

# **In-Country Assessments of Baby Food Companies' Compliance with the International Code of Marketing of Breast-milk Substitutes**

## **Nigeria Report**

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## Disclaimer

Westat, with its local subcontractor in Nigeria, was responsible for the collection of data related to company compliance with the International Code of Marketing of Breast-milk Substitutes and any additional country-specific regulations related to marketing of these products. Westat is responsible for the analysis of the data related to compliance with the BMS marketing standards and for preparation of summary reports that have been incorporated by the Access to Nutrition Foundation (ATNF) into the scoring of company performance for the 2018 Access to Nutrition Global Index. Westat and its local subcontractor engaged with health care facilities, mothers of infants who attended those facilities, health workers at the facilities, and retailers as part of the data collection and analysis process.

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## Acronyms

ATNF	Access to Nutrition Foundation
ATNI	Access to Nutrition Index
BMS	Breastmilk Substitute
CF	Complementary Foods
FOF	Follow-on Formula
GUM	Growing-up Milk
HCF	Health Care Facility
IF	Infant Formula
IBFAN	International Baby Food Action Network
IGBM	Interagency Group on Breastfeeding Monitoring
NetCode	Network for Monitoring and Support for Adherence to the Code
OPM	Oxford Policy Management
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

# Executive Summary

In the summer of 2017, the Access to Nutrition Foundation (ATNF) commissioned a survey in Lagos, Nigeria to assess systematically baby food manufacturers' compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly (WHA) Resolutions (together referred to hereafter as the Code). Further, ATNF assessed the extent to which companies comply with the national legislation of the *Marketing (Breast-Milk Substitutes) Act in December 1990*<sup>1</sup> and the *National Agency for Food and Drug Administration and Control (NAFDAC) Regulations on Marketing of Infant and Young Child Food and Other Designated Products, 2005*,<sup>2</sup> in areas where the measures go beyond the provisions of the Code. The purpose of this fifth country study for ATNF is to determine whether those companies whose breastmilk substitute (BMS) products and/or complementary foods (CFs) were for sale in the study area conform fully with the provisions of the Code, subsequent WHA resolutions and national regulations controlling the marketing and labeling of these products, in order not to undermine optimal infant and young child nutrition, which is a major contributor to combating under-nutrition and infant deaths.

The data and analysis from this study will inform the third Global Access to Nutrition Index (ATNI), with anticipated publication in the spring of 2018. The study derived the definition of products studied from both the Code and subsequent WHA resolutions. According to these documents, the Code applies to both foods and beverages (including CFs) for infants and young children from birth to 36 months of age. BMS include: infant formula (IF – for infants less than 6 months of age); follow-on formula or follow-up formula (FOF – for infants from 6 months of age); growing-up milk (GUM – for children from 12 months of age up to 36 months); and complementary foods (CFs – marketed as suitable for infants and young children less than 6 months of age). WHA 69.9 makes a series of recommendations about how CFs for infants and young children from 6 – 36 months of age should be marketed.<sup>3</sup> The Code also applies to the marketing of bottles and teats but they were not included in this study.

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<sup>1</sup> [https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act_0.pdf)

<sup>2</sup> [http://www.nafdac.gov.ng/images/MARKETING\\_OF\\_INFANT\\_YOUNG\\_CHILDREN\\_FOOD\\_OTHER\\_DESIGNED\\_PRODUCTS\\_REG\\_SALES\\_ETC\\_REGULATIONS\\_2005.pdf](http://www.nafdac.gov.ng/images/MARKETING_OF_INFANT_YOUNG_CHILDREN_FOOD_OTHER_DESIGNED_PRODUCTS_REG_SALES_ETC_REGULATIONS_2005.pdf)

<sup>3</sup> [https://www.amchamthailand.com/asp/view\\_doc.asp?DocCID=5318](https://www.amchamthailand.com/asp/view_doc.asp?DocCID=5318)

The definition of a BMS product used to guide data collection for this study differs from that of the three pilot studies in Vietnam, Indonesia, and India.<sup>4</sup> Those studies defined a BMS product as IF, FOF, GUM for use from 12-24 months, and CFs recommended for infants less than 6 months of age. This study, following a study conducted in Bangkok Thailand during the summer of 2017, also collected data for formulas intended for infants up to 36 months of age and assessed whether CFs intended for children from 6 – 36 months of age are marketed in line with the recommendations of WHA 69.9. While data were collected on the extent of companies' compliance with WHA 69.9, these data are not presented in the main results tables, in line with ATNF's decision to exclude such findings from companies' scores in the 2018 Global ATNI in order to retain comparability with the results presented in the 2016 Global ATNI. Rather, reference is made to these findings in the commentary relating to each Article. ATNF has indicated that future studies will include these results.

In 2014, the World Health Organization (WHO) established a Global Network for Monitoring and Support for Adherence to the Code (referred to as NetCode).<sup>5</sup> NetCode subsequently developed the *Protocol for the Assessment and Monitoring of "The Code" and Relevant National Measures* to meet their objectives and provide practical tools and guidance for effective monitoring.<sup>6</sup> ATNF and Westat based the methodology of the Thailand and Nigeria studies on this initial 2015 NetCode protocol. NetCode released a subsequent Toolkit with an updated protocol in October 2017 after our data collection and analysis were complete. Future studies will be based on this updated protocol.<sup>7</sup>

The NetCode protocol calls for data collection at multiple levels to examine different aspects of Code compliance. This includes:

- Interviews with mothers of infants less than 24 months (2 years) in health care facilities (HCFs);
- Interviews with health workers in HCFs;
- Identification of informational materials produced by baby food manufacturers available in HCFs and retail stores;
- Identification of sales promotions by baby food manufacturers in retail stores;

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<sup>4</sup> More information is available at [www.accesstonutrition.org](http://www.accesstonutrition.org).

<sup>5</sup> <http://www.who.int/nutrition/netcode/en/>

<sup>6</sup> [http://www.who.int/nutrition/netcode/protocol\\_summary.pdf?ua=1](http://www.who.int/nutrition/netcode/protocol_summary.pdf?ua=1)

<sup>7</sup> <http://www.who.int/nutrition/netcode/toolkit/en/>

- Analysis of product labels and inserts of all available products on the local market; and
- Media monitoring of traditional and online advertising.

We fully examined these channels of promotion in the conduct of this study.

The NetCode protocol also requires the assessment of the compliance with any national measures relating to marketing relevant products (in the case of Nigeria, national legislation and NAFDAC label regulations), if they go beyond the requirements of the Code. The aspects of BMS marketing that were controlled through law and regulation in Nigeria at the time of the study were: (i) a range of marketing restrictions in *Marketing (Breast-Milk Substitutes) Act 1990*,<sup>8</sup> including a prohibition on advertising formulas for infants up to 12 months of age, and (ii) a range of marketing restrictions that apply to all formulas and foods marketed as suitable from birth to 36 months, in *National Agency for Food and Drug Administration and Control Act (NAFDAC) (as amended) – Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005*.<sup>9</sup>

Our analysis of these national measures determined that they align with or expand on the Code in several ways, particularly in respect of product labeling. The label regulations set out definitions of some terms used in the analysis of product labels. New legislation is pending the approval of the Nigerian Ministry of Health. This study, therefore, provides a baseline against which to measure the effectiveness of the new regulation in curtailing BMS marketing once passed.

This report presents findings from the Nigeria study, carried out in Lagos in September and October 2017. ATNF selected this city because NetCode recommends conducting the study in the city with the largest population.

The methodology and procedures that we followed include:

- Field-level training of 16 interviewers and their 4 supervisors conducted in Lagos in September 2017;
- Field data collection of interviews with 330 mothers and 98 health workers in 33 HCFs conducted in September 2017;

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<sup>8</sup> [https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act_0.pdf)

<sup>9</sup> [http://www.nafdac.gov.ng/images/MARKETING\\_OF\\_INFANT\\_YOUNG\\_CHILDREN\\_FOOD\\_OTHER\\_DESIGNATED\\_PRODUCTS\\_REG\\_SALES\\_ETC\\_REGULATIONS\\_2005.pdf](http://www.nafdac.gov.ng/images/MARKETING_OF_INFANT_YOUNG_CHILDREN_FOOD_OTHER_DESIGNATED_PRODUCTS_REG_SALES_ETC_REGULATIONS_2005.pdf)

- Monitoring advertising or product promotion in various media conducted for eight weeks from mid-August through mid-October, 2017;
- Monitoring 43 retail outlets (10 large and 33 small) for observation of product promotion in September 2017; and
- Purchasing and systematic analysis of 35 labels and 10 inserts of eligible (i.e., excluding 45 parallel import products and 73 CFs 6-36 months) BMS products in September 2017.

This work builds on and intends to complement other monitoring exercises carried out in Nigeria by Dr. Nikem Ene,<sup>10</sup> Ms. Eva Obiageli Edwards,<sup>11</sup> and PWC on behalf of FTSE4Good.<sup>12</sup> The results of the PWC study and letters from FTSE4Good to Danone and Nestlé outlining its areas of concern (and the company's response) are available on FTSE's website.<sup>13</sup>

This report highlights particularly the six largest global baby food manufacturers that will be included in the 2018 ATNI BMS sub-ranking whose products were found in Nigeria, specifically Abbott, Danone, FrieslandCampina, Kraft Heinz, Nestlé and RB/Mead Johnson Nutrition. Hereafter, we refer to these six companies as ATNI-focus companies. In the labeling analysis, we collected data for 22 companies in total. Of these 22 companies, 10 were companies whose BMS products were approved for sale by the authorities in Nigeria (hereafter called legitimate products) and 12 were companies whose BMS products appear to be parallel import products (i.e., not approved for sale in Nigeria.) In total, 172 BMS and CF product labels and inserts (i.e., unique items) were originally abstracted; these items represented 153 products. However, 45 parallel import products (54 labels and inserts), identified by the six ATNI-focus companies as such, have been excluded from this report (as the companies are not responsible for the sale of these products in Nigeria).<sup>14</sup> In addition, 73 CF 6-36 months products are also excluded from the results as this report focuses on compliance of BMS with the Code and WHA resolutions, excluding WHA 69.9. Ultimately, with the exclusion of both the 45 parallel import products and the 73 CF 6-36 month

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<sup>10</sup> <http://prestonhealthcareconsulting.com/bmsccsijazs.html>

<sup>11</sup> <http://www.bibalex.org/Search4Dev/files/428823/455666.pdf>

<sup>12</sup> <http://www.ftse.com/products/indices/F4G-BMS>. The FTSE4Good Index Series is designed to measure the performance of companies demonstrating strong Environmental, Social and Governance (ESG) practices. Companies that market breastmilk substitutes have to meet FTSE4Good's BMS marketing inclusion criteria for admission into the FTSE4Good Index.

<sup>13</sup> Ibid

<sup>14</sup> Although the labels of these products should comply with the recommendations of the Code no matter where they are sold, they are not assessed on this basis, as such an assessment is not pertinent to the study objectives for Nigeria.

products, 35 products (with 35 labels and 10 inserts) are included in the final labeling analysis results presented in this report (see Table ES-1).

The principal results of this study are:

#### Article 4: Information and Education

- **Information to Mothers:** The study team observed 2 informational or educational materials in the 33 HCFs and 43 retail outlets. Both materials were observed at the HCFs with none at the retail outlets. Two product types (GUMs) were referenced on the materials, and both were produced by FrieslandCampina.
- **Equipment donated to HCFs:** There was 1 observation of a piece of equipment. This item was from FrieslandCampina (“Friso”).

#### Article 5: General Public and Mothers

- **Advertising and Promotion:**<sup>15</sup> Overall, 60 (~18%) mothers reported seeing at least one BMS promotion in the last six months. These reports represented a total of 69 advertisements, promotions or messages. The mothers most frequently recalled seeing ads for BMS products on television (68%), and at a far lower level, in a shop or pharmacy (7%). However, traditional media monitoring by local company CCM of a small number of TV and radio channels, and some print publications over six months, found no BMS advertisements or promotions. These apparently contradictory findings could be as a result of monitoring a limited number of media channels for a relatively short amount of time or they could be due to the sample of mothers misremembering the nature or location of the advertisements.

The online media monitoring component of the study included baby food companies’ own media (websites and social media platforms including YouTube, Facebook, Twitter and Instagram); and parenting and child websites popular in Nigeria. These media were monitored for two months, mid-August through mid-October, 2017. No eligible promotions were found on the companies’ own media.

- **Gifts and Samples:** Four (~1%) of the mothers reported receiving samples of BMS products from a company representative. Two (2) of the samples were FOFs and 2 were “other” products. Two of the reported samples were from Nestlé, 1 was from Abbott, and 1 was from an unknown company.
- **Point-of-sale Promotions:** The field team did not find any eligible point-of-sale promotions for BMS products in the 43 physical retail outlets included in the study sample. An eight-week online monitoring component observed a total of 109

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<sup>15</sup> Products about which data were collected in Nigeria and presented in this report include formulas marketed as suitable for children from birth to 36 months of age and CF marketed as suitable for infants from birth to 6 months of age, as these are BMSs.

promotions on 5 online retail sites. All of these promotions were price-related. The majority of online promotions were for CFs <6 months (85) but many were for IFs (29) and GUMs (33). Of the 147 total promotions observed (both online and retail), the most promotions were for Kraft Heinz products, with 85 or 78%. The second highest number was 18 promotions (~17% of the total), observed for FrieslandCampina products. No eligible promotions were observed for Abbott, Danone, Nestlé, or RB/Mead Johnson Nutrition products. There were 6 promotions for “Other” companies.

- **Gifts or Coupons to Mothers:** Of the 330 mothers interviewed, 9 (3%) reported receiving a gift associated with a BMS company. Of the 9 total instances of receiving a gift, 7 were from company representatives and none were from retail personnel. For the most part, mothers could not remember the specific company name. However, 1 gift was reported from FrieslandCampina. Only one mother reported receiving a coupon.
- **Company Contact with Mothers:** Of the 330 mothers interviewed, only 3 mothers reported that retail personnel encouraged them to use BMS products. The company name was unknown.

#### Article 6: Health Care Systems

- **Promotions in HCFs:** Overall, 47 (14%) of the 330 mothers reported a health worker suggesting the use of BMS. This represented 58 reports. The company name was unknown in the majority of reports (69%). However, 7 (12%) reports were for Nestlé products and 2 (3%) were for Danone. Two (2%) of the 98 health workers reported that a company representative contacted them to provide product samples to mothers. One (1) contact was from Nestlé and was from an “Other” company.
- **Promotional Materials in HCFs:** There were no observations of promotional materials in HCFs.

#### Article 7: Health Workers

- **Information and Education Materials:** No such eligible materials (i.e., informational/educational materials specifically for health workers) were observed in Lagos.
- **Financial or Material Inducements:** One (1%) of the 98 health workers reported contact by a company (identified as Nestlé) to provide a personal gift. Thirteen (13%) reported that a company representative made future offers to sponsor events or workshops for health workers or to provide payment to attend events or workshops outside the facility. This represented a total of 14 reports, 10 from Nestlé, 1 from FrieslandCampina, and 3 from “Other” companies. As these were self-reported and inappropriate to receive, it is possible that there could be some underreporting.
- **Gifts and Samples for Health Workers:** Two (2) of the 98 health workers interviewed reported instances of receiving samples of a BMS product. Of the 330 mothers in the study, 5 (<2%) reported receiving a free sample of a BMS product, although none of these free samples were from a health worker.



## Article 9: Labeling

- **Important Notice and Statement:** After the exclusion of the 73 CF 6-36 month products and the 45 parallel import products, 35 labels and 10 inserts (45 items in total, representing 35 BMS products marketed by 10 companies) were included in the labeling results presented in this report. All 35 of the labels were non-compliant as were 3 of the 10 inserts. Therefore, all 35 of the eligible products in the labeling analysis had at least one (one or more) labeling/insert non-compliance. The labels of all IFs included the important notice statement. The labels of all except one of the IFs were compliant with respect to the superiority of breastfeeding statement. The labels of 17% of the FOFs, 17% of the GUMs, and 100% of the CFs < 6 months did not include a statement of the superiority of breastfeeding. Approximately 29% of IFs were missing a statement to use the BMS product only under recommendation of a clinician. Just over 8% of all eligible products did not include a statement on the importance of continued breastfeeding for up to two years or beyond, and 17% of eligible products did not include a statement on importance of not introducing complementary feeding before 6 months. Eighty-nine (89%) percent of all products were not compliant with the Nigerian regulation to bear directions in English and the three main Nigerian languages.
- **Inclusion of Required Information:** Overall, all product labels and 30% (3) of the 10 inserts assessed fell short of the required standards; each label had one or more incidences of non-compliance. All IFs, FOFs, GUMs, and CFs 0-6 month products included information about nutritional composition. All products included storage conditions on labels. Of the 35 product labels included in the label analysis, 54% (43% of the IFs, 67% of the FOFs, and 50% of the GUMs) had some language with health claims. Ninety-five percent (95%) of the labels for powdered infant formula (IFs, FOFs, and GUMs) did not provide a warning on pathogenic microorganisms and did not meet this requirement. The labels of 36% of IFs did not have information for appropriate preparation. Forty-three (43%) percent of the IF labels were not compliant and included pictures of infants, or idealized the use of IF. One product produced outside of Nigeria did not have the country of manufacture. This product was made by Abbott. Nine products produced outside of Nigeria did not have the date of manufacture. Eight of these products were made by Kraft Heinz and one product was made by Abbott.

A summary of observed non-compliances for all producers of covered formula and CFs found in Lagos is presented in Table ES-1. This table provides the number of reported and observed incidences of non-compliance found in Lagos during the study period for ATNI-focus companies and for the other companies.



Table ES-1. Summary of non-compliances, by Code sub-article and company

Company	Total number of BMS products found <sup>1</sup>	Total number of non-compliances	Non-compliances by relevant Code sub-article					
			4.2	4.3	5.1	5.3	6.3 and 6.8	9.2 and 9.4
			Products on Informational /educational materials at HCFs and retail outlets	Observations of Equipment at HCFs	Media monitoring (traditional and online) <sup>2</sup>	Promotions at retail outlets (physical and online retailers) <sup>3</sup>	Promotional material at HCFs	Non-compliant BMS product labels <sup>4</sup>
			(table not shown)	Table 5-4	(table not shown)	Table 5-7	(table not shown)	Table 5-13
Abbott	4	4	0	0	0	0	0	4
Danone	4	4	0	0	0	0	0	4
FrieslandCampina	4	25	2	1	0	18	0	4
Kraft Heinz	9	94	0	0	0	85	0	9
Nestlé	4	4	0	0	0	0	0	4
RB/Mead Johnson	0	0	0	0	0	0	0	0
Other <sup>5</sup>	10	16	0	0	0	6	0	10
<b>Total</b>	<b>35</b>	<b>147</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>109</b>	<b>0</b>	<b>35</b>

Source: ATNF Nigeria (2017)

- 1 The total number of BMS/CF product labels and inserts abstracted in the Nigeria study was 172 (153 labels and 19 inserts, representing 153 products). However this column includes only the 35 BMS product labels for legitimate products and for the four product types of IF, FOF, GUM, and CF < 6 months. Forty-five (45) parallel import products (54 parallel import labels and inserts) are excluded from the tables presented in this report. Among the 45 parallel import products, there were 8 products made by Abbott, 15 products made by Danone, 9 products made by Nestlé, 7 products made by RB/Mead Johnson Nutrition, and 6 products made by 'Other' companies. (There were also 9 inserts among these 45 parallel import products.) In addition, 73 CF 6-36 month products (12 made by Danone, 2 made by FrieslandCampina, 4 made by Kraft Heinz, 12 made by Nestlé, and 43 made by 'Other' companies) are excluded from the tables presented in this report. While these products should comply with the Code, compliance with Nigerian law cannot be expected.
- 2 Note that in the Media Monitoring component of the study (August-October 2017), there were no observations of advertisements or promotions in traditional media and companies' own media. This column displays online data only, and there were no eligible observations of non-compliance in Nigeria.
- 3 No promotions for eligible products were observed in the physical retailers in the sample; thus this column contains the counts for the online retailers only.
- 4 Counts of non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32, and relevant Nigerian regulations (those which exceed the Code). Each label/insert included in this analysis can have more than one non-compliance; however this column shows the counts at the unique product level (i.e., number of eligible products with at least one (one or more) label or insert non-compliance). Additionally, 73 CF 6-36 products (among both parallel imports and legitimate products) were excluded from the results presented in this report, and are therefore not counted in this column.
- 5 "Other" companies included in the Nigeria data collection were: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, and ProThrive Ventures.

Important conclusions and recommendations include:

- **Advertising and Promotion** – The mothers’ most frequent mode of recalled advertisement was television followed by retail outlets. The monitoring of traditional media and companies’ own online media revealed no eligible promotions, demonstrating companies’ good compliance with the Code and local regulations.
- **Point-of-Sale Promotion** – Online retailers were responsible for all of the observed point-of-sale promotions, with none observed in the “brick-and-mortar” retail outlets. The promotion of BMS products in Lagos is concerning. Baby food companies should ensure that their contracts with these online retailers prohibit point-of-sale promotions on their sites; the Nigerian government could also take steps to ensure that online retailers are aware of their responsibilities under the Code and national legislation.
- **Labeling** – All of the 35 eligible labels and 3 of the 10 inserts assessed were non-compliant. The Nigerian government should therefore review its enforcement of national labeling regulations. In addition, a great number of BMS products available in Lagos are parallel imports which would appear to indicate that more enforcement is needed to limit such imports.
- **Equipment donated to HCFs** – With the exception of one equipment item observed from FrieslandCampina, there were no observations of equipment in HCFs, demonstrating good compliance with the Code and local regulations.
- **Informational and Educational Materials** – Very little printed information or educational material distributed by manufacturers was observed at the HCFs or retail outlets, and none at all directed to health workers, demonstrating good compliance with the Code and local regulations.
- **Promotional materials in HCFs** – No promotional materials were observed at any of the 33 HCFs in the Nigerian study, demonstrating good compliance with the Code and local regulations.
- **Company Contact with Mothers** – Direct contact by companies with mothers appears to be relatively rare in Lagos. However, future efforts to promote baby food manufacturers’ compliance with the Code and local regulations should include a focus on the use of social media to contact mothers.
- **Gifts and Coupons to Mothers** – There were few reported instances of mothers reporting the receipt of coupons or free gifts from manufacturers and distributors, demonstrating good compliance with the Code and local regulations.

These findings appear to accord with the findings and reports of IBFAN-GIFA and FTSE4Good.<sup>16</sup>

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<sup>16</sup> <http://www.ftse.com/products/indices/F4G-BMS>

Limitations of this study include:

- This study was a one-time cross-sectional survey for the point in time that it was conducted. These indicators are representative of the sample and not necessarily generalizable to a larger population in Lagos, nor elsewhere in Nigeria.
- Much of the information needed to assess compliance comes from interviews with mothers and with health workers. Self-reported events or information can be misreported for various reasons, as described in Chapter 7.
- The interviewers selected health workers within each HCF following the NetCode protocol. However, they might or might not have been the best worker to interview with respect to facility-related issues (e.g., others might have had more experience of companies' marketing activities in the HCF). Therefore, the study may have under-reported visits or contacts made by representatives of baby food companies, for example.
- The selection of retail outlets to observe point-of-sale promotions was purposive, not representative. Because of this design, we cannot generalize the study results to the universe of stores in Lagos. Additionally, observations were made only on one day so it is possible that some stores would have had promotions if visited over a period of time.
- This study likely underestimates the level of promotion via text messages and other social media as we did not assess this. Not only is it difficult to assess, the NetCode protocol did not specify how to conduct such an assessment. However, anecdotal evidence and other reports indicate that this form of marketing is becoming pervasive.

Although we believe that promotion of BMS products is likely to be highest in urban Lagos, we have no empirical evidence from other urban or rural areas of Nigeria to confirm this belief.

## A. Rationale for Conducting the Nigeria Study

The Access to Nutrition Foundation (ATNF) is a not-for-profit organization, based in The Netherlands, that was established in 2013 to develop and publish the Access to Nutrition Indexes (ATNIs). The first Global Index, launched in 2013, scored and rated 25 of the world's largest food and beverage manufacturers on commitments, performance and disclosure on addressing obesity and under-nutrition. The second edition of the Global Index was published in January 2016 and rated 22 companies similarly; the third edition is due to be published in the spring of 2018. It is for the 2018 Index that this study is undertaken. More information is available at [www.accesstonutrition.org](http://www.accesstonutrition.org). The Indexes are intended to: (1) enable companies to benchmark their own performance against international standards and best practice and compare themselves to their peers; and (2) provide an objective source of information for all stakeholders to use to evaluate companies' responses to two of the world's most pressing nutrition-related public health challenges.

ATNF and Westat first piloted surveys similar to the Nigeria survey to assess the marketing of breastmilk substitutes (BMS) during 2015 in Vietnam and Indonesia. ATNF and Westat collaborated again on the third pilot study in India in 2016. The results were used to inform the first 2016 India Index in the same way that the studies in Vietnam and Indonesia fed into the 2016 Global Index. A fourth study was conducted in the summer of 2017 in Thailand. This report on Nigeria builds on that prior experience plus the work by Dr. Nikem Ene's *Breast Milk Substitutes Code Compliance Survey in FCT, Nigeria* in 2013,<sup>17</sup> and that of Ms. Eva Obiageli Edwards' research *Violations of the International Code of Marketing of Breastmilk Substitutes in Nigeria: An Analysis of Factors Influencing the Regulatory Authority in Code Implementation*.<sup>18</sup> FTSE4Good (for whom PWC conducted a study of Danone and Nestlé's marketing activities in 2016-17) provided reports and letters from FTSE4Good to Danone and Nestlé outlining its areas of concern (and the companies' responses). These reports and letters are available on FTSE's website.<sup>19</sup> The results from the Thailand and Nigeria studies will inform the 2018 Global ATNI.

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<sup>17</sup> <http://prestonhealthcareconsulting.com/bmsccsijazs.html>

<sup>18</sup> <http://www.bibalex.org/Search4Dev/files/428823/455666.pdf>

<sup>19</sup> <http://www.ftse.com/products/indices/F4G-BMS>

In 2014, WHO established a Global Network for Monitoring and Support for Adherence to the Code (referred to as NetCode). NetCode's objectives were to assist Member States and civil society to:

1. Strengthen their capacity to monitor the Code and all relevant subsequent WHA resolutions; and
2. Effectively enforce and monitor national Code legislation and regulations.

NetCode subsequently developed the *Protocol for the Assessment and Monitoring of "The Code" and Relevant National Measures* in 2015 to meet their objectives and provide practical tools and guidance for effective monitoring.<sup>20</sup> ATNF and Westat based the methodology of the Thailand and Nigeria studies on this original version of the NetCode protocol. In October 2017, NetCode released a Toolkit that includes "Monitoring the Marketing of Breast-Milk Substitutes: Protocol for Periodic Assessment" and "Monitoring the Marketing of Breast-Milk Substitutes: Protocol for Ongoing Monitoring Systems."<sup>21</sup> Since the release occurred after our data collection and analysis were complete, we did not base our study on the updated methodology. Future studies will be based on the updated protocol.

Lagos was chosen as the geographical location for this fifth study. This city was selected by ATNF because the NetCode protocol recommends conducting the study in the largest city.

The assessment was designed to determine whether those companies whose BMS products and/or CFs were for sale in the study area conform fully with the provisions of the International Code of Marketing of Breast-milk Substitutes (the Code), subsequent World Health Assembly (WHA) resolutions and national regulations controlling the marketing and labeling of these products, in order not to undermine optimal infant and young child nutrition, which is a major contributor to combating under-nutrition and infant mortality.

Moreover, this study will provide a baseline measure of BMS and CF marketing against which the impact of the proposed 2017 National Agency for Food and Drug Administration and Control (NAFDAC) regulation on "*Control of Marketing of Breastmilk Substitutes and Related Products*" can be assessed when it is passed.

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<sup>20</sup> <http://www.who.int/nutrition/netcode/en/>

<sup>21</sup> <http://www.who.int/nutrition/netcode/toolkit/en/>

## B. The Importance of Breastfeeding for Infant and Child Health

It is estimated that 830,000 deaths globally could be avoided if every baby were breastfed within the first hour of life.<sup>22</sup> Moreover, WHO advocates that to achieve optimal growth, development and health:

- All children should be breastfed exclusively for the first six months;
- Breastfeeding should continue until the age of two or beyond; and
- At six months old, and not before, safe and appropriate complementary foods should be introduced to infants' diets to meet their evolving nutritional requirements.

Breastfeeding confers a range of health and other benefits, as extensive evidence has demonstrated.

Babies who breastfeed are at a lower risk of:

- Gastroenteritis;
- Respiratory infections;
- Sudden infant death syndrome;
- Obesity;
- Type 1 and 2 diabetes; and
- Allergies (e.g., asthma, lactose intolerance).<sup>23</sup>

Breastfeeding also reduces the need for antibiotics and other medicines.<sup>24</sup> Evidence is also mounting that the initiation and duration of breastfeeding may influence obesity in later life.<sup>25</sup>

Several benefits to mothers have been identified, which include greater protection against breast and ovarian cancer, and hip fractures in later life. Recent evidence has demonstrated an association

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<sup>22</sup> [Save the Children \(2013\).](#)

<sup>23</sup> <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/>

<sup>24</sup> <http://www.who.int/features/factfiles/breastfeeding/en/>

<sup>25</sup> <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/prenatal-postnatal-obesity/>

between prolonged breastfeeding and postmenopausal risk factors for cardiovascular (CV) disease. These illnesses all represent the greatest threats to women's health across all ages.<sup>26</sup> Extensive breastfeeding, therefore, also contributes to health service cost savings.

Nutrition and health specialists encourage as many women as possible to breastfeed. In the poorest countries particularly, breastfeeding can prevent hundreds of thousands of infant deaths and protect children throughout their lives. While a small number of women cannot breastfeed, and some infants with rare metabolic diseases cannot be breastfed, the vast majority of babies can be breastfed by their mothers.

In a recent UNICEF/Alive & Thrive report on the economic cost of not breastfeeding, only 17% of infants in Nigeria were reported to be exclusively breastfed for the first 6 months of life. Thirty-three percent (33%) of the mothers initiated early breastfeeding and 35% continued to breastfeed to 2 years.<sup>27</sup>

## **C. The Code on Marketing of Breast-milk Substitutes, and related local regulations**

The WHO first released the Code in 1981 (see Appendix A). From 1982 through 2016, fifteen additional resolutions were adopted by the WHA that expand on and clarify the Code, and for compliance purposes are considered part of the Code (see Appendix B).

The Code was developed as a tool to protect and promote the practice of breastfeeding and to ensure the appropriate marketing of baby food products, bottles and teats. The Code is a recommendation from the WHA calling on Governments to implement its provisions through appropriate national legislation or regulations. Many of the recommendations are directed towards manufacturers of BMS and/or CF.

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<sup>26</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714700/>

Nigeria enacted national legislation with the passage of the *Marketing (Breast-Milk Substitutes) Act in December 1990*.<sup>28</sup> Some articles of the Code have also been incorporated into regulations related to food labeling. NAFDAC amended the 1990 legislation through the *Regulations on Marketing of Infant and Young Child Food and Other Designated Products, 2005*.<sup>29</sup> These regulations pertain to formulas and foods for infants and children from birth to 36 months of age, and restrict a range of forms of marketing, including but not limited to informational and educational materials, equipment, the use of the health care system to promote these products, donations and low-cost supplies of products, advertising and promotion. They also stipulate how products should be labelled.

## **D. Aspects Covered by the Code and This Study**

As interpreted for this study in Nigeria, the definition of products included in the study is derived from the Code, subsequent WHA resolutions and subsequent guidance issued by WHO in May 2016 – WHA 69.9.<sup>30</sup> According to these documents, the Code is considered to be applicable to both foods and beverages (including CFs) for infants and young children. This guidance applies to several types of BMS for feeding children up to 36 months of age, including: infant formula (IF – for infants from birth); follow-on formula or follow-up formula – (FOF – for infants from 6 months of age); growing-up milk (GUM – for children from 12 months of age up to 36 months or beyond); and CFs marketed as suitable for infants and young children from 0 to 6 months of age. (While WHA 69.9 clarifies that the Code should be applied to formulas for children up to 36 months of age, and makes additional recommendations related to the marketing of CFs for infants and young children from 6 – 36 months of age, the results reported in the main results tables in this report do not include those products or the adoption of these recommendations, in line with ATNF’s decision to exclude such findings from companies’ scores in the 2018 Global ATNI in order to retain comparability with the results presented in the 2016 Global ATNI. Rather, reference is made to these findings in the commentary relating to each Article. ATNF has indicated that future studies will include these results.)

It should also be noted that if a formula product spanned more than one age range, it was classified in the labeling analysis as belonging to the younger product type, e.g., a product listed from birth to

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<sup>28</sup> [https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act_0.pdf)

<sup>29</sup> [http://www.nafdac.gov.ng/images/MARKETING\\_OF\\_INFANT\\_YOUNG\\_CHILDREN\\_FOOD\\_OTHER\\_DESIGNATED\\_PRODUCTS\\_REG\\_SALES\\_ETC\\_REGULATIONS\\_2005.pdf](http://www.nafdac.gov.ng/images/MARKETING_OF_INFANT_YOUNG_CHILDREN_FOOD_OTHER_DESIGNATED_PRODUCTS_REG_SALES_ETC_REGULATIONS_2005.pdf)



12 months was classified as an infant formula. The Code also applies to the marketing of bottles, pacifiers and teats but information for these products was not collected in this Nigeria study.

The Code sets out its recommendations on marketing of these products in the following articles:

- Article 1. Aim of the Code;
- Article 2. Scope of the Code;
- Article 3. Definitions;
- Article 4. Information and education;
- Article 5. The general public and mothers;
- Article 6. Health care systems;
- Article 7. Health workers;
- Article 8. Persons employed by manufacturers and distributors;
- Article 9. Labeling;
- Article 10. Quality; and
- Article 11. Implementation and monitoring.

This study focused on assessing compliance with those elements of Articles 4-9 covered by the 2015 NetCode protocol, which is described in Chapter 2, Section B, with the specific recommendations that were to be addressed, also taking into account all relevant WHA resolutions. Articles 1-3 of the Code provide the context for the study but are not monitored per se. Article 10 would require special inspection of manufacturing processes, which is not covered by the NetCode protocol, and therefore, not within the scope of this study. Similarly, Article 11 is primarily targeted to governmental responsibilities, is not addressed by the NetCode protocol, and was not within the scope of this study. As the NetCode protocol was completed prior to May 2016 when WHA 69.9 came into effect, the methodology used for the study was extended to encompass the recommendations of that subsequent resolution. Additionally, NetCode was adapted to take into consideration the Nigerian 1990 national legislation and NAFDAC regulations of 2005, as recommended. These requirements are described more fully in Chapter 3, Sections A and B.

## **E. Process of Selecting Westat**

Westat was selected through an ATNF-initiated competitive bid process in March 2015 to conduct the pilot studies in two pre-selected countries, Vietnam and Indonesia, based on the interagency Group on Breastfeeding Monitoring (IGBM) Protocol. As a result of that successful collaboration, ATNF asked Westat to conduct the subsequent pilot study in India in 2016 as well as the studies in Thailand and Nigeria in 2017.

