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FAST-TRACK CITIES INSTITUTE

AMSTERDAM FAST-TRACK CITIES 2023

Understanding the role of adaptive responses in the service delivery of PrEP in Belgian HIV clinics

a qualitative multiple case study

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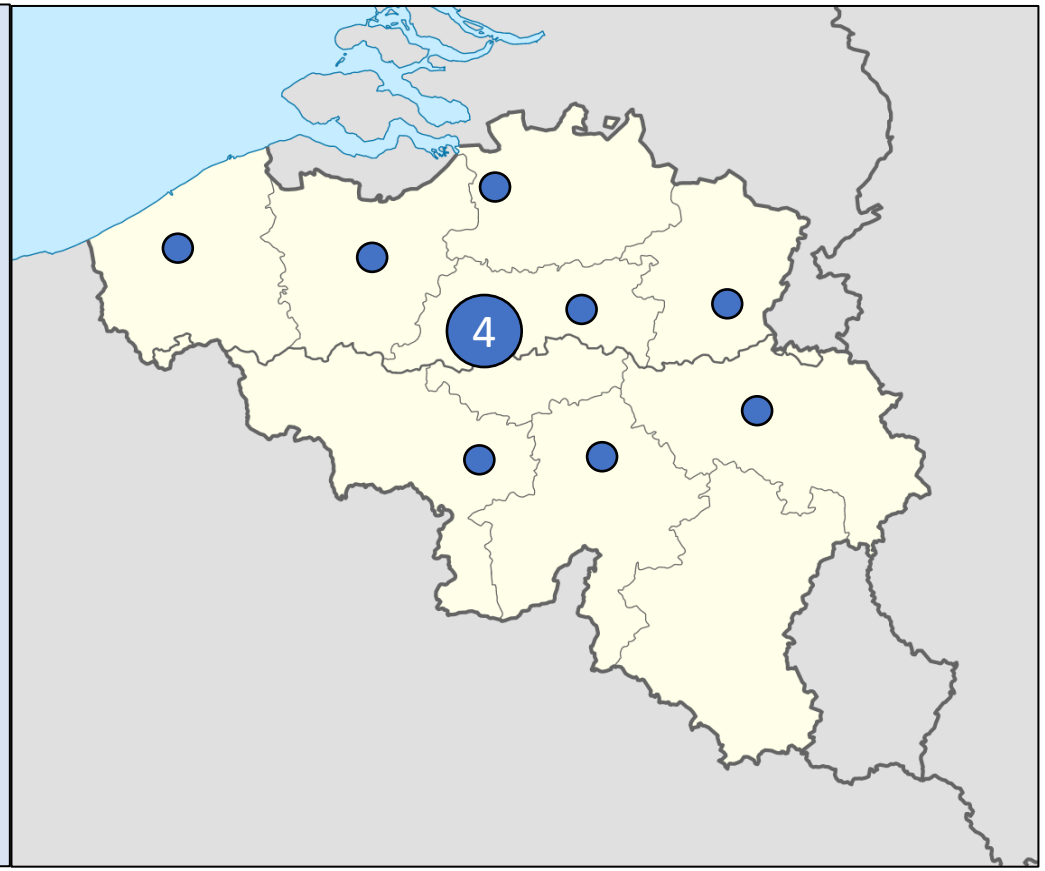
The Belgian PrEP service delivery model

- PrEP care provided through **12 HIV Reference Centres (HRCs)**
- PrEP care **partly reimbursed**
- PrEP care provision highly **regulated**
  - Eligibility criteria for reimbursement
  - Only infectious disease specialists in HRCs can prescribe
  - Quarterly follow-up visits required



