



**ISSOP Position Statement  
on sponsorship of paediatricians/paediatric societies  
by the Baby Feeding Industry**

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## 1. Introduction

Infant and young child feeding is central to child health and, after birth, breastfeeding is the first act of provision by a mother for her child. For most of history no other third party was required to support infant feeding other than the mother and the surrounding family. It is only since the commercial development of breast milk substitutes in the nineteenth century that health professionals have become involved in their prescription.

In recent years, the commercialisation of infant feeding has impacted on professional practice through the development of sponsorship by the Baby Feeding Industry\* of medical conferences and meetings, along with gifts to health workers.

It is the view of ISSOP that this sponsorship is damaging to the reputation of paediatricians, to the health of mothers and infants, and to the status of breastfeeding and this statement explains the reasons why we believe that such sponsorship should be terminated.

\*The term Baby Feeding Industry refers to all commercial companies which market infant formula or other infant feeding products.

## 2. What we are calling for

- ISSOP seeks the ending of all sponsorship of paediatric educational meetings by the Baby Feeding Industry as well as all other forms of marketing through the health service (including marketing through journals, sponsored courses, sponsored research, booklets and leaflets given out at discharge or paediatric clinics). Only such strong action can create a climate of honesty and transparency in relation to infant and young child feeding, with a recognition of the critical importance of breastfeeding and the significant risks of bottle feeding globally.
- ISSOP also seek the discouragement by paediatric societies of the funding of individual paediatricians by the Baby Feeding Industry to attend medical meetings, to receive hospitality, or to accept gifts of any nature. To do so creates a conflict of interest and casts a shadow on the reputation of paediatricians.
- ISSOP will assist in the development of sponsorship policies and in the education of paediatricians on the management of breastfeeding and risks of bottle feeding.

### 3. Statement of the problem

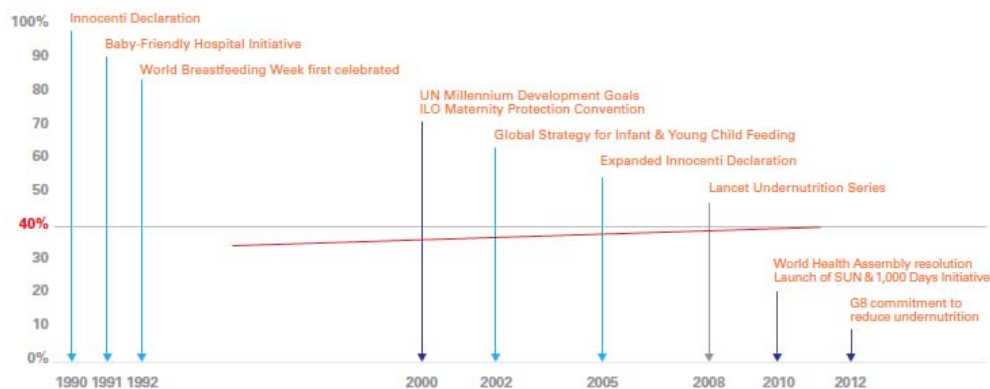
#### 3.1. Threats to breastfeeding

According to UNICEF<sup>1</sup> (Breastfeeding on the Worldwide Agenda, 2013), *'Undernutrition accounts for 45% of all deaths of children under five, according to the 2013 Lancet series on Maternal and Child Nutrition. An increase in breastfeeding rates could prevent 800,000 of those deaths annually. Yet there has been negligible progress to raise the global rate of exclusive breastfeeding since 1990.'*

*'Breastfeeding is one of the best values among investments in child survival, recognized for both the magnitude of its effect on mortality and the effectiveness of interventions to promote it<sup>2</sup>. There is compelling scientific evidence<sup>3</sup> that optimal breastfeeding of infants under one year could prevent around a million deaths of children under-five in the developing world. Yet global rates of breastfeeding rates have remained stagnant since 1990 with only 36 per cent of children less than six months exclusively breastfed in 2012<sup>4</sup>.'* [The following Figure is taken from reference 1]

**FIGURE 2** Since 1990, there has been negligible progress to raise the global rate of exclusive breastfeeding

Exclusive breastfeeding rates among children less than 6 months since 1990 plotted against timeline of key events to promote breastfeeding during the same time period



Note: The red line shows the rate of exclusive breastfeeding, which has increased from 32 to 40 percent between 1995 and 2011, based on available trend data from a subset of 77 countries. Comparable global data is not available for each of the years plotted in the chart, nor for the baseline year of 1990. Source: UNICEF

Among the key findings of the report is the following statement:

*'The need to protect breastfeeding is becoming more urgent as the influence and sales ambitions of breastmilk substitute companies grow in emerging economies.'*

Quotes in the report include the following –

*'Lobby pressure from infant formula and baby food manufacturing companies is ever strengthening and spreading rapidly in emerging markets. Political commitment is essential to strong, sustainable global and national advocacy for breastfeeding.'*

It is evident that the persistent promotion of commercial foods for infants and young children is a major threat to infant feeding and is often carried out through the health services.

### **3.2. Role of the Baby Feeding Industry in advertising and promotion of breastmilk substitutes.**

There are many reports of lack of compliance by the baby feeding industry with the International Code (IC) and these are cited in [Appendix 1](#).

The WHO Country Implementation Report states<sup>5</sup>

*“Reported consistent, repeated, systematic violations by the industry are common concerns of countries. Very aggressive direct marketing or indirect advertisements to mothers exist. In some instances countries reported that the industry resisted all provisions of regulations and this resistance is sometimes expressed as pressure on government to limit implementation or upgrading/updating of the law.”*

Despite condemnation of these practices by WHO, UNICEF and NGOs, there has been no sign of any substantial change in practice in recent decades except in countries with strong legislation and monitoring, as demonstrated by regular reports of Code violations over the years.

### **3.3. Involvement of paediatricians and paediatric societies**

There is widespread anecdotal and reported<sup>6</sup> evidence of the close involvement of both individual paediatricians and paediatric societies in working with the Baby Feeding Industry and in accepting sponsorship in many different forms. Types of sponsorship at meetings range from paid exhibition stands to the sponsorship of named sessions and payment of speaker expenses.

For example at its recent (2013) annual congress in Melbourne, the International Paediatric Association (IPA) held an important seminar with prominent speakers which was sponsored by the Nestle Nutrition Institute and used the Nestle logo on its CDs given to every delegate.

See [Appendix 2](#) on independence of Foundations related to the Baby Feeding Industry, and [Appendix 3](#) on sponsorship of the American Academy of Pediatrics by Mead Johnson.

Our members have informed us that examples similar to that seen at the IPA meeting are commonplace at paediatric meetings internationally.

### 3.4. Evidence for influence on paediatric practice

The Baby Feeding Industry attempts at several levels to buy the tacit support of the medical profession, whether it be through small gifts, scholarships, support for research or fees paid to advisory board members. The evidence of the harmful influence of such sponsorship in relation to the pharmaceutical industry is clear<sup>7</sup> but less attention has been paid to the same effect in the case of the baby feeding industry.

As pointed out by Wright and Waterston<sup>8</sup> in 2006, there are commercial reasons for the manufacturers to develop and publicise their links with health professionals –

*'Infant formula manufacturers have a duty to their shareholders to maximise sales of their products, which by definition means minimising exposure of infants to breast milk. Hence while publicly stating their commitment to breast feeding, as required by law, IFMCs are, in fact profiting from the failure of breast feeding. With growing knowledge of the hazards of infant formula, manufacturers need to seek ever more sophisticated ways of promoting their products as scientific and safe. Any link with paediatricians or other health professional is thus likely to enhance their products' credibility and sales.'*

*'The firm's name is linked to that of the institution on widely distributed publicity, those attending the course receive material such as pens bearing the firm's logo, and all involved will then tend to have subtly enhanced respect for that company and their products.'*

*'Sponsorship by its nature creates a conflict of interest. Whether it takes the form of gift items, meals, or help with conference expenses, it creates a sense of obligation and a need to reciprocate in some way. The "gift relationship" thus influences our attitude to the company and its products and leads to an unconscious unwillingness to think or speak ill of them.'*

Industry uses its association with health organisations to position themselves as a stakeholder in public health issues and as a strategic image repair exercise.<sup>9</sup>

Studies have documented health care providers' role in providing free samples to lactating women before or after delivery<sup>10</sup> and influencing their decisions about supplementing with formula milk<sup>11</sup>. See also [Appendix 3](#) on American Academy of Pediatrics and Mead Johnson.

