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

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?

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Reporting status</th>
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<tbody>
<tr>
<td>Number of HIV-exposed infants who initiated ARV prophylaxis at birth</td>
<td>Majority of countries currently report</td>
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<tr>
<td>Number of HIV-exposed infants started on CTX prophylaxis within 2 months of birth</td>
<td>Majority of countries currently report</td>
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<tr>
<td>% of HIV-exposed infants receiving a virological test for HIV within 2 months of birth</td>
<td>Majority of countries currently report</td>
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<tr>
<td>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)</td>
<td>Countries are currently reporting the indicator but not disaggregated by breastfeeding status</td>
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<tr>
<td>Number and % of HIV-exposed breastfeeding infants whose mothers are receiving ART at 3 months (and 12 months) postpartum</td>
<td>Currently not captured (new indicator)</td>
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<td>Final MTCT transmission rate (% of HIV-infected among HIV-exposed infants born in the past 12 months)</td>
<td>Currently based on models; we prefer this is captured from programme records (long term)</td>
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<tr>
<td>% distribution of HIV-exposed infants by final outcome status</td>
<td>Currently based on models; we prefer this is captured from programme records (long term)</td>
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<td>*requires determination of cessation of breastfeeding</td>
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<td>*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</td>
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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