



Photo: Jon Hrusa



ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION

Supporting national policy change and implementation

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Infant Feeding and HIV: New Opportunities to
Prevent Pediatric HIV and Improve Child Survival

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Overview

- Overview of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Our work to support new WHO guidelines through adaptation and implementation
 - Work on issues of Infant and Young Child Feeding in the Context of HIV (IYCF/HIV)
- Considerations, challenges and opportunities

EGPAF's Mission

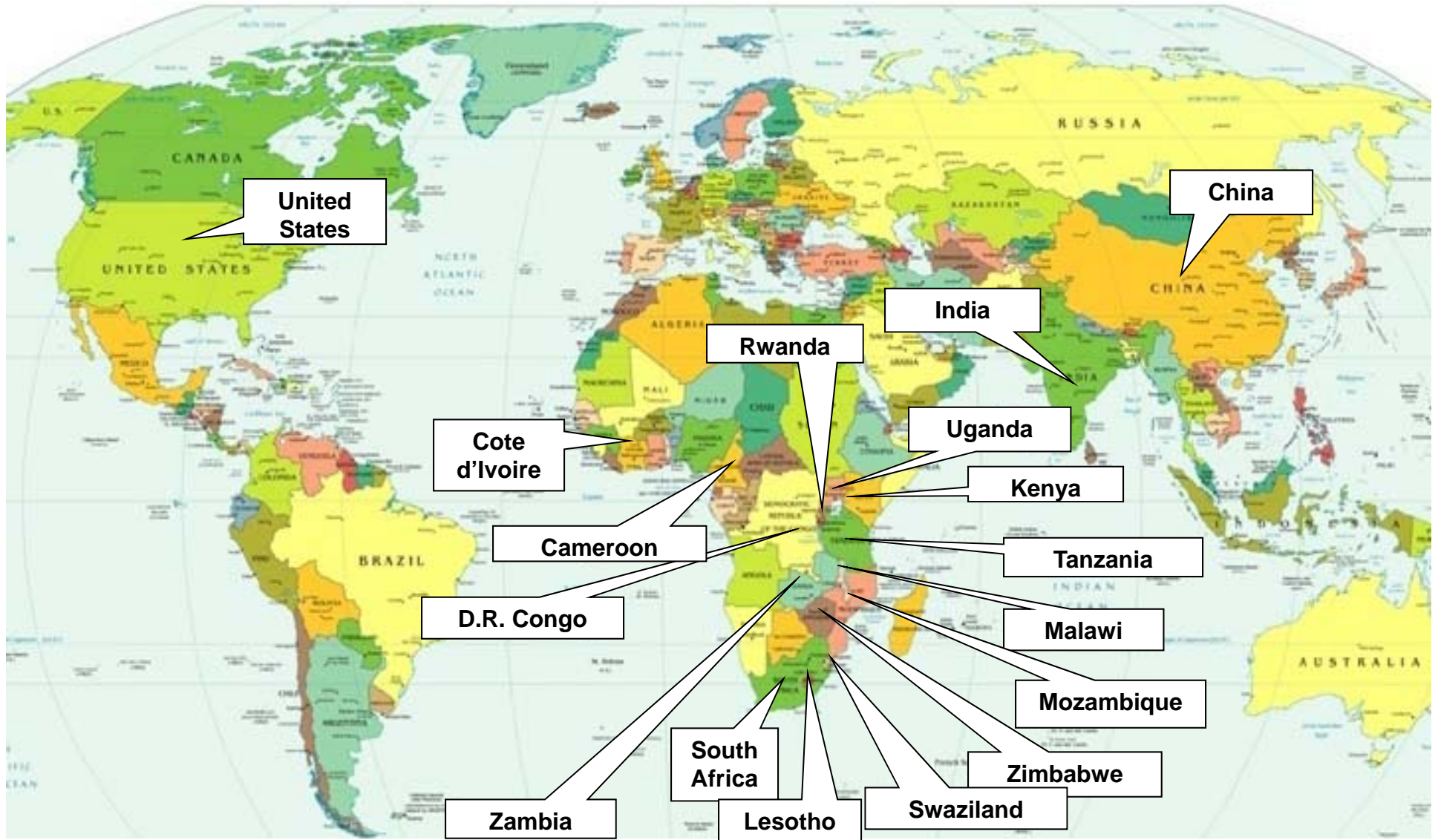
The Elizabeth Glaser Pediatric AIDS Foundation seeks to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and prevention and treatment programs.