### 3.5. Nature of controls on sponsorship

A paediatric society that wishes to eschew sponsorship from the Baby Feeding Industry needs to set out a policy to this effect and consider carefully the ethical issues about accepting industrial sponsorship of any kind and the terms for doing so. A number of societies have such policies for example the Royal College of Paediatrics and Child Health (RCPCH)<sup>12</sup>.

There will also need to be a system of monitoring the policy to ensure that its precepts are maintained over the years. The International Baby Food Action Network (IBFAN) has a position statement on sponsorship on its website<sup>13</sup>.

The following table illustrates the type of sponsorship to be avoided: (from Wright and Waterston)

**Table 1 - Types of Sponsorship and reasons for avoiding them**

<p><b>Within an institution</b></p> <p>The use of leaflets or posters displaying company logo</p> <p>Support from IFM* for teaching sessions or meetings</p> <p>Support for staff salaries, equipment or research</p>	<p><b>Reason for avoiding</b></p> <p>It promotes the company to public in trusted environment</p> <p>Publicity will associate your establishment with the company</p> <p>Institution will be indebted to the company, tending to stifle expressions of doubt about their products or practice</p>
<p><b>As an individual</b></p> <p>Accepting gifts of stationery, pens, clinical equipment</p> <p>Speaking at meeting which is visibly badged by IFM</p> <p>Support for attending a conference or course</p>	<p><b>Reasons for avoiding</b></p> <p>You promote the company to your patients by using them</p> <p>Publicity will be used to promote the company and link your name to it</p> <p>You will feel indebted to the company and inclined to expect such support in future</p>
<p>*IFM = Infant Formula Manufacturers</p>	

It is essential that all paediatric societies both develop a sponsorship policy such as that of *ISSOP* (see [www.issop.org](http://www.issop.org)) and empower a standing committee led by an executive committee member to monitor the policy on an annual basis and publish the outcome in the annual report, so as to ensure complete transparency to the public in its sources of funding.

It should be noted that some professional organisations (for example the Indian Academy of Paediatrics with over 23000 members and the Indian Medical Association with 215000 members) have pledged not to accept any sponsorship from the baby feeding industry.<sup>14, 15</sup>

#### 4. Policy background – the International Code

Recognising the vulnerability of infants and the risks involved in inappropriate feeding practices, the World Health Assembly (WHA) passed the International Code of Marketing of Breast milk Substitutes in 1981<sup>16</sup>. The International Code (IC) and subsequent relevant World Health Assembly (WHA) resolutions call for the end to the promotion of breast milk substitutes and related products and are universally accepted as essential tools for the protection of breastfeeding. The key articles for health professionals are articles 4.3, 7.3 and 7.4:

*4.3 - Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose.*

*7.3 - No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.*

*7.4 - Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation of use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.*

**Since 1981 the WHA has passed 14 resolutions that clarify and strengthen the IC and keep pace with scientific and commercial developments.** These resolutions are important and have the same legal status as the IC and should be read with it\*.

*\*Throughout this document the term International Code should be understood to mean the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions.*

For example, the World Health Assembly (WHA) resolution 49.15 of 1996, calls upon governments to ensure that *“financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO UNICEF Baby-Friendly Hospital Initiative “*

The clear implication of these recommendations is that health professionals should not participate in Baby Feeding Industry-sponsored educational events and should not accept samples nor give them to families, nor should they accept financial or material inducements to promote products. Any such acts would be direct violations of the IC, which is intended, according to the WHO, to be a minimum requirement.

