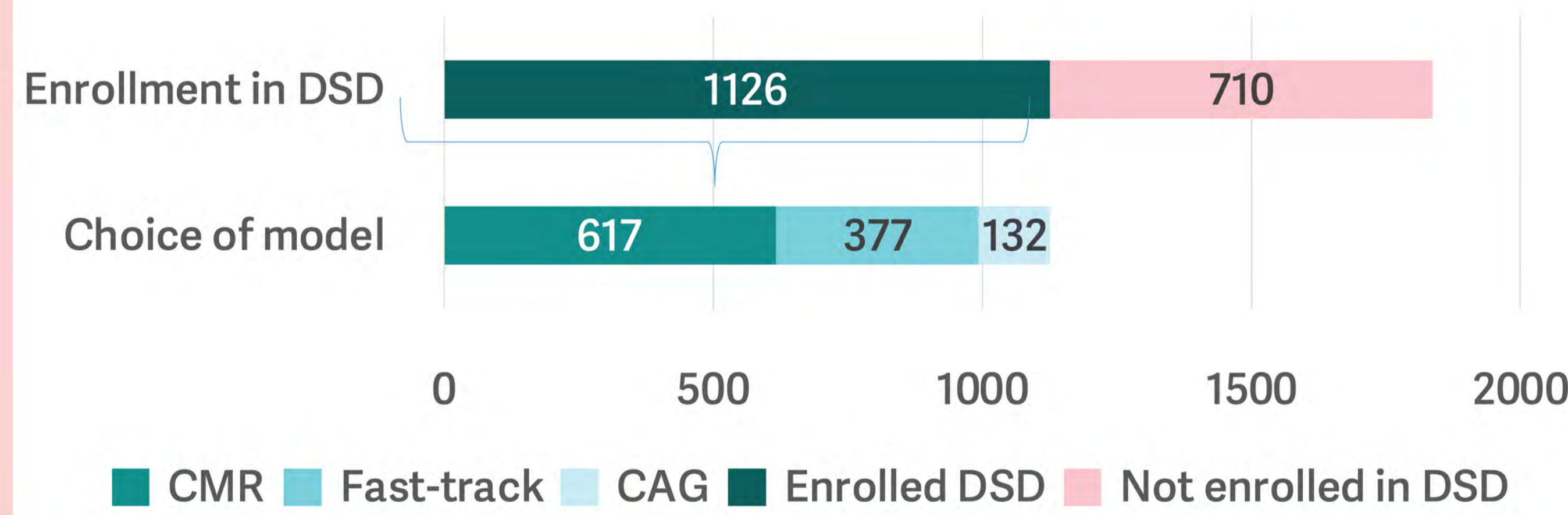
Conclusion/Next Steps

DSD reduces burdens on health facilities, enables health facility staff to shift resources towards urgent services, and increases people on ART's ease of access to treatment. Our analysis helps us better understand the relative uptake of the DSD options and why people chose different options. These findings highlight high demand for DSD and interest in all three options with the highest demand for CRM followed by Fast-track. The availability of choice may help in scaling up of DSD to improve people on ART's access to medications, and further decongest health facilities. The next step is scale up the DSD models to all communities in the country.

TCE Process for Engagement of Receivers of Care (ROC)



Number of people on ART enrolled on DSD and by choice of model (March 2021 to December 2023) [N=1,836]



EXPANSION OF COMMUNITY-BASED INTERVENTIONS FOR HIV/AIDS IN BOTSWANA