EGPAF International Programs:

2000 → 8 sites in 6 countries

2010 → >4865 sites in 16 countries



Supporting guideline adaptation & implementation

- Technical Working Groups at EGPAF
- Toolkits phases 1, 2, and 3
- Global sharing and leadership
- Technical assistance through working with partners
 - Technical advocacy/support at global and national levels
 - Technical support at implementation level
- DOCUMENT, EVALUATE, DOCUMENT

IYCF Technical Working Group

- Established in January 2009
- Goals:
 - Ensure IYCF is integrated into HIV prevention and pediatric care and treatment programming
 - Build capacity among Foundation staff and partners in this critical area beyond the new WHO recommendations

WHO Technical Advisory Group

- Composition of the group
 - EGPAF representatives from technical topic areas
 - PMTCT, **IYCF**, Peds and Adults
 - Structured to capitalize on expertise from across EGPAF
- Goals:
 - Support countries to adopt and implement guidelines in accordance with the latest global guidance
 - Utilize the global guidance to optimize our programs
 - Increase EGPAF's capacity to understand and implement the revised WHO guidelines
 - Increase the EGPAF's global and country leadership by proactively responding to revised guidelines

Toolkits

- Phase 1 Toolkit: The Revised WHO Guidelines/ Adaptation and Understanding Implications for National Policies
 - Complete and available at IAS
 - <http://www.pedaids.org/Miscellaneous/WHO-Toolkit>

- Phase 2 Toolkit: Program, District and Facility-Level Adoption and Implementation of the Revised WHO Guidelines
 - Under review and available soon

- Phase 3 Toolkit: Measuring Impact and Adoption of the Revised WHO Guidelines
 - In process

Phase 1 Toolkit

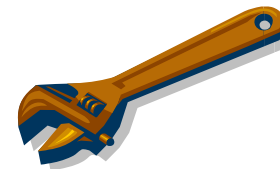
1. Understanding the revised WHO recommendations
2. Communications and advocacy planning
3. National guideline adaptation
4. Towards meaningful monitoring
5. Documentation and knowledge sharing

UNDERSTANDING NEW WHO GUIDELINES AND SUPPORTING NATIONAL GUIDELINE REVISION

A TOOLKIT

IYCF/HIV Components of the Phase 1 Toolkit

- Overview of the new IYCF/HIV recommendations
- Planning tool for each new IYCF/HIV recommendation
 - Table with key changes between WHO recommendations on IYCF from 2006 and 2009 comparison to current national policy
 - Key considerations of adopting each recommendation
 - Estimating resource implications related to decision on the most appropriate infant feeding strategy



Phase 2: Implementation Planning Tools

- Intended to provide country teams with resources to facilitate program, district and site level planning associated with implementation of the revised WHO recommendations
- Collection of templates/ frameworks to think through various implementation processes and issues

Phase 3: Measuring Impact and Adoption

- Ongoing planning
- Monitoring and evaluation
- Quality improvement

Haba Na Haba Technical Bulletin

**Issue on IYCF in
the Context of HIV**
November 2009



Haba Na Haba Quarterly Technical Bulletin

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Spotlight On...

Infant and Young Child Feeding in the Context of HIV



Photo courtesy of Elena Ghanotakis

The finding that HIV can be transmitted via breast milk has created major challenges for HIV prevention programs in resource-limited settings. On the one hand, breast milk is the ideal food for infants as it contains all the nutrition and immunologic properties they need. On the other hand, in the case of an HIV-positive mother, breast milk carries HIV and can transmit the virus to the infant. In fact, up to 40% of vertical transmissions of HIV can be attributed to breastfeeding in the absence of any intervention to prevent mother-to-child HIV transmission.¹ Although preventing vertical transmission of HIV during pregnancy and childbirth is of the utmost importance—an area where the Foundation devotes much of its efforts—responsibility does not end when the infant is born. To achieve the Foundation's mission of eradicating pediatric AIDS, all programs must strive to ensure that infants who are uninfected at birth remain uninfected, and that infants with HIV survive and grow into healthy children. Promoting and supporting optimal infant and young child feeding (IYCF) practices is necessary to achieve this goal.

» continued

Technical advocacy/support

- Continue to participate in the discussion on global messages to support the new WHO recommendations on IYCF/HIV
- Build local capacity and consensus around new WHO recommendations
- Collaborate with partners

Technical support with partners at implementation level

- Develop additional tools on IYCF/HIV to fill gaps in what already exists
- Develop training materials and a strategy to correspond to new and existing tools
- Pilot test the new tools and materials
- Document the process of developing tools and supporting countries



Evaluating and documenting

- Conduct operations research studies to document the impact of the new WHO recommendations in select countries
 - Pilot new WHO recommendations
 - Assess HIV-free survival
- Disseminate findings

Considerations moving forward

- Taking a “public health approach” (i.e. promoting a single standard of care) does not remove the need for skilled counseling and support for all pregnant women and mothers
- Using ARVs during breastfeeding does not remove the need for skilled counseling and support for pregnant women and mothers living with HIV
- Need to encourage MOH/governments to commit to and invest in IYCF as a part of HIV strategy

Challenges

- Addressing scale-up on a fast timeline with attention to quality
- Communicating new messages
- Developing generic tools and materials
- Gathering resources

Opportunities

- Utilize our networks
- Collaborate with partners
- Document the process



THANK YOU