## **F. Westat Description**

Westat is an employee-owned health and social sciences research organization based in Rockville, Maryland, with more than 2,000 staff members. Westat is one of the leading survey implementation organizations in the United States (U.S.), and the company has extended its expertise to the design and conduct of surveys in developing countries. Westat's professional staff includes senior statisticians with international reputations in survey sample design and statistical analysis; senior scientists in fields such as nutrition, epidemiology, and medicine; international survey experts; and global health evaluators.

Westat has not carried out studies for the infant food industry (manufacturers or business associations), nor does it have any such companies or bodies on its roster of clients. Westat has no conflict of interest in conducting and reporting on this study.

Westat has supported many national surveys for the U.S. Federal Government. Particularly relevant examples are the National Health and Nutrition Examination Survey (NHANES), the leading source of national statistics on health conditions and nutritional status of the U.S. population, which Westat has conducted for the National Center for Health Statistics (NCHS) for the past 20 years; and the U.S. Department of Agriculture (USDA) Food and Nutrition Service Infant and Toddler Feeding Practices Study, which is examining breastfeeding practices in a low income population (the Women, Infants, and Children [WIC] nutrition-assistance program).

Westat has supported health and social science research in developing countries since 1982. Westat has worked in more than 50 countries, including several in Africa. For these global studies, Westat has established strong management controls to ensure the quality and timeliness of work in country.

Westat has also developed substantial experience in identifying qualified local partner organizations that can perform the fieldwork. See the description of Westat’s local partner below.

## **G. In-Country Partner Description**

The in-country data collection partner for this study was selected in response to a Request for Proposals (RFP) entitled *Nigeria Assessment of Marketing of Breast-milk Substitutes*. Westat selected Oxford Policy Management (OPM). OPM has conducted work in eighty countries and has eleven international offices. OPM’s expertise ranges from research and policy development to implementation, support, and monitoring and evaluation. OPM has more than 30 years of experience working in Africa and established an office in Abuja, Nigeria in 2014. The Nigeria staff have experience in a broad range of issues across the policy cycle, from health, education, and poverty reduction to financial inclusion and climate change. A specific example of their relevant research in Nigeria includes a household survey and qualitative research on the Working to Improve Nutrition in Northern Nigeria (WINNN) program. OPM Nigeria’s clients include many of the region’s leading organizations, from the African Development Bank and World Bank to UNICEF, as well as government ministries and private foundations.

OPM contracted with Compliance and Contract Monitoring (CCM), an independent media monitoring company in Lagos that has the capability to monitor on all media platforms. For this study, CCM monitored traditional media platforms (television, radio, and print).

Prior to selecting OPM as an in-country data collection partner, Westat verified that OPM had no commercial links to the BMS companies assessed. OPM also confirmed that the staff of the professional media monitoring service, CCM, had no personal links to representatives of BMS companies.

## **H. Support from Nigerian Government Bodies and Local Associations**

Prior to conducting the study in Nigeria, OPM obtained ethical approval from the National Health Research Ethics Committee (NHREC) and the Lagos State Ministry of Health. In addition, OPM obtained a letter of introduction and approval from the Association of Private Medical Practitioners

since private facilities were included in the sample. OPM also worked with NAFDAC to obtain a comprehensive list of all BMS and CF products available in Nigeria. No approval was required, but OPM informed NAFDAC of the study since the agency is responsible for products labeled and marketed according to national regulations. The study objectives, the methodology, and study requirements were submitted to their respective ethical review boards. Both Westat and OPM secured approval from their respective IRBs to conduct the survey as is required for surveys addressing health issues in Nigeria.

## **I. Project Management**

The Westat management team consisted of a Project Director and a Senior Analyst, who have significant experience working and establishing international collaborations. Other senior members of Westat's team included Project Managers, to oversee the media monitoring and label analysis; a Survey Statistician, to consult on survey sample design and sampling; an Information Technology (IT) Manager and Data Manager, to ensure adequate IT support to the project and oversee database programming and data processing. A Research Assistant worked closely with the senior managers.

OPM's Project Manager provided in-country insights and managed institutional relationships and resources. OPM provided a Senior Field Manager and a Survey Coordinator who had primary technical responsibility for the work in-country and who oversaw the five data collection teams that were deployed for the data collection efforts in the selected study sites within Lagos state, Nigeria.

Responsibilities for survey work were allocated to maximize in-country resources, while using Westat's expertise for management, development, quality control (QC), and data analysis. Westat personnel, in collaboration with ATNF, handled the finalization of survey instruments, selection of the sample, customization of the training, programming the data entry system, cleaning and analyzing data, and preparation of the final report. OPM organized and provided training to data collectors, collected and entered all data on tablets, and performed field QC. Note that the use of tablets to collect data is a recent innovation for these studies, as recommended by NetCode.

ATNF provided project management support to Westat via status updates and also by providing guidance at several stages of the Nigeria study. During the development phase and data collection process, ATNF participated in weekly calls with Westat and the OPM Project Manager and Field Manager. An overview of the project timeline is provided in Appendix C.

## A. Primary Objective

The primary objective of this study was to monitor compliance with the provisions of the Code, subsequent relevant WHA resolutions, and national legislation and regulations, where applicable, by all manufacturers selling BMS and/or CF products (as defined for this study) in Lagos. This was achieved by measuring the type and scale of apparent non-compliance with these provisions through interviews and observations, and attributing them to individual manufacturers. A listing of all companies that were identified as selling BMS and/or CF products in Lagos, as well as the products found by the study team, is included as Appendix D.

## B. Study Tool

The design of the survey was based, with permission from the WHO,<sup>31</sup> on a protocol developed by NetCode, and titled *Protocol for the Assessment and Monitoring of “The Code” and Relevant National Measures*. NetCode began developing this protocol in 2014 and released it in 2016. Its ownership rests with WHO. Compliance with the provisions of the Code, subsequent relevant WHA resolutions, and national measures was measured using the NetCode protocol.<sup>32</sup> As noted on their website, “WHO, in consultation with UNICEF, has created NetCode, the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions. NetCode is a partnership with UN system organizations, WHO Collaborating Centers, NGOs, and selected Member States dedicated to protecting all sectors of society from the inappropriate and unethical marketing of breast-milk substitutes and other products covered by the scope of the International Code and relevant WHA resolutions.”

However, as the 2015 version of the NetCode protocol which this study is using was completed prior to the adoption of WHA resolution 69.9, it did not encompass its recommendations. ATNF

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<sup>31</sup> Permission to base the survey on the NetCode protocol does not imply any endorsement of the resulting report by WHO.

<sup>32</sup> [http://www.who.int/nutrition/netcode/protocol\\_summary.pdf?ua=1](http://www.who.int/nutrition/netcode/protocol_summary.pdf?ua=1)

and Westat, therefore, amended the protocol to incorporate those recommendations into the study. Further, the methodology was extended to capture marketing and promotion on online retail sites and websites aimed at young women and mothers.

ATNF selected and adapted the NetCode protocol following recommendations from expert stakeholders they consulted. The NetCode protocol is a tool which enables monitoring of compliance with the Code and additionally, upon adaptation, with national regulations, in countries that have such regulations. The NetCode protocol and forms were adapted to the Nigeria context and took into consideration the national legislation and label regulations, as described in Chapter 3, Sections A and B. Some changes in sampling were also made.

The NetCode approach to monitoring compliance uses a scientific research methodology with specified sampling. The NetCode protocol is based on sound research techniques. The protocol is particularly appropriate for establishing a baseline indication of levels of non-compliance with the Code and/or local regulations if the latter exceed the provisions of the Code. Future research findings using this same/similar protocol can then be compared to the baseline, as a means of assessing the success of implementation of the Code and/or local regulations. The findings can also be used by Governments to augment their monitoring activities, and potentially to strengthen, if necessary, regulations and enforcement.

The NetCode protocol recommends a sample size of 330 interviews with mothers of young children up to 24 months to assess the compliance with specific Articles of the Code related to information that can be reported by the mothers. After consultation with the Nigerian data collection partner and ATNF, the study design was amended to allow respondents to be either mothers or primary caregivers of the children under 24 months. However, ultimately only mothers were the respondents (there were no primary caregivers in the sample).

## **C. The Code Articles and WHA Resolutions Addressed in the Nigeria Study**

Using the sample design and the data collection forms in the NetCode protocol, adapted to the Nigeria context in consideration of the national legislation, label regulations and needs of this study, we were able to calculate indicators of non-compliance for each of the following requirements of the

Code and the national legislation and regulations. (How the study specifically addresses the additional national legislation and regulations is set out in Chapter 3.)

It should be noted that WHA 69/7 was an Addendum to the Report by the Secretariat on the Maternal, infant and young child nutrition and provided “Guidance on ending the inappropriate promotion of foods for infants and young children“ on May 13, 2016.<sup>33</sup> The WHA accepted that guidance and adopted Resolution WHA 69.9 on May 28, 2016 on “Ending inappropriate promotion of foods for infants and young children.”<sup>34</sup> We used this specific guidance of WHA A69/7 Add.1 to inform modifications to the NetCode forms.

## **Article 4. Information and Education**

**4.2.** Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants, and intended to reach pregnant women and mothers of infants and young children should include clear information on all the following points:

- The benefits and superiority of breastfeeding;
- Maternal nutrition, and the preparation for and maintenance of breastfeeding;
- The negative effect on breastfeeding of introducing partial bottle feeding;
- The difficulty of reversing the decision not to breastfeed; and
- Where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include:

- The social and financial implications of its use;
- The health hazards of inappropriate foods or feeding methods; and
- Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

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<sup>33</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf)

<sup>34</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf)

**4.3.** Donation of informational or education equipment or materials by manufactures or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by the government for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code and should be distributed only through the health care system.

**Augmented by:**

**WHA 69.9**

**3.** Calls upon manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotions, as set forth in the guidance recommendations.

**WHA 69.7 Add.1**

**16. Recommendation 6.** Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest. Such companies, or their representatives, should not:

- Donate or distribute equipment or services to health facilities.

## **Article 5. The General Public and Mothers**

**5.1.** There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

**5.2.** Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.



**5.3.** In conformity with paragraphs 1 and 2 of this Article, for products within the scope of this Code, there should be no 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.

**5.4.** Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

**Augmented by:**

#### **WHA A69/7 Add.1**

**16. Recommendation 6.** Such companies, or their representatives, should not:

- give any gifts or coupons to parents, caregivers and families.

**5.5.** Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

## **Article 6. Health Care Systems**

**6.2.** No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

**6.3.** Facilities of health care systems should not be used for:

- The display of products within the scope of this Code;
- For placards or posters concerning such products; or
- For the distribution of material provided by a manufacturer or distributor other than that; and
- Specific to Article 4.3.

**6.8.** Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

**Augmented by:**

## **WHA 69.9**

**3.** Calls upon manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotions, as set forth in the guidance recommendations.

## **WHA 69.7 Add.1**

**16. Recommendation 6.** Such companies, or their representatives, should not:

- Donate or distribute equipment or services to health facilities.

## **Article 7. Health Workers**

**7.2.** Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding. It should also include the information specified in Article 4.2.

**7.3.** No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4. Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

**Augmented by:**

**WHA 69.9**

4. Calls upon health care professionals to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding practices and to implement the guidance recommendations;

**WHA A69/7 Add.1**

16. Recommendation 6. Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest. Such companies, or their representatives, should not:

- Provide free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except:
  - As supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
- Donate or distribute equipment or services to health facilities;
- Give gifts or incentives to health care staff;
- Use health facilities to host events, contests or campaigns;
- Give any gifts or coupons to parents, caregivers and families;
- Directly or indirectly provide education to parents and 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; and
- Sponsor meetings or health professionals and scientific meetings.

17. Likewise, health workers, health systems, health professional associations and nongovernmental organizations should not:

- Accept free products, samples or reduced-price foods for infants or young children from companies, except;
  - As supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
- Accept equipment or services from companies that market foods for infants and young children;
- Accept gifts or incentives from such companies;
- Allow companies that market foods for infants and young children to distribute any gifts or coupons to parents, caregivers and families through health facilities;
- Allow such companies to directly or indirectly provide education in health facilities to parents and other caregivers; and
- Allow such companies to sponsor meetings of health professionals and scientific meetings.

## **Article 9. Labeling**

9.2. Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

- The words “Important Notice” or their equivalent;
- Statement of the superiority of breastfeeding;
- 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;
- Instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation;
- Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation;

- The terms “humanized”, “materialized” or similar terms should not be used;
- Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. See “type of material” code; and
- When labels give instructions for modifying a product into infant formula, the above should apply.

**9.3.** Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant.

**9.4.** The label of food products within the scope of this Code should also state all the following points:

- The ingredients used;
- The composition/analysis of the product;
- The storage conditions required;
- The batch number; and
- The date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

## **WHA Resolution 58.32**

1.(3) To ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and where applicable, that this information is conveyed through an explicit warning on packaging.<sup>35</sup>

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<sup>35</sup> [http://www.who.int/nutrition/topics/WHA58.32\\_iycn\\_en.pdf](http://www.who.int/nutrition/topics/WHA58.32_iycn_en.pdf)

## **WHA A69/7 Add.1**

2. The term “foods” is used to refer to both foods and beverages (including complementary foods).

3. This guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months.

13. Recommendation 4. The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included. Messages about commercial products are conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels. Irrespective of the form, messages should always:

- include a statement on the importance of continued breastfeeding for up to two years or beyond and the importance of not introducing complementary feeding before 6 months of age;
- include the appropriate age of introduction of the food (this must not be less than 6 months); and
- be easily understood by parents and other caregivers, with all required label information being visible and legible.

14. Messages should not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk;
- recommend or promote bottle feeding; and
- convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by relevant national, regional or international regulatory authorities.

Specifications for what was considered possible non-compliance with the specific recommendations, based on the data that were collected on the study’s data collection forms, can be found in Appendix E.

Westat followed the 2015 NetCode protocol to conduct the study, adapted in several ways where necessary, to align to the specific country context.

### A. Comparison of the Code to prevailing National Legislation and Label Regulations

Westat sought to identify all relevant legislation and regulations relating to marketing and labeling products being assessed by this study. Nigeria enacted national legislation regarding the marketing of BMS in December 1990 with the passage of the *Marketing (Breast-milk Substitutes) Act*.<sup>36</sup> NAFDAC sought to further amend the legislation with the *Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005*.<sup>37</sup> NAFDAC drafted the *Control of Marketing of Breastmilk Substitutes and Related Products Regulations 2017* understanding the need to protect and promote optimal infant and young children feeding and eliminate practices that undermine it, as well as the need to ensure the proper use of BMS when necessary on the basis of adequate information and through appropriate marketing and distribution.<sup>38</sup> The 2017 NAFDAC regulation was not in force at the time of the study, as it was pending approval by the Nigerian Ministry of Health.

Westat carefully compared the national legislation and regulations with the Code to identify product definitions and standards that are different from the Code. A listing of the Nigerian regulations that differ or exceed the relevant Code recommendations is included in Appendix F.

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<sup>36</sup> [https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/files/NGA%201990%20Marketing%20Breast-Milk%20Substitutes%20Act_0.pdf)

<sup>37</sup> [http://www.nafdac.gov.ng/images/MARKETING\\_OF\\_INFANT\\_YOUNG\\_CHILDREN\\_FOOD\\_OTHER\\_DESIGNED\\_PRODUCTS\\_REG\\_SALES\\_ETC\\_REGULATIONS\\_2005.pdf](http://www.nafdac.gov.ng/images/MARKETING_OF_INFANT_YOUNG_CHILDREN_FOOD_OTHER_DESIGNED_PRODUCTS_REG_SALES_ETC_REGULATIONS_2005.pdf)

<sup>38</sup> [http://www.nafdac.gov.ng/images/NAFDAC\\_REG.-ZERO\\_DRAFT.pdf](http://www.nafdac.gov.ng/images/NAFDAC_REG.-ZERO_DRAFT.pdf)

## **B. Adaptations of Forms**

As the Nigerian legislation and regulations included specific wording related to some key requirements of the Code, a few changes were needed to Form 6 – Label Abstraction. These changes are included in Appendix G.

The NetCode forms were also amended to enable data on all types of BMS and CFs noted previously in Chapter 2 to be collected and differentiated, for all companies selling products in Lagos. Some re-formatting of the forms was undertaken to ease data collection via tablets, which resulted in a slightly different look than the NetCode protocol forms. The customizations did not alter the collection of objective measures as designed in the NetCode protocol.

Since OPM staff reported that English was the predominant language in Lagos, there was no translation of the forms to the other three Nigerian languages although OPM was careful to select data collectors that spoke these languages so as to be able to converse with respondents in these languages if necessary.

General study definitions and definitions specific to each form are included in Appendix H. The final version of the forms used for data collection can be found in Appendix I.

## **C. Data Collected**

To capture information in assessing possible non-compliance with the Code, it was necessary to:

- Interview mothers or caregivers;
- Interview health workers;
- Evaluate promotional and educational materials and equipment found in those HCFs visited for interviews;
- Evaluate any marketing and promotions within selected retail stores and on online retailers' websites;
- Evaluate product labels and inserts of available products; and
- Monitor selected media, traditional and digital.



The NetCode protocol contains six data collection forms, each designed to capture objective information from each of the unique sources and relating to specific Articles of the Code.

**Form 1.** Designed to collect information from mothers or caregivers of children younger than 24 months to determine whether, in the last six months, they:

- Recalled having been advised to use commercial or prepackaged food or drink products other than breastmilk;
- Recalled receiving any sample or coupons for any commercial or prepackaged products for children from birth to 36 months of age;
- Recalled receiving any gift of articles or utensils associated with any company that sells commercial or prepackaged food or drinks for children from birth to 36 months of age; and
- Recalled having seen promotions or messaging for commercial or prepackaged food or drink products for children from birth to 36 months old, or for companies that sell these products.

**Form 2.** Designed to collect information from health workers in HCFs to assess incidents in the last six months where staff:

- Recalled personnel from companies that sell any types of formulas or baby foods or drinks intended for infants/children from birth to 36 months reaching out to staff;
- Recalled receiving promotional, informational and educational materials, samples of formulas or CFs for infants or young children from birth to 36 months, gifts, or coupons for distribution to mothers and other caregivers of infants and young children;
- Recalled having received, from companies in the last six months, promotional, informational and educational materials; personal gift items; or maternity or baby equipment;
- Recalled having companies display products or conduct promotional activities in the facility;
- Recalled having companies seek direct contact with mothers or other caregivers, or facility staff; and
- Recalled having received offers for providing free supplies of any products for infants and children from birth to 36 months; donations of equipment; sponsored events or workshops for health workers; or payment for or other support to health workers to attend events or workshops outside the HCF from companies in the last six months.

**Form 3.** Designed to collect data on promotional, information and educational materials or equipment in selected HCFs to identify incidences of:

- Company-sponsored equipment; or promotional, informational or educational materials for patients or health workers; and
- Company-sponsored logos on medical or office equipment.

**Form 5.** Designed to collect information on point-of-sale promotions in selected retail outlets to assess the number of those retail outlets where such promotions may be as well as to assess the nature and number of the promotions.

**Form 6.** Designed to collect information on product labels and inserts for infant for BMS and CFs for infants and young children 6 to 36 months.

**Form 7.** Designed to collect information on observations in HCFs and retail outlets to assess the extent of promotions related to all types of infant formula and CFs for infants and young children from birth to 36 months.

All information collected from mothers and health workers focused on the period within the past six months. All information collected from sampled HCFs and retail shops related to the period of the survey, reflecting the products and information at the time the survey was conducted.

To show appreciation for their time and to thank them for participating in a study interview, OPM gave each participating mother two packs of laundry detergent (worth N150 or ~US\$0.50). Participating health workers were also given a thank you gift pack of four ball-point pens (worth N300 or ~US\$1), as is usual practice in Nigeria.

## **D. Sampling of Districts and HCFs in Lagos**

A two-stage sample design was developed for this study. Ten of the twenty total local government areas (LGAs), referred to as primary sampling units (PSUs), were selected in the first stage using probability proportional to size systematic sampling. Within sampled districts (LGAs), HCFs were randomly selected for the study. The goal was to recruit 33 HCFs in the sampled districts for the in-person interviews of eligible women.

## Selection of Districts

The initial work consisted of an evaluation of the use of the LGAs as the PSUs. The 20 LGAs in Lagos (see Figure 3-1), the district population data from the 2014 population estimates, and the number of HCFs are shown in Appendix J.

**Figure 3-1. Lagos Nigeria Local Government Areas (LGAs)<sup>39</sup>**



For the 2,768 public and private HCFs, the average number of facilities per LGA is about 138, ranging from 26 to 432 facilities. The private HCFs comprise 90.2% of the total facilities.

A total of ten LGAs were selected systematically with probability proportional to the number of females aged 15-49. The list of selected LGAs is shown in Table 3-1.

<sup>39</sup> Source: <http://i2.wp.com/www.gidiguide.com/wp-content/uploads/2016/07/Lagos.jpg>

Table 3-1. Selected LGAs

District ID	District (LGA)	District code	Total population	Female age 15-49	Number of HCFs		
					Private	Public	Total
2	Ajeromi/Ifelodun	NIE LAS AGL	880,157	193,635	151	7	158
1	Alimosho	NIE LAS KTU	1,643,884	361,655	411	21	432
12	Amuwo Odofin	NIE LAS FST	409,347	90,056	82	9	91
19	Epe	NIE LAS EPE	233,398	51,347	7	19	26
15	Eti Osa	NIE LAS EKY	370,259	81,457	118	15	133
10	Ifako/Ijaye	NIE LAS FKJ	550,500	121,110	113	9	122
7	Ikorodu	NIE LAS KRD	689,118	151,606	143	22	165
4	Mushin	NIE LAS MUS	814,418	179,172	133	11	144
5	Oshodi/Isolo	NIE LAS LSD	799,622	175,917	192	17	209
8	Surulere	NIE LAS LSR	648,405	142,649	193	8	201
Total			7,039,109	1,548,604	1,543	138	1,681

### ***Selection of HCFs***

The sampling frame for HCFs contained 1,681 facilities in the ten selected LGAs. To obtain 33 eligible participating facilities, the number of sampled HCFs was increased to account for facilities that do not offer well baby services (40%) and private facilities that would not be willing to participate (50%). Since over 90% of HCFs are private, we applied these expected attrition rates to all private and public facilities. To account for an anticipated overall 30% attrition rate (60% offering well baby services x 50% participation), we selected 110 (33/0.3) HCFs, 11 facilities per LGA.

Of the 110 selected HCFs, 33 facilities were allocated for the main sample and the remaining 77 facilities were saved for the reserve sample. Prior to allocating the HCFs to the main sample and the reserve sample, the list of HCFs was sorted by ownership category. The distribution of HCFs by LGA and ownership is shown in Table 3-2.

**Table 3-2. Number of sampled HCFs by LGA and ownership**

<b>LGA</b>	<b>Ownership</b>	<b>Total number of sampled HCFs</b>	<b>Main sample</b>	<b>Reserve sample</b>
Ajeromi/Ifelodun	Private	10	3	7
Ajeromi/Ifelodun	Public	1	0	1
Alimosho	Private	10	4	6
Alimosho	Public	1	0	1
Amuwo Odofin	Private	10	2	8
Amuwo Odofin	Public	1	1	0
Epe	Private	3	1	2
Epe	Public	8	2	6
Eti Osa	Private	9	2	7
Eti Osa	Public	2	1	1
Ifako/Ijaye	Private	10	3	7
Ifako/Ijaye	Public	1	0	1
Ikorodu	Private	9	2	7
Ikorodu	Public	2	1	1
Mushin	Private	10	3	7
Mushin	Public	1	0	1
Oshodi/Isolo	Private	10	3	7
Oshodi/Isolo	Public	1	1	0
Surulere	Private	10	4	6
Surulere	Public	1	0	1
<b>Total</b>		<b>110</b>	<b>33</b>	<b>77</b>

The final number of HCFs included in the study was 33, 6 public and 27 private.

Once the sample of HCFs was provided, OPM began contacting the HCFs to gain approval to visit and conduct interviews. Approval from the NHREC and the Lagos State Ministry of Health was required in order to gain access to the HCFs.

## **E. Selecting the Mothers in HCFs**

The NetCode protocol called for interviews with five mothers of children less than 6 months and five mothers of children 6-24 months (2 years) old conducted over a period of a single day at each HCF. Although the NetCode protocol specified mothers, in the Nigerian context it is common for young children to be cared for by nannies or other caregivers who would have knowledge of and responsibility for the child's feeding and care (although they would not have been exposed to promotion during prenatal care or delivery). Thus, after consultation with ATNF, the requirement to interview only mothers was relaxed in Nigeria, and primary caregivers were allowed to be respondents to the mothers' questionnaire. Ultimately, and despite this relaxation of the

requirement, there were no such cases of this occurring; only mothers were respondents to the mothers' questionnaire.

For each of the HCFs, the target was to conduct ten interviews with mothers or caregivers. Since it was assumed some mothers or caregivers might not be available, might be ineligible, or might refuse to be interviewed, we prepared to approach sixteen women, to obtain ten completed interviews per facility. It proved somewhat restrictive to achieve the requirement of five mothers with children below and over 6 months of age within a single day; therefore this stipulation was relaxed after discussion with ATNF. The OPM data collection teams made every effort to meet the requirement but approached all eligible mothers or caregivers with children younger than 24 months (2 years) as needed to complete ten interviews per HCF.

In some smaller HCFs, it was not possible to interview ten women in one day. If the team failed to do so, they returned a second day to reach their target of 10 completed interviews per facility.

A total of 330 mothers with children younger than 24 months (2 years) were interviewed (ten at each of the 33 HCFs). There were 168 (51%) mothers with children less than 6 months of age and 162 (49%) mothers with children 6-24 months. There were 15 refusals, resulting in a participation rate of approximately 96%.

## **F. Selecting the Health Workers in HCFs**

The NetCode protocol called for interviews with three health workers per HCF. The interviews were conducted separately to ensure independent responses from each person. The protocol suggested that the three health workers interviewed include: the clinic director (or the head of the department), a physician, and either a nurse or midwife. The data collection team were instructed not to interview the receptionist or janitorial staff. On arrival at the HCF, the OPM data collection team asked for a list of the names and designations of all health workers who have contact with mothers of young infants up to 24 months and who were present during the days when the team would visit. For this study in Lagos, the types of health workers included nurses, doctors, midwives and assistants in the well-baby clinics and maternity clinics.

The team typically selected three staff per HCF and interviewed all three. There was one HCF with only two people on staff; for that facility, only two interviews were conducted.

A total of 98 health workers were interviewed (3 at each of 32 HCFs and 2 health workers at one small HCF). One health worker refused to participate in the study, resulting in a participation rate of 99%.

## **G. Selecting and Visiting Retailers**

As part of the model for assessing compliance with the Code and local regulations, the NetCode protocol requires one small retailer or pharmacy in proximity to each HCF to be visited to determine whether there were any promotions or materials for products covered by the Code. The NetCode protocol also requires ten large retail stores that sell a high volume and variety of products under the scope of the study to be visited, selected on the basis of local knowledge that they carry the majority of the covered products available for sale nationally.

A health worker at the HCF was asked for the location of the closest store or the interviewer identified a nearby retail outlet by walking around the area near the facility.

A total of 43 physical retail outlets were visited, 33 small retail outlets and 10 large retail outlets.

Although the NetCode protocol does not call for online retailers to be included in the study, ATNF included such stores, given the increasing importance of this sales channel. OPM staff also monitored five online retail sites beginning the week of August 20, 2017 and continuing for eight weeks. Westat identified several potential websites and OPM confirmed that the ones that were the most popular and frequently visited retail websites in Lagos.

## **H. Identifying and Evaluating BMS and CF Products**

ATNF and Westat staff performed a detailed internet search and review to assemble a preliminary list of all known products sold in Lagos that are BMS and CFs according to the study definition, and therefore, subject to the Code and the NAFDAC regulations. Products included those of major international manufacturers, other manufacturers from outside of Nigeria, and in-country manufacturers. Westat provided an initial list to OPM staff who further refined the list by confirming which of these products was available in Lagos and a final product list was prepared.

OPM purchased all BMS and CF products and Westat photographed for analysis of the labels and inserts.

These products did not need to be purchased at a location near one of the sampled HCFs, since we expected the labels and inserts for products to be the same no matter the location in the city they were sold.

For purchasing, the intent was to buy the smallest and largest size available in an effort to determine whether there were differences on the labels. Attempts were made to purchase a large and small size of every product but some products were only available in one size.

If the field teams found the product list was incomplete and identified additional products during their visits to retailers, those products were added to the overall BMS list and a sample was purchased as well. In total, 153 products made by 22 companies were found in Lagos. From these products there were 153 labels and 19 inserts, totaling 172 items. After data collection was complete, ATNF asked the six ATNI-focus companies which of these products were made specifically for the Nigerian market (legitimate products). All but Kraft Heinz responded. Four of the companies confirmed that 16 of their products should be considered legitimate products; RB/Mead Johnson Nutrition noted that it does not make any products for the Nigerian market and that all of its products were parallel imports. In total, 45 of the 153 products (29%) were identified as parallel imports and so excluded from the results presented in this report. (While these products should comply with the Code, it is not reasonable to expect these products to comply with Nigeria-specific regulations.) With the exclusion of the 45 parallel imports as well as the 73 CF 6-36 month products, as previously described, the final results presented in this report relate to only 35 legitimate products (with 35 labels and 10 inserts). (See Appendix D.)

## **I. Media Monitoring**

Based on figures of the media and entertainment industry advertising spending in Nigeria in 2016, television is the dominant medium in Nigeria and makes up more than 44% of advertising spending. Out-of-home (billboards, wall-mounted boards, and bus and taxi branding) and internet are second (26%) and third (12%), respectively, in terms of advertising dollars in Nigeria.<sup>40</sup> Websites dedicated to pregnant women and mothers are also available; these media are potential channels for BMS

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<sup>40</sup> Source: PwC Entertainment and media outlook: 2017–2021, An African perspective. [www.pwc.co.za/outlook](http://www.pwc.co.za/outlook)



and/or CF advertisements. The media monitoring component of the NetCode protocol requires assessment of traditional and internet advertising. We chose to monitor the following paid-for media channels:

Traditional: television, radio and print media including pregnancy and motherhood magazines.

Internet: Top websites geared towards pregnant women and mothers of infants, and popular online retail websites.

OPM entered directly into an agreement with Compliance and Content Monitoring (CCM), a local independent media monitoring organization, to monitor selected television, radio and print publications. Most of the information from these sources was generated in an automated fashion. Data were obtained for six months, from April through October, 2017. In total, CCM monitored 77 TV channels, 8 printed magazines, 16 newspapers, and 193 radio channels in relevant categories such as parenting, women's health, pregnancy and nutrition, infant nutrition and child nutrition.

Companies' own advertising was also monitored. The protocol does not differentiate between companies' and brands' own websites and their social media in terms of an internet source; however, due to the growth of social media, Westat identified the local company and brand websites as well as the four main social media platforms (each company's Facebook page, Instagram, YouTube channel and Twitter feed). Westat trained OPM staff to manually monitor these media, as well as online retailer activity, for eight weeks (beginning August 21 through October 13, 2017).

Prior to conducting the media monitoring, Westat developed the Protocol for Media Monitoring in Lagos, Nigeria, trained OPM staff, and clarified the information needed from the social media platforms and websites to ensure that everyone understood the BMS and CF products and age ranges that should be included in the study. OPM followed these guidelines for online media monitoring:

- **Company and Brand Websites.** Once a week over the eight-week period, the monitor accessed 5 company and 3 brand websites and scan for advertisements and promotions. The monitor used Microsoft Snipping Tool to capture screen shots of the advertisements.
- **Parent and Child Websites.** Once a week over the eight-week period the monitor accessed the 12 most popular websites related to mothers and babies, and scanned for BMS and CF advertisements and promotions. The monitor used Microsoft Snipping Tool to capture screen shots of the advertisements and promotions.

- **Social Media.** Once a week over an eight-week period, the monitor accessed BMS and CF company-specific 5 Facebook pages, 2 Instagram, 3 YouTube channel(s) and Twitter feeds, and captured any advertisements and promotions by taking a picture, video, or screenshot, as appropriate.
- **Online Retailers.** Once a week over the eight-week period, the monitor accessed the 5 most popular online retail websites and scanned for BMS and CF advertisements and promotions. The monitor used Microsoft Snipping Tool to capture screen shots of the advertisements.

The Westat Project Manager reviewed the advertisement and promotion data for completeness and quality.

## **J. Representativeness of Results**

The design of the NetCode protocol yields a convenience sample of mothers of infants and young children less than 24 months (2 years) and health workers for the sampled areas of Lagos. The estimates in this report pertain to the study participants only. These results cannot be generalized to the overall population of mothers or health workers in Nigeria.

The estimates for promotions observed in retail outlets cannot be extrapolated to the overall catchment area of the study, since the selection was a convenience sample. For product labels and media advertising, this study conducted a census; therefore, the prevalence estimates do apply to the sampled area of Nigeria, although as previously noted, both CF 6-36 month products and parallel import products are excluded from these results.

## **K. Defining Potential Non-Compliance**

For each Article of the Code for which the NetCode protocol collected data, our study team collated definitions from the protocol of what would be considered non-compliance with the Code. These definitions are provided in Appendix E, organized by Sub-article of the Code, and showing the exact questions and syntax used to code possible non-compliance. As described in Section A above, additional definitions of non-compliance were added as a result of the specific provisions of any national regulations that exceeded the Articles of the Code. These additional definitions are also included in Appendix E.

It should be noted that for the interview data from the mothers and health workers, we have emphasized that these are based on self-reported recall, and thus, we are not able to verify that the reported event accurately demonstrates non-compliance with the Code. A further discussion of this limitation is presented in Chapter 7, Limitations. For any items directly observed by our field team, such as informational materials, promotions, and product labels, we did see the actual items, and therefore, we have called these “observations”.

For label and inserts’ non-compliances, the Westat Research Assistant performed 100% QC of Form 6 (label and insert data) for 17% of select key variables. The Westat Project Manager then shared the findings with ATNF for final review.

## Fieldwork Preparation and Training

### A. Organization of Field Work

Personnel for data collection in Lagos included 16 data collectors, 5 supervisors, and 1 Survey Coordinator. Data collectors were formed into 5 teams comprised of a supervisor and 2 data collectors. One data collector was dedicated to the data collection at the large retail outlets. These data collection teams were responsible for interviewing mothers or caregivers and health workers, and performed data collection at the small retail outlets and HCFs. The Field Manager and Survey Coordinator were responsible for overall coordination, contacting the HCFs, and making appointments for the data collection staff.

Westat staff analyzed the labels of the BMS and CF products.

### B. Selection and Training of Data Collectors

OPM had a pool of experienced local data collectors in Lagos, who have partnered with OPM for similar studies. OPM recruited a team of 20 local data collectors from Lagos to train for this study. These data collectors were recent graduates or experienced data collectors who had received OPM study training. The Field Manager and Survey Coordinator screened and interviewed each of the potential data collectors. OPM recruited more than the required number of data collectors to account for any attrition. Considering the local culture, OPM selected data collectors to set respondents at ease.

