to calculate the individual and joint effects of CCT and TD, and we calculated the interaction contrast (IC) to illustrate possible interaction between these effects.

Results The effect of CCT on uptake of PMTCT services was greater among women exhibiting high TD. The IC suggested a positive interactive effect between TD and the CCT intervention on uptake of PMTCT services (IC: 0.17; 95% CI: -0.15, 0.48). We observed no evidence of additive interaction between TD and the CCT intervention on retention or viral suppression.

Conclusion This CCT intervention may help mitigate the harmful effects of TD on uptake of PMTCT services, though this mechanism did not appear to play a role for retention or viral suppression. Alternative approaches could be developed to address the effects of TD on HIV-related outcomes.

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