



# **National Assessment on the Compliance with the Code and the National Measures**

## Philippines Report

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## Disclaimer

Westat and the Nutrition Center of the Philippines (NCP), its local subcontractor, were 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 those two standards and for the preparation of this report, on which the Access to Nutrition Foundation (ATNF) will (in part) base the scoring of breast-milk substitute (BMS)/complementary food (CF) companies' performance for the 2021 BMS/CF Marketing Index, which in turn will inform those companies' scores in the 2021 Access to Nutrition Global Index. Westat and NCP engaged with health facilities, mothers of infants who attended those facilities, health professionals at the facilities, and retailers as part of the data collection and analysis process.

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## Acronyms

|                |  |
|----------------|--|
| <b>ATNF</b>    | Access to Nutrition Foundation                               |
| <b>ATNI</b>    | Access to Nutrition Initiative                               |
| <b>BMS</b>     | Breast-milk Substitute                                       |
| <b>CF</b>      | Complementary Food   |
| <b>DOH</b>     | Department of Health   |
| <b>ERC</b>     | Ethics Review Committee                                      |
| <b>FDA</b>     | Food and Drug Administration                                 |
| <b>FOF</b>     | Follow-on Formula  |
| <b>FTSE</b>    | Financial Times Stock Exchange                               |
| <b>GUM</b>     | Growing-up Milk  |
| <b>HC</b>      | Health Center  |
| <b>HF</b>      | Health Facility  |
| <b>HP</b>      | Health Professional  |
| <b>IAC</b>     | Inter-Agency Committee                                       |
| <b>IF</b>      | Infant Formula   |
| <b>IBFAN</b>   | International Baby Food Action Network                       |
| <b>IGBM</b>    | Interagency Group on Breastfeeding Monitoring                |
| <b>MCP</b>     | Maternity Care Providers                                     |
| <b>MF</b>      | Maternity Facility   |
| <b>NCP</b>     | Nutrition Center of the Philippines                          |
| <b>NCR</b>     | National Capital Region                                      |
| <b>NetCode</b> | Network for Monitoring and Support for Adherence to the Code |
| <b>OI</b>      | Organic Intelligence   |
| <b>PHREB</b>   | Philippine Health Research Ethics Board                      |
| <b>PSU</b>     | Primary Sampling Unit  |
| <b>UNICEF</b>  | United Nations International Children's Emergency Fund       |
| <b>WHA</b>     | World Health Assembly  |
| <b>WHO</b>     | World Health Organization                                    |

## Executive Summary

In the summer of 2019, the Access to Nutrition Initiative (ATNI) commissioned a study in the National Capital Region (NCR) of the Philippines to systematically assess baby food manufacturers' compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) Resolutions (referred to hereafter as the Code). Further, the ATNI assessed the extent to which companies comply with the national legislation of "The Philippine Code of Marketing of Breast-milk Substitutes, also known as the Milk Code, (Executive Order 51, 1986)<sup>1</sup> and the Revised Implementing Rules and Regulations of the Milk Code (RIRR) of 2006,<sup>2</sup> in areas where the measures go beyond the provisions of the Code. ATNI chose the Philippines using a range of criteria, including, but not limited to, it being a higher risk country (defined based on levels of malnutrition and infant mortality), where: neither ATNI nor FTSE Russell had previously undertaken similar studies; at least five of the six key multinational baby food companies previously included in ATNI's Indexes were present (according to Euromonitor International data); and there were no significant political, safety, or operational challenges to undertaking the study.

The purpose of this sixth country study that Westat has carried out for ATNI is to determine whether those companies whose breast-milk substitute (BMS) products and/or complementary foods (CFs) were for sale in the study area conform fully with the Code and national regulations controlling the marketing and labeling of these products, as inappropriate marketing of these products can undermine optimal infant and young child nutrition. Similar previous studies were carried out in Indonesia, Vietnam, India, Thailand and Nigeria.

