

Contents

<i>Introduction</i>	<i>ix</i>
<i>About the Author</i>	<i>3</i>
<i>Abbreviations and acronyms used in this book</i>	<i>4</i>
<i>Boxes, figures and tables in this book</i>	<i>7</i>
1 Three institutions	9
The World Health Organization (WHO)	9
WHO and the UN	10
WHO and Codex Alimentarius	11
Performance of the three institutions	12
2 Three policies	15
The Code	16
The Innocenti Declaration	19
WHO Global Strategy for Infant and Young Child Feeding	20
3 Why has the Code been associated with decades of conflict?	27
The Code – is it time for a new perspective?	31
4 Why have breastfeeding policies failed to engage with populations?	39
Exclusive breastfeeding	40
Interface between exclusive breastfeeding and the introduction of complementary foods	42
Breastfeeding for two years or beyond	44
Personalized breastmilk and depersonalized infant-feeding policies	46
Breastmilk and the newborn gastrointestinal tract	49
Suboptimal lactation	50
Emotional and psychological consequences of ceasing breastfeeding	52
Personalized care and support for parents	55
5 Why has complementary feeding been neglected?	61
Complementary-feeding strategy	62
Exclusive breastfeeding and the complementary feeding interface	68
An integrated approach to infant and young-child feeding is essential	69
Complementary feeding and malnutrition	70

6 Is non-compliance prevalent across all stakeholders?	77
Evidence of lack of commitment to the Code by governments	78
Evidence of failure of compliance by health services	79
Evidence of failure to govern the Code	82
Non-compliance issues for families	83
A way forward	84
7 When is a breastmilk substitute no longer a breastmilk substitute?	91
What is the policy status of this new interpretation of breastmilk substitutes?	92
Is WHO's interpretation of breastmilk substitutes plausible?	94
What is the objective of WHO's new interpretation of 'breastmilk substitutes'?	98
The impact on parents	99
8 How critical is the duration of continued breastfeeding for child health?	109
Evidence or opinion?	109
Establishing evidence on breastfeeding and child health	111
More on the Belarus PROBIT study	116
Breastfeeding in the second year of life	121
Alignment of research and advocacy	122
9 The journey from scientific research to clinical practice	129
Intervention studies	130
Docosahexaenoic acid (DHA)	131
Cochrane reviews (meta-analyses)	132
Data from randomized clinical trials (RCTs)	133
Appraisal of evidence and the process of making policy	133
What is the best evidence for public health policy-makers?	134
Pragmatism when applying research to practice	134
10 Family-friendly policies—less idealism and more realism	137
Philosophical divisions	137
Public engagement	138
Economic status	141
Misleading information	143
The importance of choosing the right language	147
Advising on policy	149
Equality, caring and respect	150
Interface with health professionals	152
11 The relationship of breastfeeding to maternal health	157
Breastfeeding, menstruation and infertility	157

Breastfeeding, obesity, cardiovascular disease and diabetes	158
More findings from the PROBIT study	162
Breastfeeding and cancer	163
Breastfeeding, cancer and docosahexaenoic acid (DHA)	166
12 Interest groups, advocates and activists	171
Special interest, advocates and activists	171
The Global Breastfeeding Collective	173
WHO and activism	175
How could this be managed differently?	179
13 Dysfunctional partnership-working	183
WHO and industry	184
Industry and governance	186
WHO working with health professionals	189
A Strategic Advisory Group (SAG) on infant and young-child feeding	192
14 Product regulation and monitoring	195
Evaluation of changes in formula composition	196
DHA and infant formulas	196
Regulatory systems for marketing, promotion, labelling and packaging	199
Transformational change	203
15 Stakeholder conflict of interest and independent regulation	217
Self-interest	218
Conflict of interest	219
Collaborative infant-feeding research	219
Sponsorship of educational meetings	220
Conflict of interest or interest in conflict?	223
The interface between policy-makers, paediatricians and industry	228
Is there a way forward?	231
Should WHO disentangle itself from conflict of interest?	233
16 An independent review of infant-feeding policy-making is long overdue	241
Roles and responsibilities of WHO, WHA and governments	241
Roles and responsibilities of policy-makers, health professionals and industry	243
Parent-friendly policies	244
Integrated approach to infant and young-child diet	245
Policy integration	245
Independent regulatory authorities	246
The way forward	247

17 A memorandum of understanding between WHO and Nestlé	251
What should Nestlé and WHO bring to the table?	251
18 A framework for change management	259
Global and national policy-making	259
Infant feeding and morbidity and mortality	259
Breastmilk and infant formula	260
Complementary feeding	260
Inequality	260
The importance of food	261
Parental involvement	261
Health benefits of breastfeeding for infants	261
Infant-feeding policy	262
Conflict of interest	262
Interest groups, advocates and activists	263
Partnership-working	263
Governance	263
Critical success factors	264
19 Seven steps to transformational change	265
A strategic framework to balance global and national responsibilities	265
A global and national code of practice for infant and young-child feeding	265
A global regulatory framework for regulation of infant formula	266
A research framework that supports research in academic and industry	266
A governance framework to set standards for all stakeholders	267
A parental involvement framework	267
A memorandum of understanding (MoU) between WHO and Nestlé	267
20 Final reflections	269
21 On the 40th Anniversary of the adoption of the Code	279
Epilogue	283
<i>References</i>	284
<i>Useful links</i>	298
<i>Index</i>	300