

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

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THE UNIVERSITY OF
SYDNEY



Programme of work informing this presentation

First-food systems and corporate power – global synthesis studies

First-food systems and corporate power – country case studies

Global health, trade, and infant & young child nutrition

The 2023 Lancet Breastfeeding Series

ORIGINAL ARTICLE
First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption
 Philipp Baker, Thiago Melo, Paulo Augusto Neves, Priscilla Machado, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

RESEARCH
Breastfeeding, first-food systems and corporate power: a case study on the market and political practices of the transnational baby food industry and public health resistance in the Philippines
 Philipp Baker, Thiago Melo, Paulo Augusto Neves, Priscilla Machado, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

ORIGINAL ARTICLE
What You Don't Know About the Codex Can Hurt You: How Trade Policy Trumps Global Health Governance in Infant and Young Child Nutrition
 Kathryn N. Russ, Philipp Baker, Michaela Byrd, Manho Kang, Rishi Nairi Siegel, Hummal Zaid, David McCreedy

Breastfeeding 1
Breastfeeding: crucially important, but increasingly challenged in a market-driven world
 Philipp Baker, Cecilia Torres, Susheela Subramanian, Philipp Baker, Aluisio J. D. Barros, Fátima Regina, Priscilla Machado, Cesar G. Victora, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

Examining the Environmental Impacts of the Dairy and Baby Food Industries: Are First-Food Systems a Crucial Missing Part of the Healthy and Sustainable Food Systems Agenda Now Underway?
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'The second mother': How the baby food industry captures science, health professions and civil society in France
 Emma Cosset

ORIGINAL ARTICLE
The Politics of Regulating Foods for Infants and Young Children: A Case Study on the Framing and Contestation of Code Standard-Setting Processes on Breast-Milk Substitutes
 Kathryn N. Russ, Mark Lawrence, Charlie Brouard, Kathryn N. Russ, David McCreedy, Philipp Baker

Breastfeeding 2
Marketing of commercial milk formula: a system to capture parents, communities, science, and policy
 Hagar Haiman, Ellen Pivetti, Cecilia Torres, Fátima Regina, Priscilla Machado, Susheela Subramanian, Philipp Baker, Aluisio J. D. Barros, Cesar G. Victora, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

RESEARCH
Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry
 Philipp Baker, Thiago Melo, Paulo Augusto Neves, Priscilla Machado, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

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Corporate political activity of baby food companies in Thailand
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 Kathryn N. Russ, Philipp Baker, Manho Kang, and David McCreedy

Breastfeeding 3
The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress
 Philipp Baker, Thiago Melo, Cecilia Torres, Susheela Subramanian, Philipp Baker, Aluisio J. D. Barros, Fátima Regina, Priscilla Machado, Cesar G. Victora, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

Who benefits from undermining breastfeeding?
 Exploring the global commercial milk formula industry's generation and distribution of wealth and income

ORIGINAL ARTICLE
Maternal & Child Nutrition
Profits Before Health? New Zealand Government Rejection of Stricter Infant Formula Marketing Standards and the Lobbying Behind It
 Hannah Hume, Anusha Bhatnagar, Manohar Bhatnagar, Libby Smeeth, Julie S. Smith, Philipp Baker

THIS IS THE FIRST COMPREHENSIVE STUDY OF EXPENDITURES ON LOBBYING OF THE US FEDERAL GOVERNMENT LINKED TO DISCUSSIONS SEEKING TO SHAPE US POLICY TOWARD FUNDING OF AND PARTICIPATION IN THE WORLD HEALTH ORGANIZATION (WHO). WE LINK CORPORATE LOBBYING EXPENDITURES AND WINNING POLICY PROPOSALS TO LEGISLATIVE PROPOSALS AND OTHER ACTIONS TO RESTRICT FUNDING TO, ENSURE, AND UNDERMINE CONFIDENCE IN THE WHO. WE UNCOVER EVIDENCE OF AN INTERSECTORIAL AND COORDINATED EFFORT UNDER A NEWLY ORGANIZED ALLIANCE ACROSS PRODUCERS OF COMMERCIAL MILK FORMULAS, OTHER ULTRA-PROCESSED FOODS, ALCOHOLS, BEVERAGES, BIOTECHNOLOGY AND PHARMACEUTICALS, CHEMICALS, PLASTICS, AND ELECTRONIC GAMING. LOBBYING BY THE COALITION OCCURS SIMULTANEOUSLY WITH TOBACCO INTERESTS. TARGETS INCLUDE WHO GLOBAL HEALTH INITIATIVES TO ADDRESS NON-COMMUNICABLE DISEASES AND ACCESS TO MEDICINES, AS WELL AS WHO PROTOCOLS INVITING PRIVATE SECTOR PARTICIPATION TO MITIGATE CONFLICTS OF INTEREST IN HEALTH POLICY-MAKING PROCESSES. THE COALITION CHARACTERIZES ITS ACTIVITIES IN TERMS OF 'ADVOCACY FOR WHO REFORM' OR SIMILAR. IN 2021, IT ARGUED SUCH REFORMS ARE NECESSARY FOR FUTURE PANDEMIC RESPONSE. LOBBYING USE OF THE COVID-19 CRISIS AS LEVERAGE. OVERALL, THESE FINDINGS INDICATE CORPORATE LOBBYING NOT ONLY TARGETS SPECIFIC WHO PROCESSES THAT CONFLICT WITH COMMERCIAL INTERESTS, BUT ALSO WORKS TO CAST DOUBT ON THE INTEGRITY AND NARROW THE OPERATIONAL CAPACITIES OF THE GLOBAL HEALTH GOVERNANCE SYSTEM ITSELF.

Breastfeeding 4
Deepening proven benefits. Less than half of infants and young children globally are breastfed in accordance with the recommendations of WHO. In comparison, commercial milk formula (CMF) sales have increased in 140 countries
 Philipp Baker, Thiago Melo, Cecilia Torres, Susheela Subramanian, Philipp Baker, Aluisio J. D. Barros, Fátima Regina, Priscilla Machado, Cesar G. Victora, Jane Smeeth, Ellen Pivetti, Aluisio J. D. Barros, Cesar G. Victora

The 2023 Lancet Breastfeeding Series

<https://www.thelancet.com/series/breastfeeding-2023>

Series from the Lancet journals [View all Series](#)

Breastfeeding 2023

Published: February 7, 2023

Executive Summary

Breastfeeding has proven health benefits for both mothers and babies in high-income and low-income settings alike. Yet, less than 50% of babies worldwide are breastfed according to WHO recommendations. For decades, the commercial milk formula industry has used underhand marketing strategies, designed to prey on parents' fears and concerns, to turn the feeding of infants and young children into a multibillion-dollar business—generating revenues of about \$55 billion each year.