Prior to the scheduled training in Lagos, Westat conducted a four-hour Train-the-Trainer training via Skype with the OPM Field Manager and Survey Coordinator who planned to lead the training in Lagos. Westat conducted a question-by-question review of the NetCode forms. OPM led the data collector training at a local hotel facility in Lagos for four days in early September 2017 to provide all selected data collection staff with the knowledge and skills necessary for data collection using the NetCode protocol. OPM conducted the training, and the attendees included ATNF staff, Westat Senior Managers, OPM Project Manager, Field Manager, Survey Coordinator, and data collectors. The training followed the approach recommended in the NetCode protocol, and was based on the

protocol. It introduced the data collectors to the importance of breastfeeding, oriented them to the Code and national label regulations, and trained them on the use of the NetCode questionnaires. The OPM training provided in-depth information on using the data collection forms and tablets. The training sought to empower the data collectors with adequate skills for successful performance in the field. Different training styles were used to provide an interactive and informative learning environment. During the training sessions, the data collectors practiced mock interviews and role-plays to simulate use of the forms for interviewing. At the end of training, OPM conducted a special session for the supervisors to provide a better understanding of their roles and responsibilities during data collection. OPM led a field test at three HCFs that were not included in the sample to give data collectors experience with visiting and performing interviews in the clinics as well as to ensure the data collectors and supervisors understood the proper interviewing techniques and use of tablets for data collection. The field tests also provided experience in looking for BMS and CF products and promotions. The team also practiced how to complete Forms 5 and 7 for retail store promotions.

Westat conducted a separate training for Westat staff responsible for evaluating the labels and inserts of the BMS and CF products purchased for completion of Form 6 – Label Abstraction.

For further detail on the training, please find the OPM training agenda in Appendix L.

## **C. Introductions to Clinics**

In order to conduct the surveys at the HCFs in Lagos, OPM obtained ethical approval from the National Health Research Ethics Committee (NHREC) and the state Ministry of Health. In addition, OPM obtained a letter of introduction and approval from the Association of Private Medical Practitioners since private HCFs were included in the sample. The ethical review submission provided information about the purpose and objectives of the study, who conducted the study, interviewed description of the study participants, and reiterated the maintenance of the confidentiality of the information collected.

After OPM obtained the approval from NHREC and the state Ministry of Health, they contacted each HCF in the original sample and requested approval to conduct the study at the facility. There were 27 private and 6 public facilities in the main sample, and 69 private and 8 public facilities in the reserve sample. If a HCF could not be visited either because of change of address or refusal to grant

the team permission, OPM was to select another HCF, similar in type, size and in the same LGA. This was somewhat difficult to achieve during fieldwork. In some instances, the data collection team moved to an adjacent LGA in order to access a HCF that was similar and comparable with the one that OPM dropped. A total of 33 HCFs participated in the study, 6 public and 27 private.

The Field Manager and Survey Coordinator, with direction from the OPM Project Manager, carried out the task of contacting HCFs, explaining study objectives and obtaining permission for the team to conduct interviews with mothers, primary caregivers, and HCF staff. The Field Manager and Survey Coordinator made contact with the HCFs in advance of the day when the data collection team planned to visit. OPM made initial attempts to obtain this permission via a phone call. If necessary, OPM met the responsible health worker, such as the senior doctor, head/chief nurse, manager, office staff, in person to obtain permission. At the same time, OPM also gathered information about the clinics within a particular HCF to locate the respondent population, best day of the week and time to approach potential respondents; as well as estimate the number of potential respondents that visited a facility on a given day. The Survey Coordinator scheduled actual data collection based on this important information to perform data collection in most efficient and least disruptive manner.

## **D. Data Collection**

Data collectors completed electronic versions of the data collection forms on tablets, following the procedures outlined in the data collection training and the NetCode protocol. Westat staff trained the OPM supervisors to upload the data from the tablets at the end of each day following data collection. The Westat Data Manager reviewed all uploaded data and provided any data discrepancies to the OPM Survey Coordinator for resolution. Westat and OPM repeated this task until all discrepancies were resolved for all data collection forms.

Westat implemented special QC procedures for analysis of product labels. Each BMS and CF product was given a unique identifier. The Westat staff were provided with the list of BMS and CF products, with their unique identifier. This topic was included in their label abstraction training and they used the unique product identifiers when completing Form 6 in an Excel spreadsheet. These unique identifiers were pre-populated in the Excel spreadsheet and were also used to catalogue each product's images in a systematic manner. Adopting this standardized procedure proved very

effective in performing cross-form data QC and in assuring that the right images were correctly associated to the companies and brands.

Westat's Data Manager and Senior Project Manager reviewed the clean raw data from the field further for completeness and accuracy before producing the analysis tables.

The aim of the NetCode protocol is to assess compliance by baby food companies with selected Articles of the Code and relevant national regulations. In practice, this is done by measuring possible non-compliance, i.e., by observing where a particular provision of the Code or local regulation does not appear to be followed. The results from the analysis of data collected in this study are presented below, organized by Article of the Code for which data were captured in the NetCode protocol's data collection forms, and adapted as noted in Chapter 3. For each Article, if there were a substantial number of observations, the accompanying table shows data overall and disaggregated by company name.

Table 5-1 shows the characteristics of the Nigeria sample. Following the NetCode protocol, 33 HCFs were included in the study sample. Twenty-seven of the 33 HCFs (~82%) were private, and six (18%) were public.

As per the NetCode protocol, the quantitative sample of mothers included 10 mothers per HCF, resulting in a total sample size of 330 mothers. The distribution of mothers was nearly even between mothers with children less than 6 months, and mothers with children 6-24 months. Nearly 51% of mothers (168) had a child less than 6 months of age, and 49% of mothers (162) had a child 6-24 months of age.<sup>41</sup>

Among the sample of health workers in this study, the most common category of staff member was nurses. Nurses accounted for 52% of the respondents (51 of the 98 respondents) to the health worker questionnaire (Form 2).<sup>42</sup> The next most common category was center directors, at about 15% of the sample (15 respondents).

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<sup>41</sup> Note that the original NetCode protocol stipulated an even distribution of mothers in these two groups, or five of each age group per HCF, but that requirement was relaxed for both Thailand and Nigeria to allow for completion of the full sample of 330 interviews.

<sup>42</sup> In Nigeria there were only 98 respondents to Form 2 (rather than 99). One of the 33 sampled HCFs was very small, and only had two health workers for interview (one full-time health worker and one support health worker).



Finally, Table 5-1 shows that the study included 33 small retailers (selected to be “proximate to” the sample HCF), as well as 10 large retailers, totaling 43 retail outlets visited for direct observation of BMS promotions.

**Table 5-1. Characteristics of participants**

	<b>no.</b>	<b>%</b>
<b>Characteristics of HCFs</b>		
Private	27	81.8%
Public	6	18.2%
<b>Total HCFs</b>	<b>33</b>	<b>100.0%</b>
<b>Characteristics of Mothers</b>		
Mothers with a child < 6 months of age	168	50.9%
Mothers with a child 6-24 months of age	162	49.1%
<b>Total mothers interviewed</b>	<b>330</b>	<b>100.0%</b>
<b>Characteristics of Health Workers</b>		
Center director	15	15.3%
Department head	4	4.1%
Doctor	9	9.2%
Nurse	51	52.0%
Midwife	6	6.1%
Other	13	13.3%
<b>Total health workers interviewed</b>	<b>98</b>	<b>100.0%</b>
<b>Characteristics of Retail Outlets</b>		
Small retailers (1 in proximity to each facility)	33	76.7%
Large retailers	10	23.3%
<b>Total retail outlets visited</b>	<b>43</b>	<b>100.0%</b>

Source: ATNF Nigeria (2017)

Table A in Appendix M shows the district (LGA) ID, HCF ID, HCF ownership type (public/private), the number of mothers interviewed who had children less than 6 months, the number of mothers interviewed who had children 6-24 months, and the number of health workers interviewed in this study. This table shows that within the sample of HCFs, the study had high participation rates among both mothers and health workers, at about 96% and 99%, respectively. In addition, the participation rate among sampled (and eligible) HCFs was quite high, at 73%; 12 HCFs refused to participate. (Note that sampled HCFs which turned out not to be eligible, for example, because they do not offer well baby services, were not included in this participation rate calculation.)

## A. Article 4: Information and Education

Data were collected to allow assessment of compliance with Sub-article 4.2, informational and educational materials, and Sub-article 4.3/WHO 69.9 relating to donations of equipment or materials to HCFs.

### Sub-article 4.2. Informational and educational materials dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children.

As shown below in Table 5-2, the Nigeria study observed only 2 eligible informational/educational materials in the sample of 33 HCFs and 43 retail outlets. Both of these materials were observed at HCFs; there were no informational/educational materials observed at the sample of retail outlets in Lagos. There were 2 product types referenced on the 2 materials, both published by FrieslandCampina.

**Table 5-2. Observations related to sub-article 4.2: Informational/education materials and referenced products at HCFs and retail outlets**

	At HCFs (n=33)	At Retail Outlets (n=43)	Total
<b>No. of informational/educational materials observed</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>No. of products referenced in informational/educational materials*</b>	<b>2</b>	<b>0</b>	<b>2</b>
<b>No. of products, by company</b>			
Abbott	0	0	0
Danone	0	0	0
FrieslandCampina	2	0	2
Kraft Heinz	0	0	0
Nestlé	0	0	0
RB/Mead Johnson Nutrition	0	0	0
Other**	0	0	0

**Source:** ATNF Nigeria (2017)

\* Informational/educational materials clearly intended for health workers are not included in these counts. Nor are any observed materials which reference "not a specific product" (only those that reference the 4 main product types [IF, FOF, GUM, CF <6], are included). In addition, a single informational/educational item observed at a HCF or retail outlet could refer to more than one product type (for example, both IF and FOF). Therefore the number of products shown in this row may not match (may be greater than) the number of informational/educational materials observed, shown in the first row.

\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and "other (specify)".

Table 5-3 shows the number of the observed informational/educational materials which were non-compliant as per any of the sub-items under sub-Article 4.2. Both of the informational/educational

materials observed in Lagos were non-compliant. Similar to our findings in India, Vietnam, Indonesia, as well as Thailand, the use of informational and educational materials to reach mothers/caregivers in Nigeria appears to be very limited.

**Table 5-3. Observations related to sub-article 4.2: Informational and education materials at HCFs and retail outlets**

	<b>Total materials</b>
<b>No. of materials with any (one or more) type of sub-article 4.2 non-compliance</b>	<b>2</b>
<b>No. of materials with any (one or more) type of sub-article 4.2 non-compliance, by company</b>	
Abbott	0
Danone	0
FrieslandCampina	2
Kraft Heinz	0
Nestlé	0
RB/Mead Johnson Nutrition	0
Other**	0

**Source:** ATNF Nigeria (2017)

\* Informational/educational materials clearly intended for health workers are not included in these counts. Nor are any observed materials which reference “not a specific product” (only those that reference the four main product types [IF, FOF, GUM, CF<6], are included).

\*\* “Other” companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member’s Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi’s Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and “other (specify)”.

**Sub-article 4.3, superseded by WHA69.9 Recommendation 6: Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies or their representatives should not ... ‘donate or distribute equipment<sup>43</sup> or services<sup>44</sup> to health facilities.’**

Data for this assessment of Sub-article 4.3 / WHA 69.9 were captured by field team supervisors’ observations of equipment at the 33 HCFs in the sample (specifically, NetCode Forms 3 and 7). These results are shown in Table 5-4. In this study, there was 1 eligible observation of equipment (a growth chart) at 1 of the 33 HCFs in the sample (~3% of the sample of HCFs). The observed item of equipment items was from FrieslandCampina.<sup>45</sup> The fact that it displayed a brand name and/or logo meant that it is non-compliant with local regulations, which mirrors the Code’s original

<sup>43</sup> Sub-Article 4.3 of the Code allowed donations of equipment and materials as long as they did not make reference to a proprietary product within the scope of the Code. WHA 69.9 strengthened the original language by calling on companies to not make any donations of equipment or services.

<sup>44</sup> The version of the NetCode protocol used for this study does not provide for assessment of the delivery of services.

<sup>45</sup> One growth chart was found in another HCF. It had Pfizer branding. Nestlé acquired Pfizer in 2012 but ceased to market Pfizer products in 2015. This growth chart was therefore not included in the Nestlé results.

recommendations, and by extension, with the stronger recommendation of WHA 69.9 that no equipment should be donated. Overall, however, there were few observations of equipment in the sample of HCFs in Lagos.

**Table 5-4. Observations related to sub-article 4.3: Equipment at HCFs, by company**

	<b>Total</b>	<b>%</b>
<b>Observations of equipment at HCFs (n=1)</b>	<b>1</b>	<b>–</b>
<b>Equipment displaying brand names/logos</b>	<b>1</b>	<b>100.0%</b>
<b>Equipment with brand names, by company</b>		
Abbott	0	0.0%
Danone	0	0.0%
FrieslandCampina	1	100.0%
Kraft Heinz	0	0.0%
Nestlé	0	0.0%
RB/Mead Johnson Nutrition	0	0.0%
Other*	0	0.0%

**Source:** ATNF Nigeria (2017)

\* “Other” companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member’s Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi’s Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and “other (specify)”.

## **B. Article 5: The General Public and Mothers**

Data were collected to allow assessment of compliance with various sub-articles of Article 5 of the Code. These data include interviews with mothers of children up to 24 months of age (NetCode Form 1), as well as the media monitoring component of the study.

### **Sub-article 5.1. No advertising or other form of promotion to the general public of products within the scope of this Code.<sup>46</sup>**

The 330 women in the sample were asked if, in the past 6 months, they had seen any advertisements, promotions or messages “from companies that sell any commercial or prepackaged food or drink products for children from birth to 36 months old” on a wide range of media. Table 5-5 shows the number of advertisements, promotions, or messages reported by the sample of mothers, disaggregated by media type and company.

<sup>46</sup> Covered products are those for children from birth to 36 months of age, including all commercial baby milk products (i.e., infant formula [IF], follow-on formula [FOF], and growing up milk [GUM]) as well as complementary food products [CFs] for children under three years.

Overall, only 60 mothers of the 330 in the sample (about 18%) reported seeing at least one BMS promotion in the past 6 months. A total of 69 advertisements, promotions or messages from BMS companies were reported by the 60 mothers, and the majority of them, 68%, were television ads. The next most frequently-reported channel, but at a far lower level, was ads reported at a retail outlet, at 5 reports (or ~7% of the total number of advertisements, promotions or messages reported).

When looking at the mothers' reports by company name, for most of the reports—49 of the 69 total reports (~71%)—the specific company name was not known to the mothers.

To summarize, Table 5-5 shows that fewer than 1 in 5 mothers in the Nigeria sample (60 mothers, or just 18%) reported seeing advertisements or promotional messages in the media in the prior six months, far fewer than was reported in the Thailand study (which found 83% of mothers reporting seeing them). Among those who did report seeing promotions in the media in Nigeria, most of the reported ads were on TV. However, and similar to Thailand, relatively few mothers recalled the specific companies promoted in these ads. As documented by the sample of mothers' reports in the prior 6 months, baby food companies' advertising to the general public in Lagos appears to be relatively modest.

Table 5-5. Mothers' reports related to sub-article 5.1: No advertising or promotion to the general public

	By media type									Total
	Television	Radio	Magazine	Shop or pharmacy	Billboard	Social media	Internet	Community event	Other/ don't know	
<b>All mothers' (n=60) reports</b>	47	2	3	5	3	3	2	1	3	69
<i>Percent of total reports</i>	68.1%	2.9%	4.3%	7.2%	4.3%	4.3%	2.9%	1.4%	4.3%	100%
<b>By company</b>										
Abbott	0	0	0	0	0	0	0	0	0	0
Danone	0	0	0	0	0	0	0	0	1	1
FrieslandCampina	1	0	0	0	0	0	0	0	0	1
Kraft Heinz	0	0	0	0	0	0	0	0	0	0
Nestlé	2	0	0	0	0	0	0	0	0	2
RB/Mead Johnson Nutrition	0	0	0	0	0	0	0	0	0	0
Other*	13	0	2	1	0	0	0	0	0	16
Don't know	31	2	1	4	3	3	2	1	2	49

**Source:** ATNF Nigeria (2017)

\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and "other (specify)".

In addition to interviews with mothers, the study also included a media monitoring component, with direct observations of both traditional media sources (such as television, newspaper, magazine, and radio), as well as online media sources (including company and brand websites, YouTube, Facebook, Twitter, and Instagram).

A professional media monitoring service, CCM, was hired to monitor traditional media, whereas staff from the in-country local contractor, OPM, were trained to conduct online media monitoring. There were no advertisements or promotions observed by means of traditional media monitoring conducted by CCM in the Nigeria study. In addition, there were no eligible observations of advertisements or promotions in the online media monitoring component conducted by OPM.

**Sub-article 5.2. Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.**

Data from Form 1, the NetCode questionnaire for the interviews with mothers of children under 2 years of age, were used to assess compliance with Sub-article 5.2 of the Code. Mothers were asked whether they had received in the prior six months any free samples of commercial or prepackaged products for children from birth to 36 months of age from baby food companies or distributors.

Table 5-6 shows that only 4 of the 330 mothers (or just 1% of the total sample) reported that they had received a free sample of an eligible BMS product from a company representative or shop personnel within the past six months. Of those 4 mothers, there were 4 reports of free samples received. Two were FOF products and 2 were “other” products. Two of the reported samples were from Nestlé, 1 was from Abbott, and 1 was from an unknown company.

Overall, the mothers’ self-reports related to Sub-article 5.2, with only 1% of the sample of mothers reporting that they received a free sample within the past 6 months, suggests a high level of compliance with this aspect of the Code. In Thailand, in contrast, about 14% of the sample of mothers reported that they received a free sample.

**Table 5-6. Mothers' reports related to sub-article 5.2: No BMS samples to pregnant women, mothers, or members of their families**

	By product type					Total
	Infant Formula (IF) < 6 mos	Follow-on Formula (FOF) 6-11 mos	Growing-up Milk (GUM) 12-36 mos	Complementary Food (CF) < 6 mos	Other*	
<b>All mothers' reports (n=4)</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>
<i>Percent of total reported samples</i>	0.0%	50.0%	0.0%	0.0%	50.0%	100%
<b>By company</b>						
Abbott	0	0	0	0	1	1
Danone	0	0	0	0	0	0
FrieslandCampina	0	0	0	0	0	0
Kraft Heinz	0	0	0	0	0	0
Nestlé	0	2	0	0	0	2
RB/Mead Johnson Nutrition	0	0	0	0	0	0
Other*	0	0	0	0	0	0
Don't know	0	0	0	0	1	1

**Source:** ATNF Nigeria (2017)

\* "Other" products include: "Infant formula, don't know type", "Drinks for babies and young children (6-36 months of age)", and "Other (specify)".

\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and "other (specify)".

**Sub-article 5.3.** For products within the scope of this Code, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level.

Data to assess compliance with this Sub-article were collected by visiting retail outlets proximate to each of the 33 HCFs in the study, as well as 10 additional large retail outlets (43 total retail outlets). NetCode Forms 5 and 7 assessed promotional materials observed in physical (or "brick and mortar") retail outlets. In addition, data from 5 Nigerian online retailers—Jumia, Gloo, Konga, Nkataa, Supermart—were collected for 2 months, from mid-August to mid-October, 2017.

Table 5-7 shows the results from both the physical retailer and online retailer data collection in Nigeria. No such promotions were found in the 43 physical retailers, shown in the first set of columns. Within the online retailer data, however, 109 promotions were observed, all or 100% being price-related. Of the total number of promotions enumerated across the physical retailer and online retailer data collection, all of them (100%) were from online retailers in Lagos.



When looking at the data by company name, in the bottom portion of Table 5-7, it is apparent that Kraft Heinz, with 85 of the total 109 promotions observed, or ~78% of the total, is the most commonly identified company. FrieslandCampina, with 18 promotions observed (~17%) is the next most commonly identified company.

**Table 5-7. Number and type of point-of-sale promotions observed at retail outlets (related to sub-article 5.3), by retail outlet type and company**

	Physical retailer ("brick & mortar") n=43		Online retailer n=5		Total no. promotions observed	
	No.	%	No.	%	No.	%
<b>Type of promotion*</b>						
Price related (e.g., coupon/stamps, discounts, special discount sales)	0	0.0%	109	100.0%	109	100.0%
Displays (e.g., brand shelf, special displays, shop window, posters/banners, shelf tag/talkers, product launch)	0	-	n/a	-	0	-
Free gifts	0	-	0	-	0	-
Product samples	0	-	0	-	0	-
Company representative (physical retailers only)	0	-	n/a	-	0	-
Other	0	-	0	-	0	-
<b>Total promotions observed</b>	<b>0</b>	<b>0.0%</b>	<b>109</b>	<b>100.0%</b>	<b>109</b>	<b>100.0%</b>
<b>By company</b>						
Abbott	0	-	0	-	0	-
Danone	0	-	0	-	0	-
FrieslandCampina	0	0.0%	18	100.0%	18	100.0%
Kraft Heinz	0	0.0%	85	100.0%	85	100.0%
Nestlé	0	-	0	-	0	-
RB/Mead Johnson Nutrition	0	-	0	-	0	-
Other**	0	0.0%	6	100.0%	6	100.0%

Source: ATNF Nigeria (2017)

\* Note that only promotional materials that reference the four main product types [IF, FOF, GUM, CF<6] are included in these counts. The percentages are row percentages, or the % of the total promotions observed in that row (at both the physical retailers and online retailers).

\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and "other (specify)".

Table 5-8, below, shows the promotions found on online retailers and disaggregated by product type. The media monitoring team followed five prominent online retailers and observed 109 unique promotions for BMS products included in the monitoring protocol. As noted above with respect to Table 5-7, a particularly large number of promotions were identified for Kraft Heinz (~78%), followed by FrieslandCampina (17%).

The data for online retailers by product type indicated that the largest number of promotions was for CF <6 months (85 promotions, or ~78%).

**Table 5-8. Observations in online retailers related to sub-article 5.3: No point-of-sale advertising or promotions**

	By product type				Total no. unique ads/promotions observed
	Infant Formula (IF) < 6 mos	Follow-on Formula (FOF) 6-11 mos	Growing-up Milk (GUM) 12-36 mos	Complementary Food (CF) < 6 mos	
<b>By non-company media</b>					
Parenting websites	1	1	0	0	2
<b>Online retailer websites, by company</b>					
Abbott	0	0	0	0	0
Danone	0	0	0	0	0
FrieslandCampina	8	0	10	0	18
Kraft Heinz	0	0	0	85	85
Nestlé	0	0	0	0	0
RB/Mead Johnson Nutrition	0	0	0	0	0
Other*	6	0	0	0	6
<b>Total (online retailer websites)</b>	<b>14</b>	<b>0</b>	<b>10</b>	<b>85</b>	<b>147</b>

Source: ATNF Nigeria (2017)

\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark).

For each online retailer, the media monitoring team was asked to create a membership subscription to observe any promotions received via email or text. This was included to allow recording of customized promotions for customer members. Besides the standard advertisements on the retailer's websites, the media monitoring team did not receive any customized member emails or texts, including promotions.

In addition, 12 parenting and child magazines were monitored. Two promotions were found on the website "momjunction.com". Both promotions were links under the "Recommended for you" section of the website, directing users to purchase infant formula from an online retailer called "konga.com".

**Sub-article 5.4. Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding. This was extended by WHA 69.9 Recommendation 6...should not give any gifts or coupons to parents, caregivers and families.**

Among the mothers interviewed in the Nigeria study, 9 (3%) reported receiving a gift "such as a toy, bag, bib, nappies, or diapers, calendar, notebook, growth chart, or something else that is associated

with any company that sells commercial or prepackaged food or drinks for children from birth to 36 months of age” (see NetCode Form 1). Seven of the mothers’ reported free gifts were from company representatives and none were from shop personnel, the two categories of donors covered by Sub-article 5.4. (The other two gifts were from a “partner/relative/friend”.) Of these 7 non-compliant gifts, the company name was not known to the respondent for nearly all of them; only one of the gifts had a known company name, FrieslandCampina.

Form 1 in the NetCode questionnaires also included several questions for mothers regarding receiving coupons for BMS products from manufacturers or distributors. Among the 330 mothers in the study, only 1 (just 0.3% of the sample) reported receiving a coupon. The sole reported coupon was from a company representative, but the company name was not known by the respondent.

As demonstrated by the mothers’ reports of receiving gifts or coupons from baby food companies or distributors, there were very few reported instances of non-compliance for this Sub-article 5.4 in the Nigeria study.

**Sub-article 5.5. Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.**

Assessment of non-compliance with this Sub-article was based on questions in the NetCode Form 1 about whether a BMS company representative or shop personnel told the mother that, “you should feed any commercial or prepackaged food or drink products other than breastmilk to [your child]” (see Form 1, Question 12).

Note that the question wording in NetCode Form 1 is not *directly* related to this Sub-article; the question does not specifically ask mothers whether BMS marketing personnel sought “direct or indirect contact” with them. However, these self-reported responses from the sample of mothers with children less than 2 years old regarding recommendations from company representatives or shop personnel to use BMS products do approximate the concept of direct/indirect contact, as covered by Sub-article 5.5.

The analysis for this Code sub-article found that only 3 of the 330 mothers, or less than 1%, reported that shop personnel spoke to them to recommend commercial BMS products (there were no reports from company representatives). The specific company name which was recommended

was not known to the 3 mothers, however. As measured by these questions in Form 1, direct contact by companies to mothers appears to be rare in Nigeria.

## **C. Article 6: Health Care Systems**

Data were collected to allow assessment of compliance with the following sub-articles of Article 6.

**Sub-article 6.2. No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. WHA 69.9 Recommendation 6 extends this sub-article, specifically: “companies ... should not use health facilities to host events, contests or campaigns”.**

Possible non-compliance with the provisions this Sub-article were identified through two sources: (1) in the mothers’ interviews (NetCode Form 1), mothers reporting that a health worker told them to use commercial baby food/drink products; and (2) in the health workers’ interviews (NetCode Form 2), health workers reporting that a baby food company representative contacted the HCF or the HCF staff for the purpose of distributing BMS and/or CF product samples to women. The results related to possible non-compliance with this Sub-article 6.2 are presented in Table 5-9.

Overall, 47 (~14%) of the 330 mothers reported a health worker (e.g., family/general doctor, nurse, gynecologist, midwife, pediatrician, nutritionist, other health workers) telling them to use commercial BMS products. Of those 47 mothers, they gave 58 reports (thus some mothers had more than one reported instance of a health worker telling them to use baby food products).

The data by company in Table 5-9 shows that for most of these reports of health workers suggesting the use of BMS products, the company name was not known to the mothers. For 40 of the reports (69% of the total reports) the company name was unknown, and for 9 of the reports (~16%) the company name was among the “Other” category of companies. Seven reports were for Nestlé products and 2 reports were for Danone products (12% and 3%, respectively).

The lower portion of the table shows that only 2 of the 98 health workers in the sample<sup>47</sup> (or ~2%) reported that a baby food company representative contacted them to provide product samples to

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<sup>47</sup> As mentioned earlier in the report, in Nigeria, the sample size of health workers (Form 2) was 98, instead of 99. One of the sampled HCFs was so small, that it only had one full-time staff and one support staff for interview (in lieu of the typical three interviews per HCF).

mothers. Of those 2 health workers, there were 2 reports of such contact made by baby food companies, one from Nestlé, and one from the “other” company category.

The results shown in Table 5-9 indicate that the level of contact by baby food companies to mothers appears to be relatively modest in the Nigeria study (only 14% of mothers in the sample), whereas the level of contact by baby food companies to HCFs or HCF staff appears to be even less common (~2% of health workers in the sample). This was the opposite pattern as was found in Thailand. However, it is important to remember that the samples of mothers (330) and health workers (98) are quite small, and, as quota samples of patients and staff at the 33 HCFs included in the study, not necessarily representative of the population of mothers and health workers in Lagos.

Regarding the provisions of WHA 69.9, Recommendation 6, see also the results in Table 5-10, below, regarding health workers’ reports of baby food company representatives making offers to sponsor events or workshops for health workers.

**Table 5-9. Mothers’ and health workers’ reports related to sub-article 6.2: No HCF should be used for purposes of promoting products within the scope of the Code**

	No.	%
<b>Mothers’ reports of being told by a health worker to use commercial baby food/drink products (n=47)</b>	<b>58</b>	<b>100.0%</b>
<b>Mothers’ reports, by company</b>		
Abbott	0	0.0%
Danone	2	3.4%
FrieslandCampina	0	0.0%
Kraft Heinz	0	0.0%
Nestlé	7	12.1%
RB/Mead Johnson Nutrition	0	0.0%
Other*	9	15.5%
Don’t know	40	69.0%
<b>Health workers’ reports that BMS company reps contacted them to provide product samples to mothers (n=2)</b>	<b>2</b>	<b>100.0%</b>
<b>Health workers’ reports, by company</b>		
Abbott	0	0.0%
Danone	0	0.0%
FrieslandCampina	0	0.0%
Kraft Heinz	0	0.0%
Nestlé	1	50.0%
RB/Mead Johnson Nutrition	0	0.0%
Other*	1	50.0%
Don’t know/can’t remember	0	0.0%

**Source:** ATNF Nigeria (2017)

\* “Other” companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member’s Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi’s Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and “other (specify)”.

**Sub-article 6.3. Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor.**

The analysis of Sub-article 4.2, regarding informational and educational materials observed in both HCFs as well as retail outlets, pertains to Sub-article 6.3 as well (see Tables 5-2 and 5-3). As noted previously in this report, only 2 informational/educational items were found in the sample of HCFs and retail outlets (Table 5-2), and both were non-compliant as per Sub-article 4.2 (Table 5-3). Both of these materials were found in HCFs; no informational/educational materials were found in the sample of 43 retail outlets. Note that during these observations of informational/educational material (and promotions and equipment) in the HCFs (NetCode Forms 3 and 7), field staff were asked to observe any areas of the facility that were visible and open to them, such as the patient waiting area and surroundings, but they did not attempt to investigate closed areas, such as private offices or treatment areas.

Prior reports (e.g., India and Vietnam) addressed Sub-article 6.3 as part of Sub-article 4.2 (informational and educational materials), and the text above makes these associations between the findings for Sub-article 4.2 and their relevance to Sub-article 6.3. In addition, and new for both Thailand and Nigeria, the NetCode Form 3 and Form 7 now have questions regarding promotional materials observed at HCFs, and so we present those findings for Sub-article 6.3, as well as Sub-article 6.8, below.

**Sub-article 6.8. Equipment and materials, in addition to those referred to in Sub-article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code. This is augmented by WHA69.9 Recommendation 6: Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies or their representatives should not..."donate or distribute equipment<sup>48</sup> or services<sup>49</sup> to health facilities".**

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<sup>48</sup> Sub-Article 4.3 of the Code allowed donations of equipment and materials as long as they did not make reference to a proprietary product within the scope of the Code. WHA 69.9 strengthened the original language by calling on companies to not make any donations of equipment or services.

<sup>49</sup> The version of the NetCode protocol used for this study does not provide for assessment of the delivery of services.

In Nigeria, there were no observations of promotional materials at the 33 HCFs in the Lagos sample.

## **D. Article 7: Health Workers**

Data were collected to allow assessment of compliance with the following sub-articles of Article 7.

**Sub-article 7.2. Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breast-feeding.<sup>50</sup>**

Possible non-compliance with this Sub-article was addressed by observations of informational/educational materials at HCFs (NetCode Form 3) and specifically intended for health workers and specifically pertaining to the 4 types of baby food products in the study (IF, FOF, GUM, and CF<6 months). Similar to Thailand, no such eligible materials were observed in Nigeria.

**Sub-article 7.3. No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.<sup>51</sup>**

Compliance with Sub-article 7.3 was assessed with data from health workers' interviews in NetCode Form 2. Health workers were asked whether BMS company representatives contacted them, and if so, was it to provide personal gift items. As shown in Table 5-10, only 1 of the 98 health workers (1% of the sample) reported that s/he was contacted by BMS companies to provide personal gift item, and there was just 1 report from that individual (respondents could report more than one instance). Nestlé was the reported company.

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<sup>50</sup> WHA 69.9 re-states this provision in Recommendation 6: 'Companies or their representatives should not ... provide any information for health workers other than that which is scientific and factual'.

<sup>51</sup> WHA 69.9 reiterates this provision in Recommendation 6: 'Companies or their representatives should not ... give gifts or incentives to health care staff ...' and Recommendation 7 notes that health workers should not accept gifts or incentives ..'

The bottom portion of Table 5-10 shows that 13 of the 98 health workers interviewed in the Nigeria study (~13%) reported that a BMS company representative made future offers to sponsor events/workshops for the health workers or to provide payment for or other support to staff to attend events or workshops outside the HCF. Of those 13 health worker respondents who reported this occurrence, there were 14 reports. Ten of these were reportedly made by Nestlé representatives, 1 by FrieslandCampina, and 3 by “other” companies (not among the ATNI-focus companies). Note, also, that these results pertain to WHA 69.9, which prohibits companies from sponsoring meetings.

**Table 5-10. Health workers’ reports related to sub-article 7.3: no financial or material inducements should be offered to health workers.**

	No.	%
<b>Health workers’ reports that BMS company reps contacted them to provide personal gift items to HCF staff (n=1)</b>	<b>1</b>	<b>100.0%</b>
<b>Health workers’ reports of gifts, by company</b>		
Abbott	0	0.0%
Danone	0	0.0%
FrieslandCampina	0	0.0%
Kraft Heinz	0	0.0%
Nestlé	1	100.0%
RB/Mead Johnson Nutrition	0	0.0%
Other*	0	0.0%
Don’t know	0	0.0%
<b>Health workers’ reports that BMS company reps made offers to sponsor events/workshops or provide payment or support (n=13)</b>	<b>14</b>	<b>100.0%</b>
<b>Health workers’ reports of future offers, by company</b>		
Abbott	0	0.0%
Danone	0	0.0%
FrieslandCampina	1	7.1%
Kraft Heinz	0	0.0%
Nestlé	10	71.4%
RB/Mead Johnson Nutrition	0	0.0%
Other*	3	21.4%
Don’t know	0	0.0%

Source: ATNF Nigeria (2017)

\* “Other” companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member’s Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi’s Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Ventures and “other (specify)”.

Although there was only a single report of BMS companies offering gifts, and only 13 of the health workers interviewed in the study reported offers by baby food companies to sponsor things such as workshops or events or provide payment or support, it is important to keep in mind that it is possible that there could be some underreporting of this activity, due to the self-reported nature of these data and the influence of social desirability bias (in other words, health workers know that it is not appropriate to receive gifts or accept offers of support from baby food companies, and may



want to attend workshops and conferences to advance their knowledge, and therefore, may tend to underreport their occurrence).

**Sub-article 7.4. Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level, and health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.**

The first provision of Sub-article 7.4, regarding provision of BMS samples to health workers, is addressed by Sub-article 6.2, above. As discussed with respect to Table 5-9, above, only 2 health workers reported instances of a baby food company representative contacting them to provide samples to mothers.

NetCode Form 1 also asked mothers whether they received free samples of BMS products, and from whom. The Form 1 data reveal that 5 mothers (less than 2% of the 330 mothers interviewed) reported that they received a free sample of a BMS product within the past 6 months. However, none of these 5 samples were reported by the mothers to have been given by health workers, such as doctors or nurses. These data suggest that, in Nigeria, compliance with this particular sub-article of the Code seems to be quite high; health workers in Lagos do not appear to be commonly giving BMS samples to mothers.

## **E. Article 9: Labeling**

As mentioned earlier in the report, label and insert data were abstracted initially from 172 items (153 labels, representing 153 unique products, as well as 19 inserts). If a product was available in more than one size, each container size (e.g., small and larger) was included as a unique product. Ultimately, labels for 35 products and inserts for 10 of those products (45 items in total, representing 35 products) were included in the results presented in this report, after the exclusion of 45 parallel import products and 73 CF 6-36 month products (127 labels/inserts excluded in total).

As shown below in Table 5-11, which shows the number of product *labels* assessed, a total of 202 observations of label non-compliance were recorded. All 35 products included in the label analysis had at least one or more non-compliance. Table 5-11 provides the total number of label non-

compliances, and by company. The table also shows the average number of non-compliances per product (i.e., per unique label included in the labeling assessment). Of the ATNI-focus companies in this study, Kraft Heinz had the highest average number of labeling non-compliances per label, at 8.9<sup>52</sup>.

**Table 5-11. Number of unique product labels\* assessed and number of labeling non-compliances observed, by company**

Company	Number of product labels assessed	Total Number of Non-compliances**	Average Number of non-compliances per product label	Number of product labels with at least one non-compliance
Abbott	4	21	5.3	4
Danone	4	22	5.5	4
FrieslandCampina	4	22	5.5	4
Kraft Heinz	9	80	8.9	9
Nestlé	4	15	3.8	4
RB/Mead Johnson Nutrition	-	-	-	-
Other***	10	42	4.2	10
<b>Total</b>	<b>35</b>	<b>202</b>	<b>5.8</b>	<b>35</b>

Source: ATNF Thailand (2017)

\* Data for parallel import products and CF 6-36 month products were excluded from this table.

\*\* Counts of labeling non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32, and relevant Nigerian regulations (those which exceed the Code). Each label included in the labeling analysis can have more than one non-compliance.

\*\*\* Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, and ProThrive Venture.

In addition to the labels, 10 eligible product *inserts* were identified and data were abstracted to identify any non-compliances. NAFDAC was consulted to obtain guidance about relevant Form 6 questions to include in the final analysis of these inserts. As shown in Table 5-12, below, non-compliances related to inserts were identified for two components: inclusion of instructions for use, and whether instructions appear in the three main languages in Nigeria (Hausa, Igbo, and Yoruba). Of the 10 inserts included in the study, a total of 3 non-compliances were identified, one for Abbott and two for the products manufactured by Promasidor (a non-ATNI focus company). None of the 3 non-compliant inserts had instructions in the 3 main Nigerian languages.

<sup>52</sup> Given that Kraft Heinz did not respond to ATNF's request to identify whether any of these products are parallel imports, it is possible that some or all of them are, which would account for some or all of the incidences of non-compliance.

**Table 5-12.** Number of unique product inserts assessed and number of non-compliances observed on inserts, by company

Company	Number of product inserts assessed*	Total Number of Non-compliances**	Number of product inserts with at least one non-compliance
Abbott	2	1	1
Danone	2	0	0
FrieslandCampina	-	-	-
Kraft Heinz	-	-	-
Nestlé	1	0	0
RB/Mead Johnson Nutrition	-	-	-
Other***	5	2	2
<b>Total</b>	<b>10</b>	<b>3</b>	<b>3</b>

**Source:** ATNF Nigeria (2017)

\* Inserts from CF 6-36 products (1 insert total) were not included in insert analysis and are not counted in this table. Data for parallel import products was also excluded from this table.

\*\* Counts of non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32, and relevant Nigerian regulations (those which exceed the Code). Each insert included in the analysis can have more than one non-compliance.

\*\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, and ProThrive Venture.

Data were collected from labels to allow for the assessment of compliance with the sub-articles of Article 9, WHA 58.32, WHA 69.9 and various Nigerian regulations pertaining to the labeling of baby food products.

Table 5-13, below, shows the total number of *products* assessed in the label/insert analysis. Of the 35 eligible products in the Nigeria analysis (i.e., excluding CF 6-36 month products and parallel import products), all 35 of these products had at least one label/insert non-compliance. Overall, these products had an average of just under 6 (5.9) Article 9 non-compliances per product.

**Table 5-13. Total number of products assessed and total number of Article 9 non-compliances observed, by company**

Company	Total number of eligible BMS products assessed*	Total Number of Non-compliances**	Average Number of non-compliances per product	Number of products with at least one non-compliance
Abbott	4	22	5.5	4
Danone	4	22	5.5	4
FrieslandCampina	4	22	5.5	4
Kraft Heinz	9	80	8.9	9
Nestlé	4	15	3.8	4
RB/Mead Johnson Nutrition	-	-	-	-
Other***	10	44	4.4	10
<b>Total</b>	<b>35</b>	<b>205</b>	<b>5.9</b>	<b>35</b>

**Source:** ATNF Thailand (2017)

\* Parallel import products and CF 6-36 month products are excluded.

\*\* Counts of label/insert non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32, and relevant Nigerian regulations (those which exceed the Code). Each label/insert included in the labeling analysis can have more than one non-compliance.

\*\*\* “Other” companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member’s Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi’s Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, and ProThrive Venture.

**Sub-article 9.2. Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:**

**(a) the words “Important Notice” or their equivalent;**

The NAFDAC’s *Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005* requires a statement reading, “Breastmilk is the best food for the child” on the labels of all products. In requiring all products to include this wording, the Nigeria regulations go beyond the Code. This provision of the Regulation was understood to be how the Nigerian authorities had given effect to the Code, rather than considering it to ‘go beyond’ the Code. The labels of all IFs included this required statement.

**(b) a statement of the superiority of breastfeeding;**

The labels of all except one of the IFs were compliant and included a statement of the superiority of breastfeeding. The one non-compliant IF is manufactured by Vietnam Dairy (Vinamilk). The

Nigerian regulations also requires this statement on all formula and CFs. The labels of 17% FOFs, 17% GUMs, and 100% CFs < 6 months did not include a 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;**

The NAFDAC's *Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005* requires, "a statement that the product should be used only on the advice of a health professional as to its use and the proper method of use, provided that such statement shall not appear on feeding bottles, teats, pacified complementary food and the like".

The Code requires this statement on the labels of IFs only. However, the Nigerian regulations require this statement be included on labels of IFs, FOFs, GUMs and CFs 0-6 months only. Approximately, 29% of IFs were missing a statement that the product only be used under the recommendation of a clinician. FrieslandCampina, Alter Farmacia, Promasidor, and Aspen Holdings were the companies that had IF products with labels missing this required information. Again, in requiring FOFs, GUMs, and CFs 0-6 months to include this wording, the Nigerian regulations go beyond the Code.

**(d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.**

The labels of 36% IFs did not include information for appropriate preparation and a warning against the health hazards of inappropriate preparation. The Nigerian regulations requires this statement on all product types. All FOFs included in this analysis had this statement on the labels. The statement was not included on the labels for 17% of GUMs, and 100% of CFs 0-6 months.

Sub-article 9.2 of the Code also specifies that neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. The label analysis found that labels of approximately 43% of IFs were not compliant and included pictures of infants, or other pictures or text which may idealize the use of infant formula.

In addition, the *Nigerian Marketing (Breast-milk Substitutes) Act* requires labels to bear directions for use in English and the three main Nigerian languages (Yoruba, Igbo, and Hausa). The labels of 89% of all products were not compliant with this requirement.

**Sub-article 9.3. Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant.**

The interpretation of this sub-article is not completely clear. Therefore, we are not reporting on this sub-article.

**Sub-article 9.4. The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.**

The labels of all IFs, FOFs, GUMs and CFs 0-6 months included nutritional composition of the product. (Although, the Code does not require this information on CFs 6-36 months, the Nigerian regulations apply this requirement to all product types. There were 18 CFs 6-36 months that did not include nutritional composition on labels. None of these 18 products were manufactured by the six ATNI-focus companies.) All products included storage conditions on labels. Both the Code and Nigerian regulations require “Best before” dates on the labels of all product types. Nearly all products were compliant and had a date before which the products is to be consumed. (The exception was the labels of 5 CFs 6-36 months which were all manufactured by the company called August Secrets.)

In addition to the batch number required on the labels by the Code, the NAFDAC’s *Pre-Packaged Food (Labeling) Regulations of 2005*, require that “every pre-packaged food product shall bear the Agency Registration Number issued on Registration in a manner as prescribed by the Agency”. Approximately, 31% of all product labels included in this analysis did not include the Agency Registration Number. (The batch number was missing on the labels of only 5 CFs 6-36 months manufactured by August Secrets.)

## Other Recommendations Relating to Labels Set Out in WHA Resolutions

According to the WHA58.32, Infant and young child nutrition, nutrition and health claims are not permitted for breastmilk substitutes except where specifically provided for in relevant Codex Alimentarius standards or national legislation. No such requirements were found in the Nigerian regulations. Of the 35 products included in label analysis, 54% (43% IFs, 67% FOFs, and 50% GUMs) had some language with health claims. Table 5-14 below includes examples of health claims.

**Table 5-14. Examples of nutrition and health claims observed on labels**

Company (Brand)	Examples of phrases and text on products labels considered as health claims
Abbott (Similac)	Complete nutrition for your baby's first year
FrieslandCampina (Peak)	Supports memory function
Nestlé (Nan)	DHA/ARA for optimal visual and brain development
RB/Mead Johnson (Enfagrow)	Helps reduce, fussiness, gas, and crying within 24 hours
Tiger Brands (Purity)	Provide different flavour combinations, important for your baby's taste development

**Source:** ATNF Nigeria (2017)

WHA 58.32 also requires the labels to provide information that powdered infant formula may contain pathogenic microorganisms. Similar to the findings in Thailand, a very large number of the labels of the powdered infant formula (IFs, FOF, GUMs) did not include this information, therefore, all of the eligible products in the label analysis did not meet this requirement.

Data collected from the labels also allowed for the assessment of compliance with Recommendation 4 of WHA 69.9. The labels of all products counted in this analysis included the recommended or appropriate age of introduction of the product printed on the label. The labels of 4 formula products (2 IFs, 1 FOF, and 1 GUM) contained a message that recommends or promotes artificial feeding or bottle feeding. One of these products was manufactured by FrieslandCampina and 3 were by the 'Other' companies. Recommendation 4 of WHA 69.9 also notes that messages should not "convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless specifically approved by relevant national, regional or international regulatory bodies". The labels of 2 GUMs and 1 FOF did not comply with this requirement. Recommendation 4 also requires labels of FOFs, GUMs, and CFs 6-36 months to not "include any image, text or representation that might suggest use for infants under the age of 6 months".<sup>53</sup> All products in this analysis were compliant with this requirement. 8.3% of all eligible products did not include a

<sup>53</sup> Note that although labels for CF 6-36 month products were abstracted these products were excluded from the results tables.

statement on the importance of continued breastfeeding for up to two years or beyond, and the labels of 17% of all eligible products did not include a statement on the importance of not introducing complementary feeding before 6 months of age. About 34% of all eligible products included an image, text, or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breastmilk, or that suggests that the product is nearly equivalent or superior to breastmilk.

Table 5-15, below, shows the label analysis data disaggregated by product type. Table B in Appendix M provides additional details regarding the most prominent types of non-compliances by company.

**Table 5-15. Labeling non-compliances\*, disaggregated by product type\*\***

<b>Company</b>	<b>Infant Formula (IF) &lt;6 mos</b>	<b>Follow-on Formula (FOF) 6-11 mos</b>	<b>Growing- up Milk (GUM) 12- 36 mos</b>	<b>Complementary Food (CF) &lt;6 mos</b>	<b>Total</b>
Abbott	13	8	-	-	21
Danone	5	5	12	-	22
FrieslandCampina	13	-	9	-	22
Kraft Heinz	-	-	-	80	80
Nestlé	8	4	3	-	15
RB/Mead Johnson Nutrition	-	-	-	-	-
Other***	25	9	8	-	42
<b>Total</b>	<b>64</b>	<b>26</b>	<b>32</b>	<b>80</b>	<b>202</b>

**Source:** ATNF Nigeria (2017)

\* Counts of labeling non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32 and relevant Nigerian regulations (those which exceed The Code). Each label included in the labeling analysis can have more than one non-compliance.

\*\* CF 6-36 products (73 products total) were not included in label analysis and are not counted in this table. Data for parallel import products was also excluded from this table.

\*\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Venture



## Conclusions and Recommendations

This report is based on a study carried out for ATNF using the NetCode protocol adapted for Nigeria. It is the fifth ATNF study Westat has conducted (following studies in Vietnam, Indonesia and India which were undertaken using the 2007 IGBM protocol) and a study in Thailand using the 2015 NetCode protocol. While this study has some limitations (as discussed in Chapter 7), it provides valuable indicators and insight about baby food companies' compliance with the Code and local regulations in Nigeria, and it can serve as a model for similar studies in other countries or in other populations, for example, rural populations. The methodology of the NetCode protocol can also serve as a valuable complement to other approaches to monitoring compliance with the Code, such as the surveillance approach employed by IBFAN.

### A. Conclusions about Compliance with the Code and National Regulations

**Point-of-Sale Promotions (Sub-article 5.3).** The largest number of non-compliances found in Nigeria were promotions in online stores. A total of 109 online promotions were identified, and all of them were price-related promotions. There were no promotions for eligible products observed in the 43 physical (“brick and mortar”) retailers in the Nigeria sample. Therefore, of the total number of promotions enumerated across the physical retailer and online retailer data collection (see Table 5-7), all of them (100%) were offered by online retailers. ATNF checked with the 6 ATNI-focus companies whether they had commercial relationships with each of the online retail sites on which promotions were found; only those two (jumia.com and kongga.com) where that was the case have been included in the results.

Although our information does not allow us to identify the extent of the role of each manufacturer in these promotions, and the number of promotions is more modest than found in Thailand, the number of online promotions in Nigeria is an area of concern. Companies should ensure that distributors and retailers with which they have commercial relationships are aware of their responsibilities under the Code and local regulations. The Government of Nigeria could also play a role here too, with all distributors and retailers.

**Advertising and Promotion (Sub-article 5.1).** The Code, using the definition in WHA 69.9, embodied by local regulation, proscribes advertising and promotion of all formulas intended for use from birth to 36 months of age and of CFs intended for infants under 6 months of age. The media monitoring component of the study, which included direct observations of both traditional media sources (such as television, newspaper, radio, etc.) as well as online media sources revealed relatively few advertisements and promotions. In Nigeria, there were no advertisements or promotions observed at all by means of the traditional media monitoring conducted by CCM. Nor were there any promotions observed on companies' own media in the data collection by OPM.

As noted in Chapter 5, relatively few mothers (60 mothers, or 18% of the Nigeria sample) reported seeing at least one baby food promotion in the past 6 months. Of the 69 reports of promotions by these mothers in the prior 6 months, the majority (47 reported observations, or 68%) were television ads. The next most common form of media reported by mothers was shop or pharmacy (just 5 reported observations, or 7%). In contrast to Thailand, where the sample of mothers reported nearly 800 promotions in the prior 6 months, relatively few mothers in the Nigeria study reported promotions.

**Labeling (Article 9).** This study included a product labeling component, in which eligible product labels and inserts (e.g., BMS and CF products for children < 6 months) were assessed for their compliance with the Code, as well as with WHA 58.32 and relevant Nigerian label regulations (i.e., those elements which exceed the Code). (However, as noted earlier in the report, 73 CF 6-36 months products as well as 45 parallel import products were excluded from the results shown in this report.) A total of 35 eligible product labels (Table 5-11) and 10 inserts from the 35 products (Table 5-12) were included in the results. Of the 35 products, all 35 had at least one (one or more) labeling non-compliance. (All of the 35 product labels included in the Nigerian label analysis had at least one non-compliance, and 3 of the 10 inserts were non-compliant.)

**Equipment Donated to HCFs (Sub-article 4.3).** As shown in Chapter 5, only 1 eligible observation of equipment was made at the 33 HCFs included in this study. This observation, a growth chart, had a brand name on it, thus contravening the Code and local regulations. (Note that according to WHA 69.9, companies are no longer allowed to make any equipment donations.)

**Informational and Educational Materials (Sub-article 4.2).** The results regarding Article 4 presented in Chapter 5 note that only 2 informational/educational materials were observed in the 33 HCFs and 43 retail outlets in this study. Both materials were from FrieslandCampina and found to be non-compliant as per the provisions of Article 4 of the Code. The company should take steps to

ensure that such materials are removed from HCFs and that none are distributed in the future. Based on these findings, very little printed informational or educational material appears to be distributed by manufacturers to clinics or retail outlets; this therefore seems to be an aspect of the Code and local regulation with which most companies demonstrate strong compliance.

**Promotional Materials in HCFs (Sub-article 6.3 and 6.8).** In contrast to prior countries, the NetCode Form 3 included questions specifically about promotional materials observed at HCFs. No such materials were observed at any of the 33 HCFs in the Nigerian study. This also seems to be an aspect of the Code and local regulation with which companies demonstrate strong compliance.

**Company Contact with Mothers (Sub-article 5.5).** Although the NetCode forms do not have a question for mothers specifically asking about companies making direct or indirect contact with them, this area of non-compliance (Sub-article 5.5) was assessed via mothers' reports of company representatives or shop personnel recommending that they use BMS and/or CF products. Only 3 mothers (less than 1% of the sample) reported this occurrence, indicating that direct contact by companies to mothers appears to be very rare in in Lagos demonstrating strong compliance with this aspect of the Code as well.

**Gifts and Coupons to Mothers (Sub-article 5.4).** As noted in Chapter 5, the sample of mothers reported 7 instances of free gifts from manufacturers and distributors, and only one reported receiving a coupon. Therefore, this also seems to be an aspect of the Code and local regulation with which companies demonstrate strong compliance.

A summary of observed non-compliance for the 6 ATNI-focus companies regarding the covered BMS products in Lagos is presented in Table 6-1, shown below. (Note that this table is identical to Table ES-1.) Because the number of points of non-compliance varies by Sub-article and their relative importance may differ, this is presented for descriptive purposes only.

Table 6-1. Summary of non-compliances, by Code sub-article and company

Company	Total number of BMS products found <sup>1</sup>	Total number of non-compliances	Non-compliances by relevant Code sub-article					
			4.2	4.3	5.1	5.3	6.3 and 6.8	9.2 and 9.4
			Products on Informational /educational materials at HCFs and retail outlets	Observations of Equipment at HCFs	Media monitoring (traditional and online) <sup>2</sup>	Promotions at retail outlets (physical and online retailers) <sup>3</sup>	Promotional material at HCFs	Non-compliant BMS product labels <sup>4</sup>
			(table not shown)	Table 5-4	(table not shown)	Table 5-7	(table not shown)	Table 5-13
Abbott	4	4	0	0	0	0	0	4
Danone	4	4	0	0	0	0	0	4
FrieslandCampina	4	25	2	1	0	18	0	4
Kraft Heinz	9	94	0	0	0	85	0	9
Nestlé	4	4	0	0	0	0	0	4
RB/Mead Johnson	0	0	0	0	0	0	0	0
Other <sup>5</sup>	10	16	0	0	0	6	0	10
<b>Total</b>	<b>35</b>	<b>147</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>109</b>	<b>0</b>	<b>35</b>

Source: ATNF Nigeria (2017)

- 1 The total number of BMS/CF product labels and inserts abstracted in the Nigeria study was 172 (153 labels and 19 inserts, representing 153 products). However this column includes only the 35 BMS product labels for legitimate products and for the four product types of IF, FOF, GUM, and CF < 6 months. Forty-five (45) parallel import products (54 parallel import labels and inserts) are excluded from the tables presented in this report. Among the 45 parallel import products, there were 8 products made by Abbott, 15 products made by Danone, 9 products made by Nestlé, 7 products made by RB/Mead Johnson Nutrition, and 6 products made by 'Other' companies. (There were also 9 inserts among these 45 parallel import products.) In addition, 73 CF 6-36 month products (12 made by Danone, 2 made by FrieslandCampina, 4 made by Kraft Heinz, 12 made by Nestlé, and 43 made by 'Other' companies) are excluded from the tables presented in this report.
- 2 Note that in the Media Monitoring component of the study (August-October 2017), there were no observations of advertisements or promotions in traditional media and companies' own media. This column displays online data only, and there were no eligible observations of non-compliance in Nigeria.
- 3 No promotions for eligible products were observed in the physical retailers in the sample; thus this column contains the counts for the online retailers only.
- 4 Counts of non-compliances include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32, and relevant Nigerian regulations (those which exceed the Code). Each label/insert included in this analysis can have more than one non-compliance; however this column shows the counts at the unique product level (i.e., number of eligible products with at least one (one or more) label or insert non-compliance). Additionally, 73 CF 6-36 products (among both parallel imports and legitimate products) were excluded from the results presented in this report, and are therefore not counted in this column.
- 5 "Other" companies included in the Nigeria data collection were: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, and ProThrive Ventures.

## B. Conclusions about the Code and the NetCode Protocol

As noted earlier, this is the fifth ATNF study on which we have reported, although we used the IGBM Protocol for the first three studies (in Vietnam, Indonesia, and India), and used the 2015 NetCode protocol adapted for the Thailand study and this study in Nigeria. Most of our conclusions about the Code are the same as we described in our reports for [Vietnam](#), [Indonesia](#), [India](#), and for Thailand. Therefore, we will not repeat the detailed conclusions, but refer the reader to the previous reports instead. A listing of the issues that should be addressed is provided below.

**Definitions of Non-Compliance.** The Code includes a complex set of recommendations, some of which can be challenging to interpret or measure.

**The NetCode Protocol is an Improvement of the Former IGBM Protocol.** The NetCode protocol was selected by ATNF to assess compliance by baby food companies with the recommendations of the Code because this protocol is seen as the best existing rigorous research-oriented approach to conduct such an assessment.

With its six sources of data collection, the NetCode protocol addresses a great number of the sub-articles of Articles 4, 5, 6, 7, and 9 of the Code. However, as mentioned in Chapter 7, it does not cover all aspects of the Code (see also Appendix E regarding some of the specific Sub-articles not covered by the NetCode protocol's data collection forms).

However, a notable improvement with the Thailand and the Nigeria studies and their use of the NetCode protocol is the inclusion of an assessment of online media—advertisements for covered products appearing on online media sources such as the internet (companies' own media channels as well as those of online retailers), on YouTube, Facebook, Twitter, and Instagram.

## C. Recommendations

**For Companies with Respect to Product Marketing.** Baby food companies should work to strengthen corporate policies related to practices that are inconsistent with the intent of the Code and Nigerian regulations. They should do more to ensure that their labels comply with the Code (and particularly the provisions of WHA 69.9 which came into force in May 2016), and they should revisit their commercial relationships and engagement with online retailers to make clear that they

should not discount or promote BMS. The companies should also curtail their direct promotion of their products via their own online media channels, such as Facebook, Instagram etc.

**For WHO and the Nigerian Government.** Rigorous continued monitoring is necessary to document where enforcement effort should be focused. We suggest that particular focus be placed on restricting parallel imports to Nigeria. Although 153 products were available in Lagos (i.e., purchased in Lagos during the data collection period), 45 of these products (29%) were parallel imports.

In addition, a second area of focus should be on restricting the use of digital media to promote products and contact mothers. These media have changed the face of advertising and promotion, and they also have global reach, since they can be accessed by women from many different countries, not just those in a single country. This is a problem that may be very difficult to control.

## Limitations of the Study

# 7

As has been noted several times previously, this study followed the 2015 NetCode protocol and data collection forms, adapted for the Nigerian context. The NetCode protocol addresses most of the sub-articles in the Code that apply to manufacturers. Nonetheless, there were limitations to the study and how the results from it should be interpreted and acted on by users.

### A. Sample of Mothers and Health Workers

It is important to note that the sample design for NetCode deviates from the prior sample design used by IGBM. Only 33 HCFs, 43 retail outlets, 330 mothers, and 99 health workers (98 in Nigeria) are included in the NetCode sample design; these are quite small samples compared to those required by IGBM. After consultation with ATNF, this study allowed for primary caregivers as well as mothers among the 330 respondents to the mother's questionnaire, although ultimately only mothers were interviewed. Moreover, the quantitative sample of mothers and of health workers are convenience (quota) samples, and therefore, not necessarily representative of the larger populations of those groups in Lagos or Nigeria.

### B. Recall Bias

Another limitation of the study is that much of the information needed to assess compliance with the Code comes from interviews with mothers and with health workers. In any interview situation, self-reported events or information can be misreported because of incorrect recall, misunderstanding, reluctance to provide complete information, or a perception of what the respondent thinks the desired response should be. When a period of recall is involved, as was the case with both the mothers and the health workers, there can also be recall bias that may involve telescoping a remembered event into the recall period, even though it occurred outside of it, or of microscoping an event outside of the recall period when it actually occurred inside of it.

The NetCode questions were generally clear and objectively written, and did not include suggestions about what response was desired. The interviewers were trained not to use leading probes and not to

assume an answer if the respondent did not give it completely. However, recall bias and incorrect memory are potential cautions when interpreting self-reported data.

Where the interviews identify only a very small number of possible incidents of non-compliance, the information should be interpreted with caution, since the data could contain recall errors. On the other hand, when many episodes are reported, one should generally be confident in accepting that a substantial amount of non-compliance did occur even if there are some recall errors.

## **C. Selection of Health Workers and Mothers**

A third limitation of the study is that, per the NetCode protocol, a quota of three health workers were selected within each sampled HCF yet these respondents might not be the “best” respondents to interview with respect to facility-related issues. As shown in Table 5-1, just over half of the respondents for the health worker interviews (~52%) were nurses. Fewer more senior level staff were interviewed, such as directors, doctors, and department heads. Therefore, it is possible that this study may have under-reported certain things these categories of staff may be more knowledgeable about, such as contacts or visits by baby food company representatives.

## **D. Selection of Retail Outlets**

A fourth limitation is related to the selection of retail outlets to observe point-of-sale promotions. This selection was purposive, not representative. The objective was to select 33 small retail stores proximate to the sampled HCF (in addition to the 10 large retailers) and which were deemed likely to sell commercially-produced food/drink products for children from birth to 36 months. Because of this design, the study results cannot be generalized to the universe of stores in Lagos. Further, each store was visited on only one day, so it is possible that some stores would have had promotions if they had been visited over a period of time.

## **E. Other Limitations**

Other limitations include a few aspects of the Code which were lacking precise questions (such as, for example, a question in Form 1 about baby food companies making direct contact with mothers [see Chapter 5], or Sub-article 4.2.e [a specific question for which appears to have been inadvertently



omitted from the NetCode forms]). As mentioned earlier in the report, Appendix E details the specific NetCode questions used to operationalize Code non-compliance in this study; also shown in this Appendix are the elements of the Code which were not covered by NetCode questions.

This study was a one-time cross-sectional survey that provides quantitative indicators for the point in time that it was conducted, although these indicators are not necessarily generalizable to a larger population in Lagos, nor elsewhere in Nigeria. These indicators are representative of the sample. At present, there is currently no ability to monitor changes over time, or to provide continuous surveillance. However, follow-up studies in the same geographic area could make the results from this study a useful baseline to measure improvements or declines in compliance over time.

Finally, although we believe that promotion of baby food products is likely to be highest in an urban area such as Lagos because of high population density and the ease of reaching women, we have no empirical evidence from other urban areas or rural areas of Nigeria to confirm this belief. These study results should be interpreted with this in mind.

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2. [http://www.nafdac.gov.ng/images/MARKETING\\_OF\\_INFANT\\_YOUNG\\_CHLDREN\\_FOOD\\_OTHER\\_DESIGNED\\_PRODUCTS\\_REG\\_SALES\\_ETC\\_REGULATIONS\\_2005.pdf](http://www.nafdac.gov.ng/images/MARKETING_OF_INFANT_YOUNG_CHLDREN_FOOD_OTHER_DESIGNED_PRODUCTS_REG_SALES_ETC_REGULATIONS_2005.pdf)
3. [https://www.amchamthailand.com/asp/view\\_doc.asp?DocCID=5318](https://www.amchamthailand.com/asp/view_doc.asp?DocCID=5318)
4. More information is available at [www.accessnutrition.org](http://www.accessnutrition.org).
5. <http://www.who.int/nutrition/netcode/en/>
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10. <http://prestonhealthcareconsulting.com/bmsccsijazs.html>
11. <http://www.bibalex.org/Search4Dev/files/428823/455666.pdf>
12. <http://www.ftse.com/products/indices/F4G-BMS>. The FTSE4Good Index Series is designed to measure the performance of companies demonstrating strong Environmental, Social and Governance (ESG) practices. Companies that market breastmilk substitutes have to meet FTSE4Good's BMS marketing inclusion criteria for admission into the FTSE4Good Index.
13. Ibid
14. Although the labels of these products should comply with the recommendations of the Code no matter where they are sold, they are not assessed on this basis, as such an assessment is not pertinent to the study objectives for Nigeria.
15. Products about which data were collected in Nigeria and presented in this report include formulas marketed as suitable for children from birth to 36 months of age and CF marketed as suitable for infants from birth to 6 months of age, as these are BMSs.
16. <http://www.ftse.com/products/indices/F4G-BMS>
17. <http://prestonhealthcareconsulting.com/bmsccsijazs.html>
18. <http://www.bibalex.org/Search4Dev/files/428823/455666.pdf>
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29. Permission to base the survey on the NetCode protocol does not imply any endorsement of the resulting report by WHO.
30. [http://www.who.int/nutrition/netcode/protocol\\_summary.pdf?ua=1](http://www.who.int/nutrition/netcode/protocol_summary.pdf?ua=1)
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39. Note that the original NetCode protocol stipulated an even distribution of mothers in these two groups, or five of each age group per HCF, but that requirement was relaxed for both Thailand and Nigeria to allow for completion of the full sample of 330 interviews.
40. In Nigeria there were only 98 respondents to Form 2 (rather than 99). One of the 33 sampled HCFs was very small, and only had two health workers for interview (one full-time health worker and one support health worker).
41. Sub-Article 4.3 of the Code allowed donations of equipment and materials as long as they did not make reference to a proprietary product within the scope of the Code. WHA 69.9 strengthened the original language by calling on companies to not make any donations of equipment or services.
42. The version of the NetCode protocol used for this study does not provide for assessment of the delivery of services.
43. Covered products are those for children from birth to 36 months of age, including all commercial baby milk products (i.e., infant formula [IF], follow-on formula [FOF], and growing up milk [GUM]) as well as complementary food products [CFs] for children under three years.
44. As mentioned earlier in the report, in Nigeria, the sample size of health workers (Form 2) was 98, instead of 99. One of the sampled HCFs was so small, that it only had one full-time staff and one support staff for interview (in lieu of the typical three interviews per HCF).
45. Sub-Article 4.3 of the Code allowed donations of equipment and materials as long as they did not make reference to a proprietary product within the scope of the Code. WHA 69.9 strengthened the original language by calling on companies to not make any donations of equipment or services.
46. The version of the NetCode protocol used for this study does not provide for assessment of the delivery of services.
47. WHA 69.9 re-states this provision in Recommendation 6: ‘Companies or their representatives should not ... provide any information for health workers other than that which is scientific and factual’.

48. WHA 69.9 reiterates this provision in Recommendation 6: ‘Companies or their representatives should not ... give gifts or incentives to health care staff ...’ and Recommendation 7 notes that health workers should not accept gifts or incentives ..’
49. Given that Kraft Heinz did not respond to ATNF’s request to identify whether any of these products are parallel imports, it is possible that some or all of them are, which would account for some or all of the incidences of non-compliance.
50. Note that although labels for CF 6-36 month products were abstracted these products were excluded from the results tables.
51. <http://www.infactcanada.ca/wha-resolutions.html>
52. <http://www.who.int/nutrition/netcode/resolutions/en/>
53. The product information in Table D-1 was extracted from the data collected in Form 6: Desk Review of Product Labels and Inserts.
54. The rows with bold text represent non-parallel import products. The remaining, un-bolded text represents parallel import products.

## **Appendix A**

### **International Code of Marketing of Breast-milk Substitutes (1981)**

**Appendix A**  
**International Code of Marketing**  
**of Breast-milk Substitutes (1981)**

*International Code of Marketing of*  
*Breast-milk Substitutes*



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- Annex 3. Excerpts from the introductory statement by the Representative of the Executive Board to the Thirty-fourth World Health Assembly on the subject of the draft international code of marketing of breast-milk substitutes



## Introduction

THE WORLD HEALTH ORGANIZATION (WHO) and the United Nations Children's Fund (UNICEF) have for many years emphasized the importance of maintaining the practice of breast-feeding—and of reviving the practice where it is in decline—as a way to improve the health and nutrition of infants and young children. Efforts to promote breast-feeding and to overcome problems that might discourage it are a part of the overall nutrition and maternal and child health programmes of both organizations and are a key element of primary health care as a means of achieving health for all by the year 2000.

A variety of factors influence the prevalence and duration of breast-feeding. The Twenty-seventh World Health Assembly, in 1974, noted the general decline in breast-feeding in many parts of the world, related to sociocultural and other factors including the promotion of manufactured breast-milk substitutes, and urged "Member countries to review sales promotion activities on baby foods to introduce appropriate remedial measures, including advertisement codes and legislation where necessary".<sup>1</sup>

The issue was taken up again by the Thirty-first World Health Assembly in May 1978. Among its recommendations were that Member States should give priority to preventing malnutrition in infants and young children by, *inter alia*, supporting and promoting breast-feeding, taking legislative and social action to facilitate breast-feeding by working mothers, and "regulating inappropriate sales promotion of infant foods that can be used to replace breast milk".<sup>2</sup>

Interest in the problems connected with infant and young child feeding and emphasis on the importance of breast-feeding in helping to overcome them have, of course, extended well beyond WHO and UNICEF. Governments, nongovernmental organizations, professional associations, scientists, and manufacturers of infant foods have also called for action to be taken on a world scale as one step towards improving the health of infants and young children.

In the latter part of 1978, WHO and UNICEF announced their intention of organizing jointly a meeting on infant and young child feeding, within their existing programmes, to try to make the most effective use of this groundswell of opinion. After thorough consideration on how to ensure the fullest participation, the meeting was convened in Geneva from 9 to 12 October 1979 and was attended by some 150 representatives of governments, organizations of the United Nations system and other intergovernmental bodies, nongovernmental organizations, the infant-food industry, and experts in related disciplines. The discussions were organized on five main themes: the encouragement and support of breast-feeding; the promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of

<sup>1</sup> Resolution WHA27.43 (Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, Volume II, 4<sup>th</sup> ed., Geneva, 1981, p.58).

<sup>2</sup> Resolution WHA31.47 (Handbook of Resolutions and Decisions.... Volume II, 4<sup>th</sup> ed., p.62).

local food resources; the strengthening of education, training and information on infant and young child feeding; the promotion of the health and social status of women in relation to infant and young child health and feeding; and the appropriate marketing and distribution of breast-milk substitutes.

The Thirty-third World Health Assembly, in May 1980, endorsed in their entirety the statement and recommendations agreed by consensus at this joint WHO/UNICEF meeting and made particular mention of the recommendation that "there should be an international code of marketing of infant formula and other products used as breast-milk substitutes", requesting the Director-General to prepare such a code "in close consultation with Member States and with all other parties concerned".<sup>3</sup>

To develop an international code of marketing of breast-milk substitutes in accordance with the Health Assembly's request, numerous and lengthy consultations were held with all interested parties. Member States of the World Health Organization and groups and individuals who had been represented at the October 1979 meeting were requested to comment on successive drafts of the code, and further meetings were held in February and March and again in August and September in 1980. WHO and UNICEF placed themselves at the disposal of all groups in an effort to foster a continuing dialogue on both the form and the content of the draft code and to maintain as a basic minimum content those points which had been agreed upon by consensus at the meeting in October 1979.

