



PN-ACC-393
Improving maternal and reproductive health

Trip Report: Zambia

**Technical Assistance to the National Food and
Nutrition Commission and the
Central Board of Health**

**Lactational Management Workshop for Physicians
Breastfeeding and HIV/AIDS Policy Development**

4-20 March 1998

**Nomajoni Ntombela
Maternal and Child Health Specialist
LINKAGES Project/Wellstart International**

**Academy for Educational Development
Cooperative Agreement HRN-A-00-97-00007-00
Breastfeeding and Related Complementary Feeding and Maternal Nutrition**

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival Project
BF	breastfeeding
BFHI	Baby Friendly Hospital Initiative
CA	cooperating agency
CBOH	Central Board of Health
CHP	community health practitioner
DHS	demographic and health surveys
FP	family planning
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IEC	information, education, and communication
LAM	lactational amenorrhea method
MCH	maternal child health
NFNC	National Food and Nutrition Commission
PCS	Population Communication Services
PHP	primary health practitioner
STD	sexually transmitted disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital
VCT	voluntary counselling and testing



Executive Summary

Nomajoni Ntombela, Wellstart International's Maternal and Child Health Specialist for the LINKAGES Project, provided technical assistance in Zambia March 4–20, 1998. Ms. Ntombela interacted with colleagues at the National Food and Nutrition Commission (NFNC), the Central Board of Health (CBOH), U.S. Agency for International Development (USAID) and its in-country cooperative agencies to continue mainstreaming information on breastfeeding (BF), the lactational amenorrhea method (LAM), and HIV/breastfeeding information into Zambian information, education, and communication (IEC), training and policy activities, and documents.

Activities and observations included

- 1) *consultative meetings* on breastfeeding and HIV/AIDS with NFNC, the National AIDS Control Program (CBOH) officials, key physicians and other stakeholders,
- 2) a *physicians' workshop* to ensure that physicians were made aware of key issues and information and reached a consensus during the training regarding their role to support and promote BF, LAM, infant feeding and BF/HIV strategies, and,
- 3) *refinement of BF/HIV policy and training guidelines* to be more audience (e.g., Primary Health Care Provider cadre), action and user-specific, and appropriate.

Key recommendations from the trip include

- ◆ continued technical assistance to the CBOH and NFNC
- ◆ to work with major Zambian stakeholders in refining the breastfeeding/HIV transmission draft policy, to conduct an assessment of current practices in breastfeeding counseling and HIV testing, counseling and care,
- ◆ to design subsequent formative research on the efficacy and effectiveness of such counseling and alternative infant feeding practices of seropositive mothers, to help the NFNC and CBOH begin to develop and implement a strategy to communicate breastfeeding/HIV transmission information and policy guidelines to health care providers and the general public, and,
- ◆ to assess the practice and needs of mothers' support groups to further support their effectiveness in promoting and sustaining exclusive breastfeeding among mothers and their infants.

Activities and Observations

Background

The HIV/AIDS epidemic in Zambia has infected nearly one out of every five adults. A myriad of health as well as social and economic development efforts are at risk from the disease's prognosis and outcome. Infection is mostly spread through unprotected sexual intercourse among adults. About 30 percent of children are infected through perinatal transmission from their mothers during pregnancy and delivery. An additional 14 percent are infected through breastfeeding.



On a positive note, about 80 percent of adults in Zambia are not infected. The Central Board of Health (CBOH) through the National AIDS Control Programme, and TB is developing policies and programs at all levels of the health care system to slow and prevent the spread of HIV. Policy development is evidenced by the intersectoral collaboration between the NFNC, the National AIDS Control Programme and other agencies active in reducing vertical transmission of HIV.

In May 1997, the Joint United Nations Programme on AIDS (UNAIDS) issued a policy statement on HIV and Infant Feeding (Breastfeeding) as a guide to develop national policies specific to countries' situations. Among other things, the UNAIDS policy reaffirms the right of all men and women, irrespective of their HIV status, to determine the course of their reproductive life and health. The policy supports access by women and men to information and services to protect their own, their family's, and their infant's health, such information and services includes the substantial benefits and maintenance of breastfeeding to both children and mothers.

Research shows that breastfeeding significantly improves child survival. Breastfeeding protects against diarrheal diseases, pneumonia, malnutrition, tuberculosis, and other potentially fatal infections that contributed to the infant and under-five mortality rates of 109/1000 and 197/1000 live births respectively (World Summit for Children Indicator Zambia 1996). Infants who are not exclusively breastfed but are given supplemental (and usually contaminated) liquid and food are up to 14 times more likely to die of diarrhea than those who are exclusively breastfed.

Data from the 1996 DHS indicate an improvement in breastfeeding practices among mothers of infants aged 0–3 months, 26 percent of mothers practice exclusive breastfeeding compared to 13 percent in 1992. While this is encouraging, much more remains to be done especially at the community level (since service delivery interaction with pregnant women and new mothers is limited) to initiate, promote, and sustain exclusive breastfeeding through an infant's first six months.

In December 1997, the National HIV/AIDS/STD/TB Control Programme of the CBOH collaborated with the NFNC with support from UNICEF to conduct a national workshop for agencies working in maternal and child health. The objectives of the workshop were:

- ◆ to update participants on current issues related to HIV/AIDS and breastfeeding,
- ◆ to develop strategies to integrate breastfeeding management and infant feeding practices in relation to perinatal transmission of HIV, and,
- ◆ to reach a consensus on what should be covered in the national policy on HIV transmission and breastfeeding.

