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# Through the Ensuring the Right to Breastfeeding

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for Women and Pregnant People Living with HIV with Undetectable Viral Load within the Framework of Reproductive Rights

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Mapping Public Policies in countries eligible for Global Fund financing in Latin America



Through the Ensuring the Right to Breastfeeding for Women and Pregnant People Living with HIV with Undetectable Viral Load within the Framework of Reproductive Rights / Mapping Public Policies in countries eligible for Global Fund financing in Latin America is a document prepared the Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform)

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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
CAG	Community Advisory Group
CCM	Country Coordination Mechanism
CCS	Comprehensive Care Services
CPG	Clinical Practice Guide
CPS	Child Protective Services
ECLAC	Economic Commission for Latin America and the Caribbean
EMTCT Plus	Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis and Chagas Disease
EMTCT	Elimination of Mother-to-Child Transmission
GF	Global Fund to fight AIDS, tuberculosis and malaria
GHSSS	General Health Social Security System
GRT	Genotypic Resistance Tests
HHRR	Human Rights
HIV	Human Immunodeficiency Virus
HPE	Health Promotion Entity
ICW	International Community of Women with HIV
LAC	Latin America and the Caribbean
MPH	Ministry of Public Health
NHIVP	National HIV Program
NSP	National Strategic Plan
OG	Operational Group to Confront and Fight AIDS
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PEPFAR	Presidential Emergency Plan for AIDS Relief
PrEP	Post Exposure Prophylaxis
PVL	Plasma Viral Load
SICP	Strategic Initiative on Community Participation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nation Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WPPHIV	Women and Pregnant People with HIV

# Introduction

Meaningful engagement and inclusion of people living with and affected by the three diseases are essential to ensure that the Global Fund's investments are informed by a strong evidence- and rights-based approach. Issues such as gender and human rights must become cross-cutting themes in funding applications and grants. Doing so will help maximize the impact and reach of Global Fund grants and strengthen transparency and accountability at the local level.

To ensure that civil society and communities are meaningfully engaged in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and the processes related to it, a Community Engagement Strategic Initiative (CE SI) has been launched. It works through three mutually reinforcing components:

**Component 1:** A short-term Technical Assistance program for communities and civil society groups to engage in national processes related to the Global Fund.

**Component 2:** Long-term capacity strengthening of HIV, TB and malaria networks and organizations, and

**Component 3:** Community, Rights and Gender Regional Platforms.

Since 2016, Vía Libre, a civil society organization in Peru, has hosted the Regional Support, Communication and Coordination Platform for Latin America and the Caribbean (LAC Platform) of the Global Fund's CE SI.

This mapping study is undertaken within the framework of reproductive rights, specifically the **Right to Breastfeeding for Women and Pregnant People living with HIV (WPP-HIV) with undetectable viral load**<sup>1</sup> and responds to the need for strategic information on human rights (HR) in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) grants. This document is particularly relevant for Grant Cycle 7, during which various consultation processes were conducted to identify community priorities to be included in funding requests from Bolivia, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Honduras, Guatemala, Nicaragua, Paraguay, Peru, Dominican Republic and Venezuela, all countries eligible for Global Fund financing in Latin America and the Caribbean.

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<sup>1</sup> The 2016 'Joint statement by the UN Special Rapporteurs on the Right to Food, Right to Health, the Working Group on Discrimination against Women in law and in practice, and the Committee on the Rights of the Child in support of increased efforts to promote, support and protect breast-feeding' called on States to protect breastfeeding as a human rights issue for both women and children. This implies, among other things, that the State should make transparent the process of guaranteeing, protecting and legally interpreting the right to breastfeeding to promote legislative adjustments that support breastfeeding as a right.  
<https://www.ohchr.org/en/statements/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health-working-group?LangID=E&NewsID=20871>.

This proposal, developed through a collaboration between [Vía Libre/ LAC Platform](#) and **ICW LATINA**, aims to generate strategic data to inform communities about emerging and key issues related to people living with HIV. To achieve this goal, a qualitative methodology based on mapping key stakeholders was used to identify, in each of the countries, relevant people to provide information related to the **right to breastfeeding for women and pregnant people living with HIV with undetectable viral load** within the framework of reproductive rights. As a result, interviews were conducted with HIV program leaders and members of the United Nations who helped identify public policies in each country. Finally, a documentary review of policies, protocols, programs and plans was conducted, using as a reference the Pan American Health Organization (PAHO) Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis and Chagas Disease (EMTCT Plus), which all countries in Latin America and the Caribbean (LAC) have adopted.

This work provides a set of lessons learned, conclusions and recommendations that will be useful to guide decision-makers in countries, civil society organizations, international cooperation agencies and the Global Fund on the measures that should be taken to increase access free from stigma, discrimination and violence, as well as the full exercise of reproductive rights, especially the right to breastfeeding for WPP-HIV with undetectable viral load.

## Background

In 2010, PAHO Member States committed to advancing the **elimination of mother-to-child transmission (EMTCT) of HIV and syphilis in the region** and set targets for 2015 through Resolution CD50.R12 <sup>2</sup>. Along the same line, the Strategy for Universal Access to Health and Universal Health Coverage (PAHO/WHO, 2014) proposed expanding access to services for groups in conditions of vulnerability and prioritizing interventions that address unmet needs and health challenges, such as maternal and infant mortality and HIV infection <sup>3</sup>.

Priority Action 39 of the Montevideo Consensus, **Detection of HIV / AIDS and ITS in pregnant women, - Strengthened measures to detect HIV/AIDS and other sexually transmitted infections in pregnant women and to prevent the vertical transmission of the virus.**<sup>4</sup>

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2 CD50.R12: Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis  
<https://iris.paho.org/bitstream/handle/10665.2/414/CD50.R12-e.pdf>

3 Strategy for Universal Access to Health and Universal Health Coverage  
<https://www.paho.org/en/documents/strategy-universal-access-health-and-universal-health-coverage>

4 Montevideo Consensus on Population and Development. Priority Measures.  
<https://consensomontevideo.cepal.org/en/topics/d-sexual-and-reproductive-health>

This commitment was expanded in 2016 with the adoption of the **Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections (STIs) 2016-2021**, which aims to achieve an HIV-free generation. Among its objectives was to increase to 20 the number of countries and territories that:

- a) have been validated as having achieved the elimination of mother-to-child transmission of HIV and syphilis;
- b) have developed national STI strategies in line with the Global Health Sector Strategy for STIs (PAHO, 2016)<sup>5</sup>.

This commitment was renewed in 2017 through the **ETMI Plus**, initiative, which aimed to achieve and sustain EMTCT for HIV, syphilis, Chagas disease, and perinatal hepatitis B virus infection. One of the goals was to reduce mother-to-child transmission of HIV from 8% to 2% or less by 2020 (PAHO, 2017)<sup>6</sup>. To achieve this goal, EMTCT Plus proposed three strategic lines of action:

1. Integrate HIV and STI responses into sexual and reproductive health (SRH), antenatal care, maternal and child health, and family and community health policies, programs and services.
2. Strengthen the dissemination of strategic information on HIV infection in maternal and child health services.
3. Improve the laboratory network and the quality and management of the supply chain.

These three lines of action were intended to contribute to the provision of effective health services along the cascade of care, leading to the elimination of these infectious diseases. As seen from this overview, the idea was not to restrict the right to breastfeeding but to improve health systems for WPP-HIV and their children based on the human rights principles, gender equality and community engagement as cross-cutting measures of the EMTCT initiative.

In January 2023, a significant change occurred in the U.S. when the Perinatal HIV Clinical Guidelines, which inform health care providers about the recommendations specifically related to pregnancy, infant care, and HIV, were rigorously updated to reflect current knowledge about the low likelihood of HIV transmission through breast milk when the breastfeeding person is taking anti-HIV medications and has an undetectable viral load. Said recommendations also discussed the benefits of breastfeeding and promoting informed and shared infant feeding decisions for women and pregnant people living with HIV.

