

New HIV and Infant Feeding Guidelines

Implications for Monitoring Systems

Webinar

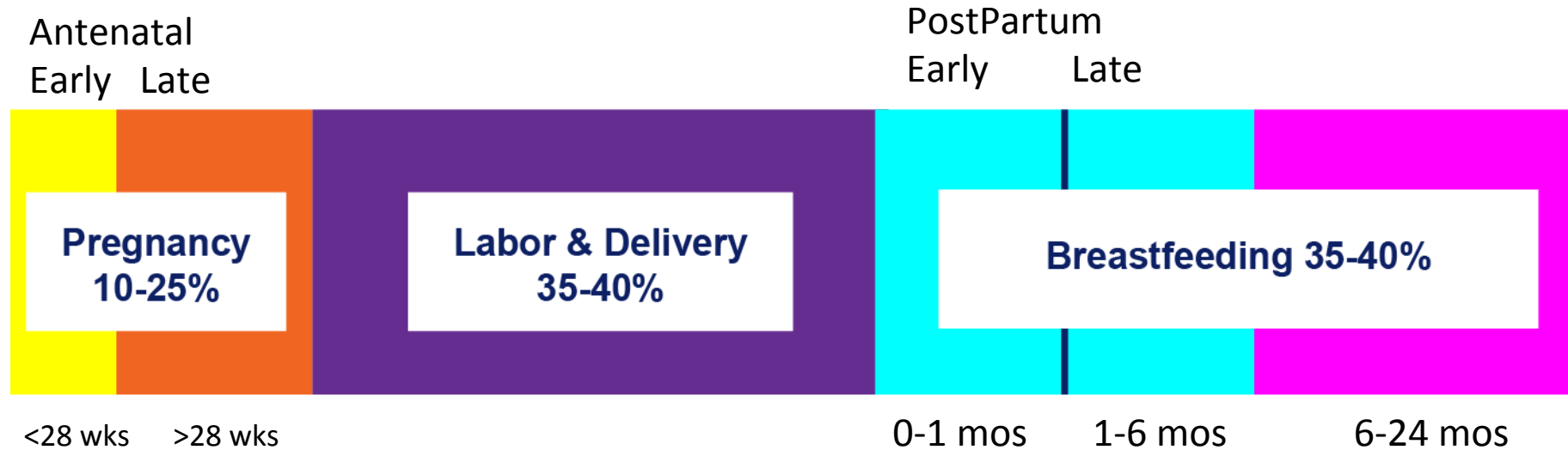
May 17, 2016

Objectives

- Review data on postpartum risk of mother-to-child infection, infant feeding practices among general population and consider implications for monitoring infant feeding period among HIV positive women
- Present key considerations for aligning the existing monitoring systems on HIV and infant feeding to the new WHO/UNICEF guidelines

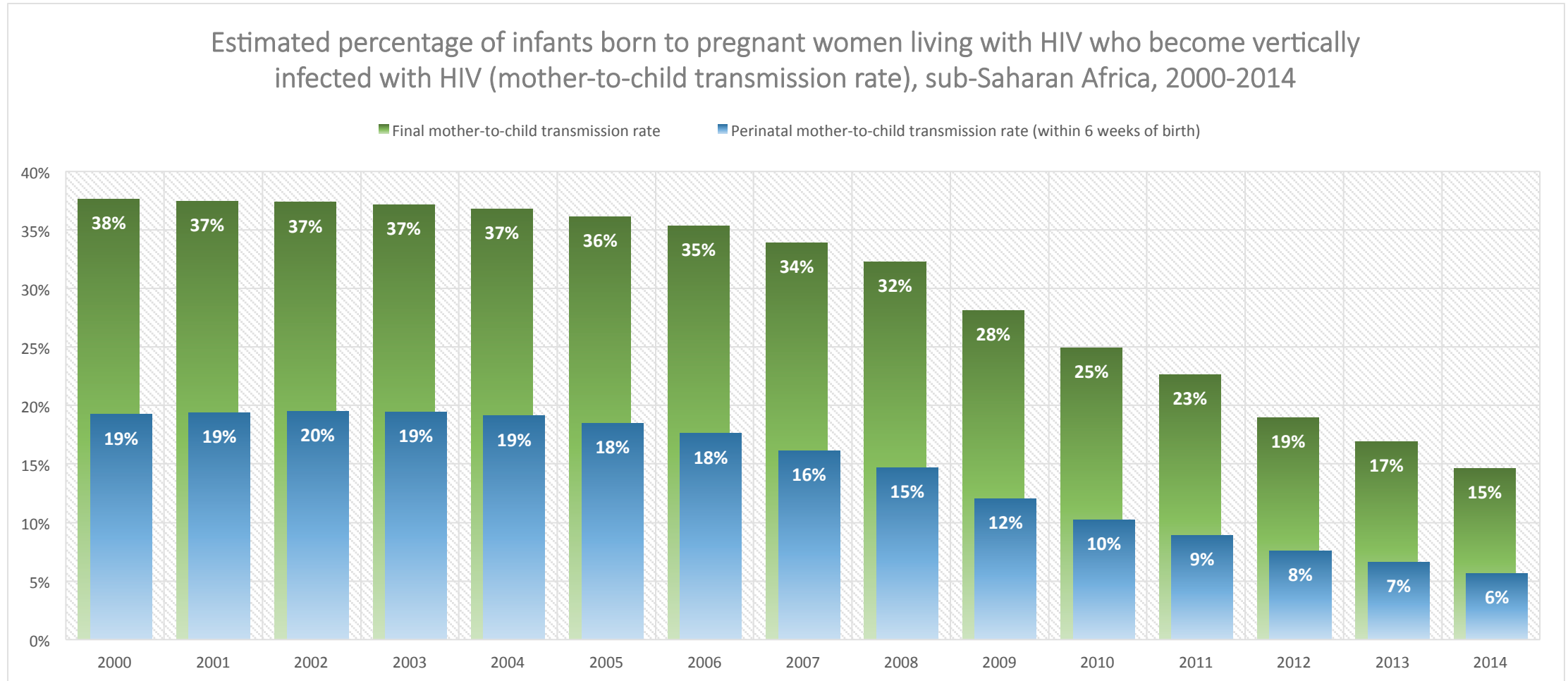
Why is this important:

- Transmission timeline – without any intervention



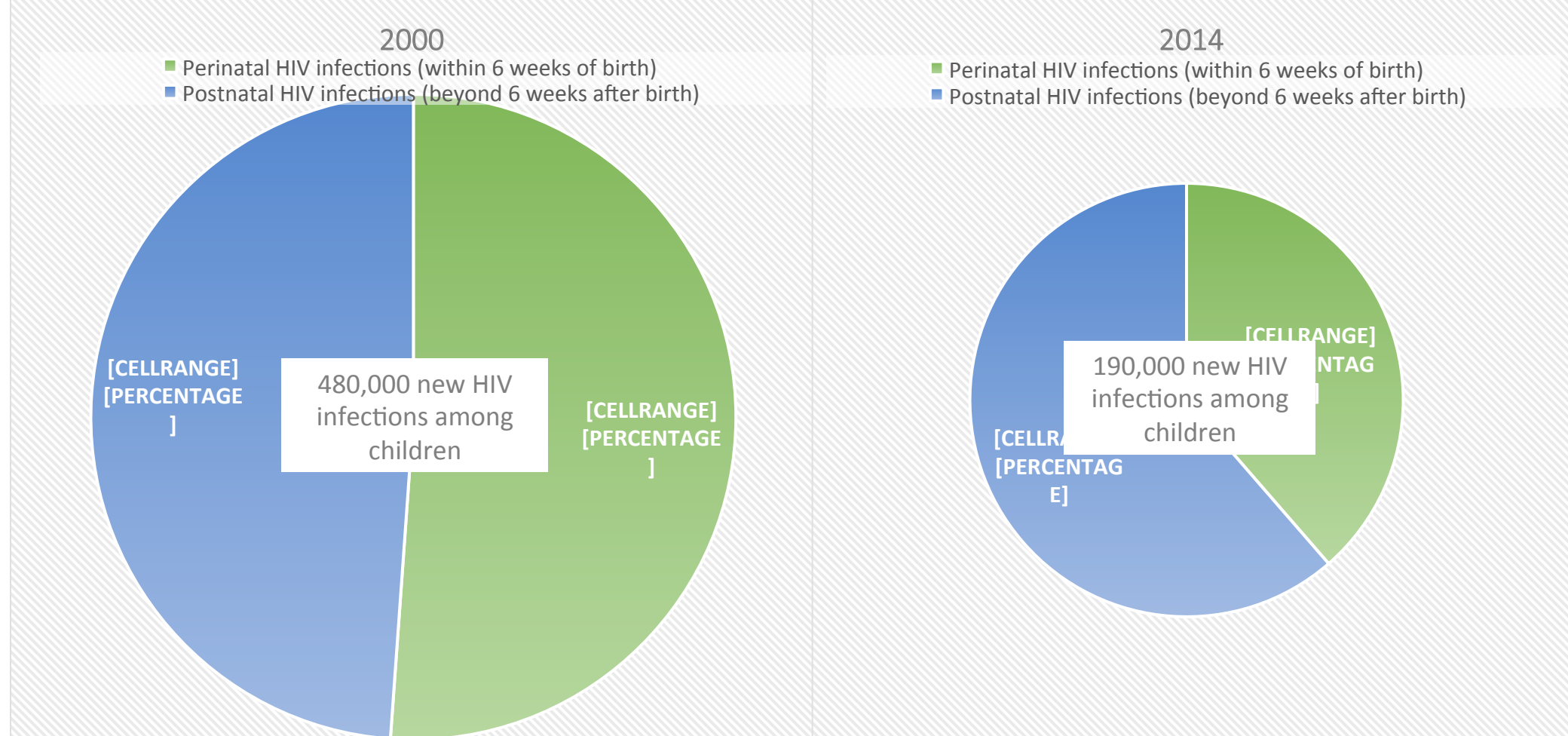
- Transmission can occur during pregnancy, labor & delivery, and postpartum during breast feeding
- Not all infants born to women living with HIV will acquire HIV infection
 - Estimated risk 25-45% without any intervention

