**Political economy of decentralizing HIV/AIDS treatment services to primary healthcare facilities in three Nigerian states**

Fundamental to understanding decentralization is learning what motivates central governments to give up power and resources to local governments, and the practical significance of this on their positions regarding decentralization. This study examined key political and institutional influences on role-players’ capacity to support decentralization of HIV/AIDS treatment services to primary healthcare facilities and implications for sustainability.

In-depth interviews were conducted with 55 purposively selected key informants, drawn from three Nigerian states that were at different stages of decentralizing HIV/AIDS treatment services to primary care facilities. Key informants represented different categories of role-player involved in HIV/AIDS control program. Thematic framework analysis of data was done.

Support for decentralization of HIV/AIDS treatment services to primary healthcare facilities was substantial among different categories of actors. Political factors such as local and global agenda for health, political tenure and party affiliations; and institutional factors such as consolidation of decision- making power and improvements in career trajectories influenced role-player support for decentralization of HIV/AIDS treatment services.

It is feasible and acceptable to decentralize HIV/AIDS treatment services to primary healthcare facilities, to help improve coverage. However, role-players’ support largely depends on how well the reform aligns with political structures and current institutional practices.

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