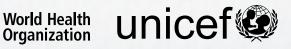


HIV AND INFANT FEEDING IN EMERGENCIES: OPERATIONAL GUIDANCE

The duration of breastfeeding and support from health services to improve feeding practices among mothers living with HIV





HIV and infant feeding in emergencies: operational guidance





HIV and infant feeding in emergencies: operational guidance ISBN 978-92-4-155032-1

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. HIV and infant feeding in emergencies: operational guidance. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover design: Paprika (Annecy, France) Layout: minimum graphics Printed by the WHO Document Production Services, Geneva, Switzerland

Contents

Ack	nowledgements	v
Abb	previations and acronyms	vi
Def	initions and key terms	vii
Executive summary		
1.	Background and rationale	3
	1.1 Background paper on infant feeding in emergencies and HIV	3
	1.2 Purpose of this document	4
	1.3 Target audience for guidance	4
	1.4 Planned dissemination and follow-up	4
2.	The context of emergencies	5
	2.1 Definition and characterization of emergency situations	5
	2.2 HIV and infant feeding recommendations in the context of emergencies	6
3.	Adapting existing guidance in the context of HIV and emergencies	9
	3.1 Guiding principles	9
	3.2 Actions before and during emergencies	10
	3.3 Specific long-term aims and immediate, medium- and long-term actions in emergency settings, depending on the infant feeding scenario	12
	3.4 Questions and answers	19
4.	Data gaps and implementation research	27
	4.1 All children, including issues around infant and young child feeding	27
	4.2 Mothers living with HIV and feeding of their infants and young children	27
	4.3 Operational gaps	27
5.	Roles and responsibilities	28
	5.1 Government	28
	5.2 United Nations agencies	28
	5.3 International and local nongovernmental organizations	29
	5.4 Donors	29

Annex 1:	Meeting description	30
Annex 2:	Country experiences	31
	Extracts from Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers, version 3, 2017	33
Annex 4:	World Health Organization recommendations relevant to HIV and infant feeding in emergencies	36
Resources		40
Reference	S	41

Acknowledgements

The Department of Nutrition for Health and Development and the Department of Maternal, Newborn, Child and Adolescent Health of the World Health Organization (WHO) gratefully acknowledge the contributions that many individuals and organizations made to developing this operational guidance.

The process of developing this operational guidance was coordinated by Zita Weise Prinzo and Juan Pablo Peña-Rosas, Department of Nutrition for Health and Development, and Nigel Rollins, Department of Maternal, Newborn, Child and Adolescent Health, in coordination with Shaffiq Essajee, Department of HIV, with inputs from Rudi Coninx, Department of Emergency Operations. The process was managed in collaboration with the Emergency Nutrition Network (ENN), in particular Marie McGrath, and the United Nations Children's Fund (UNICEF), especially Maaike Arts, Tin Tin Sint, Diane Holland and Sarah Karmin.

Special thanks are extended to the participants of the workshop on HIV and infant feeding in emergencies held on 14–16 September 2016 at WHO headquarters, Geneva, Switzerland (in alphabetical order): Marcos Arana (the International Baby Food Action Network), Marie-Claude Bottineau (Médecins Sans Frontières [MSF]), Megan Coffee (International Rescue Committee), Kirrily De Polnay (MSF), Caty Fall (Global Fund to Fight AIDs, Tuberculosis and Malaria), Alice Fay (Office of the United Nations High Commissioner for Refugees [UNHCR]), Rebekka Frick (GOAL), Diane Holland (UNICEF), Josephine Ippe (Global Nutrition Cluster), Sarah Karmin (UNICEF), Pe Thet Khin (Ministry of Health, Myanmar), David Lai (Global Health Cluster), Marie McGrath (ENN), Isabelle Modigell (Office of US Foreign Disaster Assistance), Ohnmar Mon (Yangon, Myanmar), Manaan Mumma (World Food Programme [WFP]), Barbara Nalumbanga (WHO), Molly Rivadeneira (United States Centers for Disease Control and Prevention), Vanessa Rouzier (GHESKIO Centers, Haiti), Olena Starets (Odessa, Ukraine), Tin Tin Sint (UNICEF), Elizabeth Centeno Tablante (WHO), Indi Trehan (Washington University in St Louis, United States of America and Lao Friends Hospital for Children Luang Prabang, Lao People's Democratic Republic), Caroline Wilkinson (UNHCR) and Nonhlanhla Xaba (WFP).

