

# Service delivery models for PrEP in Belgium

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# Overview



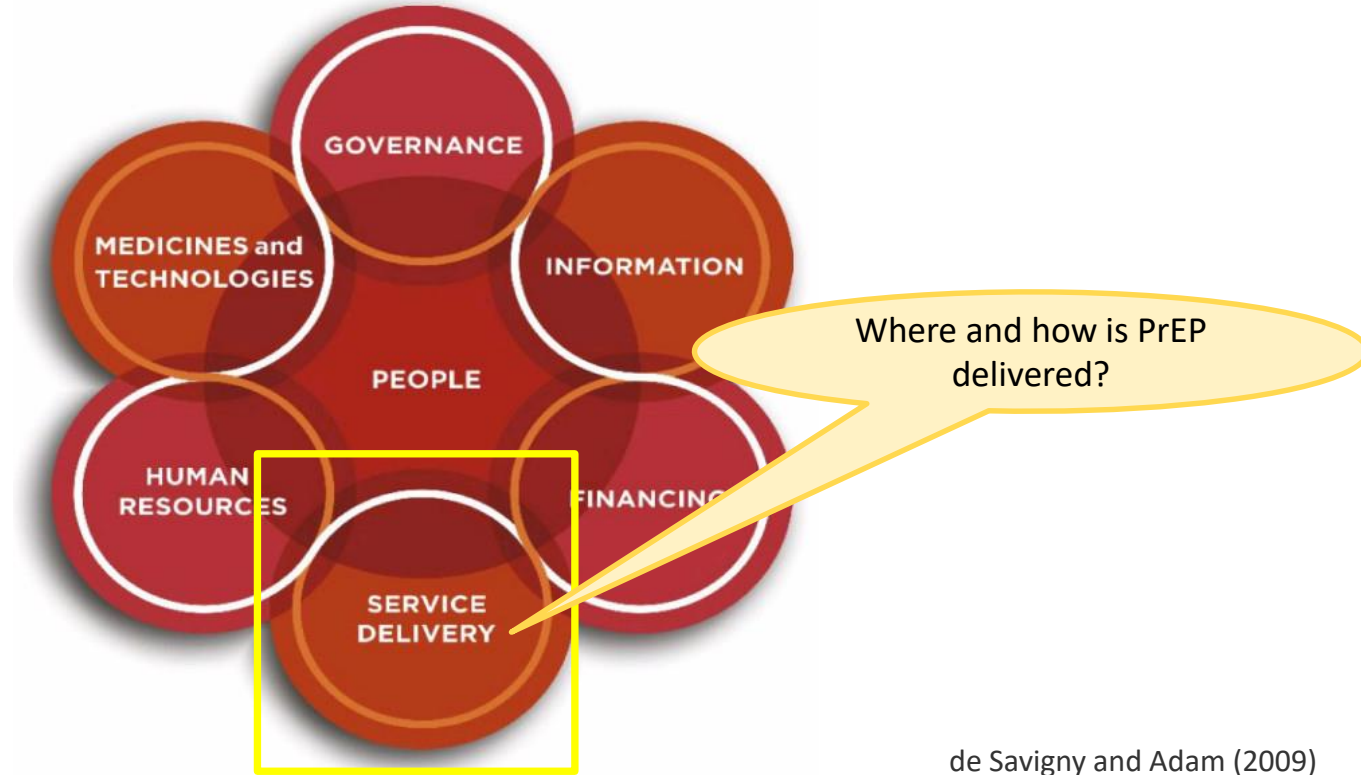
PrEP service delivery models: no “*one size fits all*”



PrEP delivery models in Belgium: the case of HIV Reference Centers



# PrEP within the health system



de Savigny and Adam (2009)



# PrEP service delivery models worldwide



Clinic-based PrEP



Tele-PrEP



Pharmacy-based PrEP



Home-based PrEP (incl. self-sampling)