The result of the workshop was a draft document on HIV/AIDS and breastfeeding. The NFNC was commissioned to take a lead in finalizing the policy. The LINKAGES Project was requested to provide technical assistance to help finalize the document as a policy framework.



Nomajom Ntombela, Wellstart International's Training Coordinator for the LINKAGES Project, provided technical assistance in Zambia March 4–20, 1998. Specifically, Ms Ntombela conducted the following

- ◆ *consultative meetings* helped plan and participate in a series of meetings on breastfeeding and HIV/AIDS with NFNC, the National AIDS Control Program (CBOH) officials, key physicians and other stakeholders,
- ◆ *physicians' workshop* participated in the physicians' workshop (March 9–13) to ensure that physicians—many of whom have supervisory authority over nurse-midwife counselors—were made aware of key issues and information and reached a consensus during the training regarding their role to support and promote BF, LAM, infant feeding, and BF/HIV strategies, and,
- ◆ *refinement of BF/HIV policy and training guidelines* assisted NFNC, CBOH, and USAID cooperating agencies to begin to refine BF/HIV guidelines to be more audience (e.g., Primary Health Care Provider cadre), action and user-specific, and appropriate, assisted NFNC to begin to refine a standard BF/HIV in-service and pre-service training framework that includes a training-of-trainers strategy, identifies specific health cadres and their training needs, and adapts materials and curricula for use with and by community-based support groups such as mothers' groups

Consultative Meetings

A series of advocacy and consultative meetings were held with policy and technical experts to solicit support and guidance regarding the finalization of a breastfeeding practices and HIV transmission policy. Discussions were also held on how health workers would be familiarized with the policy and its implementation as well as in breastfeeding management, counseling, and HIV/AIDS prevention. Integration of policy content into overall pre- and in-service delivery training for all health care workers, especially Primary Health Practitioners (PHPs), Community Health Practitioners (CHPs) and community workers was also discussed.

Participants at these meetings included The Minister of Health, Prof Ndaku Luo, Assistant Secretary Ministry of Health, Mr E B Sivile, Executive Director of University Teaching Hospital (UTH), Dr BU Chirwa, National AIDS Control Programme, Dr Sechone, National Food & Nutrition Commission, Ms Likwasi, Head of Pediatrics, Prof Bhat, Obstetrics & Gynecology, Dr Ahmed, and Ms Mwate Chintu, National Breastfeeding Programme Coordinator.

HIV and Breastfeeding Policy Workshop

Funding for the workshop was made available by the CBOH, through the National AIDS Control Programme. The workshop objectives were

- ◆ to reach a consensus on debatable policy issues,
- ◆ to refine and finalize the policy framework, and
- ◆ to get an update on research related to HIV and perinatal transmission for Zambia



The head of the pediatrics unit, Prof Bhat, gave a summary of a feasibility study on antenatal HIV Voluntary Counselling and testing that was conducted at UTH. The objective of the study was

- ◆ to evaluate the feasibility of HIV voluntary counselling and testing (VCT), accompanied by pre-and post-counselling at regular antenatal clinic visits in Lusaka,
- ◆ to determine the acceptance rate of VCT services,
- ◆ to provide HIV result -specific counselling regarding maternal - infant transmission (MIT),
- ◆ to identify factors influencing VCT, and,
- ◆ to monitor coping behavior following VCT

The majority of pregnant women attending antenatal services (about 81 percent) requested HIV testing, 27 percent were HIV positive. The use of rapid on-site testing allowed clients to receive post- test counselling and results on the same day. The follow-up was not successful, most women did not come back to the clinics. Some rejected the active follow-up by hospital staff.

The second presentation was given by Dr. Chewe Luo from the UTH pediatric unit on an ongoing cohort study of babies born to HIV-positive mothers, to assess the rate of HIV transmission through breastfeeding. The study intends following mothers and their infants for 18 months. The study is on its twelfth month. Thereafter the rest of day was spent working on the policy framework, a final draft is attached to this report.

Physicians' Workshop

Efforts to promote exclusive breastfeeding and other optimal infant feeding practices have been largely limited to the Baby Friendly Hospital Initiative's (BFHI) 54 certified hospitals. Under the Initiative, health workers other than physicians were trained in lactation management. While the training apparently has room for improvement (a recent assessment of baby friendly facilities showed that mothers and communities had more accurate information than health workers), it also indicates a need to train physicians in hospitals and clinical practice who hold key management, supervision, and decision-making positions at these sites.

The physicians' workshop was held March 9–13, 1998. Twenty participants (19 doctors and one nurse/midwife) were drawn from University Teaching Hospital (UTH) and private sector pediatrics and obstetrics units, and from the peripheral public health centres surrounding Lusaka.

The objectives of the workshop were

- ◆ to update participants on current knowledge and skills in lactation management and maternal nutrition,
- ◆ to integrate lactation management into clinical case management under maternal child health (MCH) programmes, and,
- ◆ to facilitate the integration of lactation management in both pre- and in-service training for doctors and nurses



- ◆ to identify areas of operational and formative research that will address various breastfeeding issues,
- ◆ to support and participate in the BFHI activities, and,
- ◆ to develop plans of action to implement breastfeeding in their respective places of work

Please see the attached support documents for more details on workshop objectives and activities

Two external facilitators conducted the workshop while major presentations were conducted mostly by UTH resource persons. The workshop was officially opened by Deputy Minister of Health Prof. Luo, who has since then become the Minister of Health. UNICEF, WHO, USAID, and NFNC representatives attending the workshop reaffirmed continued support to improving child survival by protecting, promoting and supporting breastfeeding. The Executive Director of UTH, Dr. Chirwa, officiated at the workshop closing ceremony. He highlighted the critical role physicians continue to play in the promotion of good health, emphasizing that participants should be involved at all levels of policy implementation.

The workshop mixed didactic and multimedia presentations (e.g., overheads, slides, videos) with participatory and field-oriented activities. At the beginning of the workshop, participants discussed misconceptions such as “it is impossible for a mother to exclusively breastfeed a baby for six months”, “exclusively breastfed babies are prone to anemia”, “it is necessary to give water to babies”, “supplements should be used to treat physiological jaundice”. By the end of the workshop, misconceptions were corrected and supportive research was provided to participants.

For clinical exposure to best practices during the workshop, participants were divided into three groups to practice, under facilitator supervision, at UTH maternity wards and neonatal intensive care units. UTH is a training hospital for the medical, nursing and post graduate school. It is also a referral hospital for Lusaka. There are 36,000 deliveries per year, 12–13 percent of babies are premature or low birth weight. The neonatal intensive care unit admits up to 200 babies per month.

A mothers’ support group was also visited to expose participants to the community’s role in promoting and sustaining breastfeeding. Participants were informed how support groups work and are supervised. Songs and role plays were performed by the mothers’ group (which also includes men) to demonstrate how communities promote breastfeeding. All breastfeeding mother support groups, established by the NFNC, are attached to public health care centres and receive training in breastfeeding management. Other organizations involved with mothers’ groups include La Leche League International in Zambia, which supports mothers’ groups through a peer counseling network, Breastfeeding Association of Zambia, which is running and supporting ten additional mothers’ support groups.



Mother Support Groups/Systems through the BFHI have become an asset to the health care facilities to promote and support breastfeeding in the community. Their assistance may result in sustaining mothers' self-efficacy of breastfeeding and prevention of early breastfeeding problems. It is therefore important to

- ◆ establish and identify the strengths and weaknesses of these groups, and
- ◆ to strengthen their coordination, supervision, and training

Results of the workshop post-tests showed an increase and improvement in the knowledge and attitude of workshop participants. However, as a whole, the majority of participants' knowledge on HIV/AIDS was limited.

UTH Advocacy Briefing

At the beginning of the workshop most physicians believed that recommending exclusive breastfeeding for the first six months was not a good practice because such babies are prone to anaemia. This is not correct—supporting research during the training was provided to clear the misconception.

Therefore at the end of the workshop, participants from UTH Paediatric Unit were assisted by Nomajoni to develop an advocacy presentation, which was presented to the Head of the Unit and Staff.

IEC Materials

A final draft of counselling cards and flip chart on breastfeeding and LAM were reviewed by Nomajoni and Elizabeth Serlemitsos of PCS/ Zambia. With minor corrections, the cards and flip chart were finalized and ready for printing.

Curriculum and Training Materials for PHP/CHP

During the PHP/CHP curriculum review meeting, Nomajoni met with Jenny Nyirenda from CBOH who is coordinating Child & Reproductive Health to get an overview of the training strategy. The training strategy has not been developed.

Mary Segall, a training adviser for Zambia Family Planning Services Project and Mary Kaoma of BASICS were met to discuss LINKAGES' previous input in the curricula. Mary requested LINKAGES to assist in providing training support materials.

Current draft training curriculum on Reproductive Health and HIV/AIDS & TB were reviewed for input on infant and maternal nutrition, perinatal HIV transmission, and breastfeeding and HIV. The results of the review showed that breastfeeding content has been improved, however the following were not adequately covered:

- ◆ maternal nutrition,
- ◆ perinatal transmission of HIV from mother to child during antenatal care, labour, delivery and postnatal care, and,
- ◆ preventive counselling on HIV/AIDS



Recommendations

LINKAGES should

- 1 Assist CBOH and NFNC to edit and format the completed policy framework for circulation to major stakeholders for final refinement
- 2 Conduct an assessment of availability and quality of counseling and support services, cost and efficacy of HIV testing and counseling, possible infant feeding alternatives
- 3 Assist CBOH and NFNC to develop policy guidelines for different health cadres
- 4 Participate in developing the PHP/CHP training strategy, including course content on infant and maternal nutrition, perinatal transmission of HIV for training- of-trainers workshop, provide training materials for the PHP/CHP training on maternal and infant nutrition, prevention of perinatal HIV transmission from mother to child

NFNC and CBOH should

- 1 Integrate HIV and breastfeeding guidelines in all MCH/FP activities
- 2 Follow-up on Physician Workshop participants' incorporation of breastfeeding management and HIV information in their clinical work
- 3 Harmonize all policies related to maternal and infant nutrition and HIV to ensure consistency of messages and services
- 4 Develop and implement a strategy to communicate the HIV and breastfeeding policy in conjunction with the current health reforms

