

Executive Summary

“Breaking the Rules – Stretching the Rules 2007” provides evidence on non-compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions. It is a bumper report, organised by company in alphabetical order. This summary highlights the marketing trends over the past three years.

Mergers and acquisitions. Corporate concentration has gone through the roof. The multinational manufacturers of baby food have been buying out former competitors for billions of dollars under the seemingly benign eye of antitrust authorities. Nestlé bought Gerber from Novartis for US\$5.5 billion and acquired in one fell swoop most of the US complementary food market. A year earlier, Nestlé had bought over Novartis’s medical nutrition business for US\$2.5 billion. During the period under review, NUMICO, the Dutch conglomerate of Nutricia, Milupa and Cow & Gate went on to buy out Valio, Mellin, Sari Husada and Dumex. Then, in a surprise move, the French yoghurt and biscuit giant Danone made an “irresistible” cash offer of US\$12.3 billion for all of NUMICO’s companies in July 2007. As we go to press in November 2007, the deal was approved by the EU regulatory authorities. Both Nestlé and NUMICO have interpreted the Code very narrowly and their combined concentration of marketing power does not bode well for babies, the world’s most vulnerable consumers.

Commercial promotion through the healthcare system continues unabated in most countries. This includes the distribution of so-called “information for health workers”, mostly blatant promotion for products, contrary to the Code provisions which require it to be factual and scientific. It also includes an abhorrent system of direct commissions (5 percent) to doctors for each product they prescribe in at least one country. In many others, there are colourful prescription pads where doctors can recommend products by just ticking a packshot.

Targeting health professionals and their associations has become more sophisticated. There is an increasing trend of gifts, both small and large, to health professionals (pens, prescription pads, diaries, calendars, website design, measuring tapes, thermometers, watches, chances to win money, etc.) as well as to healthcare facilities (posters, clocks, sign boards, incubators, water coolers, baby scales and covers, and so forth). Most if not all of such gifts carry the name of a manufacturer or a brand of infant foods on them; quite a few of them also carry advertising slogans. At least two paediatric associations were found to have agreed to put their logo on products – professional endorsement – that must have had its price.

Sponsorship and conflicts of interest. Conferences, seminars, training sessions for paediatricians, nurses, midwives and nutritionists are still frequently sponsored by manufacturers of infant foods. Individual health workers are often subsidised to attend ‘educational’ events at fancy hotels or holiday resorts. There is increasing recognition, however, that manipulation by association does occur and in 2007 the International Paediatric Association publicly recalled its Guidelines that specifically prohibit endorsement and sponsorship from Code violators. Will national associations follow?

A formula for every ill. A growing trend in “mother care” booklets, available in pharmacies and at baby fairs and sometimes handed to mothers by staff before or after delivery, is **the use of scare tactics** under the guise of warnings about babies’ potential allergies, colic, reflux, constipation or vomiting, etc. The promotional material, portrayed as educational, puts a lot of emphasis on such problems and, almost always, points to specific products as the solution. None of their materials stresses the fact that most babies, if breastfed from birth, are much less prone to such ‘feeding problems’.

“Whose responsibility is it to control the advertising, marketing and promotional activities which may create a market in spite of public health considerations?”

Senator Edward Kennedy in opening the 1978 Senate Hearing, one of many meetings which ultimately led to the adoption of the International Code.

“A millionaire’s baby who is not breastfed is less healthy than an exclusively breastfed baby whose mother is in the poorest social group.”

Professor J. Stewart Forsyth
Ninewell Hospital and Medical School
Dundee, Scotland, UK, 2006

Direct promotion at points of sale is still a problem. Tactics, such as special displays, shelf-talkers, offers of gifts and toys, discounts and coupons are still widely used in supermarkets across the world. Some shops even allow special sales staff to promote a particular formula or other breastmilk substitute. These tactics have now invaded Eastern Europe to capture more of the market there.

Gold galore. Functional claims in ads and on labels are becoming more strident. Ongoing is the promotion for ‘new’ formulas to improve baby’s eyesight and brain development. This started several years ago with the addition of essential fatty acids ARA and DHA to infant formulas, concoctions which were vastly exploited as opportunities for diversification and taking market share from older brands. The wave of ‘new’ formulas continues with functional ingredients such as prebiotics, probiotics, omega-3 and other LCPs, additives that ostensibly make the formulas ‘closer to breastmilk’ or even like ‘replicas of breastmilk’.

Companies have been isolating probiotic bacteria from human milk and have even taken out patents on certain breastmilk components. The health and nutrition claims now made by manufacturers cleverly give the impression that their products are the same or even better than breastmilk, the traditional Gold standard. Promotion for the ‘new Gold 1 and 2’ infant formula and follow-up formula show direct competition with breastfeeding. Each ad or claim tries to outdo ‘ordinary’ formula and breastfeeding in some way. In fact, some of the promotion gives the deceptive impression that they are a necessary addition to the natural product – breastmilk.

Selling intelligence is extremely effective. There is great stress on brain development of the baby, banking on the natural desire of parents to see their children grow up intelligent and succeed in studies and implying that without the company’s product the child will not succeed. Countless labels carry drawings of babies or toy animals with a graduation mortar board, promising success at the university. There are beautiful ads with tiny tots hammering away at laptops, impressing parents with intelligence available from a tin.

‘Feed their potential’, ‘Reinforce natural defenses’. Any mother who sees these labels, reads the leaflets and advertisements for the new ‘gold’ formulas would be forgiven for believing that they are the best she can give to her baby, even though they cost more. Obscured is the fact that all these added fancy ingredients occur naturally in breastmilk.

