

AUSSI EN FRANCAIS! (Document attaché)

NUTRITION MATTERS

HIV and Infant feeding: New evidence and programmatic experience

Issue n.86; September 2007

Dear colleagues in West and Central Africa:

The optimal infant feeding choice for women living with HIV continues to be a major concern for health care providers, HIV-infected women and their families. This report presents a summary of the new findings, conclusions and recommendations from the latest HIV and Infant Feeding Technical Consultation. These recommendations are intended to supplement, clarify and update existing UN guidance for policy-makers and programme managers.

In general, there is remarkable **consensus** from the expert group on ways to clarify the 2000 HIV and Infant Feeding recommendations, including the following:

- 1. Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time- in which case all breastfeeding should be avoided.**
- 2. In general, decisions need to be made for individual mothers in the context of their local environment, but with a strong message to avoid mixed feeding in the first six months of life.**
- 3. Home-modified animal milk should not be recommended for infants in the first six months except as a stop-gap measure for individual women.**
- 4. National programmes should provide all HIV-exposed infants and their mothers with a full package of child survival and reproductive health interventions with effective linkages to HIV prevention, treatment and care services.**
- 5. Governments and other stakeholders should revitalize breastfeeding protection, promotion and support in the general population.**

Why does this matter to our policy and program action? In our region, we have to advocate for and to provide technical assistance and guidance on optimal infant feeding options for HIV-infected women. We also have a critical role in the development, production and distribution of a revised training curriculum on HIV and infant feeding and related IEC materials for counsellors.

Attached: HIV and Infant feeding: New evidence and programmatic experience. Report of a Technical Consultation held on behalf of the Inter-agency Task Team on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants (IATT). Geneva, Switzerland. October 2006

ENJOY! (... and share with your colleagues and counterparts).

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For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

NUTRITION MATTERS

VIH et alimentation du nourrisson : Nouvelles données et informations sur les programmes Issue n.86; Septembre 2007

Chers collègues en Afrique de l'Ouest et du Centre:

Le choix optimal d'alimentation du nourrisson dans le contexte du VIH reste un souci majeur pour les prestataires de la santé, les femmes séropositives et leurs familles. Ce rapport resume les dernieres avancees scientifiques, conclusions et recommandations de la derniere consultation technique a summary of the new findings, conclusions and recommendations from the latest HIV and Infant Feeding Technical Consultation. These recommendations are intended to supplement, clarify and update existing UN guidance for policy-makers and programme managers.

De facon générale, il y a eu un **consensus remarquable entre les experts du groupe sur les facons de clarifier les recommandations sur l'alimentation du nourrisson dans le contexte du VIH de 2000, telles que les suivantes :**

- 1. Exclusive breastfeeding is recommended for HIV-infected women for the first six months of life unless replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) for them and their infants before that time- in which case all breastfeeding should be avoided.**
- 2. In general, decisions need to be made for individual mothers in the context of their local environment, but with a strong message to avoid mixed feeding in the first six months of life.**
- 3. Home-modified animal milk should not be recommended for infants in the first six months except as a stop-gap measure for individual women.**
- 4. National programmes should provide all HIV-exposed infants and their mothers with a full package of child survival and reproductive health interventions with effective linkages to HIV prevention, treatment and care services.**
- 5. Governments and other stakeholders should revitalize breastfeeding protection, promotion and support in the general population.**

En quoi ceci est important pour notre travail en matière de politiques et de programmes?

In our region, we have to advocate for and to provide technical assistance and guidance on optimal infant feeding options for HIV-infected women. We also have a critical role in the development, production and distribution of a revised training curriculum on HIV and infant feeding and related IEC materials for counsellors.

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BONNE LECTURE! (... et partagez avec vos collègues et partenaires).

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Pour chaque enfant
Santé, Education, Egalité, Protection
FAISONS AVANCER L'HUMANITE