Other

- 1 Strengthen the coordination capacity of NFNC by providing training in strategic planning
- 2 Assist NFNC to establish a functioning information resource service on current infant and maternal feeding, breastfeeding, and HIV and related themes
- 3 Assess mothers' group networks to identify their strengths, challenges, needs, efficacy, and effectiveness, develop and strengthen coordination and networking strategies for mother support groups, clinical supervisors, and neighborhood committees



Annexes

Annex 1

Physicians' Workshop Contact List

Physicians' Workshop Contact List

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Annex 2

Physicians' Workshop Training Program

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LACTATION MANAGEMENT TRAINING PROGRAMME FOR DOCTORS 9-13 MARCH 1998

Time	Monday 9 March	Tuesday 10 March	Wednesday 11 March	Thursday 12 March	Friday 13 March
08 00 - 08 15		RECAP	RECAP	RECAP	RECAP
08 15 - 08 30	Registration	Breastfeeding and Baby Friendly Hospital Initiative BFHI (10 Steps) M K Chintu, Nomajoni Ntombela	Breast examination and Breast Conditions video M Mzumara/Mbelenga	Refusal to breastfeed and crying Mzumara/Mbelenga	Interpersonal Communication and counselling - Relactation Nomajoni Ntombela
08 30 - 09 00	Welcome - Course Director Dr S M Phiri				
09 00 - 10 00	Group Dynamics Course objectives Pre-Test F B Kondolo	Official Opening Course Director	Impact of maternal conditions on breastfeeding and insufficient breastmilk syndrome Dr G Mukasa	HIV/AIDS and Breastfeeding Dr G Mukasa/Prof Chintu Nomajoni Ntombela	Code of Marketing of breastmilk substitutes F B Kondolo
10 00 - 10 25	NUTRITION			BREAK	
10 30 - 11 30	Breastfeeding and child survival and safe motherhood M K Chintu	Official Opening	Clinical Experience Mzumara	HIV/AIDS and Breastfeeding Dr G Mukasa/Prof Chintu Nomajoni Ntombela	National Policy on Breastfeeding practices F B Kondolo
11 30 - 12 30	Review Anatomy of breast, Physiology of lactation Professor Karashani	Preparation for breastfeeding Traditional Practices M K Chintu	Clinical experience	Clinical experience Mbelenga/Mzumara	Plans of Action F B Kondola
12 30 - 13 00	Video on Breastfeeding Nurturing our future Professor Karashani	Video Positioning and attachment Mbelenga/Mzumara	Report on Clinical experience Mzumara/Mbelenga	Maternal nutrition FB Kondola	Plans of Action FB Kondola
13 00 - 14 00	LUNCH			BREAK	

14 00 - 15 00	Composition of breastmilk Dr Mukasa	Positioning and attachment/ M Mbelenga/Mzumara	Infant problems impairing successful breastfeeding Professor Bhat	Visit to mother support system F B Kondolo/C Mulikita	Post Test F B Kondolo
15 00 - 16 00	Exclusive Breastfeeding Expression and storage of milk women work and breastfeeding Dr Mukasa	Observing and assessing a breastfeed preparation for clinical experience M Mbelenga/M Mzumara	Feeding Low Birth Weight Jaundice Dr G Mukasa	Visit to mother support system F B Kondolo	Presentation of Plans of Action F B Kondolo
16 00 - 16 30	Facilitators meeting	NUTRITION BREAK			
16 30 - 17 30		Drugs and breastfeeding M Mzumara/M Mbelenga	Video on low birth weights Dr G Mukasa	Report on clinical experience mother support system Mbelenga/F B Kondolo	Presentation of certificates and official closing ceremony
17 30 - 18 00	FACILITATORS' MEETING				

Annex 3

Physicians' Workshop Daily Evaluation Form

LACTATION MANAGEMENT AND PROMOTION PARTICIPANT EVALUATION FORM

Program Content

Please indicate your evaluation of each of the sessions.

Topic 1.

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Topic 2

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Topic 3.

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Topic 4:

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Topic 5:

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Topic 6.

USEFULNESS very useful useful partly useful not useful
QUALITY OF PRESENTATION excellent good fair poor

CHANGES I WILL MAKE IN MY PRACTICE AS A RESULT OF THIS SESSION

COMMENTS

Annex 4

Physicians' Workshop Final Evaluation

**LACTATION MANAGEMENT & PROMOTION TRAINING
FOR DOCTORS - LUSAKA, ZAMBIA
(FINAL EVALUATION)**

1. Time allotted to the session was:

- Too short About right Too long

2. Relevant of the content to the needs in your work place

- Extremely relevant Relevant All relevant

Suggestions for improving the relevance of sessions.

.....
.....
.....

3. The quality of teaching was:-

- Very high High Low

Suggestions for improving the quality of the teaching:

.....
.....
.....

4. The Teaching methods used in the session were:

- Appropriate Need adjustment

Suggestions for adjusting the teaching methods.

.....
.....
.....

5. The interest level of the participant in the session was:-

Very high High Low

Suggestion for increasing the interest level

.....
.....
.....

6. Was the course content adequate to meet the objectives?

Yes No

7. The success of the session (in your opinion) in motivating and convincing the participants of the needs for change:

Very High High Low

8. Suggestions for improving the success of the session in motivating and convincing participants of the need for change.

Very High High Low

Suggestion for improvement

.....
.....
.....

9. The knowledge of the facilitators on the topics they presented was:

Very High High Low

10. **The general organisation and management of the Training was:**

Very High High Low

Suggestions for improvement

.....
.....
.....

11. **The quality of meals served was:**

Very High High Low

Suggestion for improvement

.....
.....
.....

12. **The relevance and usefulness of the handouts-reference materials given to participants was:**

Very High High Low

Suggestions

.....
.....
.....

13. **Other suggestions for improving the training before the next time course is given.**

.....
.....
.....

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Annex 5

Physicians' Workshop Pre-/Post Assessment

**LACTATION MANAGEMENT & PROMOTION PRE-/POST ASSESSMENT
WORKSHOP FOR DOCTORS IN LUSAKA ZAMBIA
DATE: MARCH 9 - 13 1998, AT PAMODZI HOTEL**

- 1 The prevalence rate of exclusive breastfeeding in Zambia for the children 0- 3 months was found to be 26 percent
 - a True
 - b False

- 2 In the same year 42.2 percent children from 0 - 3 months were given water
 - a True
 - b False

- 3 Data in 1& 2 was reported from 1994 Demographic Health Survey (DHS)
 - a True
 - b False

- 4 Exclusive breastfeeding contributes to birth spacing in the first 6 months of life, providing 30% more protection against pregnancy against all the organised family planning programmes in developing world
 - a True
 - b False

- 5 Exclusively breastfed infants have at least
 - a Two & Half times fewer illness episodes than infants fed on Infant Formula
 - b One & Half times fewer illness episodes than infants fed on Infant Formula

- 6 Infants that are not exclusively breastfed are
 - a 25 times more likely to die from diarrhoea in the first 6 months of life
 - b 14 times more likely to die from diarrhoea in the first 6 months of life

7 Among children under one year those who are not breastfed

- a 5 times more likely to die of respiratory infection than those who are exclusively breastfed
 - b 3 times more likely to die of respiratory infection than those who are exclusively breastfed
- 8 The natural lubricant secretion of the nipple/areola is produced by
- a Lactiferous sinus
 - b Montgomery's tubercles
 - c Ductules
 - d None of the above
- 9 Breastmilk contains anti-infective factors including
- a Lactoferrin.
 - b Secretory IgA
 - c Lysozymes
 - d All of the above
- 10 Compared to mature milk colostrum has all the characteristics listed below EXCEPT,
- a Lower volume
 - b Less lactose
 - c Higher fat
 - d Higher protein
 - e Higher Vitamin A
- 11 Compared to cow's milk, human milk has all the characteristics listed below EXCEPT
- a Higher Lactose
 - b Higher cholesterol
 - c Higher protein
 - e Generates a lower osmolar load
- 12 Which of the following nutrient is most likely to be lower in human milk in response to chronically low maternal intakes
- a Protein
 - b Fat
 - c Carbohydrate
 - d Vitamins
 - e Minerals

- 13 All of the following breastfeeding women should be considered at nutritional risk (and therefore receive extra nutritional services) EXCEPT
- a Underweight women
 - b Women with inadequate prenatal weight gain
 - c Woman with rapid postpartum weight loss
 - d Adolescent women
 - e Women who are anaemic
- 14 Basic techniques for routine breast examination include all of the following EXCEPT
- a History
 - b Inspection
 - c Mammography
 - d Palpation
- 15 The most important component of a complete breast examination include
- a Varying levels of pressure
 - b Position of the patient
 - c Palpation technique
 - d Pattern of search
 - e All of the above
- 16 Breast-feeding is contra - indicated if mother has the following conditions
- a HIV/AIDS
 - b Hepatitis
 - c CMV
 - d Phenylketonuria
 - e None of the above
- 17 Maternal risk factors that increase vertical HIV transmission are
- a Stage of maternal diseases
 - b Presence of cracks in nipples, mastitis & breast abscesses
 - c Vitamin A levels
 - d Prolonged labour
 - e ROM
 - f All of the above
- 18 Child risk factors that increase vertical HIV transmission are

- a Prematurity
 - b Oral mucosal integrity
 - c Vigorous suctioning during labour
 - d All of the above
- 19 Current data show that vertical transmission of HIV from mother to infant is
- a During pregnancy 20 - 30 percent
 - b Intrapartum about 65 percent
 - c Postpartum from breastfeeding is 14 percent
 - d None of the above
- 20 Breastfeeding reduces infant's risk of developing
- a Lymphomas
 - b Diabetes
 - c Crohn's disease.
 - d Otitis media.
 - e All of the above
 - f Only b and d above
- 21 During the antenatal examination, if you discover that a mother has inverted nipples you explain to the mother that it will be impossible to breastfeed
- a True
 - b False
- 22 Among the essential messages that pregnant mother should be given are
- a Exclusive breastfeeding is recommended for the first 6 months as long as the infant is growing well
 - b Breastfeeding the baby "on demand" is the best feeding schedule to follow
 - c Colostrum is the baby's first immunisation
 - d All of the above
 - e Only b and c above
- 23 An acceptable reason a mother should NOT be encouraged to hold and breastfeed her baby on the delivery table is
- a The baby will get cold
 - b The mother is exhausted from her labour
 - c The nurse/midwife is too busy with other important activities to stay by the mother and assist her

