



ACCESS TO  
**NUTRITION**  
INITIATIVE

# **BMS / CF MARKETING INDEX 2021**

Methodology to assess baby food companies' compliance with the International Code of Marketing of Breast-Milk Substitutes and all subsequent relevant WHA resolutions

May 2021





# Contents

<b>The importance of optimal breastfeeding and appropriate complementary feeding</b>	<b>3</b>
<b>International recommendations on breastfeeding and complementary feeding</b>	<b>4</b>
<b>ATNI's objectives and approach to assessing baby food companies' BMS and CF marketing</b>	<b>5</b>
<b>Company selection</b>	<b>6</b>
<b>Overall methodology scope and structure</b>	<b>7</b>
Basis for company assessment	7
Product scope	8
Methodology structure	8
<b>BMS/CF 1 Corporate Profile</b>	<b>9</b>
Approach	9
Changes to the methodology	9
Areas not covered by methodology	9
BMS Module	10
CF Module	10
BMS/CF 1 Corporate Profile scoring	11
<b>BMS/CF 2 In-country assessments</b>	<b>13</b>
Country selection for BMS/CF 2 assessments	13
Changes to the in-country assessments compared to the 2018 methodology, and variations with the NetCode Protocol	15
Timeline and research process	15
BMS/CF 2 scoring	15
<b>Final scoring, ranking and reporting of results</b>	<b>17</b>
<b>Annex: BMS/CF 1 Corporate Profile methodology</b>	<b>20</b>
BMS Marketing module	20
Complementary Foods 6- 36 module	38
<b>Endnotes</b>	<b>44</b>



# The importance of optimal breastfeeding and appropriate complementary feeding

Nutrition is particularly important within the first 1,000 days of a child's life (from conception to age two). Optimal breastfeeding is a crucial element of infant and young child nutrition. The World Health Organization (WHO) recommends that infants everywhere be breastfed exclusively for the first six months, at which point safe, appropriate complementary foods (CF) should be introduced to meet their evolving nutritional requirements. The WHO also notes that CF should not be used as a breast-milk substitute (BMS), and that infants and young children should continue to be breastfed until they are aged two or older.<sup>1</sup> Any product that potentially replaces the consumption of breastmilk before the age of 36 months is considered to be a BMS. Nevertheless, while breastfeeding up to the age of two years is encouraged, the importance of appropriate CF from the age of six months onwards should not be undermined, as this has shown to be important in preventing stunting.<sup>2</sup> These foods should have appropriate levels of micronutrients, either inherently or through fortification, to provide all of the vitamins and minerals essential to healthy development.<sup>3</sup> CF of poor nutritional quality, particularly those that are high in sugar and calories, can contribute to weight gain in young children.<sup>4</sup>

Breastfeeding has long been proven to provide a myriad of significant health benefits compared to BMS. These benefits are unique to breastfeeding and help both mother and infant.<sup>5,6</sup> Positive long-term benefits for infants include protection against becoming overweight or obese, as well as against certain non-communicable diseases such as diabetes mellitus.<sup>7,8</sup> Furthermore, in areas of the world where hygiene is poor and the availability of, and access to, food is sub-optimal, breastfeeding is key to lowering infants' risk of undernutrition and infectious diseases.<sup>9</sup> The latest evidence from a systematic review and meta-analysis found that babies that continued to be breastfed after 12 months of age exhibited a two-fold lesser risk of mortality than those not breastfed.<sup>10</sup>

For mothers, breastfeeding can reduce the risk of certain types of cancer, such as ovarian and breast cancer,<sup>11</sup> and prolonged breastfeeding reduces post-partum weight retention.<sup>12</sup> Continued breastfeeding, rather than simply breastfeeding for a short period of time, can also reduce the risk of type 2 diabetes as well as cardiovascular diseases for the mother.<sup>13, 14</sup> The 2019 *Cost of Not Breastfeeding* tool has shown that optimal breastfeeding has the potential to prevent an additional 98,243 deaths of mothers annually from cancer and type 2 diabetes.<sup>15</sup>

In the lowest-income countries particularly, breastfeeding is vital to many children's survival and development. In 2019, the *Cost of Not Breastfeeding* tool showed that 595,379 childhood deaths (0 to 23 months) from diarrhea and pneumonia were attributable to not breastfeeding according to the global WHO and United Nations Children's Fund (UNICEF) recommendations, with 64% occurring in lower middle-income countries.<sup>16</sup>

Due to the sub-optimal rates of breastfeeding worldwide, and continuing infant mortality and poor health outcomes, in 2014, WHO set the global target for 2025 of achieving 50% exclusive breastfeeding in the first six months of age in all countries and regions.<sup>17</sup> UNICEF estimates of exclusive breastfeeding rates during the first six months of life show that they improved from 33% in 1995, to 42% in 2018 and 44% in 2019. Significant effort needs to be made to reach the global target, as four of the six global regions have rates well below 40%, with only South Asia and Eastern and Southern Africa having levels slightly above the global target.

Optimal infant and young child nutrition is also an essential component of achieving the global nutrition goals set by the WHO for 2025 to reduce wasting and stunting, as well as other goals to combat growing levels of overweight and obesity, and reducing deaths and illness from diet-related chronic diseases.<sup>18</sup> The critical importance of good nutrition through healthy diets has been underlined by the Covid-19 pandemic.<sup>19</sup> Substantially improving the diets of infants and young child nutrition is also a critical element to delivering Sustainable Development Goal (SDG) 2 (Ending Hunger) and SDG 3 (Good Health and Well-being), and will contribute to achieving many other SDGs.



# International recommendations on breastfeeding and complementary feeding

In 1981, The International Code of Marketing of Breast-milk Substitutes was adopted by the World Health Assembly (WHA) as a minimum requirement to protect and promote appropriate infant and young child feeding.<sup>20</sup> Since 1981, 22 WHA resolutions have been passed that augment or reinforce the original Code.<sup>21</sup> ('The Code', used throughout this document, refers both to the 1981 WHO Code and all subsequent and relevant WHA resolutions, up to and including WHA 69.9). The Code is the recommended basis for action for member states to regulate and monitor the marketing of BMS. Article 11 also states that manufacturers and distributors of products within the scope of The Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of The Code, and for taking steps to ensure that their conduct at every level conforms to them.

The most recently adopted resolution in May 2016 was WHA Resolution 69.9, along with accompanying technical guidance developed by the WHO in 2017.<sup>22 23</sup> This resolution further clarifies the scope of BMS products covered by The Code, i.e., all formulas intended for infants from birth to 36 months of age, including infant formula (IF), follow-on formula (FOF) and growing-up milks (GUM). It is important to note that formulas for special medical purposes have always been included within The Code's scope. WHA 69.9 extends guidance on conflicts of interest. It also introduces new recommendations for the appropriate marketing of CF marketed as suitable for young children aged between 6 and 36 months, and prohibits cross-promotion of BMS through the marketing of such foods.

To give legal effect to The Code, countries need to enact laws and regulations and rigorously monitor compliance. However, according to The Code status report of 2020, despite international efforts to encourage all countries to incorporate The Code into national legislation, 40 years since its release, 30% of countries still have none of its provisions in their law. Only 31 countries have legal measures that implement the full breadth of The Code's recommendations. This is one of the reasons that it is essential that manufacturers of BMS and CF for infants and young children should themselves commit to complying with The Code, to demonstrate their commitment to protecting breastfeeding and supporting optimal nutrition among young children.<sup>24</sup>

Scaling up exclusive and continued breastfeeding is not only essential for individual health and wellbeing, but also for optimal human capital development and strengthened individual and national economic outcomes.<sup>25</sup> While the vast majority of women can breastfeed their infants, and most infants are able to be breastfed, in low-, middle- and high-income countries, breastfeeding rates are falling and a marked transition in global infant and young child feeding has occurred, with higher use of commercial milk formulas.<sup>26</sup> The transition is linked with rising rates of female participation in the labor force in many developing markets, urbanization, and increasing incomes and aspirations, which have encouraged the adoption of convenience-oriented lifestyles and made formulas and prepared infant foods more desirable.

Structural factors such as inadequate maternity protection, workplace breastfeeding policies and hospital and antenatal clinic policies that are not supportive of breastfeeding strongly shape a mother's feeding preference even before birth.<sup>27</sup> Socio-cultural factors further play a role where breastfeeding and complementary feeding practices are largely based on cultural customs and significantly influenced by grandmothers and the elderly in the community. Marketing of BMS and CF, which includes advertising, promotions and some information presented on labels, significantly shapes the perceptions of caregivers by acting as an influential source of information. It has been demonstrated to contribute to decreasing rates of breastfeeding.<sup>28, 29</sup> Baby food companies can play a critical role in supporting optimal breastfeeding and the timely introduction of CF by marketing their products in line with The Code. In doing so they can also contribute to achieving global nutrition targets and the SDGs.





# ATNI's objectives and approach to assessing baby food companies' BMS / CF marketing

ATNI's principal objective in assessing the selected major baby food companies is to determine the extent to which they market their BMS and CF in line with The Code. ATNI's ultimate goal is to encourage all baby food companies to market their products in line with this international standard and/or national legal measures, whichever are stricter.

ATNI undertakes its assessments using the methodology set out here. The methodology is again based on the recommendations and guidance of organizations such as WHO and UNICEF, and relevant resolutions passed by the WHA.

The assessment is designed to enable stakeholders to track changes over time in the selected baby food companies' policies, practices and disclosure and to compare:

- The alignment of their marketing policies with The Code and subsequent relevant WHA resolutions
- The markets and products to which companies apply their policies
- How robust the companies' related management systems are and how consistently they apply them in different markets
- The completeness of the companies' disclosure
- Their approach to lobbying on BMS and CF marketing topics
- The effectiveness of the companies' policies and management systems in key markets in ensuring their marketing of BMS products complies with their policies and/or The Code and local regulations.

A score is generated for all manufacturers and they are ranked based on that score. Previously, in 2016 and 2018, ATNI published the results of these assessments within each Global Index report. For the first time in 2021 ATNI is publishing the results in a separate Index, called the BMS/CF Marketing Index 2021).

For those companies that are constituents of the Global Index 2021, their final Global Index score is adjusted based on their BMS/CF Marketing Index score. If a company's marketing is found to be fully compliant with this methodology – and therefore in line with The Code - it will score 100% and no adjustment will be made.

Additional background and material on ATNI's approach to assessing BMS marketing can be found on [ATNI's website](#), including previous Index reports, scorecards for each BMS company and previous methodologies.



## Company selection

The BMS/CF Marketing Index 2021 includes the top nine baby food manufacturers globally, based on 2018 Financial Year (FY2018) revenues provided by Euromonitor International, as shown in Table 1. The previous assessment included only the six largest. ATNI was provided with additional funding to expand the scope in response to stakeholder input. The three newly added companies are China Feihe Limited, China Mengniu Dairy Company Limited and the Inner Mongolia Yili Industrial Group.