The data and analysis from this study will inform the fourth Global Access to Nutrition Index and the associated BMS/CF Marketing Index, with anticipated publication in early summer 2021. The study derived the definition of the included products from both the Code and subsequent WHA resolutions. According to these documents, the Code applies to BMS products, including infant formula (IF – for infants from birth to 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 less than 6 months of age). It is important to note that formulas for special medical purposes (FSMPs) are not treated as a distinct product type. Their marketing must also adhere to the recommendations of the Code, all subsequent relevant WHA resolutions and any associated local provisions. Therefore, they are included and assessed within the appropriate product type according to the age of infant for which they are intended (e.g., an FSMP for infants from birth to 6 months is treated as an infant formula).

WHA 69.9 makes a series of recommendations about how to market CFs for infants and young children from 6 to 36 months of age.<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://www.lawphil.net/executive/execord/eo1986/eo\\_51\\_1986.html](https://www.lawphil.net/executive/execord/eo1986/eo_51_1986.html)

<sup>2</sup> [https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29_0.pdf)

<sup>3</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf?ua=1](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf?ua=1)

The definition of a BMS product used to guide data collection for this study differs from that of the three previous studies in Vietnam, Indonesia, and India.<sup>4</sup> Following the World Health Organization (WHO) definition at the time, those studies defined a BMS product as IF, FOF, GUM for use from 12 to 24 months, and CFs recommended for infants less than 6 months of age. This study, as well as studies conducted in Bangkok, Thailand and Lagos, Nigeria during the summer and fall of 2017, collected data for all types of formula intended for infants up to 36 months of age and assessed whether baby food companies market CFs intended for children from 6 – 36 months of age in line with the BMS definition of BMS and recommendations of WHA 69.9, passed in 2016. While the Thailand and Nigeria studies collected data on the extent of companies' compliance with WHA 69.9, ATNI made a decision to exclude these data from the main results tables. This was in line with ATNI's decision to exclude such findings from companies' scores in the 2018 Global Index in order to retain comparability with the results presented in the 2016 Global Index. The Philippines study is therefore the first study to include the results of marketing in compliance with WHA 69.9.

In 2014, 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> ATNI and Westat based the methodology of the Thailand and Nigeria studies on the first iteration of the NetCode protocol, published in 2015. NetCode released a subsequent Toolkit with an updated protocol in October 2017. We based the study in the Philippines on this updated protocol.<sup>7</sup>

The 2017 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 centers (HCs);
- Interviews with health professionals (HPs) in health facilities (HFs), including HCs and maternity facilities (MFs);
- Identification of informational materials produced by baby food companies available in HCs and retail stores;
- Identification of sales promotions by baby food companies in retail stores, both traditional brick-and-mortar stores and on online retail platforms;
- Analysis of product labels and inserts of all available relevant products on the local market; and
- Monitoring of advertising and promotions on traditional and online media.

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

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<sup>4</sup> More information is available on the ATNI website (<https://accesstonutrition.org/library/#types=bms>).

<sup>5</sup> For an overview of NetCode, see <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/>

The 2017 NetCode protocol also requires the assessment of the compliance with any national measures relating to marketing relevant products (in the case of the Philippines, national legislation), if they go beyond the requirements of the Code. A range of marketing and advertising restrictions were controlled through Philippine law at the time of the study. These include marketing and advertising restrictions on all formulas and foods marketed as suitable from birth to 36 months as documented in the Milk Code,<sup>8</sup> followed by RIRR of 2006.<sup>9</sup>

According to the 2020 WHO, United Nations Children’s Fund (UNICEF), and International Baby Food Action Network (IBFAN) status report on national implementation of the Code, the Philippines’ Code law is classified as “substantially aligned with the Code.”<sup>10</sup> A legislative update to Executive Order 51 is pending approval of the Philippines Department of Health and includes restrictions to online marketing, but the prolonged SARS-CoV-2 pandemic restrictions have delayed consideration. This study, therefore, provides a baseline against which to measure further the effectiveness of the new regulation in curtailing BMS marketing once passed.

This report presents findings from the Philippine study, carried out in the NCR in February through July 2020. ATNI selected this geographical location because NetCode recommends conducting the study in the capital or city with the largest population.

