

**PATIENT PERSPECTIVE FOR DECENTRALIZATION OF HIV CARE IN
ANTIRETROVIRAL THERAPY MAIN CENTERS IN LASHIO**

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ABSTRACT

Myanmar is adopting a new strategy in providing HIV care to achieve universal access to ART for all patients without financial hardships. National AIDS Program is implementing decentralization of HIV care to peripheral health facilities by increasing new patient uptake at existing ART centers and by providing ART in new decentralized ART sites. As a result, the transfer of PLHIV from congested centralized clinics to new ART was sluggish in Northern Shan States.

This clinic-based cross-sectional exploratory study examined PLHIV's perspectives for decentralization of HIV care in three ART main centers in Lashio. For quantitative data collection, 133 exit interviews were conducted with ART patients who lived outside of Lashio Township and were eligible for down-referral. Subsequently, the in-depth interviews were performed with 14 patients by selecting them purposively.

This study finds out (40.6%) of the respondents preferred for down-referral to decentralized ART clinic near their homes whereas the other (50.4%) did not. Their gender ($p=0.034$), residence (urban or rural) ($p=0.005$), education status ($p=0.023$), type ($p=0.036$) and duration of transportation to ART main centers ($p=0.037$), and immunity (CD4) levels ($p=0.029$) were significantly associated with their willingness to utilize decentralized service of HIV care, as of quantitative findings. Qualitative results showed the information about decentralized services provided to them was inadequate resulting in high patients' expectation for the available services. The study reveals some of their perceived advantages including time and cost saving, better ART adherence, more productivity and security against warfare. Community stigma and discrimination was a major factor for patients' decision to receive care at decentralized ART clinics of their own community. Lack of privacy, no enough resources including human resource, laboratory and counseling services were considered as disadvantages for them.

The findings imply that the appropriate information and counseling for decentralization would motivate the patients to accept the decentralization. Anti-stigma campaigns with community involvement would reduce the stigma and discrimination that patients concerned most. There was a need of capacity building for staff at decentralized sites and improvement of facility to ensure privacy