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# Protecting breastfeeding, stopping industry interference

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This year's <u>World Breastfeeding Week</u> [1] is taking place from 1-7 August. As part of building education and support systems for breastfeeding, let's make the effort to address industry marketing and interference, in line with the International Code of Marketing of Breastmilk Substitutes!

As a woman, breastfeeding is a topic that I naturally take an interest in. The fact that we are able to produce nutritious food that can both protect ourselves as mothers and promote the healthy growth and development of our children is fascinating. The <a href="evidence">evidence</a> [2] is strong: breastfeeding boosts children's immune system and protects them against obesity, dental caries and other diet-related noncommunicable diseases (NCDs), such as cancer, later in life. Breastfeeding also reduces women's risk of developing diabetes, obesity and some types of cancer. Moreover, breastfeeding is a powerful double-duty action to address malnutrition in all its forms, including undernutrition.

# Breastfeeding guidance is clear

WHO and UNICEF recommend the early initiation of breastfeeding within one hour of birth; to exclusively breastfeed children for the first six months of life; and to introduce safe nutritionally-adequate complementary foods at six months of age, together with continued breastfeeding up to two years of age or beyond. Breastfeeding provides a natural and healthy option that is accessible for most children, cost-effective, sustainable, and superior in terms of health standards to any breastmilk substitute, as stated in the 1981 <a href="International Code of Marketing of Breast Milk Substitutes">International Code of Marketing of Breast Milk Substitutes</a> [3].

That said, only 44% of babies less than six months old are exclusively breastfed, and as reported [4] to the World Health Assembly this year, only 35% of 96 countries are on track to achieve the 2025 global nutrition target of increasing the rate of exclusive breastfeeding in the first six months to at least 50%. And national compliance with the International Code is still unacceptably low, more than 40 years since its adoption.

# Industry interference: undermining education and support for

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# breastfeeding

The 2022 report by WHO and UNICEF on marketing of formula milk [5] surveyed 8,500 parents and pregnant women and 300 health workers across eight countries. The findings are shocking, but unfortunately not surprising: formula milk industry exploits parents' anxieties through manipulative marketing strategies, claiming that formula is equivalent or superior to breastmilk, targeting health professionals (the main education source on infant feeding), and undermining parents' confidence in breastfeeding to push their products. And they often succeed in doing so.

Last year, <u>Lucy Westerman revealed</u> [6] how the formula milk industry took advantage of the COVID-19 pandemic, falsely suggesting formula milk as "safer" or "necessary" to protect children from COVID-19 in some countries, or by including breastmilk substitutes in donations – practices breaching the International Code.

<u>Digital marketing of breastmilk substitutes</u> [7] has also become a challenge for the implementation of the International Code, with industry having highly targeted and direct contact with parents and pregnant women. Some online strategies might not be recognized as advertising, such as online baby clubs, social media influencers, and usergenerated content, making regulation difficult. This urgently requires new legal approaches.

# Two positive steps towards the protection of breastfeeding

This year at the World Health Assembly, countries acknowledged the challenges in regulating the digital marketing of breastmilk substitutes, and <u>requested</u> [8] that WHO develop guidance on regulatory measures to further support implementation of the International Code. Expected in 2024, this resource will be crucial to support Member States in updating or implementing more comprehensive regulations on infant formula that encompass digital marketing, as up to <u>80% of exposure</u> [7] to breastmilk substitute advertisements occurs online.

WHO is also currently <u>updating Appendix 3</u> [9] of the global NCD action plan, also known as *WHO's NCD 'best buys'* and other recommended interventions. For this update, they have performed a cost-effectiveness analysis on a key intervention: protection, promotion and support of optimal breastfeeding practices. The analysis results are not surprising – it's one of the most cost-effective interventions across lower- and middle-income countries.

We are however faced by a formula milk industry that is estimated to <a href="mailto:earn US\$ 55 billion">earn US\$ 55 billion</a> [5] and has a large budget to spend in their aggressive marketing strategies. Formula milk marketing is indeed pervasive. The outreach is huge: among all women surveyed for the <a href="https://www.WHO and UNICEF study">WHO and UNICEF study</a> [5], 84% in the UK, 92% in Vietnam and 97% in China had been exposed to formula milk marketing. These commercial determinants affect nearly everyone, yet governments are not doing enough to protect everyone. But there is hope – WHO's upcoming work should build the case for governments to act and enforce the International Code of Marketing Breast Milk Substitutes.

### About the author:

Liz Arnanz (@lizarnanz [10]) is NCDA's Policy and Advocacy Manager on NCD Prevention, she is responsible for coordinating our policy and advocacy work on the main NCD risk factors, upstream determinants, and health promotion more broadly. Prior to this, she worked at FDI World Dental Federation, advocating for the integration of oral health promotion and care within health systems, and she also worked for the partnerships and membership team of the NCD Alliance.

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