The methodology and procedures that we followed include:

- Conduct field-level training of 9 data collectors and their 3 field supervisors in Muntinlupa City in January 2020;
- Conduct field data collection interviews with 330 mothers and 126 HPs in 43 HFIs (33 HCs and 10 MFs) in February and March 2020;
- Monitor advertising or product promotion in traditional media collected for 6 months from October 2019 through March 2020 and on various online media channels and sites, conducted for 8 weeks from February 5 through March 25, 2020;
- Monitor 43 retail outlets (10 large and 33 small) for observation of product promotion in February and March 2020, as well as the 5 largest online retailer sites; and
- Purchase and systematically analyze 126 labels of eligible (i.e., excluding 101 parallel import products) BMS and CF products from May through July 2020.

This report highlights particularly the six largest global baby food companies that will be included in ATNI’s BMS/CF Marketing Index 2021, specifically Abbott, Danone, FrieslandCampina, KraftHeinz, Nestlé, and RB<sup>11</sup>. Hereafter, we refer to these six companies as ATNI-Index companies. Two of the ATNI-Index companies, Kraft Heinz and Friesland Campina, informed ATNI that the

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<sup>8</sup> [https://www.lawphil.net/executive/execord/eo1986/eo\\_51\\_1986.html](https://www.lawphil.net/executive/execord/eo1986/eo_51_1986.html)

<sup>9</sup> [https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29_0.pdf)

<sup>10</sup> WHO, UNICEF, and IBFAN. (Eds.). (2020). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2020*. Geneva: World Health Organization.

<sup>11</sup> In late March 2021, RB has re-branded as Reckitt. However, given that the report had been drafted at earlier stages, RB is used throughout in the presentation of the company’s findings.

Philippines was not an official market and any products found there were not sold and marketed by the companies themselves. There were no observations of products for either of these companies recorded during the data collection for this study.

Once data collection in HFs and retailers was complete, ATNI requested lists of products for sale in the Philippines from the other four ATNI-Index companies, Abbott, Danone, Nestlé, and RB. We refer to the products included in the lists from these four companies as “legitimate products.” This report excludes from the analysis and results 101 parallel import products made by these four companies, as they are not responsible for the sale of these products in the Philippines.<sup>12</sup>

In addition to the products made by the ATNI-Index companies, products for sale in the Philippines from 18 other companies are also included in this report.<sup>13</sup> We collected label data for 22 companies in total. Ultimately, 126 products are included in the final label analysis results presented in this report (see Table ES-1).

Similarly, ATNI asked the four ATNI-Index companies to confirm with which of the five online retailers they had contracts in place during the study period. This was so as not to attribute to these companies any findings on the retailers’ sites where products were sold without any formal contract in place, and where, therefore, promotions had been initiated by those retailers and not by the manufacturers.

For the first time, ATNI introduced a new element of quality control (QC) in the form of a review by the ATNI-Index companies of the initial findings of all observed incidents of noncompliance. ATNI uploaded to its online research platform images of all of the observed pieces of equipment, promotional materials, adverts and promotions, and labels. The companies were given two weeks to review the findings and provide feedback. The intention was to identify any erroneous findings, (e.g., any related to parallel imports, on online retailers’ sites with which the companies did not have a formal contract). Each of the four companies reviewed the findings and provided feedback to ATNI. ATNI evaluated their feedback and passed on to Westat any errors that needed to be corrected.

The principal results of this study are the following:

- **Article 4:** Informational and Educational Materials or Equipment
  - *Information to Mothers:* The data collection team did not observe any informational or educational material related to IF, FOF, GUM, CFs less than 6 months, or CF 6-36 months in 33 HCs, 10 MFs, or 43 retail outlets. Moreover, the mothers who were interviewed at the HCs did not report receiving informational and/or educational materials produced by any baby food companies.
  - *Equipment Donated to HFs:* The teams observed 1 piece of equipment/material provided to a healthcare system at the 43 HFs included in this study. The material was donated by

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<sup>12</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 the Philippines.

<sup>13</sup> ATNI was not able to confirm with companies beyond the scope of its Indexes whether their products found in the market were legitimate or parallel imports.

RB: it was a child's medical record book with a brand name on it, thus contravening the Code and local regulations.

