

# SECTION 5: Chronology, main research findings and evolution of HIV and IF policy



This section summarises the stages of development of global HIV and infant feeding policies from 1985 to 2012.

## History of Global Policy on HIV and Infant Feeding

Global policies on infant feeding and HIV are grounded in the Universal Declaration of Human Rights, and the Convention on the Rights of the Child.

- **The Universal Declaration of Human Rights** (UN 1948) sets out the human right to conditions conducive to health.
- **The Convention on the Rights of the Child:** (Article 24) states that it is the right of children to enjoy the highest attainable standard of health, that governments shall ensure provision of nutritious food, and that parents and children have information about nutrition and the advantages of breastfeeding.

Below are the milestone dates in the development of our understanding of and attitudes towards the management of infant feeding in the context of HIV. There has been a long struggle between the need to prevent transmission of HIV to infants through breastfeeding, and the need to prevent the harmful effects of artificial feeding. The aim is to maximise HIV-free survival of children.

- 1985 Researchers discovered that HIV can be transmitted through breastfeeding. As a result, many industrialised countries with low infant mortality rates (IMR) banned breastfeeding by HIV-positive mothers, and people started to lose confidence in the promotion of breastfeeding.
- 1987 WHO and UNICEF made the first recommendation in relation to HIV transmission and breastfeeding; that breastfeeding should continue to be promoted, supported and protected in both developed and developing countries. However, safety measure should be instituted in human milk banks, especially in areas of high HIV-prevalence. As a result, although there were initially no peer-reviewed studies confirming the risk of HIV transmission through breastfeeding, these measures were adopted by national institutions worldwide
- 1992 A WHO/UNICEF policy statement acknowledges the difficulties and dangers of artificial feeding in resource poor areas where infant mortality rates are high due to malnutrition and infection and continues to recommend breastfeeding for all infants, whether their mothers are HIV-positive, HIV-negative, or of unknown status. Testing was not widely available at that time.

- 1994 With the introduction of anti-retroviral prophylaxis to prevent transmission during delivery, women in some countries who were given ARVs were given free infant formula as part of prevention efforts and were not allowed to breastfeed. Several attempts were made to decide a cut-off level of IMR, above which the risk of a baby dying from artificial feeding was greater than the risk of transmission of HIV. A satisfactory level was difficult to identify and implement.
- 1997 Attempts to make infant feeding recommendations at national level were acknowledged to be divisive, and not in accord with human rights. Better-off families in resource-poor settings would not feel bound by a recommendation for families with fewer resources. A new UNAIDS/WHO/UNICEF policy called for "informed choice" about infant feeding for the individual mother. This required testing and counselling to be more widely available. Many people did not understand "informed choice".
- 1998 WHO, UNICEF and UNAIDS jointly published a set of guidelines on HIV and infant feeding for policy makers and health care managers. UNICEF introduced 'Prevention-of-Mother-to-Child-Transmission' pilot projects in 11 areas of high HIV-prevalence to assess the feasibility of testing mothers for HIV, provision of antiretroviral drugs and infant feeding counselling with follow-up care and support. Free formula was to be offered to 30000 HIV-positive mothers who, after counselling, chose this feeding method. The results of these pilot studies have not been formally published, but they led to a realisation that giving out free infant formula was problematic and unsafe.
- 1999 WHO and UNICEF developed "HIV and Infant Feeding Counselling: A training course" to help implement the 1997 policy. It was designed for training health workers to counsel mothers and to help them make an infant feeding choice appropriate for their circumstances. The course was intended to be used in conjunction with the WHO/UNICEF 1993 "Breastfeeding Counselling: A training course".
- 2001 A WHO Technical Consultation acknowledged that mothers had difficulty making choices about infant feeding, and health workers had difficulty counsellng them satisfactorily, without telling them what to do. Evidence had become available that breastfeeding exclusively reduced the risk of transmission. The AFASS criteria (acceptable, feasible, affordable, sustainable and safe) were developed. Exclusive breastfeeding for the early months was recommended if replacement feeding was not AFASS, followed by rapid early cessation of breastfeeding as soon as replacement feeding became AFASS..
- 2002 WABA organised a Colloquium on HIV and Infant Feeding in collaboration with WHO, UNICEF and UNAIDS in Arusha, Tanzania,<sup>1</sup> at which the draft HIV and Infant Feeding - Framework for Priority Action was discussed. The five priority areas in summary were
1. A comprehensive IYCF policy;
  2. Implementation of the International Code;
  3. Protection, promotion and support of IYCF in general;

