**Text S6: Description of setting, participants and staff from the included studies**

The PMTCT program was integrated across antenatal, labor ward and postnatal care in 24 studies [[1-24](#_ENREF_1)], in antenatal and postnatal care in two studies [[25](#_ENREF_25),[26](#_ENREF_26)], in antenatal and labor ward care in nine studies [[27-35](#_ENREF_27)], in antenatal care in one study [[36](#_ENREF_36)], at labor ward in four studies [[37-40](#_ENREF_37)], and in labor ward and postnatal care in one study [[41](#_ENREF_41)].

The antenatal care was provided in 15 studies at primary healthcare level [[1](#_ENREF_1),[2](#_ENREF_2),[4](#_ENREF_4),[7](#_ENREF_7),[9-11](#_ENREF_9),[13](#_ENREF_13),[17](#_ENREF_17),[21](#_ENREF_21),[23](#_ENREF_23),[28](#_ENREF_28),[32](#_ENREF_32),[33](#_ENREF_33),[36](#_ENREF_36)], while in 15 it occurred at hospital level [[3](#_ENREF_3),[6](#_ENREF_6),[8](#_ENREF_8),[12](#_ENREF_12),[14](#_ENREF_14),[16](#_ENREF_16),[18](#_ENREF_18),[19](#_ENREF_19),[24](#_ENREF_24),[26](#_ENREF_26),[29](#_ENREF_29),[31](#_ENREF_31),[34](#_ENREF_34),[35](#_ENREF_35),[39](#_ENREF_39)]. In four studies the location was not clear [[20](#_ENREF_20),[22](#_ENREF_22),[25](#_ENREF_25),[27](#_ENREF_27)]. The integrated PMTCT and labor ward care was always implemented at hospital level, except in one study where it was provided at primary healthcare level [[4](#_ENREF_4)].

The setting of care was not clearly reported in a number of studies. However, the setting was clearly reported as urban in 22 studies [[3](#_ENREF_3),[4](#_ENREF_4),[7](#_ENREF_7),[15-17](#_ENREF_15),[19](#_ENREF_19),[21](#_ENREF_21),[22](#_ENREF_22),[24-27](#_ENREF_24),[30-32](#_ENREF_30),[34-39](#_ENREF_34)], rural in nine studies [[12](#_ENREF_12),[14](#_ENREF_14),[23](#_ENREF_23),[29](#_ENREF_29),[33](#_ENREF_33)], and both, rural and urban in six studies [[1](#_ENREF_1),[5](#_ENREF_5),[9-11](#_ENREF_9),[13](#_ENREF_13)]. In one study integrated care was provided in a refugee camp [[2](#_ENREF_2)].

Only a few studies presented data on socio-demographic characteristics of the participants. In six studies the women were mostly unemployed or housewives [[2](#_ENREF_2),[11](#_ENREF_11),[13](#_ENREF_13),[14](#_ENREF_14),[16](#_ENREF_16),[41](#_ENREF_41)]. In seven studies most of the participants had primary level education or less [[5](#_ENREF_5),[13](#_ENREF_13),[14](#_ENREF_14),[17](#_ENREF_17),[25](#_ENREF_25),[28](#_ENREF_28),[41](#_ENREF_41)]. in three studies the majority of women finished secondary level education [[6](#_ENREF_6),[16](#_ENREF_16),[26](#_ENREF_26)], and in one study from Nigeria more than half of the women were college graduates [[34](#_ENREF_34)].

In all studies that reported on socio-demographic characteristics women were either married or in a relationship [[5-9](#_ENREF_5),[14](#_ENREF_14),[16](#_ENREF_16),[18](#_ENREF_18),[21](#_ENREF_21),[26](#_ENREF_26),[28](#_ENREF_28),[41](#_ENREF_41)].

In four studies some of the participants were intravenous drug users [[7](#_ENREF_7),[15](#_ENREF_15),[17](#_ENREF_17),[38](#_ENREF_38)].

In most of the studies, nurses, midwifes and doctors delivered care. Counselors, lay counselors, health workers or TBAs, were an integral part of the team of providers in 21 studies [[1](#_ENREF_1),[2](#_ENREF_2),[4](#_ENREF_4),[6](#_ENREF_6),[8](#_ENREF_8),[10](#_ENREF_10),[13](#_ENREF_13),[21](#_ENREF_21),[24-26](#_ENREF_24),[28](#_ENREF_28),[30-32](#_ENREF_30),[34](#_ENREF_34),[36](#_ENREF_36),[37](#_ENREF_37),[39-41](#_ENREF_39)].

In 25 studies the authors stated that the staff was trained to provide integrated care [[1](#_ENREF_1),[2](#_ENREF_2),[4-13](#_ENREF_4),[15](#_ENREF_15),[19-24](#_ENREF_19),[27](#_ENREF_27),[29](#_ENREF_29),[35](#_ENREF_35),[36](#_ENREF_36),[39](#_ENREF_39),[41](#_ENREF_41)].

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