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Commentary on Evidence Summaries

Providing HIV treatment closer to patient's homes compared to more centralised treatment

Bimal Charles^{a,b,*}, Ronald Lalthanmawia^c

^a General Secretary, Christian Medical Association of India, New Delhi 110 058, India

^b Former Project Director, AIDS Prevention and Control Project (APAC; USAID), Tamil Nadu, India

^c Senior Programme Coordinator, Community Health Department, Christian Medical Association of India, New Delhi, India

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1. What is the relevance and importance of this Cochrane Review to integrated HIV care low- and middle-income countries?

This evidence summary¹ and the Cochrane Review² on decentralisation of HIV care in LMICs are relevant and timely, given the increase in the number of patients that are likely to require anti-retroviral treatment (ART) globally. One reason for this increase is the recent revision by the World Health Organization (WHO)³ of the immunological criteria for initiation of anti-retroviral treatment (ART) from CD4+ cell counts of 350–500 per cubic mm, which means that the number of patients who will need initiation and maintenance of ART will increase all around the world. There will be a need for more infrastructure, health work force, and expertise to manage the increased patient numbers for service delivery. Decentralization could help ensure that every patient requiring ART will have improved access to ART drugs and related services close to where they live.^{1,2} This is important not only for access but for adherence to treatment as well.

For low- and middle-income countries (LMICs), the issue will be magnified as poor patients cannot afford long distance travel, long waiting times, and overnight stay in cities or towns as is being done currently.

2. Applicability of the findings of the review to public health in LMICs

In many LMICs, the public health system alone may not be able to handle the increase in the number of people living with HIV prescribed ART, and therefore the private health-care system will also have to play an important role in a decentralised system of HIV care. Increased investments in infrastructure, and identification and inclusion of capable non-profit health providers and faith-based health institutions that are already dealing with the health-care needs of people living with HIV, will be required to ensure access and availability of comprehensive HIV care, including ART.

A centralised reporting system will also be a challenge especially in countries where the health system is also under a regional level office rather than solely under a national programme. In countries where health systems are managed by the state or province, there could be challenges in reporting, drug management, and continuity of services with regard to material and human resources. Involvement of private health systems will help ensure that the technical and infrastructure support is available, but reporting of new cases, follow up, drug availability, and ensuring quality management will still pose a challenge.

* Corresponding author. Christian Medical Association of India, New Delhi 110 058, India.

E-mail address: bimalcharles@gmail.com (B. Charles).

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The skills of the health work force could be very low in peripheral centres, which would affect the effectiveness of decentralisation, and could yield different absolute results. Providing adequate training and support to decentralised treatment providers to ensure effective and reliable monitoring of adherence, adverse effects and clinical symptoms in community care, or in peripheral health centres, is one of the major challenges, though is possible with adequate attention paid to capacity building.⁴

Decentralization of services to ensure quality of services and improves accessibility and adherence since the treatment centres are nearer to patients, will require the setting up of many more such treatment centres. HIV prevalence in the local level can help decide the location of the peripheral treatment facility as an adequate case load would be necessary for viability of the peripheral centres.⁵

Stigma levels are likely to be higher in decentralised settings for disadvantaged groups. Marginalised communities like sex workers and transgendered populations may find it difficult to get quality services, unless measures to reduce stigma and discrimination are adequately addressed. Children with HIV may also not get the desired service quality as peripheral centres often do not have skilled human resources to treat children with HIV; this also needs to be addressed.

The investment in training of the health work force should be increased to ensure adequate skills and measures for stigma reduction. Health information systems will require improvement and continued drug supply also needs to be ensured.⁵

3. Conclusion

Decentralization of HIV appears promising as a strategy to increase the initiation of HIV treatment and retention of people with HIV in care, with the potential to influence outcomes in people living with HIV. However, decentralisation will increase responsibilities at peripheral health centres that may hamper the effectiveness of the intervention. There has

to be adequate capacity building, and systems in place to ensure reduced administrative procedures, systematic monitoring and reporting of processes and outcomes, adequate quality of care, and realistic work-loads, in order to guarantee programme sustainability; and before a full scale-up of decentralised services is implemented.

Conflicts of interest

All authors have none to declare.

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