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<sup>5</sup> Plan of Action for the prevention and control of HIV and sexually transmitted infections 2016-2021  
<https://www.paho.org/en/documents/plan-action-prevention-and-control-hiv-and-sexually-transmitted-infections-2016-2021>

<sup>6</sup> EMTCT PLUS. Framework for elimination of mother-to-child transmission of HIV, syphilis, hepatitis B and Chagas  
<https://iris.paho.org/bitstream/handle/10665.2/34306/PAHOCHA17009-eng.pdf>

## Epidemiological overview of breastfeeding in women and pregnant people living with HIV with undetectable viral load.

### a. Epidemiological overview

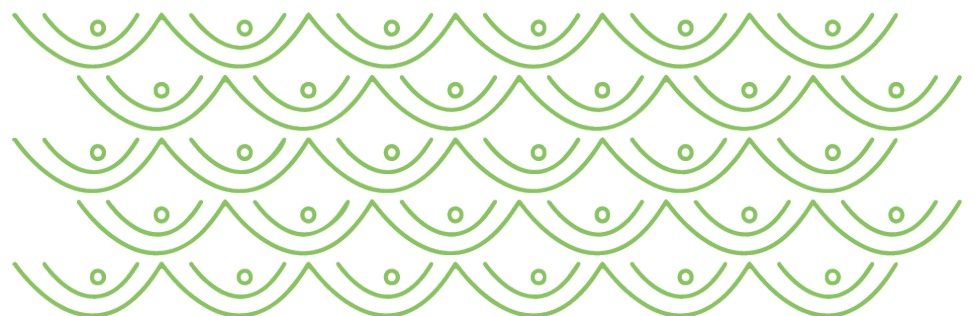
As reported by the Pan American Health Organization (2017), there were an estimated 670,000 women aged 15 years and older living with HIV in Latin America and the Caribbean in 2015, of whom approximately 58% were receiving antiretroviral treatment (ART). In line with this, according to the World Health Organization (2016), the number of new HIV infections among children (aged 0-14 years) in the region decreased by 78% between 2000 and 2014, averting 26,000 new HIV infections.

### b. Right to breastfeeding

Breastfeeding is a right linked to the right to life, free development, health, food, a healthy environment, and non-discrimination. Yet, in most Latin American countries, women living with HIV are denied the right to choose to breastfeed, just as infants continue to be denied the opportunity to drink their mother's milk.

Adopting measures to guarantee the right to breastfeeding for WPP-HIV with undetectable viral load and their children is in line with the principles of gender equality and community engagement. In this regard, countries should establish mechanisms and policies that promote the elimination of mother-to-child transmission of HIV without compromising the right to breastfeeding for WPP-HIV and their children.





To achieve this, countries should increase both screening and appropriate treatment coverage for HIV infection in women and pregnant people to 95% or more (PAHO, 2017). Thus, the achievement of this programmatic goal will promote a shift from a perspective that sees breastfeeding in women and pregnant people living with HIV as a threat to childhood to one that considers it as a factor that benefits their quality of life and that of their children.

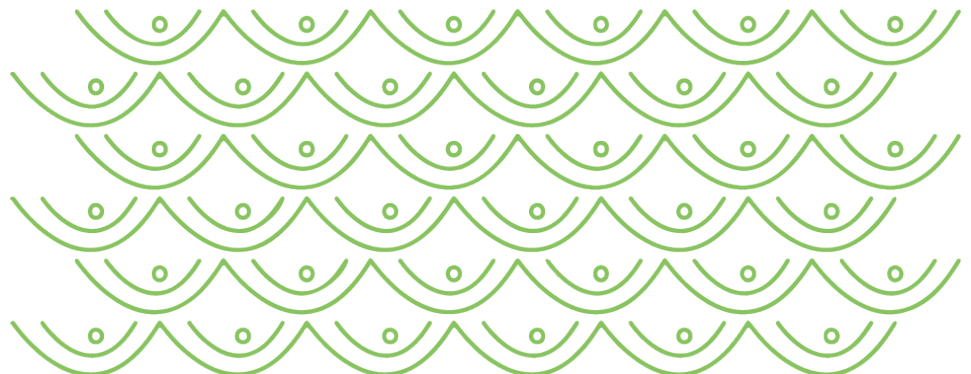


### c. Mother-to-child transmission

A research study led by Van de Perre et al. (2012) points out that HIV-1 transmission through breastfeeding is the result of multiple factors: the nature and size of the viral reservoir, host susceptibility, and the complex interaction of a plethora of factors in breast milk with anti-infectious, immunomodulatory, or anti-inflammatory properties that can regulate both viral replication and infant susceptibility. As a result, transmission through breastfeeding is now responsible for more than half of the estimated 400,000 new pediatric infections worldwide every year. The risk of late postnatal transmission of HIV-1 by breastfeeding has been estimated at 3.2 per 100 child-years of breastfeeding.

The **ETMI Plus Initiative (2017)** highlights the following key factors for the elimination of mother-to-child transmission of HIV infection:

-  Solid political commitment at the highest level, coupled with robust inter-program planning and implementation of the national plan for the dual elimination of these diseases.
-  Integration of mother-to-child transmission prevention practices into maternal and child health services.
-  Rigorous follow-up and monitoring of the mother-child binomial through robust health information systems that can identify programmatic targets promptly.
-  Accessible, quality-assured HIV and syphilis diagnostic services and the use of point-of-care technologies where appropriate.



d. **Antenatal care and EMTCT**

A report by the International Community of Women with HIV (ICW) in 2022 expressed concern that breastfeeding is a prominent area where women living with HIV continue to receive conflicting messages, harmful and outdated attitudes, harmful policies and practices, and violations of their human rights, all in the name of prevention. It must, therefore, be emphasized that the vast majority of HIV-exposed newborns do not become infected, probably because the protective components of breast milk and host susceptibility factors act as barriers to transmission (Van de Perre et al., 2012). In this context, antenatal care services have a strategic role to play in respecting, informing and monitoring WPP-HIV with undetectable viral load who wish to breastfeed their infants without running the risk of criminalization.







# 1. Objectives

Generate strategic information for decision-making and advocacy to update or improve national public policies on breastfeeding and HIV in Bolivia, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Honduras, Guatemala, Nicaragua, Paraguay, Peru and Venezuela.

## Specific objectives

-  Improve understanding of the various guidelines, standards and recommendations by identifying approaches, gaps and limitations in the exercise of the reproductive right to breastfeeding for WPP-HIV with undetectable viral load.
-  Identify priorities, bottlenecks and other issues arising from needs and actual or potential violations of the reproductive right to breastfeeding for WPP-HIV with undetectable viral load.



## 2. Methodological Strategy

In order to achieve these objectives, a qualitative research approach has been used to provide an in-depth understanding of the current situation of national public policies on breastfeeding and HIV in the countries under review. This approach will clarify the actors, processes, events and actions that facilitate or limit their integration within the countries' affirmative efforts on gender equality and sexual and reproductive rights, and the national responses to HIV. Likewise, this methodological strategy will contribute to developing explanations and generating relevant recommendations by analyzing the information gathered.

This research was conducted in three separate phases in 2023:



### Data Collection

**Stakeholder mapping:** identification of government and international cooperation representatives from the 13 countries of interest and relevance to the case of the right to breastfeeding in WPP-HIV with undetectable viral load in the framework of reproductive rights.

**Semi-structured interviews:** a semi-structured interview questionnaire was developed for HIV Program Leaders.

**Documentary review:** Information on policies and protocols on the topic was systematized, public policies in each country were identified, and a hierarchy of evidence and priorities was established.



## Analysis processes

The information obtained from the interviews and the documentary review was analyzed. In the case of the interviews, they were primarily used to determine the interest, motivation and willingness of the actors interviewed concerning the issue. They were also helpful to identify gaps and specific advances to plan relevant strategies, as well as to learn what the reference documents are and to be able to consult them (policies, protocols, plans).

These documents were analyzed and compared with the guidelines of the EMTCT Plus initiative to identify areas of opportunity and aspects that should be aligned with the needs identified in the mapping exercise, i.e. to establish a link between the need and the legal and regulatory opportunities that already exist, thus facilitating the subsequent implementation of the strategies.



## Final report development

After analysis and systematization, the information is presented in a concise and agile manner using analysis tables. First, the general results for the 13 countries are presented. Then the main results for each country are reported, focusing on aspects that could enrich reflection and planning for the future. Finally, conclusions, lessons learned and final recommendations on WPP-HIV with undetectable viral load are presented.





## 3. Results



### a. Results by country

## Bolivia

The National Infectious Diseases Program is under the Ministry of Health and Sports. This program is the national body responsible for developing policies and regulations related to HIV, including maternal and child health of WPP-HIV. Since September 2021, it has also been in charge of viral hepatitis and STIs.