- d The baby should be weighed and bathed first
 - e None of the above
 - f Only a and d above
- 24 To prevent sore nipples during the immediate postpartum period, all of the following are important EXCEPT
- a Infant attachment technique
 - b Limiting first day breastfeeding to five minutes each side
 - c Air drying nipple/areola after breastfeeding
 - d Using only clear water for cleansing of nipples and areola
- 25 The provisions of the International Code of Marketing breast Milk Substitutes prohibits
- a Promotion of products in the Health Care System
 - b Donations and low cost supplies
 - c Gifts of any kind to Physicians
 - d Sponsorship of Physicians to attend Scientific Conferences only
 - e Only a and d above
 - f All of the above
- 26 Hospital policies that promote breastfeeding include
- a Unlimited access of mother to baby
 - b Use of dropper for routine water supplement for jaundiced babies
 - c Commercial discharge packets of Formula for HIV positive mothers
 - d None of the above
- 27 Zambia has
- a An infant feeding Policy
 - b Family planning Policy
 - c HIV and breastfeeding policy
 - d Voluntary Code of Marketing Breast milk substitutes
 - e All the above
 - f Only a and d above

Annex 6

List of Participants
Consultative meeting on HIV and Breastfeeding Policy

CONSULTATIVE MEETING ON HIV AND BREASTFEEDING POLICY

MARCH 19, 1998 AT PAMODZI HOTEL

Moderator: Nomajoni Ntombela Policy & MCH Coordinator LINKAGES Project
 Assistant Moderator Mwate Chintu, Public Health Nurse, National Breastfeeding Programme
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Annex 7

**Final Draft Policy on Breastfeeding Practices and
HIV/AIDS Transmission from Mother to Child**

THE NATIONAL POLICY
ON BREASTFEEDING PRACTICES AND HIV/AIDS
TRANSMISSION FROM MOTHER TO CHILD

FINAL DRAFT

Lusaka, Zambia

March 1998

BACKGROUND

Maternal mortality and infant and under-five mortality continue to be a matter for concern in Zambia with 202 deaths in every 100,000 live births and Infant and Under 5 mortality is 109/1000 and 197/1000 respectively. HIV/AIDS is now one of the leading causes of death among mothers and children, and is perceived as an extremely serious problem in Zambia. The majority of adults are infected through sexual intercourse and among children, 30% are infected through perinatal transmission and a further 14% are infected post-natally through breastfeeding. The threat to the country's health reforms and developmental efforts of the HIV epidemic has resulted in the Central Board of Health (CBOH) through the National AIDS Control Programme & TB developing policies and programmes to combat the HIV epidemic and reduce perinatal and post-natal transmission. Intersectoral collaboration between the different agencies, including the National Food & Nutrition Commission (NACP) will be a key element in the success of national policies and programmes.

The importance of breastfeeding to the developing infant and young child cannot be underestimated and there is therefore concern that the risks of HIV transmission through breastmilk be balanced against the dangers of not breastfeeding and the benefits that breastfeeding brings to both mother and infant.

The benefits of breastfeeding to the infant and young child are well documented. These benefits include protection against illness, optimal nutrition, and positive psychosocial effects for the infant while the mother benefits from exclusive breastfeeding through lowered risk of postpartum haemorrhage, ovarian and breast cancer as well as reduced fertility with all the attendant benefits that child spacing provides to the mother and siblings.

The dangers of artificial feeding are equally well known, with the non-breastfed infant being more than 14 times more likely to die of diarrhoeal illnesses than the breastfed infant.

With this in mind, the NACP of the Ministry of Health has produced a National Policy on Breastfeeding Practices and LINKAGES was requested to supply technical assistance to refine the section of the policy which addressed the issue of HIV/AIDS and breastfeeding.

PREAMBLE

The Infant Mortality Rate (IMR) and Under five Mortality Rate continue to be high in Zambia (IMR 109/1000 live births and U-5MR 202/1000 live births). Preterm/Low birth weight, diarrhoeal diseases, acute respiratory infections (ARI), Protein Energy Malnutrition (PEM), Malaria, Tuberculosis (TB) and HIV are the major causes of death. Breastfeeding significantly improves child survival by protecting against diarrhoeal diseases, pneumonia and other potentially fatal infections while enhancing the quality of life through its nutritional and psychosocial benefits. In contrast, artificial feeding increases risks to child health and contributes to child mortality. Breastfeeding contributes to maternal health in various ways including prolonging the interval between births and helping to protect against ovarian and breast cancers.

However, there is some evidence that HIV (the virus that causes AIDS) can be transmitted through breastfeeding. Various studies conducted to date indicate that between one quarter and one third of infants born worldwide to women infected with HIV become infected with the virus themselves. In most cases transmission occurs during late pregnancy and delivery but some studies have indicated that more than one third of infected infants are infected through breastfeeding. These studies suggest an average risk for HIV transmission through breastfeeding of one in seven children born to and breastfed by a woman living with HIV (i.e. infected with HIV).

Additional data are needed to identify precisely the timing of transmission through breastfeeding (in order to provide mothers living with HIV with better information about the risks and benefits of early weaning) to quantify the risk attributed to breastfeeding and to determine the associated risk factors. Studies are also needed to assess other interventions for reducing mother to child transmission of HIV infection.

