

Gender, Child Survival and HIV/AIDS: from Evidence to Policy



A summary report
of the conference proceedings
7-9 May 2006,
Founders College, York University
Toronto, Canada

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Note from WABA Secretariat



The Conference on *Gender, Child Survival and HIV/AIDS: From Evidence to Policy* was jointly organised by the World Alliance for Breastfeeding Action (WABA) and the Anthropology Department of York University in Toronto, Canada, 7-9 May 2006. The conference successfully gave rise to collective insights on the inter-twining issues of breastfeeding, maternal and child survival, and HIV/AIDS from a gender perspective. The rationale for holding the conference in Toronto were as follows:

- York University would provide a fertile ground to explore the theme in an open and safe manner, and
- To initiate, right in Toronto itself, a momentum for collaborative advocacy efforts among participants leading to the XVI International AIDS Conference in August 2006.

The conference opened with a public forum on the evening of 7 May. Plenary sessions were held in the mornings and evenings of 8 and 9 May. The plenary sessions were opportunities for major presentations and for participants to share perspectives, summaries and observations of their workshop discussions. More than 50 presentations were made in 15 workshops. They tackled a wide range of issues on gender, child survival and HIV/AIDS (see conference programme in appendices). The proceedings of the plenaries and workshops are summarised in this report to provide a brief documentation of an incredible effort, and to act as an inspiration for future cross-cutting and cutting-edge issues. Please see pages 16 to 28. The actual presentations can be found in the CD-ROM that accompanies this report.

The conference brought together representatives from HIV & AIDS, women, children, human rights, faith-based, reproductive health and breastfeeding groups. Besides being engaged in the conference, participants were also active in generating advocacy activities that would spawn beyond the conference itself, such as:

- Finalising and promoting of the Joint Statement on Gender, Breastfeeding and HIV
- Developing advocacy strategies and collaborative activities for the International AIDS Conference in August 2006
- Giving feedback on the *Protecting Babies, Empowering Mothers: An Action Kit on Breastfeeding and Paediatric HIV* to be published by WABA in 2006
- Initiating a campaign to promote the term 'paediatric HIV' to replace 'Mother-to-child-transmission' as the latter term implies that the mother is the vector when she is, more often than not, the victim.

Do see page 7 on the outcomes of the conference and page 9 on the Joint Statement on Gender, Child Survival and HIV/AIDS: From Evidence to Policy which we urge you to continue promoting the recommendations. This report hopes to capture the essence and spirit of the conference which can be used as a tool for further understanding of the interlinkages of gender, child survival and HIV, as did the conference itself.

On behalf of the organisers, we thank all those who contributed to the content and review of the report.

Liew Mun Tip

Deputy Director
WABA

Thank You!

Abbreviations



AFASS	acceptability, feasibility, affordability, safety and sustainability
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
ASAAP	Alliance for South Asian AIDS Prevention
ATHENA	Advanced Thematic Network in Activities in Women's Studies in Europe
AUWMD	Association of Uganda Medical Women Doctors
AZT	Zidovudine, an ARV drug
BFHI	Baby Friendly Hospital Initiative
BPNI	Breastfeeding Promotion of India
CAPAIDS	Canada Africa Partnership on AIDS
CEFEMINA	Centro Feminista de Informacion Y Accion
CSA	childhood sexual assault
CUNY	City University of New York
EBF	exclusive breastfeeding
HIV	human immunodeficiency virus
IAC	International AIDS Conference
IBCLC	International Board Certified Lactation Consultants
IBFAN	International Baby Food Action Network
ILCA	International Lactation Consultant Association
INFACT	The Infant Feeding Action Coalition
LLL	La Leche League
LLLI	La Leche League International
MTCT	mother to child transmission
NGO	non government organisation
PMTCT	prevention of mother to child transmission
STD	sexually transmitted disease
UN	United Nations
UNICEF	United Nations Children's Fund
WABA	World Alliance for Breastfeeding Action
WHO	World Health Organization
WOFAK	Women Fighting AIDS in Kenya
YCAR	York Center for Asian Research

**Gender,
Child Survival
& HIV/AIDS:
From Evidence
to Policy**



**7-9 May 2006
Founders College, York University**



Organised by WABA and York University, Toronto, Canada

Conference banner

Preface

MICHAEL C. LATHAM

Co-Chair WABA International Advisory Council (IAC), Cornell University

These proceedings provide a report on the Conference on “Gender, Child Survival and HIV/AIDS: From Evidence to Policy” hosted by York University on their expansive campus in Toronto, Canada. It was jointly sponsored by the World Alliance for Breastfeeding Action (WABA). The date for, and location of, the conference were partly driven by the fact that in early August 2006 Toronto will host the very large XVI International AIDS Conference. Could the York University Conference have some positive influence on the thousands of AIDS professionals expected to attend the August conference?

Other important rationales for the York Conference included WABA’s continuing interest in policies related to breastfeeding and paediatric HIV/AIDS; the fact that Penny Van Esterik, Professor of Anthropology at York University for many years has been a leading WABA advocate and indefatigable worker on issues related to women and work; and finally that Penny saw the potential at York University, and more broadly, for WABA and the breastfeeding community to enlist the interest and support of new partners including academics working on gender, and many others in various women’s groups.

I, and some others close to WABA, were not certain that this was the right time for such a conference. At the WABA/LLLI meeting in Washington, DC in July 2005 we were not sure that there was adequate time nor resources to hold a successful meeting nine months later. Clearly I, and the other skeptics, were wrong. Almost miraculously the York Conference was planned, it attracted a great group of people from breastfeeding, gender and HIV camps, and the Conference was a great success. A “spirit of York” emerged, alliances and friendships were made, along with some important decisions, some included in our Joint Statement.

The credit overwhelmingly goes to Penny Vvan Esterik, ably assisted by Françoise Guigné and a small group of dedicated volunteers. As with other successful WABA events three wonderful principals

from the WABA Secretariat in Penang, Sarah Amin and Susan Siew and especially Liew Mun Tip, contributed enormously to the planning, and then, in Toronto, to the success of the conference, and the good feelings we all experienced. But in the end it was the 94 participants from 14 countries who ensured the success of the Conference.

It is widely recognised that AIDS increasingly has a woman’s face. In some African countries with infection rates in young women way above ten percent the epidemic is truly decimating women. Not only are infection rates higher in girls and women, than in boys and men in these areas, but the burden of the epidemic is overwhelmingly shouldered by women. Although UNAIDS, and most of the AIDS community, on the one hand, condemn policies that contribute to stigmatisation of women, on the other hand, they continue to use the term MTCT, mother-to-child transmission of HIV which implies that women are the vectors of HIV transmission. WABA and the breastfeeding community have valiantly attempted to avoid reproducing this inconsistency. Paediatric HIV is surely better terminology.

How to prevent HIV in infants and young children, and do this while at the same time not endangering the health and survival of the infant, and the welfare of the mother and family, remains a highly contentious issue. WABA and its partners, often in collaboration with UNICEF, have contributed to some degree of consensus. Notably the WABA-UNICEF Colloquium on “HIV and Infant Feeding” held in Arusha, Tanzania in 2002 which was followed by the successful WABA Global Forum II on “Nurturing the Future” contributed to some level of consensus by including WHO, UNAIDS, some bi-laterals and many NGO’s in the discussions. The WABA meeting with its group partners held in Lusaka, Zambia in 2004 and the WABA/LLLI conference on “Breastfeeding and HIV/AIDS” held in Washington, DC in July 2005 helped move forward the discussion, and solidify some of the agreements.

The York Conference took us all another step forward, this time involving and embracing new allies in the fields of gender studies and women's rights issues. These proceedings provide a brief overview on the presentations and to some extent the rich discussions, at the Conference. In several plenary presentations the current state of knowledge on paediatric HIV was well covered both from the perspective of the scientific research literature and from reports of policies and practices on the ground in different geographic locations. As these proceedings show, there were also many highly informative presentations on gender, sexuality and women's issues related to HIV/AIDS, to infant feeding and to child survival. The richness of these sessions came from their interdisciplinary nature and the broad geographic coverage of the talks and the discussions that followed. Formal presentations and didactic speeches dominate most conferences. But the York Conference allowed almost equal time for discussion and debate, and as much time spent in small working groups as in plenary sessions. Thus from the floor, new data, new information, and even new issues were raised sometimes by participants that are not reflected in the programme. This included serious challenges to some existing views on HIV/AIDS, and serious intelligent debate on a wide variety of topics.

The breadth of the topics covered was also remarkable. There were equally authoritative presentations and rich discussions on issues related to breastfeeding and in the Canadian Provinces and in specific African countries. For example, dedicated academics and workers talked about the status of breastfeeding in Quebec and of AIDS stigma in Canadian cities. Experienced African professionals working in Uganda and Tanzania outlined and discussed activities in their countries which are successfully reducing the spread and impact of HIV and AIDS at the heart of the pandemic in sub-Saharan Africa.

Conferences such as this, which are highly educational, often generate many ideas which we take home determined to use in our future work. Sometimes these meetings also leave in my mind, one persistently nagging thought. From York, for me, this was the importance of recognising the disgraceful neglect of the medical transmission of HIV. I have known for several years that HIV was being spread by health procedures. But at this conference a working group presentation and a good discussion provided evidence that at least 10 percent, and perhaps 30 percent, of HIV infections in some places might have originated from a medical or health procedure. This was most frequently contaminated syringes or needles in a health facility but could also be instruments used in treating trauma or in surgery, or from traditional healers using scarification, or during circumcision. It is shocking that this deadly virus is being spread in this manner, but equally shocking to learn that there is "silence" around the issue, that the AIDS community and even respected international agencies are not proactively revealing the evidence.

Babies found to be positive for HIV who were known to be negative at birth, are assumed to have obtained their infection via breastmilk. How many of these infections, in some countries, might have been due to medical transmission? Injections for quite minor ailments are very common in many non-industrialised countries.

Finally, the York Conference initiated a flirtation between breastfeeding advocates and a diverse group more involved in gender and women's rights issues. The way forward is surely to consummate this, including forming alliances, mapping out common ground, and where appropriate taking joint actions. What better opportunity than for those of us in the breastfeeding community, to join our sisters from the Athena Network, and other women's groups, in activism inside and outside the International AIDS Conference in Toronto, in August 2006.

