Stemming commercial milk formula marketing: now is the time for radical transformation to build resilience for breastfeeding

One of the striking messages of the Lancet Breastfeeding Series1–3 is that the consumption of commercial milk formula (CMF) by infants and young children has been normalised. More children are consuming CMF than ever before.2 Only 48% of the world’s infants and young children are breastfed as recommended,4 despite the huge body of evidence on the lifelong benefits of breastfeeding. This situation reflects the stranglehold the CMF industry has on governments, health professionals, academic institutions, and increasingly on caregivers and families through pervasive social media. CMF companies exert undue control on the infant and young child feeding discourse, and the value of CMF sales have increased year on year.2 This dire situation, interventions to address it, and the economic, health, and survival benefits to society of optimal breastfeeding practices have been outlined in three previous Lancet Series5–7 since 2003. The 2023 Lancet breastfeeding Series underlines, yet again, inadequate progress in improving breastfeeding practices globally, with the powerful addition of quantifying the association between sales of CMF and national breastfeeding rates.2 The Series provides evidence of the overwhelming influence of CMF marketing in the promotion of CMF as a positive choice and the solution to every feeding challenge, thereby eroding breastfeeding practices.1–3

This Lancet Series recommends programmatic and policy actions to support women who want to breastfeed, including the adoption of a framework convention on the commercial marketing of foods for infants and young children.5 Although a framework convention to restrict CMF marketing could be a potentially impactful high-level action, the International Code of Marketing of Breast-milk Substitutes (hereafter referred to as the Code) that regulates the marketing of CMF has been in existence for 40 years.8 The Code and subsequent resolutions explicitly state that “there should be no advertising or other form of promotion to the general public” and that “manufacturers and distributors should not provide...to pregnant women, mothers or members of their families, samples of products”.5 Promotion through any type of sales device, including special displays, discount coupons, and special sales, is prohibited.8 In terms of health-care settings, the Code and subsequent resolutions call for a total prohibition of any type of promotion of products that fall within their scope in the health services. The evidence analysis in the Lancet Series shows clearly how marketing has continued, irrespective of the Code. Notably, advertising expenditure by CMF manufacturers has grown by 164% during the past decade,2 despite 144 (74%) of 194 WHO member states having adopted legal measures to implement the Code, which explicitly states there should be no advertising to the general public of products covered within its scope.3 These high-level actions are far removed from the environments where breastfeeding takes place. There is a crucial need for more attention to and increased investment in local action to support breastfeeding.

The roles of civil society, consumer empowerment, and social mobilisation in building alliances, holding CMF companies accountable, and lobbying for environments supportive of breastfeeding have a long history, starting with the 1977 boycott of Nestlé.10 One action recommended in this Series to reduce the power of CMF marketing is use of plain packaging for CMF. A groundswell of support is needed for this action to ensure that it is included by governments in national legislation. The panel highlights examples of civil society action in support of enabling environments for breastfeeding. Such actions are underappreciated in the much-needed responses to support breastfeeding. Yet civil society coalition building is often coordinated with insufficient or no resources in stark contrast to the financial might and technical expertise that CMF companies have at their disposal.

Change must also happen within the health professions to support breastfeeding. The research and evidence synthesis presented in this Lancet Series provide compelling examples of the strategies used by CMF manufacturers to influence health professionals and academia through education, research funding, marketing in scientific journals, and conference sponsorship.2 These marketing strategies have medicalised usual newborn
behaviours and mothers’ perceptions that breastmilk is insufficient, advancing the narrative that CMF is the solution to these so-called problems and promoting this message among health professionals.25,26,27 There is a need for improvements in health professional training on breastfeeding and newborn development. However, the CMF marketing that health professionals and caregivers are exposed to also needs to be stemmed. Far stronger action and regulation is needed from ministries of health, health professional associations, educational institutions, and health facilities to act ethically and in the best interests of children and halt CMF industry influence in health professional education, research, and practice. Actions that could be taken include development of position statements and codes of conduct that academic institutions,14 health professional associations,9,10,29 and medical journals42 could adopt to guide engagement with the CMF industry. These actions must become the norm for any public health organisation and be accompanied by monitoring and reporting mechanisms, including transparency around existing relationships with the CMF industry.

Transforming environments to be more enabling for breastfeeding globally will also support more sustainable and resilient food systems and reduce the huge carbon footprint22,23 resulting from increasing CMF consumption. As the papers in the Series show, more children than ever before are fed CMF at a time when the climate and global economic crises, together with political insecurities, create repeated events that disrupt CMF supply chains. Recent examples of such disruption include flooding in the province of KwaZulu-Natal, South Africa, war in Ukraine, the COVID-19 pandemic,24 and the formula contamination that led to an acute CMF shortage in the USA.25 CMF companies have capitalised on these events as opportunities to make donations and garner more customers.26 These challenges are only going to increase, and the solution requires radical transformation of the infant feeding landscape so that women and families can make decisions in the best interests of their children free from commercial interest, rather than being dependent on a suboptimal product that relies on fragile global supply chains that may fail or produce products of poor quality.

In the third Series paper, Phillip Baker and colleagues call on governments to recognise the value of breastfeeding and unpaid care work by women to economies and to invest appropriately.1 Corporate political activities by CMF
companies devote huge resources to lobbying against legislation to protect breastfeeding,\textsuperscript{27} most notably in the USA, which remains the only high-income country without legislated paid maternity leave.\textsuperscript{1} A Mothers’ Milk Tool, developed in 2022 by non-profit groups,\textsuperscript{28} enables governments to quantify the volume of breastmilk and the value of breastfeeding at a national level, as well as the economic losses if environments, policies, and health-care, work, and community settings do not enable women’s and children’s rights to breastfeeding.

Breastfeeding should be a key public health priority for all countries as part of broader efforts to improve women’s and children’s health, prevent non-communicable and communicable diseases, grow economies sustainably, and decrease inequities. Now is the time for radical transformation towards a world resilient for breastfeeding.

There is no alternative for the future of children, societies, and the planet.

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16 Doherty T, Pereira Kotze C, Luthuli S, et al. They push their products through me: health professionals’ perspectives on and exposure to marketing of commercial milk formula in Cape Town and Johannesburg, South Africa—a qualitative study. BMJ Open 2022; 12: e055872
23 Smith JP. A commentary on the carbon footprint of formula milk: harms to planetary health and policy implications. Int Breastfeed J 2019; 14: 49