

**Title: Acceptability of Option B+ among pregnant and breastfeeding women in selected districts in Zimbabwe**

**Track and Category:** E16

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**Background:** Zimbabwe's MOHCC adopted the 2013 World Health Organization (WHO) PMTCT guidelines recommending initiation of HIV positive pregnant and breastfeeding women on lifelong antiretroviral therapy (ART) irrespective of their clinical or immunological stage (Option B+). Option B+ was officially launched in November 2013. The acceptability and uptake of lifelong treatment by women accessing health care facilities was unknown. We assessed and described the acceptability of and adherence to lifelong ART among pregnant and breastfeeding women, and explored experiences and perceptions regarding Option B+ service delivery.

**Methods:** A cross-sectional qualitative study was conducted at selected sites in Harare and Zvimba using a socioecological framework. In-depth interviews (IDIs) and focus group discussions (FGDs) were conducted with HIV+ pregnant and lactating women and healthcare providers to explore Option B+ acceptability, barriers, and facilitators to ART adherence and service delivery uptake. Medical Research Council of Zimbabwe approved the study. Data were voice recorded, translated, transcribed, coded, and analyzed using MaxQDA.

**Results:** 43 IDIs, 22 FGDs, and five key informant interviews (KIIs) were conducted. The majority of women had no problem initiating ART, and accepted that the medicine is necessary to improve their health and prevent HIV transmission to their children but that continued counseling was essential for good adherence and retention in care. However, some participants were unsure if they would continue ART after cessation of breastfeeding. Concerns included fear of side effects, confusion around dosage, insufficient education about food and ART, and the lack of opportunities to ask questions about the new regimen. Facilitators were the low pill burden, ability to continue breastfeeding beyond six months like HIV negative women and partner, community and health worker support. Barriers were distance, non-disclosure of HIV status to significant others, knowing someone who had negative experience on ART (side effects/worse illness).

**Discussion:** The study demonstrated that HIV-positive pregnant and breastfeeding women in this setting are accepting of lifelong ART. Same day initiation under Option B+ reduces the amount and quality of counseling HIV positive pregnant women receive before starting treatment and provides insufficient information. The counseling structure, including ongoing counseling after initial post-test session, needs to be strengthened to ensure that women receive necessary information.