

Comments on the Competition and Markets Authority (CMA) interim market study report on infant and follow-on formula

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World Cancer Research Fund welcomes the opportunity to provide input to the Competition and Market Authority (CMA) interim report on the infant formula and follow-on formula market study. We examine how diet, nutrition, weight and physical activity affects people's risk of developing and surviving cancer. Our research clearly shows that breastfeeding protects against breast cancer in the mother and promotes healthy growth in the infant, including by protecting against overweight and obesity later in life, and therefore has an important role in cancer prevention for both mothers and babies. As part of an international network of charities, we fund life-saving research, influence policy and raise public awareness. Our work helps prevent cancer and enables people to live longer, healthier lives.

While we welcome the CMA's interim findings and recommendations, we wish to emphasise that public health and infant health must remain the priority in any policy changes. We advocate that infant formula should be treated differently from other consumer goods due to its essential role in infant nutrition and the potential long-term consequences of inappropriate use. Our recommendations go hand in hand with wider calls to improve government support programmes such as Healthy Start and improve public messaging to inform parents about the equivalence of formula products and the benefits of breastfeeding.

Our response also supports the submission by Baby Feeding Law Group (BFLG)-UKⁱ, which highlights that any infant formula policy must ensure its safe and suitable use without displacing breastfeeding and must consider the outsized role that marketing of infant formula and complementary products plays in the inappropriate promotion of infant formula in the UK, to the detriment of public health.

Infant nutrition and reducing cancer risk

There is strong scientific evidence from our Global Cancer Update Programmeⁱⁱ that breastfeeding protects against breast cancer in the mother and promotes healthy growth in the infant. Having been breastfed protects children against excess weight gain and overweight and obesity later in life. In turn, this acts to reduce the risk of at least 13 cancers for which weight gain and overweight and obesity are a cause.

Therefore, given the impact of preventable cancers on ill health, society and economy, it is imperative that the CMA market study and subsequent policy recommendations consider the public health implications of infant formula and follow-on formula as a primary goal.

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Policy recommendations

We outline our support for several recommended measures, in particular:

- Strengthened regulations and enforcement regarding the marketing and standardised labelling of infant formula. We welcome the inclusion in the CMA report of standardised packaging of these products in the National Health Service (NHS) but urge its inclusion in the final recommendations and stronger support for this policy option. In the long term, regulations on labelling for infant and follow-on formula should be assessed. Standardised infant formula labelling can reduce the impact of branding and marketing and will have a positive impact on public health and prices, with less potential for paying unnecessarily for brand loyalty. This is because labelling of infant formula is a known tool that supports brand loyalty and cross promotion of breastmilk substitutes.
- Introduction of mandatory price controls to stabilise and reduce formula prices, given the ongoing high levels of infant food insecurity, cost of living crisis and high profit margins of infant formula manufacturers (who have a large amount of control in setting prices).
- Implementation of pre-authorisation requirements for new formula products under the oversight of the relevant Department of Health and Social Care expert advisory committee to prevent misleading claims and ensure compliance with nutritional standards. This will also require the strengthening of the competent authority with measures such as clear guidance notes and confirming responsibility for monitoring and enforcement.

We voice our concern and opposition over the following items:

- Disproportionate emphasis on choice in the recommendations. This disregards a key characteristic of infant formula. All infant formula is nutritionally equivalent due to Codex standards (internationally recognised standards, guidelines, and codes of practice related to food safety and quality, established by the Food and Agriculture Organization (FAO) and the World Health Organization (WHO) to ensure food safety and facilitate international trade). The standards require that infant formula must be a safe and accessible to parents to support adequate growth and development, but it should not be promoted as it does not carry the benefits of breastmilk. Therefore, due to the requirement to be nutritionally equivalent, choice of infant formula is significantly less important and can falsely create the impression that certain brands of formulas may be preferrable over others despite being nutritionally equivalent.
- **Publicised price promotions and discounts,** as these could undermine breastfeeding and encourage unsafe formula feeding practices. Allowing manufacturers and retailers to publicise price promotions would be an added tool for marketing infant formula. As highlighted in the report, parents' main motivator in choosing a brand that they perceive to be the best for their baby. However, the decision whether to purchase formula at all is likely to be influenced by price promotions, as these are one of the most basic and effective marketing tactics available.

Consequently, we urge the CMA to consider the policy option of price control more seriously in its final report. This would have a strong impact and benefit most vulnerable groups, while eliminating issues of stigma for parents highlighted in the report itself.

Exacerbating health and social inequalities

Moreover, the range of infant formula and complementary products (such as follow-on milk) is growing, and it has been shown to target most vulnerable groups through inappropriate marketing practicesⁱⁱⁱ. We call for an "inequalities lens" to address socioeconomic disparities in infant feeding.

Alignment with international standards and frameworks

We reiterate the need to strongly align with the International Code of Marketing of Breastmilk Substitutes and associated WHO guidelines to minimise the influence of marketing on infant feeding decisions. The Code aims to support parents and families with accurate, unbiased, evidence-based information about feeding options. It prohibits unethical practices such as the

- direct promotion of breastmilk substitutes to the public.
- provision of free samples to mothers or healthcare workers.
- advertising that implies formula is equivalent or superior to breastmilk.

It is embedded in many global declarations, standards and strategies including the Codex standards on formulas and baby foods. The UK has also ratified the Convention on the Rights of the Child (CRC) which stipulates in Article 24 that state parties shall take appropriate measures 'To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene, and environmental sanitation and the prevention of accidents'. The UK is bound by international law to fulfil its legal obligations to recognise the right of the child to the enjoyment of the highest attainable standard of health.

In the UK, there are documented violations of companies of breastmilk substitutes to the existing regulations on marketing. Examples of undue marketing in the UK include advertising to the public, including of products that are inappropriate for babies under 6-month-old, cross promotion, and contacting and gifting to mothers, sponsorship, or misleading healthcare professionals^{iv}. As such, considering trade-offs in developing policy options threatens to weaken the regulatory framework, which should be in line with existing international standards made up by the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions^v.

Conclusion

World Cancer Research Fund advocates for strong regulatory measures which prioritise infant health, in particular stricter marketing rules, and equitable access to affordable infant formula while rejecting approaches that could compromise breastfeeding or mislead consumers.

For further information, please contact policy@wcrf.org

ⁱ Baby Feeding Law Group (BFLG) UK. <u>https://www.bflg-uk.org/about-us/#who-we-are</u>

ⁱⁱ World Cancer Research Fund International. Global Cancer Update Programme. <u>https://www.wcrf.org/research-policy/global-cancer-update-programme/</u>

^{III} World Health Organization. *Multi-country study examining the impact of marketing of breast-milk substitutes on infant feeding decisions and practices: commissioned report*. No. WHO/UHL/MCA/22.01. World Health Organization, 2022

^{iv} Conway, R, et al. Content analysis of on-package formula labelling in Great Britain: use of marketing messages on infant, follow-on, growing-up and specialist formula. *Public Health Nutrition* 26.8 (2023): 1696-1705. ^v UNICEF. The International Code Of Marketing Of Breastmilk Substitutes

https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/international-code-marketing-breastmilk-substitutesresources/the-code/