



# Sponsorship of health professional associations by manufacturers and distributors of commercial milk formula

## Model policy

### Context

The World Health Organization (WHO) has recommended (1) that, in order to promote, protect and support breastfeeding, prevent obesity and noncommunicable diseases, promote healthy diets, and ensure that caregivers receive clear and accurate information on feeding, companies that market foods for infants and young children should not “sponsor meetings of health professionals and scientific meetings.” Likewise, health workers, health systems, health professional associations and nongovernmental organizations should not “allow such companies to sponsor meetings of health professionals and scientific meetings”.

In resolution 69.9 on Ending Inappropriate Promotion of Foods for Infants and Young Children (2), the World Health Assembly called upon Member States and health care professionals to implement these recommendations. WHO and United Nations Children’s Fund (UNICEF) have published an Information Note that explains what is meant by sponsorship of health professional and scientific meetings by companies that market foods for infants and young children (3). The document provides a non-exhaustive list of marketing activities that may create conflicts of interest (COI) in health care systems and among health care professionals.

### Purpose

The model policy presented in this document provides draft text that healthcare professional associations may use to support implementation of the WHO guidance. The wording includes reference to the key elements that such a policy should contain, including rationale, overall commitment, types of sponsorship, and review plan. Associations may add to the policy in terms of scope or covered activities as appropriate.

## Model policy

This policy lays down the approach which [the Association] will take towards potential sponsorship of its activities by the manufacturers and distributors of commercial milk formula (CMF) and related vested interests.

### Rationale for the policy

There is compelling evidence that aggressive marketing by manufacturers and distributors of CMF adversely impacts infant and young child feeding practices (4). Such marketing undermines breastfeeding and contributes to poor health outcomes in children. It also contributes to the burden of non-communicable disease, particularly amongst women (5).

Since 1981, the World Health Organization (WHO) has repeatedly called for restrictions on the marketing of CMF or breastmilk substitutes (BMS) (6). In 2016, the World Health Assembly (WHA) called upon Member States to end the inappropriate promotion of foods for infants and young children, including CMF/BMS, to healthcare professionals (HCP) and their associations (HCPAs) (7). And the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children, calls on HCPAs not to allow “companies that market foods for infants and young children... to sponsor meetings of health professionals and scientific meetings.” (1).

Sponsorship is a commercial transaction in which financial or in-kind contributions made to a person, event, project, or activity aim to generate goodwill for a brand among a group of people who can influence purchasing behaviour in others and promote sales even in the absence of recognisable advertising and marketing. In this way, sponsorship establishes a visible, reciprocal relationship between the company and the HCPA. This may be perceived as implying that the company, or its product, has earned some endorsement or approval from the association it sponsors.

This reciprocal obligation creates a conflict of interest (COI) where incentives and conflicting loyalties may compromise HCPAs primary commitment to patient care (8). This effect is evident regardless of the size of the contribution and whether sponsorship is in cash or in-kind. Health professionals exposed to targeted commercial

activity have more positive attitudes to the products being marketed, are more likely to recommend these products to their patients, and less likely to be able to identify false or misleading claims in marketing materials. Furthermore, these effects occur even when health professionals cannot recall sponsors’ names and when they believe they are not influenced by exposure to these products (9).

COI can also undermine the independence and integrity of HCPs and HCPAs by introducing an implicit bias in our research, teaching and clinical practice. For example, COI may lead us to favour content related to CMF feeding over breastfeeding, or may motivate us to use specialised CMF in situations where they may not be required (10).

For this reason, the WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children has cautioned HCPAs that continuing to accept funding from companies that market CMF/BMS and other foods for infants and young children may undermine our scientific credibility, cause reputational harm and lead to our exclusion from meetings, seminars, conferences and/or editorial boards of scientific journals.

As HCPAs we seek to protect, promote, and support optimal infant and young child feeding. Manufacturers and distributors of CMF/BMS, on the other hand, have a fiduciary duty to increase profits for shareholders, through increasing sales and therefore increasing use of CMF/BMS. These missions cannot be reconciled.

### Commitment to end industry sponsorship

As HCP we are in a unique and powerful position to influence the infant feeding behaviours of caregivers and families responsible for young children because we are trusted to use our knowledge of medical and scientific evidence to recommend safe and effective infant feeding and care practices. As leaders in the field of [maternal and/or child] health, we therefore commit to uphold the International Code of Marketing of Breast-milk Substitutes and associated WHA resolutions and to end sponsorship from companies that market CMF/BMS and related vested interests by [DATE].