In January 1981, the Executive Board of the World Health Organization at its sixty-seventh session, considered the fourth draft of the code, endorsed it, and unanimously recommended<sup>4</sup> to the Thirty-fourth World Health Assembly the text of a resolution by which it would adopt the code in the form of a recommendation rather than as a regulation.<sup>5</sup> In May 1981, the Health Assembly debated the issue after it had been introduced by the representative of the Executive Board.<sup>6</sup> It adopted the code, as proposed, on 21 May by 118 votes in favour to 1 against, with 3 abstentions.<sup>7</sup>

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<sup>3</sup> See resolution WHA33.32, reproduced in Annex 2.

<sup>4</sup> See resolution EB67.R12, reproduced in Annex 1.

<sup>5</sup> The legal implications of the adoption of the code as a recommendation or as a regulation are discussed in a report on the code by the Director-General of WHO to the Thirty-fourth World Health Assembly; this report is contained in document WHA34/1981/REC/1, Annex 3.

<sup>6</sup> See Annex 3 for excerpts from the introductory statement by the representative of the Executive Board.

<sup>7</sup> See Annex 1 for the text of resolution WHA34.22, by which the code was adopted. For the verbatim record of the discussion at the fifteenth plenary meeting, on 21 May 1981, see document WHA34/1981/REC/2.

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished, as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socioeconomic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast-milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

Considering that, when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when they reach four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;

Appreciating that there are a number of social and economic factors affecting breast-feeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breast-feeding, provides appropriate family and community support, and protects mothers from factors that inhibit breast-feeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant



feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breastfeeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organizations and other nongovernmental organizations have a special role to play in the protection and promotion of breast-feeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breast-feeding or not;

Affirming the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

### *Article 1. Aim of the Code*

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

### *Article 2. Scope of the Code*

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottlefed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teasts. It also applies to their quality and availability, and to information concerning their use.

### *Article 3. Definitions*

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.
"Complementary food"	means	any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or breast-milk supplement".
"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.

"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".
"Label"	means	any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

#### *Article 4. Information and education*

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

#### *Article 5. The general public and mothers*

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.



5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no 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, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

#### *Article 6. Health care systems*

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.



6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

#### *Article 7. Health workers*

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3. No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

#### *Article 8. Persons employed by manufacturers and distributors*

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should

not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

#### *Article 9. Labelling*

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container as a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (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. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "materialized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

#### *Article 10. Quality*

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

#### *Article 11. Implementation and monitoring*

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.



*Annex I*

Resolutions of the Executive Board at its Sixty-seventh Session and of  
the Thirty-fourth World Health Assembly on the International Code of  
Marketing of Breast-milk Substitutes

**Resolution EB67.R12**  
**Draft International Code of Marketing of Breast-milk Substitutes**

The Executive Board,

Having considered the report by the Director-General on the Draft  
International Code of Marketing of Breast-milk Substitutes;

1. ENDORSES in its entirety the Draft International Code prepared by the  
Director-General;
2. FORWARDS the Draft International Code to the Thirty-fourth World Health  
Assembly;
3. RECOMMENDS to the Thirty-fourth World Health Assembly the adoption of  
the following resolution:

*28 January 1981*

[The text recommended by the Executive Board was adopted by the Thirty-fourth  
World Health Assembly, on 21 May 1981, as resolution WHA34.22, reproduced  
overleaf.]

**Resolution WHA34.22**  
**International Code of Marketing of Breast-milk Substitutes**

The Thirty-fourth World Health Assembly,

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breast-feeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breast-feeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breast-milk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breast-milk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breast-milk Substitutes prepared by the Director-general and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breast-milk Substitutes is a minimum requirement and only one of several important actions required in order to protect health practices of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breast-milk Substitutes annexed to the present resolution;

2. URGES all Member States:
  - (1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;
  - (2) to translate the International Code into national legislation, regulations or other suitable measures;
  - (3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;
  - (4) to monitor the compliance with the Code;
3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17.
4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;
5. REQUESTS the Director-General:
  - (1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;
  - (2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;
  - (3) to report to the Thirty-sixth World health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;
  - (4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

*21 May 1981*

## *Annex 2*

### Resolution of the Thirty-third World Health Assembly on Infant and Young Child Feeding

#### **Resolution WHA 33.32 Infant and young child feeding**

The Thirty-third World Health Assembly,

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breast-feeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breast-feeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, *inter alia* through education, training and information in this field;

Noting that a joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant-food industry and other scientists working in this field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF meeting, namely on the encouragement and support of breast-feeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breast-milk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant-food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breast-milk substitutes. This should be supported by both exporting and importing countries and observed by all



manufacturers. WHO and UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breast-milk substitutes;

3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;

4. URGES women's organizations to organize extensive information dissemination campaigns in support of breast-feeding and healthy habits;

5. REQUESTS the Director-General ;

(1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;

(2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breast-milk substitutes;

6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:

(1) to continue efforts to promote breast-feeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;

(2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;

(3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;

(4) to prepare an international code on marketing of breast-milk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

- (a) the marketing of breast-milk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;
- (b) the aim of the code should be to contribute to the provision of safe and adequate nutrition of infants and young children, and in particular to promote breast-feeding and ensure, on the basis of adequate information, the proper use of breast-milk substitutes, if necessary;
- (c) the code should be based on existing knowledge of infant nutrition;
- (d) the code should be governed *inter alia* by the following principles:
  - (i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;
  - (ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;
  - (iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breast-feeding;
- (5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;
- (6) to review the existing legislation in different countries for enabling and supporting breast-feeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;
- (7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breast-feeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

23 May 1980

*Annex 3*

**Excerpts from the Introductory Statement by the Representative of the Executive Board to the Thirty-fourth World Health Assembly on the Subject of the Draft International Code of Marketing of Breast-milk Substitutes**

The topic "infant and young child feeding" was extensively reviewed and discussed in May 1980 at the Thirty-third World Health Assembly, and it has also been extensively discussed this morning. Delegates will recall last year's Health Assembly's resolution WHA33.32 to this effect, which was adopted unanimously and which among other things requested the Director-General "to prepare an international code of marketing of breast-milk substitutes in close consultation with Member States and with other parties concerned". The need for such a code and the principles on which it should be developed were thus unanimously agreed upon at last year's Health Assembly.<sup>2</sup> It should therefore not be necessary in our deliberations today to repeat this review and these discussions.

There are two issues before the Committee today: firstly, the content of the code; and secondly, the question of whether the code should be adopted as a regulation in the sense of Articles 21 and 22 of the WHO Constitution or as a recommendation in the sense of Article 23.

The proposal now before the Committee in document A34/8 is the fourth distinct draft of the code; it is the result of a long process of consultations carried out with Member States and other parties concerned, in close cooperation with UNICEF. Few, if any, issues before the Executive Board and the Health Assembly have been the object of such extensive consultations as has the draft code.

.....

During the Executive Board's discussion on this item at its sixty-seventh session, in January 1981, many members addressed themselves to the aim and the principles of the code and stressed that, as presently drafted, it constituted the minimum acceptable requirements concerning the marketing of breast-milk substitutes. Since even at this late date, as reflect in recent newspaper articles, some uncertainty persists with respect to the content of the code, particularly its scope, I believe it would be useful to make some remarks on this point. I hasten to remind delegates, however, that the scope of the code was not the source of difficulty during the Board's discussion.

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<sup>1</sup> This statement by Dr Torbjørn Mork (Director-General of Health Services, Norway), representative of the Executive Board, was delivered before Committee A on 20 May 1981. The summary records of the discussion of this topic at the thirteenth, fourteenth and fifteenth meetings of Committee A are contained in document WHA34/1981/REC/3.

<sup>2</sup> See document WHA33/1980/REC/1, Annex 6; document WHA33/1980/REC/2, page 327; and document WHA33/1980/REC/3, pages 67-95 and 200-204.



The scope of the draft code is defined in Article 2. During the first four to six months of life, breast milk alone is usually adequate to sustain the normal infant's nutritional requirements. Breast milk may be replaced (substituted for) during this period by bona fide breast-milk substitutes, including infant formula. Any other food, such as cow's milk, fruit juices, cereals, vegetables, or any other fluid, solid or semi-solid food intended for infants and given after this initial period, can no longer be considered as a replacement for breast milk (or as its *bona fide* substitute). Such foods only complement breast milk or breast-milk substitutes, and are thus referred to in the draft code as complementary foods. They are also commonly called weaning foods or breast-milk supplements.

Products other than *bona fide* breast-milk substitutes, including infant formula, are covered by the code only when they are "marketed or otherwise represented to be suitable . . . for use as a partial or total replacement of breastmilk". Thus the code's references to products used as partial or total replacements for breast milk are not intended to apply to complementary foods unless these foods are actually marketed — as breast-milk substitutes, including infant formula, are marketed — as being suitable for the partial or total replacement of breast milk. So long as the manufacturers and distributors of the products do not promote them as being suitable for use as partial or total replacements for breast milk, the code's provisions concerning limitations on advertising and other promotional activities do not apply to these products.

The Executive Board examined the draft code very carefully.<sup>3</sup> Several Board members indicated that they considered introducing amendments in order to strengthen it and to make it still more precise. The Board considered, however, that the adoption of the code by the Thirty-fourth World Health Assembly was a matter of great urgency in view of the serious situation prevailing, particularly in developing countries, and that amendments introduced at the present stage might lead to a postponement of the adoption of the code. The Board therefore unanimously recommended to this Thirty-fourth World Health Assembly the adoption of the code as presently drafted, realizing that it might be desirable or even necessary to revise the code at an early date in the light of the experience obtained in the implementation of its various provisions. This is reflected in operative paragraph 5(4) of the recommended resolution contained in resolution EB67.R12.

The second main question before the Executive Board was whether it should recommend the adoption of the code as a recommendation or as a regulation. Some Board members expressed a clear preference for its adoption as a regulation in the sense of Articles 21 and 22 of the WHO Constitution. It became clear, however, that, although there had not been a single dissenting voice in the Board with regard either to the need for an international code or to its scope or content, opinion was divided on the question of a recommendation versus a regulation.

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<sup>3</sup> The summary record of the Board's discussions is contained in document EB67/1981/REC/2, pages 306-322.

## **Appendix B**

### **Summary of WHA Resolutions Subsequent to the Code Which Clarify or Amend the Code**

## Appendix B

### Summary of Subsequent WHA Resolutions

Summary of WHA Resolutions Relevant to the Code<sup>54,55</sup>

Year	Number	Resolutions
1981	WHA34.22	<ul style="list-style-type: none"> <li>• Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions).</li> <li>• Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures.</li> </ul>
1982	WHA35.26	<ul style="list-style-type: none"> <li>• Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels.</li> </ul>
1984	WHA37.30	<ul style="list-style-type: none"> <li>• Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding</li> </ul>
1986	WHA39.28	<ul style="list-style-type: none"> <li>• Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies.</li> <li>• Directs attention of Member States to the following: <ul style="list-style-type: none"> <li>○ Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.</li> <li>○ Practice of providing infants with follow up milks is “not necessary”.</li> </ul> </li> </ul>
1988	WHA41.11	<ul style="list-style-type: none"> <li>• Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures.</li> </ul>

<sup>54</sup> <http://www.infactcanada.ca/wha-resolutions.html>

<sup>55</sup> <http://www.who.int/nutrition/netcode/resolutions/en/>

Year	Number	Resolutions
1990	WHA43.3	<ul style="list-style-type: none"> <li>Highlights the WHO/UNICEF statement on “protection, promoting and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992.</li> <li>Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.</li> </ul>
1994	WHA47.5	<ul style="list-style-type: none"> <li>Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code.</li> <li>Provides guidelines on donation of breastmilk substitutes in emergencies.</li> </ul>
1996	WHA49.15	<ul style="list-style-type: none"> <li>Calls on Member States to ensure that:               <ol style="list-style-type: none"> <li>Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding;</li> <li>financial support to health professionals does not create conflicts of interests;</li> <li>Code monitoring is carried out in an independent, transparent manner free from commercial interest.</li> </ol> </li> </ul>
2001	WHA54.2	<ul style="list-style-type: none"> <li>Sets global recommendation of “6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond.</li> </ul>
2002	WHA55.25	<ul style="list-style-type: none"> <li>Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures.</li> <li>Recognizes the role of optimal infant feeding to reduce the risk of obesity.</li> <li>Alerts that micronutrient interventions should not undermine exclusive breastfeeding.</li> </ul>

Year	Number	Resolutions
2005	WHA58.32	<ul style="list-style-type: none"> <li>Asks Member States to:               <ol style="list-style-type: none"> <li>Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/.regional legislation allows;</li> <li>Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information be conveyed through label warnings;</li> <li>Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.</li> </ol> </li> </ul>
2006	WHA59.11	<ul style="list-style-type: none"> <li>Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.</li> </ul>
2006	WHA59.21	<ul style="list-style-type: none"> <li>Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring.</li> </ul>
2008	WHA61.20	<ul style="list-style-type: none"> <li>Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest.</li> <li>Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs.</li> </ul>
2010	WHA63.23	<ul style="list-style-type: none"> <li>WHA urges Member States to develop and strengthen legislative and regulatory measures to control the marketing of breastmilk substitutes to give effect to the Code and resolutions.</li> <li>To end inappropriate promotion of foods for infants and young children and to ensure that claims not be permitted for foods for infants and young children.</li> <li>To ensure that required breastmilk substitutes in emergency responses are purchased and distributed according to strict criteria.</li> </ul>
2012	WHA65.60	<ul style="list-style-type: none"> <li>WHA urges Member states to put into practice the comprehensive implementation plan on maternal, infant and young child nutrition, including:</li> </ul>



Year	Number	Resolutions
		<ul style="list-style-type: none"> <li>○ Developing or strengthening legislative, regulatory or other measures to control the marketing of breastmilk substitutes.</li> <li>○ Establishing adequate mechanisms to safeguard against potential conflicts of interest in nutrition action.</li> <li>• The Director General of WHO is requested to: <ul style="list-style-type: none"> <li>○ Provide clarification and guidance on the inappropriate promotion of foods for infants and young children as mentioned in WHA 63.23.</li> <li>○ Develop processes and tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes.</li> </ul> </li> </ul>
2014	WHA67(9)	<ul style="list-style-type: none"> <li>• Director-General was requested to provide clarification and guidance by end of 2015 on the meaning of “ending inappropriate promotion of food for infants and young children” as cited in resolution WHA63.23 on infant and young child nutrition.</li> </ul>

From: Code Essentials 3: Responsibilities of Health Workers under the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions. IFBAN Penang 2009, p 40. Updated by INFACT Canada, May 2013.

Year	Number	Resolutions
2016	WHA69.9	<ul style="list-style-type: none"> <li>• WHA extends to scope of application of The Code to cover all types of formula from birth to 36 months of age. Amends certain original recommendations of the Code. Stipulates new recommendations for how complementary foods marketed as suitable for young children from 6 to 36 months of age should be marketed include.</li> </ul>

## **Appendix C**

### **Study Timeline**

## Appendix C

### Study Timeline

		July				August				Sept				Oct				Nov				Dec			
	Time in weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	Sign Contract with ATNF																								
2	Sign Contract with OPM																								
3	Compile BMS Product List																								
4	Adapt NetCode Forms for tablet																								
5	Compare the Code to Nigerian regulations																								
6	Collect list of HCFs																								
7	Develop Sampling Frame																								
8	Submit to Westat IRB/ Obtain approval																								
9	Submit to MOH/Ethical Clearance																								
10	Obtain MOH and IRB approval																								
11	Training Preparations																								
12	In-person training in Lagos																								
13	Label Abstraction																								
14	Data Collection (via tablet)																								
15	Media Monitoring																								
16	Clean Data																								
17	Data Analysis/ Report																								

	Westat	OPM	Westat+OPM	CCM + OPM

**Appendix D**

**List of BMS Products**

## Appendix D

### List of BMS and CF Products

Table D-1. List of 144 BMS and CF products <sup>56</sup>

Company	Brand	Product name	Age indication
<b>Abbott</b> <sup>57</sup>	<b>Isomil</b>	<b>Isomil 2</b>	<b>6+ Months</b>
Abbott	Similac	Go & Grow Toddler Drink	12-24 Months
Abbott	Similac	Similac Advance Optigro Milk Based Powder	0-12 Months
Abbott	Similac	Similac Total Comfort 1 Infant Formula	0-6 Months
Abbott	Similac	Similac Proadvance Non GMO	First Years
Abbott	Similac	Similac Advance Stage 1	0-12 Months
Abbott	Similac	Similac Neosure (For Babies Born Prematurely)	0-12 Months
<b>Abbott</b>	<b>Similac</b>	<b>Similac Total Comfort 2 Infant Formula</b>	<b>6-12 Months</b>
Abbott	Similac	Similac Follow On Milk 6 months+ 2	6+ Months
Abbott	Similac	Similac Sensitive Infant Formula with Iron	0-12 Months
Reckitt Benckiser/Mead Johnson Nutrition	Enfamil	Enfagrow Enfacare for babies born prematurely	0-12 Months
Reckitt Benckiser/Mead Johnson Nutrition	Enfagrow	Enfagrow Infant & Toddler Formula Toddler Transitions	9-18 months
Reckitt Benckiser/Mead Johnson Nutrition	Enfagrow	Enfagrow Stage 3 Toddler Next Step Natural Milk	1-3 Years
Reckitt Benckiser/Mead Johnson Nutrition	Enfamil	Enfamil gentleease baby formula	0-12 Months
Reckitt Benckiser/Mead Johnson Nutrition	Enfamil	Enfamil for Supplementing	0-12 Months
Reckitt Benckiser/Mead Johnson Nutrition	Enfamil	Enfamil Infant Formula 1	0-12 Months
Danone	Aptamil	Aptamil First Infant Milk 1 from birth	From Birth
Danone	Aptamil	Aptamil hungry milk suitable from birth	From Birth
Danone	Aptamil	Aptamil with Pronutra+ Multigrain & Apple	7+ Months
Danone	Aptamil	Aptamil with Pronutra+ Growing Up milk 3 1-2 years	1-2 Years
Danone	Bledina	Bledine Lactee Croissance	6-36 Months
Danone	Cow & Gate	Creamed Cottage Pie	4-6 Months
Danone	Cow & Gate	Rice Pudding	7+ Months
Danone	Cow & Gate	4-6 months Fruity Porridge	4-6 Months
Danone	Cow & Gate	Cauliflower Cheese	4-6 Months
Danone	Cow & Gate	Banana Crumble	7+ Months

<sup>56</sup> The product information in Table D-1 was extracted from the data collected in Form 6: Desk Review of Product Labels and Inserts.

<sup>57</sup> The rows with bold text represent non-parallel import products. The remaining, un-bolded text represents parallel import products.

Table D-1. List of 144 BMS products (continued)

Company	Brand	Product name	Age indication
<b>Danone</b>	<b>Cow &amp; Gate</b>	<b>Nutrastart follow-on formula 2</b>	<b>6-12 Months</b>
Danone	Cow & Gate	Infant milk for hungrier babies from birth	From Birth
Danone	Milupa	Milupa Starter Rice Cereal	6+ Months
Danone	Cow & Gate	First infant milk from birth 1	From birth onward
Danone	Cow & Gate	Growing UP Milk 4 from 2 to 3 years	2-3 Years
<b>Danone</b>	<b>Cow &amp; Gate</b>	<b>Nutrastart Infant Formula 1</b>	<b>0-6 Months</b>
Danone	Aptamil	Aptamil with Pronutravi+ Multigrain & Berry	7+ Months
Danone	Cow & Gate	Growing UP MILK 4 from 2 to 3 years	2-3 Years
<b>Danone</b>	<b>Cow &amp; Gate</b>	<b>NutriJunior Growing Up Milk for Toddlers 1 to 3 years 3</b>	<b>1-3 Years</b>
Danone	Cow & Gate	Courgette & Tuna Rice	7+ Months
Danone	Cow & Gate	Bursting Berries & Banana	7+ Months
Danone	Aptamil	Aptamil with Pronutra+ Growing Up milk 4	2-3 Years
Danone	Cow & Gate	Growing Up Milk from 2-3 years 4	2-3 Years
Danone	Bledina	Bledina Gout Biscuite & Lait	6-36 Months
Danone	Bledina	Bledine Fruits & Lait	6-36 Months
Danone	Bledina	Miel & Lait	6-36 Months
Danone	Milupa	Milupa Rice Cereal with Yogurt, Apples and Bananas	12+ Months
Danone	Aptamil	Aptamil with Pronutra+ Follow On milk 2 6-12 months	6-12 Months
Danone	Cow & Gate	First Infant Milk 1	From Birth
FrieslandCampina	Friso	Wheat based milk cereal	6-36 Months
FrieslandCampina	Friso	Rice based milk cereal	6-36 Months
<b>FrieslandCampina</b>	<b>Friso</b>	<b>Frisolac gold 1</b>	<b>0-12 Months</b>
<b>FrieslandCampina</b>	<b>Peak</b>	<b>Peak Baby Infant Formula 1</b>	<b>0-12 Months</b>
<b>FrieslandCampina</b>	<b>Peak</b>	<b>Peak 123</b>	<b>1-3 Years</b>
<b>FrieslandCampina</b>	<b>My Boy</b>	<b>Eldorin Instant formula from 0 to 12 months</b>	<b>0-12 Months</b>
<b>Nestle</b>	<b>NAN</b>	<b>PreNAN Specific formula for feeding of preterm and low birthweight infants</b>	<b>From birth onward</b>
<b>Nestle</b>	<b>Lactogen</b>	<b>Lactogen 2 Gentle Plus</b>	<b>6-12 Months</b>
<b>Nestle</b>	<b>Lactogen</b>	<b>Lactogen 1 Gentle Start</b>	<b>0-6 Months</b>
<b>Nestle</b>	<b>NAN</b>	<b>NAN 3 Optipro 3</b>	<b>1-3 Years</b>
Nestle	Cerelac	Cerelac Infant Cereal Honey & Wheat with Milk	6+ Months
Nestle	Cerelac	Cerelac Infant Cereal Wheat with Milk	6+ Months
Nestle	Nestum	Nestum Baby Cereal Wholewheat & 5 Cereals	9+ Months
Nestle	Nutrend	Nutrend infant cereal maize & soya	6+ Months
Nestle	Nido	Nido Kinder 1+	1+ years

Table D-1. List of 144 BMS products (continued)

Company	Brand	Product name	Age indication
Nestle	Wyeth Nutritions	SMA Pro First Infant Milk Breast milk substitute 1	0-12 Months
Nestle	Wyeth Nutritions	SMA Pro Toddler Milk nutritionally tailored for toddlers 1-3 3	1-3 Years
Nestle	Wyeth Nutritions	SMA Pro Follow-on Milk to complement the weaning diet 6+ months 2	6+ Months
Nestle	Gerber	Lil' Bits Oatmeal Banana Strawberry	Crawler
Nestle	Gerber	Rice Cereal Single Grain	Supported Sitter
Nestle	Gerber	Rice & Banana Apple Cereal	0-2 Years
Nestle	Gerber	Puff Cereal Snack - Strawberry Apple	0-2 Years
Nestle	Gerber	Yogurt Blend Blueberry with Whole Grains	Crawler
Nestle	Cerelac	Cerelac Infant Milk Cereal (Maize)	6+ months
Nestle	Cerelac	Cerelac infant Cereal with Milk Honey & Wheat with Milk	12+ months
Nestle	Nestum	Nestum - Mixed Cereal	7+ months
Nestle	Cerelac	Cerelac Rice & Mixed Vegetables	6+ months
KraftHeinz	Farley's	Egg custard with rice	4-36 Months
KraftHeinz	Farley's	creamed porridge	4-36 Months
KraftHeinz	Farley's	Oat and Apple Porridge	4+ Months
KraftHeinz	Farley's	rice pudding	4-36 Months
KraftHeinz	Farley's	Fruity Apple and Pear Custard	4-36 Months
KraftHeinz	Farley's	Fruity Banana Custard	4-36 Months
KraftHeinz	Farley's	Perfectly Peachy Multigrains	7+ Months
KraftHeinz	Farley's	Apple Banana and Apricot Fruit Pot	4-36 Months
KraftHeinz	Farley's	Smooth Baby Rice	4+ Months
KraftHeinz	Farley's	Premium Wheat Cereal	6+ Months
KraftHeinz	Farley's	Farley's Rusks - Reduced Sugar	4-6 Months
KraftHeinz	Farley's	Heinz Premium Rice Cereal - Rice & Milk	6+ Months
Nutrimental	Nutrilac	Nutrilac Infant Cereal with Milk 3 Fruits	6+ Months
Nutrimental	Nutribom	Nutribom Infant Cereal Banana and Apple	6+ Months
Nutrimental	Nutrilac	Infant Cereal with Milk Honey	6+ Months
Alter Farmacia	Nutriben	Crescimento Toddlers milk 3	1-3 Years
Alter Farmacia	Nutriben	Natal Infant Milk	0 -12 Months
Alter Farmacia	Nutriben	2 Cereals with Milk	6 Months - 3 Years
Alter Farmacia	Nutriben	8 Cereals 4 Fruits with Milk	6 Months - 3 Years
Alter Farmacia	Nutriben	Breakfast Wheat & Fruits with iron and calcium	12+ Months

Table D-1. List of 144 BMS products (continued)

Company	Brand	Product name	Age Indication
Perrigo Company	Member's Mark	Advantage Infant Formula with iron 1	0-12 Months
Perrigo Company	Member's Mark	Sensitivity for fussiness & gas when sensitive to lactose	0-12 Months
Perrigo Company	Member's Mark	Infant Complete Nutrition for baby's 1st year	0-12 Months
Promasidor	Cowbell	Cowbell TINA infant formula stage 1	0-6 Months
Promasidor	Cowbell	Tina Follow-Up Formula Stage 2	6-12 Months
Vietnam Dairy (Vinamilk)	Ridielac	Milk & Wheat with Banana and Date Stage 4	0-1 Years
Vietnam Dairy (Vinamilk)	Ridielac	Milk & Wheat Stage 2	6+ Months
Vietnam Dairy (Vinamilk)	Ridielac	Milk & Rice with Banana Stage 1	4+ Months
Vietnam Dairy (Vinamilk)	Nycil	Infant Formula	0-12 Months
Vietnam Dairy (Vinamilk)	Ridielac	Milk & Wheat with Fruits & Honey Stage 3	8+ Months
Tiger Brands	Purity	Baby Cereal Maize Gluten Free	6-36 Months
Tiger Brands	Purity	Baby Cereal (Caramel Flavour)	8-36 Months
Tiger Brands	Purity	Baby Cereal with Milk (Honey Flavour)	8-36 Months
Tiger Brands	Purity	Baby Cereal Rice Gluten Free	6-36 Months
Tiger Brands	Purity	Carrots	7+ Months
Tiger Brands	Purity	Vegetable & Beef Lasagne	10+ Months
Tiger Brands	Purity	Macaroni Beef	8+ Months
Tiger Brands	Purity	Creamy Corn with Carrots	8+ Months
Tiger Brands	Purity	Custard with Vanilla flavour	8+ Months
Tiger Brands	Purity	Banana & Berry with Yoghurt	10+ Months
Tiger Brands	Purity	Peaches	8+ Months
Tiger Brands	Purity	Pears & Yoghurt	7+ Months
Tiger Brands	Purity	Pears	7+ Months
Aspen Holdings	Infacare	Infacare Infant Starter Formula 1	0-6 Months
Aspen Holdings	Infacare	Infacare Follow-On Formula 2	6-12 Months
Aspen Holdings	Infacare	Infacare Growing Up Milk 3	1-3 Years
Chidera Inc.	Thrive Signature	Thrive Signature Gold premium milk-based infant formula	6-12 Months
Chidera Inc.	Thrive Signature	Thrive Signature Gold premium milk-based infant formula	0-6 Months
Tomi's Treats Ltd.	Tomi's Treats	Apple & Pears	6+ Months
Tomi's Treats Ltd.	Tomi's Treats	Mango & Banana	6+ Months
Hero Group	Beech-Nut	Beech-Nut Rice Baby Cereal Stage 1	4+ Months
Sun Mark Ltd	Golden Country	Golden Country Baby Cereal 5 Fruits Wheat & Milk Stage 2	6+ Months
Sun Mark Ltd	Golden Country	Golden Country Baby Cereal Wheat & Milk Stage 2	6+ Months
Health & Happiness International Holdings Ltd.	H&H	Corn Milk Infants cereal with milk	6+ Months



Table D-1. List of 144 BMS products (continued)

Company	Brand	Product name	Age indication
Belourthe S.A.	Ninolac	Ninolac Rice-Milk	6+ Months
Belourthe S.A.	Ninolac	Ninolac Wheat-Milk-Dates	6+ Months
Belourthe S.A.	Ninolac	Ninolac Wheat-Milk-Honey	6+ Months
Belourthe S.A.	Ninolac	Ninolac Wheat-Milk-5 fruits	6+ Months
Belourthe S.A.	Ninolac	Ninolac Croissance Wheat-Milk Gout biscuite	6+ Months
August Secrets	August Secret	Veggie Beans a mix of peeled bean and vegetables	7+ Months
August Secrets	August Secret	Mix-a-Grain Cereal	6+ Months
August Secrets	August Secret	Nutty Meal Cereal	6+ Months
August Secrets	August Secret	Fish Powder	6+ Months
August Secrets	August Secret	Crayfish Powder	6+ Months
Baby Grubz Africa	Baby Grubz	Beans Flour	7+ Months
Baby Grubz Africa	Baby Grubz	Soyabeans Flour	6+ Months
Baby Grubz Africa	Baby Grubz	Grain & Nuts Cereal 2	Not Specified
Baby Grubz Africa	Baby Grubz	Ground Brown Rice	Not Specified
Baby Grubz Africa	Baby Grubz	Shrimp Powder	Infants
Baby Grubz Africa	Baby Grubz	Fish Powder	Infants
Hain Celestial Group	Earth's Best Organic	First Peas 1	4+ Months
ProThrive Ventures	Grandios	Pap	Not Specified

## **Appendix E**

### **Non-compliance Analysis by International Code Article**

# Appendix E

## Non-compliance Analysis by International Code Article

### Article 4. Information and education

4.2 Informational and educational materials (whether written, audio, or visual) dealing with the feeding of infants, and intended to reach pregnant women and mothers of infants and young children should include clear information on the following points:

- a. The benefits and superiority of breastfeeding;  
**For Health Care Facilities (HCFs):** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, or 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q12=2 (no).  
**For Retail Outlets (ROs):** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q12=2 (no).
- b. Maternal nutrition, and the preparation for and maintenance of breastfeeding;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, or 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q13=2 (no) AND F7/Q14=2 (no). (Two questions, both maternal nutrition (Q13) and preparation for and maintenance of BF (Q14).)  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q13=2 (no) AND F7/Q14=2 (no). (Two questions, both maternal nutrition (Q13) and preparation for and maintenance of BF (Q14).)
- c. The negative effect on breastfeeding of introducing partial bottle-feeding;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, or 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q15=2 (no).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q15=2 (no).
- d. The difficulty of reversing the decision not to breastfeed;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, or 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND F7/Q17=2 (no).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, 4, 5, 6 or 7 (all product types) AND F7/Q17=2 (no).
- e. Where needed, the proper use of infant formula, whether manufactured industrially or home-prepared;  
No data collected (this question was not in the NetCode Form 7 (Annex 19), and therefore not in ATNF/Nigeria Form 7).

When such materials contain information about the use of infant formula, they should include:

- f. The social and financial implications of its use;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND F7/Q23=2 (no).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND F7/Q23=2 (no).

- g. The health hazards of inappropriate foods or feeding methods;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND F7/Q24=2 (no).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND F7/Q24=2 (no).
- h. The health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND F7/Q25=2 (no).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND ANDQ5=1, 2, 3, or 4 (baby milk products only) AND F7/Q25=2 (no).
- i. Infant formula informational materials should not use any pictures or text which may idealize the use of breast-milk substitutes;  
**For HCFs:** F3/Q2=3 (informational/educational materials) AND F3/Q5=1, 2, 3, 4, 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND ( F7/Q26=1 (yes, text) OR F7/Q27=1 (yes, pictures) ).  
**For ROs:** F5/Q2=3 (promotion observed in RO is informational material) AND F7/Q5=1, 2, 3, or 4 (baby milk products only) AND ( F7/Q26=1 (yes, text) OR F7/Q27=1 (yes, pictures) ).

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose.

No data collected (not included in NetCode forms).

Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code,

F3/Q2=1 (equipment) AND F7/Q4=1 (yes, brand name shown).

and should be distributed only through the health care system.

No data collected (not included in NetCode forms).

## Article 5. The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

F1/Q37=1 (yes, mother saw promotion in media).

Media Monitoring, all.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

F1/Q47=1 (yes, mother received free sample of baby food/drink product) AND F1/Q49=9 or 10 (given by shop personnel or company rep).

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no 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,

for products within the scope of this Code.

F5/Q1=1 (yes, promotions found) AND F5/Q2=1, 2, 4, 5, 6 or 96 (all promotion types found, except code 3, informational materials).

From Media Monitoring data, promotions observed at online retailers.

This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

Not included in NetCode forms.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

F1/Q61=1 (yes, mother received a gift) AND F1/Q63=9 or 10 (given by shop personnel or company rep).

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

F1/Q12=1 (yes, someone told me to feed commercial baby food/drink to my baby) AND F1/Q14=9 or 10 (shop personnel or company rep).

## Article 6. Health care systems

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

F1/Q12=1 (yes, someone told me to feed commercial baby food/drink to my baby) AND F1/Q14=1, 2, 3, 4, 5, 6, or 7 (family/general doctor, nurse, gynecologist, midwife, pediatrician, nutritionist, other health professionals).

F2/Q2=1 (BMS company personnel have contacted HCFs/HCF staff) AND F2/Q5=1 (yes, BMS company rep contacted HCF to provide [items] for distribution to mothers) AND ( F2/Q6c=1 [samples of IFs 0-36 mos] OR F2/Q6d=1 [samples of CFs < 6 mos] OR F2/Q6e=1 [samples of CFs 6-36 mos] )

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specific to Article 4.3.

F3/Q2=2 (promotional material observed at the HCF) AND F7/Q4=1 (yes, brand name shown).

6.4 The use by the health care system of “professional service representatives”, “mothercraft nurses” or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

Not included in NetCode forms.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

Not included in NetCode Forms.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

See sub-article 4.3, above, which uses: F3/Q2=1 (equipment) AND F7/Q4=1 (yes, brand name shown). (Note that the component of sub-article 6.8 regarding equipment has been superseded by WHA resolution 69.9, but the "materials" aspect of sub-article 6.8 is addressed by the specifications above for sub-article 6.3.)

## Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

Not included in NetCode Forms.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.\*

\*See sub-article 4.2, above, for specifications of non-compliance under this sub-article (data from HCFs only). This sub-article applies to the informational/educational materials intended for health professionals only (F3/Q6=1).

In addition to the criteria for sub-article 4.2 non-compliance, use: F3/Q2=3 (informational/educational materials at HCFs) AND F3/Q5=1, 2, 3, 4, or 96 (any type of material) AND F3/Q6=2 (only materials not intended for HCPs) AND F7/Q5=1, 2, 3, 4, 5, 6, or 7 (all product types) AND ( F7/Q18=1 (yes, material implies that breastmilk substitute products are equivalent or superior to breastmilk) AND F7/Q28=1 (yes, material contains non-scientific, non-factual matters) ).

7.3. No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

F2/Q7=1 (yes, company contacted HCF staff to provide [items]) AND F2/Q8c=1 (yes, personal gift items provided).

