

## **Contribution and constraints for the involvement of people living with HIV/AIDS in HIV prevention and control activities: A qualitative study at Mandalay Region, 2016**

**Kyaw Thu Soe**, Than Win, Zaw Zaw Aung, Yadanar Aung, Thida Aung and Thura KoKo.

### **Abstract**

The GIPA (Greater Involvement of People living with HIV) policy brief by UNAIDS recommends that PLHIV should involve in national HIV response. It said the involvement of PLHIV in HIV/ AIDS prevention program development and implementation and policy-making will improve the relevance, acceptability and effectiveness of programs. The objectives of this study are to assess the contribution of people living with HIV (PLHIV) in HIV prevention and control related activities, and to identify the challenges for the sustainability of their contribution. A cross-sectional qualitative study was conducted at Mandalay City and two townships from Mandalay Region(Pyin Oo Lwin and Myingyan)) during 2016. Eight focus group discussions with six to seven PLHIV in each group, eight in-depth interviews with leaders of HIV positive groups, and two key informant interviews with team leaders of AIDS/STI teams, National AIDS Program were conducted. This study included PLHIV in different characteristics such as outreach workers, peer educators, counselors, field supervisors, volunteers, accountants, assistant project managers, project managers and clients or users. The average age of interviewed PLHIV was 40 years. The ratio of male and female was 1:5. The average years of involvement in HIV/AIDS related activities was 4 years. Generally, there was a strong collaboration between PLHIV groups and AIDS/STI teams at Mandalay Region. The PLHIV were highly supportive especially to the AIDS/STI teams which had limited human resources. It was reported that the achievement of PLHIV involvement could be apparent in condom promotion and distribution to the vulnerable groups, HIV-test counseling, supporting PLHIV from hard to reach areas and those PLHIV with poor socio-economic conditions, assisting in ART provision at AIDS/STI teams, home-based care for the HIV positive adult and children, and referring people to get HIV tested and ART treatment. Areas and activities which needed to be focused were also reported. Peer to peer education activities should be emphasized to increase the awareness of self-care and to prevent transmission of HIV to other people. Counseling to married PLHIV regarding family planning also required strengthening. Activities to reduce the discrimination among themselves, within their families, and from the public should also be taken as priorities. The key challenges for the sustainability of their contribution were also identified such as limited resources in terms of basic equipment and facilities especially the location and financial support for the office, the low interest and poor technical knowledge of PLHIV to develop income generation activities, the changing attitudes of PLHIV on their involvement, and uncertain future plans of PLHIV groups. Therefore, it is recommended to consider the key challenges came across by PLHIV groups by NAP in making future plans. The NAP should also find future funding support or allocation of funds for PLHIV groups to implement their activities.NAP should also arrange the comfortable place, room or office for the functioning PLHIV.