Launch

[Launch of The Lancet](#)

Editorial

Unveiling the political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Baker et al.
The Lancet
Published: February 7, 2023
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Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

Rollins et al.
The Lancet
Published: February 7, 2023
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The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Baker et al.
The Lancet
Published: February 7, 2023
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Comment

Stemming commercial milk formula marketing: now is the time for radical transformation to build resilience for breastfeeding

Dalvi et al.
The Lancet
Published: February 7, 2023

Video

[The 2023 Lancet Series on Breastfeeding](#)

Infographics

[The 2023 Lancet Series on Breastfeeding](#)

Key messages from the authors

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THE LANCET

Breastfeeding 1

Breastfeeding: crucially important, but increasingly challenged in a market-driven world

Lancet 2023; 401: 489-502
Published Online
February 7, 2023
[https://doi.org/10.1016/S0140-6736\(23\)00111-8](#)
See Comment page 435

This is the first in a Series of three papers about Breastfeeding, Marketing of Breastfeeding, and the Political Economy of Infant and Young Child Feeding.

Series

Breastfeeding 2

Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

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Breastfeeding 3

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

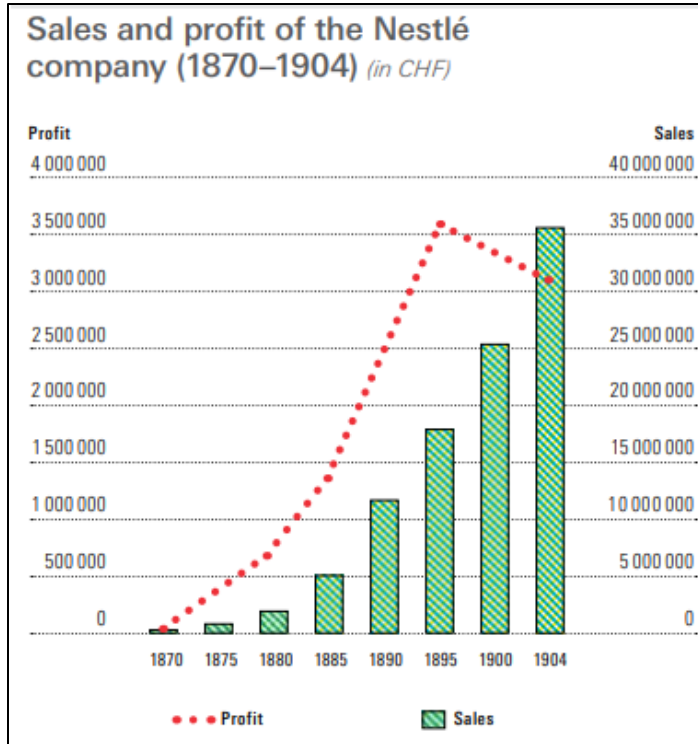
Lancet 2023; 401: 503-24
Published Online
February 7, 2023
[https://doi.org/10.1016/S0140-6736\(23\)00111-8](#)
See Comment page 435

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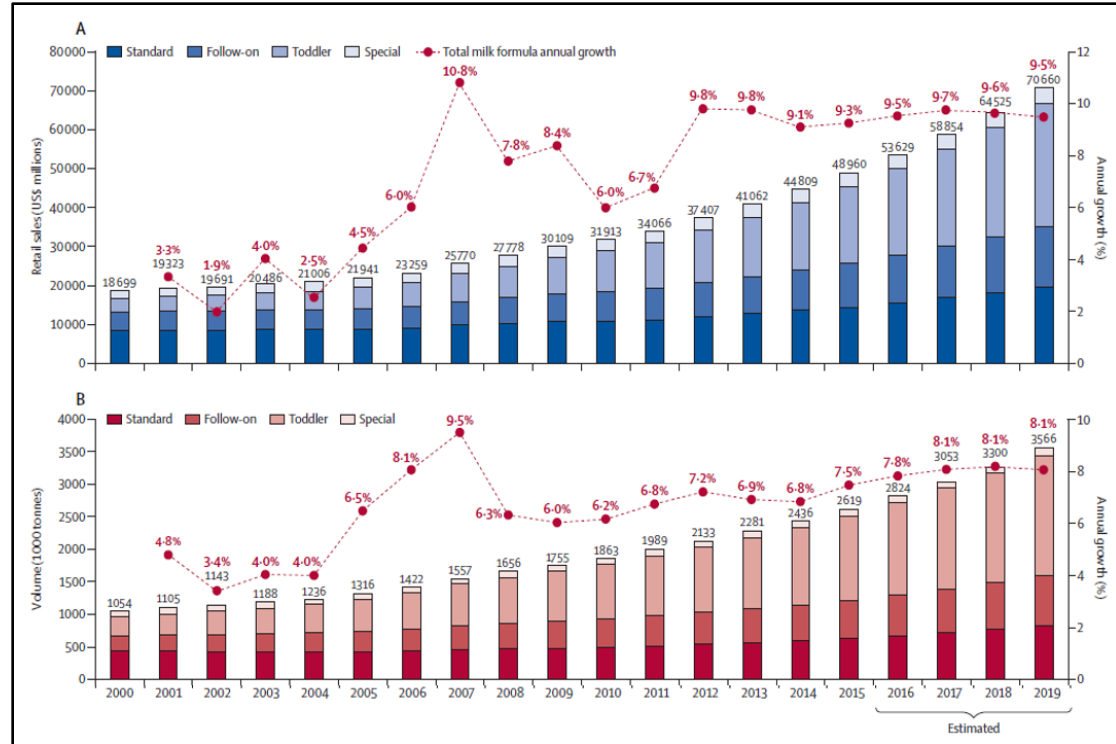
Despite increasing evidence about the value and importance of breastfeeding, less than half of the world's infants and young children (aged 0-36 months) are breastfed as recommended. This Series paper examines the social, political, and economic reasons for this problem. First, this paper highlights the power of the commercial milk formula (CMF) industry to commodify the feeding of infants and young children; influence policy at both national and international levels in ways that grow and sustain CMF markets; and externalize the social, environmental, and economic costs of CMF. Second, this paper examines how breastfeeding is undermined by economic policies and systems that ignore the value of care work by women, including breastfeeding, and by the inadequacy of maternity rights protection across the world, especially for poorer women. Third, this paper presents three reasons why health systems often do not provide adequate breastfeeding protection, promotion, and support. These reasons are the gendered and biomedical power systems that deny women-centred and culturally appropriate care; the economic and ideological factors that accept, and even encourage, commercial influence and conflicts of interest; and the fiscal and economic policies that leave governments with insufficient funds to adequately protect, promote, and support breastfeeding. We outline six sets of wide-ranging social, political, and economic reforms required to overcome these deeply embedded commercial and structural barriers to breastfeeding.



The global rise of commercial milk formula, to levels well beyond basic human need – why?



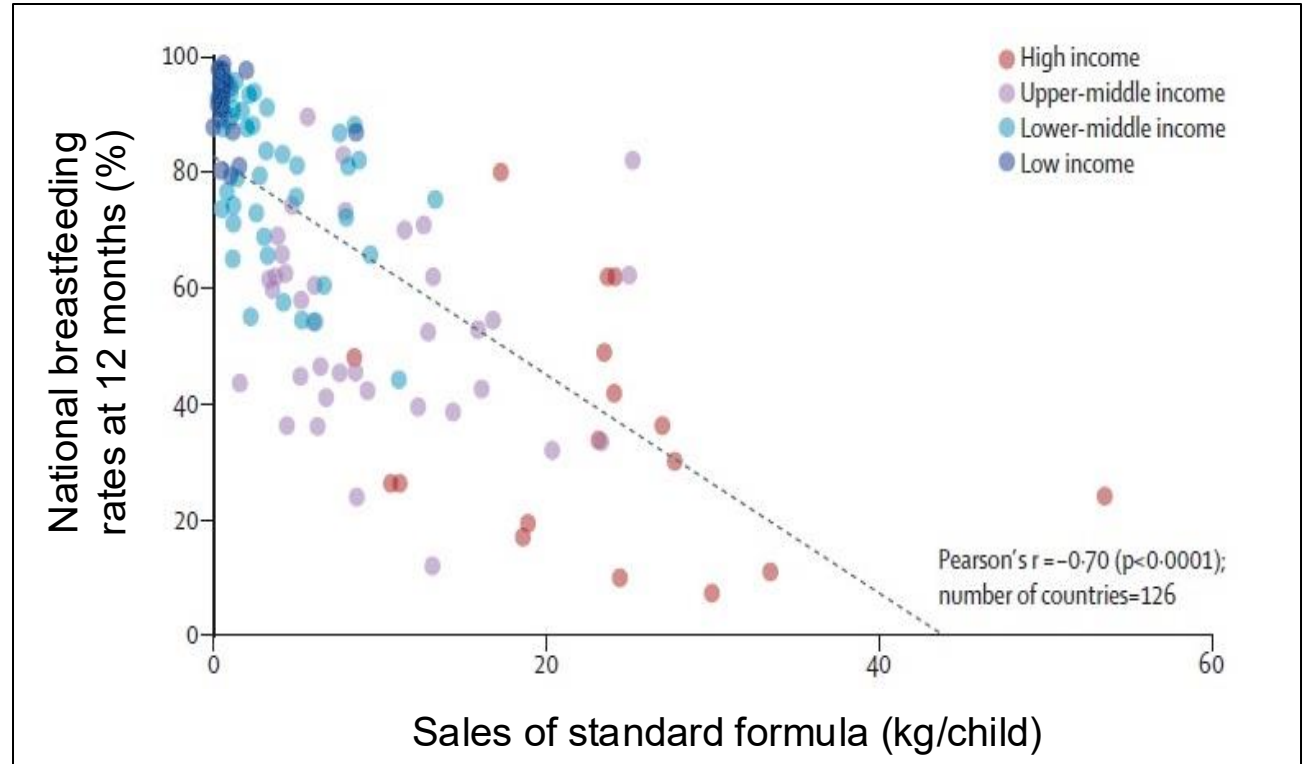
https://www.nestle.com/sites/default/files/asset-library/documents/about_us/henri-nestle-biography-en.pdf



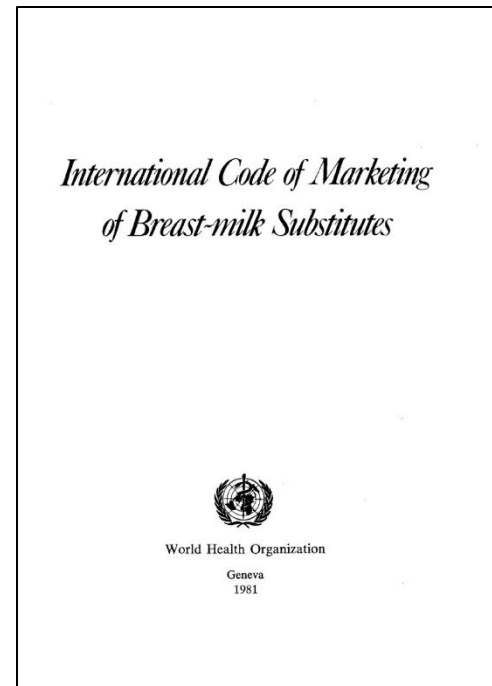
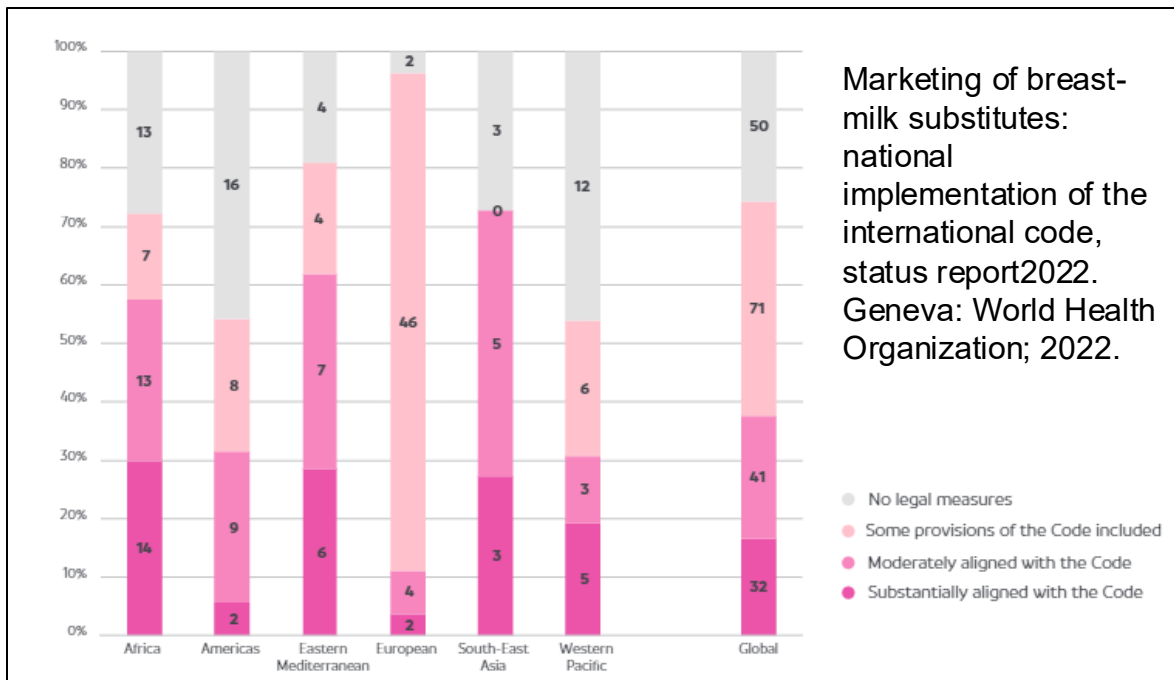
Rollins N, Bhandari N...Victoria C G, et al. (2016) Why invest, and what it will take to improve breastfeeding practices? *The Lancet*, 387(10017): 491-504

...but with wide variations in infant and young child feeding practices, between countries at similar levels of per capita income – again, why?

Rollins N, Piwoz E...Hastings G, et al. (2023). Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. *The Lancet*, 401(10375): 486-502



All of this *despite* the International Code of Marketing of Breast-milk Substitutes, adopted by the WHA in 1981 – again, why?



A political economy explanation – with a focus on the commercial determinants of infant and young child feeding

Series

Breastfeeding 3

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Philipp Blumberg, John Franks, Anandhar Gopal, Laurence M Gorman, Shreeta, Raghavendra Reddy, Gita Sen, Gopal Sundar, Rajat/Praveen Exarwalis, Chir Yeh Ting, Nigel Fuller, David McCloy, on behalf of the 2023 Lancet Breastfeeding Series Group*

14 April 2023, 09:33:34
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 See Comment page 112
 This article is part of the Series on Breastfeeding, which is in the Series on Nutrition, Physical Activity, and Metabolism
 See all articles in the Series on Nutrition, Physical Activity, and Metabolism

Despite increasing evidence about the value and importance of breastfeeding, less than half of the world's infants and young children (aged 0-36 months) are breastfed as recommended. This Series paper examines the social, political, and economic reasons for this problem. First, this paper highlights the power of the commercial milk formula (CMF) industry to commodify the feeding of infants and young children, influence policy at both national and international levels to stave off growth and sustain CMF markets, and externalise the social, environmental, and economic costs of CMF. Second, this paper examines how breastfeeding is undermined by economic, policies and systems that ignore the value of care work by women, including breastfeeding, and by the inadequacy of maternity rights protection across the world, especially for poorer women. Third, this paper presents three reasons why health systems often do not provide adequate breastfeeding protection, promotion, and support. These reasons are the gendered and biomedical power systems that deny women-centred and culturally appropriate care; the economic and ideological factors that stave off and even encourage commercial influence and conflicts of interest; and the fiscal and economic policies that leave governments with insufficient funds to adequately protect, promote, and support breastfeeding. We outline six sets of wide-ranging social, political, and economic reforms required to overcome these deeply embedded commercial and structural barriers to breastfeeding.

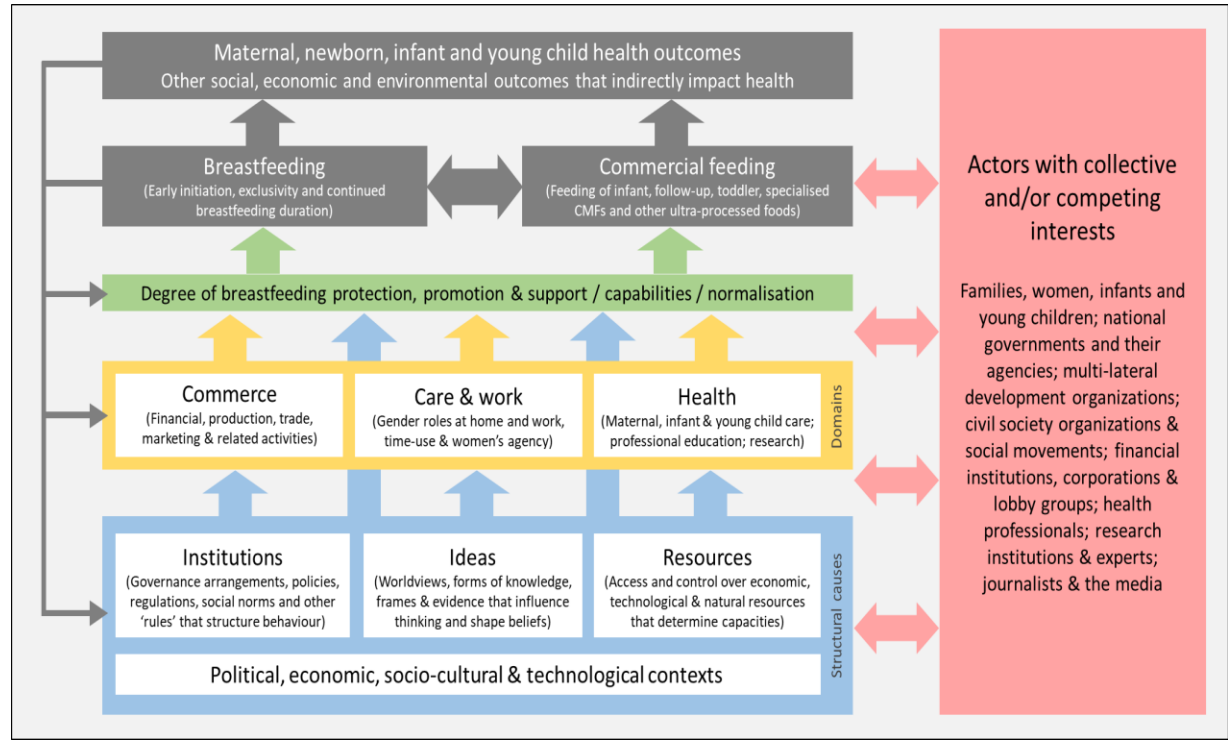
Review article
 Globalization and Health
 Open Access

Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry

Philipp Blumberg*, Raghavendra Reddy*, Manjula Kang*, Pragna M. Sanyal*, Praba A. B. Nagesh*, Aileen Smith*, Gillian Krogstad*, Melissa Maitland*, Anandhar Gopal*, Raghavendra Reddy*, Richa Bhattacharya, David Chadwick*, Katherine Smeets**, Monique Bozberg*** and David McCloy**

Abstract
Background: The global milk formula market has 'saturated' in recent decades, raising serious concerns for breastfeeding promotion and improved health. Despite these observations, the market has developed the global expansion of the baby food industry, rise the market and political practices corporations have used to grow and sustain their markets. In this paper, we aim to understand the strategies used by the baby food industry to shape that such systems across its diverse markets, and to bring to light milk formula consumption on a global scale. We used a theoretically guided synthesis review method which integrated diverse qualitative and quantitative data sources.
Results: Global milk formula sales grew from ~US\$1.3 billion in 1978 to US\$25.6 billion in 2019. This remarkable expansion transcended many low-income historical areas. First, the widening geographical reach of the baby food industry and its marketing practices, both globally and within countries, as corporations have pursued new growth opportunities, especially in the Global South. Second, the transformation of product ranges beyond infant formula, to include a range of follow-up toddler and specialised formulae for a wider range of age groups and conditions, thereby widening the scope of mother-child product sales. Third, corporate and consumer techniques have been used to grow and sustain milk formula consumption, including marketing through health systems, consumer media and digital advertising, and novel product innovations, linked to scientific claims. To normalise and sustain this marketing, the industry has engaged in several political practices to limit favourable policy, regulatory and knowledge environments. The baby food industry instrumentalised and co-opted policymakers, generating and depicting favourable science, leveraging global trade rules and adapting corporate policies to render itself invulnerable to governments.

