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Published in:
Annals of Nutrition and Metabolism

DOI:
[10.1159/000541712](https://doi.org/10.1159/000541712)

Publication date:
2024

Licence:
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Document Version
Publisher's PDF, also known as Version of record

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):
Forsyth, S. (2024). The Shifting Sands of Infant Feeding Policy. *Annals of Nutrition and Metabolism*, 80(6), 334-336. <https://doi.org/10.1159/000541712>

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The Shifting Sands of Infant Feeding Policy

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Keywords

Infant · Feeding · Policy · Governance · Regulation

The status of the 1981 International Code of Marketing of Breastmilk Substitutes [1] has been altered in a recent document from the UN Children's Fund (UNICEF) [2]. UNICEF has stated that the 1981 Code document should be referred to as the “original” Code and that future use of the term “the Code” should refer to an umbrella term that includes the original Code and subsequent World Health Assembly (WHA) resolutions (including the World Health Organization [WHO] 2016 Guidance) [3]. Without an independent governance viewpoint, this intervention by UNICEF may be perceived as meddling in an important area of public health without proper consultation. With a shifting sands approach to infant feeding policymaking it is becoming increasingly difficult to determine what policy is and what propaganda is.

The development of the International Code was the culmination of widespread consultation that included governments, organizations of the UN system, nongovernmental organizations, experts in various related disciplines, consumer groups, and industry [1]. Since 1981, a collective approach that includes all of the above stakeholders has not taken place. In 2023 WHO and UNICEF arranged a meeting described as the First Global Congress on the Implementation of the International Code of Marketing of Breastmilk Substitutes in Geneva, Switzerland [4]. The subsequent report indicates that the

regional and country offices of both WHO and UNICEF played a key role in “identifying” delegates to attend the Congress and were responsible for “facilitating” the travel arrangements for these delegates. The delegates were then “vetted” by WHO and several were “turned away” because they were alleged to have a conflict of interest. This was clearly a highly selective global congress with pre-meeting filtering of diversity of opinion. Past experience indicates that exclusion not only creates conflict but is the forerunner of non-compliance [5].

On the 40th Anniversary of the Code a statement from the Director-General of the WHO and the Executive Director of UNICEF made it clear that they believed that non-compliance was due to the behavior of industry and lack of support from governments and health professionals [6]. There was no indication in the statement that the Code should be reviewed to determine if the detail remains relevant to the current diversity of societal need worldwide. The Code has articles relating to governments, industry, health services and health professionals. There are no articles specifically related to the roles, responsibilities and governance of WHO, WHA, and breastfeeding activist groups. The Code was published before present-day mothers were born or their health professionals were in practice and these key groups have therefore not had an opportunity to express current views on the Code through public consultation.

The controlling influence of WHO/UNICEF extends to all aspects of infant feeding policy [1, 7, 8], and this has allowed statements from different policies to be conflated

with the aim of justifying a specific viewpoint which may or may not be valid. For example, in 1981, the objective was to ensure that practices and procedures are consistent with the stated aim and principles of the International Code of Marketing of Breastmilk Substitutes [1]; in 2003, the WHO Infant Feeding Strategy stated that breastfeeding should continue for 2 years or beyond [7]; in 2016, the WHO Guidance on inappropriate marketing of breastmilk substitutes stated that all milk products marketed for children up to the age of 3 years should be understood to be a breastmilk substitute [3]; and now in 2024, UNICEF states that “The Code” is an umbrella term that includes the original Code and subsequent WHA resolutions [1] (including the 2016 Guidance) [3] and so we have the original Code being conflated with a “mix and match” of previous intermediary policy statements by WHO/UNICEF, none of which have significant scientific or clinical merit but are perceived as strengthening their continuing battle with the infant formula industry.

For parents who are not activists, this is not a difficult puzzle to solve. They are aware of the longstanding battle between WHO/UNICEF and the infant formula industry and they want it resolved. They understand the need for breastfeeding but want to be reassured about the strength of evidence relating to the duration of breastfeeding [8–10], and they are also adamant that there should be a safe alternative if they have difficulties with lactation. It is noted that, in the many surveys of parents undertaken worldwide, parents do not blame the infant formula industry for ceasing breastfeeding [11].

In relation to policy performance an independent governing body would be looking for greater transparency, more consultation, less selectivity, and fewer conversations behind closed doors [5]. For this to be achieved the roles and responsibilities of WHO, WHA and governments need to be distinct and complementary, and policy recommendations should be optimally balanced to ensure that parents receive advice that is pertinent to their children and their circumstances. The interface between policymakers, health professionals, and industry is critically important and must be inclusive if multi-professional delivery of effective infant feeding policy is going to be successful.

The circular argument where activists blame non-activists for not complying with a policy that was created by activists needs to be terminated and the policy needs to reflect the views of the wider population. The

image of WHO/UNICEF recruiting activist groups to their Global Breastfeeding Collective sends a disturbing message and is a recipe for non-compliance by the silent majority [12]. It should be acknowledged that policy needs to be representative of the population and as populations evolve policies have to adapt to the ongoing societal change. Breastfeeding is a single entity that must be considered within the context of other nutritive and non-nutritive factors that impact the health and wellbeing of infants and children.

Most importantly, there needs to be clarity on who or what is being regulated, and by whom, and all organizations participating in infant feeding policymaking should be subject to independent governance and regulation standards [5]. UNICEF can make changes within their organization but if they wish these changes to be adopted beyond their organization they need to consult. Leadership is the key to the successful promotion of change, and leaders need to have the confidence and support of those who are responsible for delivering change. With the overriding objective being to change the policymaking environment for infant and child nutrition from longstanding division and hostility to collective and constructive decision-making, the need for propaganda should ultimately become obsolete.

Conflict of Interest Statement

In relation to research interests, S.F. has received grants from governments, national research funding organizations, charitable organizations, and industry and has received honoraria and expenses for presenting research findings at conferences in the UK and abroad. Following his retirement from his clinical post, he has undertaken consultancy work for DSM an international company that manufactures nutrient ingredients, and he specifically advises on fatty acids. Within the last 3 years, S.F. has received an honorarium from Danone for participation in discussions on governance and regulation of marketing of infant formulas.

Funding Sources

There are no funding sources related to this article.

Author Contributions

S.F. is the sole author of this article and is responsible for the content.

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