F2/Q11c=1 (yes, company made future offers to provide sponsored events or workshops for HCF staff) OR F2/Q11d=1 (yes, company made future offers to provide payment for or other support to staff to attend events or workshops outside the health facility). (Counted as a non-compliance for sub-article 7.3 if either condition is met.)

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use,

- should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level.  
This was covered under article 6.2, above, using data from Form 2 on HCP's reports of samples given to HCFs.

- Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.  
F1/Q47=1 (yes, mother received free sample of baby food/drink product) AND F1/Q49=1, 2, 3, 4, 5, 6, or 7 (sample was given by a health professional).

## Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

- the words “Important Notice” or their equivalent;  
F6/Q29=2 (No, the label does not include the words “Important Notice”).
- a statement of the superiority of breastfeeding;  
F6/Q31=2 (No, the label does not include a statement on the superiority of breastfeeding).
- 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;  
F6/Q35=2 (No, the label does not include a statement on the need for health worker advice on the proper method of use).
- instructions for appropriate preparation;  
F6/Q22=No, the label does not include instructions for any preparation method.
- a warning against the health hazards of inappropriate preparation.  
F6/Q36=2 (No, the label does not contain the warning).
- Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation.  
F6/Q26=1 (Yes, the label has pictures or other graphic representations that idealize or promote the use of BMS).  
F6/Q23=1 (Yes, the label has text that idealizes the use of BMS).
- The terms “humanized”, “materialized” or similar terms should not be used.  
F6/Q33=1 (Yes, the label contains the term(s) “humanized”, “maternalized”, or similar terms).
- Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit.
- When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant.

9.4 The label of food products within the scope of this Code should also state all the following points:

- the ingredients used;  
F6/Q11=2 (No, the label does not include a list of ingredients).
- the composition/analysis of the product;  
F6/Q12=2 (No, the label does not include the composition/analysis of the product).
- the storage conditions required;  
F6/Q13=2 (No, the label does not include storage instructions).
- the batch number;  
F6/Q20=2 (No, the label does not include the batch number).
- the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.  
F6/Q19=2 (No, the label does not include the “Best Before” or expiry date).

WHA 58.32 URGES Member States:

(2) to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation;  
F6/Q7=1 (Yes, the label includes health claims).

(3) to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;  
F6/Q40=2 (No, the label does not contain a warning that powdered baby milk products may contain pathogenic microorganisms).

WHA 69.9 Recommendation 4. The messages used to promote foods for infants and young children should support optimal feeding and inappropriate messages should not be included. Messages about commercial products are conveyed in multiple forms, through advertisements, promotion and sponsorship, including brochures, online information and package labels. Irrespective of the form, messages should always:

- include a statement on the importance of continued breastfeeding for up to two years or beyond and the importance of not introducing complementary feeding before 6 months of age;  
F6/Q48=2 (No, the label does not state that the product should not be used for infants under 6 months).  
F6/Q53=2 (No, the label does not include a statement on the importance of continued breastfeeding for up to two years or beyond.  
F6/Q54=2 (No, the label does not include a statement on importance of not introducing complementary feeding before 6 months of age).
- include the appropriate age of introduction of the food (this must not be less than 6 months);  
F6/Q8=2 (No, the recommended or appropriate age of introduction is not included on the label).
- be easily understood by parents and other caregivers, with all required label information being visible and legible.



Messages should not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);  
F6/Q49=1 (Yes, the label contains text or images that suggest giving this product to infants under 6 months).  
F6/Q55=1 (Yes, the label includes an image, text, or other representation that might suggest use for infants under the age of 6 months).
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk;
- recommend or promote bottle feeding;  
F6/Q27=1 (Yes, the label includes a message that recommends or promotes artificial or bottle feeding).
- convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by relevant national, regional or international regulatory authorities.  
F6/Q28=1 (Yes, the label contains an endorsement or anything that may be construed as an endorsement).  
F6/Q58=1 (Yes, the label contains an endorsement or anything that may be construed as an endorsement).

Nigerian Regulation: Marketing (Breast-Milk Substitutes) Act 1990

F6/Q37=2 (No, the label does not bear directions for use in English language and three main Nigerian languages).

Nigerian Regulation: National Agency for Food and Drug Administration and Control Act (as amended) – Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005

F6/Q17=2 (No, the label does not include the country of manufacture).

Nigerian Regulation: Pre-Packaged Food (Labelling) Regulations 2005

F6/Q14=2 (No, the label does not include the NAFDAC number).

## **Appendix F**

**Elements of Nigeria Legislation and Label Regulations  
that Differ from, Provide Specifications for or Exceed  
Relevant Code Recommendations**

## Appendix F

# Elements of Nigeria Legislation and Label Regulations that Differ from, Provide Specifications for or Exceed Relevant Code Recommendations

### **Marketing (Breast-Milk Substitutes) Act 1990**

Applies to infant formulas intended for infants up to 12 months of age.

1. As from the commencement of this Act, no person shall import, sell, display for sale, promote the sale of, distribute or offer as sample or gift to any person or the general public, any breast-milk substitute or infant formula, unless the breast-milk substitute or infant formula has first been registered with the appropriate authority.

3. Particulars to be inscribed on container

(2) Any label affixed to any container of a breast-milk substitute or infant formula as required under subsection (1) of this section shall bear directions for use in English language and three main Nigerian languages and such adequate warnings against the health hazards of inappropriate preparation or use.

### **National Agency for Food and Drug Administration and Control Act 1993 (as amended) – Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005**

Applies to beverages, milk, cereals and other foods intended for use by infants and young children whether industrially made or naturally occurring. Young children means persons from the age of more than 12 months up to the age of 36 months.

2. Information and educational materials shall be written in English, Hausa, Igbo and Yoruba languages.

3. Information and educational materials shall not make reference to any brand of Designated Product, but may contain the name or logo of any manufacturer or distributor of Designated Product, provided the name or logo is not more than 3 per cent of the material outlay.

15. What labels and marks on Designated Products shall include, etc.

(1) In addition to compliance with the Agency Prepackaged Food (Labeling) Regulations 2005, the following shall apply:

(b) the label of the Designated Product shall include:

(v) country of manufacture;

**Pre-Packaged Food (Labelling) Regulations 2005**

Registration number. 12. Every pre-packaged food product shall bear the Agency Registration Number issued on Registration in a manner as prescribed by the Agency.

## **Appendix G**

### **List of Questions in Form 6 – Desk Review of Product Labels Relevant to Code Recommendations and Nigerian Legislation and Regulations**

## **Appendix G**

# **Listing of Changes to Form 6 – Desk Review of Product Labels Relevant to Code Recommendations and Nigerian Legislation and Regulations**

The following questions included in Form 6 for label abstraction give effect to the Code, therefore, they assess products' compliance with the Code.

### **Article 9.2:**

- Q23** - Does the label/insert contain text that may idealize the use of breast-milk substitutes, or discourage/undermine breastfeeding?
- Q22** – Does the label/insert include instructions for any preparation method?
- Q26** - Does the label/insert show any baby, photograph, drawing or other graphic representation to idealise or promote the use of breast-milk substitutes?
- Q29** - Does the label/insert include the words, “Important Notice”?
- Q30** - Does the label contain the words, “Breastmilk is the best food for the child”?
- Q31** - Does the label/insert include a statement on the superiority of breastfeeding?
- Q33** - Does the label/insert contain the terms, “humanized”, “maternalized”, or similar terms that should not be used?
- Q35** - Does the label/insert contain a statement on the need for health worker advice on the proper method of use?
- Q36** - Does the label/insert contain the warning that “Incorrect preparation or mixture will be hazardous to infant”?

### **Article 9.4:**

- Q11** – Does the label include a list of ingredients?
- Q12** - Does the label/insert display the nutritional composition of the product?
- Q13** - Does the label contain storage instructions specifically after opening?
- Q18** - Does the label/insert include the date of manufacture?
- Q19** - Does the label/insert include the “Best Before” date or expiry date?
- Q20** - Does the label/insert include the batch number?

### **WHA 58.32:**

- Q7** - Does the label/insert contain health claims?
- Q40** - Does the label/insert contain a warning that powdered baby milk products may contain pathogenic microorganisms?

#### **WHA 69.9-R4:**

**Q8** - Is the recommended or appropriate age of introduction of the product printed on the label?

**Q25** - Does the label/insert contain any text or graphic suggestive of the superiority of breast-milk substitute or infant formula over breastmilk?

**Q27** - Does the label contain a message that recommends or promotes artificial feeding or bottle feeding?

**Q28** - Does the label/insert convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless specifically approved by relevant national, regional or international regulatory bodies?

**Q48** - Does the label/insert state that the product should not be used for infants under 6 months?

**Q49** - Does the label/insert contain text or images that suggest giving this product to infants under 6 months?

**Q53** - Does the label include a statement on the importance of continued breastfeeding for up to two years or beyond?

**Q54** - Does the label include a statement on importance of not introducing complementary feeding before 6 months of age?

**Q55** - Does the label include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages)?

**Q58** - Does the label convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by relevant national, regional or international regulatory authorities?

The following questions in Form 6 for label abstraction give effect to the Nigerian regulations associated with labeling, BMS products, and complementary foods. These questions go beyond the requirements of the Code.

#### **Marketing (Breast-Milk Substitutes) Act 1990:**

**Q37** - Does the label/insert bear directions for use in English language and three main Nigerian languages?

#### **National Agency for Food and Drug Administration and Control Act (as amended) – Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005**

**Q17** - Does the label or container include the name of the country of manufacture?

#### **Pre-Packaged Food (Labelling) Regulations 2005**

**Q14** - Does the label or container include the NAFDAC number?



# **Appendix H**

## **Study Definitions**

# Appendix H

## Study Definitions

### General Definitions

**Breast-milk Substitute (BMS).** The Code defines a breast-milk substitute as, “any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose” (WHO, 1981). If follow-up formula or growing up milks are marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement for breast milk, they are also covered by The Code (WHO, 2013).

**Infant Formula.** Any formula that is labelled for infants less than 6 months of age. The age might be listed 0-6 months or 0-12 months. It may be labelled “Stage 1”. (NetCode, page 105). These include “special” formulas such as soy formula, lactose-free formula, low-birth-weight/premature formula and therapeutic milks. (NETCODE TOOLKIT MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES: PROTOCOL FOR PERIODIC ASSESSMENT).

**Follow-on Formula (also called follow-on milk or follow-up formula).** Any milk product that is labelled for infants less than 12 months of age but not less than 6 months of age. The age might be listed 6-12 months or 6+ months. It may be labelled “Stage 2”. (NetCode, page 105).

**Growing-up Milk (also called toddler milk).** Any milk product that is labelled for children over 12 months of age. The age might be listed 12-36 months or 1 to 5 years. It may be labelled “Stage 3”. (NetCode, page 105).

**Any Other Milk for Children 0 to < 36 Months.** The Guidance approved by WHA 69.9 clarifies that any other milk (or products that could be used to replace milk, such as fortified soy milk), in either liquid or powdered form, that may be available in the country and are specifically marketed for feeding infants and young children (0 to < 36 months) should be considered as breast-milk substitutes and will be covered by the Code. (NETCODE TOOLKIT MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES: PROTOCOL FOR PERIODIC ASSESSMENT).

**Any Other Food or Liquid Targeted for Infants under 6 Months of Age.** Since resolution WHA 54.2, from 2001, recommends exclusive breastfeeding for 6 months followed by safe and

appropriate complementary foods with continued breastfeeding for up to 2 years or beyond, any food product represented as suitable for infants under 6 months necessarily replaces breast milk. This would include complementary foods marketed as suitable from 4 months. All such products are within the scope of the Code. (NETCODE TOOLKIT MONITORING THE MARKETING OF BREAST-MILK SUBSTITUTES: PROTOCOL FOR PERIODIC ASSESSMENT).

**Complementary Foods (CFs).** Foods marketed for young children from 6 to 36 months of age. (WHA 69.9).

**Combination of Products.** Infant food products are often promoted as a group without reference to a specific age group. For the purposes of this study, the term “combination” refers to any group of foods that includes infant formula. (NetCode, page 105).

**Cross-promotion.** A type of marketing when one product in the combination of products is promoted, the others are indirectly promoted as well due to their similar names, colours, images, etc. (NetCode, page 105). Cross-promotion (also called brand crossover promotion or brand stretching) is a form of marketing promotion where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another (brand extension). In this context, it can also refer to use of particular promotional activities for one product and/or promotion for that product in particular settings to promote another product. (WHA 69.9 <http://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyg-backgroundprocess.pdf?ua=1>).

**Other Milks.** Any milk product that is not explicitly labelled for children under 36 months but that might be consumed by young children. (NetCode, page 105).

**Commercial Complementary Foods.** Any food or drink other than baby milk that is labelled for children under 24 months of age. (NetCode, page 105).

**Other Commercial Foods.** Any processed food or drink that is not labelled for children under 24 months of age. (NetCode, page 105).

**Natural Foods.** Any food that is produced at home or sold without industrial processing. (NetCode, page 105).

**Foods for Infants and Young Children.** Defined as commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age. (<http://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iy-backgroundprocess.pdf?ua=1>).

**Parallel Import.** Branded goods that are imported into a market and sold there without the consent of the owner of the trademark in that market. (<http://www.inta.org/Advocacy/Pages/ParallelImportsGrayMarket.aspx>)

**Health Care Facilities (HCFs) [or Health Care System, per the Code].** Public and private 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. (NetCode, page 53).

**Media.** For this study, includes TV (government and private), radio, printed magazines, and social networks.

**Media Advertisements.** Any audio-visual material meant to promote relevant products using TV/radio/print as a mean of dissemination, including but not limited to:

- TV/radio commercials.
- Billboard, posters, banners, newsletters, flyers, pamphlets, books, magazines, journals, and newspaper promoting relevant products.
- Online promotions on internet, including Facebook, Twitter, or other social media (NetCode, page 29).

**Social Media.** May include Facebook, Twitter, Instagram, etc. (NetCode, page 70).

**Online Promotions.** Promotions on the internet may include banner adverts; viral marketing encouraging mothers to contact their peers about a specific product or brand; sweepstakes and promotions; club memberships, and incentives for product purchase. (NetCode, page 67).

**Complementary Food.** Any food whether manufactured or locally prepared, suitable as complement to Breast milk or infant formula when either becomes insufficient from six month to satisfy the nutritional requirements of an infant as such food is introduced from sixth month of life. (Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005).

**Breast Milk Substitute.** Any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. (Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005).

**Follow up Formula.** Milk or milk-like product of animal or vegetable origin formulated industrially in accordance with the prescribed standard or in the absence of such prescribed standard, in accordance with Codex Alimentarius Standard and marketed or otherwise represented as suitable for feeding infants and young children older than six months of age. (Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005).

**Infant Formula.** Milk-like product of animal or vegetable origin formulated industrially in accordance with the prescribed standard or in the absence of such prescribed standard, in accordance with Codex Alimentarius Standard, to satisfy the normal nutritional requirements of infants up to six months of age, and adapted to their physiological characteristics and infant formula may also be prepared at home, in which case it is described as 'home-prepared. (Marketing of Infant and Young Children Food and Other Designated Products (Registration, Sales, Etc.) Regulations 2005).

**Infant Formula.** A breast-milk substitute formulated and adapted to satisfy the normal nutritional requirements of an infant not exceeding twelve months old in accordance with applicable regulations under the Food and Drugs Act. (Marketing (Breast-Milk Substitutes) Act 1990).

**Breast-milk Substitute.** Any food being marketed or otherwise represented as a partial or total replacement for breast-milk. (Marketing (Breast-Milk Substitutes) Act 1990).

## Form 1

**Commercial or Prepackaged Food and Drink Products.** Items that are not breastmilk. For example, homemade products and drink that might be given to children such as infant formula products, follow-up and follow-on formulas, or growing up or toddler milks, or foods or drinks to supplement breastmilk, such as cereal, fruits, and vegetables, and juices. (NetCode protocol, Form 1).

**Brand.** A name or symbol that legally identifies a company, a single product, or a product line, to differentiate it from other companies and products in the marketplace (WHO, 2012).

**Company [or Manufacturer, per the Code].** For the purposes of this study, any corporation that manufactures or markets (either directly or through an agent) food products intended for infants and young children (ATNF definition).

**Promotion.** Advertising of products within the scope of the Code. (NetCode, page 10). Promotion is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand. Promotional messages may be communicated via traditional mass communication channels, the internet and other marketing media using a variety of promotional methods. In addition to promotional techniques aimed directly at consumers, measures to promote products to health workers or to consumers through other intermediaries are included. Promotional methods or techniques include, but are not limited to, advergames, advertising, advertorials, ambush or attack marketing, automatic vending, brand, brand extension or brand stretching, below-the-line marketing, brand-equity characters, buzz marketing, cause-related marketing, clubs, company-owned websites, cross promotion, direct mail, emotional branding, fundraising schemes, gift packs or other giveaways, halo effect marketing, immersive marketing, ingame advertising, in-institution marketing, financial sponsorship, in-kind sponsorship, loyalty and voucher schemes, tasting schemes, integrated marketing, licensed characters, mobile marketing, multimedia messaging services, quick response (QR) codes, SMS marketing, outdoor advertising, packaging, peer-to-peer marketing, point-of-sale marketing, product placement, reward schemes, sales promotions, sampling, social media, sports sponsorship, tasting schemes, user-generated marketing, viral advertising, viral marketing, and word-of-mouth marketing. There does not have to be a reference to a brand name of a product for the activity to be considered as advertising or promotion. (WHA 69.9 <http://www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iyf-backgroundprocess.pdf?ua=1>).

**Poster.** A placard or bill posted in a public place as an advertisement.  
(<http://www.collinsdictionary.com/dictionary/english/poster>)

**Flyer.** A small printed notice which is used to advertise a particular company, service, or event.  
(<https://www.collinsdictionary.com/dictionary/english/flyer>)

**Brochure.** A brochure is a magazine or thin book with pictures that gives you information about a product or service.  
(<https://www.collinsdictionary.com/dictionary/english/brochure>)

**Leaflet.** A little book or a piece of paper containing information about a particular subject.

(<https://www.collinsdictionary.com/dictionary/english/leaflet>)

**Video.** A film or television programme recorded on tape for people to watch on a television set.

(<https://www.collinsdictionary.com/dictionary/english/video>).

**Billboard.** A very large board on which posters are displayed.

(<https://www.collinsdictionary.com/dictionary/english/billboard>)

**Coupon.** (a) detachable part of a ticket or advertisement entitling the holder to a discount, free gift, etc.; (b) detachable slip usable as a commercial order form; (c) voucher given away with certain goods, a certain number of which are exchangeable for goods offered by the manufacturers.

(<http://www.collinsdictionary.com/dictionary/english/coupon>)

**Free Supplies.** Any product covered by the Code provided to a HCF free or at low cost (at less than 80% of the retail price). (NetCode, page 11).

**Gift.** This refers to free items like bags, pens, calendars, posters, note-books, growth charts, toys, and other gifts etc. which may promote the use of a relevant product and are given to mothers, pregnant women, the general public and health workers (NetCode, page 29).

**Online Social Groups.** Online groups such as baby clubs or parenting groups organized or sponsored by a company that sells any baby food or drinks (NetCode, page 51).

**In-person Social Groups.** In-person groups for others and other caregivers such as baby clubs or parenting groups organized or sponsored by a company that sells baby food or drinks for children (NetCode, page 51).

**Online Events.** Event of activities for mothers or other caregivers such as photo contests and promotional sales on e-commerce platforms organized or sponsored by a company that sells baby foods or drinks (NetCode, page 51).



## Form 2

**HCF Staff.** May include HCF directors, physician, nurse or midwife, and/or nutritionist. For the purposes of this study, HCF staff did not include security personnel or receptionist. (NetCode, page 102).

**Donations.** Refers to free provision of goods and services including, but not limited to, informational or educational materials related to infant and young child feeding, materials, samples or regulated products, equipment, documents, and services (NetCode, page 29).

**Medical Equipment.** Items such as weighing scales, stethoscopes, thermometers, etc. (NetCode, Form 3).

**Office Equipment.** Items such as pens, notepads, growth charts, paperweights, etc. (NetCode, Form 3).

**Free or Discounted Materials or Equipment.** Material provided by a manufacturer or distributor, other than that specified in Art. 4.3.

## Form 3

**Information or Educational Materials.** Materials for health workers produced by manufactures and distributors that are meant to provide scientific and factual information on relevant products. (NetCode protocol, page 28).

**Promotional Materials.** Promotion of relevant products in the health facilities, including the presence of printed materials, samples, gifts, branded materials, posters, placards or other materials that refer to such products. (NetCode protocol, page 28).

## Form 5

**Small Retailer.** Small store or pharmacy in proximity to each of the 33 HCFs that sell products under the scope of the Code. Small stores would include corner/convenience stores and neighbourhood stores/kiosks. Pharmacies should not include those associated with the HCFs. (NetCode, page 58).

**Large Retailer.** Large stores that sell a high volume and variety of products under the scope of the Code. Large stores would include national chain grocery stores, supermarkets, and baby stores. (NetCode, page 58).

**Price-related Promotion.** A promotion that affects the price of an item, such as coupons, stamps, discounts, special discount sales.

**Shelf Tag.** A label that lists order code, description, and pack size of a product on a shelf, as well as its retail price. (<http://bit.ly/1e3awBN>)

**Shelf Talker.** Printed card or other sign attached to a store shelf to call buyers' attention to a particular product displayed in that shelf. Also called shelf screamer. (<http://www.businessdictionary.com/definition/shelf-talker.html>)

**Displays.** An arrangement of things put in a particular place, so that people can see them easily. (<https://www.collinsdictionary.com/dictionary/english/display>)

## Form 6

**Labels.** Product information that is printed on the container or is on a well-attached label. (NetCode, Form 6).

**Insert.** A manufacturer's printed guideline for the use and dosing of an infant formula; includes the pharmacokinetics, dosage forms, and other relevant information about a product. (<http://bit.ly/1FAEfaU>)

**Ingredients.** List of all the components used to make the infant formula (ATNF definition).

**Composition.** The parts of which something is composed or made up.

(<http://www.collinsdictionary.com/dictionary/english/composition>)

**Serial Number.** A number on that object which identifies it.

(<https://www.collinsdictionary.com/dictionary/english/serial-number>)

**Batch Number.** Any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(<http://1.usa.gov/1LD1MwW>)

**Health Claim.** Any representation that states, suggests or implies that a relationship exists between a food or a constituent of that food and health (e.g., contains words similar to “clinically proven”, links to growth, development, and health); or contains claims related to specific ingredients and nutrients. (NetCode, Form 6).

**Invitation to Make Contact.** Includes ways to attend company sponsored/organized events or social groups; links to company sponsored/ developed forums and websites; or ways to connect to company social media accounts. (NetCode, Form 6).

**Promotional Messages, Images, or Devices to Induce Sales.** Includes information about, or an image of, a free gift or toy; “extra 20% free”; a web link that offers free samples/gifts following the purchase of the products under the scope; vouchers for further product purchases. (NetCode, Form 6).

**Idealise.** For the purposes of this study, this relates to photographs, drawings, cartoons or other types of pictures of a human mother, caregiver and/or baby, or wording, that implies that feeding an infant or child with any type of formula is equivalent to or better than breastfeeding, on labels, packaging, materials or other information. (NetCode, Form 6).

**Graphic or Text Suggesting Superiority of BMS.** Any text stating/implying that the product is similar to or, comparable with breast milk or has similar benefits to breastfeeding e.g. “gold standard” “Closer to breast milk than any other formula”; “Even the baby’ stools will be softer and similar to those of breastfed infants” or terms such as “humanised”, maternalized” or similar. (NetCode, Form 6).

**Images that go Beyond Illustrating the Method of Preparation or Identifying Product as BMS.** Pictures of any infant or young child, feeding bottles, mother feeding child or any representation of animals, toys, cartoon characters, brand mascots or images that idealise the product such as hearts, flowers/landscapes or endorsements from health professionals, images that imply a nutrition/health claim, etc. (NetCode, Form 6).

**Appendix I**

**Final Forms**

# Appendix I

## Final Forms

### FORM 1 – QUESTIONNAIRE FOR MOTHERS

PSU:

[Country specific drop down list - districts]

Healthcare Facility Name (Main):

[Insert PSU specific drop down list – HCFs: Main sample;

Include “Other (Reserve)” option in drop down list.]

Other (Reserve): [Insert PSU specific drop down list - HCFs: Reserve sample;

DISPLAY IF “Other” is selected in HCF Name]

Date:

Data Collector ID:

Respondent ID:

**Instruction: Did you obtain consent from Mother? If not, stop and request mother’s consent.**

Thank you for agreeing to talk to me. I am interested in infant and young child feeding and, in particular, attempts to approach mothers made by companies that sell commercial or prepackaged food or drink products for infants and children up to 36 months (3 years) of age. I will not take your name nor repeat anything you say to me to anyone else. The information you provide will be anonymous and analyzed together with that provided by other mothers of infants and young children that we are interviewing in Nigeria. There will be a report but it will not be possible to identify you or anything about your children. The time you share with us and the information you provide is very valuable and will lead to improving maternal and child health.

Q1. Are you a mother of any children younger than 24 months (2 years) old?

1 – YES (GO TO Q2)

2 – NO (TERMINATE INTERVIEW: Thank you very much for your time, but we are only interviewing women who have a child younger than 24 months old.)

END \_\_\_\_\_

Q2. How many children do you have who are younger than 6 months old? \_\_\_\_

(Go to Q3)

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Q3. How many children do you have who are 6 – 24 months old? \_\_\_\_\_

(If Q2 OR Q3 > 0, go to Q4; if Q2 AND Q3 = 0, go to - TERMINATE INTERVIEW: Thank you very much for your time, but you do not meet the criteria for this study.)

INSTRUCTION: CHECK WITH THE SUPERVISOR AS TO WHETHER THE INTERVIEW SHOULD PROCEED.

Q4. INSTRUCTION: CONFIRM THE AGE OF THE CHILD THAT WAS SELECTED WITH SUPERVISOR.

1 – CHILD IS < 6 MONTHS (GO TO Q5)

2 – CHILD IS 6-24 MONTHS (GO TO Q5)

3 – CHILD'S AGE RANGE HAS BEEN FILLED (TERMINATE INTERVIEW: Thank you very much for your time, but we have already completed enough interviews related to children in your child's age range.)

END \_\_\_\_\_

Q5. In some of the following questions, I want to ask you only about your [CHILD]. What is his or her first name?

(DO NOT RECORD NAME IN QUESTIONNAIRE. WRITE IT ON A SEPARATE PIECE OF PAPER TO REFER TO, OR JUST REMEMBER NAME. IF NAME IS WRITTEN DOWN, GIVE PIECE OF PAPER TO MOTHER AT END OF INTERVIEW.)

(Go to Q6)

Q6. Have you been advised by a healthcare professional that you should not breastfeed?

1-YES

2-NO

99-DON'T KNOW

(Go to Q7)

Q7. Do you currently:

1-Breastfeed your baby exclusively. (Go to Q12)

2-Use formula exclusively. (Go to Q12)

3-Use a combination of breastfeeding and formula. (Go to Q8)

Q8. Who recommended that you choose that/those formulas?

1-FAMILY/GENERAL DOCTOR

2-NURSE

3-GYNAECOLOGIST

4-MIDWIFE

5-PEDIATRICIAN

6-NUTRITIONIST

7-OTHER HEALTH PROFESSIONALS

8-PARTNER/RELATIVE/FRIEND

9-SHOP/PHARMACY PERSONNEL

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10-REP OF A COMPANY  
97-CAN'T REMEMBER  
96-OTHER (SPECIFY): \_\_\_\_\_  
(Go to Q9)

Q9. How often do you use formula?

- 1-Every feed
- 2-Most feeds
- 3-Occasional feeds

(If child is <6 months, Go to Q10;  
If child is >6 months, Go to Q12)

Q10. Do you give your [CHILD'S NAME] any other drinks?

- 1-Yes, specify.
  - 2-No
- (Go to Q11)

Q11. Do you give your [CHILD'S NAME] any solid or weaning foods?

- 1-YES
  - 2-NO
- (Go to Q12)

In the following questions, I am interested in talking to you about any commercial or prepackaged food and drink products, that is, not breastmilk and other homemade foods and drinks you might give to your children. For example, infant formula products, follow-up or follow-on formulas, or growing-up or toddler milks, or foods or drinks to supplement breastmilk, such as cereal, fruits and vegetables, and juices.

Q12. In the past 6 months, did anyone tell you that you should feed any commercial or prepackaged food or drink products other than breastmilk to [CHILD'S NAME]?

- 1 – YES (Go to Q13)
- 2 – NO (SKIP TO Q18 If child is 6-24 months; SKIP TO Q24 If child is 0-6 months)
- 99 – DON'T KNOW (SKIP TO Q18 If child is 6-24 months; SKIP TO Q24 If child is 0-6 months)

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INSTRUCTIONS FOR QUAN: FOR THE FOLLOWING TABLE AND ALL OTHER TABLES, QUESTIONS CAN BE PRESENTED IN A VERTICAL FASHION ON THE TABLET FOR EACH ROW, WITH THE SEQUENCE REPEATING AS MANY TIMES AS IS NEEDED TO CAPTURE ALL RESPONSES. THUS, THERE ARE ONLY 5 QUESTIONS THAT NEEDED TO BE PRESENTED, AND THEN IT SHOULD LOOP BACK DEPENDING ON THE RESPONSE TO Q17. A SIMILAR PATTERN SHOULD BE FOLLOWED FOR EACH OF THE OTHER GRIDS IN THE QUESTIONNAIRE.

Q13. What type of product was recommended? (Go to Q14)	Q14. Who recommended it? (Go to Q15)	Q15. Which particular company was it from? (Go to Q16)	Q16. What was the brand name? (Go to Q17)	Q17. Were there any additional commercial or prepackaged food or drink products other than breastmilk recommended to you?
1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)  2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)  3-GROWING UP MILK (FOR CHILDREN 12-36 MONTHS OF AGE)  4-INFANT FORMULA, DON'T KNOW TYPE  5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)  6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)  7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)  96-OTHER (SPECIFY): _____  99-DON'T KNOW	(Drop down menu) 1-FAMILY/GENERAL DOCTOR 2-NURSE 3-GYNAECOLOGIST 4-MIDWIFE 5-PEDIATRICIAN 6-NUTRITIONIST 7-OTHER HEALTH PROFESSIONALS 8-PARTNER/RELATIVE/FRIEND 9-SHOP/PHARMACY PERSONNEL 10-REP OF A COMPANY 97-CAN'T REMEMBER 96-OTHER (SPECIFY): _____	[INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	[INSERT COUNTRY SPECIFIC PRODUCT LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	If Q17 = ADD, Go to Q13; If Q17 = DO NOT ADD, Go to Q18 If child is 6-24 months, go to Q18. If child is < 6months, go to Q24.

Q18. Did anyone suggest that you start feeding [CHILD'S NAME] any commercial or prepackaged food or drink products when he/she was UNDER 6 MONTHS?

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1 – YES (Go to Q19)  
 2 – NO (SKIP TO Q24)  
 99 – DON'T KNOW (SKIP TO Q24)

Q19. What type of product was recommended? (Go to Q20)	Q20. Who recommended it? (Go to Q21)	Q21. Which particular company was it from? (Go to Q22)	Q22. What was the brand name? (Go to Q23)	Q23. Were there any additional commercial or prepackaged food or drink products recommended to you?
1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)  2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)  3-GROWING UP MILK (FOR CHILDREN 12– 36 MONTHS OF AGE)  4-INFANT FORMULA, DON'T KNOW TYPE  5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)  6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)  7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)	(Drop down menu) 1-FAMILY/GENERAL DOCTOR 2-NURSE 3-GYNAECOLOGIST 4-MIDWIFE 5-PEDIATRICIAN 6-NUTRITIONIST 7-OTHER HEALTH PROFESSIONALS 8-PARTNER/RELATIVE/FRIEND 9-SHOP/PHARMACY PERSONNEL 10-REP OF A COMPANY 99-CAN'T REMEMBER 96-OTHER (SPECIFY): _____	[INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY):  <hr/> 99-DON'T KNOW (Drop down menu)	[INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY):  <hr/> 99-DON'T KNOW (Drop down menu)	If Q23 = ADD, Go to Q19;  If Q23 = DO NOT ADD, Go to Q24

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96-OTHER (SPECIFY): _____				
99-DON'T KNOW				

Q24. In the past 6 months, have you (heard or seen) any promotion or messaging at this health facility about any commercial or prepackaged food or drink products for children 0-36 months old, or for companies that sell these products?

- 1 – YES ([Go to Q25](#))  
 2 – NO ([Go to Q30](#))  
 99 – DON'T KNOW ([Go to Q30](#))

Q25. What kind of promotion or messaging did you see? (SELECT PROMOTION TYPE): ( <a href="#">Go to Q26</a> )	Q26. What type of commercial or prepackaged food or drink product was promoted? ( <a href="#">Go to Q27</a> )	Q27. Which particular company was promoted? ( <a href="#">Go to Q28</a> )	Q28. What was the brand name? ( <a href="#">Go to Q29</a> )	Q29. In the past 6 months, have you (heard or seen) any additional promotions or messaging <u>at this health facility</u> about any commercial or prepackaged products for
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				children 0-36 months old, or for companies that sell these products?
1-POSTER	1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)	[INSERT COUNTRY SPECIFIC COMPANY LIST]	[INSERT COUNTRY SPECIFIC BRAND LIST]	If Q29 = ADD, Go to Q25;
2-FLYER/BROCHURE/LEAFLET	2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)	96-OTHER (SPECIFY):	96-OTHER (SPECIFY):	If Q29 = DO NOT ADD, Go to Q30
3-VIDEO	3-GROWING UP MILK (FOR CHILDREN 12– 36 MONTHS OF AGE)	99-DON'T KNOW (Drop down menu)	99-DON'T KNOW (Drop down menu)	REPEAT AS MANY TIMES AS NEEDED TO CAPTURE ALL PROMOTIONS MOTHER HAS SEEN.
4-OTHER PROMOTIONAL MESSAGING (SPECIFY):	4-INFANT FORMULA, DON'T KNOW TYPE			
5-OTHER PROMOTIONAL MERCHANDISE (SPECIFY):	5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)			
	6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)			
	7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)			
	96-OTHER (SPECIFY):			
	99-DON'T KNOW			

Q30. Was (CHILD'S NAME) born at a health facility other than the one we are at today?

- 1 – YES (Go to Q31)
- 2 – NO (SKIP TO Q37)
- 3 – NOT BORN IN A HEALTH FACILITY (SKIP TO Q37)

Q31. Did you hear or see any promotions or messaging at the health facility where [CHILD'S NAME] was born about any commercial or prepackaged food or drink products for children 0-36 months old, or for companies that sell these products?

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1 – YES (Go to Q32)  
 2 – NO (Go to Q37)  
 99 – DON'T KNOW (Go to Q37)

Q32. What kind of promotion or messaging did you see? (SELECT PROMOTION TYPE): (Go to Q33)	Q33. What type of commercial or prepackaged food or drink product was promoted? (Go to Q34)	Q34. Which particular company was promoted? (Go to Q35)	Q35. What was the brand name? (Go to Q36)	Q36. Did you (hear or see) any additional promotions or messaging <u>at the health facility where [CHILD'S NAME] was born</u> about any commercial or prepackaged products for children 0-36 months old, or for companies that sell these products?
1-POSTER  2-FLYER/BROCHURE/LEAFLET  3-VIDEO  4-OTHER PROMOTIONAL MESSAGING (SPECIFY): _____  5-OTHER PROMOTIONAL MERCHANDISE (SPECIFY): _____	1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)  2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)  3-GROWING UP MILK (FOR CHILDREN 12– 36 MONTHS OF AGE)  4-INFANT FORMULA, DON'T KNOW TYPE  5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)  6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)  7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)  96-OTHER (SPECIFY): _____	[INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	[INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	If Q36 = ADD, Go to Q32;  If Q36 = DO NOT ADD, Go to Q37  REPEAT AS MANY TIMES AS NEEDED TO CAPTURE ALL PROMOTIONS MOTHER HAS SEEN.