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**The corporate political
activity of the baby food
industry**

BIG FORMULA



THE DAIRY INDUSTRY

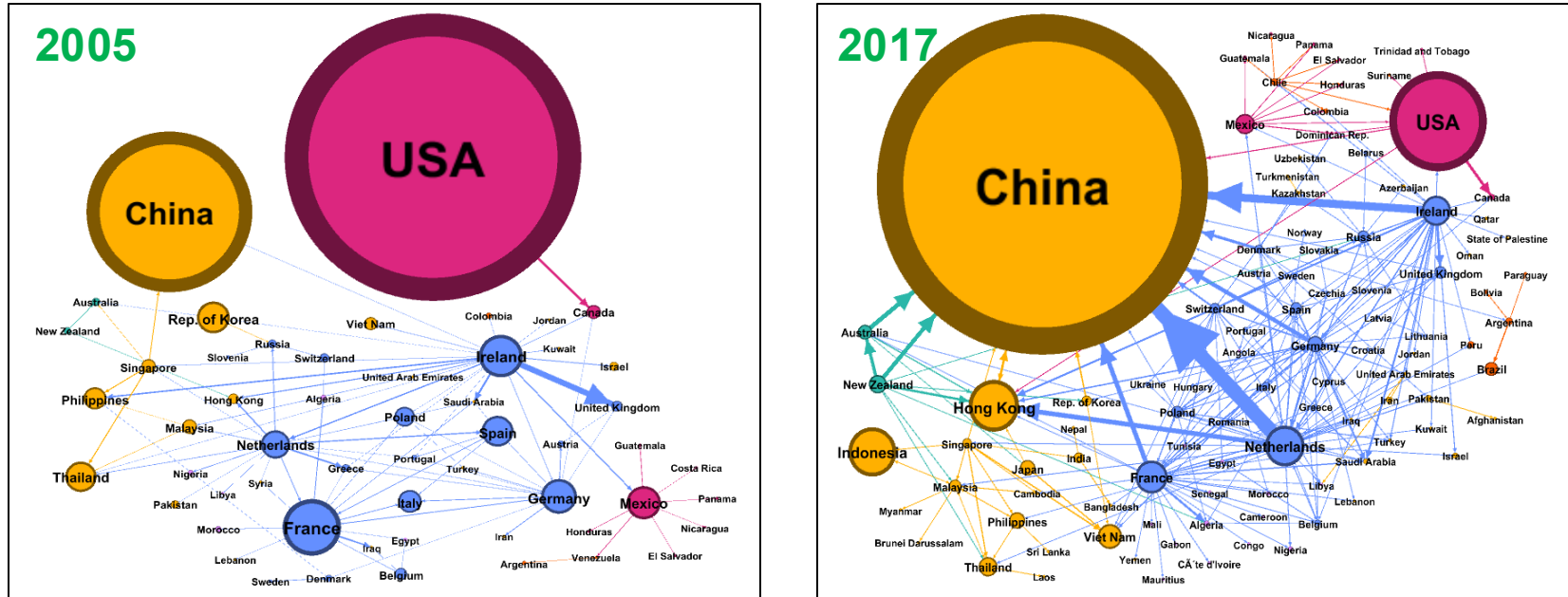


**OTHERS WITH A
MATERIAL INTEREST**

The commodification of infant and young child feeding

First, the globalization of baby food production networks and marketing

Country milk formula production values (circles) and exports (arrows) in US\$, 2005 vs. 2017



Baker, P., Russ, K., Kang, M., Santos, T. M., Neves, P. A., Smith, J., ... & McCoy, D. (2021). Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry. *Globalization and health*, 17(1), 1-35.

The commodification of infant and young child feeding

Second, widening the boundaries of populations subject to commodification

1897



1947



1980s →

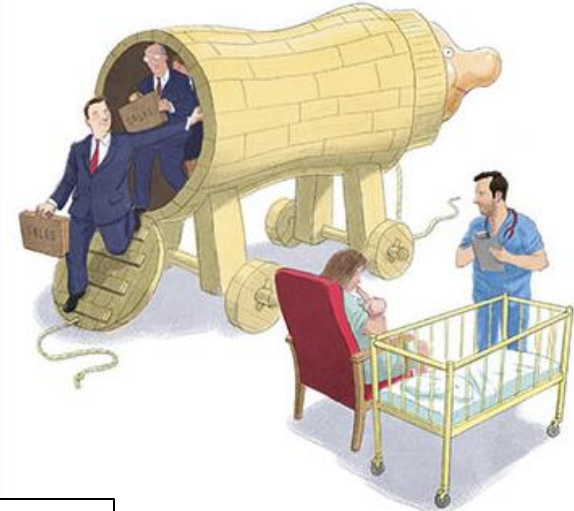
STAGE 1/STEP 1	STAGE 2/STEP 2	STAGE 3/STEP 3	STAGE 4/STEP 4	STAGE 5/STEP 5	PREGNANT MOTHERS
Infant formula	Infant formula Follow on formula Follow up formula		Children's nutrition Toddler formula "Growing up milk"		
<ul style="list-style-type: none"> - Highly regulated - Advertising banned (by law or voluntarily) - Manufacturers focus on selling through doctors & nurses 	<ul style="list-style-type: none"> - Less regulated as it is not the only source of food (baby is eating solids) - Advertising allowed - Traditional FMCG sales & marketing - "take advantage of brand loyalty developed in Stages 1 and 2 to retain consumers as they grow older" 				<ul style="list-style-type: none"> - Regulated as dairy - Advertising allowed
Birth to 6mo.	6mo. to 1 year	1 to 3 years	3 to 6 years	6 years +	Pregnant & lactating women
					
Coriols (2014) Understanding the infant formula value chain. Auckland. https://www.coriolsresearch.com/reports/coriols-dairy-infantformula-value-chain					

Segmentation and cross-promotion

The commodification of infant and young child feeding

Second, widening the boundaries of populations subject to commodification

- New parents may be concerned about maturing baby behaviours
- CMF marketing frames normal maturing behaviours as ‘something is wrong’ – pathological – or mothers are inadequate
 - “If you are not sure whether you have enough milk...”
 - “If your infant has a rash or cries or possets or is unsettled... maybe they have an allergy”...and offer products as **solutions**
- “Selling peace of mind” ... certainty of quantity of milk consumed
- Without skilled support and reassurance, parents change from breastfeeding to CMF – or from one CMF to another
- Reinforced by close ties with allergists and other health professionals – the “influencers”



