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EDITORIAL

Breastfeeding and HIV: Where do we stand in resource-limited countries of Sub-Saharan Africa?

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In 2026, mother-to-child transmission of HIV infection during breastfeeding remains a public health problem. Indeed, despite the progress observed in recent years, with a reduction in mother-to-child transmission (MTCT) during breastfeeding from 15–25% to less than 0.1% in developing countries; infection via breastmilk remains a significant pathway for postnatal transmission, particularly in resource-limited countries of sub-Saharan Africa. This route of infection could contribute to almost 50% of new pediatric infections out of the 110,000 to 130,000 recorded annually [1].

The history of prevention of infection during breastfeeding has been evolving in parallel with recommendations aiming at strengthening both breastfeeding safety and infant survival. Many research studies on this biomedical prevention of HIV vertical transmission amongst lactating populations have focused on improving the effectiveness of antiretroviral drugs during breastfeeding for either the mother or the infant as post-exposure prophylaxis, in addition to counselling on infant feeding practices. [2,3]. Despite evidence in reduction of HIV transmission rates amongst HIV breastfeeding women, residual infections remain and are partly attributable to interruption of antiretroviral therapy, poor adherence to antiretroviral treatment, and in some cases, to primary infections during breastfeeding, given the higher risk due to concomitant high viral load. In light of the above, some have proposed, in addition to maternal antiretroviral therapy, to extend the post-exposure prophylaxis for the infant to the entire duration of breastfeeding; This is supported by the latest infant feeding recommendations for HIV exposed infant which are similar to the general population which to infant born to HIV uninfected mothers [3]. In all cases, for breastfeeding women taking ART, biological monitoring of viral load to ensure an undetectable viral load is imperative because undetectable equals untransmittable, even though rare exceptions have been documented theoretically [4, 5]. This standard of biological monitoring is very explicit in developed countries, given the latest WHO recommendations of 2025, which now authorize breastfeeding even in developed countries that initially systematically contraindicated it. In those settings, breastfeeding is thus authorized provided that the viral load remains undetectable monthly, at a threshold below 50 copies/ml for the entire period considered. Any viral detection, even temporary, leads to the temporary suspension of direct breastfeeding [3,6]. Furthermore, concomitant conditions known to increase the risk of transmission through breast milk may also be subject to such restrictions

(clinical mastitis, breast engorgement, breast abscess, mucosal lesions observed in the infant's oral cavity). Such practices, if implemented, are likely to virtually eliminate transmission via breast milk. The question of the ideal antiretroviral for post-exposure prophylaxis remains open between Nevirapine and Lamivudine, either of which can be used, with some preferring Lamivudine [7].

Upon this consideration, it is urgently required to review the virological monitoring recommendations for HIV breastfeeding women in developing countries, and the virological suppression threshold must be switched to the undetectable one. In addition, to limit new infections during breastfeeding, access to PrEP must be a real possibility [8]. Future options for accessing long-acting antiretrovirals must be further considered, even in these regions of the world, in cases of difficulties adhering to standard combination antiretroviral therapy.

Overall, even in middle- and low-resource countries, the practice of breastfeeding in HIV context must be carried out under optimal conditions, ensuring adequate coverage and adherence to antiretroviral treatment by the mother and/or the child, as well as a maternal viral load undetectable at least every 3 months, if monthly monitoring is not possible. This presupposes a strengthening of point-of-care platforms for HIV virological monitoring, sufficiently decentralized to guarantee equitable access.

Moreover, this proposal is simply consistent with the principles of women's right to health, their right to choose breastfeeding, and the global commitment to eradicating new pediatric HIV infections while keeping mothers alive.

Conflict of interest: None

References

1. AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025. Geneva: Joint United Nations Programme on HIV/AIDS; 2025. Licence: CC BY-NC-SA 3.0 IGO
2. Njom Nlend AE. Mother-to-child transmission of HIV through breastfeeding improving awareness and education: a short narrative review. International journal of women's health. 2022 May 13:697-703.
3. WHO updated recommendations on HIV clinical management: recommendations for a public health approach? World Health Organization, Geneva 2025
4. Ndarukwa V, Cotton M, Zunza M, Mupfumi L, Amukugo H. Postnatal HIV vertical transmission and the impact of infant feeding choice in the ART era. Southern African Journal of HIV Medicine. 2025 Nov 11;26(1).
5. Nakalema S, Namuddu D, Kyohairwe I, et al. Infant HIV transmission despite maternal viral suppression: a case of post-weaning seroconversion. Journal of Antimicrobial Chemotherapy. 2026 Apr;81(4):dkag072.
6. L. Mandelbrot, HIV, pregnancy and breastfeeding: the new French recommendations, Medicine and Infectious Diseases, Volume 4, Issue 1, Supplemen2025 Page S7,
7. Van de Perre P, Meda N, Tassembedo S, et al. Oral Lamivudine for Extended Postnatal Prophylaxis: P. Van de Perre et al. Pediatric Drugs. 2026 Mar 3:1-0.
8. World Health Organization. WHO technical brief: preventing HIV during pregnancy and breastfeeding in the context of PrEP. World Health Organization; 2017