

Abstract

Only in 2010 approximately 370 000 children got newly infected with HIV worldwide - 90% of them in sub-Saharan Africa and 90% through vertical transmission during pregnancy, delivery or breastfeeding. Great progress has been made to improve drugs regimens and to increase enrolment of pregnant women into the PMTCT program. Current strategies have the potential to decrease the risk of transmission below 5%. Unfortunately rates of follow up and adherence seem to be low throughout the PMTCT cascade, undermining efficacy of programs.

The **objective** of this study was to identify factors influencing adherence and retention in care for PMTCT in sub-Saharan Africa. Adherence was defined as conclusive as possible, to reflect all aspects of participation to the program (including counselling and testing, return for follow up appointments, intake of medication as required, testing of infant).

The **method** chosen was a literature review with a final selection of 33 both quantitative as qualitative studies. Among those, a total of 58 indicators/ factors either contributing to, or undermining, adherence and retention in care, were identified. The indicators were grouped in socio-demographic/ socio-economic, health seeking related, health system related, psychosocial and biological/ medical thematic categories. Each contained ten to 16 different indicators. All indicators appearing in at least three different quantitative studies (13), or having special relevance (1) were extracted and analysed in detail.

Among the **results**, factors of older age, lower parity, higher educational levels, wealth, existence of maternal income generating activities, delivery at a health facility, more ANC visits, participation in support groups, better access to treatment, earlier HIV testing, higher level of HIV knowledge, disclosure of HIV status and normal birth weight of infant, were associated with improved levels of adherence. No significant association was established for the factor of marital status of the mother.

The results were put in relation to international medical guidelines and strategic papers. Also links between standard medical programs and the elaborated findings were established.

All included studies were analysed in regards to study design and their scientific quality for the specific PMTCT context.

As a **conclusion** it can be stated, that a high amount of studies on PMTCT are available, some common associations were made, but further research and adaptation of protocols accordingly, is urgently needed to improve efficacy and efficiency of interventions.