

## **University of Cape Town Department of Paediatrics (UCT DOP) Position statement on Relations with Formula Milk Companies**

Breastfeeding (BF) is fundamental to child health, development and survival and is protective against non-communicable diseases across the life course.<sup>1 2</sup> Children who are formula fed are significantly more likely to suffer gastroenteritis, pneumonia, necrotising enterocolitis, as well as more severe forms of these diseases with a greater risk of death.<sup>3</sup>

BF is recognized as the most cost-effective intervention to improve child health and survival and has been a critical component of Primary Health Care for the past 40 years. The Lancet Breastfeeding Series estimated that improved coverage of BF could save 800 000 child lives per annum globally.<sup>1</sup> The WHO therefore recommends exclusive breastfeeding (EBF) for the first six months of life, followed by the addition of appropriate complementary feeds with continued BF for two years or more. Although South Africa's BF and EBF rates have improved considerably since the 1990's, they are still well below the coverage required to reach the expected number of lives saved.<sup>4</sup> The potential of increased coverage to improve child health and survival in South Africa is considerable, given the low baseline BF and EBF rates. The increase in formula milk sales in South Africa is therefore of particular concern<sup>5</sup>, given that one in three infants live below the poverty line and without access to adequate water and sanitation.<sup>6</sup>

There is no doubt that properly constituted commercial infant formula milk is better than "home-made" formula, tea, sugar-salt solutions and diluted porridge when breastfeeding is not possible and that specialized infant formula are important in the management of certain medical conditions. However, the marketing practices (both direct and indirect; to the public and health professionals) of infant formula companies undermine attempts to improve breastfeeding rates.<sup>1</sup>

Easy availability and inappropriate marketing of formula milk as a breast milk substitute have been shown to reduce BF and EBF rates.<sup>7</sup> The primary concern of companies who manufacture breastmilk substitutes is profit, and their marketing strategy often seeks endorsement by health professionals. The primary responsibility of health professionals on the other hand, is to safeguard and promote optimal child health and development, which includes the promotion, protection and support of breastfeeding.<sup>8</sup> As a leading South African child health institution UCT Department of Paediatrics and Child Health is unequivocal in its support of breastfeeding.

Uncritical collaboration between health professionals and the formula milk industry leads to a conflict of interest (COI),<sup>1</sup> where a department or individual members may become beholden to industry due to financial or other incentives that undermine the integrity and independence of service, research, teaching, policy or advocacy. There

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<sup>1</sup> "A conflict of interest exists where an individual has an obligation to serve a party or perform a role and the individual has either incentives or conflicting loyalties which encourage the individual to act in ways that breach his or her obligations" Prof. Marc Rodwin, Journal of Health Law and Policy, 2017

is evidence that industry funding biases research findings,<sup>9</sup> and may lead health professionals and researchers to “favour corporations either consciously or unconsciously”.<sup>10</sup>

“It does not matter how small a gift may be, it may still create a sense of obligation towards the giver [and] can be the catalyst for serious acts of misconduct and corruption.” For this reason, the Western Cape Government requires all such ‘gifts’ to be declared for auditing purposes.<sup>11</sup> Industry funding also has the potential to tarnish the reputation of the Department of Paediatrics and Child Health, the University of Cape Town and the hospitals we serve by creating an impression that we publicly endorse formula feeding.

As far back as 1990 the WHO and UNICEF recognised that aggressive marketing of breastmilk substitutes by infant formula manufacturers undermines breastfeeding. The International Code of Marketing of Breastmilk Substitutes, and local Regulation 991 therefore aim to regulate the inappropriate marketing of breastmilk substitutes. This includes ensuring that “financial support for professionals working in infant and young child health does not create conflicts of interest” (World Health Resolution 49.15) and avoiding “creating any conflicts of interest or perverse incentives for individual health professionals” (National Department of Health Guidelines to Industry). These concerns have prompted both the BMJ and Royal College of Paediatrics and Child Health to announce that they will no longer accept any funding from the formula milk industry.

As a leader in child health, the Department of Paediatrics, aims to actively promote, protect and support BF both within and outside the department.

The Department is committed to upholding the International Code of Marketing of Breast Milk Substitutes (the Code)<sup>12</sup> and associated WHA resolutions, as well as Regulation 991 (R991).<sup>13</sup> This includes efforts to protect BF from being undermined by the commercial interests and influence of the formula milk industry. These efforts extend beyond compliance with R991 and we intend to uphold both the spirit of the Code and letter of the law.

As such, the Department of Paediatrics will not enter into new relationships, whether individual or collective, with the formula milk industry or accept their financial support for education, service, research or policy development. We will honour existing contractual relationships with the formula milk industry but actively phase them out. Any existing relationships will be disclosed openly in academic articles, conference presentations, annual reports, etc. as a first step in identifying and eliminating COI.

Engagement with industry will be limited to scientific and technical matters related to the composition and preparation of formula milk. Formula milk will only be recommended by health professionals when attempts to achieve breastfeeding have been unsuccessful. This position statement is not an attempt to limit the free choice of mothers in how they feed their infants. However, this choice and the education and training of health professionals should not be unduly influenced by BMS marketing.

In addition, the Department supports the Mother Baby Friendly Initiative and its implementation across all facilities where it has a presence, and is putting in place measures to create a BF friendly workplace. Additional measures that could be taken

to further support breastfeeding include more lodger space for mothers, support for breast milk expression, promoting alternatives for mothers who are unable to breastfeed such as breastmilk banking or relactation strategies, promoting ART adherence amongst breastfeeding mothers, strengthening links with community-based services to support mothers efforts to continue BF at home, and greater support for staff returning to work from maternity leave

## References

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