### Types of sponsorship

The types of industry sponsorship that we will no longer accept include – but are not limited to – the following activities, as recommended by WHO (3):

- Provision of gifts and in-kind support for specific activities of conferences and other events (including online events), e.g. catering and refreshments, fees and/or reimbursements for speakers;
- Advertisements of any company, brand, or product, e.g. adverts and promotional materials in programme booklets, bags or journal supplements;
- Sponsorship of sessions or side sessions at conferences or other events;
- Provision of financial support or aid for scholarships, awards or grants including but not limited to travel or accommodation at conferences or other events;
- Sale and sharing of our members' and conferences or other events delegates' contact details;
- Sale or hire of exhibition space and other marketing opportunities at conferences or other events;

- Sponsorship or funding of publications including websites, clinical guidelines and medical journals, or the inclusion of industry funded advertisements or advertorials in such publications.

We also commit to:

- Manage COI at the individual level, including through declarations of COI at conferences or other events;
- Provide education to our members on the impacts of marketing by manufacturers and distributors of CMF.

### **Policy review**

This policy was first agreed on [DATE] and will be subject to five yearly reviews (including monitoring of compliance with the policy) by the Association's Board.

## Acknowledgments

This model policy was developed by the WHO Department of Nutrition and Food Safety in collaboration with an informal working group established by WHO to accelerate progress towards ending sponsorship from the formula industry, whose members are healthcare professionals and academics with special knowledge and expertise on conflicts of interest, marketing and sponsorship: Dr Tony Waterston (Executive Committee, International Society for Social Paediatrics and Child Health, United Kingdom of Great Britain and Northern Ireland), Dr Gyikua Tejumade Plange-Rhule (Department of Child Health, Kumasi School of Medicine and Dentistry, Ghana), Dr Adriano Cattaneo (retired epidemiologist, Italy), Professor Christian Braegger (University Children's Hospital, Switzerland), Dr Katia Brandt (Federal University of Pernambuco, Brazil), Dr Daniela Drandić (International Confederation of Midwives), Professor Nitin Kapur (Queensland Children's Hospital, Australia), Ms Marie Köhler (Department of Clinical Sciences, Lund University, Sweden), Dr Bahar Kural (Halic University, Türkiye), Ms Lori Lake (Children's Institute, University of Cape Town, South Africa), Ms Lisa Mandell (International Lactation Consultant Association, United States of America), Dr Melissa Mialon (National Institute of Health and Medical Research, France), Dr Linda Ng (School of Nursing and Midwifery, University of Southern Queensland, Australia), Dr Laura Reali (Italian National Health System, Italy), Dr Rima Strassman (St Luke's University Hospital, Pennsylvania, United States of America), and Dr Chris van Tulleken (University College London, United Kingdom of Great Britain and Northern Ireland).

## References

1. World Health Organization. Guidance on ending the inappropriate promotion of foods for infants and young children: implementation manual. Geneva: World Health Organization; 2017 <https://www.who.int/publications/i/item/9789241513470>
2. World Health Assembly, 69. Ending inappropriate promotion of foods for infants and young children. Geneva: World Health Organization; 2016 <https://apps.who.int/iris/handle/10665/252789>
3. World Health Organization. Clarification on sponsorship of health professional and scientific meetings by companies that market foods for infants and young children: information note. Geneva: World Health Organization; 2023 <https://www.who.int/publications/i/item/9789240074422>
4. Pérez-Escamilla R, Tomori C, Hernández-Cordero S et al. Breastfeeding: crucially important, but increasingly challenged in a market-driven world. *Lancet*. 2023;401:472–85 [https://doi.org/10.1016/S0140-6736\(22\)01932-8](https://doi.org/10.1016/S0140-6736(22)01932-8)
5. Louis-Jacques AF, Stuebe AM. Enabling breastfeeding to support lifelong health for mother and child. *Obstet Gynecol Clin North Am*; 2020;47:363–81 <https://doi.org/10.1016/j.ogc.2020.04.001>
6. World Health Assembly, 34. International Code on Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981 <https://www.who.int/publications/i/item/9241541601>
7. Guidance on ending inappropriate promotion of foods for infants and young children: report by the secretariat. Geneva: World Health Organization; 2016 [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf)
8. Fickweiler F, Fickweiler W, Urbach E. Interactions between physicians and the pharmaceutical industry generally and sales representatives specifically and their association with physicians' attitudes and prescribing habits: a systematic review. *BMJ Open*; 2017;7(9):e016408 <https://doi.org/10.1136/bmjopen-2017-016408>
9. Goupil B, Balusson F, Naudet F, Esvan M, Bastian B, Chapron A, et al. Association between gifts from pharmaceutical companies to French general practitioners and their drug prescribing patterns in 2016: retrospective study using the French Transparency in Healthcare and National Health Data System databases. *BMJ*; 2019;367:l6015 <https://doi.org/10.1136/bmj.l6015>
10. van Tulleken C. Overdiagnosis and industry influence: how cow's milk protein allergy is extending the reach of infant formula manufacturers. *BMJ*; 2018;363:k5056 <https://doi.org/10.1136/bmj.k5056>