



Sponsorship of paediatric associations by manufacturers of breastmilk substitutes



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Is it right that paediatric meetings should be sponsored by manufacturers of formula milk? There has recently been criticism of an international conference run by the UK Royal College of Paediatrics and Child Health (RCPCH) in Cairo, Egypt, in January, 2019, that received sponsorship by manufacturers of breastmilk substitutes (BMS).¹ On Jan 31, 2019, “in light of recent concerns raised by members”, the RCPCH stated “we have made the decision to suspend future funding agreements with formula milk companies pending a College review of our relationships with them”.²

Data from Public Health England³ show that only 44% of UK mothers breastfeed their infants at 6–8 weeks after birth and that there is a four-fold difference in breastfeeding rates between east London and Merseyside, despite evidence of the importance of breastfeeding for child and maternal health.^{4,5} Global trends similarly indicate that breastfeeding is not adequately protected, promoted, or supported.⁶ An important factor behind this trend could be the influence of manufacturers of BMS. A proposal at the 2018 World Health Assembly (WHA) to encourage breastfeeding and limit marketing of BMS was reportedly weakened after US pressure.⁷ According to an analysis by Bass for Maplight,⁸ three of the largest BMS manufacturers have spent an estimated US\$60.7 million lobbying US lawmakers and officials in the past decade.

BMS company profits are growing: the retail value of the global BMS market is estimated to reach about \$62.5 billion by 2020.⁹ Sales of BMS are growing rapidly in Asia, eastern Europe, the Middle East, and Latin America.¹⁰ In 2015, sales of infant formula in China alone were predicted to reach \$27 billion by 2017.¹⁰ The increasing baby food and BMS market supposedly exists because “parents are ready to spend on high-quality, expensive baby foods to ensure the well-being of their infants”.¹¹ BMS companies present themselves as making necessary products for parents who are unable or choose not to breastfeed,¹² but their profits depend on maximising the number of babies not being breastfed. As Mead Johnson’s former Chief Executive has said: “We have to wait for babies to be born that we can capture”.¹³

Commercial pressure on governments from industry has been described as a “web of influence”,¹⁴ working

via interlocking connections between corporations, trade associations, policy bodies, and think tanks. These connections can also include health professionals. A 2014 private sector report on the “infant formula value chain” noted that “The major global multinationals put a large part of their selling effort into health practitioners, rather than retailers...as it works to sell product”.¹⁵

It would be hoped that paediatricians would be working to resist commercial influence. Unfortunately, there have long been funding relationships between some paediatric organisations and BMS companies.^{16,17} This originally began as an attempt by paediatricians in the early 20th century to contain the use of breastmilk substitutes and enforce quality standards,¹⁸ but over the years it developed into a more friendly association and some paediatric associations accept funding from BMS companies to support conferences, training, or research—eg, the American Academy of Pediatrics¹⁹ and the European Society for Pediatric Gastroenterology, Hepatology and Nutrition.²⁰

BMS companies value this relationship with paediatricians²¹ as it enhances the credibility and sale of BMS products. However, those accepting funding have a conflict of interest²² and violate the guidance²³ of the WHA that “health professional associations should not...accept equipment or services from companies that market foods for infants and young children, accept gifts or incentives from such companies” or “allow such companies to sponsor meetings of health professionals and scientific meetings”. As Costello and colleagues²⁴ stated, “acceptance of funding or other incentives, however conditional, creates a sense of obligation and loyalty to the company in question”.²⁵ It could be argued that BMS funding encourages paediatricians and their organisations to overvalue the benefits of formula milk and be reluctant to acknowledge any adverse effects, as suggested by their own writing on the subject.^{17,26}

Individual paediatricians lobby professional associations to divest themselves of BMS sponsorship and in some countries, such as India and South Africa, progress is being made,^{27,28} but in others the funding flow continues.²⁹ In the UK, a non-binding motion proposing a complete break from receiving income from BMS companies was

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passed at the RCPCH's annual general meeting in 2016,³⁰ but it was overturned in 2017 after a consultation of the membership, which suggested that funding from "ethical" companies would be acceptable.³¹ However, recent events have persuaded the RCPCH to review this position.²

Rather than each country fighting its own battle, the International Pediatric Association could take a lead by issuing to its membership a strong statement of principle on curbing sponsorship from BMS manufacturers. With increasing visibility of breastfeeding at the political level, a more root and branch solution would be for nations to fully incorporate the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions into national legislation to outlaw such funding.³² This approach would have the wider advantage that it would also apply to other non-paediatric health professional organisations that accept BMS funding. Surely the time has come to close the door on industry funding of paediatric organisations and protect our breastfeeding mothers from unfair influence.

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