Reviewer's report

Title: Evaluations of Health professionals care students' in response to Voluntary Counseling and Testing services in Kilimanjaro region, Tanzania.

Version: 3 Date: 4 December 2008

Reviewer: Adamson Muula

Reviewer's report:

Thank you for giving me the opportunity to review the manuscript again. The manuscript has improved but significant concerns remain. In part, the manuscript's quality is compromised by language and grammar deficiencies. There are also inconsistencies throughout the manuscript. I will list just a few of these to illustrate:

1. In the Abstract, the authors state: “Voluntary counseling and testing services have proved to be effective in risk reduction and this emphasizes its importance for the young people including medical students who are engaged themselves in high risk behaviours without perceiving themselves at higher risk.

Comment: this statement may require to be rephrased.

2. In the Results section of the Abstract, the authors wrote: “The findings revealed that all (100%) of these students were aware of the VCT services and the benefits of VCT. However, most of the students did not know the most important benefits of VCT like the change of behavior, getting support and early treatment for individuals who are infected or the benefit of future planning and risk reduction.”

Comment: this section could be restated. In one sense there is an indication that 100% new the benefits on VCT and on the other hand that the most important benefits remained unknown.

3. In the Background section, the authors wrote: “Sub-Saharan Africa is the most affected region in the world with an estimate of 24.5 million people living with HIV. Approximately 32 million new infections occurred in sub-Saharan Africa in the year 2005 [1]. Ten million young people aged 15-24 years and almost 3 million children under 15 years are living with HIV [1].

Comment: 32 million new infections in a year may be inaccurate. This number could be all the HIV cases that there are in Africa.

4. The authors wrote: “For example, in Somalia and Gambia the prevalence is below 2%. In other countries HIV prevalence varies: Zambia (20%), Botswana (38.8%), Lesotho (31.5%), Swazi (33.4%), Central Africa Republic (12.4%), Nigeria (5.8%), Kenya (15%) and Uganda is (5%) [1].

Comment: the country names are: Swaziland and Central African Republic
5. Still in the Background, the authors wrote: “Provider initiated counseling and Testing (PICT), Diagnosis of HIV in infants and young children, Family care and partner testing and counseling based on index care, Condom promotion and provision, detection and management of Sexual Transmitted Infections, safer sex and risk reduction counseling, male circumcision, targeted interventions for commercial sex workers and men who sex with men.”

Comment: sexually transmitted infections and not sexual transmitted infection; sex workers instead of commercial sex workers; sex who have sex with men, instead of “men who sex men”

6. Prevention of HIV from mothers to children and prevention of HIV (and Tuberculosis) transmission in health care settings (Infection control), Blood safety, safe injections and use of standard precautions. All these strategies emphasizes on behavior change and risk reduction behavior which both adult and youth have shown to have positive response to VCT [4]

Comment: this statement does not make sense to me.

I could go on and on with many more examples.

Methods
The authors report that a convenience sampling procedure was chosen.

Comment: we could benefit from what was actually done.

Table 5: the percentages in Table 5 are misleading. In fact the question they answer is: Among those who have ever attended vct or not attended VCT, how many are protestants, catholic, muslims etc. The question should have been, among Protestants, how many attended VCT.

References.
The journal references are not according to accepted format.

In total, I find this manuscript not ready for publication.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests