

Avoiding Conflict of Interest in the in the field of Infant and Young Child Feeding: better late than never

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Ever since Henri Nestlé developed a viable powdered milk product in 1867, and one of the first commercial breastmilk substitutes, the issue of how to feed infants and young children has been rife with conflicts of interest. In their zeal to sell increasing amounts of their breastmilk substitutes, manufacturers quickly turned to the health care system to help them introduce their products to new mothers and their babies.

The medical profession has often been used to promote products that are potentially harmful to the health of consumers. Vintage advertisements from the last century show doctors advising that “Luckies” cigarettes provide “throat protection against irritation” or that “more doctors smoke Camels than any other cigarettes”. Nurses are shown boasting that Coca Cola is “Served in Leading Hospitals” or that a patient can have “all the Canada Dry she wants”. And although such misleading and unethical promotion is largely a thing of the past in respect of cigarettes or sweetened beverages, the baby food industry¹ still seeks to use the health care system and health workers to promote their products. Around the world you might see boxes of infant formula carrying the endorsement of the national paediatric association, or doctors wearing donated white coats proudly displaying the name and logo of a baby food company. This type of marketing strategy has been referred to as “endorsement by association” or “manipulation by assistance”²

What do we mean by conflict of interest? According to D.F. Thompson, “A conflict of interest is a set of conditions in which professional judgment concerning a primary interest (such as a patient’s welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain)³. This is the definition adopted by the Institute of Medicine (US) [Committee on Conflict of Interest in Medical Research](#), Education and Practice as the most workable one, although it must be noted that in the interests of simplifying a complex matter, some of the details and subtleties of the concept are overlooked in this definition, such as the

¹ For the purposes of this comment, the term “baby food industry” or “baby food company” includes manufacturers of breastmilk substitutes, foods for infants and young children as well as feeding bottles, teats and other feeding products

² Jelliffe DB, Jelliffe EFP. Human milk in the Modern World. Oxford: Oxford University Press, 1986.

³ D.F. Thompson, Understanding Financial Conflicts of Interest, 1993

aspect of loyalty.⁴ In the field of infant and young child feeding (IYCF) the health professionals' and policy makers' primary interest is to improve health and nutrition outcomes, and to do that they need to work to increase breastfeeding rates. On the other side, the baby food industry's primary interest is to increase profits for its shareholders, and to do that they need to sell more breastmilk substitutes, which requires persuading mothers to give up breastfeeding and purchase their expensive and inferior substitutes. So, one can understand the sort of conflict that arises when a health worker accepts support or sponsorship from the baby food industry.

According to Right and Waterston, "Sponsorship by its very nature creates a conflict of interest. Whether it takes the form of gift items, meals or help with conference expenses, it creates a sense of obligation and a need to reciprocate in some way. The "gift relationship" thus influences our attitude to the company and its products and leads to an unconscious unwillingness to think or speak ill of them."⁵ Hence the conflict of interest is actually something within the person that may affect his or her objectivity, professional judgement and fiduciary duty towards the patient.

Unfortunately, when the International Code of Marketing of Breastmilk Substitutes was drafted, it did not adequately address the issue of conflict of interest. Indeed, the text adopted by the World Health Assembly in 1981 allowed manufacturers of breastmilk substitutes to make contributions to health workers for fellowships, study tours, research grants, attendance at professional conferences and the like. The only condition was that both the manufacturer and the recipient should disclose the support to the institution to which the health worker was affiliated. Clearly this allowed manufacturers to curry favour with the medical profession and create the sense of obligation referred to by Right and Waterston, and was soon identified by public health advocates as a serious loophole.

