United States

	Weight	Score
BMS 1: Corporate Profile	50%	10%
BMS 2: In-country assessment	50%	0%
Total	100%	5%
Impact on the Global Index score		N/A

RANK

score 5%

## **BMS 1: Corporate Profile analysis**

## Application of policy

Product type	Product made?		Which policy applies?	Geographic coverage? <sup>2</sup>	If local regulations are weaker than own policy in higher-risk countries, follows:
Infant formula: 0-6 months	<ul> <li>Image: A second s</li></ul>	<ul> <li>Image: A second s</li></ul>	Own policy + IFM RRC <sup>3</sup>	Higher-risk countries	Local regulations
Complementary foods: 0-6 months	<ul> <li></li> </ul>	<ul> <li>Image: A start of the start of</li></ul>	Own policy + IFM RRC	Higher-risk countries	Local regulations
Follow-on formula: 6-12 months	<ul> <li></li> </ul>	<ul> <li>Image: A start of the start of</li></ul>	Own policy + IFM RRC	Higher-risk countries	Local regulations
Growing-up milks: 12-24 months	<ul> <li></li> </ul>	×	Out of policy scope	Out of policy scope	Local regulations

IFM RRC state that companies will comply with all local regulations in all countries (Paragraph 1.8). The IFM RRC do not apply to joint ventures and subsidiaries where the holding is less than 50%.

## Initial Corporate Profile score

Section	Article	Торіс	Score
1	Intro	Overarching commitments	44%
2	4	Information & education	9%
3	5	The general public and mothers	30%
4	6	Health care systems	11%
5	7	Health workers	25%
6	8	Persons employed by manufacturers and distributors	0%
7	9	Labeling	7%
8	10	Quality	50%
9	11	Implementation	22%
10		Lobbying (policy and objectives)	0%
11		Disclosure	13%
		Initial Corporate Profile score	19%
For explanat	ion see page	3.	

## Final Corporate Profile score

		Final
Product type	Weight	score
Initial Corporate Profile score		19%
Infant formula (0-6 months)	35%	12%
Complementary foods (0-6 months)	25%	12%
Follow-on formula (6-12 months)	20%	12%
Growing-up milks (12-24 months)	20%	0%
Total weighted Corporate Profile score	· · · · · ·	10%
For explanation see page 3.		



The company did not engage during the research phase but did provide feedback during the fact-checking phase on the Corporate Profile results and commentary.

<sup>1</sup> The assessment does not include analysis of whether the company's policy extends to teats and bottles.

<sup>2</sup> Higher-risk countries are countries which have, 'more than ten per 1,000 under-five mortality rate' or 'more than 2% acute malnutrition (moderate and severe wasting) in under-fives' according to data from UNICEF.

<sup>3</sup> International Association of Infant Food Manufacturers: Rules of Responsible Conduct.





### Analysis

### **Overarching commitments**

Through its support for the IFM RRC, Mead Johnson Nutrition (MJN) does explicitly acknowledge the importance of The International Code of Marketing of Breast-milk Substitutes (The Code) but not subsequent World Health Assembly (WHA) resolutions. The RRC Rules also support exclusive breastfeeding for the first six months (but not for continued breastfeeding for two years or more) and the introduction of appropriate complementary foods from the age of six months.

### Policy commitments on marketing

MJN does not publish its own detailed policy on BMS marketing. However, it lists some broad policy commitments in its Responsible Marketing Standards on its website. The company is therefore primarily assessed on the commitments made through the RRC. These Rules set broad minimum baseline standards on BMS marketing. The RRC extend only to infant formula products for infants up to 12 months of age, and apply only in higher-risk countries. They also state that complementary foods should not be marketed as BMS or as suitable for infants up to six months of age. MJN should adopt and publish its own policy extending to products for children up to 24 months of age, and apply that policy globally, rather than only in higher-risk countries. This would clearly demonstrate the company's support for WHO's recommendation that infants continue to be breastfed up to two years of age or beyond while also being fed with appropriate complementary foods from six months on.

