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Monitoring the marketing of infant formula feeds

Manufacturers of breast milk substitutes violate the WHO code—again

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Breast feeding is one of the most cost effective interventions to improve health and prevent illness in early childhood. Protection of breast feeding from commercial exploitation should be among the highest priorities for the international community, yet violations of the World Health Organization's code of marketing of breast milk substitutes have been seen regularly, despite companies' expressed intentions to conform.[1–3] The study by Aguayo et al in west Africa in this issue (p 127) provides further evidence that many manufacturers fly in the face of the code by providing free samples, giving donations to health workers, and contravening standards for labelling.[4]

How reliable is the methodology of the study? The selection of health centres to be monitored was either random or complete. The number of mothers interviewed was modest: 105 compared with 1582 in the 1998 study,[2] and, surprisingly, more health workers than mothers were interviewed. None the less, many of the figures are comparable to the study by Taylor, although the frequency of violations is rather lower in this research.

It is particularly disturbing that in Togo, 85% of health workers had never heard of the WHO code and none had participated in training, whereas in Burkina Faso, 40% worked in a "baby friendly" facility but only 17% had participated in training. This indicates a failure of the training and accreditation systems in these facilities.

Three essential issues arise from this study. Firstly, how should we monitor compliance of the code effectively to reduce the continuing violations? As Carol Bellamy, executive director of Unicef, said in welcoming the report that led to Taylor's paper: "The question now becomes: how do we proceed when all the evidence suggests that, despite the protestations of good faith by the breast milk substitute manufacturers, many continue to view the international code as a covenant more to be honoured in the breach than in the substance?"[5] Currently three international models of monitoring exist: the WHO Common Review and Evaluation Framework (WHO/NUT/96.2), the International Baby Food Action Network (IBFAN) Monitoring Forms Manual (email ibfanpg@tm.net.my), and the Interagency Group on Breastfeeding Monitoring (IGBM) protocol currently in draft (www.scfuk.org.uk/development/links/IGBM.htm). The third has the advantage of assessing compliance with both the international code and national legislation and describes clearly the sampling method used. Endorsement of a protocol such as this by the international community would advance the enforcement of the code by all member states as well as individual manufacturers.

Secondly, how should we train health workers about the protection and support of breast feeding? The potential benefits of the Unicef baby friendly initiative of accrediting health facilities are considerable and now evidence based.[6] There are also indications that the initiative has led to an arrest in the worldwide decline in breast feeding.[7] Training of health workers is an essential prerequisite to reducing the harmful effects of health services, but pretraining should be carried out systematically and periodically so that new workers are included, and there should be an emphasis on the development of advocacy skills.[8 9]

Thirdly, how should we combine support for breast feeding with a recognition of the risk of maternally transmitted HIV infection. It should be made absolutely clear that in most poor countries afflicted by AIDS the risk of bottle feeding is higher than the risk of mother to infant transmission of HIV infection. This fact needs to be continually reiterated to decision makers as otherwise manufacturers of breast milk substitutes will capitalise on HIV infection as a reason for promoting free samples of their formula.[10] It is extraordinary that the *Wall Street Journal* painted the baby food manufacturers as heroes poised to save African children from certain death because of their offer to donate free formula to HIV infected mothers.[11] The WHO recommends avoidance of breast feeding by HIV infected mothers only if replacement feeding is feasible, safe, sustainable, and affordable—otherwise exclusive breast feeding is recommended during the first six months of life.[12] Non-infected women must be given access to credible information, quality care, and support, in order to empower them to make informed decisions regarding feeding of their infant.[13]

Governments should accept promotion and protection of breast feeding as a critical area for improving child health. The WHO code is central to ensuring this protection, but a better way of monitoring and enforcing its application in both industrialised and low income countries must be identified.

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Preventing skin cancer

Messages should emphasise the need to cover up and stay out of the sun

Health promotion strategies to prevent deaths from skin cancer, particularly melanoma, have two components: advice on early recognition and advice on prevention. The population is perhaps heeding advice on early recognition. Five year survival from melanoma in England and Wales is improving, particularly in female patients,[1] probably because the cancer is diagnosed at an earlier stage owing to increased public awareness. But the incidence of melanoma is increasing in the United Kingdom and the United States;[1 2] in the United Kingdom it has doubled over the past 20 years.[1] This contrasts with a falling incidence in Australia,[3] but it is not clear whether this difference is attributable to the Australian prevention campaign having been active for longer or whether prevention messages are less effective in the United Kingdom. By 1996, attitudes among Australian students had already shifted positively towards avoiding exposure to the sun and away from the use of sunscreen and desire for a tan.[4] In contrast, a study of 80 students in the United Kingdom published in 2000 found that most emphasised positive benefits of sun exposure, enjoyed sunbathing, protected themselves inadequately, and did not intend to change this behaviour.[5]

Experts believe that 90% of non-melanoma skin cancers and two thirds of melanomas may be attributed to excessive exposure to the sun.[2] Although no direct evidence shows that sunbeds cause skin cancer, they are a source of intense exposure to ultraviolet radiation, and according to a recent report from the National Radiological Protection Board therefore represent a potential health risk.[6] Campaigns to prevent skin cancer have incorporated numerous messages including the need to avoid sunburn and generally reduce exposure to ultraviolet radiation by staying out of the midday sun, wearing protective clothing, seeking shade, and applying sunscreen. In recent years the advice on sunscreen has included recommendations for the use of broadband preparations with a higher sun protection factor. Early health promotional material did not give greater emphasis to any one means of protection over another. Little discussion has taken place of the fact that skin tanned by ultraviolet radiation is damaged skin or of the potential risks of using sunbeds.

A tanned appearance remains fashionable, and, although there has been a marked increase in sales of self tanning lotions in western Europe and the United States (market data, Euromonitor 2002), no evidence has shown that this is replacing exposure to ultraviolet radiation. Despite having a good understanding of the relation between overexposure to the sun and skin cancer, 81% of Americans still think they look good after being in the sun.[7] Risk taking behaviour with respect to exposure to the sun continues.[5 8] The availability of sunbeds on high streets in the United Kingdom seems to be increasing, but we could find no sources of data on trends in access to and use of commercial sunbeds to confirm this. The licensing by local authorities of commercial premises in the United Kingdom offering cosmetic sunbed tanning depends on the application of bylaws and is currently discretionary. Few local authorities choose to license and data currently collected cannot be used to monitor trends. The only data we could find to support the hypothesis that the use of sunbeds is increasing was from one American tanning firm, whose turnover rose from $2.8m (£1.8m; €2.8m) in 1990 to $15m in 2002.[9] In the absence of any other data these figures could alternatively represent a changing market share.

The equal emphasis placed on the use of sunscreen versus avoiding exposure to the sun or wearing protective clothing in early prevention campaigns in the United Kingdom may have led to confusion. Surveys carried out in the United Kingdom have found that sunscreen is regarded as the most important sun protection measure.[10] It is still unclear, however, whether sunscreens effectively protect against skin cancer, and concern has been raised that they may directly or indirectly increase the risk of disease, primarily because of poor application and increased exposure to the sun.[6]

Sunscreens with a high sun protection factor do not always prevent sunburn, although they should if applied according to the manufacturer's directions.[10] The thickness of application has been shown to be less than half that officially tested and key exposed sites (neck, temples, and ears) are often missed completely.[11]

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