For the BMS/CF Marketing Index 2021, only those companies that derived fully 5% or more of their FY2018 revenues from the sale of baby foods were included in the selection. Companies were then assessed on the BMS module of the BMS/CF 1 methodology if they derived 5% or more of their baby food revenues in 2018 from BMS products covered under the scope of The Code (formulas from birth to 36 months). They were also assessed on the CF module of the BMS/CF 1 methodology if they derived 5% or more of their baby food revenues in FY2018 from sales of CF products (6-36 months).

Six out of the nine companies are constituents of the Global Index 2021, which assesses 25 of the world's largest food and beverage manufacturers. These six companies' scores on the BMS/CF Marketing Index 2021 will therefore feed into their final scores on the Global Index 2021. Abbott and Reckitt are not constituents of the Global Index 2021 because they are not classified as being food and beverage sector companies; and Feihe, while falling within this sector classification, is not a constituent because it is not among the 25 largest food and beverage companies globally.

Table 1 Overview of companies included in BMS/CF Marketing Index 2021 and Global Index 2021

Company	Short name used in Index	New to this Index?	Global Index 2021
<b>Abbott Laboratories Inc.</b>	Abbott	No	No
<b>China Feihe Limited</b>	Feihe	Yes	No
<b>China Mengniu Dairy Company Limited</b>	Mengniu	Yes	Yes
<b>Danone</b>	Danone	No	Yes
<b>Inner Mongolia Yili Industrial Group</b>	Yili	Yes	Yes
<b>Koninklijke FrieslandCampina</b>	FrieslandCampina	No	Yes
<b>Nestlé S.A.</b>	Nestlé	No	Yes
<b>Reckitt</b>	Reckitt	No	No
<b>The Kraft Heinz Company</b>	KraftHeinz	No	Yes



# Overall methodology scope and structure

## Basis for company assessment

The methodology is based on the following key international guidelines, recommendations and standards:

- The International Code of Marketing of Breast-milk Substitutes.
- Subsequent WHA resolutions that make significant additions or provide clarifications to the original Code, referred to throughout this document in appropriate sections.
- Codex Alimentarius Standards (Codex) for infant formula and formulas for special medical purposes intended for infants (Codex Standard 72-1981) and the standard for follow-up formula (Codex Standard 156-1987).
- Relevant local regulations in the countries in which ATNI conducts in-country studies (see page 14).
- NetCode Toolkit: Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessment (2017)

For the first time, companies' compliance is assessed with the recommendations within WHA 69.9, passed in May 2016. WHA 69.9 clarifies that the scope of The Code extends to formulas for young children up to 36 months of age and includes guidance about how CF intended for infants and young children between six and 36 months of age should be marketed, among other things, as shown in Box 1.

ATNI carried out a preliminary review of the policies of the six BMS companies included in the 2018 Global Index which showed that they had not yet amended their policies to reflect this resolution. This analysis was not included in the assessment, to give companies time to adapt their policies. However, ATNI made clear in 2018 that the assessment would be extended to encompass the recommendations of WHA 69.9 for this Index.

### Box 1: Summary of WHA 69.9

The recommendations set out in resolution [WHA 69.9](#) passed in May 2016 clarify that the scope of The Code extends to formulas for young children up to 36 months of age, and include guidance on how CF intended for infants and young children between six and 36 months of age should be marketed. The aspects of this resolution of particular relevance to ATNI's methodology are the recommendations that messages used to market food for infants and young children should support optimal feeding, i.e., include a statement on the importance of continued breastfeeding for up to two years or beyond and should specify the appropriate age of introduction of the food - not before six months). It is important to note the word 'food' in this context means both foods and drinks, like juices, for infants and young children.

Furthermore, messages should not suggest use for infants under the age of six months, make a comparison to breastmilk, recommend or promote bottle feeding, or convey an endorsement. It also states that there should be no cross-promotion to promote BMS indirectly via the promotion of food for infants and young children: the packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for BMS. WHA 69.9 also makes clear that companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies should not provide free products to families through health workers or health facilities, give gifts or incentives to health care staff (which includes any form of support to attend conferences and professional meetings), give any gifts or coupons to parents, provide education to parents in health facilities, provide any information for health workers other than that which is scientific and factual, or sponsor meetings of health professionals and scientific meetings.



## Product scope

The BMS/CF Marketing Index 2021 assesses whether companies market the following products in line with the recommendations of The Code:

### Breast-milk Substitutes:

1. Any type of milk-based formula, including:
  - infant formula (IF) (that can satisfy the normal nutritional requirements of infants up to six months of age)
  - follow-on formula (FOF), also called follow-up formula (for infants from six months of age)
  - growing-up milk (GUM), also called toddler milk (for young children from 12 to 36 months of age). Note that the definition of GUM has been extended to cover formulas intended for young children between 12 and 36 months (instead of between 12 and 24 months, as in previous Indexes) to align to the definition in WHA 69.9
2. CF intended for infants between zero to six months, including baby teas, juices and water.

**Complementary foods:** CF marketed as suitable for infants between six and 36 months of age. Further, because The Code encompasses products for special medical or dietary use, these products are also assessed in both BMS/CF 1 and BMS/CF 2. Neither element of the methodology assesses the commitments companies make with respect to feeding bottles and teats.

## Methodology structure

This methodology retains the same overall structure as in the Global Index 2018. It assesses whether BMS manufacturers take a responsible approach to marketing their products using two separate tools:

**BMS/CF 1 Corporate Profile assessment:** the BMS/CF 1 Corporate Profile methodology has two modules which assess companies' policies, management systems, procedures and disclosure in relation to both BMS marketing (BMS Module) and CF marketing (CF Module). One section of the BMS Module also assesses their approach to lobbying in relation to BMS marketing topics. The detailed methodology is set out in the Annex.

**BMS/CF 2 In-country assessments:** in-country assessments are designed to measure companies' compliance with provisions of The Code and/or national regulations, whichever are stricter. These assessments cover all forms of marketing, as set out in The Code, by interviewing mothers and healthcare workers, visiting retail stores and online retailers, as well as monitoring traditional and digital media. For the 2021 BMS/CF Marketing Index, two such studies have been undertaken by ATNI. The second edition of the NetCode Toolkit: Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessment published in 2017 was the basis for those assessments, which ATNI has expanded in scope to ensure that relevant elements of WHA 69.9 were taken into account.<sup>30</sup> Companies were not informed of the location or timing of these studies prior to their commencement.





# BMS/CF 1 Corporate Profile

## Approach

For the BMS/CF Marketing Index 2021, the BMS/CF 1 Corporate Profile methodology includes both a BMS Module and CF Module, whereas previously there was only the BMS Module. As per usual practice, for both modules, ATNI first reviews and scores companies on publicly available information only. Under a non-disclosure agreement, should a company wish to sign one, it is then given the opportunity to provide further information via the data collection platform which ATNI uses to conclude the assessments.

## Changes to the methodology

### BMS Module

Overall, the BMS Module of the BMS/CF 1 Corporate Profile methodology remains consistent with the 2018 methodology; however, a few changes have been made. For example, after careful review, an indicator on coverage of audits has been removed, as companies do not influence the country selection for the audits by third parties, and a few other answer options or indicators were removed as these were deemed to be unnecessarily detailed or redundant. The only other changes to the BMS Module are small changes to wording to improve the specificity of indicators.

A total of 21 new indicators have been incorporated to assess WHA 69.9 recommendations. 17 existing indicators have been amended to include WHA 69.9-related points, and two were entirely amended to reflect strengthened WHA 69.9 recommendations that go beyond The Code regarding donations within the healthcare system and health worker sponsorships. Also, two indicators were added to reflect additional labeling requirements for FOF and GUM as per Recommendation 4 of WHA 69.9. The text shown in blue in Annex 1 show which indicators have been added to reflect WHA 69.9 recommendations.

In previous assessments, the indicators used in relation to WHA 58.32 and WHA 61.20 gave credit only if companies stipulated that health workers, parents and caregivers are provided with information that powdered formula may contain pathogenic micro-organisms and must be prepared for use appropriately. This indicator has been re-worded based on guidance from WHO to remove the need for reference to pathogenic micro-organisms per se, and instead give credit for providing information that powdered formula may cause illness if not prepared properly (see Section 2 Indicator 5 and Section 7 Indicator 6 in Annex 1).

Furthermore, as for the 2018 Index, the bar for the 2021 Index has been maintained at a high level in terms of evidence required to demonstrate the global applicability of procedures and/or instructions to staff.

### CF Module

As noted, the whole CF Module of the BMS/CF 1 Corporate Profile methodology is a new element to assess companies' compliance with the relevant recommendations within WHA 69.9. Details are set out below.

## Areas not covered by methodology

While the BMS/CF 1 Corporate Profile methodology aims to assess many important areas of companies' commitments and management practices, some key issues are not assessed, principally because they lie outside the scope of The Code. These include, for example, corporate funding of research and advocacy bodies and companies' programs or support for other organizations' programs to promote breastfeeding; or programs that address nutritional deficiencies among children under two, and



women of childbearing age. The cross-marketing of formula products within the formula category also does not fall within the scope at present (nor is this addressed by The Code or WHA 69.9).

## BMS Module

Only those companies which in 2019 derived 5% or more of their baby food revenues from products covered under the scope of The Code (formulas from birth to 36 months) will be assessed on this module.

The module has 11 sections. All sections continue to be equally weighted because The Code does not suggest differential importance or application of any recommendations.

In addition to assessing the extent of the alignment of companies' marketing practices to The Code, one section assesses their approach to lobbying, and another focuses on how complete their disclosure is. For Section 9, which assesses companies' implementation of The Code (governance and global management systems), only a few policy commitment indicators are incorporated, while there are many management system indicators. For this Section only, the policy commitment indicators carry 20% of the weight, and the management system indicators carry 80%. For the ten remaining sections that have more than one type of indicator (e.g., policy commitment and management systems indicators), each type carries 50% of the weight within that section.

## CF Module

For the first time, an additional 'CF Module' is introduced into the BMS/CF 1 methodology to assess companies' approaches to marketing CF for infants and young children between six and 36 months of age. This module is not designed to penalize companies for marketing CF intended for infants older than six months of age given the importance of giving children safe, appropriate, and nutritious CF from this age. Rather, the intent is to ensure that the marketing of these products is in accordance with the recommendations in WHA 69.9, i.e., that it does not undermine exclusive breastfeeding up to six months of age nor supplant continued breastfeeding up to two years and beyond.

This module reflects the following recommendations:

**Recommendation 1:** Optimal infant and young child feeding should be promoted based on the guiding principles for complementary feeding of breastfed children and the guiding principles for feeding non-breastfed children six to 24 months of age. Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.

**Recommendation 3:** Foods for infants and young children that are not products that function as BMS should be promoted only if they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines. Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion.

**Recommendation 4:** All types of advertising and promotion in all media used to market these foods should include in their messages wording to support optimal feeding, i.e.:

- a statement on the importance of continued breastfeeding for up to two years or beyond should specify the appropriate age of introduction of the food (not before six months)
- be easily understood by parents and other caregivers, with all required label information being visible and legible;
- should not suggest use for infants under the age of six months;
- should not make a comparison to breastmilk nor recommend or promote bottle feeding, nor convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless it has been specifically approved by relevant national, regional or international regulatory authorities.



**Recommendation 5:** Promotion of these foods should not be used to cross-promote BMS indirectly.

**Recommendation 6:** Companies should not create conflicts of interest in health facilities or throughout health systems by:

- providing free products, samples or reduced-price foods to families through health workers or health facilities;
- donate or distribute equipment or services;
- give gifts or incentives to health care staff (which includes any form of support to attend conferences and professional meetings);
- use health facilities to host events, contests or campaigns,
- give any gifts or coupons to parents or caregivers,
- directly or indirectly provide education to parents or other caregivers in health facilities,
- provide any information for health workers other than that which is scientific and factual
- sponsor meetings of health professionals and scientific meetings.

The CF Module of the BMS/CF 1 Corporate Profile methodology has six sections. All sections carry equal weight of 16.67% each. The total scores relating to the separate commitment and management systems indicators within the sections will carry equal weight (as in the BMS Module). There is no internal weighting of Section 1 or 6 (Disclosure) as these sections have only one type of indicator.

## BMS/CF 1 Corporate Profile scoring

To fully comply with The Code, companies should commit to applying their policies to all products, globally (i.e., in both higher and lower-risk countries) and upholding them where local regulations are weaker than their policies and where there are no relevant regulations in place. If they do not, ATNI applies penalties because the scope of some companies varies by geography and product type.

Weightings are applied for each product type as agreed with the BMS Expert Group.

- 95% of the weight of the BMS/CF 1 score is based on the BMS Module because marketing of BMS products has the greatest potential to undermine and/or displace breastfeeding.
- 5% of the weight is placed on the CF Module.

Within the BMS Module, the infant formula (zero to six months) score is weighted 35% and CF (zero to six months) at 25% (so that together products designed for infants' first 6 months of life carry 60% of the overall weight); FOF (six months plus) is weighted at 20% and GUM (12 months and older) at 20% to provide a substantial incentive to companies to improve their policies and practices in respect to these products. For those companies that don't make CF, 60% of the weighting is assigned to IF.

As the CF Module only considers one type of product, no internal weighting is applied. Penalties are then applied according to:

- which types of countries the policy applies in
- how companies apply their policies in countries with regulations in place or without

Specifically, penalties are applied in the following way:

- If a company applies its policy globally AND upholds it both where it is stricter than local regulations AND where no regulations are in place, no penalty is applied.
- If a company applies its policy in higher-risk countries AND upholds it both where it is stricter than local regulations AND where no regulations are in place, then a 25% penalty is applied, (e.g., an initial score of 60% would be reduced to 45%:  $60\% \times (100\% - 25\%) = 45\%$ ).
- If a company applies its policy in higher-risk countries AND upholds it ONLY where NO local regulations are in place but NOT where some regulations are in place, then the total penalty applied is 36.25% (e.g., an initial score of 60% is reduced to 38.25%).



Thus, if a company were to commit only to comply with local regulations, and not to go beyond basic legal compliance, it would not score, as ATNI's Indexes are not designed to measure legal compliance.

For companies that make both BMS and CF, the BMS / CF 1 final score is based on both the BMS and CF modules in a ratio of 95:5, respectively. For companies that only make BMS, or which derive less than 5% of their baby food revenues from these products, the BMS/CF 1 final score is based only on the BMS Module final score.



# BMS/CF 2 In-country assessments

For the Global Index 2018, ATNI based the BMS 2 score on two in-country assessments commissioned and managed by ATNI.

## Country selection for BMS/CF 2 assessments

The countries were selected for the in-country assessments according to several criteria using the following process:

1. Higher-risk countries were first identified using a risk rating system used by FTSE4Good, based on UNICEF data relating to the child mortality rate and level of malnutrition.
2. The countries where ATNI or FTSE4Good had already undertaken assessments were excluded.
3. Countries where four or more of the six<sup>1</sup> BMS and CF manufacturers included in the BMS/CF Marketing Index 2021 were then identified, based on Euromonitor International data and/or information directly provided to ATNI by the companies or which ATNI collected from their websites.
4. Having generated a list of the countries where four or more of the companies were present, other country factors were considered, such as the size of the BMS/CF market, regional balance, status of implementation of The Code and levels of exclusive breastfeeding.
5. Other practical factors were also considered such as the likelihood of receiving government approvals to undertake the studies, language, and safety.

ATNI decided, in consultation with its BMS Expert Group, that Mexico and the Philippines were the most suitable and feasible choices.

### Approach

ATNI again commissioned Westat to undertake the two in-country assessments. Westat was first appointed in 2015 following an international tender process. Westat is an employee-owned health and social sciences research organization based in Rockville, Maryland. Westat identifies and contracts a specialist in-country partner for each country assessment.

As noted, the BMS/CF 2 In-country Assessment methodology is based on the second edition of the [NetCode Protocol](#). Previous assessments were undertaken using the first edition.

The goal is to assess companies' compliance with five Articles of The Code (Articles 4, 5, 6, 7 and 9), subsequent WHA resolutions (including WHA 69.9) and any local regulations that have provisions additional to these documents. It does not extend to assessing the conduct of people employed by manufacturers and distributors (Article 8) nor the quality of products (Article 10).

NetCode Protocol monitoring covers:

- Media advertisements (TV, radio and print materials, as well as a wide range of digital media)
- Promotion in shops and pharmacies
- Promotion in health care facilities
- Promotion to health workers
- Free samples provided to health care facilities and directly to consumers
- Donations or subsidized provision of products to health care facilities
- Scholarships for health workers

---

<sup>1</sup> Based on Euromonitor International data, the three companies headquartered in China that are included in the BMS + CF Marketing Index (Feihe, Mengniu, and Yili) market their products only in China which is why they were not assessed in the in-country studies.





- Sponsorships of organizations and events
- Gifts of any sort for health workers, including financial or other support related to attending conferences, meetings etc., and for health associations and mothers
- Information from the manufacturer for health professionals
- Labels
- Promotion in communities and public places
- Company/manufacturer/distributor representative contact with mothers
- Any other marketing, promotional materials and activities that may undermine breastfeeding in the country.

The four main groups and settings covered by the assessment are:

- Mothers of children under 24 months of age
- Health care facilities
- Retailers (both physical and online retailers)
- A wide range of traditional and digital media

This NetCode Protocol recommends undertaking the assessments in the capital or largest city of the chosen country. It has the following scope:

- **A sample of 33 health facilities** that provide well-baby care. Facilities that only care for sick children (e.g., hospitalized children, emergency rooms, or sick clinics) are not included. The sample is drawn using a simple 'proportionate to size' model combined with a list frame for facilities that offer well-baby/child clinics, in the largest city.
- Five mothers with children under six months of age and five mothers with children between six and 23 months of age are sampled by stratification from each selected health facility, giving a **total sample size of 330 mothers**.
- **10 maternity facilities** that attend births. The sample is selected using a list that contains all maternity facilities (including public and private) offering birth attendance services in the largest city of the country.
- **Three health professionals are interviewed in each of the above-mentioned facilities** (i.e., head of the clinic, doctor, nurse/midwife). A total of 129 health professionals are therefore sampled from the 43 selected health facilities (33 health centers and 10 maternity facilities).
- **48 retail outlets selling covered products** including 33 small stores, 10 large stores, and five online retailers, as follows:
  - One small store (including corner/convenience stores and neighborhood stores/kiosks) or pharmacy is chosen near each of the 33 health facilities
  - 10 large stores that sell a high volume and variety of products under the scope
  - Online retailers' websites selected based on local knowledge and online searches.
- **Six months of media monitoring**, including the following media:
  - TV, radio and print
  - Websites of manufacturers of baby foods and drinks sold in the country, as well as social media sites (Facebook, Twitter, YouTube, and Instagram)
  - Mothers' magazines/online forums.
- **All BMS/CF products for sale in the study area**, i.e., all products encountered in store visits. BMS products and CF marketed as suitable for older infants and young children from six to 36 months of age are purposively sampled based on local knowledge, purchased, and their labels and inserts are analyzed.

Although the NetCode Protocol was updated after the passage of WHA 69.9, it does not encompass all of the recommendations this resolution makes. For this reason, ATNI extended the in-country assessment methodology to identify areas of non-compliance related to CF intended for infants and young children up to 36 months of age to fully capture the recommendations of WHA 69.9. For the BMS/CF Marketing Index 2021, the study, results and companies' scores include an assessment of these products.



## Changes to the in-country assessments compared to the 2018 methodology, and variations with the NetCode Protocol

**Mothers and Health Care Workers:** Due to the Covid-19 pandemic restrictions, it was only possible to cover these groups in one of the in-country assessments (Philippines).

**Promotions on online retail sites:** Any non-compliances that relate to promotions found on online retail sites will be included in companies' scores only if they confirm that they or their distributors have a contractual relationship with the online retailers. This is because such contracts should include provisions precluding the promotion of products covered by The Code. However, online retailers sometimes procure and/or sell products through suppliers that do not have formal contracts with the manufacturers. If they do not reply, it will be assumed that they do have such contracts in place.

**Parallel imports:** Non-compliant elements of the labels and inserts of parallel imports will not be counted in companies' scores for this Index as manufacturers are not responsible for these products being available for sale in the countries being studied, and due to the difficulty of determining whether they are labelled appropriately for the country for which they were intended. ATNI will continue to explore this complex area and may change this approach in future assessments.

The total number of parallel imports found per company and the total number of promotions on online retail sites will be flagged to encourage companies to raise these issues with distributors and online retailers, as well as to encourage local authorities, to take the necessary action.

## Timeline and research process

ATNI follows a rolling publication schedule for the in-country assessments. Westat's reports are published in full along with an ATNI summary report as soon as possible after they have been completed. These results will be also be discussed in detail in the BMS/CF Marketing Index report and included in each company's BMS/CF Marketing Index Scorecard.

As previously, companies are not informed of the location or timing of these studies before they begin. However, ATNI checks the accuracy of key information with companies once the research and preliminary analysis is complete. For example, companies are asked to confirm that the products identified as theirs are indeed made by them, as well as whether they have contractual relationships with any of the online retailers where promotions are found. Companies are alerted one month before this fact-checking exercise is due to take place and are given two to three weeks to respond.

A new element of the in-country marketing assessments is that, once the data collection is complete, companies within the BMS/CF Marketing Index are given the opportunity to review images of all of the incidences of non-compliance found in the two countries, where it is possible to provide such images, via the online research platform. The platform will be open for two weeks for companies to review the findings for each country. Companies will be given four weeks' notice before this process takes place. Findings for companies not included in the scope of the BMS/CF Marketing Index are not given this opportunity as they are not scored and rated within that Index.

## BMS/CF 2 scoring

Each company's score will be based on results from the countries in which it is present. If a company sells products in only one of the countries (i.e., FrieslandCampina and Kraft Heinz, both only present in Mexico), its results will be based solely on the results in that country assessment.

The companies' aggregate BMS/CF 2 score is calculated as follows:

- Aggregating the total number of observations of non-compliance with the methodology in each country. Note that data based on mothers' and health care workers' recall are not included in



these calculations. This is because recall can be biased in several ways. However, the recalled information can be used in conjunction with the actual findings data to corroborate them.

