

Infant Feeding and HIU

WHO guidelines on HIV and Infant Feeding in 2010²⁹ for the first time recommended the use of antiretroviral drugs to prevent postnatal transmission of HIV through breastfeeding. This resulted in a major change from an individualised counseling approach toward a public health approach regarding how maternal and child health services should routinely promote and support infant feeding practices among mothers living with HIV. The WHO 2016 'Updates on HIV and Infant Feeding' further reiterates the recommendation.³⁰

The fact that HIV can pass through breastfeeding and also that breastfeeding has life saving implications for infants and children, pose a dilemma to all, including policy makers, infant feeding counsellors and mothers who are HIV positive, whether to choose breastfeeding for their baby or give replacement feeding.

Optimal replacement feeding is rarely possible in resource-limited settings. Formula feeding is expensive and unreliable and consistent supplies of infant formula are difficult to maintain in countries with limited infrastructure for transport and storage. Even when formula is freely provided it may not be culturally acceptable and often puts the mother at risk of having her HIV status disclosed involuntarily to her family and community. In view of this, breastfeeding has remained the best feeding practice regardless of HIV status in most settings especially in the developing countries where HIV prevalence is high. Furthermore, evidence has shown that antiretroviral drugs

Much more needs to be done to prioritise action to support women with HIV to make informed choice about infant feeding

(ARVs), either lifelong antiretroviral therapy (ART) or antiretroviral drug prophylaxis, that is given to the breastfeeding mother and the infant can reduce the risk of breastfeeding transmission to as low as one percent. Policies and programmes to implement this effectively will require HIV Testing and Counselling (HTC) to be available and offered routinely to all mothers.

Furthermore support should be provided to ensure ARVs are made accessible to all breastfeeding mothers as per the national recommendations and support and follow up is provided to all mothers regardless of HIV status.

In an emergency situation, in countries that recommend exclusive breastfeeding with ARVs for HIV-infected mothers, the recommendation should remain unchanged, even if ARVs are temporarily not available.

In countries that recommend formula feeding for HIV-infected mothers, great care should be taken to ensure that Code-compliant infant formula is available only for those infants who need it.

This indicator examines what kind of support on IYCF is made available at policy and programme level to women who are found to be HIV-positive. (Table 8)

The average score of the 84 countries for this indicator is 6.63 out of 10,

with eight reaching the Green code. Forty-one countries score between 7-9 and are coded Blue. Fourteen countries are coded Red, scoring below 3.5. Twenty one countries are coded Yellow, scoring between 4-6, indicating that these countries have very inadequate policies and programmes related to infant feeding and HIV (Figure 19).

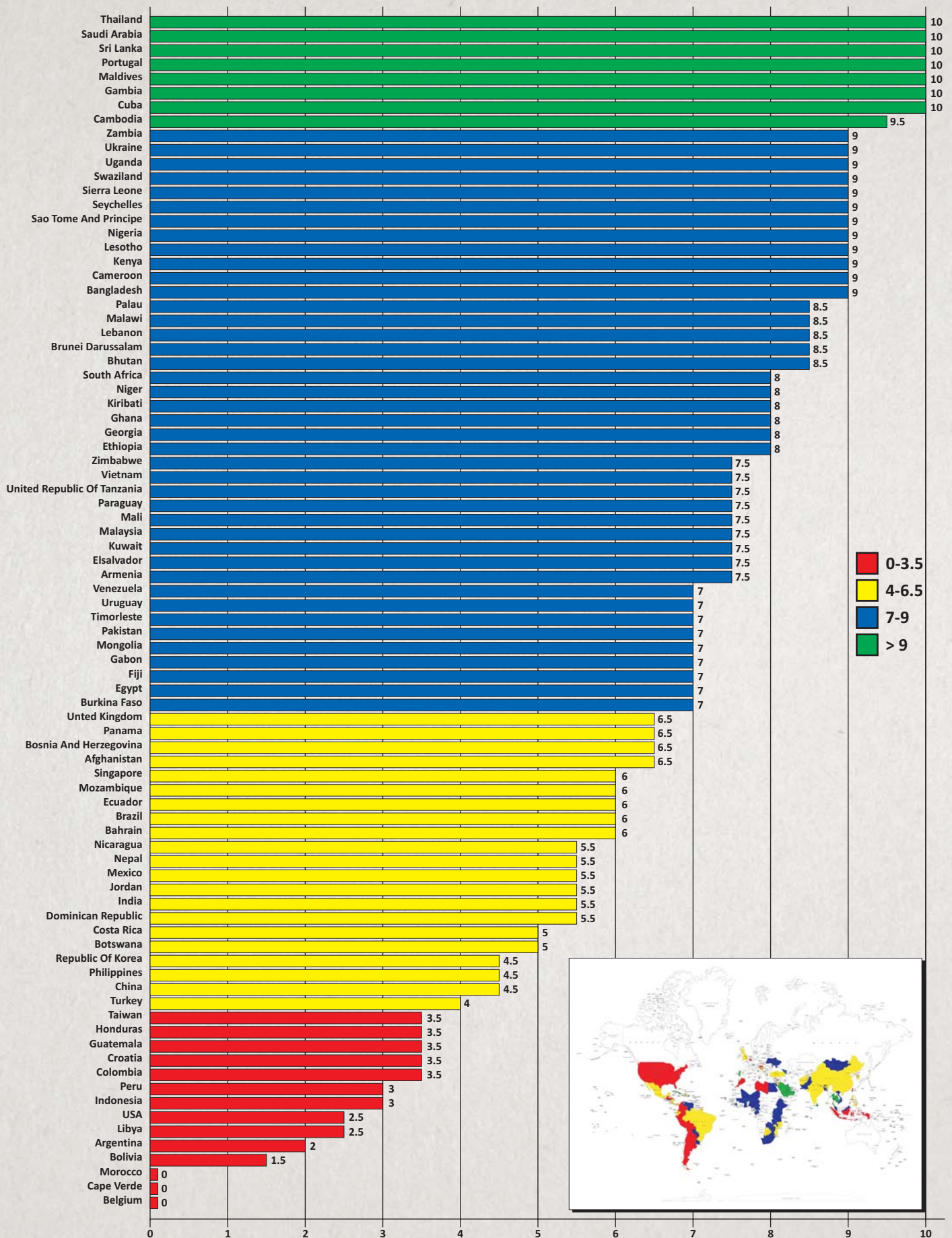
Regions like Europe, parts of Latin America, and South East Asia show red color coding and require strengthened efforts to prioritise action. Of all the regions studied, countries from the African region reported having adequately included infant feeding and HIV in their national policies.