Overall mother-to-child transmission of HIV has fallen by more than half in sub-Saharan Africa – from 38% in 2000 to 15% in 2014



New HIV infections among children seems to be increasingly concentrated in the postnatal period

Estimated number of new HIV infections among children (aged 0-14), sub-Saharan Africa, 2000 vs. 2014



Source: UNICEF analysis of UNAIDS 2014 HIV and AIDS estimates, July 2015.

What do data tell us?

- Monitoring ARV coverage during breastfeeding and the final assessment of the exposed infant's HIV status have been weak areas of monitoring the PMTCT cascade
- Intensify efforts to improve postnatal retention of mothers and babies
- New guidelines: breastfeeding period is 24 months and beyond
 - HIV-exposed infants need to be monitored for a longer period

Drawing on household survey data...

- Breastfeeding practices:
 - General population:
 - Majority of children aged 20-23 months in sub-Saharan Africa (SSA) and in the 21 priority countries of the Global Plan (towards elimination of new HIV infections among children) are being breastfed at age 2
 - Median duration of any breastfeeding among SSA and the 21 priority countries of the Global Plan is 21 months
 - **If we assume that the breastfeeding practice and duration are not very different among HIV negative and HIV positive mothers, risk of HIV infection during the postpartum period extends beyond 24 months**

What do data tell us?

- continued

- Opportunities exist for monitoring and continuously testing HIV exposed infants/children through the risk period:
 - Testing of HIV exposed infants: at 2 weeks; 6 months; continue to test till final outcome status is ascertained at 6 weeks after cessation of breastfeeding
 - Opportunities through routine immunization:
 - Child's first year: DPT3 coverage was nearly 80% in SSA (2014)
 - Child's second year: MCV2 coverage was only 10% in SSA (2014)
 - Reduced engagement with health systems in the second year
 - Beyond 24 months, there are fewer routine opportunities (i.e., scheduled appointments) to expect mothers to seek health service for her infant
 - Other opportunities include treatment of other infections and conditions (pneumonia, nutritional deficiencies, malaria, TB, etc.)

What we need to know from routine M&E systems?

– what are currently reported; what are gaps?

Indicators (selected programme indicators for prevention of mother-to-child transmission/WHO Consolidated Strategic Information Guidelines for HIV in the Health Sector, 2015)	Reporting status
Number of HIV-exposed infants who initiated ARV prophylaxis at birth	Majority of countries currently report
Number of HIV-exposed infants started on CTX prophylaxis within 2 months of birth	Majority of countries currently report
% of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Majority of countries currently report
Number and % of HIV-positive breastfeeding women retained on treatment at (6 and) 12 months after initiating ART (also recommended at 24, 36, 48, 60 months)	Countries are currently reporting the indicator but not disaggregated by breastfeeding status
Number and % of HIV-exposed breastfeeding infants whose mothers are receiving ART at 3 months (and 12 months) postpartum	Currently not captured (new indicator)
Final MTCT transmission rate (% of HIV-infected among HIV-exposed infants born in the past 12 months)	Currently based on models; we prefer this is captured from programme records (long term)
<p>% distribution of HIV-exposed infants by final outcome status</p> <p>*requires determination of cessation of breastfeeding</p> <p>*the end-point may be any time up to 24 months or beyond according to the new guidelines; system needs to be set up to track HIV-exposed infants and their breastfeeding status over longer period of time across multiple entry-points/service delivery points</p>	Currently based on models; we prefer this is captured from programme records (long term)

Suggestions and Conclusion

- Discussion in countries through TWGs across departments within HIV programme as well as across other health programmes (including immunization, nutrition, etc.)
- Opportunity to further enhance HIV - Health - Nutrition sectors' work coming together and thereby contribute to health system strengthening and achieve HIV-free survival and better outcome for children
- Technical support/assistance needs