- Calculating the number of incidences of non-compliance, normalized by dividing this figure by the total number of each company's products assessed in each country, which provides a relative measure of the scale of non-compliance.
- Assigning a rating in each country to reflect the level of compliance: complete (0 incidences of non-compliance), high (less than 1 incidence of non-compliance, normalized), medium (between 1.1 & 2 incidences) or low (more than 2.1 incidences). The same ranges for high, medium and low are used for all countries.
- Each rating corresponds to a percentage score indicating the level of compliance with the methodology:
  - Complete compliance = 100%
  - High relative level of compliance = 66%
  - Medium relative level of compliance = 33%
  - Low relative level of compliance = 0%



# Final scoring, ranking and reporting of results

Figure 1 shows how the BMS/CF 1 and BMS/CF 2 scores are averaged to obtain the total BMS/CF Marketing Index 2021 score.

The companies are ranked according to this score. The total possible score for each of BMS/CF 1 and BMS/CF 2 is 100% and the total possible overall BMS/CF score is 100%. The higher that score, the closer the company has come to achieving full compliance with the recommendations of The Code (and local regulations where they go beyond the Code), as assessed using the ATNI methodology.

The score on each element contributes up to a maximum of a -0.75 adjustment to the Global Index score:

- If a company scores 100%, no adjustment is made.
- If it scores 0%, the full adjustment is made.
- If it scores 65%, for example, the concomitant reduction to each applicable element in its Global Index score is  $-0.75 \times (100\% - 65\%) / 100 = -0.26$ .

Figure 1: How the BMS/CF Marketing Index scoring is calculated and links to the Global Index score

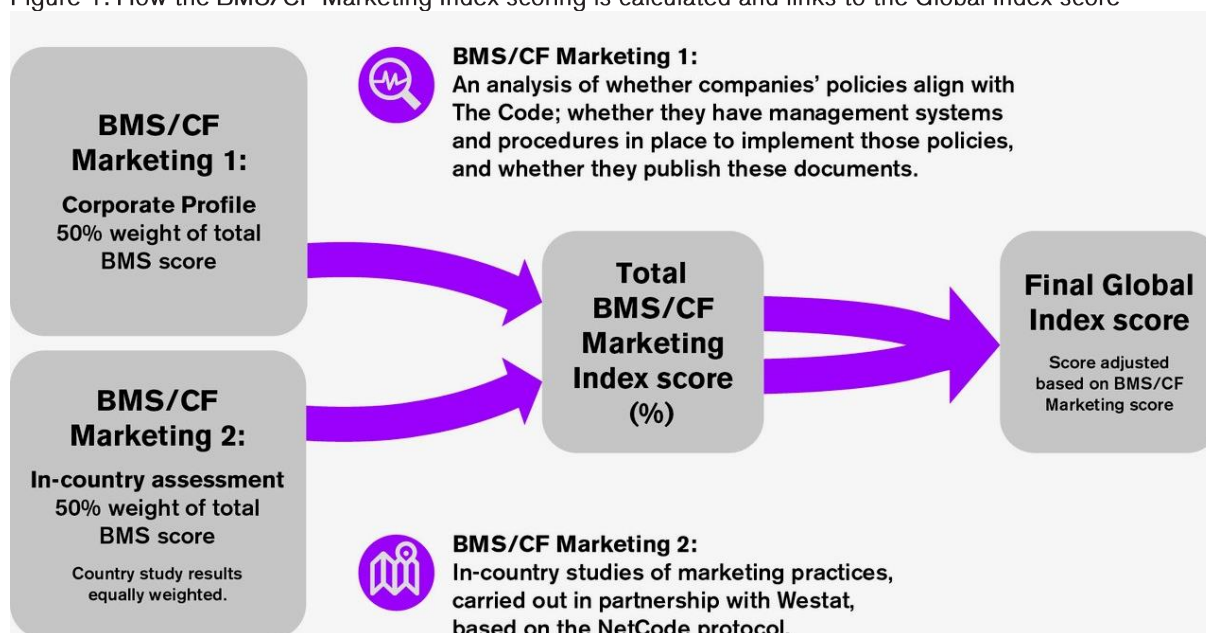


Table 2 sets out how all companies' scores are calculated and how adjustments to the Global Index are made. The companies are of five different types, all of which is scored slightly differently.

**Nestlé and Danone:** The overall Global Index 2021 score of these two F&B sector companies is based on both their BMS/CF 1 and BMS/CF 2 scores, and is adjusted in proportion to their final BMS/CF Marketing Index 2021 scores, up to maximum of -1.5.

**Abbott and Reckitt:** These companies are not classified as F&B manufacturers. They are therefore not included in the Global Index 2021 and receive only a BMS score and ranking. Further, these companies are only assessed on the BMS Module as they do not make CF.

**KraftHeinz and FrieslandCampina:** The overall Global Index 2021 score of these two F&B sector companies is based on both their BMS/CF 1 and BMS/CF 2 scores, but the BMS/CF 2 score is based



only on the results from Mexico, as neither company is present in the Philippines. The Global Index score is adjusted in proportion to their final BMS/CF Marketing Index 2021 score, up to maximum of -1.5, similarly to the examples given above.

**Mengniu and Yili:** The maximum deduction applied to the Global Index 2021 score will be -0.75 because these companies were not present in the two countries selected for the BMS/CF 2 assessment.

**Feihe:** This company is not included in the Global Index 2021 because it is not among the 25 largest F&B companies globally. It was also not present in the two countries selected for the BMS/CF 2 assessment. Its BMS/CF Marketing Index 2021 score is therefore based only on its BMS/CF 1 score.





Table 2: Summary of how companies are scored on the BMS/CF Marketing Index 2021 and Global Index 2021

Company	BMS/CF 1				BMS/CF 2		Total BMS/CF Marketing Index score	Final Global Index deduction (max.)
	BMS Module (95%)	CF Module (5%)	Final BMS+CF 1 score weighting ratio	GI deduction max.	Final BMS /CF 2 score	GI deduction max.		
COMPANIES INCLUDED IN GLOBAL INDEX 2021, ASSESSED ON BOTH BMS/CF 1 MODULES AND PRESENT IN BOTH PHILIPPINES AND MEXICO								
Nestlé	Yes	Yes	95:5	-0.75	Yes	-0.75	Average BMS/CF 1 + BMS/CF 2	-1.5
Danone	Yes	Yes	95:5	-0.75	Yes	-0.75	Average BMS/CF 1 + BMS/CF 2	-1.5
COMPANIES NOT INCLUDED IN GLOBAL INDEX 2021AND WITHOUT A CF MODULE								
Reckitt	Yes	No	100:0	n/a	Yes	n/a	Average BMS/CF 1 + BMS/CF 2	n/a
Abbott	Yes	No	100:0	n/a	Yes	n/a	Average BMS/CF 1 + BMS/CF 2	n/a
COMPANIES INCLUDED IN THE BMS/CF MARKETING INDEX 20201 BUT PRESENT IN <u>MEXICO ONLY</u>								
KraftHeinz	Yes	Yes	95:5	-0.75	Yes	-0.75	Average BMS/CF 1 + BMS/CF 2	-1.5
Friesland Campina	Yes	No	100:0	-0.75	Yes	-0.75	Average BMS/CF 1 + BMS/CF 2	-1.5
COMPANIES NOT PRESENT COUNTRIES SELECTED FOR IN-COUNTRY STUDIES BUT INCLUDED IN BMS/CF MARKETING INDEX 2021								
Mengniu	Yes	No	100:0	-0.75			Double BMS/CF 1 score	-0.75
Yili	Yes	No	100:0	-0.75			Double BMS/CF 1 score	-0.75
COMPANIES NOT PRESENT IN COUNTRIES SELECTED FOR BMS/ CF 2 STUDIES AND NOT INCLUDED IN BMS/CF MARKETING INDEX 2021								
Feihe	Yes	No	100:0	n/a			Double BMS/CF 1 score	n/a



# Annex: BMS/CF 1 Corporate Profile methodology

*Text in blue in the tables below reflects the changes to the methodology in relation to WHA 69.9.*

## Basic company data

This data is used to cross-check data found in the in-country studies and to determine whether any penalties are applied in scoring (see earlier section on scoring BMS/CF 1).

- Full list of all infant and child nutrition brands intended for infants and children from birth to 36 months of age
- Full list of complementary food brands intended for infants and children from six to 36 months of age
- Types of products covered by BMS/CF marketing policy and related policies (IF, FoF, GUM, CF (0-6), CF (6-36), Formulas for Special Medical Purposes (FSMP))
- The company's definition of FSMPs
- The types of countries in which the company's policy applies (higher risk/lower risk countries), for each product type
- Full list of countries where the company sells one or more of its products
- When national regulations are absent or weaker than the provisions of The Code, the company's stance on applying its BMS/CF marketing policy/related policies versus national regulations.

## BMS Marketing module

Only those companies that derive 5% or more of their baby food revenues from products covered under the scope of The Code will be assessed on this module. This includes all the nine companies selected for the BMS/CF Marketing Index 2021.

Section	International Code of Marketing of Breast- milk Substitutes Article	Criteria
1	OVERARCHING COMMITMENTS: Commitments Relating to the Introduction of the International Code	Policy commitment indicators
2	ARTICLE 4: Information and Education	Policy commitment indicators
		Management systems indicators
3	ARTICLE 5: The General Public and Mothers	Policy commitment indicators
		Management systems indicators
4	ARTICLE 6: Health Care Systems	Policy commitment indicators
		Management systems indicators
5	ARTICLE 7: Health Workers	Policy commitment indicators
		Management systems indicators



6	ARTICLE 8: Persons Employed by Manufacturers and Distributors	Policy commitment indicators
		Management systems indicators
7	ARTICLE 9: Labeling	Policy commitment indicators
		Management systems indicators
8	ARTICLE 10: Quality	Policy commitment indicators
		Management systems indicators
9	ARTICLE 11: Implementation and Monitoring	Policy commitment indicators
		Management systems indicators
10	Lobbying and Influencing Governments and Policymakers	Policy commitment indicators
		Management systems indicators
11	Disclosure	

## Section 1

OVERARCHING COMMITMENTS: Commitments Relating to the Introduction of the International Code		
No.	Policy commitments	
	Support for breastfeeding	
1	Does the company's policy explicitly state support for any of the following?	Exclusive breastfeeding for the first six months, and continued breastfeeding for two years or more
		Exclusive breastfeeding for the first six months
		Exclusive breastfeeding for the first four to six months
		Breastfeeding generally with no mention of specific age ranges
		No such commitment
	Support for appropriate introduction of complementary foods	
2	Does the company's policy explicitly state support for the introduction of appropriate complementary foods from the age of six months?	Yes
		No such commitment
	Acknowledgement of The Code and WHA resolutions	
3	Does the company's policy acknowledge The International Code of Marketing of Breast-milk Substitutes and all subsequent WHA resolutions?	Yes, explicitly and in full (including WHA 69.9)
		Yes, explicitly but excluding WHA 69.9
		Explicit acknowledge of The Code only
		No acknowledgement of The Code
	Application to joint ventures (JV) and subsidiaries	
4	The company's policy explicitly applies to joint ventures and subsidiaries:	Where the company has a holding of less than 50%



