Reviewer's report

Title: Practicing opt-out HIV testing in high prevalence settings: Consent concerns and missed preventive opportunities

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Reviewer: Ruslan Malyuta

Reviewer's report:

The manuscript under review focuses on key intervention of prevention and treatment of HIV infection in high prevalence settings. Publication of this manuscript can emphasize for health practitioners and policy makers the importance of ensuring and protecting client autonomy in decision making process during scaling up of HIV testing. The authors are commended for their efforts in collecting and processing the data and efforts for been objective when presented the findings. The data was well-processed, analyzed and presented, and the manuscript was clearly written.

However it should be mentioned the key strategic difference between VCT and provider initiated testing and counseling (PITC) models. In PITC model of testing implemented in ANC has major differences with VCT model of testing because of the reason why client is seeking services. The primary reason why women attend ANC services is because they are pregnant and not because they are interested in knowing their HIV status. At VCT centers the primary reason for clients seeking services is the intention to know about their HIV status.

Populations attended VCT centers are more like to be engaged in risky behaviors then PITC clients. The VCT model of testing is considered to go through individual risk assessment and tailored prevention counseling for specific risk behaviors identified.

The PITC model is applied for populations who are less likely to be engaged in risky behaviors. Limitations of the PITC model that were presented in manuscript seem to be related not the model itself, but rather to quality of its implementation. It is always been recommended to provide client with minimal package of information necessary for obtain inform consent for testing. Voluntary nature of test need to be stressed and the right of opt-out from testing to be explained to the client.

PITC offer opportunity to present information about HIV testing during the group sessions, reducing the time spent per single client. Given the limited human resources and work load at ANC it provide a feasible solution for scaling up coverage with HIV testing and keep autonomy of client for decision making.

Posttest counseling for HIV negatives could be an important intervention for establishing trust relationship with service provider. Still there is limited data supporting the statement that it could change behavior among those who were
tested negative. Only those tested positive would more likely to choose safer behaviors.

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Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests