

support as part of national tobacco control programmes, addressing tobacco use by health-care workers and helping them stop, ensuring that tobacco use is recorded in all medical notes, integrating brief advice into existing health-care systems, establishing a text messaging support programme, making affordable drugs available, and using the media to promote cessation.

Implementation of these core recommendations will save many lives and health-care resources. We believe that the availability of new low-cost interventions and methods to help countries select affordable treatments¹² will remove large barriers in development of tobacco dependence treatment. It is time that the FCTC article 14 and its guidelines are taken seriously.

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Spotlight on infant formula: coordinated global action needed

Breastfeeding has often been described as cost free.¹ It is not free. Breastfeeding requires investment to overcome the sociopolitical barriers that exist in many countries^{2,3} through the effective approaches and practices described in the second paper of the *Lancet* Breastfeeding Series.⁴ As shown in the first Series paper, infants, children, and mothers who do not breastfeed experience an increased risk of mortality and morbidity.⁵ Breastfeeding is nutritionally, immunologically, neurologically, endocrinologically, economically, and ecologically superior to breastmilk substitutes (BMS), and does not require quality control of manufacture, transport, storage, and feeding mechanisms.^{4,5}

The active and aggressive promotion of BMS by their manufacturers and distributors continues to be a substantial global barrier to breastfeeding.^{6,7} The reach and influence of the BMS industry is growing

fast. The retail value of the industry is projected to reach US\$70.6 billion by 2019.⁴ In many low-income and middle-income countries, growth in sales of BMS exceeds 10% annually.⁸ Global sales of milk formula (including infant formula and follow-on milks) have increased from a value of about \$2 billion in 1987⁹ to about \$40 billion in 2013,¹⁰ and account for two-thirds of all baby food sales internationally.¹⁰ Sales of BMS in China, worth more than \$12 billion in 2012,¹¹ are projected to increase annually by 14%.¹² This growth is not difficult to understand, given that investment in promoting BMS exceeds the spending by many governments on efforts to promote, protect, and support breastfeeding.¹³ Promotion and marketing have turned infant formula, which should be seen as a specialised food that is vitally important for those babies who cannot be breastfed, into a normal food for any infant.

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Hedinn Hallbrsson/Save the Children

The International Code of Marketing of Breast-milk Substitutes and its subsequent resolutions (the Code) are intended to protect the public and health-care providers from inappropriate marketing strategies used by BMS companies.¹⁴ However, recent examination of six country case studies (Bangladesh, Brazil, Indonesia, Nigeria, the Philippines, and the UK) in a report by Save the Children showed inadequate implementation and enforcement of the Code.¹⁵ Although all six countries have enacted the full Code or many of its provisions into law, there are insufficient national regulations for implementation of those laws, ineffective monitoring, and an absence of penalties for companies that violate laws.¹⁵ In-country efforts to monitor violations of the Code have been hampered by insufficient resources in Nigeria, the Philippines, and Bangladesh.¹⁵ The 2011 WHO report on the Code found that less than a quarter of 199 countries have a functioning implementation and monitoring system in place.¹⁶

Reports by WHO and Save the Children suggest that, in direct contravention of the Code, some

representatives of BMS companies promote their products directly to pregnant women and new mothers, undermining their confidence about breastfeeding.^{8,15} Examples of this are described in the Save the Children report,¹⁵ and an internet search identifies companies that currently offer free gifts for those who join their mother and baby clubs. BMS companies circumvent the ban on advertising infant formula by promoting follow-on milks that are not nutritionally necessary and for which companies make exaggerated claims.⁷ In some countries, including Bangladesh, Brazil, and the UK, BMS companies were reported to seek to influence health professionals through inappropriate sponsorship of health conferences,¹⁵ promotion of their products (eg, by offering incentives to health professionals who sell or promote their products),¹⁷ and forming links with national health professional associations.^{8,17} Inadequate implementation, monitoring, and enforcement of the Code allows BMS companies to engage improperly with governments and health professionals in these and other ways, often under the guise of improving maternal and child nutrition.

Coordinated action is urgently needed to ensure that the public, health professionals, and decision makers do not continue to be exposed to the dominance of the promotion of BMS. Coordination has helped to strengthen protection for breastfeeding. In the Philippines, interagency collaboration with the Department of Health resulted in the banning of donations of BMS in response to Typhoon Haiyan and implementation of a plan for the transport and distribution of expressed breastmilk in emergencies.¹⁵ This interagency coalition also advocated against proposed changes to weaken enactment of the Code in the Philippines, changes which had been lobbied for by BMS companies.¹⁵ In this case, breastfeeding won. However, conflicts of interest at policy and implementation levels between BMS companies and government, policy makers, and health-care providers, and competing political priorities, are also a fundamental obstacle to political commitment to breastfeeding.¹⁵ Conflicts of interest are undermining global, country-level, and local efforts to protect and support women to breastfeed.¹⁵

The omission of breastfeeding from the Millennium Development Goals, and the resultant lost

opportunities to improve child survival, must not be repeated in the Sustainable Development Goals, for which the indicators will be decided in early 2016. Breastfeeding is too often siloed within agendas on nutrition or infant and young child feeding rather than treated as a key public health approach that can help prevent communicable and non-communicable disease, reduce infant mortality, and lessen inequity.¹⁸ Infant feeding cuts across health, education, social protection, child protection, trade, and commerce portfolios, and is therefore everybody's responsibility. Most importantly, political commitment, investment, and effective international, national, and local leadership are needed to end promotion of products that compete with breastfeeding.

Strengthened international leadership is needed to coordinate and stimulate strategic action across countries and identify where investment is needed. Such action should include mechanisms that hold governments to account for progress on international breastfeeding targets; address the increasing use of BMS; ensure implementation, monitoring, and enforcement of the Code; and leverage financial resources to strengthen policies and scale up programmes that enable more women to breastfeed.¹⁹ The Global Breastfeeding Advocacy Initiative, led by UNICEF and WHO in collaboration with international partners, could provide this leadership. As one important step, WHO and UNICEF have created a Network for Global Monitoring and Support for Implementation of the International Code (NetCode) with the purpose of strengthening capacity for Code monitoring and implementation. Without such coordinated and effective action, activities aimed at protecting, promoting, and supporting breastfeeding, and ultimately improving the health and economies of nations, will continue to be substantially weakened.

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For more about the **Global Breastfeeding Advocacy Initiative** see http://www.unicef.org/nutrition/files/Breastfeeding_Advocacy_Strategy-2015.pdf

For more on **NetCode** see http://www.who.int/nutrition/topics/seminar_wbw_7aug2014/en/