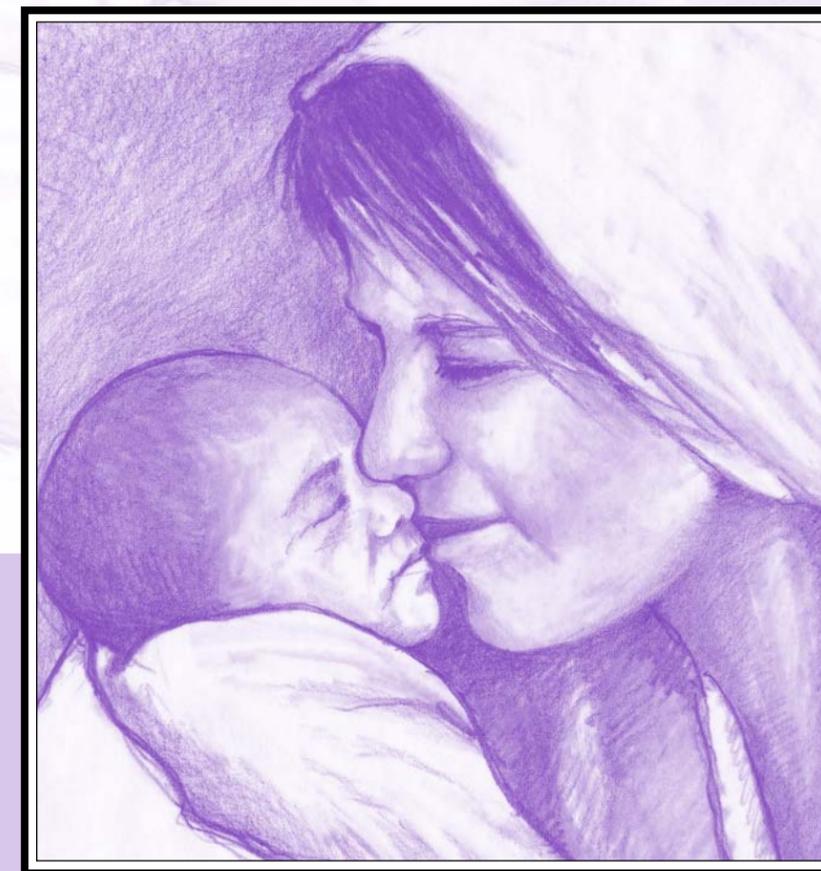
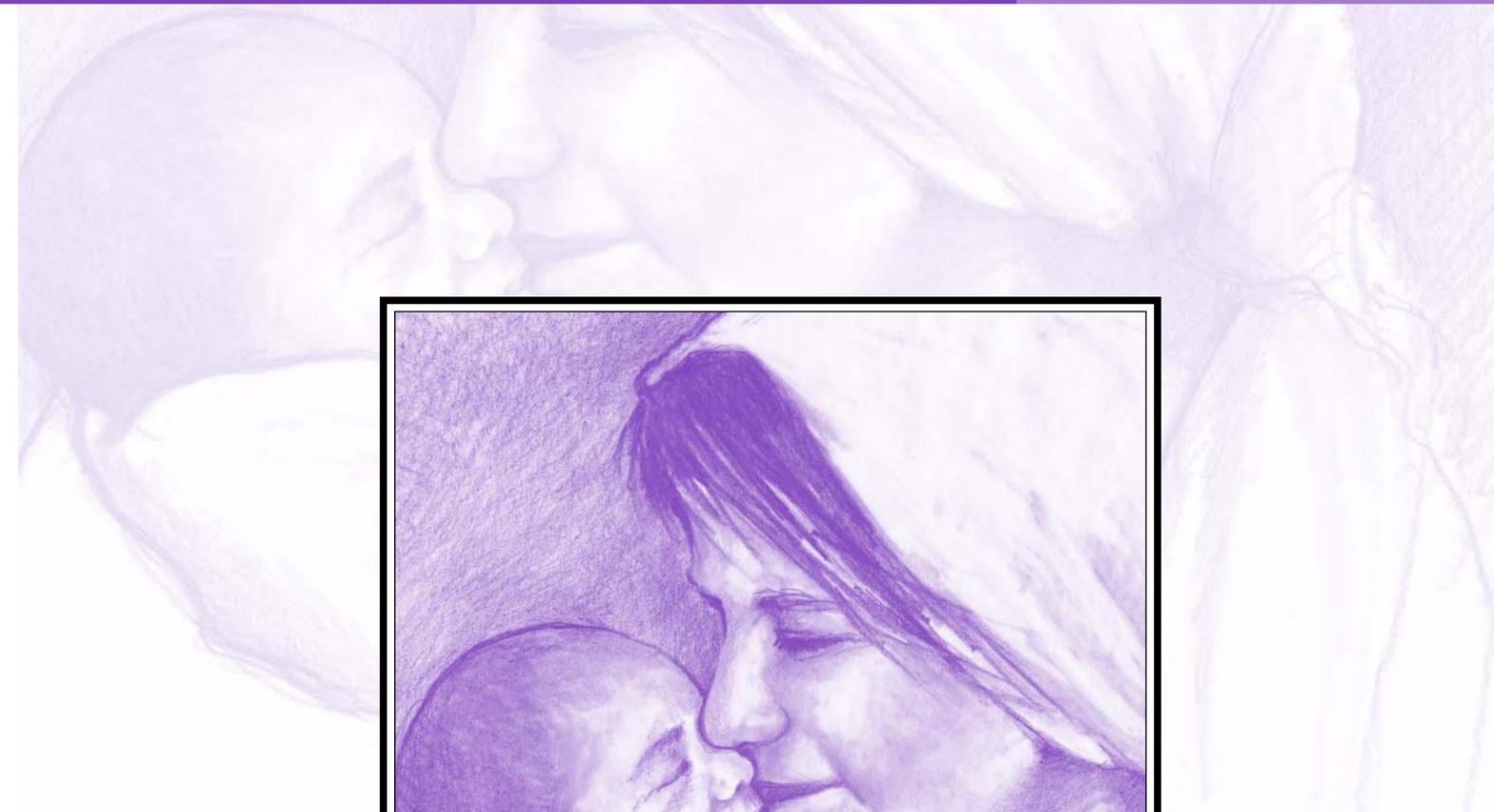


