REACH Research Alliance to Combat HIV/AIDS

HIV/AIDS prevention news stories

Disease Control Agency to Establish HIV Centres from allafrica.com

Bauchi — Determined to check the wide-spread of HIV/AIDS among the rural dwellers, Bauchi State Agency for the Control of HIV/AIDS, Tuberculosis/Leprosy and Malaria, (BACATMA) is to establish mobile HIV counseling and testing centres for people in rural and market places.

Executive Chairman of BACATMA, Dr. Rilwanu Mohammed, disclosed this in an interactive session with newsmen in his office. He said that the action became necessary in view of the low response to the access to HIV counseling and testing in the state.

He further explained that the centres would assist the rural populace infected with the HIV opportunity to get access to counseling and Anti-Retroviral Therapy because according to him, "time is the vital factor of HIV/AIDS through blood transfusion.

Mohammed, however assured that BACATMA would fund NGOs, CBOs and others in campaigns aimed at controlling spread of HIV/AIDS pointing out that BACATMA has now increased Prevention of Mother to Child Transmission (PMTCT) to 10 Primary Health Care Centres. He then expressed the belief that there was need to reverse the current low access to PMTCT services in the state and disclosed that the Agency has so far initiated marriages for 110 couples living with HIV in the state.

To access the article online, go to http://allafrica.com/stories/200908310207.html

It's Not Time Yet For Ke Nako Brand from mmegi.bw

The brand dubbed Ke Nako was said by Thapelo Pabalinga, who was presenting it to the council, to appeal to the emotions of all Batswana and therefore uplift positively their confidence and hope. "Everyone is aware of the time whether educated or not. The brand will sow a renewed commitment to prevention by government as it will communicate that Ke nako to: change behaviour, to ensure there is no more HIV transmission, to take control of your life, to have one partner and be faithful, to help spread the HIV prevention message and to de-stigmatise the disease," Pabalinga explained.

However, when the floor was opened for discussing the brand, Reverend Rupert Hambira, of the Botswana Council of Churches (BCC), said the brand appears like "something that has been used before by political parties in South Africa". I find it difficult to endorse it," he said.

The permanent secretary in the Ministry of Communication, Science and Technology, Festinah Bakwena added that it would be a good practice for the people doing the brand to research to check if the slogan has not been used anywhere else. She advised that NACA should check the legalities if the slogan has been used before.

Ministry of Sports, Youth and Culture permanent secretary Tickey Pule, brought the council’s attention to the fact that the slogan is being used in South Africa for the FIFA 2010 World Cup. "South Africa is still using the same slogan for the 2010 World Cup as we speak. We need to own the brand," she said.

Defending the brand, Pabalinga said that no one owns time and therefore it is applicable if it has not been used in the HIV/AIDS campaigns. NACA director Dr Batho Molomo said the brand was not a final product as the idea was "to consult and get feedback". "We will go back and work further on it even and consider all the comments that have been raised and the legalities that may impinge on this. We will come to the next meeting with something final if you give us that time," Molomo said. Newman Kahiya, of the Ministry of Health, requested that cultural symbols be used in the messages as many people across the country - regardless of where they are - can relate easily to them as compared to the new gadgets. "Maybe it will be better if you bring the materials first to us in the Ministry of Health for consultation before presenting at this forum for feedback from people who work in the same field," Kahiya said.

To access the article online, go to http://www.mmegi.bw/index.php?sid=1&aid=8&dir=2009/August/Monday31

Newsletter continues on page 2 ...
JOHANNESBURG, 31 August 2009 (PlusNews) - The debate about the safest and healthiest infant feeding choice for HIV-positive mothers in the developing world should be over, according to one of South Africa's leading HIV/AIDS researchers.

"The time has come to confront the obvious dangers of infant malnutrition and mortality associated with formula feeding, and to call for escalation in the promotion and support of breastfeeding for most women," wrote Prof Hoosen Coovadia of the Reproductive Health and HIV Research Unit in Durban, and colleagues, in the 1 August issue of UK-based medical journal, *The Lancet*. The recent discovery of the potentially toxic chemical, melamine, in formula milk in China only reinforced the already overwhelming case in favour of breastfeeding, Coovadia maintained. Some scientists have argued that HIV-positive women, who run the small but significant risk of transmitting the virus to their babies when breastfeeding, should have the option to formula feed.

This has become the norm in developed world, and even in South Africa state clinics provide free formula milk to HIV-positive women who decide they cannot exclusively breastfeed for six months. Mixing breast milk with formula or other foods before a baby reaches six months is thought to carry a higher HIV risk than only feeding with breast or formula milk.

Yet formula feeding often carries a number of risks in resource-limited settings, where it is sometimes prepared with contaminated water and supplies at clinics can be unreliable.

Coovadia and his co-authors blame "irresponsible marketing of formula milks and inadequate control of the quality of baby-milk powder" for the rising frequency of infant deaths from malnutrition and diarrhoea in the developing world.

They suggest that promoting breastfeeding could help achieve several of the Millennium Development Goals (MDGs), including the eradication of extreme poverty and hunger, reducing child mortality, and combating HIV/AIDS and other diseases. "I'd like to see the practice of breastfeeding preserved for all women, even through this dreadful epidemic of HIV," Coovadia told IRIN/PlusNews.

Making breastfeeding safer
The latest data from several clinical trials showed that the HIV risk from breastfeeding could be as low as 2 percent if the mother and/or child received antiretroviral (ARV) therapy, he pointed out.

"If we can make it safe for HIV-positive mothers [to breastfeed] ... Why should one avoid the best that nature has to offer and go for something where problems may arise, and often do?"

The money health departments spent on formula milk could be put to better use in other interventions that benefited HIV-infected mothers and their children, such as food parcels and social grants, Coovadia said.

Other prominent AIDS researchers disagree, arguing that not all HIV-positive women and their infants have access to ARVs, and many women do not feel able to breastfeed exclusively for six months either because of cultural norms or the need to return to work.

Prof Glenda Gray, of the Perinatal HIV Research Unit at the University of the Witwatersrand, accused Coovadia and his co-authors of taking away women's choices. "Feeding options are a human rights choice," she told a local newspaper.

"The same option doesn't work for everyone. Exclusive breastfeeding, meaning the baby gets nothing other than breast milk - not even water - is impractical if a woman needs to return to work."

Coovadia responded that activists should fight for the right of women to take maternity leave and have breastfeeding facilities at work, and that the minority of women who could not exclusively breastfeed should not supersede the benefit for the overwhelming majority who could.

"I think scientists have contributed to the confusion [about safe baby-feeding practices for HIV-positive women]," he said. "We need to reverse that."

To access the article online, go to http://plusnews.org/Report.aspx?ReportId=85939

If you wish to leave the listserv, please send an email to REACH@northwestern.edu stating that you would like to be removed or send a "SIGNOFF REACH" command to LISTSERV@LISTSERV.IT.NORTHWESTERN.EDU.

If you have any comments or questions about this newsletter, please feel free to email REACH@northwestern.edu.

REACH is a collaborative program of Northwestern University and the University of Ibadan with the support of the Bill & Melinda Gates Foundation. REACH aims to improve HIV/AIDS prevention strategies in Nigeria through social science and community-based research.