PART I OUTCOMES



From Cutting Edge Initiative to Pioneering Achievement: Action and Process Outcomes of the Conference

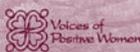
- For the first time ever breastfeeding, women's and HIV groups, researchers, advocates and mothers came together to discuss the critical issues and dilemmas around child survival and women's health in the context of gender and HIV. In total, 96 participants from 14 countries were present.
- The combination of NGO and academic institution served as a model of how to put theory into practice. A working partnership of people from several different backgrounds is optimum in addressing complex multi-disciplinary issues such as HIV.
- It is also the first time that gender was used as a framework for analysis and examined as a priority issue in the discussions around maternal and child survival, infant feeding and HIV.
- The conference examined both the scientific evidence as well as the lack of evidence-based policies, including the gaps in the implementation of policies pertaining to paediatric HIV.
- The conference facilitated open dialogue and helped to move (the relationship among the diverse groups) from an initial atmosphere of apprehension to one of healthy exchange and even agreement, as visible in the formation and adoption of the Joint Statement.
- Increased awareness on issues of gender, child survival and HIV/AIDS is visible as an outcome of this conference; conference stake holders are taking the joint statement back to their respective organisations and institutions and some are incorporating these important deliberations into their programmes.

IT'S TIME  **TO SEE:** 

Include women as part of
HIV solution & decision making !










Challenging Ourselves and Challenging Each Other: Key Messages from the Conference

- The conference discussed the issue of differing standards evident in the North and South, in policy, testing and treatment for HIV, and in counselling on infant feeding. Some argue that policy responses should be uniform/universal while others emphasise that there are differing situational needs.
- Women's health and welfare should be given equal consideration in paediatric HIV policy and programmes. Women are often only considered as their role as mothers however; their health is just as important as that of their children.
- The efficacy and safety of replacement feeding needs to be proven before we develop policies that promote this form of infant feeding.
- The conference emphasised that in the absence of acceptability, feasibility, affordability, sustainability and safety (AFASS), the mother should be supported to achieve exclusive breastfeeding, as a public health policy. Mothers should also be supported to make exclusive breastfeeding safer.
- In some areas of the world, social norms related to infant feeding do not support Exclusive Breastfeeding, indicating that the facts surrounding different breastfeeding patterns and HIV transmission need to be clarified worldwide.
- Globalisation leaves women vulnerable and adds to the trauma they experience from the HIV epidemic. There is a need for women, especially those who are HIV positive, to be able to make informed choices about how they feed their infants and to regain control over their bodies.
- There is urgent need for policies and programmes on HIV and infant feeding to recognise the increased vulnerability of women and girls and the urgency for men's involvement in accepting responsibility and responding to the problem.
- Health outcomes given the different feeding options need to be known and made available to women worldwide. Women need to be given the opportunity of having an informed choice especially when faced with HIV and deciding how to feed their children.
- Representations of women and breastfeeding in the media affect public perception of the "purity" of breastmilk and overlook the important role that breastfeeding plays in overcoming malnutrition in infants.
- We need to be conscious of the term "risk" and "mother-to-child-transmission" and how this can place blame on women.
- Women need to be integral in HIV policy making stages.
- With HIV and infant feeding counselling, we must be culturally sensitive.
- There is need for further dialogue among different groups (academic, public institutions, UN, WHO and NGO's) to synergise advocacy and campaigns efforts. The International AIDS Conference and the Joint Statement could provide such opportunities.

Joint Statement

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.

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- Miriam H Labbok, MD, MPH, Professor and Director, Center for Infant and Young Child Feeding and Care, University of North Carolina at Chapel Hill
- Cathy Liles, MPH, IBCLC, AnotherLook
- Rebecca Magalhaes, La Leche League International
- Sallie Page-Goertz, ILCA, WABA representative
- Lillian Salerno, Safe Healthcare International Institute
- Zena Stein, Columbia University, Department of Epidemiology, Mailman School of Public Health
- Ida Susser, Hunter College, CUNY
- Marian Tompson, AnotherLook



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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Department of Anthropology

PART II CONFERENCE PROCEEDINGS



Orientation and Welcome

On Sunday, May 7th, York University Professor of Anthropology Dr Penny Van Esterik, opened the conference “Gender Child Survival and HIV/AIDS: From Evidence to Policy”. She spoke about the importance and timely nature of having an International forum where people from different countries and backgrounds including academic and public health institutions, non-government organisations and independent activist groups, can come together and address issues pertaining to HIV and women exclusively:

“Welcome everyone! It is such a pleasure to welcome you to Founders College, York University, and to thank you all for making the effort to raise funds to be here with us today. This conference is jointly organised and sponsored by a University and an NGO. That – in addition to your presence – makes this conference special. The concerns of NGOs and universities do not always seamlessly mesh, but NGOs and academics have much to offer each other. In addition to their minds, NGO participants bring their spirit, enthusiasm and appreciation of beauty; consider the banners, posters, publications and newsletters. They use beauty as well as inclusive language and practices to draw diverse people together and make them feel welcome and at home. And, they bring the power of civil society to move quickly, to act on information and set priorities without the red tape of larger institutions. The university is full of inquisitive people – particularly students – who say why? why not? and push us to cross disciplinary boundaries. For this conference, we bring together anthropology, women’s studies, health research, science and philosophy, to name a few. This inter-disciplinarity is what York is famous for. Some say that because we have no medical school, we were free to develop a more critical social science perspective.

Both universities and NGOs face a constant struggle to fund what they consider to be important. And for this conference I must thank the Dean of Arts, Robert Drummond, for his personal and financial support, and Vice President Academic, Sheila Embleton, for the lovely reception to follow. We also want to thank the many disciplines and programmes that contributed to the conference, first and foremost my home department of anthropology, and YCAR (York Centre for Asian Research), in particular Rhoda Reyes who handled our finances.

I wish that Stephen Lewis had been able to be with us, but his remarks at a colloquium bringing breastfeeding specialists and AIDS specialists together in Arusha, Tanzania, September 2002, inspired this meeting, and provided its rationale:

“You are fighting for the survival of women and infants, recognising the excruciating dimension of HIV transmission, addressing it in a sophisticated, knowledgeable way, even if on occasion, it means replacement feeding in circumstances where you might wish otherwise. You’re fundamentally fighting for the emancipation of women, and there is no fight in this world more worthwhile.”
(WABA Report 2003:17)

In August 2006, many of you will attend the International AIDS Conference (IAC) in Toronto. There you will pay \$900 not \$100 (anthropologists come cheap) – but there you will get the most recent medical evidence about the physiology of immune diseases and the newest scientific progress toward vaccines. All aspects of the epidemic will be covered. And all the top doctors and scientists will be there. That is far beyond the scope of this conference. While we have a few top doctors with us, we also have students, service providers, anthropologists,

public health nurses, lactation consultants, and service providers of various kinds, some helping people living with HIV, others helping new mothers with breastfeeding.

Unlike the IAC, we meet here at York to accomplish something very different. We want to focus not on all those affected by AIDS, but particularly on women, on mothers bearing children. And we draw attention to a particular route of transmission, through breastmilk. Let us admit up front that the topic is not easy to talk about. There are inevitable tensions between different stakeholders. There are conceptual difficulties, scientific difficulties, political difficulties and advocacy difficulties - perhaps a few more difficulties we will discover together at this conference.

Since it was discovered that breastmilk could transmit HIV, there has been little public debate on interventions to prevent this transmission that do not also undermine child feeding programmes. Although we recognise the fact of HIV transmission through breastfeeding, the exact mechanisms are still unclear. But while the medical research on the transmission of HIV through breastmilk is progressing, the corresponding research on gender and AIDS is less developed, and less integrated into broader discussions of child survival.

The transmission of HIV through breastmilk is only one small part of the problem facing women who are HIV positive. As we will hear from people with expertise on the disease itself, women have higher viral loads, are often diagnosed later, and have poor access to care and medications. They are most often the caregivers for HIV positive family members, and most likely to be exposed to abuse and violence. Thus, gender inequity underlies the marginalisation of women living with HIV, and discussions of child survival and feeding must be considered within the context of poverty, poor access to treatment, drugs and medical care, and the focus on preventing HIV transmission to infants rather than improving the health of mothers and infants

How did women get moved aside and ignored? When attention was on women, it was often on sex workers, ignoring the fact that sex workers are also mothers. When attention was on mothers, treatment was often directed to them only to prevent transmission to their infants. Women, mothers and children were often ignored when we looked at risk groups of people – “gay men, drug users, Haitians”, and when we shifted to talking about risk behaviours, they still didn’t fit in. When we focused on fluids, most attention was on blood and semen rather than breastmilk. When attention focused on semen as the carrier fluid, we learned a great deal from gay men’s groups. When the circulating medium was blood, we learned from hemophiliac support groups. What gets revealed when we look at breastmilk as the carrier fluid? What new processes can be understood when we look at mothers who breastfeed and at breastfeeding support groups? How do the questions change? And how can groups working to support breastfeeding mothers further support the research and policy work of AIDS advocacy groups?

By focusing attention on mothers and children, and breastmilk rather than semen or blood, we hope to move out of the discourse of blame and morality that often accompanies discussions of homosexuality, drug use and prostitution. But we often face the situation where women are blamed for carrying out their expected gender roles as wives and mothers. Mothers become a risk group, mothering and breastfeeding becomes risky behaviour. This needs to be examined from a gender perspective. And the subject is difficult to talk about because the storyline of AIDS is about other kinds of risky behaviour, not about breastfeeding children. In these three days, let us learn more from each other about women, mothers and children, and develop some new storylines.”



Sarah Amin, World Alliance for Breastfeeding Action offered words of welcome, and supported the unique nature of this conference as a milestone event following other significant meetings:

“Selamat Datang and Selamat Petang – Welcome and good evening in Malay!

As a former student of York - first time stepping into this university campus 21 years ago in 1985- I am most honoured and proud to represent WABA and say a few words of welcome to all of you- old friends and colleagues, as well as new friends and hopefully new allies in this challenging work ahead.

This conference on Gender, Child Survival and HIV/AIDS: From Evidence to Policy is a milestone event, following several significant meetings, the first being the Joint WABA-UNICEF Colloquium on HIV and Infant Feeding held in Arusha, Tanzania, in 2002. The Colloquium was a landmark event as it brought together UN agencies (UNICEF, WHO and UNAIDS), people working with HIV and breastfeeding groups for the first time to discuss the issue of the Prevention of Mother-to-Child Transmission (PMTCT) and to enlarge the areas of consensus. It subsequently influenced the UN Framework for Priority Action (2003), which we now know has become the global guidelines for HIV and Infant Feeding policy and practices. The task of interpretation and implementation of this guideline at a national level is where the chunk of our work is much needed and is critical.