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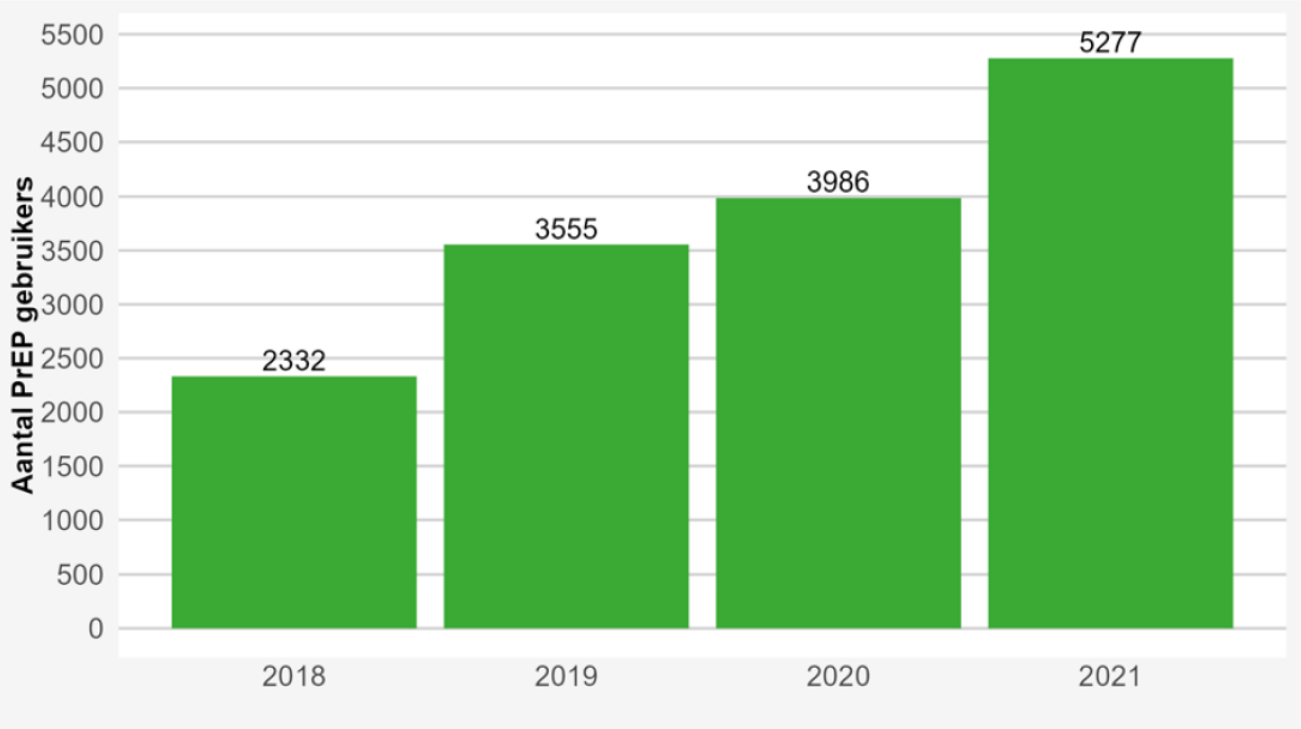
Uptake of PrEP in Belgium



Evolution in the number of yearly PrEP users
(=obtained reimbursed PrEP at least once from community pharmacy)

126% increase from 2018 to 2021

Yet, limited increase in resources for HIV clinics (budget ceiling)

How do providers in HIV clinics cope with new responsibilities and additional demands under conditions of constraint?

