National interpretations

Responding to the 2009 WHO guidelines in Nigeria and other countries

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Nutrition and HIV in Nigeria

- HIV prevalence among pregnant women: 4.6%
- Exclusive breastfeeding under 6 months: 13.1%
- No strong recommendation on exclusive breastfeeding.
- Still in the process of implementing the 2006 WHO guidelines.

Sources: ANC Surveillance Survey, 2008; DHS, 2008
HIV-infected mothers should exclusively breastfeed their infants for the first 6 months of life, introduce complementary feeds at 6 months and continue breastfeeding for 12 months.
PMTCT and nutrition stakeholders

- National HIV/AIDS and Sexually Transmitted Disease Control Programme (NASCP)
- National Nutrition Unit
- National PMTCT Task Team
- UNICEF, World Health Organization, USAID
- Network of People Living with HIV/AIDS in Nigeria
- Pediatric Association of Nigeria
- Infant & Young Child Nutrition Project
How did stakeholders work together?

- Held series of PMTCT Task Team and Nutrition Division meetings from **January to May 2010**.
- Advocated with nutrition community to participate in national dialogue.
- Clarified recommendations and discussed them within the country context.
Interpreting recommendation 2

- Confusion around recommendation on breastfeeding to 12 months.
- Final consensus: continued breastfeeding to 12 months.

“Strong recommendation. High quality of evidence for first 6 months; low quality of evidence for recommendation re. 12 months.”
Interpreting recommendation 5

• Confusion around AFASS (acceptable, feasible, affordable, sustainable, and safe) versus one country feeding option.
• Final consensus: Nigeria should adopt one message supporting breastfeeding.
Zambia response

- National process led by PMTCT.
- At first, recommended no more than 12 months breastfeeding.
- Advocacy from nutrition community led to national 24 month recommendation.
- Concern remains about criteria for stopping breastfeeding at 12 months.
Lessons learned

• Don’t rush the process.
• Encourage nutrition colleagues to engage in national dialogue.
• Bring nutrition and PMTCT stakeholders together early on.
• Build a broad understanding of the recommendations among stakeholders.
• Consider the country context.
What’s next?

• Finalize the national consensus statement.
• Develop national communication strategy.
• Incorporate recommendations into national guidelines and training curricula.
• Implement in facilities and communities.
Thank you

Photo: David and Lucile Packard Foundation