Unlike other cases, in Bolivia it has not been possible to fully guarantee screening for WPP-HIV although, since 2010 it has been generally carried out as part of the efforts for maternal and child prevention of HIV and hepatitis B, through the issuance of ministerial resolutions for compliance. Currently, women are only screened for HIV during pregnancy, although the national guideline establishes a minimum of two HIV tests for each pregnancy.

In addition, the limitations of the information systems and the structural living conditions of this population make it difficult to initiate antiretroviral therapy after the fourteenth week, as recommended by the *Guidelines for the Prevention of Mother-to-Child Transmission of HIV and Congenital Syphilis*<sup>8</sup>. Therefore, there is no HIV Program recommendation on breastfeeding in WPP-HIV with undetectable viral load in the country. Due to the existing deficiencies in this area, breastfeeding is contraindicated by the HIV program, as it is considered a high risk of infection. Therefore, no case of WPP-HIV with undetectable viral load who breastfed her child has been registered in Bolivia.

8 <https://www.minsalud.gob.bo/7318-normas-y-manuales-programa-nacional-its-vih-sida> [Document in Spanish]

*The Guide for the Antiretroviral Management of Children*, recommends replacing breastfeeding with substitute milk feeding up to six months of age. This recommendation is in line with the provisions of Law No. 3460 on the promotion of breastfeeding and the marketing of breastmilk substitutes. Recently, it has been proposed that the government give additional subsidies for providing formula milk for stages 2 and 3.

The EMTCT framework is expected to be validated by the end of 2023 so that it can be adopted. This framework will need to be adapted to the socio-cultural context of each WPP-HIV, as well as to other intercultural policies. In this way, it is intended to reach the most remote communities and the 37 different ethnic groups.

Law 3460 stipulates that each health facility must organize breastfeeding support groups as part of the support in health services offered to this population. **This could be a strategy to promote breastfeeding among WPP-HIV with undetectable viral load.** Likewise, HIV care centers have psychological personnel who provide counseling, but they do not offer breastfeeding information to WPP-HIV.

In **Bolivia** the delivery method can be chosen according to culture and customs; the most advisable is for the person to arrive for delivery with an undetectable viral load.

# Costa Rica



The **Caja Costarricense** is the national institution responsible for service delivery and developing policies and regulations related to HIV and maternal and child health in **Costa Rica**. It has the authority to develop guidelines, manuals and protocols to guide service delivery, such as a policy on breastfeeding for WPP-HIV with undetectable viral load.

In Costa Rica, the authorities are currently drafting updated care guidelines for women and pregnant people, a guide on mother-to-child transmission, and an **ETMI** strategy adapted to the socio-cultural context with a multicultural approach. Until these are finalized, they will continue to use the guidelines developed jointly with PAHO.<sup>9</sup> The latter guidelines recommend adherence to treatment for WPP-HIV and avoidance or suspension of breastfeeding due to the risk of HIV transmission to the infant. There are no reported cases of breastfeeding in WPP-HIV with undetectable viral load.

If a WPP-HIV with an undetectable viral load chooses to breastfeed, the national HIV program is responsible for recommending formula substitution according to the guideline/protocol.

WPP-HIV who are aware of their diagnosis or who are notified during their medical follow-up are referred to the third level of care, the HIV clinic, where monitoring is shared. They are accompanied, undergo viral load testing, and receive treatment, infant formula, and other follow-up care.

In terms of accompaniment and counseling for WPP-HIV, only some clinics have trained personnel such as psychologists and social workers. In Alajuela, for example, there is only one infectologist, while the San Juan de Dios Hospital in San José has a full interdisciplinary team. Although it can take time to link people with HIV to treatment in general, pregnant women have absolute priority.

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<sup>9</sup> Therapeutic Guide. Recommendations for prevention of perinatal transmission of the Human Immunodeficiency Virus in Costa Rica (Recomendaciones para la prevención de la transmisión perinatal del virus de la inmunodeficiencia humana en Costa Rica) [https://www.scielo.sa.cr/scielo.php?script=sci\\_arttext&pid=S0001-60022013000200007](https://www.scielo.sa.cr/scielo.php?script=sci_arttext&pid=S0001-60022013000200007) [document in Spanish]

# Colombia



In **Colombia**, the **Ministry of Health and Social Protection** is the national institution responsible for developing policies and regulations related to HIV and maternal and child health.

Regarding infant feeding in WPP-HIV, the HIV Program, following current public policy, recommends replacing breastfeeding with maternal substitutes, even in the case of WPP-HIV with undetectable viral load. Current regulations require the government to provide infant formula to all WPP-HIV. Since 2014, the formula has been provided during the first year of life to ensure infant feeding in the first and second semesters. In addition, the government provides the formula to people who cannot contribute to the **General Social Security Health System (SGSSS for its acronym in Spanish)**, through their enrollment in the subsidized health system. The mode of delivery is determined by the assessment of viral load levels.

In August 2021, **ETMI Plus Colombia<sup>10</sup>** and the **Clinical Practice Guideline (GPC for its acronym in Spanish)** based on scientific evidence for the care of HIV/AIDS infection in adults, pregnant women and adolescents<sup>11</sup>. were launched. Despite this, no changes have been made to ensure breastfeeding in WPP-HIV with undetectable viral load, and there is no discussion of drafting a new guideline.

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<sup>10</sup> <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ET/gpc-vih-adultos-version-profesionales-salud.pdf> [document in Spanish]  
<sup>11</sup> <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/VS/PP/ET/etmi-plus-colombia-2021-2030.pdf> [document in Spanish]

Nevertheless, if a woman in Colombia decides she does not want to receive the formula, she must sign the consent form according to the breastfeeding regulations and her Health Promoting Entity (EPS, for its acronym in Spanish). To date, however, there is no record of a WPP-HIV with an undetectable viral load breastfeeding her child. If this were the case, it would be recorded in the HIV program's electronic system.

There are various pathways to care for women and pregnant people. **First**, the maternal perinatal pathway, which stipulates that all women must receive antenatal care. **Second**, the regulation of screening in the third trimester or at the time of delivery. In this regard, efforts have been made to ensure that antenatal care services use the rapid HIV test, which requires more trained personnel and the availability of the test in different health institutions.

In the **third** place, there is also a need to improve WPP-HIV attendance at follow-up appointments and to develop strategies for accepting their diagnosis. *“It is important to note the importance of diagnostic refusal, where the person does not accept the positive HIV test result and responds by not following up and not taking treatment as indicated.”*

There are no specific guidelines for indigenous women.



The Ministry of Public Health (MINSAP, for its acronym in Spanish) is responsible for developing and approving public health policies. It also helps strengthen the link between the STI/HIV/hepatitis programs and the Maternal and Child Care Program, which are part of the Comprehensive Family Care Program (Family Doctor and Nurse Plan). These policies are included in the National Strategic Plan (NSP), which is supported by civil society, and is also part of the National Response to HIV, particularly through the Operational Group for the Confrontation and Fight against AIDS (GOPELS, for its acronym in Spanish), which has functioned since the beginning of the epidemic in Cuba as a collegial governmental body composed of representatives of the public, social and scientific sectors. As a multisectoral mechanism, all the sectors involved work together to develop social support strategies for people living with HIV, their partners and their children.

In **Cuba**, the HIV Program is a step ahead by including multiple infant feeding options, including breastfeeding, as an alternative for infant feeding. This will be possible thanks to its inclusion in the new PEN 2024-2028.

The country's current policy is to stop breastfeeding in all WPP-HIV, regardless of the plasma viral load (PVL) they had before and during pregnancy. One of the proposals to be considered in drafting the NSP 2024-2028 (under validation in 2023) is to allow choosing breastfeeding as the natural way of feeding the newborn. This will depend on the WPP-HIV adhering to ART and maintaining her viral load as undetectable. In addition, she and her partner should sign an informed consent form. This would pave the way for multiple infant feeding options. Currently, there is no record of breastfeeding in WPP-HIV with undetectable viral load in their statistical system or other legal medical documents (e.g. medical or obstetric records).

WPP-HIV receive the same general comprehensive care as other pregnant women, as part of the Maternal and Child Care Program. However, additional services related to their serological status are provided depending on their gestational age and the time of HIV diagnosis; nutritional supplements (medical diet) are provided; plasma viral load is measured in the three trimesters; the possibility of admission to maternity homes is offered (with prior informed consent) to ensure the receipt and adherence to ART, food and specialized care –if necessary– according to the lines of treatment defined by the country; genotypic resistance testing (GRT) is performed for multitreated women and newly diagnosed women starting ART during pregnancy.