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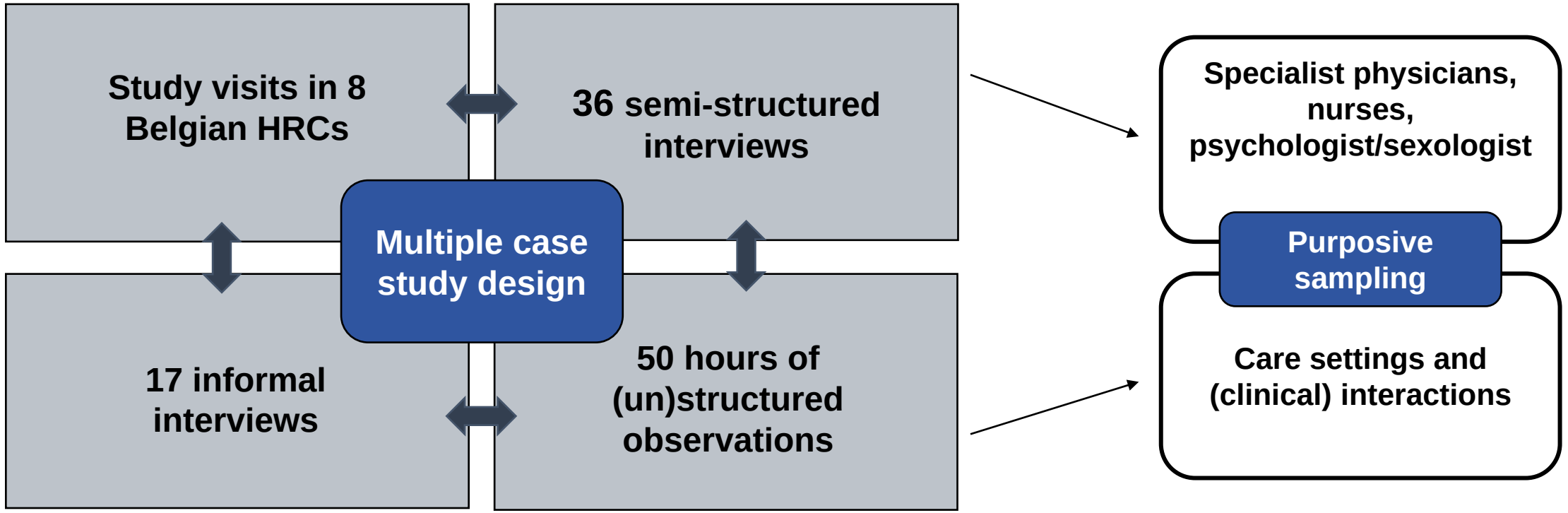
Research objectives

1. To investigate how Belgian PrEP providers integrate PrEP care into routine HIV services (incl. formal and informal adaptations).

2. To understand better how local context contributes to variation in PrEP service delivery models across different settings.