		Where the company has a holding of greater than 50%
		No such commitments
		Not applicable

## Section 2

ARTICLE 4: Information and Education		
No.	Policy commitments	
<b>Materials intended to reach pregnant women or mothers of infants and young children</b>		
1	The company's policy explicitly states that any informational or educational materials intended to reach pregnant women or mothers of infants and young children (4.2) will include clear information on:	<ul style="list-style-type: none"> <li>a. the benefits and superiority of breastfeeding</li> <li>b. maternal nutrition, and the preparation for and maintenance of breastfeeding</li> <li>c. the negative effect on breastfeeding of introducing partial bottle feeding</li> <li>d. the difficulty of reversing the decision not to breastfeed</li> <li>e. the proper use of formula, whether manufactured industrially or home-prepared</li> </ul> <p>No explicit commitment/commitment not made in full</p>
<b>Implications and hazards</b>		
2	The company's policy explicitly states that when such materials contain information about the use of formula (4.2) they will include clear information on:	<ul style="list-style-type: none"> <li>a. the social and financial implications of the use of formula</li> <li>b. the health hazards of inappropriate foods or feeding methods</li> <li>c. the health hazards of improper use of formula and other breast-milk substitutes.</li> </ul> <p>The company does not make such commitments in full</p>
<b>Idealizing the use of BMS</b>		
3	Does the company's policy state that it will not use any pictures or text that may idealize the use of BMS (4.2)?	<p>Yes, explicitly</p> <p>The company does not make such commitments</p>
<b>Donations of informational or educational equipment or materials for HCF</b>		
4	Does the company's policy state that it will not make <b>any</b> donations of informational or educational equipment or materials (4.3, as amended per WHA 69.9)?	<p>Yes, explicitly</p> <p>Yes, explicitly, but in line only with the requirements of Article 4.3 of The Code, and not WHA 69.9 (i.e. such donations should be made only at the request of and with the written approval of appropriate government authorities and may bear the company's name or logo, but should not refer to its proprietary products; and should be distributed only through the health care system)</p> <p>The company does not make such commitments in full</p>
<b>Specific requirements for safe preparation of powdered formula</b>		



5	Does the company's policy state that health workers, parents and other caregivers are provided with information that powdered formula may cause illness if not prepared properly (WHA 58.32, WHA 61.20)?	Yes, explicitly
		The company does not commit to providing this type of information
<b>Additional information:</b> In line with WHO/FAO Guidelines on Safe Preparation, Storage and Handling of Powdered Infant Formula (2007) and The Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008) - referred to in WHA 61.20, labels and/or inserts for powdered formulas must contain all of the following instructions for appropriate preparation: a. the label shows clear graphic instructions illustrating the method of preparation; b. instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces; c. instructions show the need to boil water and sterilize utensils; d. instructions show necessity for powdered formula to be prepared one feed at a time; e. instructions show necessity of using water at or above 70°C in order to minimize micro-organisms contamination during preparation; f. instructions show the need to cool the formula before feeding if using hot water for reconstitution; g. instructions show that leftovers of the product need to be discarded immediately.		
No.	Management systems	
Extent and geographic application of management systems		
6	The systems the company uses to ensure that it upholds its commitments and practices relating to informational and educational materials are:	Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
Clear instructions to staff (Do's and Don'ts)		
7	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply the policy relating to all points in Articles 4.2 and 4.3 and WHA 58.32, WHA 69.9 and specific requirements for safe preparation of powdered formula (WHA 61.20)?	Yes, explicitly and in full
		Yes, but in line only with Articles 4.2 and/or 4.3 and WHA 58.32 and WHA 61.2 (i.e. omits WHA 69.9)
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Articles 4.2 and/or 4.3 and WHA 58.32 and/or WHA 61.2
		The company does not provide such guidance
Procedures		
8	Can the company demonstrate procedures to implement commitments made relating to the following Code articles and WHA resolutions?	All points in Article 4.2
		All points in Article 4.3
		The company can demonstrate such procedures for all relevant points per WHA 58.32 and 61.20 resolutions
		The company can demonstrate such procedures for all relevant points per WHA 69.9 resolution





## Section 3

ARTICLE 5: The General Public and Mothers		
No.	Policy commitments	
<b>Advertising and other forms of promotion</b>		
1	Does the company's policy state that it will not use advertising or other forms of promotion to reach the general public (5.1)?	Yes, explicitly The company does not make such a commitment in full
<b>Samples of products</b>		
2	Does the company's policy state that it will not provide directly or indirectly, to pregnant women, mothers or members of their families, samples of products (5.2)?	Yes, explicitly The company does not make such a commitment in full
<b>Promotion</b>		
3	Does the company's policy state that it will not use point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales (5.3)?	Yes, explicitly The company does not make such a commitment in full
<b>Distribution of gifts</b>		
4	Does the company's policy state that it will not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils that may promote the use of BMS or bottle feeding (5.4, <a href="#">WHA 69.9</a> )?	Yes, explicitly The company does not make such a commitment in full
<b>Marketing personnel</b>		
5	Does the company's policy state that it will ensure that its marketing personnel do not seek direct or indirect contact of any kind with pregnant women or with mothers of infants or young children (5.5)?	Yes, explicitly The company does not make such a commitment in full
No.	Management systems	
<b>Extent and geographic application of management systems</b>		
6	The systems the company uses to ensure it upholds its commitments relating to the general public and mothers are:	Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
<b>Clear instructions to staff (Do's and Don'ts)</b>		
7	The company can demonstrate that:	It provides <u>clear</u> instructions to staff on how to interpret and apply its policy relating to <u>all points</u> in Article 5 The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, <u>but omits some points in Article 5</u> The company does not provide such guidance
<b>Procedures</b>		
8	Can the company demonstrate procedures to implement commitments made relating to all provisions in Article 5?	The company can demonstrate such procedures for all points in Article 5.1 The company can demonstrate such procedures



		for all points in Article 5.2
		The company can demonstrate such procedures for all points in Article 5.3
		The company can demonstrate such procedures for all points in Article 5.4
		The company can demonstrate such procedures for all points in Article 5.5

## Section 4

ARTICLE 6: Health Care Systems		
No.	Policy commitments	
	Promotion	
1	The company's policy explicitly states that it will not:	a. promote products within the scope of The Code through health care facilities (6.2) b. use health facilities to host events, contests or campaigns (WHA 69.9)
	Display of products and informational and educational materials	
2	Does the company's policy state that it will not display products within the scope of The Code, placards or posters concerning such products, or material (6.3) or <a href="#">directly or indirectly provide education to parents and other caregivers on infant and young child feeding in health care facilities (WHA 69.9, Rec. 6)</a> ?	Yes, explicitly in line with Article 6.3 and WHA 69.9 Yes, explicitly, but in line only with Article 6.3 of The Code The company does not make such a commitment
	Work in the health care system	
3	Does the company's policy state that it will not provide or pay for 'professional service representatives', 'mothercraft nurses' or similar personnel to work in the health care system (6.4)?	Yes, explicitly The company does not make such a commitment
	Demonstrations of feeding	
4	Does the company's policy state that none of its staff or representatives will demonstrate feeding with formula (6.5)?	Yes, explicitly The company does not make such a commitment
	Donations of supplies	
5	Does the company's policy state that it will not make any donations of free or subsidized supplies of products within the scope of The Code in any part of the health care system (per WHA 39.28, 45.34, 47.5)?	Yes, explicitly The company does not make such a commitment
	Donations of equipment and services	
6	Does the company's policy state that it will not donate or distribute any equipment or services to the health care system (6.8, as amended per WHA 69.9)?	Yes, explicitly in line with WHA 69.9 The company's policy states that it will donate, but only within the terms of Article 6.8 of The Code (i.e. donations may bear the company's name or logo, but do not refer to its proprietary products) The company does not make such a commitment
No.	Management systems	
	Extent and geographic application of management systems	



7	The systems the company uses to ensure it upholds its commitments relating to health care systems are:	Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
Clear instructions to staff (Do's and Don'ts)		
8	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 6 and WHA resolutions 39.28, 45.34, 47.5, <a href="#">69.9?</a>	Yes, in full
		Yes, but in line only with Article 6 and WHA resolutions 39.28, 45.34, 47.5 (i.e. omits WHA 69.9)
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 6 and WHA resolutions 39.28, 45.34, 47.5
		The company does not provide such guidance
Procedures		
9	Can the company demonstrate procedures to implement commitments made relating to relevant elements of Article 6 and WHA resolutions 39.28, 45.34, 47.5, <a href="#">69.9?</a>	The company can demonstrate such procedures for all points in Article 6.2
		The company can demonstrate such procedures for all points in Article 6.3
		The company can demonstrate such procedures for all points in Article 6.4
		The company can demonstrate such procedures for all points in Article 6.5
		The company can demonstrate such procedures for all points in WHA 39.28, 45.34, 47.5
		The company can demonstrate such procedures for all points in Article 6.8
		<a href="#">The company can demonstrate such procedures for all relevant points in WHA 69.9, Recommendation 6</a>

## Section 5

ARTICLE 7: Health Workers		
No.	Policy commitments	
	Supplies to health professionals	
1	Does the company's policy state that information provided to health professionals will be restricted to scientific and factual matters, and will not imply or aim to create a belief that bottle-feeding is equivalent or superior to breastfeeding (7.2, <a href="#">WHA 69.9</a> ) and also include information specified in Article 4.2?	Yes, explicitly
		The company does not make this full commitment
	Financial or material inducements	



2	Does the company's policy state that it will not offer any financial or material inducements (gifts or incentives) to health workers or members of their families (7.3, WHA 69.9)?	<p>Yes, explicitly in line with WHA 69.9 (no gifts or incentives to health care staff at all)</p> <p>Yes, explicitly, but in line only with Article 7.3 of The Code (no financial or material inducements to promote products within the scope of The Code)</p> <p>The company does not make this full commitment</p>
<b>Samples for the purpose of professional evaluation or research</b>		
3	Does the company's policy state that it will not provide health workers with samples of infant formula or other products within the scope of The Code, or equipment or utensils for their preparation or use, except when necessary for the purposes of professional evaluation or research at the institutional level(7.4)?	<p>Yes, explicitly</p> <p>The company does not make this full commitment</p>
<b>Sponsorship of meetings</b>		
4	Does the company's policy state that it will not sponsor meetings of health professionals and scientific meetings (WHA 69.9)?	<p>Yes, explicitly</p> <p>The company does not make this full commitment, but still commits to disclose to any organization to which a health worker is affiliated any contribution made by the company to a health worker or on his/her behalf in support of fellowships, study tours, research grants, attendance at conferences etc. (7.5 and WHA 49.15, 58.32)</p> <p>The company does not make this full commitment and makes no further commitment in line with Code Article 7.5 and WHA 49.15, 58.32)</p>
<b>No.</b>	<b>Management systems</b>	
<b>Extent and geographic application of management systems</b>		
5	The systems the company uses to ensure it upholds its commitments relating to health workers are:	<p>Comprehensive and applied globally</p> <p>Comprehensive but not applied globally</p> <p>Limited and applied globally</p> <p>Limited but not applied globally</p> <p>No evidence</p>
<b>Clear instructions to staff (Do's and Don'ts)</b>		
6	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 7 and WHA 69.9?	<p>Yes, in full</p> <p>Yes, but in line only with Article 7 of The Code (i.e. omits WHA 69.9)</p> <p>The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 7</p> <p>The company does not provide such guidance</p>
<b>Procedures</b>		
7	Can the company demonstrate procedures to implement commitments made relating to relevant elements of all points in Article 7 and WHA 69.9?	<p>The company can demonstrate such procedures for all points in Article 7.2</p> <p>The company can demonstrate such procedures for all points in Article 7.3</p> <p>The company can demonstrate such procedures for all points in Article 7.4</p> <p>The company can demonstrate such procedures for all points in Article 7.5 and WHA 49.15, 58.32</p> <p>The company can demonstrate such procedures for all points in WHA 69.9</p>



**Additional information:** For this indicator, the last two answer options are mutually exclusive, and therefore, only one of these two options may be selected.