<https://www.bmj.com/content/363/bmj.k5056>

The corporate political activity of the baby food industry

Breastfeeding 3

THE LANCET

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Philip Baker, Julie P Smith, Amandine Garde, Laurence M Grummer-Strawn, Benjamin Wood, Gita Sen, Gerard Hastings, Rafael Pérez-Escamilla, Chee Yoke Ling, Nigel Rollins, David McCoy, on behalf of the 2023 Lancet Breastfeeding Series Group*

Despite increasing evidence about the value and importance of breastfeeding, less than half of the world's infants and young children (aged 0–36 months) are breastfed as recommended. This Series paper examines the social, political, and economic reasons for this problem. First, this paper highlights the power of the commercial milk formula (CMF) industry to commodify the feeding of infants and young children; influence policy at both national and international levels in ways that grow and sustain CMF markets; and externalise the social, environmental, and economic costs of CMF. Second, this paper examines how breastfeeding is undermined by economic policies and systems that ignore the value of care work by women, including breastfeeding, and by the inadequacy of maternity rights protection across the world, especially for poorer women. Third, this paper presents three reasons why health systems often do not provide adequate breastfeeding protection, promotion, and support. These reasons are the gendered and biomedical power systems that deny women-centred and culturally appropriate care; the economic and ideological factors that accept, and even encourage, commercial influence and conflicts of interest; and the fiscal and economic policies that leave governments with insufficient funds to adequately protect, promote, and support breastfeeding. We outline six sets of wide-ranging social, political, and economic reforms required to overcome these deeply embedded commercial and structural barriers to breastfeeding.

Philippines: Industry lobbyists targeted the President, members of Congress, officials in the health, trade, and industry sectors, the US Philippine Embassy, UNICEF's international and regional headquarters

South Africa: A new regulation took 9 years, with many setbacks from industry interference. Lobbyists challenged the Department of Health during the drafting process, requiring detailed responses, legal advice and a major work burden for staff

United States: Between 2007 and 2018, the largest six US CMF manufacturers together spent US\$184.2 million on lobbying the US Government, of which \$55.1 million (30.0%) was declared as BMS-related



Supporting breastfeeding



Nestlé

Good food, Good life

Companies say they do not lobby...



Has Nestlé lobbied to oppose breastfeeding policies?

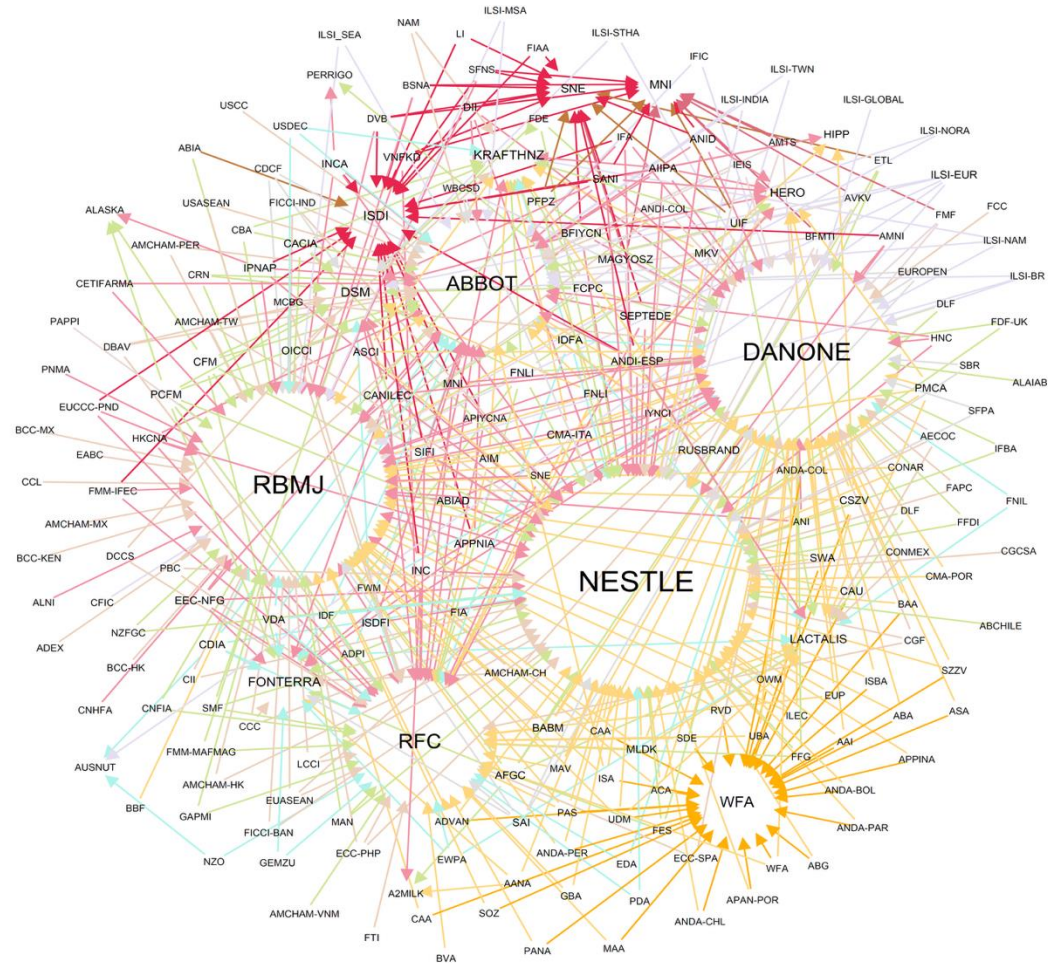
We strongly support breastfeeding and have not wavered on this position. We have not, nor would we ever, lobby any governments - including the U.S. government - to oppose breastfeeding policies anywhere in the world.

<https://www.nestle.com/ask-nestle/health-nutrition/answers/why-does-nestle-support-breastfeeding#:~:text=Has%20Nestl%C3%A9%20lobbied%20to%20oppose,breastfeeding%20is%20best%20for%20babies>

Lobbying is outsourced to a global network of corporate interest groups

Systematic reviews, case studies and analyses of public access information demonstrate...

