

## Get to know !

**Breastfeeding** is much more than just breastmilk. It is a human right, healthy for babies, empowers women, the best investment and nature's way.

Breastfeeding also means...

- ♥ safe, sound & sustainable feeding
- ♥ higher scores on intelligent tests
  - ♥ perfect quality, right amount of nutrients
  - ♥ free      ♥ natural immunisation
  - ♥ better bonding   ♥ lower risk of overweight
- ♥ mom loses weight   ♥ delay of new pregnancy
- ♥ lower risk of breast and ovarian cancers

**Formula feeding** opens the possibility to contaminated formula, unclean bottles, over-diluted formula and use of nutritionally unsafe fluids.

Formula feeding increases risk of...

- ⊗ mortality      ⊗ childhood cancer
- ⊗ allergy      ⊗ chronic diseases
- ⊗ asthma      ⊗ cardiovascular disease
- ⊗ obesity      ⊗ acute respiratory disease
- ⊗ diabetes      ⊗ gastrointestinal infections
- ⊗ otitis media and ear infections
- ⊗ infection from contaminated formula
- ⊗ and reduces cognitive development

As a global public health recommendation, infants should be **exclusively breastfed for the first six months of life**, and continue breastfeeding up to two years of age or beyond, to achieve optimal growth, development and health.

~ WHO-UNICEF Global Strategy for Infant and Young Child Feeding, 2002

When replacement feeding is not **acceptable, feasible, affordable, sustainable and safe** (AFASS), exclusive breastfeeding is recommended during the first months of life.

~ HIV and Infant Feeding Framework for Priority Action, endorsed by nine UN agencies, 2003

## Want to know more ?

Join us! at <[health.groups.yahoo.com/group/HIV-infantfeeding](http://health.groups.yahoo.com/group/HIV-infantfeeding)> to be on the email list of more than 350 organisations and individuals for access to up-to-date documents and research. To join, simply email to the Coordinator: [tedgreiner@yahoo.com](mailto:tedgreiner@yahoo.com)

### Useful resources

- 1 WHO/UNICEF Global Strategy for Infant and Young Child Feeding, World Health Organization (WHO), 2002 <[www.who.int/nut/documents/gf\\_infant\\_feeding\\_text\\_eng.pdf](http://www.who.int/nut/documents/gf_infant_feeding_text_eng.pdf)>
- 2 HIV and Infant Feeding Framework for Priority Action, WHO, 2003 <[www.who.int/child-adolescent-health/publications/NUTRITION/HIV\\_IF\\_Framework.htm](http://www.who.int/child-adolescent-health/publications/NUTRITION/HIV_IF_Framework.htm)>
- 3 HIV and Infant Feeding: Guidelines for Decision-Makers, WHO, 2003 <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 4 HIV and Infant Feeding: A guide for health care managers and supervisors, WHO, 2003 <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 5 What are the options? Using formative research to adapt global recommendations on HIV and infant feeding to the local context, WHO, 2004 <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 6 HIV transmission through breastfeeding: A review of available evidence, WHO, 2004 <[www.who.int/child-adolescent-health](http://www.who.int/child-adolescent-health)>
- 7 Infant feeding options in the context of HIV, LINKAGES, 2004 <[www.linkagesproject.org](http://www.linkagesproject.org)>
- 8 Breastfeeding and HIV/AIDS: Frequently Asked Questions, LINKAGES, 2004 <[www.linkagesproject.org](http://www.linkagesproject.org)>
- 9 HIV & Infant Feeding: A report of a WABA-UNICEF Colloquium <[www.waba.org.my/hivbook/hivbook.htm](http://www.waba.org.my/hivbook/hivbook.htm)>

### Key contacts

We would like to keep in touch with you!

- WABA HIV & Infant Feeding Task Force:  
Coordinator: Dr. Ted Greiner, USA <[tedgreiner@yahoo.com](mailto:tedgreiner@yahoo.com)>  
Co-coordinator: Dr. Jean Tshiula, Zambia <[jtshiula@hotmail.com](mailto:jtshiula@hotmail.com)>
  - Programme Facilitators  
Capacity Building: Dr. Arun Gupta, India <[arun@ibfan-asiapacific.org](mailto:arun@ibfan-asiapacific.org)>  
Research: Dr. Ted Greiner, USA <[tedgreiner@yahoo.com](mailto:tedgreiner@yahoo.com)>  
Advocacy: Anwar Fazal, Malaysia <[waba@streamyx.com](mailto:waba@streamyx.com)>
- For more information, contact the WABA Secretariat (address below).



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**The World Alliance for Breastfeeding Action**  
**Protects, Promotes & Supports Breastfeeding Worldwide**  
PO Box 1200, 10850 Penang, Malaysia • Tel: 60-4-6584816 • Fax: 60-4-6572655 • Email: [waba@streamyx.com](mailto:waba@streamyx.com) • Website: [www.waba.org.my](http://www.waba.org.my)



Prevention  
of Infant HIV

What We need  
to know about  
breastfeeding  
& HIV

# 15 ways we can work together towards better maternal, child & community well-being

## Capacity Building

- Promote and conduct training based on UN policies on HIV and infant feeding
- Recommend a programme for prevention-of-infant-HIV that focuses on maternal & child well-being
- Ensure sufficient training on lactation counselling and support for moms who breastfeed
- Sharing proven techniques the breastfeeding community's 50 years of counselling experience with HIV/AIDS counsellors
- Continue to protect, promote and support breastfeeding as a public health recommendation

## Research

- Increase research on alternatives for infant feeding, such as breastmilk-based feeding
- Develop rapid assessment tool for communities to evaluate the situation of HIV and infant feeding locally
- Evaluate and disseminate baseline and outcome data for HIV research and prevention-of-infant-HIV projects
- Determine the impact of UN policies regarding HIV and infant feeding on child survival
- Network with HIV researchers and breastfeeding experts to identify and address research gaps

## Advocacy

- Network with breastfeeding and HIV/AIDS experts, including UN agencies
- Exchange up-to-date information through the internet
- Strengthen collaboration between the breastfeeding movement and organisations dealing with HIV/AIDS through projects and events
- Develop and promote sound research-based counselling and other materials
- Hold an international meeting in 2006 on HIV and infant feeding to update and collaborate

## ? What's the problem

While HIV is believed to pass via breastfeeding to about 1 out of 7 infants born to HIV-positive women, data continues to show that **exclusive breastfeeding** (i.e. giving babies no other foods or fluids besides breastmilk) leads to lower HIV transmission rates than other forms of breastfeeding. Studies show that exclusive breastfeeding **can** be achieved if mothers receive the correct information and support. Exclusive breastfeeding alone would reduce mortality rates in low income countries by 13%, more than any other single health intervention.

Breastfeeding spares infants all the risks of artificial feeding:

- WHO estimates that increased breastfeeding could

save over 1.5 million babies yearly who die from diseases like diarrhoea, malnutrition and pneumonia

- high cost of formula feeding burdens families
- mixed feeding increases the risk of infant HIV
- widespread use of infant formula, especially providing it free, can lead to spillover effects, harming large numbers of infants who are not at risk of HIV infection

## Coming up !

- Planning Meeting for HIV & Infant Feeding International Conference, July 2005, Washington DC, USA
- HIV and Infant Feeding International Conference, 2006 (date and venue to be determined)
- To participate in strategic events, see [www.synergyaids.com/Calendar/calendar.asp](http://www.synergyaids.com/Calendar/calendar.asp)

## ! Global happenings

World Alliance for Breastfeeding Action (WABA) and its partners are responding to the tragedies of the HIV epidemic. Various plans and actions are taking place based on three landmark events:

- WABA-UNICEF Colloquium on HIV and Infant Feeding, Arusha, Tanzania, September 2002
- Infant Feeding and HIV: A regional colloquium for the Asia-Pacific, Delhi, India, November 2003
- HIV and Infant Feeding Global Planning Meeting, Lusaka, Zambia, February 2004