GOAL OF THE POLICY

To protect maternal and child nutrition and health by promoting optimal infant feeding practices in the context of HIV

1. PRINCIPLES OF THE POLICY

- 1 1 To prevent and control primary infection from mother to child of HIV/STD and other Reproductive Tract Infections
- 1 2 To protect, promote, support breastfeeding
- 1 3 To counsel mothers on appropriate infant feeding alternatives where required
- 1 4 To provide universal access to voluntary and confidential HIV testing and counselling services in the MCH/FP services for pregnant, non pregnant and their spouses/partners
- 1 5 To facilitate sustainable, supportive medical and social services for voluntary and confidential HIV testing
- 1 6 To provide up to date information on appropriate infant feeding options for HIV positive women and families to facilitate informed choice
- 1 7 To ensure compliance with the Zambia National Code, International Code of Marketing Breastmilk Substitutes and subsequent relevant resolutions of the World Health Assembly
- 1 8 To train health workers and community support members, in knowledge, skills and clinical management of HIV perinatal transmission from mother to child and to ensure provision of quality care in MCH/FP, medical and surgical units
- 1 9 To develop guidelines and train specific medical and nursing personnel in the administration of anti retro viral drugs, management and monitoring of HIV positive women and their children during therapy and subsequent follow up
- 1 10 To promote campaigns to educate the public and raise awareness about the importance of preventing HIV transmission from mother to child
- 1 11 To develop an action plan to implement the policy with effective monitoring and evaluation measures
- 1 12 To conduct operational and formative research in HIV/AIDS and Breastfeeding, and other issues related to maternal and child health

2. POLICY DIRECTIVES

2.1 PROTECT, PROMOTE AND SUPPORT BREASTFEEDING AND OTHER INFANT FEEDING PRACTICES.

- 2 1 1 All women should be enabled to exclusively breastfeed their infants for the first six months of life and thereafter continue with timely introduction of appropriate and adequate local complementary foods for up to two years and beyond
- 2 1 2 Women should be educated on benefits of breastfeeding and taught skills necessary in lactation management for successful breastfeeding
- 2 1 3 Expectant mothers, husbands and families should be informed of possible risks of HIV transmission from mother to an unborn child during pregnancy, labour, delivery and after birth, through breastfeeding
- 2 1 4 Parents with known HIV/AIDS status should be counselled on both breastfeeding and alternative methods of infant feeding as well as implications for the infants' health to enable them to make an informed choice
- 2 1 5 Health workers and other community members should support the choice of infant feeding method (practice) made by parents
- 2 1 6 Wet nursing (breastfeeding another baby other than her own by a surrogate mother) should be discouraged
- 2 1 7 Women with full-blown AIDS should be discouraged from breastfeeding

2.2 COMPLIANCE WITH THE ZAMBIA CODE, INTERNATIONAL CODE OF MARKETING BREASTMILK SUBSTITUTES AND WORLD HEALTH ASSEMBLY SUBSEQUENT RESOLUTIONS.

- 2 2 1 The National Food & Nutrition Commission has been mandated on behalf of the Government of the Republic of Zambia to coordinate and monitor the implementation of the Code
- 2 2 2 Where use of breastmilk substitutes is indicated the principles and aims of the National Code, the International Code of Marketing of Breastmilk Substitutes shall be adhered to by all sectors
- 2 2 3 Health practitioners should facilitate breastfeeding by providing consistent information and education to families on the value of breastfeeding with timely introduction of appropriate adequate complementary local foods
- 2 2 4 Policy makers in the health sectors and Directors should take appropriate measures to encourage and protect breastfeeding by adhering to the principles of the Code and should

advise health workers with regard to their responsibilities

- 2 2 5 Recognise that malnutrition in infants is part of the wider problems of limited education, poverty, social injustice or a combination of all of these
- 2 2 6 Government reaffirms the right of every child and pregnant woman to be adequately nourished as a means of attaining and maintaining good health
- 2 2 7 Sales promotion activities and advertising of breastmilk substitutes that discourage efforts to promote breastfeeding are prohibited

2.3 INFANT FEEDING OPTIONS FOR HIV POSITIVE MOTHERS AND FAMILIES

- 2 3 1 HIV positive mothers who have decided to use Breastmilk Substitutes should be counselled on how to manage infant feeds safely
- 2 3 2 Men should be encouraged to be involved in the counselling and education about perinatal HIV transmission
- 2 3 3 Condom use during pregnancy and lactation is strongly recommended to prevent further infections
- 2 3 4 Counselling prior and during administration of anti retro viral drugs should include benefits and risks of such treatment These families should also be afforded social and psychological support
- 2 3 5 Whenever instructions are given for use of artificial feeds, special care should be taken to ensure that mothers who are HIV negative are not influenced
- 2 3 6 Ensure confidentiality within acceptable boundaries during the informed choice process (limited to individual parents or family only)

2.4 INTEGRATION OF VOLUNTARY COUNSELLING AND TESTING (VCT) FOR HIV IN MCH/FP SERVICES.

- 2 4 1 All women and partners should receive information, education and have the opportunity to discuss HIV and perinatal transmission as well as other modes of HIV transmission
- 2 4 2 Access to voluntary, confidential HIV-testing and counselling for pregnant women and their partners should be facilitated This should be done, without coercion, in part by ensuring a supportive environment that encourages individuals to be informed and counselled about their HIV status rather than one that discourages them, out of fear of discrimination or stigmatisation
- 2 4 3 Informed consent, pre- and post-test counselling, confidentiality (shared confidentiality) and other forms of support are necessary before HIV testing takes place