Overall, because the RRC do not fully mirror all the requirements of all Articles of The Code and due to their limited product and geographic scope, MJN's scores relatively poorly on its policy commitments. The RRC cover some aspects of Articles 4, 5, 7, 8, 9, 10 and 11 of The Code. The policy commitments related to quality (Article 10) are fully in line with The Code and a number of the RRC policy commitments relating to Articles 5 and 11 are also compliant with the Code. However, the RRC does not include any commitments regarding marketing within health care systems (Article 6 of The Code).

MJN's new policy should expand on the RRC in the following areas to align the company's policy more closely with The Code:

- Broaden policy commitments relating to WHA resolutions, 39.28, 45.34, 47.5, 49.15, 55.25, 58.32, 61.20, and 63.23.
- Specify more fully the wording that must be included in all informational and educational materials.
- Include commitments to marketing within health care systems and expand them as they relate to interaction with health care workers.
- Set stricter rules in terms of how sales incentives are designed for its employees.
- Include all points mentioned in Articles 9.2, 9.3 and 9.4 of The Code on product labeling.

### Management systems

MJN does not disclose the management systems it uses to implement its commitments related to BMS marketing. Nor does the company provide evidence that it upholds all its commitments related to all Articles included in the RRC and The Code. It also does not appear to have clear Instructions for staff on how to interpret and apply the RRC, or consistent global procedures to ensure the RRC or The Code are properly implemented by staff in all markets. However, MJN has a strong companywide whistleblowing system that enables employees to anonymously and confidentially report a concern outside traditional reporting lines, which also extends to third parties.

### Policy commitments on lobbying

MJN does not disclose any policy to guide its lobbying on BMS issues nor does it score on any of the other indicators relating to this topic.

### Disclosure

MJN discloses the policy commitments included in its document 'Corporate Policy - Compliance with the IFM Rules of Responsible Conduct'. It has a broad statement on its website 'Responsible Marketing Standards' and publishes company-wide 'Standards of Business Conduct and Ethics'.





## Corporate Profile methodology & scoring

**Research:** The research was undertaken by ATNF between June – August 2015, based on documents available in the public domain or provided by the company up to the end of July. Any documents published since then are not reflected in the score.

**Methodology used:** The BMS Corporate Profile methodology was the basis for assessment, developed with extensive input from the ATNI Expert Group, and available at www.accesstonutrition.org.

**Product scope:** In line with the WHO definitions set out in The Code and its statement of July 2013, the 2016 Global Index assesses whether companies restrict marketing of certain BMS products in line with the recommendations of The Code and relevant WHA resolutions. These include complementary foods and beverages identified as being suitable for infants up to six months of age, any type of milk-based formula or follow-on formula (also called follow-up formula) or growing-up milk (also called toddler milk) identified as being suitable for infants and young children up to 24 months of age.

**Initial Corporate Profile score:** This score is based on an initial analysis of the company's policy, management systems and disclosure, as set out in the ATNI BMS methodology. It reflects the extent to which its policies are aligned with The Code and subsequent WHA resolutions, its policy commitments on lobbying, the scope and strength of its management systems, and extent of its disclosure (but not yet taking into account the product scope).

**Weighted scores:** The initial Corporate Profile score is adjusted according to: i) which types of countries the policy applies to (the score is reduced by 25% if the policy applies only in higher-risk countries for a particular product type); ii) where local regulations are weaker than its policy, whether the company complies with local regulations or its own policy (the score is reduced by a further 15% if it does not commit to following its own policy in these circumstances). The scores under each product type show the level of compliance each company achieves for that product type. If the company does not apply its policy to any product category it scores zero. This is also the case if it does not disclose its policy.

**Final Corporate Profile score:** This is the final score weighted according to whether the company's policy applies to each type of BMS product being assessed by the 2016 Global Index.

Adjustment to Global Index score: For those companies included in the 2016 Global Index, the total possible adjustment relating to the Corporate Profile is 0.75, fifty percent of the maximum possible adjustment of 1.5. The final Corporate Profile score represents the level of compliance with the ATNI methodology; the adjustment is based on the level of non-compliance. Therefore, the calculation for the adjustment is: 0.75 x (100%- final CP score).





