**Improving Access to Antiretroviral Therapy, its Early Initiation and Adherence among PLHIV in Nepal: User’s Perspective**

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**Background**

Timely initiation of, and adherence to, antiretroviral therapy (ART) can result in good health outcomes of HIV infected patients including better immunological recovery, delayed progression from HIV to AIDS, or prevent death. Early initiation of, and adherence to, ART is also essential for secondary prevention. Very little is known about the determinants that operate at different levels (population and health system) that may affect the time taken to initiate ART, and adherence rates, among HIV infected patients in Nepal. This study was conducted to increase knowledge of opportunities and barriers to improve antiretroviral therapy access and adherence among people living with HIV/AIDS in Nepal.

**Methods**

This quantitative study presented the baseline finding of planned longitudinal study of 1598 HIV infected patients recruited purposively between 1st October 2012 and 30th March 2013 from 15 districts of Nepal. A structured questionnaire was used to collect data on a wide range of variables. Multivariate logistic regression was used to identify the population/ health system level factors associated with delayed initiation of ART, and its poor adherence.

**Results**

The common reasons for HIV testing were either because of referral from health workers, or a self identified perception of engaging in risky behaviors. Most of them were satisfied with the available social support and information or services received from health workers. About 28% reported poor adherence to ART. Poor ART adherence was associated with having formal education, living in rural area, non-disclosure of HIV positive status, duration of ART started (more than 1 year), and experienced long term ART side effects.

**Conclusions**

Significant proportion of HIV infected individuals are not effectively linked to HIV care programs in Nepal. These findings suggest that combination of methods or interventions targeted at both population and health system level are required to improve access to ART treatment and its adherence among PLHIV in Nepal.

**Keywords:** adherence; antiretroviral therapy (ART); HIV/AIDS; PLHIV.