1. WABA-UNICEF Colloquium on HIV and Infant Feeding, Arusha Tanzania 2002, programme and summaries available at <http://www.waba.org.my/whatwedo/hiv/colloquium/programme.html>

# 5. Chronology, main research findings and evolution of HIV & IF policy

4. Provision of adequate support to HIV-positive women to select and carry out their chosen infant feeding option;
  5. Promote research on HIV and infant feeding and support monitoring and evaluation of existing programmes.
- 2003 A Framework for Priority Action was published collaboratively and endorsed by 9 UN agencies: UNAIDS, FAO, UNHCR, UNICEF, WHO, WFP, World Bank, UNFPA, and IAEA.
- 2004 WHO and UNICEF published a revised set of Guidelines on HIV and Infant Feeding for policy makers and health care managers, which included the 2001 recommendations.
- 2006 At a Technical Consultation, WHO determined that the most appropriate infant feeding option for an HIV-infected mother depends on her individual circumstances, including her health status and the local situation, but should take consideration of the health services available and the counselling and support she is likely to receive. Exclusive breastfeeding was recommended for the first six months with abrupt weaning after 6 months unless replacement feeding was AFASS, in which case avoidance of all breastfeeding was recommended. At 6 months if replacement feeding was still not AFASS continuation of breastfeeding with complementary foods was recommended. All breastfeeding should stop once a nutritionally adequate and safe diet without breastmilk could be provided.
- 2009 WHO held a further Technical Consultation on New Evidence and Programmatic Experience, at which robust evidence was presented on the effectiveness of ARV interventions which, together with exclusive breastfeeding for 6 months, can reduce postpartum transmission of HIV to infants to <2%. Research was also presented showing that replacement feeding in resource-poor settings was associated with an unacceptable mortality risk and new criteria to replace the AFASS criteria were formulated. The recommendation of the meeting, issued as a Rapid Advice, was that infants of HIV-positive mothers, who receive ARVs, should be exclusively breastfed for six months, and should continue breastfeeding with complementary food up to one year, unless replacement feeding was truly safe.
- 2010 WHO issued revised Guidelines on HIV and Infant Feeding, outlining and clarifying recommendations made at the 2009 WHO Technical Consultation.
- WHO releases accompanying guidance on the use of antiretroviral drugs for treating pregnant women and preventing infection in infants to provide ARV treatment for HIV-positive women with CD4 counts <350 mm<sup>2</sup> and prophylaxis for mothers with higher CD4 counts beginning in pregnancy and continuing throughout the breastfeeding period and/or for HIV-exposed babies.
- 2012 WHO issues a programmatic update on the use of antiretroviral drugs for treating pregnant women and preventing infection in infants. This provides a third option to recommend lifelong ART to all HIV-infected women regardless of CD4 count.
- WHO also releases WHO 2010, Guidelines on HIV and infant feeding, an updated Framework for Priority Action, to replace the 2003 Framework.

## Future Policy Developments

WHO/ UNICEF plan ongoing research in the next two years on outcomes of the 2010 HIV and Infant guidelines and on the use of ARVs for treating pregnant women and preventing HIV in infants, to include:

1. Efforts undertaken and progress achieved in implementation.
2. Knowledge and practice of health care workers.
3. Evidence-based knowledge and perceptions.
4. Challenges and constraints experienced.
5. Recommendations for eliminating barriers to uptake and implementation.

**References and further reading are listed in Section 6.**



The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide. WABA action is based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the Global Strategy for Infant & Young Child Feeding. WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).