

GENDER, CHILD SURVIVAL AND HIV/AIDS: FROM EVIDENCE TO POLICY

JOINT STATEMENT based on a conference held in Toronto, Canada, May 2006, sponsored by York University, and World Alliance for Breastfeeding Action (WABA)

AIDS is a universal challenge to the health of the world. In most areas of the world, more girls and women are being infected than boys and men. This is a disease where gender inequality is not only unacceptable, but also fatal. Despite the epidemiological data, and the clear evidence of the greater biological and social vulnerability of women, little attention is given to the gender implications of HIV and AIDS. Women are often diagnosed later in the progress of their disease, resulting in higher viral loads at diagnosis, and have poor access to care and medications. They are most often the caregivers for HIV+ family members, and most likely to be exposed to abuse and violence. Thus, gender inequality underlies the marginalization of women living with HIV, and discussions of maternal health, child survival and feeding must be considered within this context. Women are expected to make choices concerning infant feeding without the enabling support of family and community, with the threat of stigma, and often without treatment for themselves. Moreover, focus is too often on preventing transmission to infants rather than improving overall health outcomes for mothers and their children.

Early research on the risk of transmission of pediatric HIV suggested that roughly one-third of the babies born worldwide to HIV-infected women became infected themselves. Today, with earlier diagnosis and treatment, the average risk of transmission through breastmilk may be less than earlier projections. Imprecise definitions of exclusive breastfeeding and lack of understanding of the mechanisms and timing of transmission have contributed to the difficulty in the quantification of the exact risk to the individual baby. Further, the evidence to date is that formula is neither consistently nor properly prepared, even under the best conditions.

The implementation of programs to prevent pediatric HIV can undermine local breastfeeding cultures. Many HIV-infected mothers do not have the economic or social power to make their own fully informed decisions about how to feed their babies, nor are they enabled to carry out their decisions. They should not be blamed for their choices, but rather be acknowledged for having to make difficult decisions and trying to do the best for themselves and their children under challenging conditions, including poverty; racial, socio-economic and gender inequality; lack of sufficient food and shelter; poor access to treatment, drugs and medical care; and exposure to non-sterilized needles and syringes in health care settings. Further, counseling concerning affordability, feasibility, accessibility, sustainability and safety of replacement feeding (AFASS) and flow charts offer very little to women to overcome these burdens. The transmission of HIV through breastmilk is one small part of the problem facing women who are HIV-positive, but it is one that is not well understood, and is rarely integrated into broader discussions of gender and HIV/AIDS.

Because of global inequities, and the fact that gender and infant feeding are culturally complex, HIV transmission from women who breastfeed their children is framed differently in the global south and the global north, and consequently, global policies and standards are implemented differently. Individual country efforts to conform to international guidelines and donor priorities create an illusion of choice, while concurrently structural readjustment and emigration of healthcare workforce has decimated health systems in some settings. Also, services are not reaching all in need and quality of care is poor, particularly counseling on HIV and infant feeding.

GENDER, CHILD SURVIVAL AND HIV/AIDS:

To address these concerns, about 100 participants from 14 countries representing more than 23 Non-Governmental Organizations (NGOs) government officials and academic researchers gathered at York University, Toronto, Canada, 7-9 May 2006 to discuss gender and child survival in the context of HIV and AIDS. Existing global human rights documents, including the UN “HIV and Infant Feeding: Framework for Priority Actions” provided the underpinnings and structure for considering these issues. The conference also recognized the need to respect the right of those holding minority views to be heard, to bring forward other forms of evidence and to challenge dominant paradigms.

We, the participants of the Conference on Gender, Child Survival and HIV/AIDS, recognize and support existing initiatives on gender and HIV/AIDS, including the Barcelona Bill of Rights¹, the Athena Network², the Blueprint for Action on Women and Girls and HIV/AIDS³, and reaffirm the Global Strategy for Infant and Young Child Feeding⁴ and the Innocenti Declaration 2005⁵, **AND FURTHER RESOLVE:**

- to carry the spirit of the conference forward in our daily activities,
- to strive for coordination and cooperation among the child survival, gender and HIV/AIDS communities,
- to ensure the inclusion of these considerations in all discussion at the International AIDS Conference (IAC) to be held in Toronto, 13-18 August 2006, and in all further dialogue, whether on HIV/AIDS, Gender or Child Survival, and
- to consider wearing the red ribbon of the AIDS campaigns and the golden bow for breastfeeding as a unit, to emphasize the interdependence of gender, child survival, and HIV/AIDS.

