Pros and cons of a phased ARV scale up in Botswana

E Darkoh1, P N Mazonde2
1Achap, Min of Health, Gaborone, Botswana; 2Min of Health, Gaborone, Botswana

Issue:
Botswana embarked on providing ARV therapy in January 2002 using a phased rather than a "big bang" approach. There are critical pros and cons associated with this approach

Description:
Due to lack of any precedent with large-scale ARV provision on the African continent, Botswana deliberately proceeded to implement in a phased manner, starting with 4 sites in the first year and scaling up rapidly thereafter.

Lessons Learned:
Implementation of the first 4 sites revealed the following positive benefits of a phased approach

- Easier to focus and build initial capacity at a small number of sites- "do it right"
- Program managers gain critical insights from how actual implementation differed from expected (patient uptake, speed of resource mobilization, true critical path needs)
- However, as implementation proceeded, a number of negative features of a phased approach began to emerge:
- Small number of initial sites had to support entire national treatment needs ("perverse" demand). Long lag time between launches exacerbates the situation
- Patients travel long distances and return to areas lacking in supportive services
- -Patients cannot afford transportation for monthly drug pick-up
- "Perverse" demand creates pressure for "perverse" resource build-up in a small number of sites at the expense of rolling out (politically difficult to stop the buildup as requests are justified)
- Non-active sites abdicate all responsibility to active sites and as such do not learn (still end up having the same learning curve and teething problems when they eventually start)
- Non-active sites do not experience appropriate ARV patient demand pressure, making it is difficult to gauge real demand in other regions. As such, rational resource allocation is difficult.

Recommendations:
New programs should combine elements of phased and "big bang" approach. Use initial sites as a learning pilot and then simultaneously roll out as many sites as possible so as to set them on their learning curve early.

The XV International AIDS Conference
Abstract no. B11388