## **BMS 2: In-country assessments in Vietnam and Indonesia**

	Vietnam	Indonesia	Total
Total number of BMS products assessed	8	10	18
Infant formula	5	7	12
Complementary foods	0	0	0
Follow-on formula	1	1	2
Growing-up milks	2	2	4
Formula, age not specified	0	0	0
Total incidences of non-compliance identified	23	123	146
Infant formula	5	8	13
Complementary foods	0	0	0
Follow-on formula	6	4	10
Growing-up milks	5	103	108
Formula, age not specified	7	8	15
Ratio of incidences of non-compliance by products assessed	2.9	12.3	
Level of compliance	Low	Low	
Aggregate score (Vietnam and Indonesia)	0%	0%	0%
Adjustment to Global Index score (out of 0.75)			N/A

Note that the final adjustment to the Global Index score based on the in-country assessments is calculated as follows:  $0.75 \times (100\% - aggregate in-country score)$ .

### Key to levels of compliance

Complete: No incidences of non-compliance found High: Fewer than 1 incidence of non-compliance by number of products assessed Medium: Between 1.1 and 2 incidences of non-compliance by number of products assessed Low: More than 2.1 incidences of non-compliance by number of products assesed

### Products

VietnamMead Johnson Nutrition markets BMS products under the brand names Enfamil, Enfagrow, Nutramigen, and ProgestimilIndonesiaMead Johnson markets BMS products under the same brand names, as well as Sustagen.

# Article 4: Information and education for mothers and pregnant

- Overall, Mead Johnson placed third out of the six companies assessed in the 2016 Global Index for its level of compliance in both countries, with four incidences of non-compliance found in total.
- One informational or educational document produced by Mead Johnson about infant feeding was found in the sampled health facilities and stores in Vietnam. Copies were found in two different establishments.
- Three relevant items were found in Indonesia. Two did not specify a particular product.

# Article 5: Advertising and promotion to the general public including mother and pregnant women

- Overall, Mead Johnson placed fourth out of the six companies assessed in the 2016 Global Index for its level of compliance in both countries on Article 5, with 137 observed incidences of non-compliance in total. (Note that data based on recall is not included in the score).
- In Vietnam, the formal media monitoring conducted during the study by Andi and the local research team identified two adverts for covered products.
- Over 8% of the women interviewed in Vietnam recalled seeing an advertisement on television for what they believed to be a Mead Johnson product. A smaller number recalled seeing such an advert on the internet, through social media, or through other sources.

- In Indonesia, only 2% of the women interviewed recalled seeing an advertisement on television for what they believed to be a Mead Johnson product. Very few women recalled seeing any advertising through other media.
- Media monitoring in Indonesia carried out by Nielsen and the local study team detected 78 advertisements for Mead Johnson products. All but four of these were on the internet, Facebook, Twitter, or YouTube. More than one-half of the adverts were for growing-up milk, but many adverts did not specify an age range.
- Sixteen point-of-sale promotions were identified in the 114 stores visited in Vietnam. By contrast, 41 promotions for Mead Johnson covered products were identified in the 111 stores visited in Indonesia. The vast majority of these (35) were for growing-up milk, and the other six did not specify a single product.

### Article 6: Health care systems (promotion within)

- Overall, Mead Johnson placed second among the six companies assessed in the 2016 Global Index for the level of compliance in both countries on Article 6.
- Three of the 814 women (<0.1%) interviewed in Vietnam recalled that a health care worker had recommended that they use a Mead Johnson product.
- None of the 114 health care workers interviewed recalled any visits by a Mead Johnson representative to talk to the women or distribute samples.





- None of the 856 women interviewed in Indonesia also recalled that a health care worker had recommended that they use a Mead Johnson product.
- One of the 111 health care workers (<0.1%) interviewed recalled any visits by a Mead Johnson representative to talk to the women or distribute samples.

### Article 9: Labeling

- Overall, Mead Johnson placed first out of the six companies assessed in the 2016 Global Index for its level of compliance in both countries, with a total of five products of the 18 assessed having non-compliant labels.
- Four of the eight products had non-compliant labels in Vietnam.
- Only one product was found to have a non-compliant label in Indonesia out of the ten products assessed.