The World Alliance for Breastfeeding Action (WABA) consists of its Core Partners - the six international breastfeeding organisation (International Baby Food Action Network, (IBFAN), International Lactation Consultant Association (ILCA), La leche League International (LLLI), Association of Breastfeeding Mothers (ABM), LINKAGES and Wellstart International) as well as participants from regional and national groups working on breastfeeding and young child feeding. One of WABA's key roles is to ensure global information exchange and networking among these diverse groups, including linking with other issue groups and social movements for instance, development, health, consumer, human rights, environment, women and now, HIV groups. One example is our work since 1999 on the campaign against environment contaminants in breastmilk, where we collaborated with the environmental and social justice movement led by the International POPS Elimination Network (IPEN). The National Network for Environment and Women's Health (NNEWH) from York University was one of WABA's key national partners. The result after two years of dialogue facilitated by WABA and York University through Penny Van Esterik was a Joint Statement between the breastfeeding and environment movement on a common communication strategy to move forward on our own and common agendas, without at the same time undermining each other's agendas. This is a success story which we hope will be repeated in this event with another set of new partners: groups working on HIV and on gender and women's health.”

**Professor Robert Drummond,
York University Dean of Arts**

also said a few words welcoming conference participants to York University, Toronto and to Canada.



WABA postcard campaign to promote “Red Ribbon and the Golden Bow”

Summaries of Plenaries, Presentations and Workshop Discussions

EVENING PUBLIC FORUM

Research and Update and Panel Discussion on Gender, HIV/AIDS and Infant Feeding

6 May 2006

Chair: PENNY VAN ESTERIK (York University)

1. *Engendering the Pandemic: Women, Girls and HIV/AIDS*

BARBARA CLOW (Atlantic Centre of Excellence for Women's Health) looked at sex and gender as determinants of health and the role of gender in the HIV pandemic. She reviewed what the implications of a gendered HIV pandemic would mean for women with HIV.

2. *Impact of Globalisation on Women and Child Survival*

MARTA TREJOS (CEFEMINA/ WABA) examined women's compounded vulnerability to HIV/AIDS pointing at globalisation and the social, economic, political, religious, and cultural factors. She examined how globalisation influences the control, or lack of it, that women have over their own bodies and the decisions/choices that they are forced to make given the constraints. Violence against women and the need for women's empowerment in the context of globalisation were also highlighted.

3. *HIV & Infant Feeding: Evidence, Challenges & Recommendations*

PEGGY KONIZ-BOOHER (University Research Co., Quality Assurance Project) provided an overview of the scientific and programmatic evidence surrounding the rate of transmission of HIV through different forms of infant feeding. The differences between breastfeeding and artificial infant feeding were explored through the concept of AFASS (acceptable, feasible, affordable, sustainable and safe) recommended by UN agencies.

4. *Contagion, HIV/AIDS and the Problem of the Maternal Body*

BERNICE HAUSMAN, (Virginia Tech) talked about her current project that explores public health and public media discourses and representations of breastfeeding and HIV transmission. She stressed the relevance of "situated knowledges" in understanding bio-medical knowledge within different social and cultural situations, and discussed the media misunderstandings on biological paradigms that frame HIV, women and breastfeeding.

5. **PABLO IDAHOSSA** (African Studies, York University) acted as the panel discussant. He raised two key concepts: social relations of power and differentiation, especially with respect to prevalence rate of HIV in each country. Several points followed:

- Depending upon the country, the spread of HIV in Africa needs to be regarded in terms of a problem rather than always as a pandemic. Universal alarmism can never be appropriate.
- Along with national variation, cultural differentiation/religious differences are or should be integrated into this issue of understanding HIV.
- Men do not play a role in the discussion of HIV nor on breastfeeding- this is problematic as breastfeeding is a reason to avoid sexual intercourse, which is a way to curtail men's control over the body, and breastfeeding is also a way/strategy to give women control over intercourse.
- Global dimensions: We need to confront and engage the wider health issues, such as other infectious diseases, the wider issues of weakening public health systems. We need to recognise how structural adjustment for 20 years has caused the diminution of public welfare in many settings.

- Structural dependence of the developing world on developed nations is problematically reflected in media images.

Key discussion points

- How do we address the negative images of women, breastfeeding and HIV that are embedded in the media?
- Women's survival: What is wrong with treating mothers antenatally as it saves the child?
Response: If we don't save the mother, the baby will not survive anyway.
- Men who work out of country, cross borders and incur transference of HIV and other STDs: co-causality.
- When talking about HIV/AIDS, we need to constantly ask ourselves which women we are talking about. Does breastfeeding do something for them, or through them? How do we address huge problems with formula?
- Importance of differentiation: Those differences are in terms of women's experiences and how we should talk about them.
- Society idealistically holds the belief of the purity of breastmilk. Thus, when breastmilk is made "impure" by HIV virus, it is not acceptable and mothers, as producers of the "impure" breastmilk, are blamed.
- Representation does matter as demonstrated by Vicky the Virus-a black bumpy toy which equates HIV transmission through breastfeeding with sex and intravenous drug use.

DAY 1 PLENARY (M1)

Choices and Outcomes

Chair: **MICHAEL LATHAM**, Cornell University/WABA International Advisory Council

1. *Infant and Young Child Feeding Practices: A Global and Local Public Health Perspective*

MIRIAM LABBOK MD (Center for Infant and Young

Feeding and Care, University of North Carolina at Chapel Hill) presented a comprehensive historical and biomedical overview of why it is important (for maternal and child health) that there is appropriate support for mothers to choose and succeed with breastfeeding. She also debunked ten popular myths surrounding HIV transmission and breastfeeding, and reviewed progress, and obstacles to progress, on the WHO/ UNICEF Code of Marketing of Breastmilk Substitutes, the Baby-Friendly Hospital Initiative, the Innocenti Declarations of 1990 and 2005, and the WHO/ UNICEF Global Strategy for Infant and Young Child Feeding.

2. *Women's Choices and Infant Feeding in the Era of HIV/AIDS*

ZENA STEIN (HIV Center for Clinical and Behavioral Studies) examined the variance in infant feeding that has been observed between cultures and over centuries. She commented on the different factors that contribute to these differences, looking more closely at immigration patterns, class and duration of feeding. Other topics raised in this presentation included the role of counsellors in the breastfeeding process. Certainly, if the woman is going to breastfeed, exclusive breastfeeding should be included in her counselling.

Discussion Points

- There is debate over whether generic public health recommendations focusing only on viral transmission should take priority over individually tailored advice for the individual woman, which would take note of her family and social context. There is a communication challenge, to which we must be culturally sensitive.
- Concern was raised regarding the term "risk" of transmission of HIV/AIDS via breastfeeding: Who is at risk: mother or child? What does this imply?
- There is discomfort with the term PMTCT. We are advised to take care when we use this term and recommended to replace it with "paediatric HIV or AIDS".

- Look at both the dangers of formula feeding e.g., acidified formula, Ecoli, contaminated powdered formula, as well as the dangers of not breastfeeding, eg., lack of immune, hormonal and other factors that prevent and ameliorate illness.
- There are different standards evident in the North and South in policy, testing and treatment for HIV, and in counselling on infant feeding; this is problematic, and some argued for universal/uniform responses through policy while others emphasised that situational needs differ, justifying different responses.

CONCURRENT PANELS AND WORKSHOP (M2 A)

Gender-Based Analysis, HIV/AIDS and Health Policy: A Skill Session for Policy Makers, Practitioners and Researchers

1. *Gender and HIV/AIDS: Applying Gender Based Analysis in Health Policy*

BARBARA CLOW (Atlantic Centre of Excellence for Women's Health) and Margaret Haworth Brockman, (Prairie Women's Health Center), conducted a workshop that reviewed the role gender plays in access to health care, policy making and in research. She introduced gender-based analysis as a means of identifying the particular health care needs of women and men in order to make better use of resources and improve health care outcomes.

Discussion Points

- Apply gender-based analysis in Health Policy.
- Consider the similar and different needs of women, girls, men and boys, using their input and important knowledge on gender.
- Consider the diversity among women, girls, boys and men, by avoiding the perpetuation of gender stereotypes.
- Consider and understand the varying needs of men and women who carry the burden of illness.

(M2 B)

Advocacy Initiatives for Women Living with HIV/AIDS

Chair: **MICHAEL LATHAM**, Cornell University/WABA Advisory Council

1. *The Blueprint for Action on Women and HIV/AIDS*

LOUISE BINDER (Canadian Treatment Action Council) described the difficulty of finding community support experienced by HIV positive women in Canada. She explained how HIV positive pregnant women are treated for their baby but not for themselves. Jes Smith (Canadian AIDS Society) presented the Blueprint for Action on Women and HIV/AIDS Manifesto 2006 which argues for an improved response to women and girls and HIV and AIDS.

2. *The Athena Network*

IDA SUSSER (CUNY Graduate Center, New York) talked about the ATHENA Network, which builds upon the work of individuals and entities who have been committed to addressing gender inequity and HIV/AIDS. She described the work of ATHENA members who are actively working towards the realisation of the Barcelona Bill of Rights, a guiding document for the Network that was first promulgated at the 2002 International AIDS Conference (IAC). Ida also invited participants to join ATHENA in their campaign during the IAC in August 2006.

3. *Framework for Collaboration: Outcomes of the Breastfeeding and HIV Symposium, July 2005*

REBECCA MAGALHAES (La Leche League International) and **LIEW MUN TIP** (WABA)

Liew and Magalhaes highlighted the importance of breastfeeding to mother and child health, and its role in the prevention and management of HIV and AIDS. They shared their experience of brainstorming and analysing the challenges that HIV and AIDS imposes on breastfeeding and infant feeding, with stakeholders at the said symposium.

Discussion Points

- Women have been excluded from AIDS action, research and education
- Women are also often considered separate from and secondary to their babies
- Important to find links and common ground to work together to share information and resources in order to foster understanding and collaboration
- Women must initiate the movement towards organising and advocating for their needs and rights
- Cultural relativity (contextualisation) for education, research, treatment, testing, and information is very important in addressing HIV in various settings. A solution in one country does not make it applicable in another.
- It takes persistence to put women's interest on the mainstream agenda. Women cannot depend on others to fight for their causes.
- Initiation of a project that highlights a best practice that is gender sensitive and that does not neglect the benefits of breastfeeding in a community best practice setting that allows women and their infants to reap the benefits of breastfeeding, is needed.

(M2 C)

Youth Perspectives and Advocacy

Chair: SUSAN SIEW, WABA

1. *Young Men and HIV/AIDS in Latin America*

MARTA TREJOS (CEFEMINA) discussed youth access to HIV information. She looked at how males continue to be "educated" to become "macho," which encourages early sex, multiple partners and promotes the idea of strength as a preventative force against HIV transmission. She argued that women are taught that it is virtuous to be virgins, and to hide their sexual relations. Thus they receive less direct sexual education and little to no information on HIV transmission, increasing their risk for HIV transmission.

2. *Reducing Girls' Vulnerability to HIV & AIDS through Community Dialogue & Collective Action*

SARA AUSTIN (World Vision, Canada) looked at the higher vulnerability of girls to HIV infection, including the substantial difference in prevalence rates between girls and boys in high prevalence countries in Sub Saharan Africa. She discussed the factors needed for effective prevention of HIV transmission, particularly the need to adopt more innovative approaches that address the broader social, economic, cultural and political factors that made girls more vulnerable to HIV. Sara referred to some examples from World Vision's work in developing policy and programmatic approaches in this area.

3. *Where Have All The Young Girls Gone? The Representation and Lack of Presentation of Young Mothers in Canadian HIV&AIDS Health Promotion Campaigns*

LINDA HUNTER (University of Guelph) reviewed the history of HIV and AIDS awareness campaigns in Canada. She brought attention to the different ways women were represented within these campaigns pointing at how awareness campaigns targeting men ads for me were more empowering and safer sex oriented than those directed at women. She also examined the significance of the lack of ads targeting HIV positive mothers or posters which focus on the experiences of motherhood and HIV.

Discussion Points

- In Latin America, culture and social norms encourages a sense of "macho"-ism, making men and women more vulnerable to HIV infection.
- More community dialogue should be emphasised, in order to address the social, economic, cultural and political factors that cause gender inequality and put girls and women at greater risk of HIV transmission.
- Posters are a form of sex education and health education. Problematically, they have not changed in Canada since the 1980s; there is no focus on motherhood, and different aspects are being targeted to men and women, again privileging men over women.

(M2 D)
Conflict of Interest: Drug and Formula Companies in the context of HIV and AIDS

Chair: **PEGGY KONIZ-BOOHER**, University Research Co., Quality Assurance Project

1. Doctors and the Drug Industry: Too Close for Comfort?

JOEL LEXCHIN MD (School of Health Policy and Management, York University) discussed a similar strong relationship that exists between doctors and the pharmaceutical industry explaining how clinical medical research is overwhelmingly funded by industry and how medical journals are financially dependent on advertising by, and selling reprints to, drug companies. He explored the impact this relationship has on research disseminated in journals, pointing out that drug companies rarely publish unfavourable results and that journals may be reluctant to run anything critical of the industry.

2. The Role of Universities in to Health Technologies

JULIE SERMER and **DIANA PURUSHOTHAM** (Students Against Global AIDS) explained how academic institutions can influence the nature of research and development in the health sector. Students Against Global AIDS advocates for universities to commit to making their pharmaceutical research more accessible to developing nations.

3. Milking Profits: The Case of Pakistan

SYED AMIR RAZA (author and business man) illustrated the influence and power baby formula companies hold over developing nations, and the risk they create for infant health. He recounted his turbulent experience working as a sales marketer for the Nestle baby formula corporation and the fatal effect the baby formula had on the villages he visited. After quitting his job, he filed a law suit against his former employer, resulting in his exile from Pakistan for six years and continued severe harassment from Nestle.

4. HIV, Infant Feeding and the International Code of Marketing of Breastmilk Substitutes

ELIZABETH STERKEN (Director INFACT Canada/IBFAN North America) looked at how and why to promote, protect and support exclusive breastfeeding in the face of HIV. She reviewed the importance of exclusive breastfeeding in reducing rates of both transmission of HIV and infant mortality. She also reviewed the risks of not breastfeeding and mixed feeding that would result in increased mortality. She then discussed The International Code of Marketing of Breast-milk Substitutes as a vital tool to protect breastfeeding and to minimise the unnecessary use of infant formulas.

Discussion Points

- Universities need to play a stronger role in making new medical knowledge accessible to nations and areas where HIV prevalence rates are high.
- Legislation is needed in all countries so that baby formula companies are prevented from promoting its products as a perceived “better” means of feeding infants and young children.
- Exclusive breastfeeding for the first six months after a child’s birth saves millions of children’s lives every year. The percentage risk of mortality associated with not breastfeeding far outweighs the percentage risk of HIV transmission through breastmilk. The practice of exclusive breastfeeding reduces the risk of transmission to levels of not breastfeeding.
- Research is needed to develop safe breastfeeding practices for HIV+ mothers. It is critical for the mother and baby dyad that HIV+ mothers receive medical and nutritional support.

(M3 A) Workshop Challenging Dominant Paradigms

Chair: **IDA SUSSER**, CUNY Graduate Centre, New York

1. *Where is the Evidence that Babies who are Breastfed by HIV-Positive Mothers are More Likely to Get Sick and Die Than Those Who are Fed Formula?*

MARIAN TOMPSON (Another Look, La Leche League International) reviewed breastfeeding in the context of HIV and AIDS by examining how knowledge on this topic may be clouded by a lack of scientific precision and premature public statements. She reviewed various studies conducted on this topic, and raised a number of questions, that were not included in these reports that challenge dominant understandings of HIV transmission through breastmilk.

2. *Why Rejecting the HIV Paradigm is Important for Maternal and Child Health*

DAVID CROWE (Alberta Reappraising AIDS Society) questioned widely accepted paradigms that argue “HIV leads to AIDS”, AZT is a “life-saving drug”, and HIV “transmission happens through breastfeeding”. He also reviewed other research results that may be overlooked by the “mainstream”, as well as the accuracy and validity of HIV testing.

3. *The Debate on Infant Feeding Policy in the Context of HIV/AIDS: More Harm than Good*

JENNIFER ANNE MUGISHA (Association of Uganda Medical Women Doctors (AUWMD)) challenged the WHO and UNICEF policies on breastfeeding looking at the double standard that recommends HIV positive women to exclusively formula feed in affluent areas and to exclusively breastfeed for six months in high infant mortality areas. She challenged these policies with questions that reviewed human rights and the impact of public health statements in different parts of the world.

Discussion Points

- More research is needed before we can make definitive policies regarding prevention of HIV transmission via breastmilk.
- Research needs to be critically evaluated.
- The decisions of mothers regarding mode of feeding, type of birth and use (or non-use) of antiretroviral drugs should always be respected due, in part, to uncertainties in available data.
- We must keep an open mind for creative solutions and we should be ready to re-evaluate current commonly accepted paradigms within the HIV/AIDS theory must be re-evaluated.

(M3 B) Developing a Culture of Breastfeeding in Québec

Chair: **MARILYN SANDERS**, Breastfeeding Committee of Canada

1. *Developing a Culture of Breastfeeding in Québec*

MICHELINE BEAUDRY and **JULIE LAUZIÈRE** (Université Laval) argued that the culture of breastfeeding would not only legitimise an individual's behaviour, but also family life, in terms of the accepted mode of infant feeding and how families relate to babies. Therefore, the promotion of breastfeeding must be carefully rethought and redefined if we would like the culture of breastfeeding to benefit not only child health and development but also women, families and society. It is, therefore, necessary to act beyond the traditional campaigns of individual persuasion.

- Intense collaboration amongst health care providers, mothers as well as other social, political and economic actors was developed in the province. Through this networking, more specifically in the Quebec region, the multiple social realities of breastfeeding were known, shared, and explained: A surprisingly effective synergy to foster truly informed decisions about infant feeding was created.

- Highlights were: different types of research undertaken; their links to a sample of policies, strategies, and the activities being carried out in the province, all of which are believed to be responsible for progress in the initiation and duration of breastfeeding.
- Rates of breastfeeding are rapidly approaching the objectives set by the provincial policy on breastfeeding. More importantly – and so far, hard to measure – more mothers seem to be having a more positive experience with breastfeeding, and it is generally viewed more positively than it used to be, including in the media.
- While HIV among new mothers is not an issue in the province, the model used to establish a strong breastfeeding culture could be helpful to others in this situation.
- Excerpts from a video for future and new parents were shown. The possibility was discussed of WABA translating and distributing the “neo-sein” poster, which describes the breast as a technologically advanced feeding apparatus, using appealing phrases like “not tested on animals, technologically advanced, refills automatically, unbreakable, comes with sound soft words heartbeat and soft holding area etc...”

(M3 C) Exclusive Breastfeeding and HIV/AIDS: Constraints and Opportunities

Chair: **JP DADHICH**, (IBFAN) Asia-Pacific/
Breastfeeding Promotion Network of India (BPNI)

1. *Psychosocial Determinants of Exclusive Breastfeeding in Lomé (Togo)*

NÉNÉ DOGO (MSc Université Laval) presented a study conducted in Togo where only 18% of women breastfeed exclusively before six months. The results presented underline the importance of seeking a better understanding of why mothers do – or do not – breastfeed exclusively during the first six months, so as to be able to promote it

more successfully. This is even more important in a context where HIV and/or AIDS is a concern.

2. *Promoting Exclusive Breastfeeding as a Public Health Policy in the Context of HIV/AIDS*

SALLIE PAGE-GOERTZ, (International Lactation Consultant Association (ILCA)) presented a synopsis of current data regarding under five mortality, mortality reduction strategies, and health outcomes with replacement feeding, and the current status of AFASS interventions that should be guiding public health policy.

3. *Assessing Constraints on Infant Feeding Choices*

NATASHA ANDERSEN (University of Toronto) gave an overview of vertical transmission of HIV (MTCT), and an outline of the WHO guidelines on HIV and Infant Feeding, especially in resource limited settings. She presented findings from the Kira Chasimwa Project from Voi, Kenya and looked at how they use local knowledge to address the varying modes of transmission. She also spoke specifically about breastfeeding and the different practices that exist within this form of feeding. She informed the audience that mixed feeding is an excepted norm in Voi.

Discussion Points

- Cultural practices in Togo do not favour exclusive breastfeeding (EBF) for example they may practice pre-lacteal feeds and delayed initiation of breastfeeding.
- In Togo, women trust people in white uniforms (medical staff) as well as older women but both groups tend to advocate for opposite viewpoints.
- Attitude towards EBF in Togo is quite negative among mothers and their husbands. Mothers and older women strongly believe that the baby is thirsty and needs other liquids. Many health agents consider that six months of EBF is too long.

- Although breastfeeding was ubiquitous in Voi, no participants in the study were recorded as having been exclusively breastfed. Knowledge on other modes of MTCT was not present; everyone only knew that breastfeeding can transmit HIV.
- EBF is the best public health policy. Mortality in economically disadvantaged countries is primarily due to malnutrition and non-HIV infections, with increased risk for infants who do not breastfeed. EBF until six months with addition of appropriate weaning foods thereafter could decrease under-five mortality by 13%, making EBF the most powerful, economical way to improve child health.
- Community based programmes have proven to be successful in changing practice from mixed feeding to EBF.
- There is no data demonstrating successful exclusive replacement feeding in the face of HIV.

(M3 D) Women and HIV/AIDS in Southern Africa

Note: presented during evening plenary session

TISETSO RUSSEL and **OBERT MADONDO** (CAP AIDS) presented an overview of the organisation Canada Africa Partnership on AIDS (CAP AIDS). They spoke about the increasing prevalence of AIDS within certain communities in Canada, the resources available for people, and the advocacy action that CAP AIDS has taken in this context.

DAY 1 Evening Plenary Discussion Session

At the end of each day, conference participants reassembled to listen to brief reports on the workshops conducted during the day and reviewed the key points that were made in these sessions.

DAY 2 PLENARY (T1) Ethics and Regional Perspectives

Chair: **SARAH AMIN**, WABA

1. *Counselling on HIV and Infant Feeding Accountability towards Child Survival*

PAMELA MORRISON (WABA) reported on the effectiveness and need for counselling for pregnant mothers who are HIV positive. She discussed women's right to advice, counselling and choice. She stressed the entitlement/right of the mother to individual evidence-based risk-assessment of different infant feeding methods to guide her in making a truly informed choice.

2. *Accountability and Regional Perspectives*

a) *Latin America & Caribbean*

CLAVEL SÁNCHEZ (IBFAN – Latin America and Caribbean) presented on the situation of HIV positive women living in Latin America and the Caribbean where the norm, by law is to have caesarean section births, ART and no breastfeeding. She highlighted problems with formula feeding and inappropriate counselling – a gap between policy and practice and looked at milk banks as an important community response to the problems of formula feeding.

b) *India and South Asia*

JP DADHICH (IBFAN- Asia Pacific) summarised the state of child survival, child nutrition and HIV in India and other south Asian countries. He reported on gender issues, which makes HIV and Infant feeding interventions complicated. He also presented the findings of a study conducted on PPTCT counsellors in New Delhi, India revealing gaps in knowledge and practices of these functionaries. He also shared findings of a study from five countries of the Asia-Pacific region, revealing gaps at the policy and implementation level and commented on media misrepresentations of breastfeeding and HIV issues and a lack of understanding among the office bearers of various government and non-governmental agencies.

c) Africa

SAUL ONYANGO (Ministry of Health- Uganda) talked about the extent of the PMTCT response to the HIV epidemic in Africa. Key issues in the region included competition for resources with bias in favour of treatment rather than prevention, vertical programmes, weak health care system and infrastructure issues, unset or followed clinical standards.

d) North America

MARIAN TOMPSON (Another Look, La Leche League) spoke about the lack of rights among HIV positive women who choose breastfeeding. She addressed the United States and Canadian policy to formula feed when a mother is HIV positive where women who do otherwise are charged by law, resulting in most of them go underground without any support. She called for reinstatement of women's right to informed choice in the matter as prescribed by the UN/global policies.

Discussion Points

- In the absence of global investment in support of women, they remain in an impossible situation.
- How can we use the HIV epidemic to promote exclusive breastfeeding?
- There is a big gap in the available funding between treatment and prevention. More needs to go into preventative measures.
- We need to address the double standard of HIV and infant feeding policies and insure that policy standards are universally applied.
- Policies on whether or not to breastfeed, in the case of HIV, are decided not by women themselves. Most of the time these policies are imposed on them. This disempowers women as they are not given the chance to consider and act upon their individual circumstances.

CONCURRENT PANELS AND WORKSHOP (T2 A)

Challenges of Replacement Feeding

Chair: **ELIZABETH STERKEN**, INFACT Canada

1. *Situational Diagnostic: Messages and Practices of Infant Feeding in Children Born of Mothers Living with HIV/AIDS, in the Dominican Republic*

YANET OLIVARES DE SAIZ (International Division, La Leche League International, Dominican Republic) presented results and suggestions from a study conducted in the Dominican Republic that looked at whether the criteria of AFASS are being met. She outlined the next steps that should be taken in the country to improve their National Programme of Reduction of Vertical Transmission.

2. *Knowing My Status and the PMTCT Programme: Hope, Promise, Possibility and Challenge*

JENNIFER LEVY (McMaster University) presented ethnographic work on the reasons why women in Malawi are getting tested and the consequences from this. She also looked at the barriers that HIV+ women are experiencing that include being prevented from receiving adequate access to programmes. * (replacement feeding was not a part of the PMTCT programme where she conducted her research)

Discussion Points

- The burden of achieving benefits of the PMTCT programme is on the individual. This is problematic.
- We need to translate theoretical benefits into achievable benefits.
- The Dominican Republic Peer Counsellor Programme needs to be reviewed with respect to infant feeding.
- We need more communication and then monitoring amongst counsellors and women.

(T2 B)
Gender, Race and Androcentricism in HIV/AIDS

Chair: SARAH AMIN, WABA

1. *The Spread of HIV/AIDS and Prospects for Women's Empowerment in Vietnam*

JULIE NGUYEN, (Munk Centre for International Studies University of Toronto) did an overview of the spread of HIV in Vietnam in the socio-cultural context of women's lack of agency and negotiating power with men in the Confucian patriarchal society. In discussing the need to empower women, she pointed out the common experience that education can be a cultural liability for women rather than a key to their empowerment. She discussed the need for women to continue to 'bargain' with patriarchy in order to improve their autonomy in protecting themselves and their families from the threat of HIV/AIDS.

2. *Gendered Exclusion: Implications of the Androcentric Conceptualisation of HIV&AIDS*

CHARLENE COOK (University of Toronto) reviewed the historical, conceptual and gendered exclusion of women within the HIV/AIDS epidemic. She looked at the implications this exclusion has had in policy making, AIDS campaigning, bio medical research and on the support from feminist organisations.

3. *Breastfeeding Advocacy for Black Mothers in North America with HIV/AIDS*

NICOLE WINSTON (York University) presented on the high prevalence of HIV/AIDS in black women in North America. She discussed the different representations of black women as sexual objects, manly, dangerous or "ugly" and how these have influenced black women in North America not to breastfeed.

4. *Women's Access to Health Care in Kenya*

PAMELA KIBUNJA (WOFAK) presented on behalf of Monique Tondoi and the organisation, Women Fighting AIDS in Kenya (WOFAK). She gave a synopsis of some of the factors that impact on

the transmission of HIV to women, looking at distance to the nearest hospital, available transportation, a lack of negotiation for sex, government and harmful cultural policies, and unprotected women's rights.

Discussion Points

- Call for a need for gender education (as opposed to conventional education).
- Call for more accurate assessment of the socio-cultural impacts of women's conventional) education on their autonomy in gender relations.
- 'Bargaining' is more culturally compatible in some societies than 'challenging,' due to the emphasis on social and gender harmony: there is a call for support for women in societies where 'bargaining' with patriarchy is difficult.
- Women are still being ignored in terms of funding for HIV prevention.
- More attention is needed to understand the impact of historical, social and media constructions of black women's bodies.
- Discussed the conceptual neglect of women in designing policies from a socio-cultural standpoint.

(T2 C)
Violence, Sexuality and Gender Inequality

Chair: PENNY VAN ESTERIK, York University

1. *The Legacy of Child Sexual Abuse on Infant Feeding*

KAREN WOOD (Tamara House) and PENNY VAN ESTERIK (York University) reported on their study of the infant feeding practices of adult survivors of childhood sexual abuse (CSA). Using narratives of survivors, they explored how women dealt with the idea of "bad touch" = "bad body parts", and how women learn to nurture when their bodies have been insulted. Many narratives suggested the healing potential of breastfeeding. They circulated for comment two information sheets, one for survivors and one for breastfeeding support persons.

2. *Home and Family Factors predicting Teenage Sexual Behaviour*

OLOYE OLUWABUNMI (Malardalen University, Sweden) looked at the home and family factors in predicting teenage sexual behaviour and their relationship to the spread of HIV. Communication between parent and child and, parental opinions on abstinence and unprotected sex were amongst those factors discussed.

(T2 D)

Media and Communication Strategies

Chair: **LIEW MUN TIP**, WABA

1. *HIV and Breastfeeding Action Kit: A Tool to Promote Child Survival*

LIEW MUN TIP and **PAMELA MORRISON** (WABA) shared the draft Breastfeeding and HIV Action Kit, planned as an advocacy tool to be used, including at the International AIDS Conference, August 2006. Feedback was obtained from participants on how to make the Kit more effective.

2. *Media Campaigns of the Alliance for South Asian AIDS Prevention*

SEEMA OPAL (ASAAP) gave an overview of the advocacy campaigns developed and used by the Alliance for South Asian AIDS Prevention (ASAAP). Seema covered everything from their best practices, lessons learnt and what made their campaigns successful and unique. She stressed that it is essential to involve the target audience in every step of the campaign development process to ensure that messages are relevant and accepted. With the input and support of the community, messages should be crafted in a way that principles and the language are mutually agreeable.

Discussion Points

- Some campaigns and materials are more forthright and controversial than others. There is not one right formula, each style appeals to different audiences and yields different results.

- As a first step for outreach to persons unfamiliar to HIV issues, messages should be crafted in a way that the principles and language are mutually agreeable. To captivate new partners, they should not be made to feel defensive.
- Short, simple yet precise materials attract better attention.
- More in-depth materials may be useful to certain target audience, such as researchers.
- The place where the campaign is carried out, or the medium whereby the messages is published are also important factors in determining the success of the campaign. For example, if the intent is to reach out to youth communities, then campaigns should be advertised where youth spend time such as in schools, dance halls, clubs and shopping centres.

(T3 B)

Sex Workers and Marginalisation

Chair: **DAVID MURRAY**, York University

1. *Sex Workers and Sexual Health in Ecuador*

KAREN O'CONNOR, (York University) drawing from her community work with sex workers in Ecuador, focused on how women have been seen as vectors of disease and how this has resulted in a neglect of other health issues and discrimination of women (on basis that AIDS has the face of sex worker). She also discussed women's agency, and the lack of women's empowerment for sex workers in negotiating for safe sex and what needs to be done to address these issues.

2. *HIV/STI Preventions, Safe Motherhood and Contraceptive Care for Migrant Women Who Reside Illegally in Curacao and/or Have No Healthcare Insurance*

MARION SCHROEN (Policy maker Health Services Curacao and Coordinator of Consperanza) discussed some of the factors that leave migrant sex workers and migrant pregnant women with no legal permit; marginalised in Curaçao. She

explained why the problems of sex workers and migrant pregnant women go ignored, pointing at how statistically they are seen as illegal immigrants, and how, consequently this threatens the rate of HIV in North America. She stressed that prevention, treatment and health care should be made more accessible to migrant sex workers and migrant pregnant workers as their right, (and) before the problem gets out of hand for the country.

- To combat discrimination, society needs to stop seeing women, especially sex workers and migrants, as “the source” of infection, or, as vectors.
- Programmes involving marginalised women should promote self respect and confidence.
- Social and verbal marginalisation does not help prevent HIV transmission; it places women more at risk.

(T3 C) Treatment and Risk

Chair: MIRIAM LABBOK, University of North Carolina

1. *Gender and Infant Feeding Counselling in the Context of HIV: The Ugandan Experience*

BARBARA TEMBO (Uganda Ministry of Health) spoke about the PMTCT Programme in Uganda. She presented how Uganda adapted the WHO guidelines for breastfeeding and counselling and about the reality that most women practise mixed feeding.

2. *Risk and Reputation: Infant Feeding Experiences among HIV-Positive Mothers in Northern Tanzania*

SEBALDA LESHABARI (Muhimbili University College of Health Sciences) discussed an ethnographic study she conducted in Tanzania that aimed to document how HIV-positive women in the Kilimanjaro Region of northern Tanzania experience and act upon the challenges

that are confronting them when implementing their infant feeding choice. She looked at the idea of free and informed choice, infant feeding practices and the social cultural context of choice. The study highlighted the tension between the competing concerns of the medical risk on the one hand, and the social risks on the other, involved in the choice of infant feeding method.

3. *Injured and Insulted: Women in Africa Suffer from Incomplete Messages about HIV Risks*

LILLIAN SALERNO, on behalf of David Gisselquist (Safe Health Care International) spoke about the HIV infections that are caused by health care exposures. She challenged the common assumption that all HIV infections come from sexual exposure, and looked at the impact of the neglect made by researchers to acknowledge other forms of HIV transmission.

4. *Developing a National Programme to Strengthen Traditional Health Practitioners HIV&AIDS Prevention, Care and Support Skills in Botswana – A Critical Analysis*

REBECCA ROGERSON, (York University, and South African Women for Women) looked at the role traditional African healers have had in the HIV/AIDS epidemic. She spoke about Botswana and the progressive multisectoral integration/partnership which is increasing collaboration with traditional healers. Often overlooked, healers' contributions are incredibly important to the prevention, care and support of HIV/AIDS.

(T3 D) Policy, Ethics and Human Rights

Chair: BERNICE HAUSMAN, Virginia Tech.

1. *Reproductive Health and Human Rights*

ISFAHAN MERALI (Ontario Human rights Commission) gave an extensive overview of human rights and the promotion of reproductive health. Some key points she presented were on the background and progression of women's rights and the strategies for further promotion of reproductive rights.

2. *UNICEF Colombia Openly Undermines Baby-Friendly Hospital Initiative (BFHI)*

JAIRO OSORNO (Independent Consultant WABA/LLL) discussed an appeal he sent to the breastfeeding community worldwide in December 2005. He looked at the undermining of UNICEF's Baby-Friendly Hospital Initiative in Columbia. He also emphasised that those promoting breastfeeding, women or family issues, need to be careful not to treat mothers as second class citizens, incapable of sound choices, and not to use them as an excuse for self-promotion for furthering prejudices and power.

3. *The Implications of HIV for Infant Feeding Policy: The Case of Guatemala*

MIMI DE MAZA (LLL, Guatemala International and Ministry of Health) looked at why less than 50% of babies fewer than 6 months receive exclusive breastfeeding in Guatemala, where this form of feeding has been the norm. She examined how the Global Fund forces the Ministry of Health and thus hospitals that follow the BFHI, to give infant formula to mothers who are HIV positive, a condition for receiving funding for antiretroviral medication; completely ignoring the guidelines set in the counselling modules that WHO/UNICEF have developed.

4. *Gender and HIV & AIDS. The Case of Ghana*

JOSEPHINE DAWUNI (Georgia State University) discussed the implications of gender in the AIDS epidemic in Ghana. She focused on the development of this disease in this country and the effects it has had on social development. She looked at the National STDs/AIDS Control Program, the different involvement of local NGOs, international AIDS organizations and government organisation like the Ghana AIDS Commission and the ways each addressed AIDS in this country. She finished with her recommendations for changes in policies applied to treatment and prevention of HIV and AIDS.

Discussion Points

- Even when UNICEF is fully supporting the BFHI, the Ministry of Health can sometimes be found buying formula for free distribution for HIV positive mothers: the undermining of breastfeeding initiatives needs to be addressed!
- Discussion looked at whether it was worth using the international human rights system to obtain change and progress relating to women's rights.
- Participants reviewed breastfeeding cases in Ontario and Canada in terms of human rights.

DAY 2

CLOSING PLENARY

At the end of each day, conference participants re-assembled to listen to brief reports on the workshops conducted during the day and reviewed the key points that were made in these sessions. Following the review session, Susan Siew and Penny Van Esterik led a discussion on the action plans for the XVI International AIDS Conference happening in Toronto, August 2006: Penny presented the draft of the Joint Statement to the participants and participants' feedback was sought to improve on the draft document. Participants were then given until the 23 May to send the organising committee all of their edits to the Joint Statement.



WABA campaign material for the XVI IAC, August 2006

Closing Statements

Leading the closing ceremony, PENNY VAN ESTERIK, York University made the following statement:

“Thank you all for your extraordinary contributions over these three days. We have not answered all the questions we came with, but we have provided new perspectives on old questions and clearly raised new ones.

We hope this conference has contributed to bridging some gaps between HIV/AIDS groups, women’s groups, child survival groups and breastfeeding advocacy groups. Let us focus on our future work on the intersections between our various concerns – such as care, conflict of interest, gender inequality, violence, and not on the boxes (HIV, gender, child survival, breastfeeding) – honouring what works in each context.

Bridges appear when least expected, when we remain open to the opinions and experiences of others. There were many different perspectives presented at this conference, but we created a comfortable, relaxed environment where divergent views were respected. It is clear that this conference has provided one more bridge to the academic community, to disciplines and approaches that have not made HIV/AIDS an object/subject of inquiry, to NGOs workers, to health professionals and to students who will find a way to move us forward.

I approached this conference as an anthropologist not an AIDS expert, and I draw inspiration from an anthropological couple, Margaret Mead and Gregory Bateson. Margaret Mead wrote, “Never doubt that a small group of thoughtful citizens can change the world – indeed, it is the only thing that ever has”. And from Gregory Bateson, I borrow these conceptual tools: “errors in thinking” (what if we are asking the wrong questions?) and “the patterns that connect” (the relational thinking that lets us connect poverty, gender inequality and child survival).

I hope that through this conference, we have identified some errors in thinking in our own work, and trust that we have also begun to see more patterns that connect – patterns that connect our work and that connect us as people. Thank you again, and we look forward to moving forward with you on this important subject.”

SUSAN SIEW, WABA Co-Director called for a vote of thanks to all participants for committing their time and resources to be at the conference, and also to the respective organisations, institutions and governments who provided full or partial fellowships and support in terms of equipment, facilities and hospitality that contributed to the success of the event. She highlighted the following:

“On behalf of WABA, with much appreciation, I would like to say Thank you, Terima Kasih, Hsieh-hsieh and Merci beaucoup to:

Prof. Margo Gewurtz, Master of Founders College; for providing us with this beautiful venue for our intense and productive work over the last three days. The campus grounds with its open spaces, burst of spring colours and new leaves provided an inspirational environment for creative thinking and synergy. We thank you for use of the conference hall, accommodation rooms, workshop rooms and all the equipment and efficient services that enabled us to focus on our mission.

Prof. Naomi Adelson, Chair of the Department of Anthropology, for your unstinting and continuing support to Penny, that enabled her to schedule her academic and activist work accordingly; and for the work-study programme for Françoise that enabled her to support and assist Penny in the logistics and preparatory work to the realisation of this event.

Rhoda Reyes of the York Centre for Asian Research, for her accounting services;

Françoise and the York team of volunteers including John Van Esterik, Andre Pant, Elisa Benayon, Michelle Streb, Nazia Hussein, Cynthia Lorusso, Laurie Stewart, Jillian Ollivierre, Libanos and Karen O'Connor for quietly and efficiently working in the background, pulling things together, ensuring that we have what we need to participate fully.

Miriam Labbok, Center for Infant and Young Feeding and Care, University of North Carolina and Pamela Morrison, Co-Coordinator of WABA Task Force on Infant Feeding and HIV/AIDS, for working on the development and drafting of the joint statement.

Liew Mun Tip, WABA Deputy Director, from the Penang Secretariat, for working with Penny and Françoise on logistics, fellowships and programme support;

A very special note of thanks to Penny Van Esterik for her continuing commitment with WABA; working with us through the years, across movements and on cutting-edge issues, from breastfeeding, women and work to the woman and infant dyad concept on rights, food security, and breastfeeding and the environment; pushing the boundaries and always producing timely research for the challenges we take on together. Walking on the edge is never comfortable. There have been times when we get nudged off and had to scramble and get on our feet again to continue meeting the challenges. Penny, our heartfelt thanks for this bridging work and for opening our hearts and

minds to the diverse perspectives and opinions on gender and HIV.

And to our new found friends and allies, WABA thanks you and look forward to working with you especially at the upcoming International AIDS Conference which will take place in this same city in August.”

MARTA TREJOS, WABA, WABA Steering Committee member and Coordinator of WABA Gender Working Group, and Michael Latham, Co-Chair of WABA International Advisory Council, gave thanks and presented tokens of appreciation to the above people.

MARGO GEWURTZ, Master of Founders College, York University thanked Penny and WABA for their hard work underlining that it was an honour for the conference to be held at Founders College.

Professor NAOMI ADELSON, chair of the Department, York Department of Anthropology also said some words of thanks to the organisers recognising the importance of the event.

MICHAEL LATHAM congratulated participants for coming up of the draft Joint Statement and commended the organising team for producing a successful, unique and useful conference.



