

An Assessment of Decentralization of Antiretroviral Therapy in Myanmar

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INTRODUCTION

ART is being **rapidly scaled up** in Myanmar, led by National AIDS Programme (NAP) and supported by many partners

Decentralization of HIV care and treatment to township and peripheral levels brings services closer to where those in need reside (Fig. 1)

ART decentralization assessment conducted to 13 decentralized ART sites in March 2015 by a joint team of national and international experts

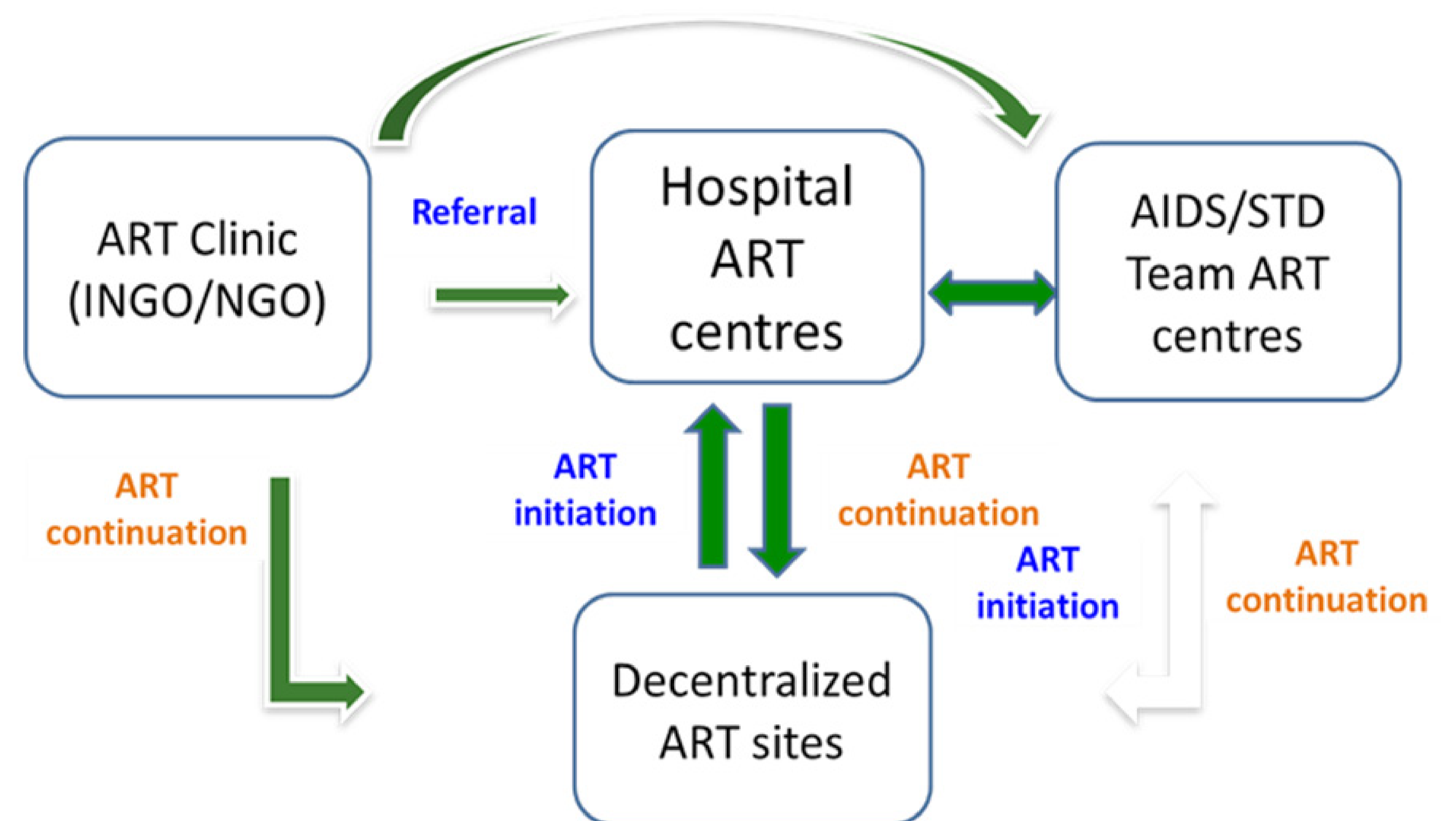


Figure 1. Concept of ART Decentralization

METHODOLOGY

The decentralized (DC) ART site staff was interviewed using an **assessment questionnaire** to understand the operations, capacity and management of the sites;

Focus group discussions were organized with the site director, partners, and/or the representatives of People Living with HIV (PLHIV) networks and NGOs, to understand issues related to successes, challenges, and proposed actions;

Short patient interviews were conducted with 3-5 PLHIV who were receiving services from the respective site to understand their perception of quality and satisfaction with services.

RESULTS

- **Planning, coordination and partnership:** Initiated at central and regional levels; but site level planning has not routinely occurred in some sites.
- **Human Resource and case load:** In most of the sites, the staff time of doctors, nurses, lab technicians and pharmacist/ compounder are shared with other services in the hospital/site. The current case load in DC sites appeared manageable with most DC sites receiving on average 17 patients per week with very few referred back to ART centres in the previous 6 months to date (Fig. 2).