## Section 6

ARTICLE 8: Persons Employed by Manufacturers and Distributors		
No.	Policy commitments	
<b>Bonus calculations</b>		
1	The company's policy explicitly states that:	<div>It will not include within its bonus calculations for sales representatives the volume nor value of sales of products covered by The Code. (8.1)</div> <div>It does not set quotas for the sales of products covered by The Code (8.1)</div>
<b>Additional information:</b> While The Code's Article 8.1 explicitly refers to "the volume of sales of products within the scope of this Code", ATNI has clarified with WHO that this implicitly includes consideration of value of sales.		
<b>Educational functions</b>		
2	Does the company's policy explicitly state that it will not allow staff involved in marketing BMS products to deliver educational functions to pregnant women or mothers of infants and young children (8.2)?	<div>Yes</div> <div>The company does not make such a commitment</div>
No.	Management systems	
<b>Extent and geographic application of management systems</b>		
3	The systems the company uses to ensure it upholds its commitments relating to persons employed by manufacturers and distributors are:	<div>Comprehensive and applied globally</div> <div>Comprehensive but not applied globally</div> <div>Limited and applied globally</div> <div>Limited but not applied globally</div> <div>No evidence</div>
<b>Clear instructions to staff (Do's and Don'ts)</b>		
4	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to Article 8.2?	<div>Yes, the company can demonstrate that it provides instructions to staff on how to interpret and apply the policy</div> <div>The company does not provide such guidance</div>
<b>Procedures</b>		
5	Can company demonstrate procedures to implement commitments made relating to relevant elements of Article 8?	<div>The company can demonstrate such procedures for all points in Article 8.1</div> <div>The company can demonstrate such procedures for all points in Article 8.2</div>





## Section 7

ARTICLE 9: Labelling		
No.	Policy commitments	
Labelling & inserts: specific requirements		
1	The company's policy explicitly states that the labels/inserts of IF will (9.1 and 9.2):	a. provide necessary information about the appropriate use of the product
		b. be clear and conspicuous
	c. be easy to read	
d. be in all relevant local languages		
e. be printed on the container or a label that cannot readily become separated from the container		
		The company does not make such commitments in full
	Additional information: This indicator, which addresses companies' commitments in relation to Articles 9.1 & 9.2 of The Code, refers only to infant formula 0 – 6 months.	
Labels and inserts: information required		
2	The company's policy explicitly states that its containers' labels/inserts for IF will contain (9.2):	a. the words “Important Notice”
		b. a conspicuous statement of the superiority of breastfeeding
	c. a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use,	
d. instructions for appropriate preparation and a warning against the health hazards of inappropriate preparation		
		The company does not make such commitments in full
	Additional information: This indicator, which addresses companies' commitments in relation to Article 9.2 of The Code, refers only to IF 0 – 6 months.	
3	Does the company's policy explicitly state that its labels/inserts of products other than IF, yet marketed for infant feeding, that can be modified to make an infant formula carry a warning label that the unmodified product should not be the sole source of nourishment of an infant (9.3)?	Yes
		The company does not make such commitments in full
		Not applicable
4	The company's policy explicitly states that for all types of products within the scope of The Code, labels/inserts will include (9.4):	a. ingredients used
		b. composition/analysis of the unmodified product
	c. storage conditions required	
d. batch number and date before which the product is due to be consumed, taking into account local conditions		
		The company does not make such commitments in full



5 (new)	The company's policy explicitly states that labels/inserts on FoF and GUM will include:	<div>a. statement on the importance of exclusive breastfeeding for the first6 months and continued breastfeeding for up to two years and beyond (69.9)</div> <div>b. appropriate age of introduction (not to be less than six months)(69.9)</div> <div>The company does not make such commitments in full</div>
Labels and inserts: specific requirements for safe preparation of powdered formula		
6	Does the company's policy explicitly state that labels of powdered IF include an explicit message that powdered formula may cause illness if not prepared properly (WHA 58.32, WHA 61.20)	<div>Yes, explicitly and in full</div> <div>The company does not make such commitments in full</div>
<p><b>Additional information:</b> In line with WHO/FAO Guidelines on Safe Preparation, Storage and Handling of Powdered Infant Formula (2007) and The Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008) - referred to in WHA 61.20, labels and/or inserts for powdered formulas must contain all of the following instructions for appropriate preparation:</p> <div>a. the label shows clear graphic instructions illustrating the method of preparation;</div> <div>b. instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces;</div> <div>c. instructions show the need to boil water and sterilize utensils;</div> <div>d. instructions show necessity for powdered formula to be prepared one feed at a time;</div> <div>e. instructions show necessity of using water at or above 70°C in order to minimize micro-organisms contamination during preparation;</div> <div>f. instructions show the need to cool the formula before feeding if using hot water for reconstitution;</div> <div>g. instructions show that leftovers of the product need to be discarded immediately.</div>		
Labels and inserts: prohibited information		
7	The company's policy explicitly states that its containers and labels/inserts for IF will <b>not</b> have (9.2):	<div>a. pictures of infants</div> <div>b. other pictures or text which may idealize the use of IF</div> <div>c. the terms 'humanized', 'materialized' or similar terms</div> <div>The company does not make such commitments in full</div>
<b>Additional information:</b> This indicator, which addresses companies' commitments in relation to Article 9.2 of The Code, refers only to infant formula 0 – 6 months.		
8 (new)	The company's policy explicitly states that labels on FoF and GUM will <b>not</b> :	<div>a. include any image, text or other representation that might suggest use for infants under six months</div> <div>b. include an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent tobreastmilk or superior to breastmilk (69.9)</div> <div>c. recommend feeding the product in a bottle or otherwisepromoting bottle feeding (69.9)</div> <div>d. convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless</div>



		this has been specifically approved by the national or international regulatory authorities (69.9)
		The company does not make such commitments in full
	<b>Labels and inserts: avoidance of health or nutrition claims</b>	
9	Does the company's policy explicitly state that it will not make any health or nutrition claims on products for infants or young children except where specifically provided for in relevant Codex standards or national legislation requirements set out by the national authorities (WHA 63.23)?	Yes, explicitly and in full The company does not make such commitments in full
<b>No.</b>	<b>Management systems</b>	
	<b>Extent and geographic application of management systems</b>	
10	The systems the company uses to ensure it upholds its commitments relating to labelling are:	Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
	<b>Clear instructions to staff (Do's and Don'ts)</b>	
11	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 9 and WHA 63.23, 58.32 and 69.9?	Yes, in full Yes, but in line only with Article 9 of The Code and WHA 63.23 and 58.32 (i.e. omits WHA 69.9) The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 9 and WHA 63.23 and 58.32 The company does not provide such guidance
	<b>Procedures</b>	
12	Can the company demonstrate procedures to implement commitments made relating to relevant elements of all points in Article 9 and WHA 63.22, 58.32 and 69.9?	The company can demonstrate such procedures for all points in Article 9.1 The company can demonstrate such procedures for all points in Article 9.2 The company can demonstrate such procedures for all points in Article 9.4 The company can demonstrate such procedures for implementing commitments related to WHA 63.23 The company can demonstrate such procedures for implementing commitments related to WHA 58.32 The company can demonstrate such procedures for implementing commitments related to WHA 69.9



## Section 8

ARTICLE 10: Quality		
No.	Policy commitments	
	<b>Quality standards</b>	
1	Does the company's policy explicitly state that its products will meet high recognized standards (10.1)?	Yes The company does not make such a commitment
	<b>Compliance with Codex Standards</b>	
2	Does the company's policy explicitly state that its products will meet all applicable standards of The Codex Alimentarius Commission and The Codex Code of Hygienic Practice for Foods for Infants and Children (10.2)?	Yes The company does not make such a commitment
	<b>Additional information:</b> Even though The Code's Art. 10.2 specifically refers to The Codex Code of Hygienic Practice for Foods for Infants and Children (CAC/RCP 21-1979), this Codex Code has been superseded by The Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008).	
No.	Management systems	
	<b>Extent and geographic application of management systems</b>	
3	The systems the company uses to ensure it upholds its commitments relating to Article 10 are:	Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
	<b>Procedures</b>	
4	Can the company demonstrate procedures to implement commitments made relating to relevant elements of Article 10 and relevant Codex standards?	Yes, in full No / no information

## Section 9

Article 11: Implementation and Monitoring		
No. 2018	Policy commitments	
	<b>Collaboration with governments</b>	
1	Does the company's policy explicitly state that it will collaborate with governments in their efforts to monitor the application of The Code (11.2)?	Yes, explicitly No such statement in full
	<b>Responsibility of marketing practices</b>	
2	The company's policy explicitly states that:	It is responsible for its marketing practices according to the principles and aim of the International Code (11.3)



		It is responsible for taking steps to ensure that its conduct at every level conforms to their Policy in this regard (11.3)
	<b>Apprising of marketing personnel</b>	
3	Does the company's policy explicitly state that it commits to apprising each member of its marketing personnel of its BMS policy and their responsibilities relating to it (11.5)?	Yes, explicitly The company does not make such commitments in full
<b>No. 2018</b>	<b>Management systems</b>	
	<b>Responsibility for implementation of the company's BMS Policy</b>	
4	Who has formal responsibility for the implementation of the policy?	The company names a Board member with responsibility for overseeing implementation of the policy The company names an Executive Manager (or function) with responsibility for the implementation of its commitments The company does not name a Board member or Executive Manager with responsibility for implementing its commitments
	<b>Accountability and responsibility</b>	
5	In addition to Board and Executive Management levels, assignment of accountability and responsibility is clearly specified as extending to:	All national business units Third parties (contractual terms and conditions)
	<b>Communication</b>	
6	How is the company's system for communicating to its employees?	The company appears to have an effective global system for communicating to all relevant employees The company appears to have a weak system for communicating to all relevant employees The company cannot demonstrate such a system
	<b>Ensuring awareness and training</b>	
7	Can the company provide evidence of a system to ensure relevant executives and marketing personnel are aware of their responsibilities under the company's own policies?	The company can provide evidence of having a comprehensive and effective system in place The company can provide evidence of making relevant executives and marketing personnel aware of their responsibilities under the company's own policies, but not through a comprehensive and systematic system The company cannot provide such evidence
	<b>Ensuring implementation and awareness of other key parties</b>	
8	The company can demonstrate evidence of procedures relating to:	Distributors Retailers
	<b>Monitoring compliance with its policy</b>	
9	Does the company monitor compliance with its policy?	Yes, using external auditors Yes, using its internal auditing system
	<b>Auditing compliance with its policy</b>	
10	The company conducts its audits:	Annually Less frequently than annually, e.g. once every two years