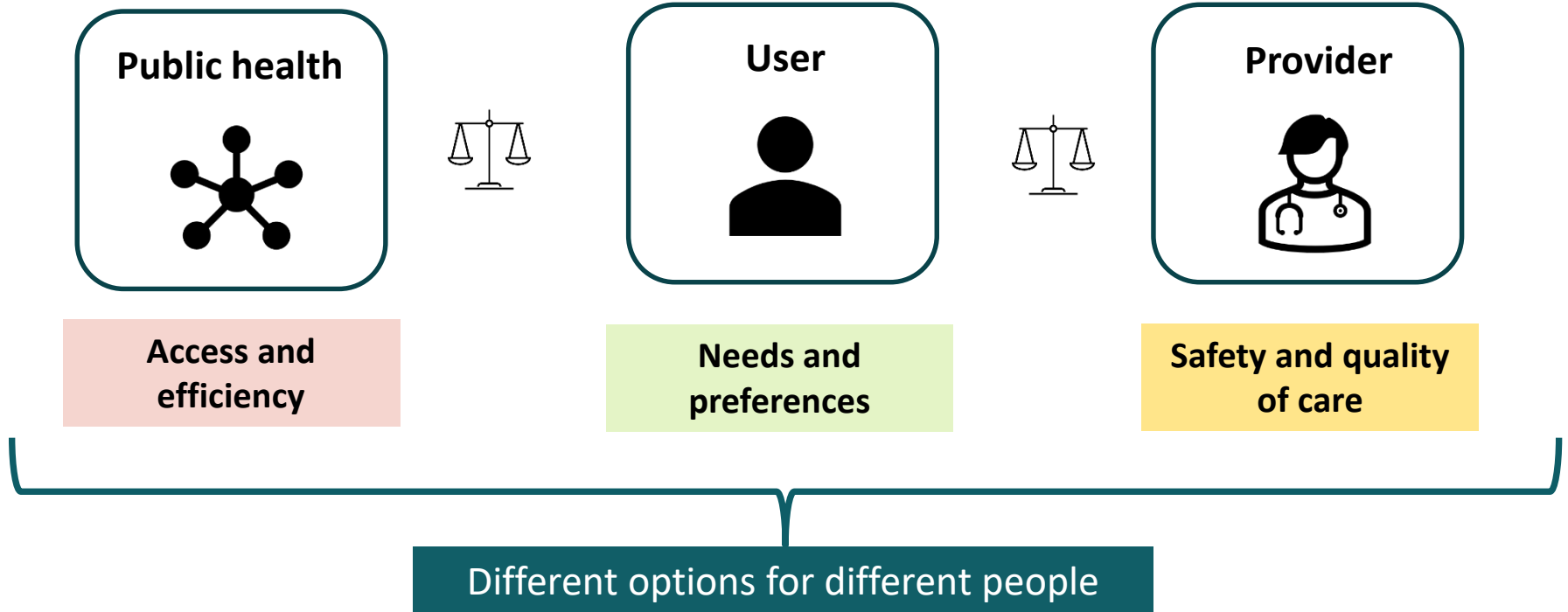
Community-based PrEP

Diversity in options

See also: Vanhamel *et al.* **The current landscape of PrEP service delivery models for HIV prevention: a scoping review** (2020)



## No “one size fits all”

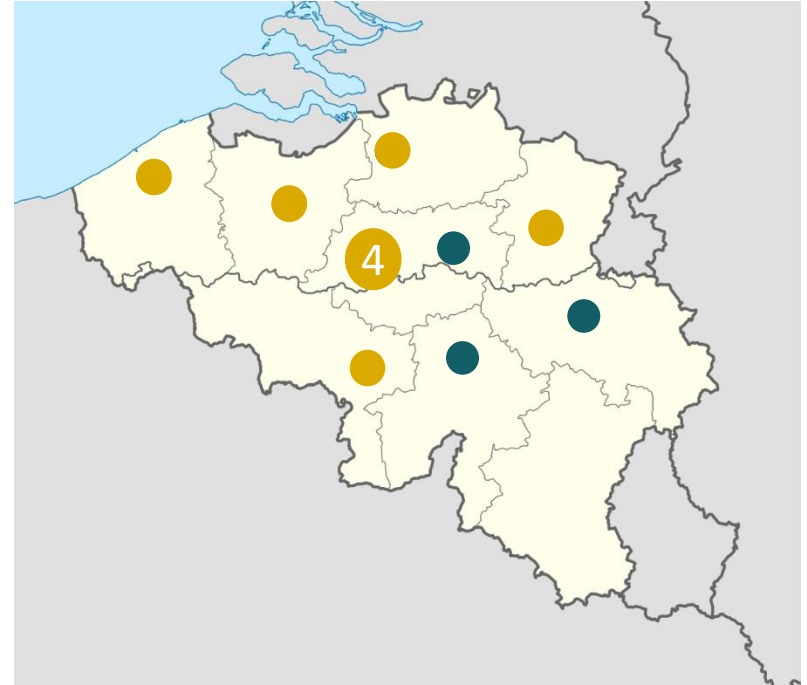
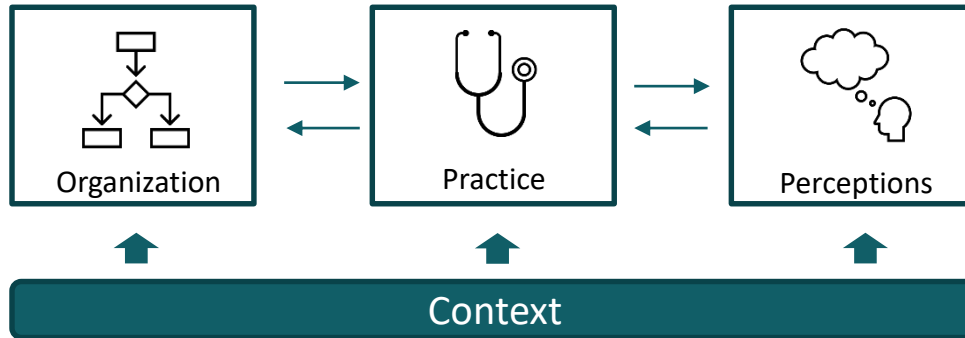