- The Code is blocked, reinterpreted, circumvented and ignored
- Codex Alimentarius is manipulated to establish weak standards that become a ceiling for regulation of CMF marketing
- Industry capitalizes on the lack of implementation of maternity leave conventions protecting breastfeeding
- Industry lobby groups are numerous and influence policy environments in favour of CMF industry and their shareholders



RESEARCH Open Access

Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry

Philip Baker¹, Kathryn Russ², Mariko Kang³, Thago M. Santos⁴, Paulo A. R. Neves⁵, Julie Smith⁶, Gillian Wigginton⁷, Melissa Mabon⁸, Blake Lawrence⁹, Benjamin Wood¹⁰, Rob Mooslele¹¹, David Clark¹², Catherine Severin¹³, Monique Boatwright¹⁴ and David McCoy¹⁵

1 [University of Guelph](#), 2 [University of Guelph](#), 3 [University of Guelph](#), 4 [University of Guelph](#), 5 [University of Guelph](#), 6 [University of Guelph](#), 7 [University of Guelph](#), 8 [University of Guelph](#), 9 [University of Guelph](#), 10 [University of Guelph](#), 11 [University of Guelph](#), 12 [University of Guelph](#), 13 [University of Guelph](#), 14 [University of Guelph](#), 15 [University of Guelph](#)

RESEARCH Open Access

Marketing of commercial milk formula: a system to capture parents, communities, science, and policy

1 [University of Guelph](#), 2 [University of Guelph](#), 3 [University of Guelph](#), 4 [University of Guelph](#), 5 [University of Guelph](#), 6 [University of Guelph](#), 7 [University of Guelph](#), 8 [University of Guelph](#), 9 [University of Guelph](#), 10 [University of Guelph](#), 11 [University of Guelph](#), 12 [University of Guelph](#), 13 [University of Guelph](#), 14 [University of Guelph](#), 15 [University of Guelph](#)

While projecting a socially responsible image...



OUR VISION: DANONE, ONE PLANET. ONE HEALTH

Externally monitoring
our practices

FTSE4Good and ATNI



NESTLÉ KASAMBUHAY PROGRAM
1 Million Families in 100 Cities



Leading the Way

Responsible Marketing of Breast Milk Substitutes
2021 Report

Enabling healthy food environments



Creating Shared Value and Sustainability Report 2021

We unlock the power of food to enhance quality of life for everyone, today and for generations to come.

124.6

number of servings of affordable nutrition with micronutrient fortification in 2021



SDG 17: PARTNERSHIPS FOR THE GOALS

STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Engagement of Danone: Major Focus

NESTLÉ EXPERT

In improving nutrition science is key



Odd Erik Johansen, Global Clinical Development Lead, Cardio-Metabolism, Nestlé Health Science

Net zero dairy

Transforming our dairy supply chains



IPNAP WELCOMES



RABIYA OCCENA MATEO, PTRP on the Board of Directors of the ETHICS COMMITTEE

Power asymmetries in health care systems shaping breastfeeding outcomes

Where the breastfeeding dyad begins – but too often broken

- The over-medicalisation of pregnancy, birthing and post-natal care is a key challenge for breastfeeding – health professionals trained in **biomedical paradigm**
- Patriarchal cultures and over-medicalization vs. midwifery-led, women-centred care
- Multiple studies report breastfeeding knowledge and skills deficits among healthcare professionals, limited consideration in medical curricula, and apathy in hospital settings
- Health systems are also a key BMS marketing channel, with formula marketed directly to healthcare professionals for many decades

Breastfeeding 3

The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress

Philip Baker, John P. Smith, Amanda Curtis, Laurence H. Gartner, Steven Benjamin-Wald, Gita Sen, Ganesha Hegde, Rajat Mittal, Essam Elshorbagy, Nigam Shah, David C. Reardon (2022) *Journal of Human Lactation*

Despite increasing evidence about the value and importance of breastfeeding, less than half of the world's infants and young children aged 0–24 months are breastfed as recommended. This letter paper examines the social, political, and economic reasons for this problem. First, this paper highlights the power of the commercial milk formula (CMF) industry to commodify the feeding of infants and young children, influence policy at both national and international levels to favor the growth and market of CMF marketing, and externalize the social, environmental, and economic costs of CMF. Second, this paper examines how breastfeeding is undermined by economic, political and systems that ignore the value of care work by women, including breastfeeding, and by the marketplace of maternity rights practices across the world, especially for poorer women. Third, this paper presents three reasons why health systems often do not provide adequate breastfeeding practices, promotion, and support. These reasons are the gendered and biomedical power systems that deny women-centred and culturally appropriate care; the economic and biological factors that accept, and even encourage, commercial influence and marketing of breastmilk; and the fiscal and economic policies that leave governments with insufficient funds to adequately protect, promote, and support breastfeeding. We outline an set of multi-ranging social, political, and economic reforms required to overcome these deeply embedded commercial and structural barriers to breastfeeding.

Baby Friendly Hospitals Initiative

Launched by WHO/UNICEF (1991) to promote, protect and support breastfeeding;

- BFHI has had a significant positive effect on breastfeeding rates at national and global levels
- As of 2017, just 10% of newborns were born in 'baby-friendly' designated facilities; major funding deficits

Countries are called upon to fulfill nine key responsibilities through a national BFHI programme:

1. Establish or strengthen a national breastfeeding coordination body.
2. Integrate the Ten Steps into relevant national policy documents and professional standards of care.
3. Ensure the competency of health professionals and managers in implementation of the Ten Steps.
4. Utilize external assessment systems to regularly evaluate adherence to the Ten Steps.
5. Develop and implement incentives for compliance and/or sanctions for non-compliance with the Ten Steps.
6. Provide technical assistance to facilities that are making changes to adopt the Ten Steps.
7. Monitor implementation of the initiative.
8. Advocate for the BFHI to relevant audiences.
9. Identify and allocate sufficient resources to ensure the ongoing funding of the initiative.



Power asymmetries in health care systems shaping breastfeeding outcomes

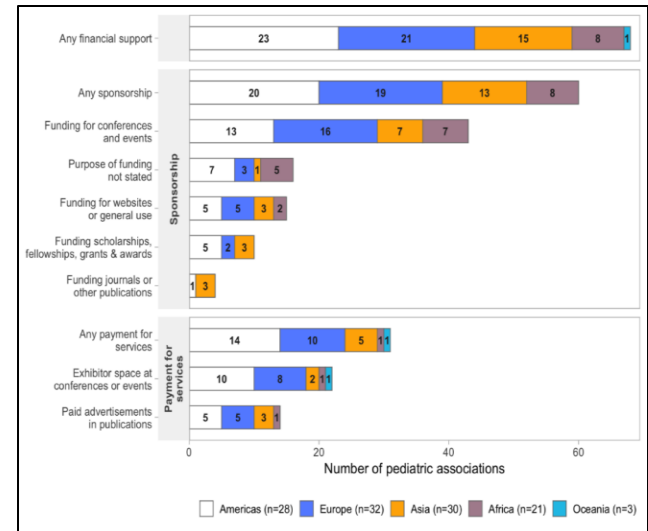
The industry's 'medical marketing' techniques;

- Pioneered in the late 19th Century, led to formula becoming widely available and used in hospitals in mid-20th century.
- Site visits to hospitals, sponsoring new equipment and wards, free or low-cost samples, providing branded gifts.
- Sponsorship of scientific meetings, direct provision of continuing education courses for health workers, delivered on-site, or through extensive online 'e-learning' platforms.

Financial relationships with professional associations;

- A 2019 survey of 114 paediatric association websites found 60% received financial support from BMS companies, ranging from 82% in the Americas to 38% in Africa.
- Only 16% had published conflict of interest policies, statements or guidelines.