### In-country assessment methodology & scoring

**Research:** The research was undertaken under contract to ATNF by Westat, a US-based health and social science research company.

**Methodology used:** The Interagency Group on Breastfeeding Monitoring (IGBM) Protocol, entitled 'Estimating the Prevalence of Violations of The Code and National Measures' from 2007. Adapted to local context. Used with permission from UNICEF.<sup>4</sup>

### **Data collection methods:**

- Interviews with pregnant women and mothers of infants in health facilities.
- Interviews with healthcare workers in health facilities.
- Identification of informational materials produced by BMS manufacturers available in health facilities and retail stores.
- Identification of sales promotions by BMS manufacturers in retail stores.
- Analysis of product labels and inserts of all available products on the
- local market.

## Media monitoring.

### Definitions used:

Drawn from The Code and subsequent guidance issued by WHO in July 2013.  $^{\rm 5}$ 

 Covered products include: infant formula (for infants less than six months of age); follow-on formula – sometimes called follow-up formula – (for infants 6-12 months of age); growing-up milk (for children 12-24 months of age); complementary foods when recommended for infants less than six months of age and bottles and teats.  Non-compliance with The Code's recommendations: IGBM Protocol, WHO and other authoritative sources (such as the Helen Keller Institute). Available as an Annex to Westat reports.

Location: Urban Hanoi and urban Jakarta.

#### Sampling:

- Health facilities: selected with probability proportionate to size from a sample frame of eligible facilities.
- Women and health care workers: selected on a probability basis within each health facility, as were health care workers.
- Retailers: Three retail stores near health facilities selected on a purposive basis. All identified BMS products were selected for analysis of labels and inserts.
- Advertising: Two most widely used traditional media channels monitored, such as television and print, as well as online media, by a specialist agency in each country. Additional monitoring of online media undertaken by local partners (ISMS and Polling Center).
- Over 800 women and 125 health care workers were interviewed in each country, and over 110 retail stores were visited in each country.

**Scoring:** For an explanation of how the scores were arrived at, see the BMS chapter and Annex of the 2016 Global Index report.

### About the company<sup>6</sup>

- Mead Johnson Nutrition is the third largest baby food manufacturer worldwide with a 10.6% market share in 2014.
- In FY2014, Mead Johnson Nutrition generated worldwide revenues of \$5.9 bn from these products, accounting for all of its revenue, as the company does not sell other products.
- Its product portfolio includes brands such as Enfamil, Enfagrow, Enfakid and Enfapro.
- In 2014, Enfamil was the bestselling baby formula milk. The brand covers wide range of milk formula products such as standard, follow-on, growing up and special baby varieties. Growing-up milk and standard milk formula are the two biggest product categories.
- The company's market focus is U.S. and China. It has a limited global reach outside the Asia Pacific and North America.

# Documents assessed in the Corporate Profile methodology

- Company website, http://www.meadjohnson.com/
- Mead Johnson Nutrition Standards of Business Conduct and Ethics
- Mead Johnson Nutrition EthicsPoint
- Enfa website Vietnam, http://www.enfa.com.vn/
- Enfa A+ Facebook Vietnam, https://www.facebook.com/giadinhenfa
- Aku Anak SGM Facebook Indonesia, https://www.facebook.com/ AkuAnakSGM
- Enfa Smart Center Facebook Indonesia. https://www.facebook.com/ EnfaSmartCenter/?fref=photo
- Enfa Smart Center Twitter Indonesia, https://twitter.com/EnfaSmart/ media
- Sustagen Club Twitter Indonesia, https://twitter.com/SustagenClub/ media
- IFM Rules of Responsible Conduct
- <sup>4</sup> UNICEF's permission to use the IGBM protocol does not imply endorsement of the methodology used or the results of the survey.
- <sup>5</sup> http://www.who.int/nutrition/topics/WHO\_brief\_fufandcode\_post\_17July.pdf
- <sup>6</sup> Source: Euromonitor, a market research provider





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