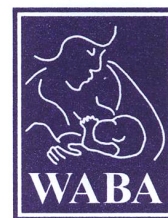


WABA World AIDS Day Statement

Press Release

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Breastfeeding Action**

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Getting to Zero: Health for all HIV-Positive mothers and Zero HIV-transmission to their babies

Breastfeeding in the context of HIV has never been as safe as it is today. Recent research^{1,2} shows that HIV-positive mothers who receive effective antiretroviral treatment, protecting their own health sufficiently to result in a near-normal life-span, can also expect that the risk of transmission of HIV to their babies during pregnancy, birth, and throughout breastfeeding, especially during exclusive breastfeeding, can be close to zero. As a consequence, today's HIV-positive mothers are enabled to avoid both the stigma and the risks of formula-feeding because current HIV and infant feeding guidance is once again more closely aligned to World Health Organization (WHO) recommendations³ that have been in place over the last decade for their uninfected counterparts: exclusive breastfeeding for 6 months and continued breastfeeding with the introduction of age-appropriate complementary feeding for up to 2 years or beyond.

Building on current research, global HIV and infant feeding recommendations⁴ and antiretroviral recommendations for prevention of transmission of vertical HIV⁵ issued in 2010 determined that, for the first time, there was enough evidence to recommend antiretroviral drugs (ARVs) while breastfeeding. Where ARVs are available, it is recommended that HIV-positive mothers breastfeed until their babies are 12 months of age. Breastfeeding should be exclusive for the first 6 months of life, and should be continued until 12 months with age-appropriate complementary foods. When ARVs are not immediately available, early and exclusive breastfeeding as described in the recommendations still provides infants with a greater chance of survival than formula-feeding. In addition, breastfeeding should only stop once a nutritionally adequate and safe diet without breast milk can be provided.

Updated WHO guidelines issued earlier this year for antiretroviral therapy for pregnant women and prevention of HIV infection in their infants⁶ have gone a long way towards clarifying the ambiguities. Rather than different ARV regimens being decided on the basis of CD4 counts, which in some settings are often difficult to determine, a clear recommendation is now made that ARVs should be provided to all HIV-positive pregnant women from the time that they are first diagnosed with HIV, and such treatment should continue for life. With proper ARV treatment, an HIV-positive mother's viral load becomes undetectable, not only protecting her own health and survival, but also reducing to virtually zero the risk of her baby acquiring HIV through her breastmilk. Thus, current guidance has enabled countries as diverse as South Africa⁷ and UK⁸ to develop HIV and infant feeding guidelines which once again effectively support breastfeeding, especially exclusive breastfeeding, for all babies. The up-to-date guidelines simultaneously free health workers from having to tailor infant feeding advice to the HIV-status of their clients and lift from HIV-positive mothers the stigma attached to previous advice about formula-feeding. Most importantly, current guidance ensures the greatest likelihood of HIV-free survival for babies exposed to the virus.

WABA marks World AIDS Day 2012 with the introduction of a new Comprehensive Resource entitled Understanding International Policy on HIV and Breastfeeding⁹ intended for use by policy-makers, national breastfeeding committees, breastfeeding advocates, women's health activists and others working for public health in the community. These groups often have difficulty accessing accurate information and may struggle with misinformation, particularly in light of recent changes which reverse some important aspects of previous guidance. Fully referenced throughout, the Resource's six sections trace the evolution of past

recommendations, outline current policy, track the impact of HIV on women and their infants, review past and current research on transmission of HIV through breastfeeding, give current counselling recommendations and list easily accessed informational and training materials. The Resource clarifies how, in a situation of competing infant feeding risks, breastfeeding can now be safely promoted and supported.¹⁰ We hope that this tool will enable all who work with HIV-positive mothers to confidently endorse current HIV and breastfeeding recommendations so that each individual child's chance to survive and thrive can be maximised.

¹ Shapiro RL, Hughes MD, Ogwu A, Kitch D, Lockman S, Moffat C, Makhema J, Moyo S, Thior I, McIntosh K, van Widenfelt E, Leidner J, Powis K, Asmelash A, Tumbare E, Zwierski S, Sharma U, Handelsman E, Mburu K, Jayeoba O, Moko E, Souda S, Lubega E, Akhtar M, Wester C, Tuomola R, Snowden W, Martinez-Tristani M, Mazhani L and Essex M. Antiretroviral Regimens in Pregnancy and Breast-feeding in Botswana. *New England Journal of Medicine* 2010;362:2282-94.

Available at <http://content.nejm.org/cgi/reprint/362/24/2282.pdf>

² Ngoma M, Raha A, Elong A, Pilon R, Mwansa J, Mutale W, Yee K, Chisele S, Wu S, Chandawe M, Mumba S and Silverman MS Interim Results of HIV Transmission Rates Using a Lopinavir/ritonavir based regimen and the New WHO Breast Feeding Guidelines for PMTCT of HIV International Congress of Antimicrobial Agents and Chemotherapy (ICAAC) Chicago II, Sep19,2011. H1-1153, available at <http://www.icaac.org/index.php/component/content/article/9-newsroom/169-preliminary-results-of-hiv-transmission-rates-using-a-lopinavirritonavir-lpvr-aluvia-based-regimen-and-the-new-who-breast-feeding-guidelines-for-pmtct-of-hiv>

³ WHO (World Health Organization). 2003. The global strategy for infant and young child feeding. available at http://www.who.int/child_adolescent_health/documents/9241562218/en/index.html

⁴ WHO 2010. Guidelines on HIV and infant feeding. 2010. Principles and recommendations for infant feeding in the context of HIV and a summary of evidence. 1.Breast feeding 2.Infant nutrition 3.HIV infections – in infancy and childhood. 4.HIV infections – transmission. 5.Disease transmission, Vertical – prevention and control. 6.Infant formula. 7.Guidelines. I.World Health Organization. ISBN 978 92 4 159953 5 information available at http://www.who.int/child_adolescent_health/documents/9789241599535/en/index.html

⁵ WHO 2010. Antiretroviral drugs for treating pregnant women and preventing HIV infection s in infants. Recommendations for a public health approach, 2010 version, available at

<http://www.who.int/hiv/pub/mtct/antiretroviral2010/en/>

⁶ WHO 2012, Programmatic update; Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants, Executive Summary April 2012, available at http://whqlibdoc.who.int/hq/2012/WHO_HIV_2012.8_eng.pdf

⁷ Tshwane declaration of support for breastfeeding in South Africa, *South African Journal of Clinical Nutrition*, 2011;24(4):214, available at <http://www.sajcn.co.za/index.php/SAJCN/article/viewFile/586/820>

⁸ BHIVA & CHIVA Position statement on infant feeding in the UK, Nov 2010 <http://www.bhiva.org/documents/Publications/InfantFeeding10.pdf> Later published as Taylor, G., Anderson, J., Clayden, P., Gazzard, B., Fortin, J., Kennedy, J., Lazarus, L., Newell, M.-L., Osoro, B., Sellers, S., Tookey, P., Tudor-Williams, G., Williams, A. and A de Ruiter for the BHIVA/CHIVA Guidelines Writing Group , British HIV Association and Children's HIV Association position statement on infant feeding in the UK 2011. *HIV Medicine*, no. doi: 10.1111/j.1468-1293.2011.00918.x, 21 March 2011

⁹ Understanding International Policy on HIV and Breastfeeding: a comprehensive resource, available at www.waba.org.my/whatwedo/hcp/ihiv.htm#kit