The NSP 2019-2023 identifies five scenarios where the WPP-HIV may find themselves. In addition, care is offered to their sexual partner, whether negative (he can be referred to PrEP after being tested) or positive.

In addition to the above, breastfeeding and HIV are topics that health workers are just beginning to become familiar with, as it is a relatively new policy in Cuba. But once it is implemented, the HIV specialist and the primary care nurse will be prepared to provide guidance, in addition to the accompaniment offered by peer counselors.

Despite progress, WPP-HIV still face significant challenges within the health system, mainly related to stigma and discrimination. Although the country has developed policies to address these attitudes and practices, these have not been translated into action. However, stigma and discrimination are beginning to be identified as a challenge for WPP-HIV to request vaginal deliveries or to breastfeed their babies.

# Ecuador



The **Ministry of Public Health of Ecuador** is the national institution responsible for developing policies and regulations on HIV and maternal and child health. In this country, HIV is addressed in several normative documents related to this topic <sup>12</sup>.

In **Ecuador**, WPP-HIV are provided with health services by the HIV Program, and antiretroviral treatment is guaranteed. They work together with the **Directorate of Sexual and Reproductive Health**, which was recently created as part of the internal reorganization of the Ministry of Health. The country is currently working to update the **2011 Guidelines for the Prevention and Control of Mother-to-Child Transmission of HIV and Congenital Syphilis**, and for the **Comprehensive Care of Children with HIV/AIDS** <sup>13</sup>. These guidelines state that the purpose of comprehensive care for mothers with HIV is to inform and educate them about constitutional rights and scientific advances related to HIV/AIDS infection and to avoid breastfeeding as it increases the risk of transmission to the infant. This measure should be adopted only in areas where infant formula and clean water are available.

In Ecuador, WPP-HIV with undetectable viral load are also advised not to breastfeed their infants and are given formula. To date, there are no reported cases of WPP-HIV with undetectable viral load who have breastfed their infants. However, in the case of a WPP-HIV with undetectable viral load who chooses to breastfeed, she would be counseled to make her decision in an informed manner, and the national HIV program would respect her decision. However, to date, no such request has been received.

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<sup>12</sup> <https://www.salud.gob.ec/documentos-tecnicos-msp-lactancia-materna/> [document in Spanish]

<sup>13</sup> Guidelines for the prevention and control of mother-to-child transmission of HIV and congenital syphilis, and comprehensive care of children with HIV/AIDS (Guía de prevención y control de la transmisión materno infantil del VIH y sífilis congénita, y de atención integral de niños/as con VIH/SIDA) [http://www.saludzonal.gob.ec/cz1/images/PROGRAMAS/GUIASCLINICAS/2013/Guia\\_VIH\\_PTMI\\_ninos.pdf](http://www.saludzonal.gob.ec/cz1/images/PROGRAMAS/GUIASCLINICAS/2013/Guia_VIH_PTMI_ninos.pdf) [document in Spanish]

The national HIV Program does not have a recommendation on breastfeeding for WPP-HIV with undetectable viral load. A documentary review is underway, and the results will be incorporated into the new manual to ensure no vertical transmission risk when conducting accompaniment interventions.

Ecuador joined the EMTCT in 2010 and, based on the guidelines and recommendations on breastfeeding, has a document recommending the suspension of breastfeeding.

Although there are cases of breastfeeding in WWP-HIV in Ecuador, these were cases where the person acquired HIV during the postpartum period. When a WWP-HIV with an undetectable viral load chooses to breastfeed, the national HIV program is responsible for designing a strategy to accompany the mother and/or partner by providing appropriate information, after explaining the context of possible risk of transmission. Counseling is provided for the final decision on the feeding option. Still, if the mother insists on her right to decide on the feeding option for her baby, accompaniment is provided.

WPP-HIV services include accompaniment for quality monitoring throughout pregnancy and for safe delivery, with follow-up up to 18 months of age. Comprehensive care units provide antiretroviral treatment for mothers and prophylaxis for newborns. Infant formula is also provided for children up to 12 months of age.

There are specialists in the management of safe childbirth who decide with the patient whether to have a cesarean section or a vaginal delivery based on the assessment of the viral load.

The entire team (nurse, social worker, gynecologist, obstetrician, infectologist) is responsible for counseling or providing guidance on breastfeeding recommendations in WPP-HIV.

## El Salvador



The STI and HIV Program Unit of the **Ministry of Health** is the national institution responsible for designing and developing policies, regulations and guidelines related to WPP-HIV and maternal and child health. Services are provided as part of the population's social protection, which includes social security. The care of children with HIV is centralized in a single hospital, the **National Children's Hospital Benjamin Bloom**, which has a foundation dedicated to HIV and responsible for their nutritional, economic and psychosocial development. Efforts are underway to strengthen mental health services with PEPFAR support.

The HIV program's recommendation for infant feeding in WPP-HIV is to stop breastfeeding and introduce substitutes. It is also recommended that WPP-HIV be educated about the risks to their children and that they receive information on the provision of infant formula. Currently, this topic needs to be covered in the clinical guidelines. However, the **Validation Committee on Breastfeeding** will bring it to the plenary in 2023 for internal discussion and to evaluate the alternatives available for implementation as part of the WPP-HIV Infant Feeding Alternatives. The **Maternal and Child Directorate of the Ministry of Health**, was recently created to deal with children and reproductive health issues. The heads of this directorate met with the First Lady, who is promoting a new law called "**Crecer con cariño**" (**Growing up with love**). During this meeting, a commitment was made to review the issue based on available scientific information. This law establishes regulations for respectful and humane childbirth and includes guidelines for aftercare.

In **El Salvador**, state-provided services for WPP-HIV include a joint case review to determine the feasibility of vaginal delivery as long as the viral load is undetectable at delivery. Mothers are also given formula milk for the first six months of their child's life. Stigma and discrimination are among the biggest challenges that WPP-HIV face within the health care system, hindering disclosure of the diagnosis and access to specialized HIV care.

# Guatemala



In **Guatemala**, the Ministry of Health and Social Welfare is the institution responsible for developing policies and regulations related to WPP-HIV and maternal and child health (National Program for the Prevention and Control of STIs, HIV and AIDS).

The HIV program updates, designs and implements technical and regulatory measures at all levels of care. They follow the Manual for the Sexual and Reproductive Health Care of Women Living with HIV and Advanced HIV (AIDS) <sup>14</sup>.

WPP-HIV are generally advised to stop breastfeeding and replace it with formula feeding. If a WPP-HIV with an undetectable viral load chooses to breastfeed, the National HIV Program provides information to explain why formula feeding is recommended as the least risky option for HIV transmission. Alternatively, more focused accompaniment is offered to ensure that everything possible is done to reduce the likelihood of vertical transmission. However, to date, there is no documented case of breastfeeding in WPP-HIV with undetectable viral load.

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<sup>14</sup> <https://guatemala.unfpa.org/es/publicaciones/manual-para-la-atenci%C3%B3n-de-la-salud-sexual-y-reproductiva-de-mujeres-que-viven-con-vih>  
[document in Spanish]

# Honduras



The **Ministry of Health** is responsible for developing policies and regulations related to WPP-HIV and maternal and child health in Honduras. Within the Ministry is the General Directorate of Standards, which is in charge of drafting normative documents and technical guidelines for the Ministry and is responsible for monitoring compliance. They are currently updating the manual for the care of people living with HIV.

In **Honduras**, the HIV program follows the guidelines of the **Standards for Comprehensive Care of Pregnant Women to Prevent Mother-to-Child Transmission of HIV**. However, there is no registration system to determine the degree of implementation.

The infant feeding counseling provided to the WPP-HIV includes: benefits and risks of breastfeeding and artificial feeding (milk substitutes); feeding alternatives so that the mother can feed her child most effectively and safely according to her circumstances; guidelines on hygienic measures in the preparation and consumption of food to prevent infections due to contamination. If, after counseling, the WPP-HIV decides not to breastfeed, the following aspects of feeding with breastmilk substitutes will be discussed with her that:

*“It is culturally acceptable,*

*It is feasible by ensuring safety in the preparation of substitutes in terms of time, knowledge, skills and resources.*

*Food is prepared safely and given to their child in the appropriate quantity and frequency.*

*It is affordable by having the necessary supplies to purchase and prepare the breastmilk substitutes.*

*It is sustainable, i.e. she can continue this type of feeding for the necessary time without interruption.*

*If the mother decides to breastfeed, it is recommended that she does so strictly and exclusively, and that she does not prolong breastfeeding beyond six months to reduce the risk of transmission”<sup>15</sup>.*

Due to difficulties in systematically recording information in Honduras, it is not possible to identify cases of WPP-HIV with undetectable viral load who have breastfed their infants. However, if the WPP-HIV wishes to breastfeed her infant, the health team will support her decision, recommending first the option of formula feeding. In this case, the government would ensure that the substitution is acceptable, feasible, sustainable and safe, and that access to drinking water and sanitary conditions are met.