## 5. Recommendations

### 5.1. For ISSOP

- Disseminate this position statement as widely as possible among its members and support them in using it within national paediatric societies
- Ensure that its own sponsorship policy is rigorously upheld
- Develop an educational programme on the protection and support of breastfeeding among paediatricians
- Advocate as the norm early and exclusive breastfeeding for 6 months and continued breastfeeding alongside nutritionally adequate and safe complementary foods up to two years of age or beyond (*see ISSOP position statement on breastfeeding<sup>17</sup>*)
- Advocate that governments protect breastfeeding from commercial exploitation
- Endorse protocols for independent international monitoring of breastfeeding protection

### 5.2. For National and International Paediatric Associations

- Aim to end all sponsorship of educational activities by the Baby Feeding Industry, by developing a policy to this effect
- While working towards this goal, ensure that the profile of any baby feeding exhibition stands at conferences is lowered and does not promote specific brands
- Ensure that breastfeeding is given high priority in conference programmes
- Discourage member paediatricians from accepting gifts from the Baby Feeding Industry including free travel and accommodation to national and international conferences
- Ensure that an educational programme in breastfeeding protection, support and promotion is included in the paediatric curriculum for example  
See <http://www.unicef.org.uk/BabyFriendly/Resources/Training-resources/E-learning-for-paediatricians/>
- Include teaching about the IC and subsequent WHA resolutions, and the need for advocacy to support it, in the paediatric curriculum
- Identify alternative sources of funding of educational programmes to replace that lost from Baby Feeding Industry sponsorship
- Advocate for the protection of infant feeding from commercial exploitation

### 5.3. For paediatricians

- Work towards Baby Friendly status for hospitals and clinics
- Ensure that individual breastfeeding protection and promotion is carried out whenever possible, together with provision of effective support and advice for mothers with breastfeeding difficulties
- Reduce contact with Baby Feeding Industry representatives to the minimum and accept no gifts or free travel to educational meetings
- Report possible violations of IC or national legislation to appropriate forums/authorities and national paediatric association



- Avoid attending 'scientific' meetings arranged by the Baby Feeding industry

6. Monitoring and implementation of this position statement

There will be a one yearly review of the statement and discussion at ISSOP council on actions to be taken by national paediatric societies.

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10.4.14

## 6. References

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<http://www.who.int/nutrition/publications/infantfeeding/statusreport2011/en/>
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13. <http://ibfan.org/upload/files/Sponsorship-and-conflicts-of-interest.pdf>
14. <http://bpni.org/bulletin/IAP-resolution-on-IMS-Act.jpg>
15. <http://www.bpni.org/documents/IMS-act.pdf>
16. WHO Code of Marketing of Breastmilk Substitutes, Geneva 1981  
[http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)
17. Gökçay G. Breastfeeding: for the sake of the Europe and the world: European Society for Social Pediatrics and Child Health (ESSOP) Position Statement. Child: Care, Health Dev 2009;35: 293-297.

### Further reading

IBFAN Breaking the rules, stretching the rules 2004

Waterston T, Tumwine J. Monitoring the marketing of infant formula feeds. BMJ 2003 Jan 18;326(7381):113-4.

Ergin A, Hatipoğlu C, Bozkurt AI, Erdoğan A, Güler S, Ince G, Kavurgacı N, Oz A, Yeniay MK . Compliance status of product labels to the international code on marketing of breast milk substitutes. . Matern Child Health J. 2013 Jan;17(1):62-7.

## Appendix 1 - Reports of Code violations

Violations of the international code of marketing of breast milk substitutes:  
prevalence in four countries Anna Taylor

*BMJ* 1998; 316 doi: <http://dx.doi.org/10.1136/bmj.316.7138.1117> (Published 11 April 1998)

<http://www.bmj.com/content/316/7138/1117>

International Baby Food Action Network (IBFAN) 2004

Breaking the rules, stretching the rules

Evidence of violations of the International code of marketing and subsequent resolutions

<http://ibfan.org/art/302-2.pdf>

WHO

Country implementation of the International Code of Marketing of Breast-milk Substitutes:

Status report 2011

[http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85621/1/9789241505987_eng.pdf)

UNICEF 2012

INVESTIGATION INTO VIOLATIONS OF THE INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES IN LAO PDR

[http://info.babymilkaction.org/sites/info.babymilkaction.org/files/UNICEF\\_Lao\\_report\\_8April2013.pdf](http://info.babymilkaction.org/sites/info.babymilkaction.org/files/UNICEF_Lao_report_8April2013.pdf)

The following violations are reported:

- not promoting the superiority and benefits of breastfeeding (Article 4)
- advertising and promotion to the general public of products covered by the Code (Article 5)
- use of the health care system to promote infant formula and other products within the scope of the Code (Article 6)
- providing financial or material inducements, including giving free samples to health workers, to promote breastmilk substitutes (Article 7)
- inadequate and confusing labelling; and not clearly stating that complementary foods are suitable only for use by infants aged 6 months and above and not earlier (Article 9)
- not providing information in an easily readable format (Article 9) and in Lao language as required by the 2007 Agreement on Infant and Young Child Food Products in Lao PDR.

*'The study also shows that health workers often accept gifts from manufacturers or distributors and generally report that they are unaware of the Code or its basic provisions. As health workers have great influence on mothers and an obligation to protect and promote breastfeeding, it is critical that they are able to provide correct information.'*

UK 2013

How companies violate the International Code of Marketing of breast milk substitutes and subsequent WHA resolutions and UK measures

<http://www.babymilkaction.org/pdfs/lwtduk2013.pdf>

IBFAN Breaking the Rules 2014 – now available on-line

<http://www.ibfan-icdc.org>

## Appendix 2 - Are the foundations sponsored by the Baby Feeding Industry truly independent?

### Points of Discussion between Nestle and Indian Academy of Paediatrics (IAP) May 2011

1. Nestle conceded that the Nestle Nutrition Institute (NNI) is a part of Nestle and that the funding for all NNI programs comes from the parent organization, Nestle; it has its own independent Advisory Board which decides dates, venues, speakers and topics of its seminars
2. The same sales representatives who promote the Infant Milks Substitutes (IMS) products of Nestle, distribute the invites for the NNI seminars
3. Nestle believes they are not violating the IMS Act\* as sponsorship or pecuniary benefit is not involved
4. Nestle also believes that from the feedback they have received from the doctors who attend their seminars, that pediatricians in India are overworked and underexposed to scientific resources and that Nestle is grateful to all its patrons for all the support they have given to the company and so the NNI seminars are a simple gesture of expressing Nestle's gratitude for the support and also supplementing the scientific activity which IAP is doing
5. Nestle also mentioned that any seminar necessitates at least a basic level of comfort and therefore hosting of such seminars at a five-star venue doesn't make it unethical since even Pedicon's are held at equally lavish / opulent venues and lavish expenditure
6. Nestle also strictly audits the response to its hosted activities and the success of NNI seminars is proof of the fact that such activities are needed in the country
7. IAP discussed that there is psychological link created between the seminars and the IMS products because of the sales representatives distributing the invites, arranging pick-ups and also discussing how the doctor felt the seminar was after it is over, at his / her next visit to the doctor
8. IAP also mentioned about conflict of interest, persuasion by support, about one of the NNI seminars' speakers being on the payroll of IMS producing companies (although Nestle clarified here that although she might be, she did not discuss anything related to IMS products in her talk)
9. IAP also shared with Nestle a report by Reuter on how Nestle has violated the International Code of WHO: also discussed was how Nestle had filed a court case against the IMS Act, how its lawyer had been attending court hearings incognito and how Nestle had used delaying tactics to try and defer the IMS Act becoming law; they had also tried to fund IAP and offered to help to "teach nurses how to advice regarding breastfeeding" to Dr RK Anand at his hospital at a time when Dr Anand and Dr Satya Gupta were on the panel for the IMS Act formulation.