# The case of Belgian HIV Reference Centers

**How is the provision of PrEP care implemented in different Belgian HRCs ?**

=> Qualitative case study in 9 HRCs: interviews, semi-structured observations and document review

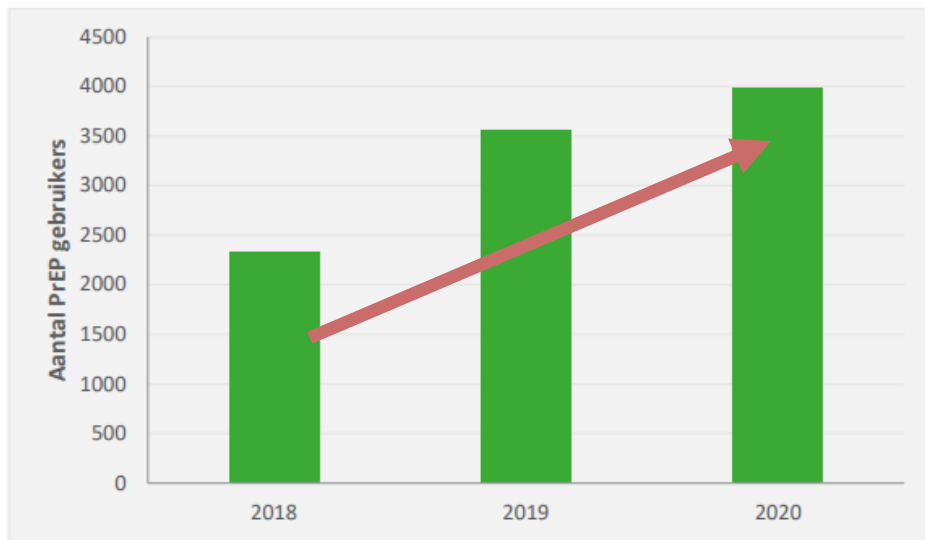




## The role of context

Contextual characteristic	Variation
Setting	Hospital-based vs. polyclinic
Patient volume	100 – 1,000+ PrEP clients in follow-up
Capacity	Available staff and infrastructure

### Growing demand for PrEP



Bron: Pharmanet & Sciensano



## Context-driven adaptations in service delivery

### Expanding

- Adding extra staff/time slots to PrEP

### Simplifying

- Standardizing/protocolizing workflow

### Task-shifting

- Counseling and STI treatment delegated to nurse

### Differentiating

- Adapt frequency of follow-up to user profile

### De-centralizing

- Collaboration with GPs and CBOs for follow-up

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# Interprofessional collaboration for PrEP

## Task-shifting from doctors to nurses

### Variations in:

- Type of responsibilities
- Degree of autonomy

*"I think we generally can take some more time [than the physician]. Clients also tend to tell us things they would not necessarily mention to the physician, like intimate things."*

[HIV nurse]

## Collaboration with providers outside the HRC

### Variations in:

- Type of partnerships (GP/CBO)
- Proactivity vs. reactivity

*"We offer every client the option of having every other visit at their GP. [...] We would not be able to keep up with all requests to start PrEP if we did not do that."*

[specialist physician]



**Access / Efficiency / Client-centeredness**



## Conceptualizing PrEP “expertise”

### Medical

*“There are aspects that require some special attention [among MSM]. I have diagnosed quite a lot of PrEP clients with syphilis after being misdiagnosed with, for instance, dermatitis or aphthosis.”*

[specialist physician]

### Psycho-social

*“Quite often you feel that PrEP impacts on their [clients’] sex lives in ways they feel unsure about. [...] Since I am not experienced with such conversations, it’s good to have a sexologist in the team to refer to.”*

[specialist physician]

### Attitude and “soft skills”

*“It [counseling] is not so difficult to do. But to do it well, you have to do it often. [...] You must be open to hear things that might not be to your liking. Yet, you can’t judge people for it.”*

[HIV nurse]

=> Implications for training, guidelines and future collaborations (“who has expertise?”)

# Conclusion

- Growing PrEP demand = main driver of service delivery adaptations in Belgian HRCs
- Type of adaptations is context-dependent:
  - Expanding, simplifying, task-shifting, differentiating, de-centralizing
- Case of Belgian HRCs shows spontaneous movement towards differentiated care:
  - meeting needs of different types clients...
  - ...while reducing burden on services and health system

# Acknowledgements

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## Participating HRCs & BREACH





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