

WABA WORLD AIDS DAY Statement, 1 December 2011

Getting to Zero: Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths

Making GETTING TO ZERO a Reality for HIV-Infected Mothers and Their Children



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Every day 7,000 adults – half of them women – become newly infected with the HIV virus, and tragically, ever-increasing socioeconomic disparities worldwide are reflected in current HIV/AIDS statistics that indicate that over ninety percent of the estimated 33 million people living today with HIV are from the developing world¹⁻².

As more women of childbearing age have become infected, the number of infected children of treatment-naïve mothers has also risen³, with nearly all of the 1500 new HIV infections that are diagnosed each day in children younger than age fifteen acquired in utero, during birth, or while breastfeeding⁴.

Over the past fifteen years, Prevention of Mother to Child Transmission of HIV (PMTCT) programs have decreased the risk of infants acquiring the HIV virus from their mothers through improved access to prenatal testing and counseling, antiretroviral treatment, and safer delivery practices, but the aspect of PMTCT seemingly most difficult to successfully implement thus far has been diminishing the risk of HIV transmission through breastfeeding.

One postnatal transmission prevention strategy, replacement feeding with breastmilk substitutes, aimed at removing the risk of HIV exposure via breastfeeding has been clearly demonstrated to be a disastrous practice for mothers and infants in resource-limited settings without access to clean water and affordable, sustainable breastmilk substitutes, and in places where breastfeeding is the cultural norm. Such a feeding strategy denies vulnerable infants optimal, affordable nutrition and (inadvertently) puts them at markedly increased risk of dying from other life-threatening diseases and conditions such as diarrhea, pneumonia and severe malnutrition.^{5,6}

But within the past several years a life-changing breakthrough in transmission prevention practice has been identified through repeated research studies demonstrating that **exclusive breastfeeding for the first six months of life followed by complementary feeding for the second six months of life, when combined with maternal/infant antiretroviral interventions – prophylaxis or therapy, whichever is appropriate – throughout the pregnancy and breastfeeding period can significantly reduce the risk of postnatal transmission of HIV through breastfeeding to a transmission rate of 0-1%.**⁷⁻⁹

Another aspect of HIV transmission via breastfeeding that has recently been brought to light in research studies is the relationship between breastfeeding-related conditions in the mother – for example, mastitis, or cracked/infected nipples – and higher rates of viral transmission from mother to infant.¹⁰ **Such breastfeeding-related health problems are often preventable through improved maternal child health services that include community access to trained breastfeeding counselors – services which need to receive high priority when developing comprehensive perinatal HIV prevention programs.**

This past year the World Health Organization (WHO) published new infant feeding guidelines to reflect these recent research findings. A fifty-eight page document, this *Guidelines on HIV and Infant Feeding, 2010* provides nine key principles and seven evidence-based recommendations for feeding infants within the context of HIV¹¹. Underpinning all of the newest recommendations is WHO's goal of promoting optimal infant feeding practices to *all* mothers – those known to be HIV-infected, those known to be HIV-uninfected, and those whose HIV status is unknown – that support the greatest likelihood of HIV-free survival of their children and do not harm the health of mothers.

Broadly summarized, WHO guidelines on HIV and Infant feeding 2010 has recognized the important impact of the recent evidence on the effects of ARVs during the breastfeeding period. One of the key principles of these guidelines says that national authorities in each country should decide which infant feeding practice, i.e. breastfeeding with an antiretroviral intervention to reduce transmission or avoidance of all breastfeeding, will be primarily promoted and supported by Maternal and Child Health services. In the previous recommendations, health workers were expected to individually counsel all HIV-infected mothers about the various infant feeding options, to assist her to decide between them.

The new guidelines recommend that mothers known to be HIV-infected (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided (11)

Holding a healthy, happy child in her arms is every expectant mother's all-consuming hope, and nowhere is this hope more fragile than in the context of preventing an HIV-infected mother from passing the virus to her infant.

This hope of HIV-free survival is now within our reach. Making this hope a reality for HIV-infected mothers and their babies will require political will and strong leadership. It will also require long-term global financial support. Once again, WABA calls on national and international leaders to close the gap between rich and poor communities regarding access to comprehensive HIV prevention and treatment, and to use current evidence to enact universal public health measures, including infant feeding counseling services and skilled lactation support, to foster overall child health and survival, both within and outside the context of HIV.

Endnotes

- ¹Global summary of the HIV/AIDS epidemic, December 2009. (2009, December). *World Health Organization*. Retrieved March 23, 2011, from http://www.who.int/hiv/data/2009_global_summary.png
- ²"Global Epidemic", a powerpoint presentation of the Global summary of the AIDS epidemic, 2009. *World Health Organization*. Retrieved March 23, 2011, from http://www.who.int/hiv/data/2010_globalreport_core_en.ppt
- ³Engender Health for a better life. (2008). HIV/AIDS: Transmission and Risk, Module 3, Online course. Available from Engender Health Website: <http://engenderhealth.org/pubs/courses/download.php>
- ⁴Giaquinto, C. Morell, E., Fregonese, F., Rampon, O., Penazatta, M., de Rossi, A., & D'Elia, R. (2008). Current and future antiretroviral treatment options in paediatric HIV infection. *Clinical Drug Investigations*, 28(6), 375-397.
- ⁵Tarrant M; Kwok MK; Lam TH; Leung GM; Schooling CM (2010). Breastfeeding and childhood hospitalizations for infections. *Epidemiology*, 21(6), 847-854.
- ⁶Kuhn, L., & Aldrovandi, G. (2010). Survival and health benefits of breastfeeding versus artificial feeding in infant of HIV-infected women: developing versus developed world. *Clinics in Perinatology*, 37(4): 843-862.
- ⁷Morrison, P., Israel-Ballard, K., & Greiner, T. (2011). Informed choice in infant feeding decisions can be supported for HIV-infected women even in industrialized countries. *AIDS*, 25:1807-1811.
- ⁸HIV and infant feeding revised principles and recommendations: rapid advice.(2009). *World Health Organization*. Retrieved April 25, 2010 from: http://whqlibdoc.who.int/publications/2009/9789241598873_eng.pdf
- ⁹HIV and breastfeeding: Advice for HIV-positive mothers in low and middle-income countries (2011). *AVERT: Averting HIV and AIDS*. Retrieved November 13, 2011 from: <http://www.avert.org/hiv-breastfeeding.htm>
- ¹⁰Allegri, M., Sarker, M., Hofmann, J., Sanon, M., & Bohler, T. (2007). A qualitative investigation into knowledge, beliefs, and practices surrounding mastitis in sub-Saharan Africa: What implications for vertical transmission of HIV ? *BMC Public Health* 2007,7: 22.
- ¹¹Guidelines on HIV and infant feeding 2010: Principles and recommendations for infant feeding in the context of HIV and a summary of the evidence. (2010). *World Health Organization*. Retrieved November 10, 2011 from: http://www.who.int/child_adolescent_health/documents/9789241599535/en/