Thanks are also extended to Peggy Henderson for drafting the operational guidance; to Saira Khan, ENN consultant, for development of the background paper and for the consultation minutes; and to Indi Trehan, Isabelle Modigell and Kirrily de Polnay, for their external review of this document.

Financial support

WHO thanks the Bill & Melinda Gates Foundation for providing financial support for finalizing the guidance. ENN's role, including development of the background paper, was enabled through funding from the United States Office of Foreign Disaster Assistance, as part of a body of work to produce the updated publication, *Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers*, version 3, 2017 (OG-IFE); the HIV and infant feeding content of this publication is based on this guidance. ENN's role was also supported by Irish Aid. WHO, UNICEF and ENN are grateful to all the individuals and institutions that contributed time and made other in-kind contributions to the process.

Abbreviations and acronyms

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral drug
AZT	zidovudine
BMS	breast-milk substitute(s)
ENN	Emergency Nutrition Network
HIV	human immunodeficiency virus
IFE	infant and young child feeding in emergencies
IYCF	infant and young child feeding
МТСТ	mother-to-child transmission of HIV
NGO	nongovernmental organization
NVP	nevirapine
OG-IFE	Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers, version 3, 2017 (6)
PITC	provider-initiated HIV testing and counselling
PLW	pregnant and lactating women
РМТСТ	prevention of mother-to-child transmission of HIV
RUIF	ready-to-use infant formula
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Definitions and key terms

Antiretroviral (drug) (ARV): the medicine used to treat HIV infection.

Antiretroviral therapy (ART): the use of a combination of three or more ARV drugs for treating HIV infection. ART involves lifelong treatment.

ARV drugs for HIV prevention: ARV drugs for the prevention of HIV transmission, including ARV drugs given to the mother or infant for preventing mother-to-child transmission of HIV; ARV drugs to reduce the transmission of HIV among serodiscordant couples; and ARV drugs to prevent people from acquiring HIV when they are exposed (post-exposure and pre-exposure prophylaxis).

Concentrated HIV epidemic: HIV has spread rapidly in one or more defined subpopulations but is not well established in the general population. Numerical proxy: HIV prevalence is consistently over 5% in at least one defined subpopulation but is less than 1% among pregnant women in urban areas.

Exclusive breastfeeding: the infant receives only breast milk without any other liquids or solids, not even water, except for oral rehydration solution or drops or syrups of vitamins, minerals or medicines.

Generalized HIV epidemic: HIV is firmly established in the general population. Numerical proxy: HIV prevalence is consistently over 1% among pregnant women. Most generalized HIV epidemics are mixed in nature, where certain (key) subpopulations are disproportionately affected.

HIV: the human immunodeficiency virus. There are two types of HIV: **HIV-1 and HIV-2**. The vast majority of people living with HIV infections globally have HIV-1.

HIV-exposed infant or child: an infant or child born to a mother living with HIV until the infant or child is reliably excluded from being HIV infected.

HIV-free survival: an infant or young child born to a mother living with HIV who remains both HIV uninfected (confirmed negative HIV status) and also alive over a defined follow-up period. HIV-free survival is commonly reported at 18 months or 24 months of age.

Low/high HIV prevalence: low HIV prevalence refers to settings with less than 5% prevalence in the population surveyed; high HIV prevalence refers to settings with 5% prevalence or more.

Mixed feeding: an infant younger than 6 months of age is given other liquids and/or foods together with breast milk. This could be water, other types of milk or any type of solid food.

预览已结束, 完整报告链接和二维码如下:



https://www.yunbaogao.cn/report/index/report?reportId=5 25727