**ABSTRACT**

**Title: Health Care Works and patients experiences on Fast Track model: Piloting Differentiated ART models in Zambia**

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**Background:**

Fast Track (FT) is an accelerated drug pick-up model where stable HIV positive patients are given three months of ART supply rather than one through a dedicated treatment room. FT was piloted in two primary health centres in Lusaka, Zambia to explore the experiences of health care workers (HCW) and patients during implementation.

**Methods**:

From January-March 2017, we conducted an exploratory qualitative study using six Focus Group Discussions (FGDs) with patients and eight In-depth interviews (IDIs) with health workers to collect perspectives of their experience with the FT model. All interviews and discussions were audio-recorded using a voice recorder and transcribed in English. Thematic analysis was conducted using Nvivo 11.

**Results**:

Both HCW and patients viewed FT as having the ability to decongest the clinic and reduce ART pick-up times. The latter was reported to be an attractive feature of FT, making it a highly appropriate model to address the great concern about ‘clinic wait times’ expressed by both patients and HCWs. HCWs emphasized the importance of orientation and information dissemination about FT to bring all HCWs at the facilities on board, foster a sense of ownership and to avoid patient perceptions of staff favouritism or nepotism that may negatively impact patient-provider relations. HCWs further expressed concern regarding the time allocated for adherence support during the patient pharmacy visits as the focus was only on drug pick-up

**Conclusion:**

Overall, Fast Track model was reported to be highly applicable and acceptable. HCW and patients appreciated the ability for FT to improve efficiency through reduced waiting time, thereby reducing congestion at health facilities. However, there were concerns about potential for FT to negatively affect adherence support for patients.