Enhancing HIV Care Accessibility in Armenia: Lessons from the Shirak Decentralization Pilot

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Context (100)
By the end of 2024, an estimated 6,300 people were living with HIV (PLHIV) in Armenia, with 4,859 aware of their status. Of these, 79% were on antiretroviral therapy (ART), and 86% had an undetectable viral load. Additionally, 73% of those aware of their status lived outside Yerevan. Previously, HIV care was centralized at the National Center for Infectious Diseases (NCID) in Yerevan, creating barriers for rural residents, some 500 km away. This contributed to limited participation in ART and gaps in health assessments, with 20% missing required annual viral load testing. Notably, Shirak region has the highest number of recorded HIV cases in Armenia, with 577 individuals out of those who are aware of their status. Decentralizing services to regional centers was seen as a solution to improve accessibility and outcomes.

Methods (150)
In 2024, a pilot program in Shirak decentralized HIV care to local health centers, reducing the need for travel to Yerevan and improving accessibility. Funded by the Global Fund, the program was evaluated through surveys and interviews with healthcare providers and beneficiaries, clinical monitoring of quality of care and health outcomes, and statistical analysis of participation trends. Case studies explored patient experiences and challenges, while structured face-to-face surveys measured patient satisfaction. These surveys also assessed issues patients noticed with the program, including gaps in how doctors treated them beyond medical care, such as communication and emotional support, as well as any concerns related to the overall quality and accessibility of services.

Results (150)
By the end of 2024, 20% (N=90) of HIV patients on ARV treatment in the Shirak region switched their care to the local health center. Clinical monitoring showed increased medical visits among these patients. In-depth interviews highlighted pre-decentralization challenges, including medication supply gaps, travel costs to Yerevan, and insecurity when seeking care far from home. The pilot demonstrated that local access to services was particularly necessary for comparatively older patients—73% of participants in the decentralized model were over 40 years old, in contrast to 63%, which represents the same age group within the overall PLHIV population in Armenia. Long-term treatment continuity and outcomes will be assessed after sufficient follow-up.

Discussion (150)
During program implementation, several key factors were identified for ensuring service access and supporting future improvement. Lessons learned include the importance of community participation, collaboration between regional and central authorities, addressing socio-economic disparities, and managing challenges from limited education and information.

Issues in rural areas provide an opportunity for the healthcare system to prevent complications and establish a sustainable, needs-based care model.

Key steps to strengthen decentralized healthcare include:

- Distributing HIV-related services nationwide, minimizing patient travel.

- Ensuring stable financial systems to prevent service interruptions.
- Enhancing healthcare professionals' skills and capabilities.
- Ensuring high-quality, uniform services while reducing stigma in rural areas.
- Creating a strong coordinating center to manage decentralized sites.

NCID is implementing actions to integrate decentralized service delivery into the state healthcare system. Regional centers will receive state funding, while NCID will ensure collaboration, monitor quality, and maintain system continuity.