

over unclear messages about infant feeding practices and guidance. There were also calls to increase access to information, voluntary counselling and testing as well as community involvement, such as getting the perspective of breastfeeding-supportive NGOs. The Colloquium looked at research, monitoring and evaluation priorities and finally presented the knowledge gaps and challenges for the future.²⁶ Dr Miriam Labbok, the then Senior Advisor of Infant and Young Child Feeding and Care, Nutrition Section of UNICEF New York, aptly stated that *“the Colloquium was extremely successful and now we have the structure, with five action areas to take us forward. We can proceed forward together, reducing the spread of HIV/AIDS, while continuing to seek ways to support optimal health outcomes for our children, our future”*.



Even though there was greater clarity in terms of possible pathways for an IYCF policy in the face of HIV, communicating this information clearly and sensitively has still been a task which WABA, and in particular the WABA HIV and Infant Feeding Task Force had to manage and develop skilfully. Here is a sharing by the HIV & Infant Feeding Task Force Co-coordinator, Pamela Morrison:

As an IBCLC working in Zimbabwe, I was introduced to WABA in 2002 when my National Breastfeeding Co-ordinator drew interested parties to form a national multi-sectoral breastfeeding committee to celebrate the first World Breastfeeding Week. Ten years later, as a result of my growing interest in the controversial topic of HIV and breastfeeding, I was thrilled to attend the 2002 WABA-UNICEF Colloquium in Arusha, Tanzania. Following a decade of conflict between those who were trying to prevent the vertical transmission of HIV and those who were trying to promote the best overall health outcomes for infants and young children, this was the first meeting ever to bring together HIV and breastfeeding communities. Thus began a fruitful and stimulating association with the world's biggest alliance of breastfeeding organisations working to foster an understanding of what led to transmission of HIV, and of how breastfed babies could be protected from a lethal virus transmitted through their mother's milk.

In 2005 I joined the WABA team as their HIV and breastfeeding Co-coordinator. It was a long commute from England to Penang but well worthwhile to be energised by contact with people who really cared about women and their infants and to scour the WABA archives for scraps of early research on HIV and breastfeeding. I began a database of documents, abstracts and journal article, and I wrote endless drafts of what would eventually become known as The HIV

26. HIV & Infant Feeding. A Report of WABA-UNICEF Colloquium. UNICEF & WABA.