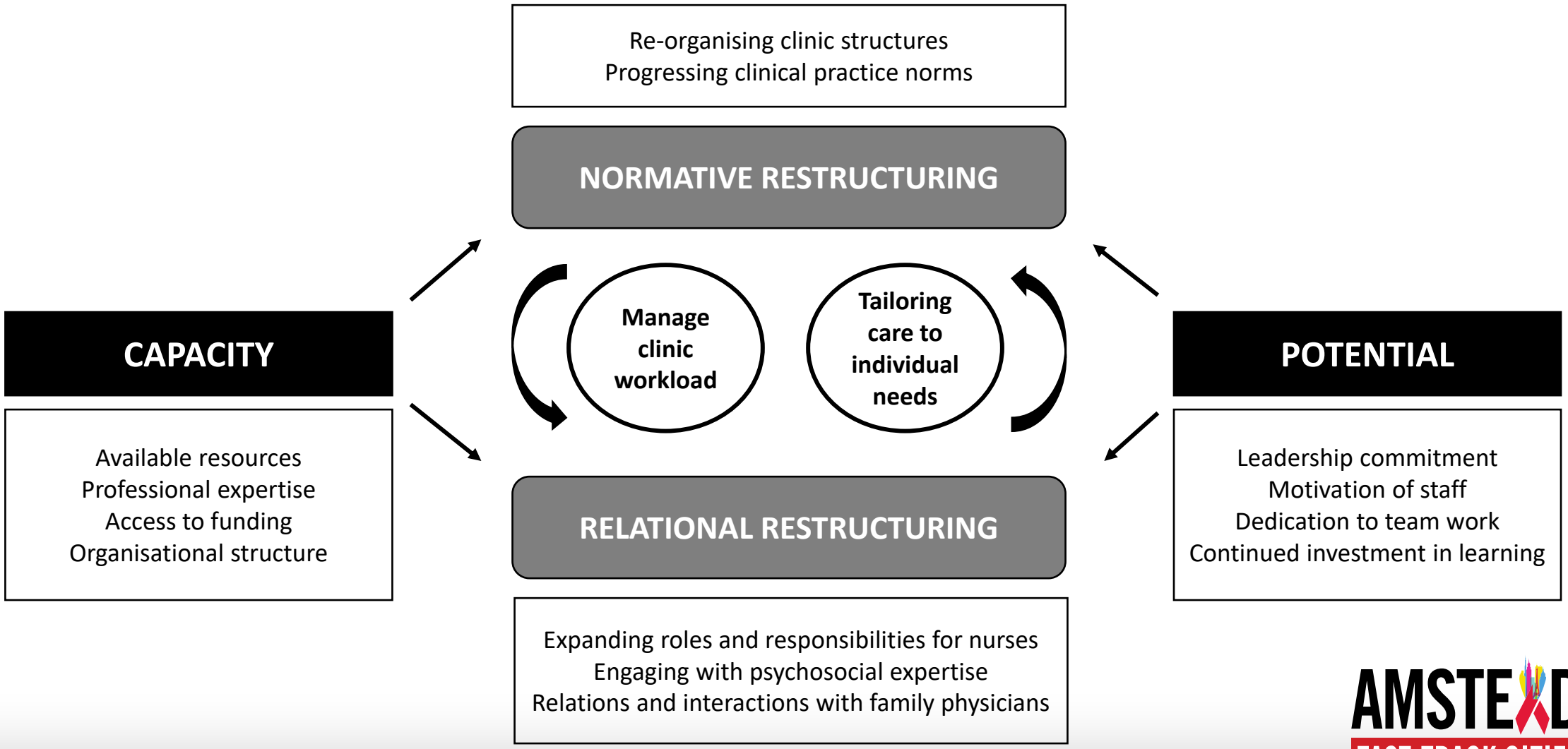
Methods



Data collection between January 2021 and June 2022

Thematic analysis of verbatim transcripts and field notes
extended Normalisation Process Theory (eNPT) as a guiding theoretical framework

Extended Normalisation Process Theory (eNTP)



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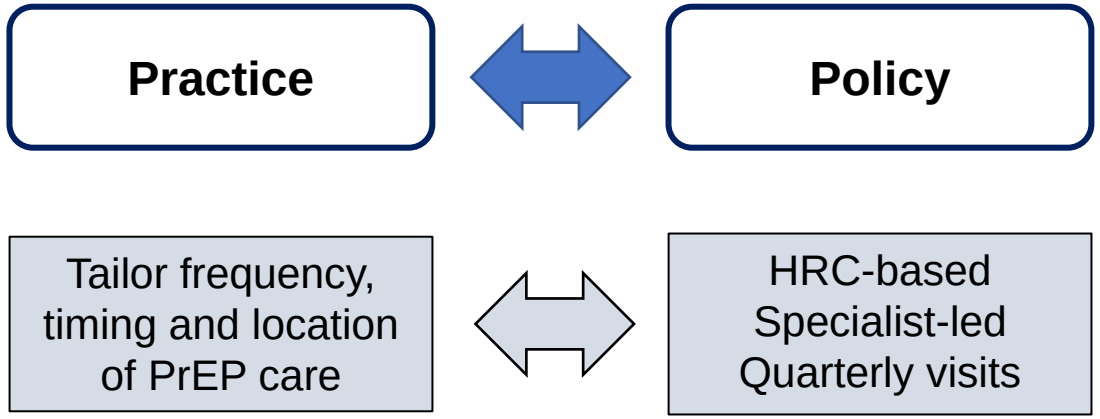
Normative restructuring

Re-organizing clinic structures

"*We now have PrEP visits every Monday […] We have strongly optimized the process, meaning it is very good and efficient, but it has two disadvantages: you [clients] have to be strictly on time, and we cannot compromise on the day. […] That's the best we are able to offer*."

(physician; regional hospital)