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	99-DON'T KNOW			
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Q37. I now want to ask you about any adverts or promotions you have seen on media like TV or the internet in the past 6 months. Have you heard or seen any promotions or messages from companies that sell any commercial or prepackaged food or drink products for children 0-36 months old?

1 – YES (Go to Q38)

2 – NO (Go to Q43)

99 – DON'T KNOW (Go to Q43)

Q38. What kind of promotion or messaging did you see? (SELECT PROMOTION TYPE): (Go to Q39)	Q39. What type of commercial or prepackaged food or drink product was promoted? (Go to Q40)	Q40. Which particular company was promoted? (Go to Q41)	Q41. What was the brand name? (Go to Q42)	Q42. In the past 6 months, have you heard or seen any additional promotions or messaging from companies that sell any commercial or prepackaged products for children 0-36 months old?
(Drop down menu) 1-TELEVISION  2-RADIO  3-MAGAZINE  4-SHOP OR PHARMACY  5-BILLBOARD  6-SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.)  7-INTERNET BESIDES SOCIAL MEDIA, e.g. WEBSITES  8-COMMUNITY EVENT OR CONFERENCE	1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)  2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)  3-GROWING UP MILK (FOR CHILDREN 12– 36 MONTHS OF AGE)  4-INFANT FORMULA, DON'T KNOW TYPE  5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)  6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)  7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)	[INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)	[INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)	If Q42 = ADD, Go to Q38;  If Q42 = DO NOT ADD, Go to Q43  REPEAT AS MANY TIMES AS NEEDED TO CAPTURE ALL PROMOTIONS MOTHER HAS SEEN.

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96-OTHER (SPECIFY):	96-OTHER (SPECIFY): _____			
99-DON'T KNOW	99-DON'T KNOW			

	(a) Was it sponsored or organized by a company that sells any commercial or prepackaged food or drinks for children 0-36 months of age?	(b) Which particular company sponsored or organized this?	(c) Was any commercial or prepackaged food or drink product promoted in this group?	(d) What was the brand name?
Q43. In the past six months, have you been a member of any online social group for mothers and other caregivers of infants and young children, such as baby clubs or parenting groups?  1 – YES (Go to Q43a) 2 – NO (Go to Q44) 9 – DON'T KNOW (Go to Q44)	1 – YES (Go to Q43b) 2 – NO (Go to Q43c) 99 – DON'T KNOW (Go to Q43c)	(Go to Q43c) [INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)	1 – YES (Go to Q43d) 2 – NO (Go to Q44) 99 – DON'T KNOW (Go to 44)	(Go to Q44) [INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)
Q44. In the past six months, have you participated in any online events or activities hosted for mothers and other caregivers of infants and young children, such as photo contests and promotional sales on e-commerce platforms?  1 – YES (Go to Q44a) 2 – NO (Go to Q45) 9 – DON'T KNOW (Go to Q45)	1 – YES (Go to Q44b) 2 – NO (Go to Q44c) 99 – DON'T KNOW (Go to Q44c)	(Go to Q44c) [INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)	1 – YES (Go to Q44d) 2 – NO (Go to Q45) 99 – DON'T KNOW (Go to Q45)	(Go to Q45) [INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)
Q45. In the past six months, have you been a member of any in-person social group for mothers and other caregivers	1 – YES (Go to Q45b) 2 – NO (Go to Q45c) 99 – DON'T KNOW (Go to 45c)	(Go to Q45c) [INSERT COUNTRY SPECIFIC COMPANY LIST]	1 – YES (Go to 45d) 2 – NO (Go to Q46) 99 – DON'T KNOW (Go to Q46)	(Go to Q46) [INSERT COUNTRY SPECIFIC BRAND LIST]

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of infants and young children, such as a baby club or parenting group?  1 – YES (Go to Q45a) 2 – NO (Go to Q46) 9 – DON'T KNOW (Go to Q46)		96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)		96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)
Q46. In the past six months, have you attended any events or activities hosted for mothers and caregivers of infants and young children, such as baby fairs or festivals, or community classes?  1 – YES (Go to Q46a) 2 – NO (Go to Q47) 9 – DON'T KNOW (Go to Q47)	1 – YES (Go to Q46b) 2 – NO (Go to Q46c) 99 – DON'T KNOW (Go to Q46c)	(Go to Q46c) [INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)	1 – YES (Go to Q46d) 2 – NO (Go to Q47) 99 – DON'T KNOW (Go to Q47)	(Go to Q47) [INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY):  99-DON'T KNOW (Drop down menu)

Q47. I now want to move on to another topic. In the past 6 months, have you received free samples of commercial or prepackaged products for children 0-36 months of age?

- 1 – YES (Go to Q48)  
2 – NO (Go to Q54)  
99 – DON'T KNOW (Go to Q54)

Q48. What was it a sample of? (Go to Q49)	Q49. Who gave you the sample? (Go to Q50)	Q50. Where did you receive the sample? (Go to Q51)	Q51. Which particular company was it from? (Go to Q52)	Q52. What was the brand name? (Go to Q53)	Q53. In the past 6 months, have you received any additional free samples of commercial or prepackaged food or drink products for children 0-36 months of age?
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1-INFANT FORMULA (FOR INFANTS LESS THAN 6 MONTHS OF AGE)	(Drop down menu) 1-FAMILY/GENERAL DOCTOR	1-Primary Health Clinic	[INSERT COUNTRY SPECIFIC COMPANY LIST]	[INSERT COUNTRY SPECIFIC BRAND LIST]	If Q53 = ADD, Go to Q48;
2-FOLLOW-UP/FOLLOW-ON FORMULA (FOR INFANTS 6-11 MONTHS OF AGE)	2-NURSE	2-Hospital	96-OTHER (SPECIFY):	96-OTHER (SPECIFY):	If Q53 = DO NOT ADD, Go to Q54
3-GROWING UP MILK (FOR CHILDREN 12- 36 MONTHS OF AGE)	3-GYNAECOLOGIST	3-Home	99-DON'T KNOW (Drop down menu)	99-DON'T KNOW (Drop down menu)	REPEAT AS MANY TIMES AS NEEDED TO CAPTURE ALL SAMPLES MOTHER RECEIVED.
4-INFANT FORMULA, DON'T KNOW TYPE	4-MIDWIFE	4-Shop/Pharmacy			
5-SOLID OR WEANING FOOD (LESS THAN 6 MONTHS OF AGE)	5-PEDIATRICIAN	5-Can't Remember			
6-SOLID OR WEANING FOOD (6-36 MONTHS OF AGE)	6-NUTRITIONIST	96-Other (Specify):			
7-DRINKS FOR BABIES AND YOUNG CHILDREN (6-36 MONTHS OF AGE)	7-OTHER HEALTH PROFESSIONALS				
96-OTHER (SPECIFY):	8-PARTNER/RELATIVE/FRIEND				
99-DON'T KNOW	9-SHOP/PHARMACY PERSONNEL				
	10-REP OF A COMPANY				
	97-CAN'T REMEMBER				
	96-OTHER (SPECIFY):				

Q54. In the past 6 months, have you received a coupon for any commercial or prepackaged food or drink products for children 0-36 months of age?

- 1 – YES (Go to Q55)  
 2 – NO (SKIP TO Q61)  
 99 – DON'T KNOW (SKIP TO Q61)

Q55. What was it a coupon for? (Go to Q56)	Q56. Who gave you the coupon? (Go to Q57)	Q57. Where did you receive the coupon?	Q58. Which particular company was it from?	Q59. What was the brand name? (Go to Q60)	Q60. In the past 6 months, have you received any other
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Q61. In the past 6 months, have you received a gift, such as a toy, bag, bib, nappies or diapers, calendar, notebook, growth chart, or something else that is associated with any company that sells commercial or prepackaged food or drinks for children 0-36 months of age?

- 1 – YES (Go to Q62)  
 2 – NO (SKIP TO Q68)  
 99 – DON'T KNOW (SKIP TO Q68)

Q62. What was it a gift of? (Go to Q63)	Q63. Who gave you the gift? (Go to Q64)	Q64. Where did you receive the gift? (Go to Q65)	Q65. Which particular company was it from? (Go to Q66)	Q66. What was the brand name? (Go to Q67)	Q67. In the past 6 months, have you received any additional gift associated with a company that sells commercial or prepackaged food or drinks for children 0-36 months of age?
SPECIFY THE GIFT: _____	(Drop down menu) 1-FAMILY/GENERAL DOCTOR 2-NURSE 3-GYNAECOLOGIST 4-MIDWIFE 5-PEDIATRICIAN 6-NUTRITIONIST 7-OTHER HEALTH PROFESSIONALS 8-PARTNER/RELATIVE/FRIEND	1-Primary Health Clinic 2-Hospital 3-Home 4-Shop/Pharmacy 97-Can't Remember	[INSERT COUNTRY SPECIFIC COMPANY LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	[INSERT COUNTRY SPECIFIC BRAND LIST] 96-OTHER (SPECIFY): _____ 99-DON'T KNOW (Drop down menu)	If Q67 = ADD, Go to Q62;  If Q67 = DO NOT ADD, Go to Q68  REPEAT AS MANY TIMES AS NEEDED TO CAPTURE ALL GIFTS MOTHER RECEIVED.

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	9-SHOP/PHARMACY PERSONNEL 10-REP OF A COMPANY 97-CAN'T REMEMBER 96-OTHER (SPECIFY): _____	96-Other (Specify): _____			
--	--	------------------------------	--	--	--

Q68. Is there anything else that you would like to tell me about your experience with promotions for or contacts with companies that sell commercial or prepackaged food or drink products for children 0-36 months of age?

1 – YES (SPECIFY): \_\_\_\_\_  
 2 – NO  
 (Go to END)

---

(END) Thank you very much for taking the time to talk with me. I really appreciate the information that you have given me, and it will be very important for our research.

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## FORM 2 - HEALTH PROFESSIONAL ASSESSMENT

PSU:

[Country specific drop down list - districts]

Healthcare Facility Name (Main):

[Insert PSU specific drop down list – HCFs: Main sample;

Include “Other (Reserve)” option in drop down list.]

Other (Reserve): [Insert PSU specific drop down list - HCFs: Reserve sample;

DISPLAY IF “Other” is selected in HCF Name]

Date:

Data Collector ID:

Respondent ID:

Thank you for agreeing to talk to me. I am interested in infant and young child feeding and, in particular, attempts to approach health facilities made by companies that sell formulas or baby foods or drinks, for infants and young children from birth up to 36 months of age. I will not take your name nor repeat anything you say to anyone else. The information you provide will be anonymous and analysed together with that provided by your colleagues from other health facilities. There will be a report but it will not be possible to identify you or where you work. The time you share with us and the information you provide is very valuable and will lead to improving maternal and child health.

Q1. What is your position in this health facility?  
(Go to Q2.)

- ☐ Center director .....1
- ☐ Department head .....2
- ☐ Doctor .....3
- ☐ Nurse .....4
- ☐ Midwife .....5
- ☐ Other (specify \_\_\_\_\_) ..... 96

Q2. In the past 6 months, have any personnel from companies that sell any types of formulas or baby foods or drinks intended for infants/children 0-36 months of age reached out to you or other staff in your facility?

- 1 – YES (Go to Q3.)
- 2 – NO (SKIP TO Q14.)
- 99 – DON'T KNOW (SKIP TO Q14.)

Q3. What is the name of the company that reached out to your facility?

\_\_\_\_\_ (Use country-specific BMS list, with other specify)  
 96-OTHER, SPECIFY  
 99-DON'T KNOW  
 97-CAN'T REMEMBER  
 (Go to Q4.)

Q4. Did [INSERT COMPANY NAME] contact you or others by:

- |                                     |         |        |                 |
|-------------------------------------|---------|--------|-----------------|
| A. Telephone?                       | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| B. E-mail?                          | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| C. A direct visit to your facility? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| D. Regular mail?                    | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| E. Any other way?                   | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| (SPECIFY: _____)                    |         |        |                 |
| (Go to Q5.)                         |         |        |                 |

Q5. Did [INSERT COMPANY NAME] contact you or others to provide items for distribution to mothers and other caregivers of infants and young children?

- 1 – YES (Go to Q6.)
- 2 – NO (SKIP TO Q7.)
- 99 – DON'T KNOW (SKIP TO Q7.)

Q6. Did [INSERT COMPANY NAME] want to provide mothers and other caregivers with:

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- |  |         |        |                 |
|--|---------|--------|-----------------|
| A. Promotional materials about specific products?                                      | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| B. Other informational and educational materials?                                      | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| C. Samples of formulas for infants or young children between 0-36 months?              | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| D. Samples of Complementary Foods or drinks for infants less than 6 months?            | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| E. Samples of Complementary Foods or drinks for infants or young children 6-36 months? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| F. Gifts?  | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| G. Coupons?  | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| H. 96-Other (specify)  |         |        |                 |

(Go to Q7)

Q7. Did [INSERT COMPANY NAME] contact you or others to provide items for use by your health facility or staff members?

- 1 – YES (Go to Q8.)  
 2 – NO (SKIP TO Q9)  
 99 – DON'T KNOW (SKIP TO Q9)

Q8. Did [INSERT COMPANY NAME] provide your health facility or staff members with:

- |   |         |        |                 |
|---|---------|--------|-----------------|
| A. Promotional materials about specific products? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| B. Other informational and educational materials? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| C. Personal gift item(s)?                         | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| D. Maternity or baby equipment?                   | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| E. Other (specify)                                |         |        |                 |

(Go to Q9.)

Q9. Did [INSERT COMPANY NAME] display products or conduct promotional activities in the facility?

- 1 – YES  
 2 – NO  
 99 – DON'T KNOW

(Go to Q10.)

Q10. Did [INSERT COMPANY NAME] seek direct contact with:

- |                                 |         |        |                 |
|---------------------------------|---------|--------|-----------------|
| A. Mothers or other caregivers? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| B. Facility staff?              | 1 – YES | 2 – NO | 99 – DON'T KNOW |

(Go to Q11.)

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Q11. Did [INSERT COMPANY NAME] make future offers for providing any of the following:

- |   |         |        |                 |
|---|---------|--------|-----------------|
| A. Free supplies of any products for infants and children 0-36 months?                              | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| B. Donations of equipment?  | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| C. Sponsored events or workshops for health facility staff?   | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| D. Payment for or other support to staff to attend events or workshops outside the health facility? | 1 – YES | 2 – NO | 99 – DON'T KNOW |
| E. 96-Other (specify)   |         |        |                 |

[\(Go to Q12.\)](#)

Q12. Did [INSERT COMPANY NAME] contact you or others for any other reason?

1 – YES (SPECIFY): \_\_\_\_\_

2 – NO

99 – DON'T KNOW

[\(Go to Q13.\)](#)

Q13. In the past 6 months, have any personnel from any other companies that sell any types of formulas or baby foods or drinks intended for infants/children 0-36 months of age reached out to you or other staff in your facility?

(If Q13 = ADD, go to Q3; If Q13 = DO NOT ADD, go to Q14)

**INSTRUCTIONS: REPEAT QUESTIONS 3-13 UNTIL THERE ARE NO OTHER COMPANIES MENTIONED**

Q14. Are you familiar with...?

[\(Go to Q15.\)](#)

- |  |   |
|--|---|
| a. The <i>International Code of Marketing of Breast-Milk Substitutes</i> | <input type="checkbox"/> 1-Yes<br><input type="checkbox"/> 2-No<br><input type="checkbox"/> 99-Don't know |
| b. The 1990 National Marketing of Breastmilk Substitutes Act             | <input type="checkbox"/> 1-Yes<br><input type="checkbox"/> 2-No<br><input type="checkbox"/> 99-Don't know |

Q15. Have you received training on...? (IF YES, Indicate the year of most recent training)

[\(Go to Q16.\)](#)

- |   |  |
|---|--|
| a. Breastfeeding and infant & young child feeding   | <input type="checkbox"/> 1-Yes (Year _____)<br><input type="checkbox"/> 2-No<br><input type="checkbox"/> 99-Don't know |
| b. (DISPLAY IF 14a = YES) The <i>International Code of Marketing of Breast-Milk Substitutes</i> | <input type="checkbox"/> 1-Yes (Year _____)<br><input type="checkbox"/> 2-No<br><input type="checkbox"/> 99-Don't know |

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c. (DISPLAY IF 14b = YES) The 1990  
National Marketing of Breastmilk  
Substitutes Act

☐ 1-Yes  
☐ 2-No  
☐ 99-Don't know

Q16. Do you have anything else that you would like to say about baby food companies' efforts to engage health facilities and health workers?  
Yes / No

1 – YES (SPECIFY):

---

---

---

---

---

2 – NO  
(Go to END)

THANK YOU VERY MUCH FOR YOUR TIME!

(END)

**Form 3: Promotional and Informational or Educational Materials in Health Facilities**

PSU:

[Country specific drop down list - districts]

Healthcare Facility Name (Main):

[Insert PSU specific drop down list – HCFs: Main sample;

Include “Other (Reserve)” option in drop down list.]

Other (Reserve): [Insert PSU specific drop down list - HCFs: Reserve sample;

DISPLAY IF “Other” is selected in HCF Name]

Date:

Data Collector ID:

**Q1 - Are there any promotions, informational, and/or educational materials, or equipment showing company names or logos at this health facility?**

1-YES (Go to Q2)

2-NO (Go to Instruction B)

**For each observation, complete Q2-11.**

**Q2 – Did you observe any of the following?**

1-Equipment showing company brands or logos (Go to Q3.)

2-Promotional materials (Go to Q4.)

3-Informational or educational materials (Go to Q5.)

**Q3 – What type of equipment did you observe showing company logos?**

1-Medical equipment (weighing scales, stethoscopes, thermometers, etc)

2-Office equipment (pens, notepads, growth charts, paperweights, etc)

96-Other, specify:

(Go to Q7.)

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**Q4 – What types of promotional materials did you observe?**

- 1-Posters
- 2-Toys
- 3-Clothing
- 96-Other, specify:
- (Go to Q7)

**Q5 – What types of informational or educational materials did you observe?**

- 1-Brochure
- 2-Booklet
- 3-Informational poster
- 4-Video
- 96-Other, specify
- (Go to Q6.)

**Q6 – Does the informational or educational material have printed on it wording that makes clear it is intended for use by healthcare professionals only?**

- 1-Yes
- 2-No
- (Go to Q7.)

**Q7 – Are you able to obtain a picture or image?**

- 1-Yes (Go to Q8.)
- 2-No (Go to Q9.)

**Q8 – Take a picture or image of the observation.**

(Go to Q9.)

**Q9 - Does the item appear to be intended to be given to patients to take home?**

- 1-Yes
- 2-No
- 3-Unclear, specify: \_\_\_\_\_
- (Go to Q10)

**Q10 – Is more than one company promoted on the item or the equipment?**

1-Yes

2-No

(Go to Q11.)

**Q11 – Is more than one brand promoted?**

(If Q11 = ADD, Go to Q2; If Q11 = DO NOT ADD, Go to Instruction A)

**Instruction: (A) Complete Form 7 for this healthcare facility.**

**Instruction: (B) End data collection for this healthcare facility.**

**Form 5: Promotions at Retail Outlets and Pharmacies**

PSU:

[Country specific drop down list – districts. Include 98-N/A option]

98-N/A (Large Retail Outlet)

Healthcare Facility Name (Main): [Insert PSU specific drop down list – HCFs: Main sample. Include 98-N/A option];

Include “Other (Reserve)” option in drop down list. ]

98-N/A (Large Retail Outlet)

Other (Reserve): [Insert PSU specific drop down list - HCFs: Reserve sample;

DISPLAY IF “Other” is selected in HCF Name]

Retailer Name: [For the 33 small retailers, this field is free text entry of the retailer name.]

[Use Large Retailer Name dropdown list below only if PSU=98 and HCF Name=98. This drop down is ONLY for the 10 large retailers.]

1-Cherries supermarket, Festac

2-Mushin Market

3-Agege Market

4-Adidas supermarket, Yaba

5-Just rite supermarket, Iyana paja

6-Oshodi Market

7-Park and Shop, Victoria Island

8-CCD stores, Ogudu

9-Idumota market

10-Shoprite, Lekki

96-Other [If “other” is selected, include a drop down for the 4 reserve large retailer names as well as an OS option:]

11-Agege Market

12-Faaji stores, Iba

13-MK Stores, Oyigbo

14-Goodies supermarket, Ikoyi

96-OTHER/SPECIFY

Date:

Data Collector ID: [2-digit code, allow for leading zeros]

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**Q1 – Are there any promotions at this facility?**

- 1-YES (Go to Q2)
- 2-NO (Go to Instruction B)

**For each promotion, complete Q2-Q9.**

**Q2 - What is the type of promotion found?**

- 1-Price related (e.g., coupon/stamps, discounts, special discount sales)
- 2-Displays (e.g., brand shelf, special displays, shop window, posters/banners, shelf tag/talkers, product launch)
- 3-Information materials (e.g., pamphlets, booklets, leaflets)
- 4-Free gifts
- 5-Product samples
- 6-Company representative
- 96-Other, specify  
(Go to Q3.)

**Q3 – Are you able to obtain an image?**

- 1-Yes (Go to Q4)
- 2-No (Go to Q5)

**Q4 – Take a picture of the promotion.**

(Go to Q5).

**Q5 – Was a copy of the promotion obtained?**

- 1-Yes
- 2-No  
(Go to Q6.)

**Q6– What product types did the promotion mention (CHECK ALL THAT APPLY)?**

- 1-Infant formula (for infants less than 6 months of age)
- 2-Follow-up/Follow-on formula (for infants 6-11 months)
- 3-Growing-up milk/toddler milk (for children 12-36 months)
- 4-Any other milk intended for children aged 0-36 months

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- 5-Any other food or liquid intended for infants less than 6 months of age
  - 6-Commercial complementary food or drinks intended for infants less than 6 months of age
  - 7-Commercial complementary food or drinks intended for infants or young children between 6-36 months
  - 8-Not a specific product
- [\(Go to Q7.\)](#)

**Q7 – What are the names of the companies that were promoted?**

Choose from drop-down of country specific BMS Company List  
96-Other (specify)  
[\(Go to Q8.\)](#)

**Q8 – What are the brands that were promoted?**

Choose from drop-down of country specific Brand List  
96-Other (specify)  
[\(Go to Q9\)](#)

**Q9 – Were any other promotional materials observed?**

[\(If Q9 = ADD, Go to Q2; If Q9 = DO NOT ADD, Go to Instruction A\)](#)

**Instruction: (A) Complete Form 7 for this retailer.**

**Instruction: (B) End data collection for this retailer.**

Form 6: Desk Review of Product Labels and Inserts

Product ID: [Pre-filled at the beginning of each tab. No entry required]

Company Name: [Pre-filled at the beginning of each tab. No entry required]

Brand: [Pre-filled at the beginning of each tab. No entry required]

Product Name: [Pre-filled at beginning of “Main” Tab. No entry required]

Product Type: [Pre-filled at beginning of “Main” Tab. No entry required]

Entry Date (dd/mm/yyyy): \_\_\_\_\_

Abstractor ID: \_\_\_\_\_

Pack\_type - Package Type (L/S/only one size available):

- 1-Large
- 2-Small
- 3-Only one size available
- (Go to Q2b)

INSTRUCTIONS: Q1 – Q20 relate to all labels on infant formula, follow-on formula, growing up milk, complementary foods 0-6 months, and complementary foods 6-36 months.

[“Main” tab: Q1 – Q20]

Q1 – What is the company name? [Pre-filled in Column B]

Q2 – What is the full (detailed) product name? [Pre-filled in Column D]

Q2b – Does the label on the package match the name in Column D?

- 1-Yes (Go to Q3)
- 2-No, specify (Go to Q2\_sp)

Q2b\_sp – If no, specify the name on the label: \_\_\_\_\_ (Go to Q3)

Q3 – Is there an insert attached to or included in the package?



- 1-Yes
- 2-No
- (Go to Q4)

**Q4 – What product type is mentioned on the label/insert?**

- 1-Infant formula (Less than 6 months) (Go to Q5)
- 2-Follow-up/on formula (6 - 11 months) (Go to Q5)
- 3-Growing-up milk (12 - 36 months) (Go to Q5)
- 4-Complementary food or liquid (less than 6 months) (Go to Q5)
- 5-Complementary food or liquid (6 – 36 months) (Go to Q5)
- 6-Other milk products intended for children 0-36 months (Go to Q5)
- 96-Other/specify (Go to Q4\_os)

**Q4\_os – Specify product type:** \_\_\_\_\_ (Go to Q5)

**Q5 – What language(s) appears on the label?**

- 1-YORUBA (Go to Q6)
- 2-IGBO (Go to Q6)
- 3-HAUSA (Go to Q6)
- 4-ENGLISH (Go to Q6)
- 5-ALL OF THE ABOVE (Go to Q6)
- 96-OTHER, SPECIFY (Go to Q5\_os)

**Q5\_os – Specify Language:** \_\_\_\_\_ (Go to Q6)

**Q6 – Is the product information printed on the container or a well-attached label?**

- 1-Yes
- 2-No
- (Go to Q7)

**Q7 – Does the label/insert contain health claims?**

- 1-Yes, specify wording (Go to Q7\_sp)
- 2-No (Go to Q8)

**Q7\_sp – If yes, specify wording:** \_\_\_\_\_ (Go to Q8)

**Q8 – Is the recommended or appropriate age of introduction of the product printed on the label?**

- 1-Yes, specify age range (denote months or years). ([Go to Q8\\_sp](#))
- 2-No ([Go to Q9](#))

**Q8\_sp – If yes, specify age range:** \_\_\_\_\_ ([Go to Q8\\_sp\\_units](#))

**Q8\_sp\_units – Age range units**

- 1-months
- 2-years
- ([Go to Q9](#))

**Q9 – Does the label/insert include an invitation to make contact (direct or indirect) with the company (i.e., Join our Facebook Group or Contact us for discount coupons)?**

- 1-Yes, specify wording ([Go to Q10\\_sp](#))
- 2-No ([Go to Q10](#))

**Q9\_sp – If yes, specify wording:** \_\_\_\_\_ ([Go to Q10](#))

**Q10 – Does the product label/insert contain promotional messages, images, or devices to induce sales of the company's products?**

- 1-Yes, specify wording. ([Go to Q10\\_sp](#))
- 2-No ([Go to Q11](#))

**Q10\_sp – If yes, specify wording:** \_\_\_\_\_ ([Go to Q11](#))

**Q11 – Does the label/insert include a list of ingredients?**

- 1-Yes
- 2-No
- ([Go to Q12](#))

**Q12 – Does the label/insert display the nutritional composition of the product?**

- 1-Yes
- 2-No
- ([Go to Q13](#))

Q13 – Does the label contain storage instructions specifically after opening?

- 1-Yes
- 2-No
- [\(Go to Q14\)](#)

Q14 – Does the label or container include the NAFDAC number?

- 1-Yes
- 2-No
- [\(Go to Q15\)](#)

Q15 – Is this product produced in Nigeria?

- 1-Yes [\(If Yes, skip to Q18\)](#)
- 2-No [\(If No, go to Q17\)](#)

Q16\_instr – Instructions: [\[The routing instruction generated in this field is dependent upon response to Q18\]](#)

Q17 – Does the label or container include the name of the country of manufacture?

- 1-Yes
- 2-No
- [\(Go to Q18\)](#)

Q18 – Does the label/insert include the date of manufacture?

- 1-Yes
- 2-No
- [\(Go to Q19\)](#)

Q19– Does the label/insert include the “Best Before” date or expiry date?

- 1-Yes
- 2-No
- [\(Go to Q20\)](#)

Q20– Does the label/insert include the batch number?

1-Yes  
2-No  
([Go to pictures](#))

**pictures – Did you take pictures of the label for this product?**

1-Yes  
2-No  
([Go to Q4\\_Routing](#))

**Abstractor Comments:** \_\_\_\_\_

**Q4\_Routing** – Go to tab specified below. [The routing instruction generated in this field is dependent upon response to Q20. This column is a substitute for the instructions below]

**INSTRUCTIONS:** Questions 20 – 37 relate to infant formula, follow-on formula, and growing up milk.

[“IF-FOF-GUM” tab: Q21 – Q39]

**Q21 - Does the label/insert include a recommendation for storage, especially after opening?**

1-Yes  
2-No  
([Go to Q22](#))

**Q22 – Does the label/insert include instructions for any preparation method?**

1-Yes  
2-No  
([Go to Q23](#))

**Q23 - Does the label/insert contain text that may idealize the use of breast-milk substitutes, or discourage/undermine breastfeeding?**

1-Yes, specify wording. ([Go to Q24\\_sp](#))  
2-No ([Go to Q25](#))

**Q23\_sp – If yes, specify wording:** \_\_\_\_\_ ([Go to Q25](#))

**Q25 – Does the label/insert contain any text or graphic suggestive of the superiority of breast-milk substitute or infant formula over breastmilk?**

- 1-Yes, specify wording. ([Go to Q25\\_sp](#))
- 2-No ([Go to Q26](#))

**Q25\_sp – If yes, specify wording: \_\_\_\_\_** ([Go to Q32](#))

**Q26 – Does the label/insert show any baby, photograph, drawing or other graphic representation to idealise or promote the use of breast-milk substitutes?**

- 1-Yes, specify wording. ([Go to Q26\\_sp](#))
- 2-No ([Go to Q27](#))

**Q26\_sp – If yes, describe: \_\_\_\_\_** ([Go to Q27](#))

**Q27 – Does the label contain a message that recommends or promotes artificial feeding or bottle feeding?**

- 1-Yes, specify wording. ([Go to Q27\\_sp](#))
- 2-No ([Go to Q28](#))

**Q27\_sp – If yes, specify wording: \_\_\_\_\_** ([Go to Q34](#))

**Q28 – Does the label/insert convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless specifically approved by relevant national, regional or international regulatory bodies?**

- 1-Yes, specify wording. ([Go to Q28\\_sp](#))
- 2-No ([Go to Q29](#))

**Q28\_sp – If yes, specify wording: \_\_\_\_\_** ([Go to Q29](#))

**Q29 - Does the label/insert include the words, "Important Notice"?**

- 1-Yes
- 2-No  
([Go to Q30](#))

**Q30 - Does the label contain the words, "Breastmilk is the best food for the child"?**

- 1-Yes

2-No  
(Go to Q31)

Q31 – Does the label/insert include a statement on the superiority of breastfeeding?

1-Yes  
2-No  
(Go to Q32)

Q32 - Does the label/insert include the words, “Breast-milk is the best food for the child as it prevents diarrhoea, chest pain and other diseases”?

1-Yes  
2-No  
(Go to Q33)

Q33 – Does the label/insert contain the terms, “humanized”, “maternalized”, or similar terms that should not be used?

1-Yes, specify wording. (Go to Q33\_sp)  
2-No (Go to Q34)

Q33\_sp – If yes, specify wording: \_\_\_\_\_ (Go to Q34)

Q34 - Does the label/insert contain any images that go beyond illustrating the method of preparation or identifying the product as a breast-milk substitute?

1-Yes, specify. (Go to Q34\_sp)  
2-No (Go to Q35)

Q34\_sp – If yes, specify: \_\_\_\_\_ (Go to Q40)

Q35 – Does the label/insert contain a statement on the need for health worker advice on the proper method of use?

1-Yes  
2-No  
(Go to Q36)

Q36 – Does the label/insert contain the warning that “Incorrect preparation or mixture will be hazardous to infant”?

- 1-Yes
- 2-No
- (Go to Q37)

Q37 – Does the label/insert bear directions for use in English language and three main Nigerian languages?

- 1-Yes (Go to Q37\_lang)
- 2-No, specify (Go to Q38\_route)

Q37\_lang – If no, specify language:

- 1- English (Go to Q38)
- 2- Other Nigerian languages (Go to Q38)
- 3- All of the above (Go to Q38)
- 4- Other, specify (Go to Q37\_lang\_os)

Q37\_lang\_os – specify language: \_\_\_\_\_ (Go to Q38)

Q38– For IF, FOF, or GUM products, is the product in powder form?

- 1-Yes (Go to Q40)
- 2-No (END)

Powder\_routing – Instructions: Go to tab specified below.

INSTRUCTION: If the baby milk product (IF, FOF, GUM) is in powdered form (only), complete Q40 – Q47.

["Powdered Products" tab.]

Q40 – Does the label/insert contain a warning that powdered baby milk products may contain pathogenic microorganisms?

- 1-Yes
- 2-No
- (Go to Q41)

Q41 – Does the label/insert show clear graphic instructions illustrating the method of preparation?

1-Yes

2-No

[\(Go to Q42\)](#)

Q42 - Does the label/insert instructions show the use of hygienic practices (e.g., clean hands, preparation surfaces)?

1-Yes

2-No

[\(Go to Q43\)](#)

Q43 - Does the label/insert instructions show the need to boil water and sterilize utensils?

1-Yes

2-No

[\(Go to Q44\)](#)

Q44 - Does the label/insert instructions show the necessity for powdered formula to be prepared one feed at a time?

1-Yes

2-No

[\(Go to Q45\)](#)

Q45 - Does the label/insert instructions show the necessity of using water at or above 70 degrees Celsius in order to minimize microorganism contamination during preparation?

1-Yes

2-No

[\(Go to Q46\)](#)

Q46 - Does the label/insert include directions for use, including reconstitution, on the label?

1-Yes

2-No

[\(Go to Q47\)](#)



Q47 - Does the label/insert instructions show that leftovers of the product should be discarded immediately?

- 1-Yes
- 2-No

(END for Powdered Products)

INSTRUCTIONS: Questions 47 – 52\_sp relate to complementary foods less than 6 months.

["CF < 6mos" tab: Q47 – Q52\_sp]

Q48 – Does the label/insert state that the product should not be used for infants under 6 months?

- 1-Yes
  - 2-No
- (Go to Q49)

Q49 – Does the label/insert contain text or images that suggest giving this product to infants under 6 months?

- 1-Yes, specify (Go to Q49\_sp)
- 2-No (Go to Q50)

Q49\_sp – If yes, specify: \_\_\_\_\_ (Go to Q50)

Q50 - Does the label/insert suggest using a feeding bottle with this product?

- 1-Yes, specify (Go to Q50\_sp)
- 2-No (Go to Q51)

Q50\_sp – If yes, specify: \_\_\_\_\_

(End for CF <6mos)

INSTRUCTIONS: Questions 53 - 62 relate to complementary foods 6 to 36 months.

["CF 6-36mos" tab: Q51]

Q51 - Does the label/insert include a recommendation for storage?

1-Yes

2-No

[\(Go to Q53\)](#)

Q53 - Does the label include a statement on the importance of continued breastfeeding for up to two years or beyond?

1-Yes

2-No

[\(Go to Q54\)](#)

Q54 - Does the label include a statement on importance of not introducing complementary feeding before 6 months of age?