Honduras has adopted the **ETMI Plus strategy**. However, there are difficulties in its implementation since the GF withdrew support for purchasing infant formula a few years ago. In addition, the National Strategic Program needs to be updated to include issues related to breastfeeding of WPP-HIV with undetectable viral load. To date, there are no specific recommendations for this population.

Gynecologists and obstetricians have been trained thanks to the Technical Assistance from PAHO. At the same time, training sessions on EMTCT Plus have been held for gynecologists for several years. Although this is a best practice, it has been discontinued, so it is not possible to know whether medical personnel are up to date on the subject. In the case of WPP-HIV, they also receive counseling services from nursing, psychological or infectious disease staff, and certified counselors such as health promoters.

Unfortunately, there are not enough financial resources to carry out capacity building, implement a monitoring and evaluation system, or even speed up the development and updating of protocols on this issue, which should be reviewed every two years. Training on this issue should be provided to the entire network of services—more than 1,700 care units and 62 services of the Comprehensive Care Services (SAI).

The lack of access to and coverage of health and HIV services results in late diagnosis of HIV—women and pregnant people may not be diagnosed until the moment of delivery. As a result, and due to the prevailing stigma and discrimination, problems such as lack of adherence and abandonment of antiretroviral treatment occur, which limit the integration of PLHIV into health services. The development of guidelines to prevent stigma and discrimination is underway.

# Nicaragua



The **Ministry of Health** is responsible for designing and developing policies and regulations on HIV and maternal and child health in Nicaragua. Guidelines for WPP-HIV health care can be found in the **Antiretroviral Guidelines**. There are also **Guidelines for the Elimination of Vertical Transmission**.

Each health unit has multidisciplinary care teams for this population, consisting of specialists in obstetrics and gynecology, psychology and social work. Services provided to WPP-HIV include antenatal care, specialist assessment, mental health care, parenting counseling for infant attachment and neonatal care. This care continues throughout the postpartum period, and family planning methods are offered. WPP-HIV are encouraged to have a cesarean section for delivery. In some cases, however, vaginal delivery is offered. This practice occurs mainly in institutions that have extensive experience. The HIV Program does not recommend breastfeeding for WPP-HIV as a form of infant feeding, but the State guarantees formula feeding for the first six months of the child's life.

Unlike most countries, Nicaragua has documented cases of WPP-HIV who have chosen to breastfeed their children, even up to 18 months of age. Even though WPP-HIV had an undetectable viral load, there were cases of vertical transmission. However, due to difficulties in recording information and tracking cases, it is not possible to determine the cause. o.

If a WPP-HIV who has an undetectable viral load decides to breastfeed her child, health workers from the National HIV Program will accompany her and keep her under observation to ensure that the newborn receives the necessary clinical examinations and is followed up for 18 months to two years of age. To date, this work has not been done in conjunction with childcare services.

One of the biggest challenges for WPP-HIV within health services is working on diagnosis acceptance and mental health, particularly in cases of recent diagnosis. There have been cases where the WPP-HIV has been made aware of her diagnosis, but her partner does not know that she has acquired the virus.

# Paraguay



The National Program on HIV (PRONASIDA, by its acronym in Spanish) , is the institution in charge of developing policies and regulations related to HIV and maternal and child health in Paraguay. Civil society working on AIDS and other areas of the Ministry of Health, the Society of Infectious Diseases and the Society of Obstetrics are also involved in developing public policies. HIV-trained physicians are responsible for providing advice or guidance on breastfeeding recommendations for WPP-HIV. General practitioners, pediatricians, gynecologists, obstetricians, and nurses also provide these services. Social service workers make home visits to provide follow-up care and encourage WPP-HIV to attend health centers to receive their medications.

WPP-HIV receive a variety of services, including medical consultations, HIV testing for early diagnosis and initiation of retroviral therapy. They are also offered the full range of public health services to which they are entitled, including psychological support and social work, where they receive counseling and guidance. In addition, support programs for the transportation of WPP-HIV in situations of poverty are promoted so that WPP-HIV can be effectively integrated into the health system. WPP-HIV are provided with a pack of diapers, baby's first clothes, and infant formula for the first six months of their newborn's life.

The HIV program recommendation regarding infant feeding for WPP-HIV with undetectable viral load is to replace breastfeeding with formula milk. They are updating the HIV care guidelines and have started an internal team discussion on breastfeeding in WPP-HIV. Among the updates in this guideline is the inclusion of a strategy for bimonthly or quarterly home delivery of treatment for those who have difficulty attending health services.

In an effort to reach WPP-HIV, the Ministry of Health has initiated viral load testing in 18 different health regions. This strategy is crucial given the alarming number of late diagnoses. The HIV Program recommends that WPP-HIV do not breastfeed their babies” but instead feed them with formula provided by the government. If a WPP-HIV with an undetectable viral load chooses to breastfeed, it is recommended to breastfeed exclusively without mixing it with other infant foods. Lack of timely antenatal follow-up is one of the major barriers for WPP-HIV. This situation is exacerbated in women who are more vulnerable due to poverty and low levels of education. In the country, this population has the greatest difficulty attending the four antenatal check-ups.

# Peru



The HIV and Hepatitis Prevention and Control Directorate of the Ministry of Health, is the national institution responsible for developing policies and regulations related to HIV and WPP-HIV maternal and child health

It comprises a technical team with an expert responsible for introducing the EMTCT in the country. As of October 2023, the EMTCT Plus strategy document was being updated, including the one related to the HPVL1 virus and evaluating the possibility of including Chagas disease. Breastfeeding in WPP-HIV will be evaluated in this process.

The HIV Program guidelines on infant feeding for WPP-HIV, recommend avoiding breastfeeding and replacing it with formula feeding, in line with international recommendations. On the other hand, the Technical Health Standard for the Prevention and Control of Human Immunodeficiency Virus Infection in Amazonian Indigenous Peoples with Cultural Belonging (2016) mentions the provision of extended prophylaxis to newborns. Specifically, it notes that *“only in cases where the mother chooses to continue breastfeeding the exposed infant for cultural reasons, the infant is offered extended prophylaxis as an alternative, with free antiretrovirals for as long as breastfeeding continues, and the mother’s adherence to ART is reinforced”* In this regard, it has been noted that the lack of potable water in the Amazon is one of the reasons why WPP-HIV choose to breastfeed.

The existence of a specific technical standard for indigenous peoples allows us to observe how a country implements a policy that respects reproductive rights, cultural diversity and freedom of choice. In these environments (the Amazon and rural areas), prenatal care coverage is low and pregnant people do not attend health facilities; in such a scenario, if they have access to screening, they are lost. It is common for the child to be diagnosed first, followed by the father and mother.

If a WPP-HIV with an undetectable viral load wishes to breastfeed, the HIV program will review the evidence; if the conditions are met, there would be no difficulty in tracking each case. However, public policy needs to be updated in this regard.

In terms of accompaniment and counseling interventions for WPP-HIV, they have carried out postpartum accompaniment with ICW. They also have a consolidated strategy for peer support.

# Dominican Republic



The HIV Program is the national institution in charge of developing WPP-HIV policies and regulations related to HIV and maternal and child health. Among the technical instruments related to this area is the “Guide for the Care of HIV-Positive Pregnant Women in the Dominican Republic” <sup>16</sup>.

The HIV Program recommends that WPP-HIV should not breastfeed their infants and that they be informed of the risks and other relevant information during antenatal counseling.

There is no HIV program recommendation regarding breastfeeding in the case of WPP-HIV with undetectable viral load, nor is there a documented case of breastfeeding in WPP-HIV with undetectable viral load in the country. However, should WPP-HIV with undetectable viral load choose to breastfeed, the program would support them.

Among the significant challenges that WPP-HIV face within the health care system are: lack of retention in care for the entire pregnancy, delays in receiving HIV test results, and loss of follow-up of pregnant adolescents with HIV who do not seek care due to stigma and discrimination.

