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# Barriers to Provider Initiated HIV Testing and Counseling (PITC) among TB Patients in Myanmar.

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## BACKGROUND

In Myanmar, HIV prevalence among new TB patients is estimated to be 10.4% and only one-third (31%) of TB patients have ever tested for HIV. In December 2010, PSI/Myanmar started a provider-initiated testing and counseling program in the Sun Quality Health (SQH) franchise network to increase HIV testing among TB patients. This franchise is comprised of a network of 111 private sector providers operating in Myanmar. Testing was provided free of charge to patients, and doctors were paid a small (\$2) incentive for each HIV test performed.

## METHODS

Using a semi-structured questionnaire, in-depth interviews were conducted with 14 SQH doctors and 16 patients receiving TB treatment at 10 different SQH clinics in Myanmar. Patients and doctors were selected purposively stratified by having tested for HIV (vs. not) and 'high' vs. 'low' performing doctors. "High" refers to those doctors who provided HIV tests to a large percentage of their TB patients and "low" refers to those who rarely provided HIV tests to TB patients despite having a high client load. Coding and data analysis were carried out using MS word and MS excel. Interview transcripts were analyzed thematically.

## RESULTS

### Patients' barriers to PITC

#### (1) Fear of an HIV positive results

*"..I heard that there is no drug for AIDS treatment yet. If I take the test for HIV, the result may come out positive. Then I would get depression. No one can help me. That depression will surely kill me..."*: **Male TB patient, 41 years old**

#### (2) Self perception of being at low or no risk for HIV infection

*".. I did not take the HIV testing because I have not done anything wrong to have the risk of contracting HIV. I have never slept with sex workers. I trust myself. Therefore I did not need to take HIV test..."*: **Male TB patient, 39 years old**

## RESULTS

### Doctors' barriers to PITC

#### (1) Unwillingness to test people they considered to be at low risk

*"...I do not test all TB patients. I choose whom to test by looking. If the patient is progressing with TB treatment, I do not test. I know the patients who are likely to be positive (of HIV) such as those who are having fever for unknown reason and patients having diarrhea all the time. ..."* **Male SQH Doctor, Bago**

#### (2) Too busy to provide counseling and testing

*"...PITC is time consuming. I have to do the counseling before and after the test. I could not give that much time when I have many patients waiting in my clinic..."* **Male SQH doctor, Yangon**

#### (3) Lack of availability of antiretroviral therapy (ART)

*"...There is nothing I can do for the HIV positive TB patients. I have no proper referral place where those patients can get ART. I cannot provide ART to them myself. So just testing is not useful. I felt a bit discouraged to do the testing..."* **Female SQH doctor, Thahton**

## CONCLUSIONS

The findings from this qualitative study suggest that programmatic efforts should focus on changing patient perceptions around HIV risk. Information about the risk of HIV infection should be integrated into patient education activities when an individual is placed on TB treatment.

Guidelines that recommend HIV testing for all TB patients should be re-emphasized and actively promoted to providers. Additionally, it may be necessary to revisit the financial incentive scheme structure to ensure it adequately responds to provider concerns about the time required to perform PITC activities.

Decentralization of ART needs to move forward to address barriers to PITC from both the patient and provider perspective. Providers should be encouraged and supported to develop networks to ensure access to ART for HIV positive TB patients.

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