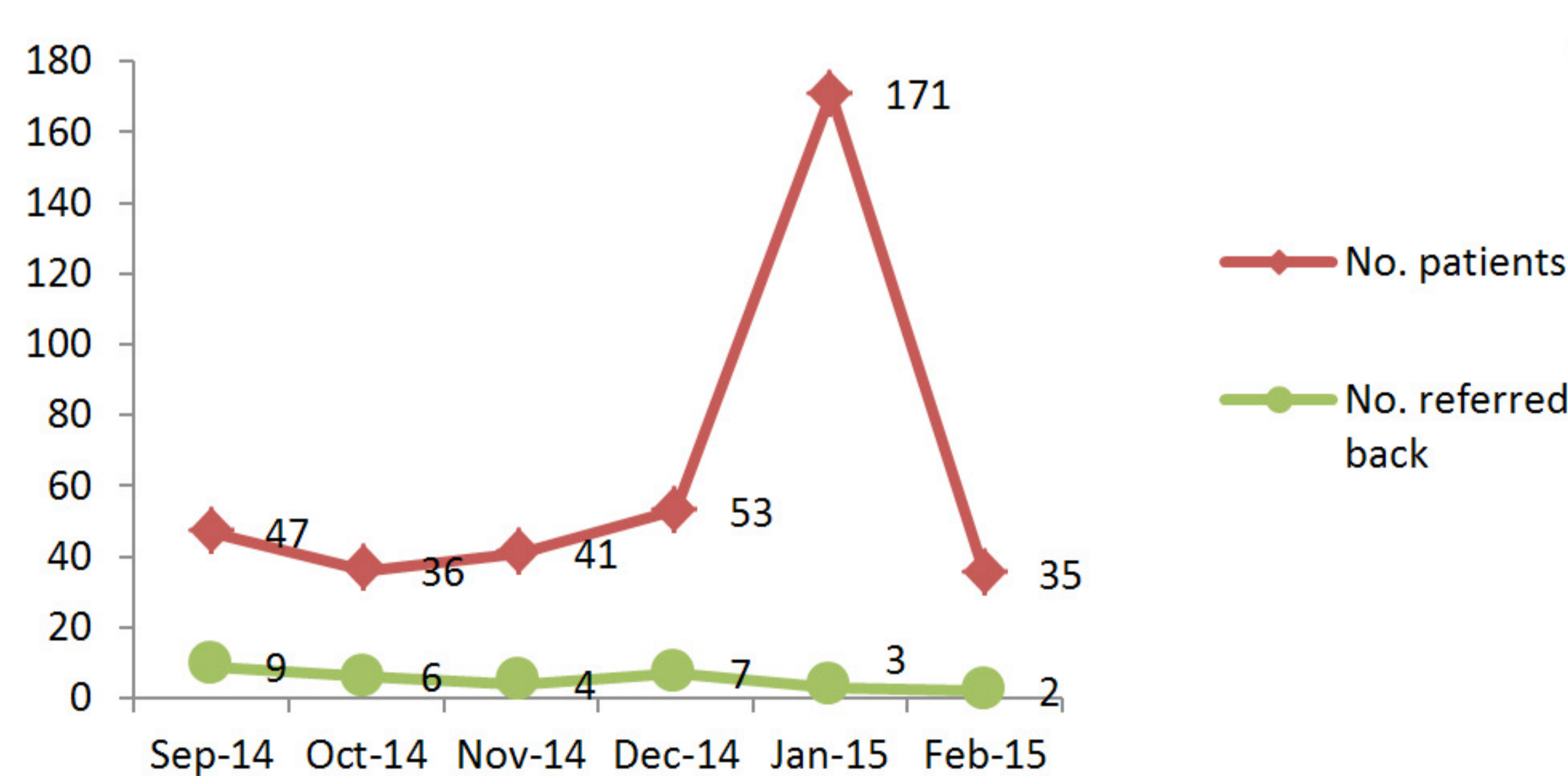


Figure 2. No. of patients enrolled and patients referred back to ART center during the previous 6 months in the 13 DC sites

- **Service provision and perceived quality:** Most of the essential services of HIV testing and counselling, TB screening and treatment, ART side effects and opportunistic infection (OI) management, PMTCT and STI services were available on site or through referral. Patients reported satisfaction with services received
- **Laboratory:** HIV screening and confirmation tests, CD4 testing, TB diagnosis and GeneXpert are available on site or through referral in most of the sites. Viral load (VL) and dry blood spots (DBS) for early infant diagnosis (EID) are not currently available in most of the sites. All lab services are free of charge.
- **Infrastructure and pharmaceuticals:** Rooms for patient reception, exam, blood draw and lab were reported as insufficient in a number of sites. In some sites, laboratory spaces were small with varying degrees of cleanliness. Several sites reported that shortage of ARVs were managed through borrowing from ART centers and made patient appointment with short interval for next visit to pick up more ARVs.
- **Supervision and mentoring, monitoring and reporting:** There was no clear description of mentoring or ongoing support from the main referring ART center, and despite quarterly visits by the AIDS/STD team or team leader, documentation with joint planning for quality improvement was not performed.
- **Assessment of the performance of the DC site:** Currently not in place, especially for assessing cascade of services; Paper based patients referral and feedback mechanism had been established but not widely used between ART centers and DC sites.

CONCLUSION

- Initial success has been achieved in a number of the ART decentralized sites with scale up of HIV service provision and staff capacity in Myanmar.
- Ongoing efforts are needed to strengthen planning, coordination, partnerships, monitoring and supervision, and expand key services of HIV identification, ART initiation, retention and virologic suppression.