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16 <https://repositorio.msp.gob.do/bitstream/handle/123456789/2028/9789945621297.pdf?sequence=1&isAllowed=y> [document in Spanish]

# Venezuela



The **National HIV Program** and the **Maternal Route Program**, both under the Ministry of Health, are responsible for developing policies and regulations related to HIV and maternal and child health, respectively. In this regard, the HIV Program and the Ministry of Food issue the final guidelines for WPP-HIV.

The services offered to this population include initial check-ups by the infectious-pediatric team. WPP-HIV are expected to be guided on newborn follow-up and the initiation of antiretroviral treatment. Syrup medication is available for the infant, as well as prophylaxis tablets for those at higher risk of acquiring HIV.

The HIV Program recommendation for infant feeding in WPP-HIV with undetectable viral load is to suspend breastfeeding. Reagents for viral load testing are unavailable and the necessary routine viral load testing during pregnancy cannot be performed. Therefore, there is a strict no-breastfeeding policy. In 2022, with a donation from PAHO, they were able to perform viral load testing every three months. Since February 2023, no viral load tests have been available nationwide.

Until 2021, UNICEF's Maternal Route distributed rapid HIV tests. The intention was that at least one HIV test should be done upon entering the delivery room and immediately postpartum, depending on availability. There is no HIV program recommendation on breastfeeding in WPP-HIV with undetectable viral load, nor has a case of breastfeeding in WPP-HIV with undetectable viral load been reported in the country.

If WPP-HIV with undetectable viral load chose to breastfeed, they would be supported and informed to feed the newborn exclusively with breast milk without resorting to mixed feeding. Follow-up would include PCR testing and maternal care. The acquisition of formula milk remains one of the major challenges, as it the government does not provide it, and families are responsible for its purchase. An exception is the state of Mérida, where breast milk is available through a private donation. Another challenge is the lack of viral load testing. In addition, there is discrimination by medical personnel, which sometimes results in WPP-HIV not being able to access health services for specialized care

b. Results on laws that criminalize transmission, non-disclosure of HIV status, or exposure to HIV.<sup>17</sup>

Laws that criminalize transmission, non-disclosure of HIV status, or exposure to HIV	Yes	No. but there are prosecutions under general criminal law	No	Data not available
Bolivia (Plurinational State of)	x			
Colombia	x			
Costa Rica		x		
Ecuador	x			
El Salvador	x			
Guatemala	x			
Honduras	x			
Nicaragua		x		
Paraguay		x		
Peru		x		
Venezuela (Bolivarian Republic of)	x			
Cuba			x	
Dominican Republic				x

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Sources:

- a. National Commitments and Policy Instrument, UNAIDS, 2019 (<http://lawsandpolicies.unaids.org/>).
- b. El Salvador. Penal Code. Articles 170 and 170A.
- c. Guatemala. Penal Code, Decree 9-2009. Article 39 (<https://www.refworld.org/pdfid/4a03e3d22.pdf>). [document in Spanish]
- d. Mendos, L.R. State Homophobia 2019 (Homofobia de Estado 2019). 13th edition. Geneva: ILGA: 2019. [document in Spanish]
- e. México. General Health Law, 2013. Articles 477-9 ([http://www.conadic.salud.gob.mx/pdfs/Ley\\_general\\_de\\_salud.pdf](http://www.conadic.salud.gob.mx/pdfs/Ley_general_de_salud.pdf)). [document in Spanish]
- f. Brazil. Protecting and caring for adolescent health in primary care settings (Proteger e cuidar da saúde de adolescentes na Atenção Básica). Brasília: Ministério da Saúde; 2017 ([http://bvsm.s.saude.gov.br/bvs/publicacoes/proteger\\_cuidar\\_adolescentes\\_atencao\\_basica.pdf](http://bvsm.s.saude.gov.br/bvs/publicacoes/proteger_cuidar_adolescentes_atencao_basica.pdf)). [document in Portuguese]
- g. Cameron, S.; Bernard, E.J. Advancing HIV justice 3: growing the global movement against HIV criminalisation. Amsterdam: HIV Justice Network. May, 2019.
- h. Nicaragua. Law 820 of 2012 Article 4(4) (<http://legislacion.asamblea.gob.ni/SILEG/Iniciativas.nsf/O/e254db0fc9127ecc062577dd0059242d/%24FILE/Ley%20No.%20820%20VIH%20y%20Sida%20final.pdf>). [document in Spanish].

## 4. Findings

### HIV Program Recommendations on Infant Feeding for WPP-HIV

There are differences in the way countries provide care and follow-up for undetectable WPP-HIV who wish to breastfeed their infants. Progress in developing technical and policy documents on this issue varies from country to country.

Similar to the above cases, WPP-HIV are informed about the “risks” of HIV transmission through breastfeeding at healthcare facilities. They are also informed about the free infant formula offered by the government. There is some pressure to replace breastfeeding with formula feeding, as this is the only form of feeding that does not pose a risk of HIV transmission.

Due to the diversity of socio-demographic and institutional contexts of the 13 countries, different actions and levels of progress on this issue are identified in each country. For example, in some countries, action is being taken at the public policy level, while in others, it is of a programmatic or operational nature. Some programs are initiating an **internal debate on WPP-HIV with undetectable viral load**, while others are already evaluating the feasibility of opening the policy on breastfeeding.

In the interviews conducted in the 13 countries, it was mentioned that counseling or guidance on reproductive health recommendations for WPP-HIV was provided by various professionals—obstetricians, infectious disease specialists, nurses, social workers or psychologists, depending on the composition of the teams. Peer counseling was also mentioned, for example, in Bolivia.

In terms of State-provided services for WPP-HIV, all countries offer the basic package indicated in the PAHO Guidelines within the Continuum of Maternal, Newborn, and Child Care, including the specific guidelines for the care of WPP-HIV and the EMTCT Plus. All countries in the Americas have adopted the EMTCT Plus initiative.

In terms of HIV program responses, there are no documented cases of breastfeeding by a WPP-HIV with an undetectable viral load. ICW is currently monitoring a case in Bogota, Colombia. In the case of Nicaragua, mention was made of the situation of denial of diagnosis and the decision to breastfeed. Still, this case does not apply to the case of WPP-HIV with undetectable viral load demanding the right to breastfeed.

**If a woman or pregnant person with HIV and an undetectable viral load decided to breastfeed**, all programs would raise the alarm and try to get the person to stop breastfeeding and switch to formula milk to eliminate the less than 1% chance of transmission. The programs acknowledged that they did not yet have an accompaniment mechanism and that health workers were not up to date on the latest scientific evidence. However, they said that, at the urging of the WPP-HIV, they would provide support within the frame of a human rights intervention.

**Stigma and discrimination:** Stigma and discrimination in services are recurrent in all countries. Healthcare workers continue to need training and education to address existing stigma.

**Social determinants** that prevent WPP-HIV from attending the four antenatal visits: WPP-HIV often go for consultations in the second trimester and return for delivery. Poverty, distance, and lack of education and knowledge are the most apparent reasons.

**Pregnancy care in rural areas or contexts of poverty.** The challenge lies in the conditions of poverty in which people live.

**Retention in care throughout pregnancy** and the timing of HIV test results are challenges. Significant loss to follow-up among pregnant adolescents living with HIV. Invisibility of EMTCT in **the new modular framework of the Global Fund funding model.**

**Gender perspective** on autonomy and right to decide on infant feeding.

**Training** for health workers.

The **economic blockade policy** against Venezuela affects the availability of infant formula for WPP-HIV who do not breastfeed.

There is a need to increase **screening for diagnosis and availability of infant formula** in the specific case of Venezuela. PAHO gave the option of purchasing infant formula with the new strategy, but they prioritized medication; the cost of infant formula needs and its impact on vertical transmission need to be considered, given the difficulties in purchasing it privately.