		The company does not appear to conduct audits of its compliance with its policy
	<b>Food safety &amp; quality management certification</b>	
11	Does the company use any of the following foods safety and quality management systems to certify its products: ISO 9001, FSSC22000 (ISO 22000 including ISO/TS 22001-1), HACCP, BRC, IFS?	Yes
		No
	<b>Sanctions</b>	
12	Does the company have a clear set of sanctions/penalties for employees who do not comply with the requirements of the policy?	Yes, the company has a clear set of sanctions/penalties
		The company does not have a clear set of sanctions/penalties
	<b>Incentives</b>	
13	The company can demonstrate that:	It does not offer incentives or compensation to reward performance that could increase the risk of failing to meet the requirements of the policy
		It offers incentives/compensation to reward compliance with the policy
	<b>Whistleblowing</b>	
14	The company has established best practice whistleblowing procedures that:	Are accessible to all employees
		Enable employees to report outside their normal reporting line
		Protect employees from potential negative consequences of such reporting
		Offer employees a way to seek advice or guidance before making a formal complaint
		Raise awareness of the whistleblowing procedures among employees
15	<b>Investigating alleged non-compliances</b>	
15.1	The company investigates alleged non-compliance incidents in:	All countries
		Higher-risk countries only
		None
15.2	The company can demonstrate that it has:	A procedure or communication channel through which stakeholders (i.e. anyone outside the company) can report alleged compliances
		A procedure for recording external stakeholder's allegations of non-compliances
		Systems for investigating in a timely manner to alleged non-compliance with its policy reported by organizations or individuals outside the company
		Systems for responding to alleged non-compliance with its policy reported by organizations or individuals outside the company, in a timely manner
16	<b>Responding to non-compliance incidents</b>	
16.1	The company has:	Clear guidelines on the process for taking corrective action in the event a non-compliance incident is confirmed





		Guidelines for employees on potential corrective actions that can be taken against them for non-compliance incidents
		Guidelines for all relevant third parties on potential corrective actions that can be taken against them for non-compliance incidents
16.2	The company has a procedure to track corrective actions on all non-compliance incidents reported by:	Staff
		Third parties
16.3	The company tracks:	Allegations of non-compliance incidents (nature of alleged non-compliance, location, date, complainant's details etc.)
		The findings of investigations
		Corrective action taken
<b>Independent verification of monitoring and compliance systems</b>		
17	Does the company participate voluntarily in a third-party assessment of implementation of its monitoring and compliance systems (e.g. FTSE4Good or similar)?	Yes
		No
		The company does not participate in such an assessment
<b>Internal reporting systems in relation to non-compliance incidents</b>		
18	The company can demonstrate that:	It produces management reviews and/or an annual summary for the Board on the effectiveness of the internal reporting and corrective action system
		The summary includes corrective actions taken
		The quality and accuracy of the internal reporting systems are independently verified
<b>Annual reporting to the Board</b>		
19	Can the company demonstrate that the Board considers annually a summary report of its compliance with its policies and the effectiveness of its management systems?	Yes
		The company does not produce an annual Board summary

## Section 10

Lobbying and Influencing Governments and Policymakers		
No.	Policy commitments	
<b>Lobbying and engagement policy</b>		
1	Does the company have a policy setting out under what circumstances and how it will lobby and engage with governments and policymakers on BMS issues?	Yes
		The company does not have such a policy
<b>Lobbying and engagement objectives</b>		
2	Does the company set out its objectives with respect to lobbying and engagement?	Yes
		The company does not set out such objectives
<b>Support for public policy frameworks, international agencies and governments</b>		
3	Does the company commit not to undermine public policy frameworks, the work of the WHO or similar agencies nor national governments' efforts to	Yes, explicitly
		The company commits to support public policy frameworks, the work of the WHO or similar



	develop and implement The Code?	agencies and national governments' efforts to develop policy measures to implement The Code
		The company does not make such a commitment
	<b>Standards among trade associations and industry policy groups</b>	
4	Does the company's policy explicitly state that the company commits to seek to ensure that trade associations and industry policy groups to which it belongs operate to the same standards?	Yes, explicitly
		The company does not make such a commitment
No.	<b>Management systems</b>	
	<b>Responsibility for policy implementation</b>	
5	Does the company name an Executive/function with responsibility for implementing its policy on lobbying and engagement?	Yes
		The company does not name an Executive or function

## Section 11

Disclosure		
No.	Overarching commitments	
1	Does the company publicly disclose:	The nature of its support for breastfeeding Acknowledgement of the importance of The Code Scope of application of its policies regarding JVs and subsidiaries Statement about the appropriate introduction of complementary foods and beverages for infants being from six months of age
	<b>Policies</b>	
2	Does the company publish its policies relating to all aspects of the assessment?	The company publishes its policy relating to article 4 and relevant WHA resolutions The company publishes its policy relating to article 5 The company publishes its policy relating to article 6 and relevant WHA resolutions The company publishes its policy relating to article 7 and relevant WHA resolutions The company publishes its policy relating to article 8 The company publishes its policy relating to article 9 and relevant WHA resolutions The company publishes its policy relating to article 10 and relevant WHA resolutions The company publishes its policy relating to article 11 and relevant WHA resolutions <a href="#">The company publishes its policy relating to how it implements the recommendations of WHA 69.9</a> The company publishes its policy relating to lobbying governments and policymakers on BMS marketing
	<b>Compliance assessment</b>	



3	Does the company publish information about how it internally assesses compliance with the commitments made relating to all aspects of the assessment?	<div>The company publishes such information regarding article 4 and relevant WHA resolutions</div> <div>The company publishes such information regarding article 5</div> <div>The company publishes such information regarding article 6 and relevant WHA resolutions</div> <div>The company publishes such information regarding article 7 and relevant WHA resolutions</div> <div>The company publishes such information regarding article 8</div> <div>The company publishes such information regarding article 9 and relevant WHA resolutions</div> <div>The company publishes such information regarding article 10 and relevant WHA resolutions</div> <div>The company publishes such information regarding article 11 and relevant WHA resolutions</div> <div>The company publishes such information regarding the relevant recommendations of WHA 69.9</div> <div>The company publishes such information regarding lobbying governments and policymakers on BMS marketing</div>
	Independent audits	
4	Does the company disclose?	<div>Full auditors' report(s)</div> <div>Only a summary of the auditors' report(s)</div> <div>No disclosure of auditors' reports</div>
	Accountability mechanisms	
5	Regarding responsibility for implementing policy on BMS marketing, does the company disclose:	The name/function of the Board member with responsibility for implementing its policy and commitments
6	Has the company published a response to any third-party reports on alleged cases of non-compliance with The Code published in the last two years (e.g. ATNI, FTSE4Good, IBFAN, Save the Children, etc.)?	<div>Yes, the company has published a response to all reports</div> <div>Yes, the company has published a response to some of the reports</div> <div>No</div>
7	Regarding complaints made to the company by other stakeholders, what is the level of disclosure of the company?	<div>The company discloses each complaint or criticism made by stakeholders and explains how it has responded to them</div> <div>The company makes a general statement about complaints or criticism received and how it has responded to them</div> <div>The company does not disclose any complaints or criticism or its response</div>
8	Does the company publish a list of trade associations and industry groups it is a member of, relating to BMS/ Infant and Young Child Nutrition (IYCN)?	<div>Yes</div> <div>No</div>
9	Does the company certify that the list it publishes is a full list of all such groups globally?	<div>Yes</div> <div>No</div>
10	Does the company publish a description of its lobbying activities?	<div>Yes, extensive</div> <div>Yes, limited</div> <div>No</div>



## Complementary Foods 6-36 module

Only those companies that derive 5% or more of their baby food revenues from complementary foods intended for infants and young children between six and 36 months of age will be assessed on this module.

Section	WHA 69.9 recommendation	Criteria
1	RECOMMENDATION 1: Guiding Principles underpinning Infant and Young Child Feeding	Policy commitment indicator
2	RECOMMENDATION 3: Product Formulation	Policy commitment indicators Management systems indicators
3	RECOMMENDATION 4: Marketing Messages	Policy commitment indicators Management systems indicators
4	RECOMMENDATION 5: Avoidance of Cross-Promotion	Policy commitment indicators Management systems indicators
5	RECOMMENDATION 6: Conflicts of Interest in Health Facilities or throughout Health Systems	Policy commitment indicators Management systems indicators
6	Disclosure	

### Section 1: Guiding principles underpinning infant and young child feeding

RECOMMENDATION 1: Guiding principles underpinning infant and young child feeding		
No.	Policy commitments	
1	Does the company explicitly state its commitment to:	Optimal infant and young child feeding based on WHO/UNICEF Global strategy for infant and young child feeding, 2003 PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003 WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005 Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely



## Section 2: Product formulation

RECOMMENDATION 3: Product formulation		
No.	Policy commitments	
	Adherence to established standards and guidelines	
1	Does the company commit to formulating covered products according to:	Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013) Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006) Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989) Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009) National, regional and global dietary guidelines
No.	Management systems	
	Systems to ensure alignment with relevant guidelines	
2	The systems the company uses to ensure it upholds its commitments relating to the guidelines listed in the previous indicator are:	Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
	Procedures	
3	Can the company demonstrate procedures to implement all the guidelines listed above?	Yes Only for some of the guidelines listed above The company cannot demonstrate such procedures

## Section 3: Marketing messages

RECOMMENDATION 4: Marketing messages		
No.	Policy commitments	
	Marketing messages: information required	
1	Does the company commit to ensuring that messages in all forms of marketing:	Will include a statement on the importance of continued breastfeeding for up to two years or beyond (69.9) Will specify that the appropriate age of introduction of the food is not less than six months (69.9) Will be written in language that is easily understood by parents or caregivers (69.9) Will be visible and legible (69.9)
	Marketing messages: prohibited information	



2	Does the company commit, in all forms of marketing, not to:	Suggest use for infants under the age of six months through images, text or other representation (69.9)
		Use an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk (69.9)
		Recommend or promote bottle feeding (69.9)
		Convey an endorsement or anything that may be construed as an endorsement by a professional or other body unless it has been explicitly approved by relevant national, regional or international regulatory authorities (69.9)
	Forms of marketing covered by the company's policy	
3	Does the company make these commitments (in indicators 1 & 2 above) in reference to:	Adverts
		Promotions
		Sponsorship (of any events or materials other than scientific or professional meetings)
		Brochures and other printed material
		Online information
		Package labels and inserts
No.	Management systems	
	Systems to ensure alignment with marketing requirements	
4	The systems the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
	Clear instructions to staff (Do's and Don'ts)	
5	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above?	Yes, in full
		Yes, but only for some of its commitments listed above
		The company does not provide such guidance
	Procedures	
6	Can the company demonstrate procedures to implement all commitments listed above?	Yes
		Only for some of the commitments listed above
		The company cannot demonstrate such procedures

## Section 4: Cross-promotion

**Cross-promotion** is a form of marketing where customers of one product or service are targeted with promotion of a related product.