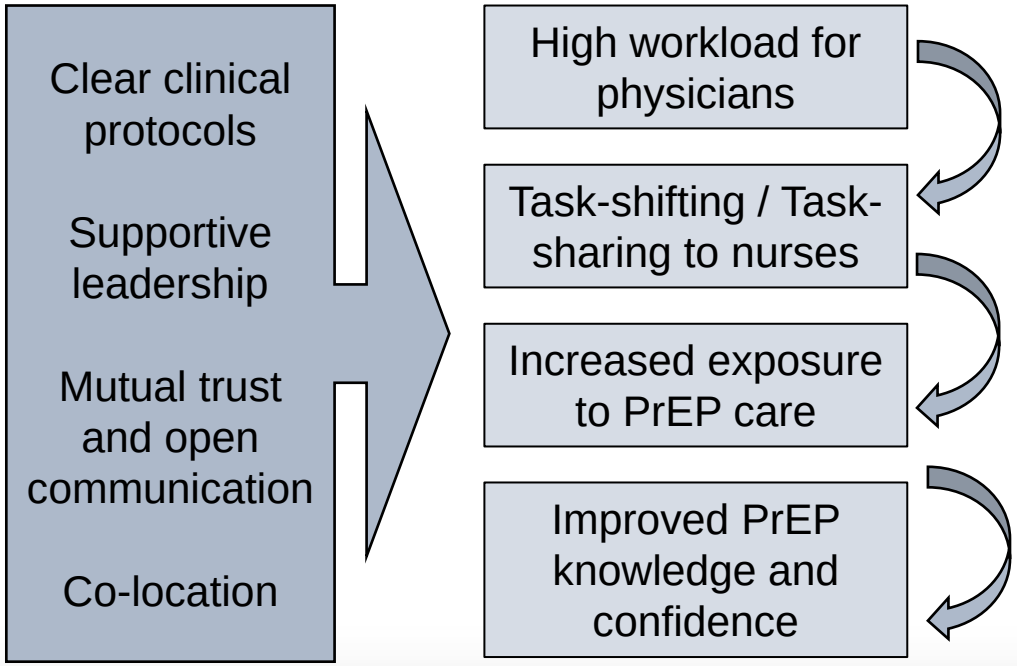
Progressing clinical practice norms



Relational restructuring

Expanding roles and responsibilities for nurses

Nurses as "PrEP experts"



Nurses as caregivers

"I see sometimes physicians that, when they have to make choices because they have a lot on their plate, they might be inclined to spend less time on PrEP, saying these are healthy people and all goes well […] I sometimes go to the waiting room to call in PrEP clients, just to ask how they are doing. You would be surprised to hear what this brings to surface …"

(nurse; high-volume clinic)

Relational restructuring

Engaging with specialized psychosocial expertise

"You proactively have to ask [about sexuality-related psychosocial issues] because 90% won't tell you about it if you don't ask. […] I notice that clients are more inclined to come and see us if the nurse proactively explores these issues and informs them [clients] of what they can expect when they come and see us, it lowers the threshold."