Websites continue as a means to reach mothers. Websites of manufacturers offer advice on infant feeding, child rearing, health issues, etc. Some actually do offer helpful advice but most of them use information about breastfeeding as an immediate jump to the second-best product. Openly or surreptitiously most commercial websites promote products, often with inducements such as discounts, coupons, free gifts, etc. They are advertised in parents and consumer magazines enticing mothers to visit them and sign up to join a club so that the company can use their addresses for direct mail.

Company carelines. While the Code prohibits companies from contacting mothers, carelines and websites exploit the loophole for the reverse by enticing mothers to contact them instead with the promise of attractive gifts and prizes.

Labels have improved in some countries: Brazil and Bangladesh successfully outlawed the promotional Gerber baby face while under Tanzania’s law Nestlé’s new logo of a fat mother bird feeding its chicks was considered as idealising and hence was removed. These successes should prompt other governments to actively enforce their laws. There are still many labels that are promotional or give misleading information. Very few carry the “*Breast is Best*” message prominently, as required by the Code. Some labels of infant formula and

10 Good Reasons NOT to use formula

- 1 Formula does not provide all the nutrition and vitamins baby needs for the first six months after birth. Breastmilk does.
- 2 Formula does not contain immunological factors and antibodies that help prevent a host of diseases. Breastmilk does.
- 3 Formula is not uniquely tailored to meet the needs of individual babies. Breastmilk composition changes to meet each baby’s needs.
- 4 Formula does not contain substances that get your baby’s digestive system working. Breastmilk does.
- 5 Formula feeding markedly increases the risk of infantile and adult obesity. Breastfeeding does not.
- 6 Formula can be contaminated even before the tin is opened. Breastmilk is alive with antibodies.
- 7 Formula-fed babies are about 60 percent more likely to suffer from recurrent ear infections.
- 8 Formula feeding does not meet a baby’s emotional and psychological needs as well as breastfeeding does.
- 9 Formula-fed babies do not perform consistently better in school. Breastfed babies have a seven point higher IQ.
- 10 Formula is expensive. Breastmilk is free.

adapted from a publication by
Children for Breastfeeding,
Philippines, 2006

other baby foods do not indicate the correct age by which the product can be used or are in an inappropriate language.

Parents magazines are a major medium for advertising, which is banned by the Code. Companies seem to totally disregard the clear ban on all advertising for products within the scope of the Code. The weak European Union Directive (currently under review) allows for advertising of follow-up formula and this is exploited to the hilt. Many ads contain claims that the product “*promotes mental and physical development*”, “*has all the nutrients that baby needs*” or “*support your baby’s natural defenses*” – without stating the obvious, namely that breastmilk offers all that and more.

Bottles and teats continue to be promoted in almost total disregard of the Code. Manufacturers make claims of their teats being the “*same as the breast*”, “*stretches just like a mother’s nipple*”, “*closest to the breast*”, “*closer to nature*” and so forth. Some have medical endorsement: “*certified by doctors*”, “*medically proven*”, etc. The shape of feeding bottles has also become a major marketing tool.

An interesting exception has occurred in the USA. One company wants to become Code compliant. Read more in the Bottles and Teats section.

Focus on transnationals

As the BTR is a global monitoring report, focus is cast on big multinational companies with a global presence. To provide continuity and the possibility of assessing progress, it was decided to continue in this BTR with the same list of companies as in previous reports. This list has shrunk as the spate of mergers and acquisition of major players means more violations but from fewer companies. (12 baby food and 13 feeding bottles and teats).

The focus on big players does not mean that those companies which do not make it into the BTR are innocent of Code violations. In many instances, local or smaller companies could be worse but do not come under international scrutiny nor are they keen to commit to corporate social responsibility as is now trendy for multinational companies to do.

Tip of the iceberg

Code monitoring as documented in this report does not rely on statistical research. IBFAN-ICDC knows that for each violation found, there are thousands more of the same since companies mass-produce their materials. And for each violation reported, many more escaped the public eye due to lack of reporting, private deals and cover-ups. Therefore the evidence of Code violations in BTR 2007 represents the proverbial tip of the iceberg.

BTR 2007 also does not claim to provide full information on any one company or any one country. Rather, it reflects the behaviour of multinational companies promoting baby foods, feeding bottles and teats and shows how many companies are working around the International Code and resolutions to put profits before the health and well being of infants and young children.

Overall, however, we have to come to the conclusion that the marketing of infant formula, follow-on formula, complementary foods and feeding equipment continues to be such a very lucrative business that companies deliberately ignore WHO recommendations so as to compete intensely with one another and with breastfeeding. IBFAN will continue to collect evidence.

Scientific evidence from hundreds of studies over the past twenty five years confirms that breastfeeding — and especially exclusive breastfeeding during the first six months — is the optimal way to nourish and nurture infants. Breastmilk contains all the essential nutrients as well as antibodies that counter infection. No infant formula made of cow’s milk, soy or other ingredients can ever equal this natural way of feeding.

Human milk decreases risks for a large number of acute and chronic diseases including diarrhoea and respiratory infection. Breastfeeding supplies half the baby’s nutritional requirements between six and 12 months and up to one third between 12 and 24 months.

Even in the most affluent conditions, where water is clean and mothers are highly educated, an artificially fed infant is more likely to suffer from respiratory illnesses, gastrointestinal infections and allergies. The risk of HIV infection through breastfeeding certainly exists, but it has been established that not breastfeeding can lead to even worse health outcomes.