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

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See **Series** pages 472, 486, and 503

One of the striking messages of the *Lancet* Breastfeeding Series[1–3] 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* Series[5–7] 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.[3] 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".[8] 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%)

Panel: **Examples of civil society action to create enabling environments for breastfeeding**

Global

- In 1977, a boycott was launched in the USA by the Infant Formula Action Coalition (INFACT) against Nestlé following increased concern over the company's marketing practices in low-income and middle-income countries (LMICs).[10] The boycott soon spread across several other countries and in 1978 the US Senate held a public hearing into the promotion of breastmilk substitutes in LMICs and joined calls for a Marketing Code. The global boycott generated the political pressure that resulted in the development and adoption of the International Code of Marketing of Breast-milk Substitutes by the World Health Assembly in 1981.[8]

South Africa

- In August, 2021, a group of civil society organisations in South Africa created awareness around events that had been planned by a large commercial milk formula (CMF) manufacturer (Nestlé) by engaging with national media outlets, creating an online petition, and coordinating a social media campaign (using the hashtag #NotTodayNestle).[11] The company was planning to directly engage with mothers and caregivers at online events called "Free Stokvel Mom and Child Forums". The civil society action resulted in the events being cancelled.
- In November, 2021, a group of 220 academics from around the world signed a letter of concern[12] regarding a conflict of interest after the appointment of the director of the African Research University Alliance Centre of Excellence in Food Security to the Nestlé Global Board of Directors.[13] This action led to a meeting of university medical school representatives in South Africa to discuss conflict of interest policies within academic institutions to prevent corporate influence in education and research.

Brazil

- In May, 2022, the Brazilian Institute for Consumer Protection (IDEC), supported by the Global Health Advocacy Incubator (GHAI),[14] filed a Public Civil Action against three CMF manufacturers (Nestlé Brazil, Danone, and Mead Johnson) for misleading cross-promotion between toddler milks and infant formulas. In July, 2022, the court determined that the similarities between the two product packages had an unequivocal harmful potential.[15] The judge concluded that "the harmful potential, thus considered the power to confuse the consumer, is unequivocal", and gave an instruction to the corporations to add a warning label to their products within 60 days.[15]

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.[9] 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.[10–15] 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.[1,16,17] 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,[18] health professional associations,[19,20] and medical journals[21] 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 footprint[22,23] 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.[3] Corporate political activities by CMF companies devote huge resources to lobbying against legislation to protect breastfeeding,[27] most notably in the USA, which remains the only high-income country without legislated paid maternity leave.[17] A Mothers' Milk Tool, developed in 2022 by non-profit groups,[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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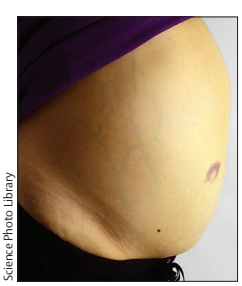
Deaths from alcohol-related liver disease in the UK: an escalating tragedy



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In 2013, the UK National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published *Measuring the Units*.[1] This report on UK hospital deaths from alcohol-related liver disease in 2011 highlighted the avoidable nature of many of these deaths and found that care was less than good in more than half of the cases reviewed; basic omissions in patient care and missed opportunities were common, including the identification of patients with decompensated liver disease and initiation of simple urgent investigation and treatment.[1] There was also failure of referral to gastroenterologists and hepatologists and challenges to get people with alcohol-related liver disease admitted to critical care, despite the potentially reversible nature of their condition. The 2013 NCEPOD report underlined that "early intervention with evidence-based treatments for patients with the complications of cirrhosis can save lives" and that there was a "failure to use appropriate protocols".[1] This report contained 28 recommendations for improving structures and processes to reduce avoidable deaths.[1]

Remeasuring the Units,[2] a new NCEPOD report published on Dec 15, 2022, describes a 2021 survey of admissions in 2019 to National Health Service (NHS) Trusts in England, Wales, and Northern Ireland and shows that, although there have been some improvements in the care of patients with alcohol-related liver disease, there is still widespread failure to implement the recommendations of 2013. These findings come in the context of worsening alcohol-related liver disease in the UK. The latest Office for National Statistics data for 2021 show the highest number of alcohol-specific deaths on record in the UK; of these 9641 deaths, 7518 (78%) deaths were due to liver disease.[3]

Liver disease kills young people: in 2020 it was the second most common cause of years of life lost in England among people of working age (16–64 years) after "self-harm and undetermined intent".[4] Since 2011, in England, the number of premature (<75 years) deaths from alcohol-related liver disease has increased by 23% (4300 in 2011 and 5285 in 2020).[5] On average, women die of alcohol-related liver disease 1 year younger than men (mean age 55·7 *vs* 57·0 years) and this difference is widening.[2] The increase in mortality has been mirrored by an increase in hospital admissions for alcohol-related liver disease—15 596 in 2010–11 rising to 24 544 in 2020–21.[5] Of 17 604 inpatient admissions for alcohol-related liver disease in 2020-21, 16 207 (92%) were emergencies (unpublished, Verne J). Not only does alcohol-related liver disease kill many young adults, but it is also a condition of stark inequalities; in 2020, the premature mortality rate (<75 years) was 4·8 times higher in the most deprived areas of England than the most affluent.[5]