**Text S8: Data about subgroup analyses, community involvement and maternal and infant follow-up**

**Impact of different strategies on uptake of PMTCT interventions integrated with antenatal care**

We analyzed the impact of opt-out and opt-in strategy on the proportion of women who were counseled, accepted to be tested and received ARV prophylaxis. Comparing the values of the five studies where opt-out testing strategy was used [[1-5](#_ENREF_1)] to the nine studies which implemented the opt-in approach [[6-14](#_ENREF_6)], we found that the testing uptake was significantly higher when opt-out testing was used: 95% (range 84-100%) versus 80% (range 26-96%), *P*=0.04. However, no significant differences were found in the proportion of women counseled; opt-out 96% (range 95-100%) versus opt-in 95% (range 30-100%), *P*=0.6034, or provided with ARV prophylaxis; opt-out 80% (range 45-99%) versus opt-in 49% (range 22-84%), *P*=0.1264.

A second subgroup analysis was performed to compare the proportion of women who received their result after being tested with rapid test compared to other types of tests. Sixteen studies provided extractable data on rapid test [[3](#_ENREF_3),[5](#_ENREF_5),[6](#_ENREF_6),[10-22](#_ENREF_10)], and two on ELISA or western blot [[4](#_ENREF_4),[9](#_ENREF_9)]. The percentage of women who received their result was significantly higher when rapid test was used: 95% (range 74-100%) versus 68% (range 67-69%) when other tests were used, *P*=0.02. However there was no significant difference in the proportion of HIV infected pregnant women who collected their results: 95% (range 73-100%) for rapid tests vs. 80% (range 60-100%) for other tests, *P*=0.71.

**Community involvement**

Several studies provided data about community mobilization. Different approaches to increasing community awareness were used in the included studies: radio or television announcements [[23-26](#_ENREF_23)], drama [[11](#_ENREF_11),[24](#_ENREF_24)], or public meetings led by peer educators [[10](#_ENREF_10)]. Community leaders (e.g. traditional, religious, refugee camp leaders) were often targeted by media campaigns [[3](#_ENREF_3),[5](#_ENREF_5),[10](#_ENREF_10),[20](#_ENREF_20)]. Traditional leaders were recruited to a program encouraging men to attend antenatal care with their partners after being reached by a campaign [[20](#_ENREF_20)]. In Zambia, male peer volunteers were recruited to promote male participation in antenatal care and reproductive health services with their partners.[[20](#_ENREF_20)] In Tanzanian refugee camp, a campaign encouraging men to attend counseling and testing with their partners was implemented [[5](#_ENREF_5)]. Male involvement was employed in several studies [[1](#_ENREF_1),[10-12](#_ENREF_10),[14](#_ENREF_14),[20](#_ENREF_20),[22](#_ENREF_22),[27](#_ENREF_27),[28](#_ENREF_28)].

**Follow-up of HIV positive women and infants after the delivery**

None of the included studies reported on the proportion of HIV positive women receiving ART after the delivery. In two studies women were referred to HIV centers for further treatment after the delivery [[29](#_ENREF_29),[30](#_ENREF_30)]. In a study from Thailand HIV positive women and their children were referred to HIV centers but the program did not include a specific HIV treatment protocol [[7](#_ENREF_7)]. Three studies reported that women with symptoms received co-trimoxazole during pregnancy or after delivery as part of the HIV care [[3](#_ENREF_3),[10](#_ENREF_10)] [[11](#_ENREF_11)].

In three articles authors stated that all identified HIV positive children were referred for HAART to HIV clinics [[17](#_ENREF_17),[31](#_ENREF_31),[32](#_ENREF_32)] Four studies reported only that HIV positive children were referred to the HIV clinics or pediatrician [[3](#_ENREF_3),[7](#_ENREF_7),[14](#_ENREF_14),[20](#_ENREF_20)].

In eight studies, infants were reportedly provided with co-trimoxazole prophylaxis but no information was provided on the number of children treated [[2](#_ENREF_2),[3](#_ENREF_3),[6](#_ENREF_6),[10](#_ENREF_10),[11](#_ENREF_11),[20](#_ENREF_20),[24](#_ENREF_24),[31](#_ENREF_31)].

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