1-Yes

2-No

[\(Go to Q55\)](#)

Q55 - Does the label include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages)?

1-Yes

2-No

[\(Go to Q56\)](#)

Q56 - Does the label include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk?

1-Yes

2-No

[\(Go to Q57\)](#)

Q57 - Does the label recommend or promote bottle feeding?

1-Yes

2-No

[\(Go to Q58\)](#)

Q58 - Does the label convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by relevant national, regional or international regulatory authorities?

- 1-Yes
- 2-No

(END for CF 6-36 products)

**INSTRUCTIONS:** Q63 relates to “other food products”.

[“Other” tab: Q52 – Q52\_sp]

**Q52 - Does the label/insert carry a warning that the unmodified product should not be the sole source of nourishment for an infant?**

- 1-Yes, specify wording (Go to Q52\_sp)
- 2-No (End for “other products”)

**Q52\_sp – If yes, specify wording:** \_\_\_\_\_

(End for “other products”)

**Form 7: Desk Review of Promotional, Informational or Educational Materials Collected at Health Facilities or Retailers**

[Note: Identifiers (e.g., PSU, HCF Name, Retailer Name) are collected at the beginning of Form 3 or Form 5, as applicable.]

Date:

Data Collector ID:

**Q1 – What is the target audience?**

- 1-General public
  - 2-Health workers (i.e. has wording that states that the material is intended for healthcare workers only)
- (Go to Q2.)

**Q2 – What is the company name?**

- Choose from drop-down of country specific BMS Company List
- 96-Other (specify)
- (Go to Q3.)

**Q3 – List the names of the specific brands shown:**

- Choose from drop-down of country specific Brand List
- 96-Other (specify)
- (Go to Q4)

**Q4 – Are there any brand names/logos shown?**

- 1-Yes (If yes, go to Q5.)
- 2-No (If no, go to Q6)

**Q5 – What product types are mentioned in the material (CHECK ALL THAT APPLY)?**

- 1-Infant formula
- 2-Follow-up/Follow-on formula
- 3-Growing-up milk/toddler milk
- 4-Any other milk labeled as intended for or suitable for children 0 – 36 months of age
- 5-Commercial complementary food or drink (labeled as suitable for infants less than 6 months)
- 6-Commercial complementary food or drink (labeled as suitable for infants or young children 6-36 months)
- 7-Not a specific product

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[\(Go to Q6.\)](#)

**Q6 – Does the material include appropriate age of introduction?**

1-Yes

2-No

[\(Go to Q7\)](#)

**Q7 – What language(s) were used in this material?**

1-ENGLISH

2-YORUBA

3-IGBO

4-HAUSA

96-OTHER, SPECIFY

[\(Go to Q8\)](#)

**Q8 – Who appears to have created the materials?**

1-Retailer

2-Health department/health facility

3-Breastmilk substitute manufacturer or distributor

4-Government

5-Charity or educational organization

6-Unable to determine

[\(Go to Q9.\)](#)

**Q9 – Does the material convey messages about the benefits of using the product?**

1-Yes [\(If yes, go to Q10.\)](#)

2-No [\(If no, go to Q11.\)](#)

**Q10 – What wording or messages does it convey (CHECK ALL THAT APPLY)?**

1-New/improved

2-Convenient

3-Similar to breast milk

4-Healthy

5-Nutritious

6-Protects against diseases

7-Enhances child growth

8-Enhances child intelligence

9-Enhances child performance

10-Helps build the immune system

96-Other, specify

[\(Go to Q11.\)](#)

**Q11 – Does the intent of the material appear to be to educate the recipient about infant and young child feeding or provide advice about feeding?**

1-Yes (If yes, go to Q12.)

2-No (If no, end.)

**Q12 – Does the material contain clear information on the benefits and superiority of breastfeeding?**

1-Yes

2-No

(Go to Q13.)

**Q13 - Does the material contain clear information on maternal nutrition?**

1-Yes

2-No

(Go to Q14.)

**Q14 - Does the material contain clear information on the preparation for and maintenance of breastfeeding?**

1-Yes

2-No

(Go to Q15.)

**Q15 - Does the material contain clear information on the negative effect on breastfeeding of the introduction of partial bottle feeding?**

1-Yes

2-No

(Go to Q16.)

**Q16 – Does the material recommend or promote bottle feeding?**

1-Yes

2-No

(Go to Q17.)

**Q17 - Does the material contain clear information on the difficulty of reversing the decision not to breastfeed?**

1-Yes

2-No

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(Go to Q18.)

**Q18 - Does the material contain information that implies or creates a belief that breastmilk substitute products are equivalent or superior to breastmilk?**

1-Yes (If yes, specify.)

2-No

(Go to Q19.)

**Q19 - Does the material include any image, text or other representation that might suggest use for infants under 6 months (including reference to milestones and stages)?**

1-Yes

2-No

(Go to Q20.)

**Q20 - Does the material include an invitation to make contact (direct or indirect) with the company?**

1-Yes (If yes, specify.)

2-No

(Go to Q21.)

**Q21 - Does the material contain promotional devices to induce sales of its products?**

1-Yes (If yes, specify.)

2-No

(Go to Q22.)

**Q22 - Is there additional criteria for materials that mention commercial baby milk products?**

1-Yes (If yes, go to Q23.)

2-No (If no, go to Q28.)

**Q23 - Does the material contain clear information on the social and financial implications of commercial baby milk use?**

1-Yes

2-No

(Go to Q24.)

**Q24 – Does the material contain clear information on the health hazards of giving to infants inappropriate baby food or feeding methods?**

- 1-Yes
- 2-No
- (Go to Q25.)

**Q25 – Does the material contain clear information on the health hazards of unnecessary or improper use of commercial baby milk products?**

- 1-Yes
- 2-No
- (Go to Q26.)

**Q26 – Does the material contain text that may idealize the use of breastmilk substitutes, or discourage/undermine breastfeeding?**

- 1-Yes (If yes, specify.)
- 2-No
- (Go to Q27.)

**Q27 – Does the material contain pictures that may idealize the use of breastmilk substitutes or discourage/undermine breastfeeding?**

- 1-Yes (If yes, specify.)
- 2-No
- (Go to Q28.)

**Q28 - Does the material contain non-scientific, non-factual matters?**

- 1-Yes (If yes, specify.)
- 2-No
- (Go to Q29.)

**Q29 - Does the material convey an endorsement or anything that may be construed as an endorsement by a professional or other body (unless this has been specifically approved by relevant national, regional or international regulatory authorities)?**

- 1-Yes (If yes, specify.)
- 2-No
- (Go to Q30.)



**Q30 - Does the material represent more than one product in a product range or line?**

1-Yes (If yes, specify.)

2-No

(End.)

## **Appendix J**

### **Population Data for Districts in Lagos**

## Appendix J

### Population Data for Districts in Lagos

District	District code	From 2014 population estimates		Number of health facilities
		Total population	Female age 15-49	
Agege	NIE LAS GGE	591,749	130,185	98
Ajeromi/Ifelodun	NIE LAS AGL	880,157	193,635	158
Alimosho	NIE LAS KTU	1,643,884	361,655	432
Amuwo Odofin	NIE LAS FST	409,347	90,056	91
Apapa	NIE LAS APP	279,654	61,524	84
Badagry	NIE LAS BDG	310,186	68,241	92
Epe	NIE LAS EPE	233,398	51,347	26
Eti Osa	NIE LAS EKY	370,259	81,457	133
Ibeju Lekki	NIE LAS AKD	151,149	33,253	37
Ifako/Ijaye	NIE LAS FKJ	550,500	121,110	122
Ikeja	NIE LAS KJA	402,952	88,650	157
Ikorodu	NIE LAS KRD	689,118	151,606	165
Kosofe	NIE LAS KSF	856,083	188,338	167
Lagos Island	NIE LAS AAA	269,458	59,281	92
Lagos Mainland	NIE LAS LND	408,773	89,930	97
Mushin	NIE LAS MUS	814,418	179,172	144
Ojo	NIE LAS JJJ	769,468	169,283	164
Oshodi/Isolo	NIE LAS LSD	799,622	175,917	209
Shomolu	NIE LAS SMK	518,072	113,976	99
Surulere	NIE LAS LSR	648,405	142,649	201
<b>Total</b>		<b>11,596,653</b>	<b>2,551,264</b>	<b>2,768</b>

# **Appendix K**

## **Training Agenda**

# Appendix K

## Training Agenda

### Training Agenda for Lagos, Nigeria, September 10 – 13, 2017

Time	10 September 2017	11 September 2017	12 September 2017	13 September 2017
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>
	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>
0830-9000	Registration and Climate setting	Recap of day 1	Overview of form 3 and 5	<b>P I L O T</b>
0900-1000	Overview of BMS survey and instruments	Introduction and seeking consent	Form 3/7 ODK Questionnaire	
1000-1045	Introduction to Nexus tablet and ODK software	Form 1 ODK Questionnaire	Form 3/7 ODK Questionnaire	
<b>1045-1100</b>	<b>Break</b>	<b>Break</b>	<b>Break</b>	
1100-1145	Overview of Form 2	Overview of Form 1	Form 3/7 break out group practice	
1145-1215	Form 2 ODK Questionnaire	Form 1 break out group practice	Form 5/7 ODK Questionnaire	
1215-1300	Form 2 break out group practice	Form 1 break out group practice	Form 5/7 ODK Questionnaire	
1300-1330	Form 2 break out group practice	Form 1 mock interviews and role play	Form 5/7 break out group practice	
<b>1330-1430</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>
1430-1530	Form 2 ODK Questionnaire	Form 1 mock interviews and role play	Pilot Logistics and preparation	Team Prepare Pilot presentation
1530-1600	Form 2 ODK Questionnaire	Form 1 mock interviews and role play	Pilot Logistics and preparation	Pilot presentation by teams
<b>1600-1615</b>	<b>Break</b>	<b>Break</b>	<b>Break</b>	<b>Break</b>
1615-1700	Form 2 group role play and mock interview	Form 1 mock interviews and role play	Management Debrief and pilot plan	Feedback to pilot team and team structure, roles and responsibilities. Team distribution
1700-1745	interviewing techniques	Feedback on role play	Early rest ahead of pilot	Supervisor training
1745-1800	Daily evaluation	Daily evaluation	Early rest ahead of pilot	Daily evaluation
1800-1845	Management Debrief	Management Debrief	Early rest ahead of pilot	Management Debrief

## **Appendix L**

### **List of Monitored Sources for Media Monitoring**

# Appendix L

## List of Monitored Sources for Media Monitoring

### Online Media Monitoring Websites:

Company websites and their social media accounts
<b>FrieslandCampina</b>  <a href="https://www.frieslandcampina.com.ng">https://www.frieslandcampina.com.ng</a> <a href="http://www.peakmilk.com.ng/">http://www.peakmilk.com.ng/</a> <a href="https://www.youtube.com/user/peakmoments">https://www.youtube.com/user/peakmoments</a> <a href="https://twitter.com/PeakMilk">https://twitter.com/PeakMilk</a> <a href="https://www.facebook.com/Peakmilk/">https://www.facebook.com/Peakmilk/</a>
<b>Nestle</b>  <a href="http://www.nestle-cwa.com/en">http://www.nestle-cwa.com/en</a> <a href="https://www.youtube.com/user/NestleCWAR">https://www.youtube.com/user/NestleCWAR</a> <a href="https://www.youtube.com/user/NestleCWAR">https://www.youtube.com/user/NestleCWAR</a> <a href="https://twitter.com/Nestlecwar">https://twitter.com/Nestlecwar</a> <a href="https://www.facebook.com/nestle.cwar">https://www.facebook.com/nestle.cwar</a>
<b>Kraft Heinz</b>  <a href="https://www.instagram.com/heinznigeria/">https://www.instagram.com/heinznigeria/</a> <a href="https://twitter.com/heinznigeria?lang=en">https://twitter.com/heinznigeria?lang=en</a> <a href="https://www.facebook.com/HeinzNig/">https://www.facebook.com/HeinzNig/</a>
<b>Primasidor</b>  <a href="http://www.promasidor.com/en/home/">http://www.promasidor.com/en/home/</a> <a href="http://www.promasidor.com/en/brands/dairy/cowbell/">http://www.promasidor.com/en/brands/dairy/cowbell/</a> <a href="https://www.youtube.com/user/promasidor1/">https://www.youtube.com/user/promasidor1/</a> <a href="https://twitter.com/PromasidorGroup/">https://twitter.com/PromasidorGroup/</a>
<b>Aspen Holdings</b>  <a href="http://www.aspennigeria.com/">http://www.aspennigeria.com/</a>

<b>Chidera Inc.</b>  <a href="http://thrivesignature.com/">http://thrivesignature.com/</a> <a href="https://twitter.com/thrivesignature">https://twitter.com/thrivesignature</a> <a href="https://www.facebook.com/ThriveSignature">https://www.facebook.com/ThriveSignature</a>	
<b>Tomi's Treats</b>  <a href="http://www.tomistreats.com/">http://www.tomistreats.com/</a> <a href="https://twitter.com/tomistreats">https://twitter.com/tomistreats</a> <a href="https://www.facebook.com/tomistreats/">https://www.facebook.com/tomistreats/</a>	
Online Retailers	Subscription
<a href="http://www.jumia.com.ng">www.jumia.com.ng</a>	Yes (Email/Text)
<a href="http://www.konga.com">www.konga.com</a>	Yes (Email/Text)
<a href="http://www.nkataaonline.com">www.nkataaonline.com</a>	Yes (Email/Text)
<a href="http://www.supermart.ng">www.supermart.ng</a>	Yes (Email/Text)
<a href="http://www.gloo.ng">www.gloo.ng</a>	Yes (Email/Text)
<a href="http://www.OLX.com.ng">www.OLX.com.ng</a>	Yes (Email/Text)

Parenting Sites	Subscription
<a href="http://www.lagosmums.com">http://www.lagosmums.com</a>	Yes
<a href="http://www.mammalette.com">http://www.mammalette.com</a>	Yes
<a href="http://www.mom-stop.com">http://www.mom-stop.com</a>	Yes
<a href="http://www.cussonsbaby.com.ng">http://www.cussonsbaby.com.ng</a>	Yes
<a href="http://www.mummysyum.com">http://www.mummysyum.com</a>	Yes
<a href="http://www.maternitynest.com">http://www.maternitynest.com</a>	Yes
<a href="http://www.thefertilechickonline.com">http://www.thefertilechickonline.com</a>	Yes
<a href="http://www.babiesonline.com">http://www.babiesonline.com</a>	Yes
<a href="http://www.momjunction.com">http://www.momjunction.com</a>	Yes
<a href="http://www.pregnancymagazine.com">http://www.pregnancymagazine.com</a>	No
<a href="http://www.fitpregnancy.com">http://www.fitpregnancy.com</a>	Yes
<a href="http://www.whattoexpect.com">http://www.whattoexpect.com</a>	No



### Traditional Media Monitoring TV/Radio Channels, Newspapers, and Print Magazines:

<b>CCM MONITORED RADIO STATIONS</b>	<b>Total</b>
<b>NORTH CENTRAL:</b>	
<b>ABUJA</b>	
RHYTHM 94.7 FM, ABUJA	
MPS 92.5 FM, ABUJA	
WE FM 106.3 FM, Abuja	
RAYPOWER 100.5 FM, ABUJA	
HOT 98.3 FM, ABUJA	
WAZOBIA 99.5 FM, ABUJA	
ARMY 107.7 FM, ABUJA	
ASO 93.5 FM, ABUJA	
BRILLA 88.9 FM, ABUJA	
COOL 96.9 FM, ABUJA	
KISS 99.9 FM, ABUJA	
KAPITAL 92.9 FM, ABUJA	
ZUMA 88.5FM, ABUJA	
NIGERIAINFO 95.1 FM, ABUJA	
LOVE 104.5 FM, ABUJA	
VISION 92.1FM, ABUJA	
GREETINGS 105.7 FM, ABUJA	
HUMAN RIGHTS RADIO 101.1 FM, ABUJA	
Total	18
<b>JOS</b>	
RAYPOWER 100.5 FM, JOS	
HIGHLAND 101.5 FM, JOS	
PEACE 90.5 FM, JOS	
UNITY 93.3 FM, JOS	
RHYTHM 93.7 FM, Jos	
JAY 101.9FM, JOS	
Total	6
<b>LAFIA</b>	
PRECIOUS 102.5 FM, LAFIA	
NBS 102.5 FM, LAFIA	
NBS 92.5 FM, KEFFI	
Total	3
<b>ILORIN</b>	
RAYPOWER FM 106.5 FM, ILORIN	
UNILORIN 89.3 FM, ILORIN	
HARMONY 103.5 FM, ILORIN	
ROYAL 95.1 FM, ILORIN	
MIDLAND [RADIO KWARA] 99.0 FM, ILORIN	
Total	5

<b>LOKOJA</b>	
TAO 101.9 FM, LOKOJA	
CONFLUENCE 94.0 FM, LOKOJA	
GRACE 95.5 FM, LOKOJA	
PRIME 101.5 FM, LOKOJA	
Total	4
<b>MAKURDI</b>	
BENUE RADIO 95.0 FM, MAKURDI	
HARVEST 103.5 FM, MAKURDI	
Total	2
<b>NORTH EAST:</b>	
<b>YOLA</b>	
GOTEL 91.1 FM, YOLA	
ABC 95.8 FM, YOLA	
FOMBINA 101.5 FM, YOLA	
Total	3
<b>BAUCHI</b>	
GLOBE 98.5 FM, BAUCHI	
RAYPOWER 95.7 FM, BAUCHI	
BRC2 94.6 FM, BAUCHI	
Total	3
<b>MAIDUGURI</b>	
BORNO RADIO 95.4 FM, MAIDUGURI	
PEACE 102.5 FM, MAIDUGURI	
RAYPOWER 97.7 FM, MAIDUGURI	
Total	3
<b>NORTH WEST:</b>	
<b>KADUNA</b>	
ALHERI 97.7 FM, KADUNA	
CROCODILE 92.9 FM, KADUNA	
RAYPOWER 106.5 FM, KADUNA	
KADA 89.9 FM, KADUNA	
LIBERTY RADIO 91.7 FM, KADUNA	
Brilla 88.9 FM, Kaduna	
LIBERTY- HAUSA 103.1 FM, KADUNA	
KSMC 90.87 FM, Kaduna	
SUPREME 96.1 FM, KADUNA	
KARAMA 92.1 FM, KADUNA	
Total	10
<b>KANO</b>	
EXPRESS RADIO 90.3 FM, KANO	
RAYPOWER 106.5 FM, KANO	
CTV 101.1 FM, KANO	

RADIO KANO 89.3 FM, KANO	
AREWA RADIO 93.1FM, KANO	
AREWA RADIO 93.1FM, KANO	
PYRAMID 103.5 FM, KANO	
COOL 96.9 FM, KANO	
DALA 88.5 FM, KANO	
RAHAMA 97.7 FM, KANO	
FREEDOM RADIO 99.5 FM, KANO	
WAZOBIA 95.1 FM, KANO	
Total	12
<b>KATSINA</b>	
RAYPOWER 106.5 FM, KATSINA	
COMPANION 104.5 FM, KATSINA	
VISION 92.1 FM, KATSINA	
Total	3
<b>SOKOTO</b>	
RIMA 97.1 FM, SOKOTO	
VISION 92.1 FM, SOKOTO	
RIMA 540 AM, SOKOTO	
Total	3
<b>SOUTH EAST:</b>	
<b>ABA</b>	
ORIENT FM 94.4 FM, OWERRI	
MAGIC 102.9 FM, ABA	
PACESETTER 103.5 FM, UMUAHIA	
LOVE 103.9 FM, UMUAHIA	
HEARTLAND 100.5 FM, OWERRI	
BCA 88.1 FM, UMUAHIA	
VISION AFRICA 104.1 FM UMUAHIA	
Total	7
<b>ENUGU</b>	
CARITAS 98.7 FM, ENUGU	
DREAM 92.5 FM, ENUGU	
COAL CITY 92.85 FM, ENUGU	
ESBC 96.1 FM, ENUGU	
RAYPOWER 106.5 FM, ENUGU	
SOLID 100.9 FM, ENUGU	
UNITY 101.5 FM, ABAKALIKI	
SALT 98.1 FM, ABAKALIKI	
Total	8
<b>ONITSHA</b>	
BRILLA 88.9 FM, ONITSHA	
ABS-2 90.7 FM, ONITSHA	

SAPENTIA 95.3 FM, ONITSHA	
BLAZE 91.5 FM, ORAIFITE	
Total	4
<b>SOUTH SOUTH:</b>	
<b>CALABAR</b>	
AKBC-2 90.5 FM, Uyo	
HIT 95.9 FM CALABAR	
INSPIRATION 105.9 FM UYO	
CRBC 105.5 FM CALABAR	
CROSS RIVER RADIO 92.6 FM, CALABAR	
ATLANTIC 104.5 FM, UYO	
PLANETRADIO 101.1 FM, UYO	
Total	7
<b>ASABA</b>	
DBS VOICE OF DELTA 97.70 FM, ASABA	
TREND 100.9 FM, ASABA	
ODENIGBO 99.1 FM, ASABA	
HOT 96.5 FM ASABA	
Total	4
<b>WARRI</b>	
RIZE 106.7 FM, WARRI	
DBS MELODY 88.6 FM, WARRI	
QUEST 93.1 FM, OGOR	
KPOKO 100.5 FM, WARRI	
CROWN 89.9 FM, EFFURUN	
Total	5
<b>PORTHARCOURT</b>	
TREASURE 98.5 FM, PORTHARCOURT	
RADIO PORTHARCOURT 91.7 FM, PORTHARCOURT	
RAYPOWER 2 106.5 FM, PORTHARCOURT	
WAZOBIA 94.4 FM, PORTHARCOURT	
FAMILY LOVE 97.7 FM, PORTHARCOURT	
COOL 95.9 FM, PORTHARCOURT	
RHYTHM 93.7 FM, PORTHARCOURT	
GARDEN CITY 89.9 FM, PORTHARCOURT	
RADIO RIVERS 99.1 FM, PORTHARCOURT	
NIGERIA INFO 92.3 FM, PORTHARCOURT	
TODAYS FM 98.5 FM, PORTHARCOURT	
Total	11
<b>BENIN</b>	
KU FM 92.7 FM, BENIN	
BRONZE 101.5 FM, BENIN	
RHYTHM 93.7 FM, BENIN	

VIBES 97.3 FM, BENIN	
RAYPOWER 105.5 FM, BENIN	
INDEPENDENT 92.3 FM, BENIN	
EBS 95.75 FM, BENIN	
SPEED 96.9 FM BENIN	
Total	8
<b>BAYELSA</b>	
RAYPOWER 102.5 FM, BAYELSA	
RADIO BAYELSA 97.1 FM, YENAGOA	
RHYTHM 94.7 FM, YENAGOA	
ROYAL 95.5 FM, YENOGOA	
Total	4
<b>SOUTH WEST:</b>	
<b>LAGOS</b>	
BRILLA 88.9 FM, LAGOS	
EKO 89.5 FM, LAGOS	
TOP 90.9 FM, LAGOS	
WOMEN 91.7 FM, LAGOS	
INSPIRATION 92.3 FM, LAGOS	
BOND 92.9 FM, LAGOS	
RHYTHM 93.7 FM, LAGOS	
RAINBOW 94.1 FM, LAGOS	
WAZOBIA 95.1 FM, LAGOS	
TRAFFIC 96.1 FM, LAGOS	
URBAN 96.5 FM, LAGOS	
COOL 96.9 FM, LAGOS	
CLASSIC 97.3 FM, LAGOS	
METRO 97.6 FM, LAGOS	
SMOOTH 98.1 FM, LAGOS	
NIGERIA INFO 99.3 FM, LAGOS	
RADIO CONTINENTAL 102.3 FM, LAGOS	
BEAT 99.9 FM, LAGOS	
RAYPOWER 100.5 FM, LAGOS	
STAR 101.5 FM, LAGOS	
LAGOS NAIJA 102.7 FM, LAGOS	
UNILAG 103.1 FM, LAGOS	
RADIO ONE CHOICE 103.5 FM, LAGOS	
LAGOS CITY 105.1 FM, LAGOS	
FAAJI 106.5 FM, LAGOS	
RADIO LAGOS TIWANTIWA 107.5 FM, LAGOS	
LAGOS TALKS 91.3 FM, LAGOS	
SOUND CITY RADIO 98.5 FM, LAGOS	
KISS 98.9 FM, LAGOS	
SMA COLLEGE 104.9 FM, LAGOS	
Total	30

<b>ABEOKUTA</b>	
SWEET 107.1 FM, ABEOKUTA	
ROCK CITY 101.9 FM, ABEOKUTA	
OGUN RADIO 90.5 FM, ABEOKUTA	
FAMILY 88.5 FM, ABEOKUTA	
Total	4
<b>AKURE</b>	
ORANGE 94.5 FM, AKURE	
SUNSHINE 96.5 FM, AKURE	
POSITIVE 102.5 FM, AKURE	
RAYPOWER 96.1 FM, AKURE	
BREEZ 91.9 FM, AKURE	
ADABA 88.9 FM, AKURE	
PROGRESS 100.5 FM, EKITI	
VOE 91.5 FM, EKITI	
Total	8
<b>IBADAN</b>	
RAYPOWER 95.1 FM, IBADAN	
SPLASH 105.5 FM, IBADAN	
PREMIER 93.5 FM, IBADAN	
INSPIRATION FM 100.5 FM, IBADAN	
BCOS 98.5 FM, IBADAN	
SPACE 90.1 FM, IBADAN	
DIAMOND 101.1 FM, IBADAN	
BEAT 97.9 FM, IBADAN	
STAR 91.5 FM, IBADAN	
NAIJA 102.7 FM, IBADAN	
FRESH 105.9 FM, IBADAN	
AMULUDUN 99.1 FM, IBADAN	
BCOS CHANNEL 28, IBADAN	
Total	13
<b>OSOGBO</b>	
RAYPOWER 95.1 FM, OSOGBO	
UNIQ 103.1 FM, ILESA	
RAVE 91.7 FM, OSOGBO	
OSUN RADIO(LIVING SPRING)104.5 FM, OSOGBO	
GOLD 95.5 FM, ILESA	
Total	5
<b>GRAND TOTAL RADIO STATIONS</b>	<b>193</b>

<b>CCM MONITORED TV STATIONS</b>	<b>Total</b>
<b>NORTH CENTRAL:</b>	
<b>ABUJA</b>	
NTA PLUS, ABUJA	
SILVERBIRD TV, ABUJA	
ITV, ABUJA	
AIT, ABUJA	
CHANNELS TV, ABUJA	
Total	5
<b>JOS</b>	
AIT, JOS	
PLTV, JOS	
SILVERBIRD TV, JOS	
Total	3
<b>LAFIA</b>	
NASARAWA STATE TV, LAFIA	
NASARAWA STATE TV, KEFFI	
Total	2
<b>ILORIN</b>	
KSTV, ILORIN	
NTA, ILORIN	
AIT, ILORIN	
Total	3
<b>LOKOJA</b>	
NTA, LOKOJA	
CONFLUENCE TV, LOKOJA	
Total	2
<b>MAKURDI</b>	
NTA, MAKURDI	
Total	1
<b>NORTH EAST:</b>	
<b>YOLA</b>	
ATV, YOLA	
TV GOTEL, YOLA	
Total	2
<b>BAUCHI</b>	
NTA, BAUCHI	
Total	1
<b>MAIDUGURI</b>	
BRTV, MAIDUGURI	
NTA, MAIDUGURI	
Total	2

<b>GOMBE</b>	
Total	<b>0</b>
<b>NORTH WEST:</b>	
<b>KADUNA</b>	
KSTV(KSMS), KADUNA	
DITV, KADUNA	
AIT, KADUNA	
NTA, KADUNA	
Total	<b>4</b>
<b>KANO</b>	
NTA, KANO	
CTV CHANNEL 67, KANO	
AIT, KANO	
Total	<b>3</b>
<b>KATSINA</b>	
KATSINA STATE TV, KATSINA	
NTA, KATSINA	
Total	<b>2</b>
<b>SOUTH EAST:</b>	
<b>ABA</b>	
NTA, ABA	
BCA TV, UMUAHIA	
Total	<b>2</b>
<b>ENUGU</b>	
EBBS TV, ABAKALIKI	
ETV, ENUGU	
AIT, ENUGU	
NTA, ENUGU	
NTA, ABAKALIKI	
Total	<b>5</b>
<b>ONITSHA</b>	
NTA CHANNEL 35, ONITSHA	
ABS TV, ONITSHA	
Total	<b>2</b>
<b>AWKA</b>	
NTA CHANNEL 5, AWKA	
Total	<b>1</b>
<b>SOUTH SOUTH:</b>	
<b>CALABAR</b>	
NTA, CALABAR	
CRBCTV, CALABAR	
AKBC TV, UYO	
Total	<b>3</b>



<b>ASABA</b>	
NTA, ASABA	
Total	1
<b>PORTHARCOURT</b>	
AIT, PORTHARCOURT	
NTA, PORTHARCOURT	
RSTV, PORTHARCOURT	
SILVERBIRD TV CHANNEL 31, PORTHARCOURT	
WAZOBIA MAX TV, PORTHARCOURT	
Total	5
<b>BENIN</b>	
EBS TV CHANNEL 55, BENIN	
CHANNELS TV, BENIN	
ITV, BENIN	
SILVERBIRD TV, BENIN	
NTA, BENIN	
AIT, BENIN	
Total	6
<b>BAYELSA</b>	
AIT, BAYELSA	
NIGER DELTA TV, BAYELSA	
NTA, YENAGOA	
Total	3
<b>SOUTH WEST:</b>	
<b>LAGOS</b>	
AIT, LAGOS	
MITV, LAGOS	
NTA CHANNEL 10, LAGOS	
NTA 2 CHANNEL 5, LAGOS	
SUPERSCREEN, LAGOS	
WAZOBIA TV MAX, LAGOS	
SILVERBIRD TV, LAGOS	
GALAXY TV, LAGOS	
LTV CHANNEL 8, LAGOS	
CHANNELS TV, LAGOS	
TV CONTINENTAL (TVC), LAGOS	
ONTV, LAGOS	
Total	12
<b>ABEOKUTA</b>	
OGTV, ABEOKUTA	
Total	1
<b>AKURE</b>	
ONDO OSVC TV, AKURE	

NTA, AKURE	
Total	2
<b>IBADAN</b>	
AIT, IBADAN	
GALAXY TV, IBADAN	
NTA CHANNEL 4, 5 & 7, IBADAN	
MITV, IBADAN	
BCOS CHANNEL 28, IBADAN	
Total	5
<b>OSOGBO</b>	
OSUN TV, OSOGBO	
Total	1
<b>GRAND TOTAL TV</b>	<b>77</b>

CCM Monitored Print Tabloids				
S/N	Newspaper/Magazine	Period	Medium	Region
1	BusinessDay	Daily	Newspaper	Local
2	Complete Sports	Daily	Newspaper	Local
3	Daily Independent	Daily	Newspaper	Local
4	Daily Sun	Daily	Newspaper	Local
5	Daily Times	Daily	Newspaper	Local
6	Daily Trust	Daily	Newspaper	Local
7	Complete Sports	Daily	Newspaper	Local
8	Leadership	Daily	Newspaper	Local
9	New Telegraph	Daily	Newspaper	Local
10	Nigerian Tribune	Daily	Newspaper	Local
11	Punch	Daily	Newspaper	Local
12	The Guardian	Daily	Newspaper	Local
13	The Nation	Daily	Newspaper	Local
14	ThisDay	Daily	Newspaper	Local
15	Vanguard	Daily	Newspaper	Local
16	Business Hallmark	Weekly	Newspaper	Local
17	Complete Fashion	Monthly	Magazine	Local
18	GEM Women Magazine	Monthly	Magazine	Local
19	Genevieve Magazine	Monthly	Magazine	Local
20	Motherhood Magazine	Monthly	Magazine	Local
21	Today's Women	Monthly	Magazine	Local
22	City People	Weekly	Magazine	Local
23	Encomium Magazine	Weekly	Magazine	Local
24	FIRST WEEKLY	Weekly	Magazine	Local

**Appendix M**

**Supplementary Tables**

## Appendix M

### Supplementary Tables

Supplementary Table A. Summary of data collection by HCF

District ID	HCF ID	No. of mothers' interviews			No. of health workers interviewed
		Children < 6 mos.	Children 6-24 mos.	Total mothers	
33	40*	4	6	10	3
33	42*	7	3	10	3
15	43*	0	10	10	3
24	45*	4	6	10	3
38	18*	5	5	10	3
35	1	2	8	10	3
2	3*	3	7	10	3
35	4	5	5	10	3
2	6*	2	8	10	3
26	8	3	7	10	3
36	53	2	8	10	3
30	55*	8	2	10	3
11	31	6	4	10	3
11	33	2	8	10	3
10	25	6	4	10	3
10	30	5	5	10	3
3	26	3	7	10	3
14	9	2	8	10	3
22	13*	4	6	10	3
42	14*	4	6	10	3
17	35*	2	8	10	3
32	36	3	7	10	3
34	47	3	7	10	3
27	48*	6	4	10	3
29	15	5	5	10	3
29	17	1	9	10	3
26	7	1	9	10	3
46	24	1	9	10	3
41	54	4	6	10	3
11	32	4	6	10	3
3	27	2	8	10	3
44	37	2	8	10	3
39	19	4	6	10	3
No. observations	<b>33</b>	<b>115</b>	<b>215</b>	<b>330</b>	<b>99</b>
No. refused	35	n/a	n/a	36	1
Total	68	n/a	n/a	366	100
Participation rate	48.5%	n/a	n/a	90.2%	99.0%

Source: ATNF Thailand (2017)

\* Indicates a replacement HCF from the second sample.

**Supplementary Table B. Observations related to sub-article 5.9: The most frequent non-compliances\* observed in the label abstraction data\*\***

Company	Q7 Does the label/insert contain health claims?	Q26 Does the label/insert show any baby, photograph, drawing or other graphic representation to idealise or promote the use of breast-milk substitutes?	Q35 Does the label/insert contain a statement on the need for health worker advice on the proper method of use?	Q37 Does the label/insert bear directions for use in English language and three main Nigerian languages?	Q40 Does the label/insert contain a warning that powdered baby milk products may contain pathogenic microorganisms?
Abbott	3	-	-	4	4
Danone	1	1	1	4	4
FrieslandCampina	3	3	2	3	4
Kraft Heinz	6	3	9	9	-
Nestlé	3	4	-	4	4
RB/Mead Johnson Nutrition	-	-	-	-	-
Other***	3	1	5	7	10

**Source:** ATNF Nigeria (2017)

\* Counts of labeling non-compliances include Sub-articles 9.2 and 9.4 of The Code, as well as WHA 58.32 and relevant Nigerian regulations (those which exceed The Code). Each label included in the labeling analysis can have more than one non-compliance.

\*\* CF 6-36 products (73 products total) were not included in label analysis and are not counted in this table. Data for parallel import products was also excluded from this table.

\*\*\* "Other" companies include: Nutrimental, Alter Farmacia, Perrigo Company (Member's Mark), Promasidor, Vietnam Dairy (Vinamilk), Tiger Brands, Aspen Holdings, Chidera Inc., Tomi's Treats Ltd., Hero Group, Sun Mark Ltd., Health and Happiness International Holdings Ltd., Belourthe S.A., August Secrets, Baby Grubz Africa, Hain Celestial Group, ProThrive Venture.