WABA banner for the XVI IAC, August 2006

PART III

APPENDICES



Conference Programme

Gender, Child Survival and HIV/AIDS: From Evidence to Policy

7-9 May 2006, Founders College, York University, Toronto



Sunday 7 May 2006	
12.00pm	Registration begins: Assembly Hall, Founders College, York University
4.00pm	<ul style="list-style-type: none"> Welcome, orientation, introductions, conference format Reception
7.00pm – 10.00pm	<p>Public Forum: Research Update and Panel Discussion on Gender, HIV/AIDS and Infant Feeding Chair: <i>Penny Van Esterik, York University</i></p> <ul style="list-style-type: none"> Gender and HIV/AIDS, <i>Barbara Clow, Atlantic Centre of Excellence for Women's Health</i> Impact of Globalisation on Women and Child Survival, <i>Marta Trejos, CEFEMINA / WABA</i> Overview HIV and Infant Feeding: Evidence, Recommendations and Challenges, <i>Peggy Koniz-Booher, University Research Co., Quality Assurance Project</i> Contagion, HIV/AIDS and the Problem of the Maternal Body, <i>Bernice Hausman, Virginia Tech.</i> <p>Discussant: Pablo Idahosa African Studies Program, York University</p>

Conference Overview

Time	Monday 8 May 2006	Tuesday 9 May 2006
9.00am	<p>M1 Plenary: Choices & Outcomes</p> <ul style="list-style-type: none"> Health Outcomes of Infant Feeding Options, <i>Miriam Labbok, University of North Carolina</i> Women's Choices and Infant Feeding in the Era of HIV/AIDS, <i>Dr. Zena Stein, Columbia University</i> 	<p>T1 Plenary: Ethics & Regional Perspectives</p> <ul style="list-style-type: none"> Counselling and HIV/AIDS: Accountability towards Child Survival, <i>Pamela Morrison, WABA</i> Regional Perspectives on HIV/AIDS Issues and Policies, <i>Representatives from Africa, Asia, Latin America, North America and discussion from the floor</i>
10.30am	Break	Break
11.00am	<p>M2 Concurrent panels and workshops</p> <ol style="list-style-type: none"> Gender-Based Analysis, HIV&AIDS and Health Policy: A Skills Session For Policy-makers, Practitioners and Researchers Advocacy Initiatives for Women Living with HIV/AIDS Youth Perspectives and Advocacy Conflict of Interest: Drug and Formula Companies in the context of HIV and AIDS 	<p>T2 Concurrent panels and workshops</p> <ol style="list-style-type: none"> Challenges of Replacement Feeding Gender, Race and Androcentrism in HIV/AIDS Policies and Programmes Violence, Sexuality and Gender Inequality Media and Communication Strategies
12.30pm	Lunch	Lunch
2pm	<p>M3 Concurrent panels and workshops</p> <ol style="list-style-type: none"> Challenging Dominant Paradigms Developing a Culture of Breastfeeding in Quebec Exclusive Breastfeeding and HIV/AIDS: Constraints and Opportunities Women and HIV/AIDS in Southern Africa 	<p>T3 Concurrent panels and workshops</p> <ol style="list-style-type: none"> Sex Workers and Marginalisation Treatment and Risk Policy, Ethics and Human Rights

4.00pm – 5.00pm	M4 Plenary <ul style="list-style-type: none"> Emerging issues from sessions (Brief reports and open microphone) 	T4 Plenary <ul style="list-style-type: none"> Discussion & endorsement of Joint Statement Action plans for XVI IAC August 2006 Closing
6.00pm	Dinner at the Underground, York University	
8.30pm – 10.00pm	Optional meeting on draft Joint Statement at Founders College, Room 110	<i>Note: Short films available for viewing in room 109, Monday and Tuesday, 10.30am – 4pm</i>

Time/Venue	Monday 8 May 2006
9.00am – 10.30am Assembly Hall	<u>M1</u> Plenary panel Chair: Michael Latham, Cornell University/WABA International Advisory Council Health Outcomes of Infant Feeding Options <i>Miriam Labbok, Center for Infant and Young Child Feeding and Care, University of North Carolina</i> Women's Choices and Infant Feeding in the Era of HIV/AIDS <i>Dr. Zena Stein, HIV Center for Clinical and Behavioral Studies, Columbia University</i>
10.30am	Break
11.00am – 12.30pm Room 104	<u>Concurrent panels and workshops</u> M2A Workshop: Gender-Based Analysis, HIV&AIDS and Health Policy: A Skills Session for Policymakers, Practitioners and Researchers <i>Margaret Haworth-Brockman, Prairie Women's Health Centre of Excellence</i> <i>Barbara Clow, Atlantic Centre of Excellence for Women's Health</i>
Room 105	M2B Workshop: Advocacy Initiatives for Women Living with HIV/AIDS Chair: Michael Latham, Cornell University / WABA International Advisory Council Blueprint for Action: Women and HIV <i>Jes Smith, Canadian AIDS Society</i> <i>Louise Binder, Canadian Treatment Action Council</i> The Athena Network <i>Ida Susser, CUNY Graduate Center, New York</i> Framework for Collaboration: Outcomes of the Breastfeeding and HIV Symposium, July 2005. <i>Rebecca Magalhaes, La Leche League International</i> <i>Liew Mun Tip, WABA</i>

<p>Room 108</p>	<p>M2C Panel: Youth Perspectives and Advocacy Chair: Susan Siew, WABA</p> <p>Rethinking Globalization within the Context of Gender and the HIV&AIDS Epidemic: A Young Girls Perspective <i>Onyinye Ndubuisi, Development Partnership International</i></p> <p>Young Men and HIV/AIDS in Latin America <i>Marta Trejos, CEFEMINA / WABA Latin America Regional Focal Point</i></p> <p>Reducing Girls' Vulnerability through Community Dialogue and Collective Action <i>Sara Austin, World Vision Canada</i></p> <p>Where Have All The Young Girls Gone? The Representation and Lack of Presentation of Young Mothers In Canadian HIV&AIDS Health Promotion Campaigns <i>Linda Hunter, University of Guelph</i></p>
<p>Room 114</p>	<p>M2D Workshop: Conflict of Interest: Drug and Formula Companies in the context of HIV/AIDS Chair: Peggy Koniz-Booher, <i>University Research Co., Quality Assurance Project</i></p> <p>Doctors and Drug Companies: too close for comfort <i>Joel Lexchin, York University</i></p> <p>Students against Global AIDS <i>Diana Purushotham, University of Toronto</i></p> <p>Milking Profits: the case of Pakistan <i>Syed Aamir Raza, Author and businessman</i></p> <p>Using the Code to Protect Breastfeeding <i>Elizabeth Sterken, INFACT Canada</i></p>
<p>12.30pm</p>	<p>Lunch (Location: 001 Vanier, Renaissance Room)</p>
<p>2.00pm – 4.30pm</p> <p>Room 104</p>	<p><u>Concurrent panels and workshops</u></p> <p>M3A Panel: Challenging Dominant Paradigms Chair: Ida Susser, CUNY Graduate Center, New York</p> <p>Where is the Evidence that Babies who are Breastfed by HIV-Positive Mothers are more likely to Get Sick and Die than Those Who are Fed Formula? <i>Marian Tompson, Another Look / La Leche League International</i></p> <p>Why Rejecting the HIV Paradigm is Important for Maternal and Child Health <i>David Crowe, Independent Consultant</i></p> <p>Debate on Infant Feeding Policy in the Context of HIV&AIDS "More Harm Than Good" <i>Jennifer Anne Mugisha, Association of Uganda Women Medical Doctors</i></p>

Room 117	<p>M3B Workshop: Developing a Culture of Breastfeeding in Quebec Chair: Marilyn Sanders, Breastfeeding Committee of Canada</p> <p>Presented by Micheline Beaudry and Julie Lauzière, Université Laval</p> <p>Introduction <i>Micheline Beaudry and Manon Niquette, Université Laval</i></p> <p>Quebec Breastfeeding Committee <i>Coordinator: Nathalie Lévesque, Ministry of Health and Social services (MSSS)</i></p> <p>Regional Breastfeeding Committee of the National-Capital – <i>Coordinator: Monik St-Pierre, Public Health Directorate of the National-Capital</i></p> <p>The scientific underpinnings of breastfeeding: A reference manual for health professionals (Biologie de l’allaitement - Le sein, le lait, le geste) <i>Authors: Micheline Beaudry, Sylvie Chiasson and Julie Lauzière</i></p> <p>‘Becoming Parents-Nursing Baby’: A video project of research-creation on the family realities - <i>Creators: Manon Méthot, Nancy Pilote and Monik St-Pierre</i></p>
Room 105	<p>M3C Panel: Exclusive Breastfeeding and HIV/AIDS: Constraints and Opportunities Chair: JP Dadhich, International Baby Food Action Network (IBFAN) Asia-Pacific / Breastfeeding Promotion Network of India (BPNI)</p> <p>Assessing Constraints on Infant Feeding Choices in Voi, Republic of Kenya: Community Attitudes Towards Exclusive Breastfeeding <i>Natasha Andersen, University of Toronto</i></p> <p>Mother Support For HIV-Positive Mothers and Infant Feeding <i>Shaheen Sultana, Bangladesh Breastfeeding Foundation</i></p> <p>Promoting Exclusive Breastfeeding as a Public Health Policy in the Context of HIV/AIDS <i>Sallie Page-Goertz, International Lactation Consultant Association (ILCA)</i></p> <p>Psychosocial Determinants of Exclusive Breastfeeding in Lome (Togo, West Africa) <i>Nene Dogo, Regroupement des cuisines collectives du Plateau</i></p>
Room 108	<p>M3D Workshop: Women and HIV/AIDS in Southern Africa Chair: Canada Africa Partnership on AIDS (CAP AIDS)</p> <p>Women and HIV/AIDS in Southern Africa <i>Tiisetso Russell and Obert Madondo, CAP AIDS</i> (presented during the evening plenary)</p>
4.00pm - 5.00pm Assembly Hall	<p>Emerging issues from sessions Brief Reports and open microphone Facilitator: Susan Siew, WABA</p>
6.00pm	Dinner at the Underground, York University
8.30pm – 10.00pm Room 110	<p>Optional meeting on drafting of Joint Statement Facilitator: Susan Siew, WABA</p>

Time	Tuesday 9 May 2006
9.00am – 10.30am Assembly Hall	<u>T1</u> Plenary panel Chair: Sarah Amin, WABA Counselling and HIV/AIDS: Accountability towards Child Survival <i>Pamela Morrison, WABA HIV and Infant Feeding Task Force</i> Regional Perspectives on HIV/AIDS Issues and Policies <i>Representatives from Africa (Saul Onyango), Asia (JP Dadhich), Latin America (Clavel Sánchez), North America (Marian Tompson), and discussion from the floor</i>
10.30am	Break
11.00am – 12.30pm Room 105	<u>Concurrent panels and workshops</u> T2A Panel: Challenges of Replacement Feeding Chair: Elizabeth Sterken, INFACT Canada The Influence of Infant Feeding Practices on the Early Growth of HIV-Exposed Infants in Southwestern Nigeria <i>Ebunoluwa Adejuyigbe, Dept. of Pediatrics, Obafemi Awolwo University</i> “Knowing My Status” and the PMTCT Program: Hope, Promise, Possibility and Challenge <i>Jennifer Levy, Department of Anthropology, McMaster University</i> Situational Diagnostic: Messages and practices of infant feeding in children born of mothers living with HIV/AIDS, Dominican Republic <i>Yanet Olivares de Saiz, International Division, La Leche League International, Dominican Republic</i>
Room 104	T2B Panel: Gender, Race and Androcentrism in HIV/AIDS Policies and Programs Chair: Sarah Amin, WABA Gendered Exclusion: Implications of the Androcentric Conceptualization of HIV&AIDS <i>Charlene Cook, University of Toronto</i> Women’s Access to HIV and AIDS Healthcare in Kenya <i>Monique Tondoï Wanjala and Pamela Kibunja, Women Fighting AIDS in Kenya (WOFAK)</i> Breastfeeding Advocacy for Black Mothers in North America with HIV/AIDS <i>Nicole Winston, York University</i> The Spread of HIV/AIDS and Prospects for Women’s Empowerment in Vietnam <i>Julie Nguyen, Munk Centre for International Studies University of Toronto</i>

4.00pm Assembly Hall	<p>Plenary panel Chair: Penny Van Esterik, York University</p> <p>Action plans for the XVI International AIDS Conference, August 2006 Discussion and Endorsement of Joint Statement - <i>Michael Latham, Cornell University / WABA International Advisory Council</i></p> <p>Closing Remarks</p>
5pm	Thank you and have a safe journey home!

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With support from:

- National Network on Environments and Women's Health (NNEWH), Canada
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York University

- Founders College
- African Studies Program
- Graduate Programme in Social Anthropology
- Health and Society Programme
- Dean Robert Drummond, Faculty of Arts
- York Centre for Asian Research
- Department of Anthropology
- Sexuality Studies Programme
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- Vice-President Academic, Sheila Embleton

www.waba.org.my/hiv/conference2006.htm

IT'S TIME TO LOVE:

**Focus on the Mother
+ Focus on the Child
= TOTAL FAMILY CARE**

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WABA banner for the XVI IAC, August 2006

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Gender, Child Survival and HIV/AIDS: From Evidence to Policy

7-9 May 2006, Founders College, York University, Toronto

1. Conference Programme

2. Public Forum: Sunday evening, 7 May 2006

- Engendering the Pandemic: Women, girls and HIV/AIDS

BARBARA CLOW (Atlantic Centre of Excellence for Women's Health)
[in Acrobat and PowerPoint]

- Impact of Globalisation on Women and Child Survival

MARTA TREJOS (CEFEMINA/ WABA)
[in Acrobat and PowerPoint]

- HIV & Infant Feeding: Evidence, Challenges & Recommendations:

PEGGY KONIZ-BOOHER (University Research Co., Quality Assurance Project)
[in Acrobat and PowerPoint]

- Contagion, HIV/AIDS and the Problem of the Maternal Body:

BERNICE HAUSMAN, (Virginia Tech) – Paper
[in Acrobat and Microsoft Word]

3. DAY 1: Monday morning, 8 May 2006

M1 Monday Morning Plenary

- Infant and Young Child Feeding Practices: A Global and Local Public Health Perspective:

DR. MIRIAM LABBOK MD (Center for Infant and Young Feeding and Care, University of North Carolina)
[in Acrobat and PowerPoint]

M2 A Workshop: Gender-Based Analysis, HIV/AIDS and Health Policy: A Skill Session for Policymakers, Practitioners and Researchers

- Gender and HIV/AIDS: Applying Gender Based Analysis in Health Policy
BARBARA CLOW (Atlantic Centre of Excellence for Women's Health) and Margaret Haworth Brockman, (Prairie Women's Health Center)
[in Acrobat and PowerPoint]

M2 B: Advocacy Initiatives for Women Living with HIV/AIDS

- The Blueprint for Action on Women and HIV/AIDS
LOUISE BINDER (Canadian Treatment Action Council) Jes Smith (Canadian AIDS Society)
[in Acrobat and PowerPoint]

- Framework for Collaboration: Outcomes of the Breastfeeding and HIV Symposium, July 2005

REBECCA MAGALHAES (La Leche League International) and Mun Tip Liew (WABA)
[in Acrobat and PowerPoint]

- Symposium on Breastfeeding and HIV/AIDS
[in Acrobat and PowerPoint]

M2 C: Youth Perspectives and Advocacy

- Reducing Girls' Vulnerability to HIV & AIDS through Community Dialogue & Collective Action

SARA AUSTIN (World Vision, Canada)
[in PowerPoint]

M2 D: Conflict of Interest: Drug and formula Companies in the context of HIV and AIDS

- The Role of Universities in to Health Technologies
JULIE SERMER and **DIANA PURUSHOTHAM** (Students Against Global AIDS)
[in PowerPoint]
- Doctors and the Drug Industry: Too Close for Comfort?
JOEL LEXCHIN MD (School of Health Policy and Management York University)
[in PowerPoint]
- HIV, Infant Feeding and the International Code of Marketing of Breastmilk Substitutes
ELIZABETH STERKEN (Director INFACT Canada/IBFAN North America)
[in PowerPoint]

4. Day 1: Monday afternoon, 8 May 2006

M3 A Workshop: Challenging Dominant Paradigms

- Where is the Evidence That Babies Who are Breastfed by HIV-Positive Mothers are More Likely to Get Sick and Die Than Those Who are Fed Formula?
MARIAN THOMPSON (Another Look La Leche League)
[in PowerPoint]
- Why Rejecting the HIV Paradigm is Important for Maternal and Child Health
DAVID CROWE (Alberta Reappraising AIDS Society)
[in Acrobat]
- The Debate on Infant Feeding Policy in the Context of HIV/AIDS: More Harm than Good
JENNIFER ANNE MUGISHA (Association of Uganda Medical Women Doctors (AUWMD))
[in PowerPoint]

M3 B: Workshop Developing a Culture of Breastfeeding in Québec

- Developing a Culture of Breastfeeding in Québec
MICHELINE BEAUDRY and **JULIE LAUZIÈRE** (Université Laval)
[in PowerPoint]

M3 C: Exclusive Breastfeeding and HIV/AIDS: Constraints and Opportunities

- Psychosocial Determinants of Exclusive Breastfeeding in Lomé (Togo)
NÉNÉ DOGO (MSc Université Laval)
[in PowerPoint]
- Promoting Exclusive Breastfeeding as a Public Health Policy in the Context of HIV/AIDS
SALLIE PAGE-GOERTZ, (International Lactation Consultant Association (ILCA))
[in PowerPoint]
- Assessing Constraints on Infant Feeding Choices
NATASHA ANDERSEN (University of Toronto)
[in PowerPoint]

M3 D: CAP AIDS (presentation not available)

5. DAY 2: Tuesday morning, 9 May 2006

T1 Tuesday Morning Plenary

- Counselling on HIV and Infant Feeding Accountability towards Child Survival
PAMELA MORRISON (IBCLC, WABA)
[in PowerPoint]

Regional Representatives:

- Latin America/ Caribbean
CLAVEL SÁNCHEZ (IBFAN- Latin America and Caribbean)
[in PowerPoint]

- India and South Asia
DR. JP DADHICH (IBFAN- Asia Pacific)
[in PowerPoint]

- Africa
DR. SAUL ONYANGO (Ministry of Health- Uganda)
[in PowerPoint]

T2 A: Challenges of Replacement Feeding

- Situational Diagnostic: Messages and Practices of Infant Feeding in Children Born of Mothers Living with HIV/AIDS, in the Dominican Republic
YANET OLIVARES DE SAIZ (International Division, La Leche League International, Dominican Republic)
[in PowerPoint]
- Knowing My Status and the PMTCT Program: Hope, Promise, Possibility and Challenge
Jennifer Levy (McMaster University)
[in PowerPoint]

T2 B: Gender, Race and Androcentricism in HIV/AIDS

- The Spread of HIV/AIDS and Prospects for Women's Empowerment in Vietnam
JULIE NGUYEN, (Munk Centre for International Studies University of Toronto)
[in Microsoft Word]
- Gendered Exclusion: Implications of the Androcentric Conceptualization of HIV&AIDS
CHARLENE COOK (University of Toronto)
[in PowerPoint]
- Women's Access to Health Care in Kenya
PAMELA KIBUNJA (WOFAK)
[in PowerPoint]

T2 C: Violence, Sexuality and Gender Inequality

Chair: **PENNY VAN ESTERIK**, York University

- The Legacy of Child Sexual Abuse on Infant Feeding
KAREN WOOD (Tamara House) and **PENNY VAN ESTERIK** (York University)
- Handouts: Information Sheet on Infant Feeding for Women Who Were Sexually Abused in Childhood and Assisting Adult Survivors of Childhood Sexual Abuse (CSA) through Breastfeeding.
[in Acrobat]

T2 D: Media and Communication Strategies

- Media Campaigns of the Alliance for South Asian AIDS Prevention
SEEMA OPAL (ASAAP)
[in PowerPoint]

6. DAY 2: Tuesday afternoon, 9 May 2006

T3 B (A was cancelled): Sex Workers and Marginalisation

- HIV/STI Preventions, Safe Motherhood and Contraceptive Care for Migrant Women Who Reside Illegally in Curacao and/or Have No Healthcare Insurance
MARION SCHROEN (Policymaker Health Services Curacao and Coordinator of Conserpanza)
[in PowerPoint]

T3 C: Treatment and Risk

- Gender and Infant Feeding Counselling in the Context of HIV: The Ugandan Experience
BARBARA TEMBO (Uganda Ministry of Health)
[in Acrobat and PowerPoint]
- Risk and Reputation: Infant Feeding Experiences among HIV-Positive Mothers in Northern Tanzania
SEBALDA LESHABARI (Muhimbili University College of Health Sciences)
[in PowerPoint]

- Injured and Insulted: Women in Africa Suffer from Incomplete Messages about HIV Risks
LILLIAN SALERNO, on behalf of **DAVID GISSELQUIST** (Safe Health Care International)
[in PowerPoint]
- Developing a National Program to Strengthen Traditional Health Practitioners HIV&AIDS Prevention, Care and Support Skills in Botswana – A Critical Analysis
REBECCA ROGERSON, (York University, and South African Women for Women)
[in PowerPoint]

T3 D: Policy, Ethics and Human Rights

- Reproductive Health and Human Rights
ISFAHAN MERALI (Ontario Human rights Commission)
[in Microsoft Word]
- UNICEF Colombia Openly Undermines Baby-Friendly Hospital Initiative (BFHI)
JAIRO OSORNO (Independent Consultant WABA/LLL)
[in PowerPoint]
- The Implications of HIV for Infant Feeding Policy: The Case of Guatemala
MIMI DE MAZA
[in PowerPoint]



IT'S TIME TO LISTEN: ?

Give mothers and babies a Voice!

WABA CEFEMINA IBFAN LAC INTERNATIONAL CODE DOCUMENTATION CENTRE Voices of Positive Women BLUEPRINT ATHENA NETWORK YORK UNIVERSITY

WABA banner for the XVI IAC, August 2006