GIVEN THAT

- In the fight against AIDS, women are too often not being considered in their own right, but far too often only in their roles as mothers.
- Women are often not provided with enough information and support to make decisions concerning their own bodies, or concerning their children.
- Women who breastfeed (especially early and exclusively) are providing a life saving intervention, and increased support would prevent millions of child deaths yearly.
- Current studies show that exclusive breastfeeding save lives but allows some transmission of HIV virus; safe replacement feeding with infant formula is almost impossible to implement, and often carries lethal risks due to known contaminants and poor preparation; mixed feeding being the worst of the three options for newborns of HIV-positive mothers in most settings.
- The extent of HIV transmission through invasive medical procedures has not been adequately studied, and may be unrecognized and underrated as a possible contributing factor.
- HIV can be transmitted through breastmilk, but women who exclusively breastfeed (defined as frequent feeding day and night, with no other food or drink) can reduce this risk significantly, increasing HIV-free survival for their children,
- A global, coordinated, and collaborative effort is needed to change societal norms and structures, and create an environment in which women can act to prevent their own infection and that of their children.

1. Barcelona Bill of Rights: www.athenanetwork.org/barcelona_bill_eng.html

2. The Athena Network: www.athenanetwork.org

3. Blueprint for Action on Women and Girls and HIV/AIDS: www.pwn.bc.ca/cms/page_1496.cfm

4. Global Strategy for Infant and Young Child Feeding: www.who.int/nutrition/topics/global_strategy/en/index.html

5. Innocenti Declaration 2005: www.innocenti+15.net

RECOMMENDATIONS

We therefore call upon all who are actively involved in the fight against HIV/AIDS, in support of gender equity, and who care about the health of women, children, families and communities, to join together to ensure that:

- Women in their own right, not only in their role of mothers, are offered voluntary testing, followed by counseling, diagnosis, treatment and care.
- Socially, politically, economically and culturally enabling environments are created to support women's self-empowerment.
- There is increased access to anti-retroviral treatment, contraception and microbicides (once approved), with informed consent.
- Blame and stigma are removed by whatever means possible, including revision of the term MTCT to be appropriately designated as "pediatric HIV".
- Health systems are able to ensure sterile equipment and HIV-free blood transfusions.
- Breastfeeding cultures are not undermined or disrupted.
- Guidance concerning infant feeding in the context of HIV is universally and ethically applied, seeking to support the best possible levels of health and survival for women and children around the globe.
- Exclusive breastfeeding is promoted and supported universally for optimal child health and development.
- The International Code for Marketing of Breastmilk Substitutes and subsequent WHA resolutions, and the Baby Friendly Hospital Initiative (BFHI) are implemented and recognized as even more essential in the context of HIV/AIDS.
- Both men and women are involved in pediatric HIV prevention and treatment programmes and antenatal services, including the education of men about the risks of sexual behaviour and the need to be responsible for contraceptive use.
- A "best practices" model of women-centred and child friendly clinic services be identified, supported, monitored and promoted for replication elsewhere.
- When free or subsidized formula are dispensed, an equal value of food or other needed commodity is given to those women who choose to exclusively breastfeed, to reduce bias and to increase survival.

And to ensure, *with urgency*, that:

- The broader issues of poverty, and racial and gender inequality that perpetuate the sufferings of HIV positive women are addressed.
- Research be undertaken with follow-up of at least two years on HIV-transmission, morbidity and mortality for formula fed and breastfed HIV-exposed babies in existing PMCTC sites and other communities, and the results publicly disseminated.
- A stakeholders meeting be convened to bring together HIV/AIDS, gender, child survival and related interest groups, to ensure that all groups share the same understanding of these issues.

For more information, contact World Alliance for Breastfeeding Action (WABA)

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The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declaration, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy on Infant and Young Child Feeding. Its core partners are the International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International, Academy of Breastfeeding Medicine (ABM) and LINKAGES. WABA is in consultative status with the United Nations Children's Fund (UNICEF) and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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