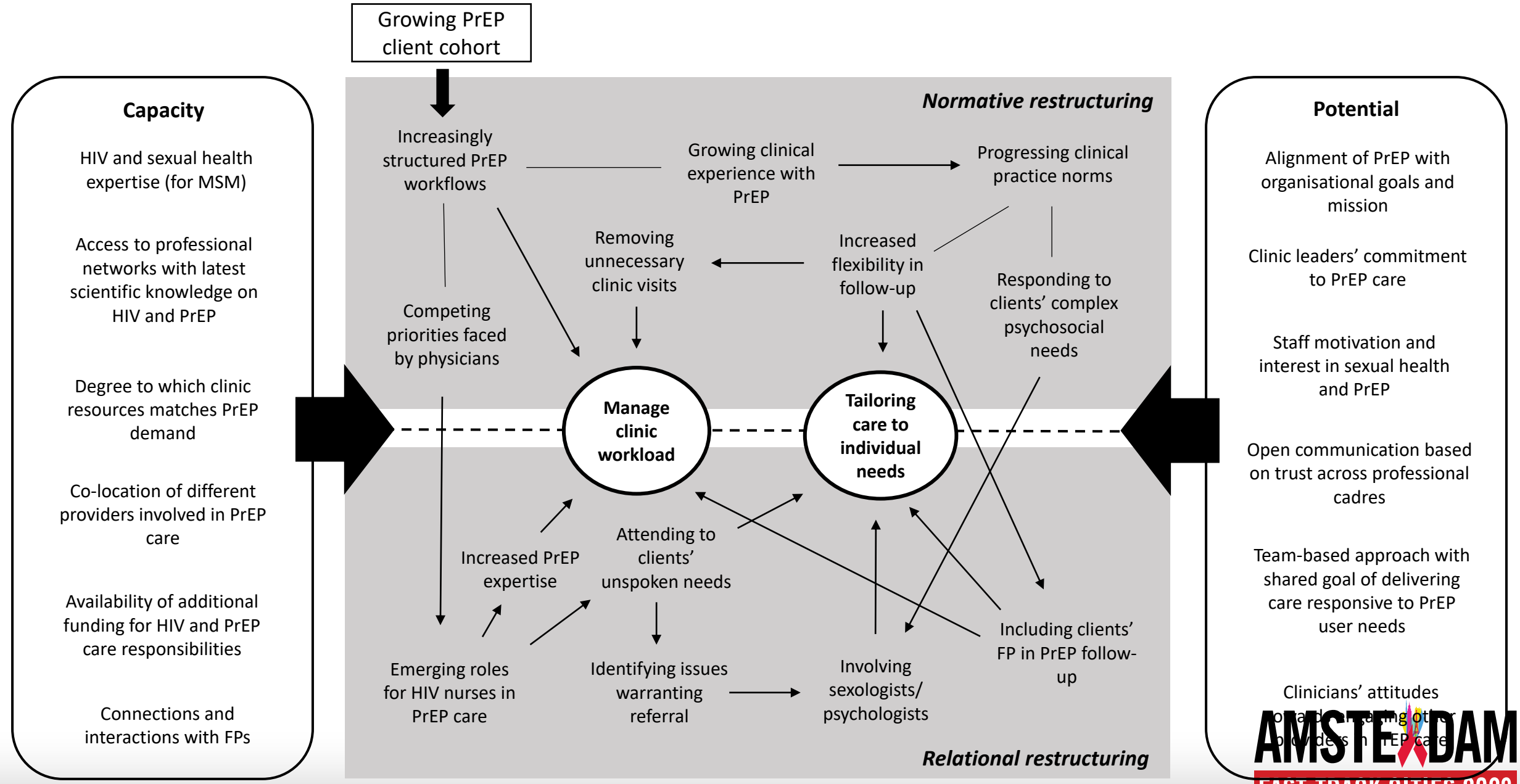
(sexologist; high-volume clinic)

Relations and interactions with family physicians

Generally passive and limited

"*Clients do not want to have their FP involved*"
Reimbursement policies do not allow for FP engagement
Perceived lack of capacity and expertise of FPs

Capacity issues pushed one clinic to move to "shared PrEP follow-up" with FP


Growing PrEP client cohort
Capacity
HIV and sexual health expertise (for MSM)
Access to professional networks with latest scientific knowledge on HIV and PrEP
Degree to which clinic resources matches PrEP demand
Co-location of different providers involved in PrEP care
Availability of additional funding for HIV and PrEP care responsibilities
Connections and interactions with FPs
Normative restructuring
Increasingly structured PrEP workflows
Growing clinical experience with PrEP
Progressing clinical practice norms
Removing unnecessary clinic visits
Increased flexibility in follow-up
Competing priorities faced by physicians
Responding to clients' complex psychosocial needs
Manage clinic workload
Tailoring care to individual needs
Increased PrEP expertise
Attending to clients' unspoken needs
Including clients' FP in PrEP follow-up
Emerging roles for HIV nurses in PrEP care
Identifying issues warranting referral
Involving sexologists/ psychologists
Relational restructuring
Potential
Alignment of PrEP with organisational goals and mission
Clinic leaders' commitment to PrEP care
Staff motivation and interest in sexual health and PrEP
Open communication based on trust across professional cadres
Team-based approach with shared goal of delivering care responsive to PrEP user needs
Clinicians' attitudes

Lessons learned

- Effective PrEP care implementation constitutes more than executing a standardized set of activities according to prescribed protocols or policies.
- Provider-initiated adaptive responses are crucial to ensure the ‘workability’ of PrEP services under broader health system dynamics/constraints.
- Providers challenge existing policy and practice norms on PrEP care to manage workload more effectively and realize their ambition to provide client-centered care.
- Policymakers should refrain from installing “one-size-fits-all” service delivery standards and legitimize the practice-based evolution towards different PrEP service delivery models.

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