- 2 4 4 Voluntary counselling and testing to be incorporated into maternal and child health services in preparation for breastfeeding and alternative feeding options based on HIV status and informed choice.
- 2 4 5 Ensure that Health Care services provide quality supportive medical and social services in relation to HIV Voluntary Counselling and testing
- 2 4 6 Where Breastmilk Substitutes are not available not affordable or not safe promote exclusive breastfeeding as safer than artificial feeding for HIV positive mothers
- 2 4 7 Counselling for women who are receiving anti-retro viral treatment should include benefits and risks of the treatment
- 2 4 8 HIV negative women will be counselled on how to protect themselves against infection during pregnancy, labour, delivery and lactation
- 2 4 9 Spouses and partners should be included in the voluntary counselling and testing process
- 2 4 10 Parents who do not wish to know their HIV status should be counselled on both breastfeeding and infant feeding options The importance of prevention and reduction of HIV transmission from mother to child should be reinforced

2.5 PREVENT/REDUCE PERINATAL TRANSMISSION OF HIV OR OTHER STD INFECTIONS FROM MOTHER TO CHILD

- 2 5 1 Integrated services and interventions to improve the well being of all women and children with emphasis on preventing and reducing perinatal transmission of HIV will be implemented throughout the health care system
- 2 5 2 All women and men should have access to appropriate reproductive health care services
- 2 5 4 All couples, irrespective of their HIV status, should be encouraged to use condoms during pregnancy and lactation period to reduce mother to child transmission
- 2 5 5 Education targeting the adolescent population should foster the adoption of responsible sexual behaviour that encourages delay and postponing the age of the age of first sexual activity and practising safer sex to prevent unintended pregnancies, STD/HIV and other reproductive health infections
- 2 5 6 Socio-cultural practices that facilitate HIV/AIDS transmission (low status of women, education, adverse sexual practices) should be addressed by involving men in all preventive programmes
- 2 5 7 Health and Social Service programmes responsive to the changing needs of the adolescent should be urgently established and those that exist must be strengthened
- 2 5 8 Female and male condoms and other barrier methods should be made readily available and correct use of these methods ensured

2 5 9 An essential antenatal package to improve the quality of service and reduce the incidence of perinatal HIV transmission should be integrated in all MCH/FP services

2 5 10 All STD/HIV/AIDS clients, including pregnant and lactating women, should enjoy equity of access to cost-effective, appropriate, affordable basic health care, as close to the family as possible

2.6 PROVIDE ADEQUATE MATERNAL AND CHILD HEALTH CARE REPRODUCTIVE HEALTH SERVICES

2 6 1 Integrating breastfeeding and HIV information in all Reproductive Health Services such as Family planning, fertility and infertility clinics and services

2 6 2 Health Workers should be trained in skills to identify high-risk mothers They should also be trained in prevention and management of complications during pregnancy, labour, delivery and during breastfeeding to minimise the transmission of HIV from mother to child

2 6 3 Safe abortion to HIV individuals should be made accessible with counselling and support

2 6 4 Appropriate contraceptives should be made accessible and affordable to all individuals regardless of their HIV status Additional counselling on use of contraceptives for HIV positive individuals is necessary

2 6 5 An essential maternal nutrition package should be included in the MCH/FP programmes

2.7 TRAINING AND EDUCATION OF HEALTH PRACTITIONERS

2 7 1 Conduct advocacy and social mobilisation activities for the prevention of HIV perinatal infection to facilitate implementation of this policy at all levels

2 7 2 Health practitioners trained and updated in knowledge, skills and management of breastfeeding and in the prevention of HIV transmission from mother to child during pregnancy, labour, delivery and postnatally during breastfeeding

2 6 3 Pre-service training should be provided in HIV/AIDS, breastfeeding and lactation management in medical, nursing, midwifery and other health institutions such as colleges of nutrition

2 6 4 Health care providers in MCH/FP should be trained in breastfeeding counselling including HIV/AIDS and STD

2 6 5 Health care providers in MCH/FP services, maternity and paediatric units to be updated in current interventions for prevention of perinatal transmission of HIV infection from mother to child in relation to breastfeeding and infant feeding options

2 6 6 Essential packages for prevention of HIV transmission from mother to child should be integrated in the delivery of care services during antenatal, labour, delivery and postnatal period

- 2 6 7 Health care providers should be educated on breastfeeding management for HIV positive mothers to minimize the transmission of HIV from mother to child
- 2 6 8 Traditional Healers, traditional birth attendants and other community members to be trained in the prevention of perinatal transmission of HIV from mother to child and encouraged to provide support to mothers
- 2 6 9 Uniformity and consistency on Information Education and Communication to the public should maintained
- 2 6 10 Strengthen and integrate mother support systems in the prevention of HIV perinatal transmission

2.7 RESEARCH IN HIV AND BREASTFEEDING

Operational research should be conducted to address issues such as

- 2 7 1 Alternative infant feeding practices
- 2 7 2 Quality of infant's health on Breastmilk Substitutes vs breastfeeding
- 2 7 3 Availability and quality of breastfeeding and HIV counselling
- 2 7 4 The effect of counselling on voluntary testing and collection of results
- 2 7 5 Effect of minimum essential packages for antenatal, labour and delivery and postnatal in relation to prevention/reduction of perinatal transmission of HIV from mother to child

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