Number of paediatric associations receiving financial support from BMS manufacturers, by region and type of support



Data from: Gummer-Strawn L, Holliday F, Tabea Jungo K, Rollins N. Sponsorship of national and regional professional paediatrics associations by companies that make breast-milk substitutes: evidence from a review of official websites. *BMJ Open*. 2019;9.

Power asymmetries in health care systems shaping breastfeeding outcomes

Over-diagnosis of cows-milk protein allergy (CMPA) is contributing to rapid sales growth in some countries

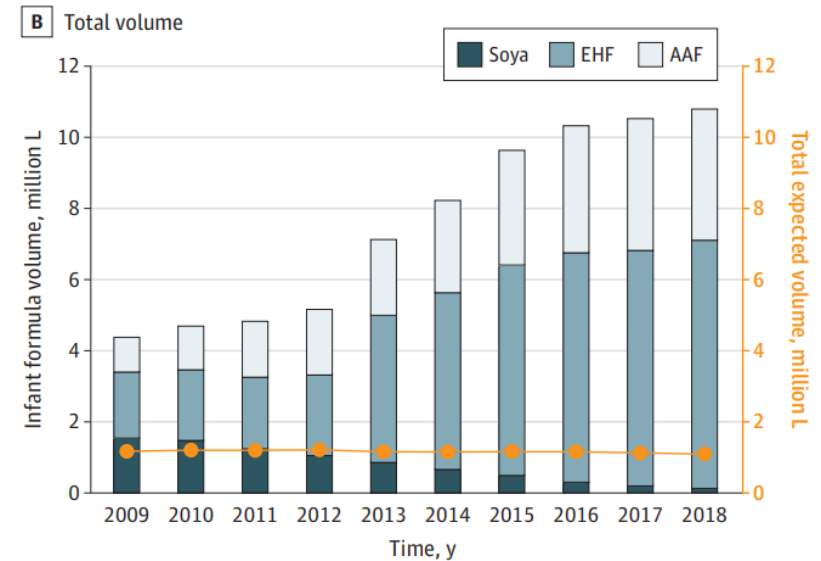
In the UK, between 2006-16 (Van Tulken, 2018);

- CMPA prescriptions increased 500% from 105,029 → 600,000, a rate greatly exceeding background prevalence
- Reflected a ~700% increase in expenditure by the National Health Service from £8.1 million to >£60 million

In England, between 2009-18 (Munblit et al, 2020);

- Sales of amino acid formula (AAF) increased 10-fold; sales of extensively hydrolyzed formula also escalated
- Resulting in a 10-fold excess of specialized formula use for misdiagnosed milk allergy
- Of nine guidelines for management of CMPA;
 - 81% of all guideline authors reported a conflict of interest with formula manufacturers
 - Three guidelines were directly supported by formula manufacturers or marketing consultants

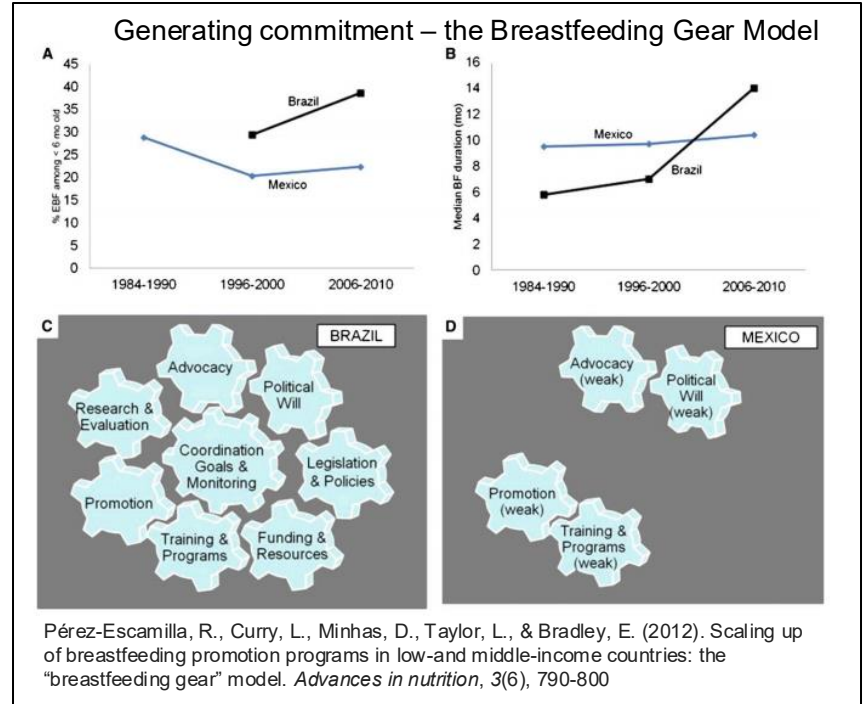
Total volume of community prescriptions for soya formula (soya), extensively hydrolyzed formula (EHF), and amino acid formula (AAF) in England from 2009 to 2018 vs total expected volume based on background prevalence



Munblit, D., Perkin, M. R., Palmer, D. J., Allen, K. J., & Boyle, R. J. (2020). Assessment of evidence about common infant symptoms and cow's milk allergy. *JAMA pediatrics*, 174(6), 599-608.

The power of evidence-based advocacy and policy change

The power of 'evidence-based advocacy...to generate the necessary political will to enact legislation and policies to protect, promote, and support breastfeeding' (Pérez-Escamilla *et al.*)



Creating powerful breastfeeding coalitions

The recipe for success?

1. Mothers and families + civil society + political leaders + government agencies + health professionals + + researchers + journalists + UNICEF + WHO
2. Leadership – sustained over the long term
3. Capacities and resources – including financial, human, technical and strategic
4. FREE from commercial conflicts of interest



RESEARCH Open Access

Breastfeeding, first-food systems and corporate power: a case study on the market and political practices of the transnational baby food industry and public health resistance in the Philippines

Phillip Baker¹, Paul Zambrano², Roger Mathisen³, Maria Rosario Singh-Vergeire⁴, Ana Epefania Escobar⁵, Melissa Malon⁶, Mark Lawrence⁷, Katherine Sievert⁸, Cherie Russell⁹ and David McCoy¹⁰

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RECOMMENDATIONS

1. Governments must provide accurate and timely information about breastfeeding and infant behaviours, better support, and skills development for health professionals, parents and communities.
2. A legal global treaty to end the marketing of CMF while continuing to strengthen national Code legislation.
3. Civil society, health professionals and politicians must have a better understanding of the CMF industry's marketing and political strategies.
4. Health systems must deliver women-centred maternity care = investment and an empowered health force **plus** end undue formula milk industry influence over research, training and other professional activities.
5. In this regard – **BFHI is essential!**
6. **Unless the imbalance in power between private commercial interests and those with a duty and mandate to protect the rights and needs of children and mothers is corrected, then nothing will change =** Stronger defences against corporate capture of regulation, policy, health providers and systems.

Thank you!

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