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IMPACT OF ROUTINE HIV COUNSELING AND TESTING WITH AN OPT-OUT STRATEGY COMPARED TO VOLUNTARY COUNSELING AND TESTING IN THE IMPLEMENTATION OF PMTCT SERVICES, LILONGWE, MALAWI

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BACKGROUND: UNC Project in collaboration with UNICEF and the Ministry of Health has operated four HIV prevention of mother to child transmission sites in Lilongwe, Malawi reaching virtually all pregnant women since 2002. In early 2005, the Malawi Government developed new HIV counseling and testing guidelines which advocate for an opt-out strategy in antenatal clinics. This strategy is defined as group pre-test counseling where all counseled women then receive HIV testing unless they specifically request to not be tested. Post-test counseling is provided on an individual and confidential basis.

METHODS: Prior to April 2005, antenatal women were pre-test counseled as individuals after obtaining a written informed consent for an HIV test. Since April 2005, all new antenatal women were sensitized about the PMTCT program in groups of 8-12 followed by verbal informed consent and group HIV pretest counseling and testing. We compared the acceptance rate of these two HIV counseling and testing strategies. Both groups were provided with equal essential ANC health packages.

RESULTS: In the 9 months between April and December 2005, 14,749 women came for new ANC visits. Of these 14,495 (98.3%) were counseled and 14,491 (98.3%) were HIV tested. In the 9 months between July 2004 and March 2005, 15,343 came for new ANC visits. Of these 11,689 (76.2%) were counseled and 11,674 (76.1%) were HIV tested.

CONCLUSIONS: The opt-out approach to HIV counseling and testing was responsible for a 22.5% increase in testing among this antenatal population. It is an acceptable and

effective strategy to provide HIV counseling and testing among women attending antenatal clinics in Malawi.

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