

HIV/AIDS and Infant Feeding: Policy Perspective

Ms Ann Behr
Directorate Nutrition
Department of Health

Contextual Framework For Nutrition & Human Rights

• Constitution Of SA

- Provides Foundation Of Government's Commitment To Nutrition

• Bill Of Rights Guarantees The Rights Of All People Of SA To Food

- Everyone Has The Right To Access To Sufficient Food -Art 27 (1) (B)
- Every Child Has The Right To Basic Nutrition - Art 28 (1) (C)

Contextual Framework (2)

- Un Convention On The Rights Of The Child (Crc)
 - Ratified In June 1995
 - Confirms Government's Commitment To Improve Well Being Of Children
Art 24 Rights

Un Convention On The Rights Of The Child (June 1995)

- ☉ "The Right Of The Child To The Enjoyment Of The Highest Attainable Standard Of Health"
- ☉ Governments Must "...Combat Malnutrition...Through.... The Provision Of Adequate Nutritious Foods..."
- ☉ "Ensure That All Segments Of Society, In Particular Parents And Children Are Informed, Have Access To Education And Are Supported In The Use Of Basic Knowledge Of Health And Nutrition, The Advantages Of Breastfeeding

Contextual Framework (3)

☉ The International Code Of Marketing Of Breastmilk Substitutes

- Code Was Adopted By The Wha In May 1981
- Sa A Member State Of Wha
- Aims To Protect Infant Health By Preventing Inappropriate Marketing Of Breastmilk Substitutes
- Member States Are Urged To : "Give Full And Unanimous Support To The Implementation Of The Provisions Of The International Code..."

The Infant's And Women's Right

- ☉ Right Of The Child To The Highest Attainable Standard Of Health
- ☉ Right Of The Women To Make An Informed Choice About Infant Feeding
 - For The Great Majority Of Babies Everywhere, Breastfeeding Will Assure The Child's Right To The Highest Attainable Standard Of Health
 - Women Are Entitled To An Environment That Supports Them In Their Choice To Infant Feeding

Mother -To -Child Transmission Of Hiv

- ☉ Mtct Of Hiv And Debate About Infant Feeding Is A Challenge For The African Region

- Problem Of Infection Through Breastmilk
- Feeding Of Infants With Infant Formula May Be Dangerous In Poor Resource Communities
 - Increased Infant Mortality And Malnutrition

Current Policy Of Doh

☉ Hiv Negative Woman And Woman Who Do Not Know Their Hiv Status

- Exclusive Breastfeeding For The First Six Months Of Life Should Be Promoted And Thereafter Infants Should Continue To Be Breastfed For Up To Two Years Of Age, While Receiving Appropriate Complementary Food

Current Policy Of Doh (2)

☉ Hiv Positive Woman

- Have The Right To Make An Informed Choice: 6 Months Exclusive Breastfeeding / 6 Months Exclusive Replacement Feeding
- Infant Formula (Replacement Feed) Available At Pmtct-Pilot Sites For Hiv Mothers Who Choose Not To Breastfeed

Policy Of Doh (3)

☉ Hiv/Aids Summit August 2002

- Working Group Established
- Review The Policy Guidelines On Infant Nutrition And Hiv/Aids
- Conflicting Messages By Health Workers
- Scientific Research, Assessments Of Pmtct -Pilot Sites, Summit Report
Who Recommendations On Infant Feeding
- ☉ "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.
Issues & Challenges

Acceptable?
Feasible?
Affordable?
Sustainable?
Safe?

What Is Acceptable?

☉ Social And Cultural Norms About Bf

- Most Woman Provide Mixed Feeding
- Current Rate Of Exclusive Bf Is Very Low (10% At 3 Months)
- Concerns About Stigma Associated With Women Who Do Not Bf, Suspicion Of Hiv

What Is Feasible?

☉ Economic, Behavioural, Psycho-Social Aspects For Care-Giver And Infant

- Preparing Of Safe Infant Formula Feeds
- ☉ Resources And Skills Are Required

What Is Affordable?

- ☉ The Cost Of Replacement Feeding
- ☉ Formula Feeding Consumes About 50% Of The Pmtct Programme Budget
- ☉ The Costs For Fuel, Collecting Water And Sterilising Feeding Implement

What Is Safe?

- ☉ Free From Contamination
- ☉ Nutritious
- ☉ Free Of Stigma
- ☉ Does Not Spillover To The General Population

Antenatal Counselling

- ☉ Assess Socio-Economic, Environmental And Home Circumstances Of Hiv Positive Women
- ☉ Provide Information And Support To Make The Mother's Choice As Safe And As Appropriate To Her Circumstances As Possible

Postnatal Counselling

☉ Breast-Fed Infant

- Breast Health
- Good Lactation Management
- Check Infant's Mouth For Thrush
- Not Giving Any Other Foods Or Fluids
- Monitor The Growth And Development Of The Child

Postnatal Counselling

☉ Replacement Feeding

- Access To Adequate Supply Of Infant Formula
- Safe Preparation Of Infant Formula
- Emphasise The Importance Of Not Mix Feeding
- Encourage Cup Feeding
- Monitor Safe Preparation Of Infant Formula
- Monitor The Growth And Development Of The Child

The Code And Hiv

- ☉ Regulate The Distribution Of Free Or Low-Cost Supplies Of Bms
- ☉ Protect Artificially Fed Infants By Ensuring That Product Labels Carry The Necessary Warnings And Instructions For Safe Preparation And Use.
- ☉ The Code Forbids Any Form Of Promotion Of Bms

Challenges

- ☉ Providing Free Formula May Contribute To Higher Rates Of Mortality And Morbidity
- ☉ Exclusive Breastfeeding/ Exclusive Replacement Feeding
- ☉ Spill-Over Of Formula
- ☉ What Happens After 6 Months?
- ☉ Counselling, Monitoring And Support

Thank You