



World Health Organization



## UNICEF and WHO call for stronger support for the implementation of the joint United Nations HIV and infant feeding framework

The HIV epidemic continues to threaten and reverse child survival and development gains of the past decades. In 2004 alone, an estimated 640,000 and 510,000 children acquired HIV and died of AIDS, respectively. For high prevalence countries the impact of HIV infection on child survival is enormous. Estimates for 1999 of under five mortality rates attributable to HIV infection by Walker and colleagues for five highly burdened countries in Africa were over 30 per 1000 live births; Botswana (57.7); Zimbabwe (42.2); Swaziland (40.6); Namibia (36.5); and Zambia (33.6).<sup>1</sup>

The vast majority of children acquire HIV infection from their HIV-infected mothers during pregnancy, delivery or breastfeeding. In the absence of any interventions, 5-20% of infants born to HIV-infected women will be infected through breastfeeding. These women face the dilemma of choosing the right infant feeding option in trying to prevent HIV transmission to their infants while not exposing them to the risk of malnutrition and other illnesses due to not breastfeeding.

To create and sustain an environment that encourages appropriate feeding practices for all infants in the context of HIV, the UN has developed a joint framework for priority action<sup>2</sup> within the context of the Global Strategy on Infant and Young Child Feeding, which recognises that special attention and practical support is needed in exceptionally difficult circumstances, including HIV. The framework outlines five priority areas, including:

- Develop or revise (as appropriate) a comprehensive national infant and young child feeding policy, which includes HIV and infant feeding.
- Implement and enforce the International Code of Marketing of Breast-milk Substitutes<sup>3</sup> and subsequent relevant World Health Assembly resolutions.
- Intensify efforts to protect, promote and support appropriate infant and young child feeding practices in general, while recognizing HIV as one of a number of exceptionally difficult circumstances.
- Provide adequate support to HIV-positive women to enable them to select the best feeding option for themselves and their babies, and to successfully carry out their infant feeding decisions.
- Support research on HIV and infant feeding, including operations research, learning, monitoring and evaluation at all levels, and disseminate findings.

Given the importance of counselling to help HIV-positive mothers make the best infant feeding decisions for their particular circumstances, a recent meeting was held by WHO in Geneva to discuss the results from various operations research projects, and their implications for support to mothers and capacity-building of counsellors.

<sup>1</sup> Neff Walker, Bernard Schwartzlander and Jennifer Bryce. Meeting international goals in child survival and HIV/AIDS. *The Lancet* 2002;360:284-288

<sup>2</sup> WHO, UNICEF, UNFPA, UNAIDS, World Bank, UNHCR, WFP, FAO, IAEA. *HIV and Infant Feeding: Framework for Priority Action*. Geneva, 2003.  
[http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV\\_IF\\_Framework.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV_IF_Framework.htm)

<sup>3</sup> WHO. *International code of marketing of breast-milk substitutes*. Geneva, 1981.  
[http://www.who.int/nut/documents/code\\_english.PDF](http://www.who.int/nut/documents/code_english.PDF)

The meeting recommended stepping up advocacy to mobilize additional resources to support the development and implementation of national HIV and infant feeding counselling training plans as part of the broader infant and young child feeding strategy. These plans should include supporting pre-service training and paying more attention to the quality and selection of trainers and supervisors and emphasizing follow-up in order to ensure sustainability of quality infant feeding counselling services. Further attention should be given to assessing alternative training approaches as well as the role of peer counsellors.

In view of the above recommendations and current available evidence, UNICEF and WHO reiterate their support to the HIV and infant feeding framework, and to the global public health recommendation for HIV-negative women and women who do not know their status - that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health, and thereafter, should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 24 months or beyond. However, given the need to reduce the risk of HIV transmission to infants while minimizing the risk of other causes of morbidity and mortality, UNICEF and WHO also reiterate that *“when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life”* and should then be discontinued as soon as it is feasible.

UNICEF and WHO also continue to advocate for the need for access to all women to expanded counselling and testing services for the opportunity to know their HIV status, and make informed decisions about feeding their infants.

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