\*IMS Act = Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992 (IMS Act)

## Websites and organisations that are funded by the formula milk industry

First Steps Nutrition Trust, June 2013

[http://www.firststepsnutrition.org/pdfs/Websites%20and%20organisations\\_Final.pdf](http://www.firststepsnutrition.org/pdfs/Websites%20and%20organisations_Final.pdf)

*'The free resources and study days that companies offer are paid for from profits from the sale of formula milks and the cost of these PR activities inflates the price of formula milk which should be a relatively low-cost product based on its ingredients. We outline here why these websites should not be the main source of information for any health professional, using some examples from the websites we examined. However, this is just a snapshot to illustrate why any sponsored site should be viewed with caution.'*

### Appendix 3 - Academy of Breastfeeding Medicine urges AAP to end formula marketing partnership

Press statement from the Academy of Breastfeeding Medicine on sponsorship of the American Academy of Pediatrics by Mead Johnson. December 2013.

<http://www.bfmed.org/>

*New Rochelle, NY, December 27, 2013*—The *Academy of Breastfeeding Medicine* today asked the American Academy of Pediatrics to end its formula marketing relationship with Mead Johnson.

“AAP participation in formula marketing undermines consensus medical recommendations for exclusive breastfeeding for the first six months of life and is harmful to the health of mothers and infants,” wrote Wendy Brodribb, president of the Academy of Breastfeeding Medicine. “We urge the AAP to discontinue this partnership with Mead Johnson.”

In an email message to members of the AAP’s Section on Breastfeeding, AAP President Thomas McInerney stated, “The inclusion of formula in hospital discharge bags, along with the AAP educational materials Mead Johnson purchased, has sparked considerable discussion. The Academy has initiated conversations with Mead Johnson to ensure the AAP is not connected with distribution of formula samples in the future.”

The *ABM* executive committee urged the AAP to set strict guidelines regarding formula marketing, stating, “We further urge the AAP leadership to implement a formal policy prohibiting Academy participation in direct-to-consumer marketing of formula.”

As reported last week in *The New York Times*, the AAP has contracted with Mead Johnson to provide educational materials for the formula manufacturer’s hospital discharge bags. Rigorous studies have found that mothers who receive bags containing formula samples and coupons introduce formula earlier than mothers who receive non-commercial information.

Furthermore, families who plan to formula feed from the start perceive the brand-name discharge bags as an endorsement from their health care provider, leading them to spend hundreds of dollars on pricey brand-name formula, rather than equivalent generic products.

“Concern about these harmful effects of formula marketing has led two thirds of America’s 45 top hospitals to discontinue formula advertising in their maternity wards,” Dr. Wendy Brodribb, *ABM* President wrote. “It is therefore deeply troubling that the AAP has partnered with Mead Johnson to support this practice.”

## Appendix 4 – An example with Hypo Allergenic formulas

One example, is the work of Dr R.K. Chandra and who was funded by Nestle and Mead Johnson to do research on so-called '*Hypoallergenic*' and '*HA*' formulas when Nestle/Carnation broke into the US market in 1989. HA claims were banned in the USA after several infants suffered anaphylactic shock and nine US authorities took legal action to stop Nestlé making HA claims. The Food and Drug Administration described Nestlé's claims as: "*Misleading and deceptive...Those babies who had severe reactions to Carnation Good Start have paid a high price for the company's irresponsible conduct.*"

In 2002 there were calls for an investigation into Chandra's entire body of research after the British Medical Journal<sup>12</sup> refused to print his work on vitamins, saying the paper had: "*All the hallmarks of being entirely invented.*" Ref BMJ 2006. The scandal is often written off as one of corruption, however, it exposes the inherent problems of corporate-funded research and in this case the effects linger on. On the basis on Chandra's work EU legislation was altered and the global market for HA Formula market was developed<sup>13</sup>.

*Ref secret life of Ranjit Chandra:*

- Ref 14. Resolution passed by the IAP 6 January 1997: "*The IAP shall not accept the sponsorship in any form from any industry connected directly or indirectly with the products covered by the Infant Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production and Distribution) Act 1992*"
- Ref 15. The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 as Amended in 2003 (IMS Act) "*No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.*"