Reviewer's report

Title: Development of an AFASS assessment and screening tool towards prevention of Mother-To-Child HIV transmission in Sub-Saharan Africa- A Delphi Survey

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Reviewer: Nigel Rollins

Reviewer's report:

General comment
The authors report the findings of a Delphi survey undertaken to identify a counselling approach for supporting HIV positive mothers to determine appropriate infant feeding practices.

The main criticisms of the report are that there were too few respondents included in the survey and there was no validation of the tool in practice. As a result it is difficult to put great value on the 'consensus' reported in the manuscript or that results are relevant and generalisable to many settings.

The quality of the written English is good.

Major comments (revisions essential)
1. Introduction. The introduction is generally too long and could be reduced in length;

2. Introduction. The authors state that the HIV epidemic is reversing improvements in U5 mortality rates in sub-Saharan Africa. While this was true 5-10 years ago, it is not presently true. Even in the countries with the highest HIV prevalence rates, U5 mortality rates are decreasing due to the increasing availability of interventions to prevent HIV transmissions and increasing coverage of other child survival interventions. The authors need to review the current mortality data for these countries;

3. Introduction. The last sentence of the first paragraph is difficult to understand and is factually incorrect. MTCT from breastfeeding has historically accounted for about 40% infections. More recently, the availability of ARV intervention that can reduce peripartum transmission has increased that relative contribution though the total number of infections due to breastfeeding has remained about constant. On in some exceptional settings e.g. Botswana is breastfeeding likely to be contributing 90% of new infections. In saying that however, the increasing use of lifelong ART and ARV interventions through breastfeeding is now also reducing the number of infections that occur during breastfeeding;

4. References. Many of the references e.g. #6, 10, 15 are dated or not appropriate for the statement and there are better, more current references to illustrate the points. Also, reference 30 has been published in full and references 31 and 32 are incomplete;
5. Introduction. The reported increased risk of HIV transmission through mixed feeding is x2-10. Coovadia 2007 is a better reference for this point than Coutoudis 2005;

6. Introduction. The authors comment that a decision on infant feeding should be tailored to mothers individual circumstances. However, recent international guidelines advocate national authorities to promote single infant feeding policies for HIV infected mothers. One of the reasons cited in the updated guidelines for promoting a public health approach rather than an individualised approach is that previous efforts to individualise decisions through 1:1 counselling was never well implemented despite many efforts to train staff and provide counselling tools. The authors should review some of the papers that report the failure of individualised counselling approaches;

7. Introduction. Last paragraph. The authors comment that there is a major need for an objective and standardised tool for assessing mothers circumstances for the purpose of counselling. Yet there have been many attempts to develop these sort of tools and to adopt this type of individualised approach. The failure of these approaches was not for lack of commitment and effort or because counselling tools were not present. It is therefore debatable whether such tools are critically needed and it is not correct to say that a standardised tool is 'much needed';

8. There was a small number of respondants which makes it difficult to infer too much or to generalise findings. In the results section, when there are so few numbers in the numerator and denominator, it is better to provide actual numbers than give only %. E.g. Consensus of 13/15 (87%), 12/15 (80%) …

9. There was a low level of agreement on the increase risk of transmission associated with mixed feeding. However, the risk reported in the literature is more like x2-10 and the lack of agreement is not therefore surprising;

10. Regarding acceptability. It is not stated where the respondents came from. It is assumed that they came from a range of countries. If this is true then they would represent a wide range of cultural values and it is not surprising that what would be considered in one setting would not be acceptable elsewhere. Hence with this background, it is very difficult to talk about lack of agreement;

11. The authors state that the process reported resulted in a validated tool. However the process cannot be taken to be a validation of the tool. To do so would require the tool to be tested in health facilities with an assessment of time taken and comprehension of the mother and measurement of the appropriateness of feeding practices that resulted from the counselling;

Minor comments (revisions suggested)

12. Introduction. The sentence 'Variation has been shown to exist …' is not clear and does not add much value. Suggest to delete;

13. Methods. The authors refer to a preliminary AFASS tool. It is not clear what was preliminary about the tool. Suggest to delete the word 'preliminary';

14. Methods. It would be helpful to state what type of health worker would be expected to ask the 'questions' - e.g. nurse or counsellor or community health
worker?

15. It may be helpful to include a flow chart of how many 'experts' responded at each stage of the survey and when updated versions of the tool were developed;

16. Give a breakdown of the number of health workers, policy makers, investigators, obstetricians etc and other informants that responded to the survey;

17. Provide the full name and reference for the SNAP tool;

18. Ref 34. See data from 2010.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests