

## WORLD AIDS DAY STATEMENT

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World Alliance for  
Breastfeeding Action

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### **Increasing babies' HIV-free survival *Is formula-feeding the solution?***

Evidence in 2006 continued to accumulate to favour a more rational approach to prevention of postnatal paediatric HIV.

Worldwide, HIV-infection among young women is far outstripping infection in men and the health of tomorrow's mothers is crucial to child survival. But while nine-tenths of pregnant women and most infected children still do not have access to antiretroviral therapy,<sup>1</sup> and findings presented at major conferences this year<sup>2,3</sup> confirm that up to 96-99% of babies are not infected after birth when mothers breastfeed exclusively, the provision of free formula may swallow up 25% - 60% of Prevention of Mother-to-Child Transmission (PMTCT) Programme budgets.<sup>4</sup> Research from Nigeria, Uganda, South Africa and Botswana documents high rates of young child morbidity and elevated mortality due to diarrhoea, acute respiratory infection and sepsis when formula-feeding replaces breastfeeding.<sup>5</sup> Even as the absence of research on HIV risk attributable to later mixed breastfeeding following 6 months' exclusive breastfeeding precludes a rational recommendation for early cessation of breastfeeding, prematurely weaned babies in Mozambique, Uganda, South Africa, Malawi and Zimbabwe suffer high rates of malnutrition and illness.<sup>5</sup> Indeed, in most PMTCT programmes, for reasons of cost, HIV-free survival of infants is only ascertained at 12-18 months and the number of infants who do not survive formula-feeding long enough to be tested remains unknown.

A stark reality check from Botswana early this year showed how horribly things can go wrong when bottle-feeding becomes well entrenched in an African country. When the national PMTCT programme was launched in 1999 a UNICEF-funded survey showed that only 3% of children were never breastfed; 55% were breastfed until 24 months, 7% until 35 months, and 2% until 59 months.<sup>6</sup> In an effort to prevent paediatric HIV infection, and as one of Africa's wealthiest countries, with a water supply generally regarded as safe, Botswana recommended replacement feeding by all HIV-positive women, accompanied by provision of a year's supply of free formula.<sup>5</sup> Its success in providing free PMTCT services to a higher percentage of pregnant mothers than any other country has been hailed as an example for the rest of Africa to follow.<sup>7</sup> Today, one-third of pregnant women are living with HIV and ~98% of HIV-infected mothers formula-feed their babies. Indeed, formula has been promoted so strongly that one in five uninfected or untested mothers have also stopped breastfeeding before their babies reach six months of age.<sup>5,8</sup>

But late last year Botswana suffered a catastrophic outbreak of gastrointestinal illness. Hospitals throughout the country were overwhelmed by 35 000 cases and 532 deaths.<sup>9</sup> The most affected group was infants aged 0 – 12 months who were not breastfed. Assistance was requested from the US Centers for Disease

Control, WHO and UNICEF.<sup>10</sup> A closer evaluation found that a variety of pathogens was responsible, including cryptosporidium, enteropathogenic e coli and salmonella.<sup>8</sup> Over half the affected infants were already malnourished, and despite mothers returning to the clinic several times per month, had received only 51% of the quantity of formula they needed before their illness. However, the most significant risk factor was that 93% were not breastfeeding, resulting in a 50-fold higher risk of diarrhoea and an 8-fold risk of dying from diarrhoeal illness.<sup>9</sup> The final death toll remains unknown, since many babies died at home, with one village reporting the loss of 30% of its formula-fed babies.<sup>8</sup>

Botswana may not be alone. Outside the research setting, little is known of the fate of babies served by hundreds of PMTCT sites around the world where formula feeding has yet to be demonstrated as acceptable, feasible, affordable, sustainable and safe. Calls have been made for ethical and standardised research including operational research, monitoring and evaluation at all levels, and dissemination of findings.<sup>11</sup> In the face of inequitably distributed resources in an unequal world the events of 2006 constitute a tipping point for re-assessment of the competing risks of postnatal HIV transmission and formula feeding.

The recent WHO Technical Consultation on HIV and infant feeding, held in Geneva on 25-27 October 2006, was the first to be convened in six years to discuss this issue. WABA calls for formula feeding not to be recommended in communities that cannot safely support it, and that optimal breastfeeding to be revitalised and recommended where appropriate to maximise HIV-free young child survival in each different setting.

\* Endorse the *Joint Statement on Gender, Child Survival and HIV/AIDS: From Evidence to Policy* at <http://www.waba.org.my/hiv/conference2006.htm>

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## Endnotes

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<sup>1</sup> UNAIDS/WHO AIDS Epidemic Update 2006

<sup>2</sup> International AIDS Conference, Toronto 2006

<sup>3</sup> PEPFAR International Meeting, Durban 2006

<sup>4</sup> Koniz-Booher P, Burkhalter B, de Wagt A, Iliff P, Willumsen J (eds) 2004. HIV and infant feeding: a compilation of programmatic evidence. Bethesda, MD, published for UNICEF and the US Agency for International Development by the Quality Assurance Project (QAP) University Research Co., LLC (URC)

<sup>5</sup> Smart T, HIV & AIDS Treatment in Practice # 74, and #75, Safer infant feeding updates, 12 and 21 September 2006

<sup>6</sup> Central Statistics Office. Botswana Family Health Survey III Gabarone, Botswana, Botswana Government 1999

<sup>7</sup> UNICEF Press release, Abuja, Nigeria. Major increase in services needed for pregnant HIV-positive women to stop virus being passed to children, 30 November 2006

<sup>8</sup> Creek T. Role of infant feeding and HIV in a severe outbreak of diarrhea and malnutrition among young children - Botswana, 2006. PEPFAR Implementers Meeting, Durban, South Africa, Abstract #LB1, 2006

<sup>9</sup> Humphrey J. Early cessation of breastfeeding for the HIV-positive mother, PATH Satellite Session, International AIDS Conference, Toronto, 2006

<sup>10</sup> Mmegi/The Reporter, Diarrhoea Outbreak Declines, April 18 2006, <http://allafrica.com/stories/printable/200604180647.html> 4/28/2006

<sup>11</sup> International Lactation Consultant Association, Position Paper on HIV and infant feeding, 2006