



INFANT FORMULA AND RELATED TRADE ISSUES IN THE CONTEXT OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

HEALTH IMPLICATIONS OF DIRECT ADVERTISING OF INFANT FORMULA

The Director-General's report on infant and young child nutrition to the World Health Assembly in 1992 briefly considered the **health implications of direct advertising of infant formula to the general public**.¹ It pointed out that, because of the hazards associated with using breast-milk substitutes, infant formula was no ordinary consumer product, but that, up to the age of four to six months, it should be treated more as a nutritional medicine that should be used with the advice and under the supervision of health workers. The report also noted that, even seen from the viewpoint of fostering competition, **direct advertising** to mothers with infants in the first four to six months of life was **singularly inappropriate** because:

- advertising infant formula as a substitute for breast milk competes unfairly with normal, healthy breastfeeding, which is not subject to advertising, yet which is the safest and lowest-cost method of nourishing an infant; and
- advertising infant formula as a substitute for breast milk favours uninformed decision-making, bypassing the necessary advice and supervision of the mother's physician or health worker.

In this respect, the report concluded, it can be considered that advertising of infant formula fails to achieve the objectives of **ensuring best quality** and **the lowest cost** and **creating an informed public**, which are among the benefits assumed to be a result of direct advertising.

The debate continues about the extent to which direct advertising of infant formula to the general public influences the prevalence and duration of breastfeeding. Choice of infant-feeding mode is a highly complex process that is affected by multiple factors including cultural traditions, educational opportunities, accessibility of objective and consistent information, time available and perceived options. WHO has consistently stated that appropriate marketing and distribution of breast-milk substitutes is only *one* of several important factors where protecting healthy practices in respect of infant and young child feeding is concerned.

Reviewing the basic principles common to *all* advertising and promotion is instructive in this context. Generally speaking, all producers competing in the marketplace do so for two reasons:

- to expand the market for a given class of product, whatever its type; and
- to expand their share of the market – present and future – over that of their competitors.

To achieve these ends, simultaneously or consecutively, the marketing of infant formula presupposes a market increasing in size as more infants are fed artificially. Moreover, the advertising of infant formula is not passive, nor is it without consequences. Trying to prove the precise effect of advertising, however, misses the point that there are inherent dangers in encouraging uninformed decision-making and the bypassing of the mother's physician or other health worker. Those who suggest that direct advertising has no negative effect on breastfeeding should be asked to demonstrate that such advertising *fails* to influence a mother's decision about how to feed her infant.

¹ Document WHA45/1992/REC/1, Annex 9, paragraphs 120–123.

THE PERCEPTION OF INFANT FORMULA AS “JUST ANOTHER PROCESSED FOOD”

The perception of infant formula as a processed food like any other is having similar consequences in quite different environments. Thus, for example, in some countries with established market economies the authority responsible for overseeing trade insists that manufacturers and distributors of infant formula compete with each other, as do those of any food commodity, by engaging in usual marketing practices including direct advertising and promotion to the general public. At the same time, in many countries that are moving from centrally planned to market economies, there is considerable resistance to placing limits on commercial behaviour after years of centralized decision-making.

WHO has concluded that a decision on whether to use infant formula and, if so, which product and how, should not depend upon the effectiveness of commercial advertising. Proper use of infant formula should rather be the result of informed decision-making based on objective and consistent advice, and appropriate supervision. This message is implicit in the final paragraph of the preamble to the International Code of Marketing of Breast-milk Substitutes, which states:

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products.

No breast-milk substitute, not even the most sophisticated and nutritionally balanced formula, can begin to offer the numerous unique health advantages that breast milk provides for babies. Nor can artificial feeding do more than approximate the act of breastfeeding, in physiological and emotional significance, for babies and mothers alike. And no matter how appropriate infant formula may be from a nutritional standpoint, when infants are not breastfed or are breastfed only partially, *feeding with formula remains a deviation from the biological norm for virtually all infants*. Therefore, infant formula should not be marketed or distributed in *any* environment in ways that may interfere with the protection and promotion of breastfeeding.

It is true that in some environments feeding infants artificially is particularly dangerous, even life-threatening, because of the high cost of infant formula, lack of clean water, difficulties associated with reading or following mixing instruction, and poor hygiene. However, even where these conditions generally do not prevail, artificial feeding still carries with it increased risks to the health of both infants and mothers. The perception of infant formula as “just another processed food”, and therefore one that should be the subject to “usual marketing practices”, is unlikely to change until the health community at large has managed to communicate clearly the message that the marketing and distribution of breast-milk substitutes is not only, or even primarily, a trade issue. Indeed, it is a matter of promoting good health and safe nutrition for all infants, irrespective of the environment.