Attempts were made over the years to address the issue. For example, the Global Strategy on Infant and Young Child Feeding, endorsed by the World Health Assembly and UNICEF's executive Board in 2002 stated in Paragraph 35 that "All partners should work together to achieve fully this strategy's aim and objectives, including by forming fully transparent innovative alliances and partnerships consistent with accepted principles for avoiding conflict of interest". And although these principles were not articulated, the Strategy went on further to clarify and limit the appropriate roles for the baby food companies in Paragraph 44. Basically,

⁴ For more detailed explanations and definitions of conflict of interest see: Rodwin, M.A. (1993). *Medicine, money and morals: physicians' conflicts of interest*, New York and Oxford: Oxford University Press; A. Peters and L. Handschin, eds., *Conflict of Interest in Global, Public and Corporate Governance* (Cambridge: Cambridge University Press, 2012): 3-38.; Richter, J.: *Conflicts of interest and policy implementation: reflections from the fields of health and infant feeding*. Geneva, IBFAN-GIFA, (2005); Lhotska, L., A. C. Bellows & V. Scherbaum (2012). *Conflicts of interest and human rights-based policy making: the case of maternal, infant, and young children's health and nutrition*; *Right to Food and Nutrition Watch: Who Decides About Global Food and Nutrition – Strategies to Regain Control*. Heidelberg 2012 FIAN, pp. 31-37;

⁵ C.M. Right and A.J.R, Waterston. "Relationship between paediatricians and infant formula companies", *Archives of Disease in Childhood* 2006;91:383-385; doi:10.1136/adc.2005.072892; BMJ Publishing Group Ltd & Royal College of Paediatrics and Child Health 2006

manufacturers should comply with the International Code, and manufacture products according to the Codex Alimentarius standards and the Codex Code of Hygienic Practices. Unfortunately measures to protect against COI when Codex standards and guidelines are developed are lacking, as the baby food industry (directly and indirectly) influence the process. Meanwhile, baby food manufacturers constantly overstep their allotted roles.

The World Health Assembly also tried to address the issue through subsequent resolutions. For example, WHA49.15 in 1996 urged governments “to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative”. In 2005, WHA 58.32 called on Member States “to ensure that financial support and other incentives for programmes and health professionals working in infant and young-child health do not create conflicts of interest;”. Then in 2008, WHA 61.20 called on governments “to strengthen implementation of the International Code ... by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the Health Assembly resolutions to avoid conflicts of interest.”

The problem with these resolutions was that they did little to explain what sort of behaviour would constitute a risk of conflict of interest. Some national paediatric associations began to distance themselves from the baby food industry, while others continued to rely on their financial support. In 2014 the International Society for Social Paediatrics and Child Health issued a Position Statement on sponsorship of paediatricians/paediatric societies by the baby food industry. In this statement ISSOP pointed out that the commercialisation of infant feeding had impacted on professional practice through the development of sponsorship by the baby food industry of medical conferences and meetings, along with gifts to health workers. In their view, this sponsorship is “damaging to the reputation of paediatricians, to the health of mothers and infants, and to the status of breastfeeding”.

Finally, In May of 2016, the World Health Assembly welcomed WHO Guidance on ending inappropriate promotion of foods for infants and young children, while urging governments to implement the guidance recommendations. Recommendation 6 states that companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. In further guiding governments on what constitutes a conflict of interest, the recommendation explains:

- No free products, samples or reduced-price foods to families through health workers or health facilities, except:
 - as supplies distributed through officially sanctioned health programmes (products distributed should not display company brands);
- No donation of equipment or services to health facilities;
- No gifts or incentives to health care staff;
- No hosting of events, contests or campaigns in health facilities;

- No gifts or coupons to parents, caregivers and families;
- No education to parents and other caregivers on infant and young child feeding in health facilities;
- No provision of information for health workers other than that which is scientific and factual;
- No sponsorship of meetings of health professionals and scientific meetings.

The guidance likewise states that health workers, health systems, health professional associations and nongovernmental organizations should not accept or allow such activities to take place. Clearly this provides much needed clarity as to what does and does not represent situations that risk giving rise to conflicts of interest in the context of infant and young child nutrition, **urging health professionals, their associations, government officials and their departments responsible for the IYCF agenda to steer away from any engagement with baby food manufacturers which** poses risks of conflict of interest and thus could lead to the loss of their integrity, independence, credibility and, ultimately their reputation and public trust.

Despite the May 2016 WHA Resolution, the UK Royal College of Paediatrics and Child Health (RCPCH) announced its decision to continue to accept funding from the baby food industry in October of that year, provoking a critical response in the Lancet from five WHO officers.⁶ There is thus much work to be done to raise awareness of the potential conflict of interest in the field of infant and young nutrition and the WHO Guidance that seeks to bring it to an end.

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⁶ [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30277-5.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30277-5.pdf)