## UNICEF activities include the following:

- Studies that look at the acceptability, feasibility, affordability, sustainability and safety of different infant feeding options for HIV-infected mothers have been conducted in more than 10 countries, including **Haiti, Malawi, Namibia, Swaziland** and **Zambia**. These studies help countries develop their national policies and guidelines.
- Support to several countries, including **Botswana, India, Kenya** and **Uganda**, in developing national policies and guidelines on HIV and infant feeding.
- Ongoing advocacy and support for the International Code of Marketing of Breast-milk Substitutes. Since the Code was adopted in 1981, 24 countries have adopted some or all of its provisions, and another 27 countries have incorporated many of its provisions into their laws.
- Training materials have been developed and more than 100 trainers trained on breastfeeding and on HIV and infant feeding counselling, in collaboration with WHO. These trainers, in turn, have trained more than 1,000 counsellors who have advised thousands of mothers on HIV and infant feeding.
- Support to countries, including **Botswana, Guyana, India** and **Uganda**, in developing communication strategies on the prevention of mother-to-child transmission. A package of materials, including answers to frequently asked questions about HIV and infant feeding, is being produced to assist those who counsel HIV-infected mothers.
- By the end of 2001, more than 15,000 health facilities around the world had been declared baby-friendly as part of the Baby-Friendly Hospital Initiative. Every year additional facilities become baby-friendly.
- Evaluations of specific HIV and infant feeding practices by HIV-infected mothers have been conducted or are planned in **Botswana, India, Kenya, Malawi, Rwanda, South Africa** and **Uganda**. A study in **Uganda** looked at what happened when HIV-infected mothers reduced the number of months they breastfed. In **South Africa**, a study is being conducted on a method to pasteurize breastmilk and on the feasibility of milk banks. As such studies provide a better understanding of the issues surrounding HIV and infant feeding, further guidance will be provided to improve the quality of the counselling and support provided to HIV-infected mothers.



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## A UNICEF Fact Sheet

## The Facts

Approximately one third of infants born to HIV-infected mothers will contract the virus. Without preventive interventions, transmission of the virus occurs during a mother's pregnancy or during childbirth or breastfeeding.

Without interventions, about 15 to 30 per cent of children become infected during pregnancy or delivery; about 10 to 20 per cent contract the virus through breastmilk if breastfed for two years.

An estimated 800,000 children under the age of 15 contracted HIV in 2001, about 90 per cent of them through mother-to-child transmission (MTCT).

The risks of HIV infection have to be compared with the risks of illness and death faced by infants who are not breastfed. Breastfeeding provides protection from death due to diarrhoea and respiratory and other infections, particularly in the first months of life. During the first two months, a child receiving replacement feeding is nearly six times more likely to die from these infectious diseases, compared to a breastfed child (*see chart*). Breastfeeding also provides complete nutrition, immune factors and the stimulation necessary for good development, and it contributes to birth spacing.

To decrease the risk of HIV infection in breastfeeding infants:

- **Shorten the duration of breastfeeding.** The longer a child is breastfed by an HIV-infected mother, the higher the child's risk of HIV infection. Infants who breastfeed for six months face about one third the risk of infection of children who breastfeed for two years.
- **Breastfeed exclusively in the early months.** A study done in Durban, South Africa, showed that exclusive breastfeeding for at least the first three months of life resulted in a lower risk of mother-to-child transmission than when mothers both breastfed and gave other milk, foods, juices or water.
- **Prevent and treat breast problems.** Cracked nipples, mastitis and other forms of breast inflammation increase the risk of HIV-transmission.
- **Prevent HIV infection during breastfeeding.** Viral load is higher shortly after infection with HIV and when AIDS develops. Consequently, if a mother is breastfeeding during these periods, it may increase an infant's risk of HIV infection via breastfeeding. Preventing HIV infection in breastfeeding mothers is therefore particularly important.
- **Treat sores or thrush in the infant's mouth early.** Sores in an infant's mouth make it easier for the virus to enter the infant's body.

## The Response: Core principles and strategies

The United Nations General Assembly Special Session on HIV/AIDS in June 2001 generated an unprecedented level of global leadership, awareness and support to respond to the HIV/AIDS crisis. A Declaration of Commitment on HIV/AIDS was adopted at the Special Session, specifying time-bound goals and targets to measure progress and to ensure accountability. The UN General Assembly Special Session on Children also endorsed these goals and targets in May 2002.

On these momentous occasions, governments agreed, among other targets, that together with partners they would: Reduce the proportion of infants infected with HIV by 20 per cent by 2005, and by 50 per cent by 2010.

The following points are based on the **WHO/UNICEF/UNAIDS policy guidelines** on infant feeding, which accommodate all infant feeding options for mothers with HIV. Central to these guidelines is the right of mothers to make decisions, on the basis of full and

clear information, on what is best for them and their infants, and to be supported in carrying out those decisions:

1. For women who are known not to be infected with HIV, and for women who do not know their infection status: protect, promote and support exclusive breastfeeding for six months, followed by continued breastfeeding with appropriate complementary feeding for up to two years of age or more.
2. All HIV-infected mothers should receive counselling, which includes general information about the risks and benefits of various infant feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Regardless of her decision, a mother should be supported in her choice.
3. When replacement feeding is *acceptable, feasible, affordable, sustainable and safe*, it is recommended that HIV-infected mothers avoid all breastfeeding; if the available replacement feeding does not meet all of these criteria, exclusive breastfeeding is recommended during the first months of life.
4. HIV-infected mothers who breastfeed should be assisted in using good breastfeeding techniques to help prevent breast conditions like mastitis, breast abscesses and nipple fissures. These conditions should be promptly treated if they occur.
5. To minimize the risk of HIV transmission, breastfeeding should be discontinued as soon as possible, taking into account local circumstances, the individual woman's situation and the risks associated with replacement feeding (including contracting infections other than HIV, malnutrition, costs and sustainability).
6. In order to avoid harmful nutritional and psychological consequences and to maintain breast health, HIV-infected mothers who breastfeed should be provided with specific guidance and support when they stop breastfeeding.
7. When HIV-infected mothers choose not to breastfeed or to stop breastfeeding, they should be provided with specific guidance and support for at least the first two years of the child's life to ensure adequate replacement feeding. Programmes should strive to improve conditions in order to make replacement feeding safer for HIV-infected mothers and families.
8. HIV-infected women should have access to information, follow-up clinical care and support, including family planning services and nutritional support.

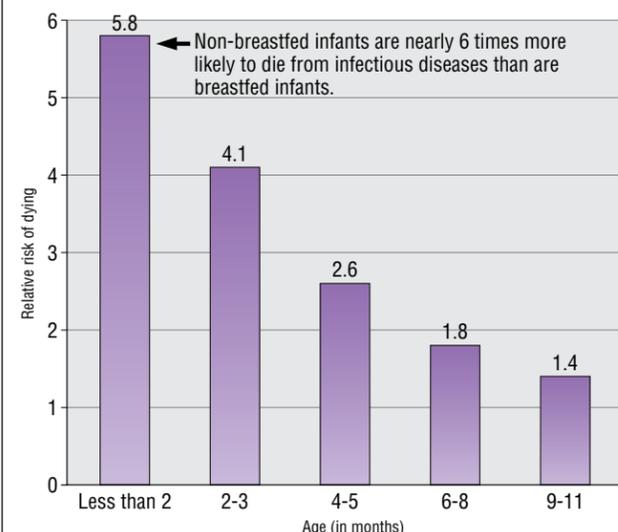
## UNICEF's Response

Since April 1999, UNICEF has participated in a United Nations inter-agency programme to prevent mother-to-child transmission of HIV. Fighting HIV/AIDS is one of UNICEF's five organizational priorities over the next four years. UNICEF's Medium-Term Strategic Plan for the Period 2002-2005 outlines a number of specific strategies to stop the spread of HIV/AIDS, including to "provide counselling and advice for the appropriate feeding of infants born to HIV-positive mothers." In the area of HIV and infant feeding, UNICEF will focus on:

- Supporting governments in developing comprehensive national infant and young child feeding policies and guidance that include guidelines on HIV and infant feeding;
- Supporting governments to implement and enforce the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions through effective national legislation and monitoring;
- Strengthening the Baby-Friendly Hospital Initiative (BFHI) and child feeding components of the Integrated Management of Childhood Illness initiative and intensifying all efforts to educate and train health workers, counsellors, communities, families and parents on optimal infant and young child feeding practices;
- Supporting governments to expand access to voluntary counselling and testing, and to educate and train health workers, counsellors and support groups on how best to counsel mothers faced with choosing an infant feeding option;
- Supporting governments to assess infant feeding options in their countries. Specifically, countries should assess the acceptability, feasibility, affordability, sustainability and safety of different infant feeding options in different circumstances and evaluate infant feeding practices and the impact of interventions on child survival and health.

### Breastfeeding Saves Lives:

Risk of dying from infectious diseases for non-breastfed infants, compared to breastfed infants



Source: WHO, *The Lancet*, Vol. 355, 5 February 2000, pp. 451-455.