Table 8: Key question and subset questionnaire for indicator on infant feeding and HIV scoring criteria

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring Criteria	Results ✓ Check that apply		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	2	1	0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	1	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	1	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	1	0.5	0
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
Total Score:	-----/10		

Figure 19: The state of infant feeding and HIV in 84 countries on a scale of 0-10

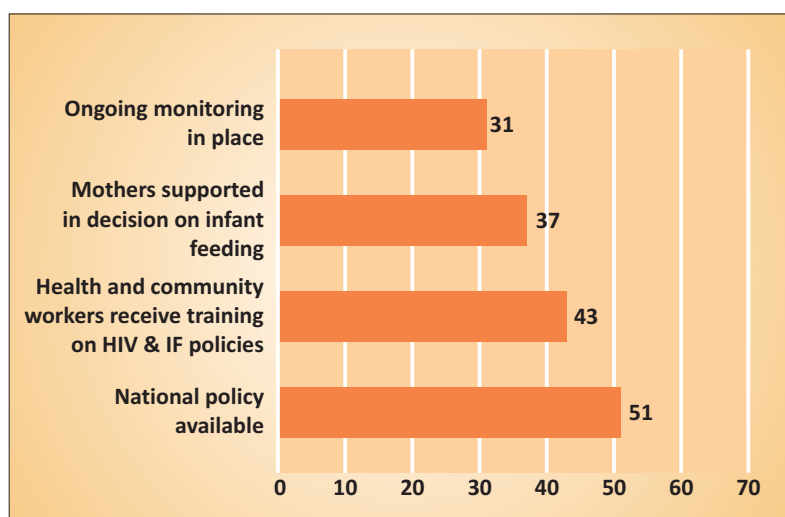


Analysis and Conclusion

The detailed analysis (Figure 20) shows that out of 84 countries assessed, 51 countries have a comprehensive national policy on IYCF that includes infant feeding and HIV. In 43 countries it is reported that health workers are trained in HIV and infant feeding. Only thirty-seven countries report that mothers are supported in their decisions on infant feeding, while 31 report that ongoing monitoring is in place.

Infant Feeding and HIV has shown good progress with many countries developing guidelines, and integrating HIV and Infant Feeding into the IYCF policy, also imparting training for health providers. Still countries need to do much more to prioritise action to support women with HIV to make informed choice about feeding their infants. An analysis from 57 countries on HIV and Infant Feeding based on WBTI³¹ also indicates poor implementation and lack of progress in this area. The situation remains unacceptable and overall, much remains to be done to ensure mothers and babies are protected and supported within a comprehensive continuum of services that include prevention, care, treatment, support and follow-up, to prevent vertical transmission of HIV and ensure healthy outcomes for both mothers and their babies, whilst protecting, promoting and supporting optimal breastfeeding practices for the general population.

Figure 20: Status of subset questions for indicator on infant feeding and HIV in 84 countries



²⁹ WHO 2010. Guidelines on HIV and Infant Feeding. http://apps.who.int/iris/bitstream/10665/44345/1/9789241599535_eng.pdf

³⁰ WHO 2016. Updates on HIV and Infant Feeding. <http://apps.who.int/iris/bitstream/10665/246260/1/9789241549707-eng.pdf?ua=1>

³¹ HIV and Infant Feeding 2015. Global status of policy and programmes based on World Breastfeeding Trends Initiative assessment findings from 57 countries. <http://bpni.org/report/HIV-and-Infant-Feeding.pdf>