*“ At the regional level, all programs are aligned in terms of replacing breastfeeding with formula feeding. We need to work with PAHO to have documentation to continue updating the guidelines ”*

	What is the HIV Program recommendation on infant feeding for WPP-HIV?	Is there any case of breastfeeding in WPP-HIV with undetectable viral load?	Is there a specific document / guideline / standard / policy / technical guide on breastfeeding / EMTCT?	Update on HIV and breastfeeding (undetectable viral load)
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Bolivia	Breastfeeding replacement	No	Yes	No
Colombia	Breastfeeding replacement	No	Yes	Si
Costa Rica	Breastfeeding replacement	No	Yes	No
Cuba	Breastfeeding replacement	No	Yes	Yes, 2024-2028 (PEN)
Dominican Republic	Breastfeeding replacement	No	Yes	No
Ecuador	Breastfeeding replacement	No	Yes	No
El Salvador	Breastfeeding replacement	No	Yes	Under review
Guatemala	Breastfeeding replacement	No	Yes	No
Honduras	Breastfeeding replacement	No	Yes	Under review
Nicaragua	Breastfeeding replacement	No	Yes	No
Paraguay	Breastfeeding replacement	No	Yes	No
Peru	Breastfeeding replacement	No	Yes	Under review
Venezuela	Breastfeeding replacement	No	Yes	No

## 5. Conclusions

Breastfeeding in women and pregnant people living with HIV is an issue of Human Rights, specifically reproductive rights. It is necessary to be able to provide WPP-HIV with all the information they need to make an evidence-based decision about breastfeeding, taking into account that currently, the only option with a 0% chance of HIV transmission is to inhibit breastfeeding by substituting it with formula milk; a decision free from stigma, discrimination and violence.

It is essential to be able to register cases or at least request specific and updated information in countries where breastfeeding interventions are in place. In addition, although some countries are reviewing and updating the regulatory and programmatic frameworks related to EMTCT, they are not necessarily considering expanding maternal and infant feeding options for WPP-HIV with undetectable viral load.

EMTCT is also an issue for “Key Populations” such as sex workers, women who use drugs, transgender men and women deprived of their liberty; it is a cross-cutting issue, and therefore, support for its implementation should be a priority. Advocacy needs to be encouraged so that the Global Fund can include it in the modular frameworks for the development of funding requests.

Considering that there are still significant challenges to end the vertical transmission of HIV in the various countries of the region, it is crucial to count on the economic, technical and political support of the different stakeholders involved in the national HIV response. It is also necessary to update regulatory frameworks and technical reference documents with the new knowledge and information available due to scientific advances. Above all, there is an urgent need to put WPP-HIV at the center of the HIV response, to understand their needs and demands, and to develop strategies that are more sensitive to their lived experiences and adapted to their socioeconomic and cultural contexts.

Latin America and the Caribbean should build on and learn from key successes, including the demonstrated capacity of several countries to help women of all ages achieve viral load suppression during pregnancy and breastfeeding.

While the Global Fund supports the **EMTCT Initiative** recommendations, only interventions and approaches not funded by other sources are eligible. Therefore, interventions and approaches that do not have full financial resources for implementation are excluded from GF proposals.

The only way to guarantee information, autonomy and reproductive rights is to update the guidelines, including an accompaniment guideline for WPP-HIV with undetectable viral load who choose to breastfeed.

## 6. Recommendations

“...Guidelines need to be updated to allow for multiple infant feeding options ”.

“The best way to prevent HIV infection in infants and young children, including transmission through breast milk, is to prevent HIV infection in women and adolescents of childbearing age” (De Cock et al. 2002).

This quote emphasizes the need to intensify HIV and STI prevention strategies for women of reproductive age. However, it is also imperative to have adherence strategies from a gender- and culture-sensitive perspective, with particular attention to mental health and caregiving responsibilities..



## Recommendations for Countries, Ministries of Health and HIV Programs

### Actions that could improve care for women and pregnant people living with HIV



Ensuring the reproductive right of WPP-HIV with undetectable viral load to breastfeed is key to achieving the elimination of vertical transmission of HIV. However, stigma and discrimination within health services remain barriers to achieving this goal.



National governments must ensure comprehensive antenatal and postnatal care for pregnant and breastfeeding people and their children.



Promote urgent progress towards validation of elimination of vertical transmission and validation of elimination of HIV, viral hepatitis and syphilis in countries on the path to elimination.



Implement home-based antenatal check-ups (a community health worker can do screening in the community) and improve WPP-HIV care in rural areas or contexts of poverty.



Continually update practices for WPP-HIV care beyond pregnancy, as well as everything related to sexual and reproductive health. Train health workers on issues related to stigma and discrimination.



Develop retention and literacy programs.



Demonstrate to international cooperation the need to have a specialist responsible for **EMTCT** at the national level and a team dedicated to monitoring, prevention during pregnancy and implementation of treatment for women and pregnant people living with HIV.



Document the community's experiences accessing health services, compile this information, and identify trends and problems.



Develop targeted strategies for access to health care for women living with HIV in the Amazon and rural areas.



**Child Protective Services (CPS)**, judicial or similar authorities should not intervene in response to child feeding decisions made by WPP-HIV.



It is necessary to allocate public funds, including support for social programs, to ensure the transportation of WPP-HIV from their homes and places of origin to health services, with particular emphasis on rural contexts.



Provide training, updating and sensitization of health workers and information on stigma and discrimination to the community. Likewise, health workers should be regularly updated on gender-sensitive care that addresses the needs of WPP-HIV not only during pregnancy but also concerning sexual and reproductive health. Furthermore, health workers need to be trained in early care, early screening and early initiation of antiretroviral therapy.



Document and address stigma and discrimination in health care settings.



Develop a specific guideline to address the needs of indigenous WPP-HIV according to their cultural contexts.



Each of the aspects related to services for WPP-HIV must be strengthened to reach populations with greater difficulties, including indigenous populations. To link them to the health care system, it is necessary to link indigenous peer promoters.



WPP-HIV should receive autonomy-focused, gender-sensitive, evidence-based counseling to support informed decision-making about infant feeding. Counseling on infant feeding should begin before conception or as early as possible during pregnancy; information and infant feeding plans should be reviewed during pregnancy and after delivery. Counseling should inform individuals that:

Replacement feeding with appropriately prepared formula eliminates the risk of postnatal vertical transmission of HIV to the infant.

Achieving and maintaining viral suppression through antiretroviral therapy (ART) during pregnancy and postpartum reduces the risk of transmission during breastfeeding to less than 1%, but not to zero <sup>18</sup>.

If a WPP-HIV chooses to formula-feed her baby, health care workers can support her in the following ways:

1. Provide information on where, how, and requirements to access formula.
2. Open a dialogue to address concerns about formula feeding and offer strategies for managing these concerns (e.g., ways to bond with a non-breastfeeding infant and help decide how to explain to friends and family why the baby is not being breastfed).
3. Provide a contact person from a WPP-HIV network in the country for peer-to-peer communication.

**If a WPP-HIV with an undetectable viral load chooses to breastfeed, healthcare workers should support her in the following ways:**



Invite her to contact a healthcare team to support her decision to breastfeed and to do so as safely as possible. This could include a referral to an HIV specialist who can provide the necessary support.



Provide support and information to ensure that they receive their HIV treatment and maintain an undetectable viral load through adherence. This may include practical advice on how to remember to take pills. It may also include helping to address broader issues in a person's life that can make it challenging to adhere to treatment, such as unstable housing, substance use and mental health problems.



Address the economic factor by developing support strategies to ensure the transportation of WPP-HIV to health/care services. Poverty and rural issues directly affect access to health care.



Create a mothers group to see what breastfeeding means for WPP-HIV.

“ How are we going to incorporate breastfeeding in women and pregnant people living with HIV with undetectable viral load? The basic thing is to train staff so the person feels they are getting answers. Staff training and working with civil society organizations are key to providing clear information. If this does not happen and we do not open up a breastfeeding policy, the new dynamic will not work. In this environment, an effort can be made because of the number of pregnancies of women with HIV. Other hospitals have 9-10 per year, and the team is ready to provide accompaniment.”

## Recommendations for CCMs



Include breastfeeding in WPP-HIV with undetectable viral load in Social Dialogues.



Discuss funding with a broader stakeholder group, such as a Community Advisory Group (CAG) or other existing group, to develop solutions specific to breastfeeding in WPP-HIV with undetectable viral load.



Remove the “funding exclusivity” requirement of interventions and approaches for triple elimination initiatives (EMTCT Plus for Latin America)

## Recommendations to the United Nations and the Global Fund:



*“Eliminating vertical transmission of HIV, syphilis, and hepatitis B: The Global Fund supports the recommendation of the ‘triple elimination initiative’ to use an integrated approach to eliminate vertical transmission of HIV, syphilis, and hepatitis B. National governments should ensure that ante-natal and postnatal care is comprehensive for pregnant and breastfeeding women and their infants.”*<sup>19</sup> It is recommended that the exclusion clause on funding from another source be modified: “applicants are encouraged to prioritize the following interventions and approaches in their funding requests, if not funded by other sources”. In some specific EMTCT and breastfeeding strategies, the State can cover part of the strategies. Still, it is not enough to cover innovative strategies or new approaches to emerging issues, such as breastfeeding for people with undetectable viral loads.



