

Abstract

Author: Sarah Swannet, MD
Promoter: Ludwig Apers, MD
Co-promoter: Patrick Lacor, MD

Key words: *HIV/AIDS care, Primary health care, Sub-Saharan African migrant*

Title: HIV care in Belgium anno 2012. Interaction between first and second line: an analysis from patient-provider perspective. Focus on patients of Sub-Saharan African origin.

Institutions:

Swiss Tropical and Public Health Institute, Basel
Institute of Tropical Medicine, Antwerp
University Hospital Brussels, Brussels
CETIM, Sint-Pieters Hospital, Brussels

Problem statement: The introduction of antiretroviral therapy caused a revolutionary change in HIV/AIDS. When detected early and treated in a convenient way, HIV today can be considered as a chronic condition. Worldwide there is growing evidence that primary health care is the key component of chronic disease management. In Belgium, in most cases HIV/AIDS is still taken care of by specialists in the AIDS reference centres and only few general practitioners are actively involved in HIV care.

Objectives:

Main objective: To critically reflect on the role of specialists and general practitioners in HIV care offered to patients of Sub-Saharan African origin living in Belgium.

Specific objectives:

1. To describe present HIV care in Belgium.
2. To explore the Sub-Saharan African HIV positive patients' point of view on HIV care.
3. To identify shortcomings and challenges in actual HIV care.
4. To identify gaps and prerequisites for general practitioners to step into HIV care.
5. To suggest strategies to improve cooperation between primary and specialist HIV care.

Methods and Data collection: Mixed methods are used (quantitative and qualitative). The study is divided in three parts, each of them addressing partly to the objectives that were put forward. *Part 1:* General practitioners' questionnaire (about the HIV positive patients in their practice). *Part 2:* AIDS reference centre's questionnaire. *Part 3:* Interview with a patient organization, patients' questionnaire, focus group discussion with the patient group 'Muungano'.

Findings:

Part 1: General practitioners were questioned through patient file analysis of HIV positive patients in their practice. Two thirds of the HIV positive patients of Sub-Saharan African origin do visit their general practitioner regularly. Often the general practitioners are not well informed about the immune status of their HIV patient. General practitioners were of the opinion that the cooperation with the AIDS reference centers should be improved.

Part 2: AIDS reference centers are in favor of a greater implication of the general practitioner in the HIV care for stable patients. The general practitioners' knowledge about HIV/AIDS should be improved and the cooperation has to be optimized.

Part 3: The questioned HIV positive patients of Sub-Saharan African origin having a general practitioner stayed for a longer time in Belgium and most of them had a residence permit. No other factors seemed to significantly influence the issue of having a general practitioner or not. These HIV positive patients seemed to trust their general practitioner well. Patients first consulted their general practitioner in case of physical disease, whether for psychological reasons the AIDS reference centre was more often visited. The people living with HIV/AIDS from the patient group 'Muungano' gave their insight view on HIV care during the focus group discussion and were very positive towards 'shared HIV care'.

Discussion: The main stakeholders in HIV care for patients of Sub-Saharan African origin agreed on 'shared HIV care', following the model of 'patient centred care'. Many concerns to do so arose from as well health care professional as user perspective. Eight major concerns expressed by HIV positive patients from Sub-Saharan African origin, with respect to the use of HIV/AIDS services in Belgium, will be used to address and guide.

Conclusion: HIV care for patients from Sub-Saharan African origin requires particular understanding, professional education and optimal coordination of HIV care services. The HIV positive patient needs to be informed about 'shared HIV care' and should sign an informed consent. General practitioners that are interested in HIV care need to be educated in HIV/AIDS and have to be culturally sensitive. AIDS reference centres need to provide up-to-date HIV/AIDS information and clear, fast and confidential pathways for information sharing about an individual patient are needed.