

## On International Human Rights Day 2022 ICW Calls for Dignity, Health and Justice for All!

### **We demand urgent action to secure our SRHR and to support the right of women living with HIV to make informed choices about infant feeding!**

Since the start of the HIV epidemic, women living with HIV have experienced serious violations of our sexual and reproductive rights particularly among efforts to advance HIV prevention. As HIV science has evolved we have seen significant advances in the science and techniques available to prevent vertical transmission of HIV. Yet, even as some countries are being celebrated for having virtually eliminated vertical transmission of HIV, women living with HIV who seek motherhood continue to face stigma and harmful attitudes and discrimination which manifests as harmful and counter productive policies and practices, including in extreme cases violence and criminalization.

Women living with HIV frequently face artificially constrained choices when it comes to contraception, choosing whether and when to have children and birthing choice. Breastfeeding or chestfeeding, is one glaring area where women and parents living with HIV continue to experience mixed messages, harmful outdated attitudes, damaging policies and practices and violations of their human rights –all in the name of prevention.

As a result, in many places women living with HIV are not able to make an informed choice about their infant feeding options.<sup>1</sup> Although breastfeeding is well recognized as the best infant feeding option for mothers and their infants generally, women living with HIV experience mixed messages, as policies on breastfeeding for women living with HIV are depending on location and the specific policy adopted by the national Ministry of Health. For example, the [WHO updated its guidelines](#) on benefits of breastfeeding for the health of children and their mothers, particularly in resource limited settings where access to clean water and adequate nutrition may be challenging. Yet, in many countries women who wish to breastfeed face harsh restrictions and punishments due to a focus on achieving a *zero risk of transmission*. In some countries, where women with undetectable viral loads choose to breastfeed, even with the supervision of health professionals, they are in danger of being criminalized.

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<sup>1</sup> Moseholm E, Weis N. Women living with HIV in high-income settings and breastfeeding. *J Intern Med.* 2020 Jan;287(1):19-31. doi: 10.1111/joim.12986. Epub 2019 Nov 6. PMID: 31614046.

According to a recent study by our partners at the HIV Justice Network, we are facing a worrying [wave of criminal cases](#) against breastfeeding mothers living with HIV, at least 12 women living with HIV have faced criminal prosecution in relation to breastfeeding or comfort feeding in recent years.<sup>2</sup> The report also highlights that in several countries women living with HIV may face threats of increased surveillance and punishments such as child protection interventions for breastfeeding their children.

All this despite long standing evidence about the health benefits of breastfeeding for children and increasing scientific evidence that for people effectively utilizing antiretroviral treatment, breastfeeding — or chestfeeding — [poses a very low risk of transmission](#).

For those women and parents who are able to and would like to choose breast or chest feeding we must support their ability to make autonomous, informed choices about this practice<sup>3</sup> It is critical that we stop placing prevention of vertical transmission efforts and goals above the rights of women living with HIV and understand how efforts to prevent vertical transmission have increased pressure to avoid breastfeeding, despite our evolving understanding and awareness of U=U and the real risks of transmission.<sup>4</sup>

Our children cannot wait. Due to the successes of ART there are many women with HIV who have achieved undetectability. Undetectable = Untransmissible we are told, yet this understanding has not yet been extended to breastfeeding. It is time to go a step further, to explore U=U with regards to breastfeeding, to expand on the emerging evidence and to support women and child bearing people with HIV who wish to breastfeed without prejudice and without fear of being criminalized.

Women living with HIV deserve a women-centered approach, based on evidence, human rights and gender equity, to guarantee our sexual rights and reproductive rights<sup>5</sup> including the fundamental right to make informed decisions about the care of our children. We stand in solidarity with networks of women living with HIV who are fighting for these rights around the world. We echo the call to action from the 2022 Expert Consensus Statement

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<sup>2</sup> Symington A, Chingore-Munazvo N, Moroz A. When law and science part ways: the criminalization of breastfeeding by women living with HIV. Sage Journals. 2022 Sep. doi: <https://doi.org/10.1177/20499361221122481>

<sup>3</sup> Fley J. The I=I message allows breastfeeding to be contemplated as an option in infant feeding for women with HIV. HIV Transmission Working Group (gTt-HIV). 2021 Feb. [http://gtt-vih.org/actualizate/la\\_noticia\\_del\\_dia/05-02-21](http://gtt-vih.org/actualizate/la_noticia_del_dia/05-02-21)

<sup>4</sup> See Fley, J.

<sup>5</sup> Dunaway K, Brion S, Welbourn A, et al. What will it take to achieve the sexual and reproductive health and rights of women living with HIV?. SAGE Journals. 2022 Feb.

<https://journals.sagepub.com/doi/full/10.1177/17455057221080361#bibr133-17455057221080361>

on Breastfeeding and the evolving science and we demand on this International Human Rights Day that governments urgently act to <sup>6</sup>

- **Respect, Protect and Fulfill** our Sexual Reproductive Health and Rights including our right to make autonomous, informed decisions about infant feeding without fear of repercussion.
- **Eliminate** the criminalization of women who choose to breastfeed and make voluntary and informed decisions about our children.
- **Ensure** timely, comprehensive and adequate access to information on feeding practices by developing resources for mothers and promoting peer support programs.
- **Advance** research to understand existing data on HIV and infant feeding and identify and address remaining knowledge gaps particularly to build on recent research to understand more how U=U applies to breastfeeding options.<sup>7</sup>
- **Recognize** and **advocate** for change in the intersectional conditions that specifically impact women with HIV, particularly as they relate to their infant feeding decisions.

*“This human right cannot continue to be postponed for our children. The argument of the lack of evidence must be exhausted; if there is no information, it must be created; if the existing information has not been systematized and organized, it must be done. If there is no scientific research, we must advocate.”*

- Mariana Iacono,  
HIV activist, feminist, columnist and mother.

<sup>6</sup> Expert Consensus Statement Breastfeeding and HIV,

<https://www.thewellproject.org/hiv-information/expert-consensus-statement-breastfeeding-and-hiv-united-states-and-canada>

<sup>7</sup> Gilleece Y, Tariq S, Bamford A et al. British HIV Association guidelines for the management of HIV in pregnancy and postpartum 2018. HIV Med 2019; 20 Suppl 3: s2-s85 .