Develop interventions for the bridge population; more support is needed to design work strategies focused on women’s partners.



Ensure access to drinking water to guarantee infant formula feeding. *It is important to note that access to drinking water is still a problem in Latin America and the Caribbean, especially in rural areas. Therefore, the possibility of breastfeeding with formula milk remains uncertain.*



A specific line of funding is needed for Amazonian and rural communities.

## A las redes de mujeres con VIH, redes de personas con VIH y organizaciones de mujeres:



Realizar una actualización en los conocimientos en base a evidencia científica en referencia a Lactancia y mujeres/ personas gestantes con VIH con carga viral indetectable. Realizar estrategias de comunicación para la circulación de la información.



Generar conversatorios internos para el debate y poder tener herramientas para el acompañamiento.



Realizar incidencia política para la incorporación de líneas de trabajo en las propuestas del Fondo Mundial para el enfoque de ETMI plus.



Movilizar recursos para asegurar financiamiento que contribuya al empoderamiento de las MPG-VIH dirigidas a mejorar su autocuidado y su preparación para la lactancia.

## 7. Bibliography

1. EMTCT PLUS. Framework for elimination of mother-to-child transmission of HIV, syphilis, hepatitis B and Chagas. PAHO-WHO 2017.  
<https://iris.paho.org/bitstream/handle/10665.2/34306/OPSCHA17009-spa.pdf?sequence=5&isAllowed=y>
2. Van de Perre P, Rubbo P, Viljoen J et al. HIV-1 reservoirs in breast milk and challenges to elimination of breast-feeding transmission of HIV-1. *Sci Transl Med.* 2012 Jul 18;4(143)
3. Levison J, Weber S, Cohan D. Breastfeeding and HIV-Infected Women in the United States: Harm Reduction Counseling Strategies. *Clinical Infectious Diseases*, Volume 59, Issue 2, 15 July 2014, Pages 304–309, <https://doi.org/10.1093/cid/ciu272>
4. Montevideo Consensus on Population and Development. Medidas prioritarias. CEPAL- UNFPA  
<https://consensomontevideo.cepal.org/es/temas/d-salud-sexual-y-reproductiva>
5. En la Declaración conjunta de mayores esfuerzos para promover, apoyar y proteger la lactancia materna de 2016.  
<https://www.ohchr.org/en/statements/2016/11/joint-statement-un-special-rapporteurs-right-food-right-health-working-group?LangID=E&NewsID=20871>
6. Global AIDS Strategy 2021-2026. ONUSIDA
7. CD50.R12: Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis  
<https://iris.paho.org/bitstream/handle/10665.2/414/CD50.R12-e.pdf>
8. Strategy for Universal Access to Health and Universal Health Coverage  
<https://www.paho.org/en/documents/strategy-universal-access-health-and-universal-health-coverage>
9. Plan of Action for the prevention and control of HIV and sexually transmitted infections 2016-2021  
<https://www.paho.org/en/documents/plan-action-prevention-and-control-hiv-and-sexually-transmitted-infections-2016-2021>
10. National Commitments and Policy Instrument, UNAIDS, 2019  
<http://lawsandpolicies.unaids.org/>
11. El Salvador. Penal Code. Articles 170 and 170A
12. Guatemala. Penal Code, Decree 9-2009. Article 39  
<https://www.refworld.org/pdfid/4a03e3d22.pdf>. [document in Spanish]
13. Mendos, L.R. State Homophobia 2019 (Homofobia de Estado 2019). 13th edition. Geneva: ILGA: 2019. [document in Spanish]
14. México. General Health Law, 2013. Articles 477-9  
[http://www.conadic.salud.gob.mx/pdfs/Ley\\_general\\_de\\_salud.pdf](http://www.conadic.salud.gob.mx/pdfs/Ley_general_de_salud.pdf). [document in Spanish]
15. Cameron, S.; Bernard, E.J. Advancing HIV justice 3: growing the global movement against HIV criminalisation. Amsterdam: HIV Justice Network; may 2019.
16. Nicaragua. Ley 820 de 2012 Artículo 4(4)  
<http://legislacion.asamblea.gob.ni/SILEG/Iniciativas.nsf/O/e254db0fc9127ecc062577dd0059242d/%24FILE/Ley%20No.%20820%20VIH%20y%20Sida%20final.pdf>
17. Still not welcome: HIV-related travel restrictions. Ginebra: ONUSIDA, PNUD; 2019  
[https://www.unaids.org/sites/default/files/media\\_asset/hiv-related-travel-restrictions-explainer\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/hiv-related-travel-restrictions-explainer_en.pdf)
18. Technical Health Standard for the Prevention and Control of Human Immunodeficiency Virus Infection in Amazonian Indigenous Peoples, with Intercultural Relevance. (Norma técnica de la salud para la prevención y el control de la infección por el virus de la inmunodeficiencia humana en pueblos indígenas amazónicos, con pertinencia intercultural) MINSAs/2016/DGIESP NTS N|129
19. Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States  
<https://clinicalinfo.hiv.gov/es/node/9354?view=full>

# ANNEX 1

## Questionnaire for mapping breastfeeding in women and pregnant people living with HIV with undetectable viral load.

### Part One: Public Policy

1. Which national institution is responsible for developing policies and regulations related to HIV and maternal and child health?

2. What is the HIV program's recommendation on infant feeding for women and pregnant people living with HIV?

3. Does your country's HIV program recommend breastfeeding for women and pregnant people living with HIV who have an undetectable viral load?

4. Is there a specific document / guideline / standard / policy / technical guide on breastfeeding / EMTCT?

5. (If the answer above is affirmative) Has there been an update on the topic: "Breastfeeding in women and pregnant people living with HIV with undetectable viral load"?

## Second part: Accompaniment

Regarding the possible lines of support and accompaniment that the Ministry of Health can provide:

1. Are there cases of breastfeeding in women and pregnant people with HIV with undetectable viral load?

2. If a woman or pregnant person living with HIV with an undetectable viral load decides to breastfeed, how would the national HIV program respond?

### Possible additional questions

What services does the government provide for women and pregnant people living with HIV?

Are there accompaniment and counseling services for women and pregnant people living with HIV?

What are the main challenges that women and pregnant people living with HIV face in health services?

Who is responsible for providing counseling or guidance on breastfeeding recommendations for women and pregnant people living with HIV?

What type of support needs to be strengthened?

What interventions could improve care for women and pregnant people living with HIV?

## ANNEX 2

Country	Institution	Cargo	Name
Bolivia	Ministry of Health and Sports National STD/ HIV/AIDS Program	EMTCT Manager	Dr. Carlos Andrés de la Rocha Dr María Luisa Guzmán
Colombia	Directorate of Promotion and Prevention. Sexuality, Sexual and Reproductive Rights Group.	Consultancy EMTCT	Dr. Sidia Caicedo
Costa Rica	National Council for Comprehensive Care of HIV/AIDS)	Coordinator	Dr. José Pablo Montoya Calvo
Cuba	National HIV Program	Chief	Dr. Manuel Romero Placeres
Dominicana	National STI-HIV-AIDS Program	Coordinator of the STI and HIV program's comprehensive care unit.	Dr. Marisol Jiménez
Ecuador	Programa nacional de ITS,VIH y Hepatitis	Jefe Responsable de ETMI	Dr. Rodrigo Tobar Robalino Dra. Lisbet Cuasbaz
El Salvador	HIV and STI Unit	Chief	Dr. Isabel Nieto
Guatemala	National STI, HIV/AIDS Prevention and Control Program	Team	Dr. Ana María Mosquera Dr. Shaatsy Cobos
Honduras	Integrated Health Services Networks	General Director	Dr. Sandra Margarita Nuñez Rubio
Nicaragua	Componente ITS/VIH	Coordinadora Nacional	Dra. Matilde Román
Paraguay	National STI/HIV and AIDS Program	Chief	Dr. Tania Samudio
Peru	Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis of the General Directorate of Strategic Interventions in Public Health.	Executive Director	Dr. Carlos Manuel Benites Villafane