

# HOW CAN THE HEALTH SYSTEM RETAIN WOMEN IN HIV TREATMENT FOR A LIFETIME? A DISCRETE CHOICE EXPERIMENT TO INFORM OPTION B+ IMPLEMENTATION IN ETHIOPIA AND MOZAMBIQUE

## ETHIOPIA, MOZAMBIQUE

### Background and Rationale

In 2013, the World Health Organization recommended that all HIV-positive pregnant and breastfeeding women be provided with lifelong antiretroviral therapy (ART) to prevent mother-to-child transmission of HIV, a strategy known as Option B+. While Option B+ has increased access to ART for HIV-infected pregnant women, one initial study found that Option B+ clients were five times more likely not to return to the health facility after an initial visit than women starting ART for their own health (i.e., because they had reached a defined

CD4 treatment threshold). Emerging concerns about retaining women in lifelong treatment necessitate research to identify what HIV-infected women want and how services can best be organized to promote their retention in care.

### Study Overview

From 2013 to 2014, ICAP partnered with the Centers for Disease Control and Prevention (CDC) and the Ministries of Health of Ethiopia and Mozambique to study women's preferences for the structure and content of lifelong ART in the con-



### Box: Summary of Research Methods

- A literature review and discussions with local stakeholders in Ethiopia and Mozambique to develop a list of policy-amenable attributes of Option B+ service implementation
- Four focus group discussions per country with HIV-infected women of childbearing age to better understand women's needs and preferences
- A cross-sectional DCE survey of 1,013 women in Ethiopia and 1,020 women in Mozambique

text of Option B+ scale-up (see box). Dr. Margaret Kruk, the study's Principal Investigator, and the ICAP team used a novel research tool called a discrete choice experiment (DCE), which can be used to systematically assess the relative importance of different factors on patient choices. This study represents the first time a DCE has been used to explore preferences for life-long HIV treatment.

### Key Findings

Results showed that HIV-infected pregnant women and women desiring a future pregnancy in Ethiopia and Mozambique placed greatest value on having respectful providers and the ability to obtain non-HIV services in the same consultation as their HIV care visit. These two service attributes were approximately twice as important to Ethiopian women as the availability of mother support groups and counseling services. In Mozambique, women valued respectful providers more than twice as much as providers who involved the husband/family in care, and valued the availability of non-HIV services in the same visit twice as much as obtaining counseling services.

### Implications

Efforts to enhance retention in HIV care and treatment for pregnant women should focus on promoting respectful care by providers, integrating access to non-HIV health services into HIV care visits, and strengthening counseling services. The study's findings highlight that:

- Outpatient care should be organized to permit access to more than one service. Situating Option B+ services within maternal and child health programs, which is the

current model in Mozambique, may facilitate service integration and potentially promote retention in care.

- Facilities selected to provide Option B+ services should also provide a basic package of non-HIV services.
- Health systems need to make structural changes—such as improved staffing and service availability—in order to increase access to health services, improve the quality of interpersonal care being provided, and enhance lifetime retention in HIV care.
- It is essential that policymakers and providers in HIV care embrace the respectful care agenda now being promoted in other areas of health. In addition, research is urgently needed on the underlying causes of disrespectful treatment and interventions that can be implemented to address this issue.