For companies assessed only on the CF Module, Section 4 will not be applied, as they have limited scope for cross-promotion.



Recommendation 5: Avoidance of cross-promotion		
No.	Policy commitments	
Commitments not to cross-promote		
1	Does the company establish the following commitments not to cross-promote covered products?	Packaging design will be different to those used for BMS Labelling will be different to those used for BMS Materials used will be different to those used for BMS
2	Does the company commit not to engage in direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents or other caregivers?	Yes No
No.	Management systems	
Systems to ensure avoidance of cross-promotion		
3	The systems the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
Clear instructions to staff (Do's and Don'ts)		
4	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above?	Yes, in full Yes, but only for some of its commitments listed above The company does not provide such guidance
Procedures		
5	Can the company demonstrate procedures to implement all commitments listed above?	Yes Only for some of the commitments listed above The company cannot demonstrate such procedures

## Section 5: Conflicts of interest in health facilities or throughout health systems

RECOMMENDATION 6: Conflicts of interest in health facilities or throughout health systems		
No.	Policy commitments	
Commitments to avoid conflicts of interest		
1	Does the company commit not to use the following techniques <u>in relation to CF 6-36 products</u> in order to avoid the conflicts of interest?	Provide free products to families through health workers or health facilities (except as supplies officially distributed through officially sanctioned health programs, which should not display company brands) Donate or distribute equipment or services to health facilities Give gifts or incentives to health care staff (including any costs relating to attending conferences and meetings)





		Use health facilities to host events, contests or campaigns
		Give any gifts or coupons to parents, caregivers or families
		Directly or indirectly provide education to parents or other caregivers on infant and young child feeding in health facilities
		Provide any information for health workers other than that which is scientific and factual
		Sponsor meetings of health professionals
		Sponsor scientific meetings
<b>No.</b>	<b>Management systems</b>	
	<b>Systems to ensure avoidance of conflicts of interest in health facilities or throughout health systems</b>	
2	The systems the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
	<b>Clear instructions to staff (Do's and Don'ts)</b>	
3	Can the company demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above?	Yes, in full
		Yes, but only for some of the commitments listed above
		The company does not provide such guidance
	<b>Procedures</b>	
4	Can the company demonstrate procedures to implement all commitments listed above?	Yes
		Only for some of its commitments listed above
		The company cannot demonstrate such procedures

## Section 6: Disclosure

Disclosure		
No.	Overarching commitments	
1	Does the company disclose its commitments to infant and young child feeding according to WHO and other guidelines?	Optimal infant and young child feeding based on WHO/UNICEF Global strategy for infant and young child feeding, 2003 PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003 WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005 Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely
2	Does the company disclose its commitment to formulate products according to:	Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013) Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006)



		Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989)
		Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009)
3	Does the company disclose its commitments on marketing messages:	A statement on the importance of continued breastfeeding for up to two years or beyond
		Specify that the appropriate age of introduction of the food is not less than six months
		Written in language that is easily understood by parents or caregivers
		Visible and legible
		Not suggest use for infants under the age of six months through images, text or other representation
		Use images, text or other forms of representation that are likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent or superior to breastmilk
		Not recommend or promote bottle feeding
		Not convey an endorsement or anything that may be construed as an endorsement by a professional or other body unless it has been explicitly approved by relevant national, regional or international regulatory authorities
4	Does the company disclose its commitments on cross- promotion and not engaging parents or other caregivers:	Packaging design
		Labelling
		Materials
		Not to engage in direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents or other caregivers
5	Does the company disclose its commitments on conflicts of interest on covered products relating to health facilities and throughout health systems:	Not to provide free products to families through health workers or health facilities (except as supplies officially distributed through officially sanctioned health programs, which should not display company brands)
		Not to donate or distribute equipment or services to health facilities
		Not to give gifts or incentives to health care staff (including any costs relating to attending conferences and meetings)
		Not use health facilities to host events, contests or campaigns
		Not to give any gifts or coupons to parents, caregivers or families
		Not to directly or indirectly provide education to parents or other caregivers on infant and young child feeding in health facilities
		Not to provide any information for health workers other than that which is scientific and factual
		Not to sponsor meetings of health professionals
		Not to sponsor scientific meetings



# Endnotes

- 
- <sup>1</sup> WHO, 'Global strategy on infant and young child feeding' (2002) [http://www.who.int/nutrition/topics/infantfeeding\\_recommendation/en/](http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/).
- <sup>2</sup> R Black et al., 'Maternal and child undernutrition: global and regional exposures and health consequences' (2008) *The Lancet* 9608: 243-260 [https://doi.org/10.1016/S0140-6736\(07\)61690-0](https://doi.org/10.1016/S0140-6736(07)61690-0)
- <sup>3</sup> PAHO/WHO, 'Guiding principles for Complementary feeding of the breastfed child' (2003) [https://www.who.int/nutrition/publications/guiding\\_principles\\_compfeeding\\_breastfed.pdf](https://www.who.int/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf)
- <sup>4</sup> UNICEF, 'Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance' (2020) <https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming>
- <sup>5</sup> R Chowdhury et al., 'Breastfeeding and maternal health outcomes: A systematic review and meta-analysis' (2015) *Acta Paediatrica* 467: 96-113 [10.1111/apa.13102](https://doi.org/10.1111/apa.13102)
- <sup>6</sup> M Sankar et al., 'Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis' (2015). *Acta Paediatrica* 467: 3-13 [10.1111/apa.13147](https://doi.org/10.1111/apa.13147)
- <sup>7</sup> C Victora et al., 'Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect' (2016) *The Lancet* 10017: 465-490. <https://www.bpn.org/Article/Breastfeeding-in-the-21st-century-epidemiology-mechanisms.pdf>
- <sup>8</sup> B Horta et al., 'Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: A systematic review and meta-analysis' (2015) *Acta Paediatrica* 467: 30-37 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/apa.13133>
- <sup>9</sup> Duijts, Liesbeth & Ramadhani, Made & Moll, Henriette. (2009). Breastfeeding protects against infectious diseases during infancy in industrialized countries. A systematic review. *Maternal & child nutrition*. 5. 199-210. <https://doi.org/10.1111/j.1740-8709.2008.00176.x>
- <sup>10</sup> Sankar MJ et al., 'Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis' (2015) *Acta Paediatrica* 104 (467): 3-13 <http://www.ncbi.nlm.nih.gov/pubmed/26249674>
- <sup>11</sup> C Victora et al., 'Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect (2016). *The Lancet* 10017: 475-490.
- <sup>12</sup> J Baker et al., 'Breastfeeding reduces postpartum weight retention' (2008) *The American Journal of Clinical Nutrition* 6: 1543-1551 <https://doi.org/10.3945/ajcn.2008.26379>
- <sup>13</sup> D Aune et al., 'Breastfeeding and the maternal risk of type 2 diabetes: A systematic review and dose-response meta-analysis of cohort studies' (2013) *Nutrition, Metabolism and Cardiovascular Diseases*. 24. <http://10.1016/j.numecd.2013.10.028>.
- <sup>14</sup> Stuebe A. 'The risks of not breastfeeding for mothers and infants' (2009) *Reviews in obstetrics & gynecology* 4: 222-231. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/pdf/RIOG002004\\_0222.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/pdf/RIOG002004_0222.pdf)
- <sup>15</sup> D.Walters et al., 'The cost of not breastfeeding: global results from a new tool' (2019) *Health Policy and Planning* 34: 407-417 <https://pubmed.ncbi.nlm.nih.gov/31236559/>
- <sup>16</sup> D.Walters et al., 'The cost of not breastfeeding: global results from a new tool' (2019) *Health Policy and Planning* 34: 407-417 <https://pubmed.ncbi.nlm.nih.gov/31236559/>
- <sup>17</sup> WHO, 'Global nutrition targets 2025: Policy brief series' (2014) [http://apps.who.int/iris/bitstream/handle/10665/149018/WHO\\_NMH\\_NHD\\_14.2\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/handle/10665/149018/WHO_NMH_NHD_14.2_eng.pdf?ua=1)
- <sup>18</sup> WHO, 'Global Targets 2025: To improve maternal, infant and young child nutrition' (2014) <http://www.who.int/nutrition/global-target-2025/en/>.
- <sup>19</sup> FAO, 'Maintaining a healthy diet during the COVID-19 pandemic' (2020) <http://www.fao.org/3/ca8380en/ca8380en.pdf>
- <sup>20</sup> WHO, 'International Code of Marketing of Breast-milk Substitutes' (1981) [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf)
- <sup>21</sup> WHO, 'Code and subsequent resolutions' (n.d.) <https://www.who.int/nutrition/netcode/resolutions/en/>
- <sup>22</sup> Mandate from the World Health Assembly, 'Guidance on ending the inappropriate promotion of foods for infants and young children' (2016) <https://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyg/en/>
- <sup>23</sup> WHO, 'Guidance on ending the inappropriate promotion of foods for infants and young children: Implementation Manual' (2017) <https://www.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/>



---

<sup>24</sup> WHO, 'Marketing of breast-milk substitutes: national implementation of the international code, status report 2020' (2020) <https://www.who.int/publications/i/item/9789240006010>

<sup>25</sup> UNICEF, WHO. 'The Investment Case for Breastfeeding: Nurturing the Health and Wealth of Nations' (2017) <https://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase.pdf?ua=1>

<sup>26</sup> P.Baker et al., 'First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption' (2020) *Matern Child Nutr.* e13097 . <https://doi.org/10.1111/mcn.13097>

<sup>27</sup> WHO. *WHA Global Nutrition Target 2025: Breastfeeding Policy Brief* (2014) [https://www.who.int/nutrition/publications/globaltargets2025\\_policybrief\\_breastfeeding/en/](https://www.who.int/nutrition/publications/globaltargets2025_policybrief_breastfeeding/en/).

<sup>28</sup> P.Baker et al., 'First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption' (2020) *Matern Child Nutr.* e13097. <https://doi.org/10.1111/mcn.13097>

<sup>29</sup> Smith, J, Sargent, G, Mehta, K et al., 'A rapid evidence assessment: Does marketing of commercially available complementary foods affect infant and young child feeding?' (2015) Australian National University, Canberra, A.C.T. [https://www.who.int/nutrition/topics/CF\\_anu\\_effects\\_marketingcommercial.pdf](https://www.who.int/nutrition/topics/CF_anu_effects_marketingcommercial.pdf)

<sup>30</sup> <https://www.who.int/nutrition/publications/infantfeeding/netcode-toolkit-monitoring-systems/en/>

© 2021 Access to Nutrition Foundation – All rights reserved

**Access to Nutrition Initiative**

Arthur van Schendelstraat 650

3511 MJ Utrecht

The Netherlands

+31 (0)30 410 09 16

[info@accesstonutrition.org](mailto:info@accesstonutrition.org)

[www.accesstonutrition.org](http://www.accesstonutrition.org)



ACCESS TO  
**NUTRITION**  
INITIATIVE