- **Article 5: General Public and Mothers**

- *Advertising and Promotion:* Overall, 145 (~44%) mothers reported seeing at least one BMS promotion in the last 6 months. This represented 258 reports of advertisements, promotions, or messages. The mothers most frequently recalled seeing advertisements for BMS products on television (86%), and at a far lower level, on social media (9%). The traditional media monitoring observed TV and radio channels broadcasts in the Philippines over a 6-month period (October 2019 to March 2020) and found a total of 27 unique advertisements or promotions. Of these, 12 (44%) promotions were observed on television channels for 6 different products, and 15 (56%) were promotions observed on radio stations for 3 different products. While advertisements and promotions for CF 6-36 months are not subject to approval by the Inter-Agency Committee (IAC) or prohibited per se, WHA 69.9 stipulates that certain messages must be included or excluded. 16 promotions for this product type were found that did not comply.

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 and their social media pages. These websites were monitored for 8 weeks, February through March 2020. In total, 16 promotions were observed for 9 products on companies' own media, including company/brand websites and social media pages: 2 observations on YouTube pages, 13 observed noncompliances for 6 products on Facebook pages, and 1 finding on a company website. Additionally, there were 6 promotions observed in companies' own media that were not related to a specific product, all of which were observed on Facebook pages. All the observations from Facebook and YouTube pages were from Nestlé, while the 1 observation from the company website was from HiPP. CF 6-36 months was the product type most frequently promoted in the companies' own media.

- *Gifts and Samples:* One (<1%) of the mothers reported receiving samples of BMS products from a shop/pharmacy personnel. Specifically, the reported sample was from Nestlé.
- *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 8-week online monitoring component observed a total of 33 promotions on five online retail sites. Most of the promotions observed were for "other" companies (31), but 2 promotions were related to Nestlé. No promotions were observed for Abbott, Danone, or RB products. Among the 33 observed promotions, 27 were price-related promotions and 6 were incentives to purchase products. The most common product type promoted was CFs less than 6 months (23), but some promotions were observed for IFs (6), GUMs (2), and FOFs (2).
- *Gifts or Coupons to Mothers:* Of the 330 mothers interviewed, 5 (2%) reported receiving a gift associated with a BMS company, but none reported receiving a coupon. Mothers reported receiving 4 of these gifts from HPs in HFIs or from shop/pharmacy personnel. None of the mothers reported receiving free gifts from company representatives.



- *Company Contact with Mothers:* None of the 330 mothers interviewed reported that retail personnel or company representatives encouraged them to use BMS products.
- **Article 6: Health Care Systems**
  - *Promotions in HCs and MFs:* There were 46 reports from mothers that a HP suggested using infant formula or other products. Of these reports, 21 involved Nestlé, 4 Abbott, 2 RB, 1 Maabarot, and 18 reports when the mother could not recall the company's name. The study found 3 reports that Nestlé contacted HPs to provide mothers and other caregivers with promotional materials about specific products and 1 respondent also reported contact by Nestlé to provide coupons to mothers and other caregivers. In addition, there were 3 reports by HPs of Nestlé making contact to display products and/or conduct promotional activities in the facility.
  - *Promotional Materials in HCs and MFs:* This study documented 1 incidence of noncompliance, this was a mattress cover with the name of an RB product. In addition, there was 1 report from a HP of an offering from RB of a scale liner.
- **Article 7: Health Workers**
  - *Information and Education Materials:* No such materials (i.e., informational/educational materials specifically for health workers) were observed in the NCR.
  - *Financial or Material Inducements:* A total of 41 such offers were reported. One (1) (<1%) of the 126 HPs reported contact by a company (identified as Nestlé) to provide a personal gift. Fifteen (15) (12%) reported that a company representative made offers to sponsor events or workshops for health workers or to provide payment to attend events or workshops outside the facility. Of those incidents, 30 were reportedly made by Nestlé representatives, 7 by RB, 2 by HiPP, and 1 by Abbott.
  - *Samples for Health Workers:* Four (4) of the 126 HPs interviewed reported 7 instances of receiving samples of a BMS product (5 reports related to Nestlé and 2 to RB). Of the 330 mothers in the study, 4 (~1%) reported receiving a free sample of a BMS product, although only 1 of these free samples was from a HP.
- **Article 9: Labeling**
  - *Summary BMS:* The label analysis included 72 BMS products. Thirty-three (33) (~46%) of those products had 1 or more incidence of noncompliance on the label (none of the products contained inserts). Twenty (20) (~28%) of those BMS products were from ATNI-Index companies, while 13 (~18%) were from “other” companies. In total, 63 incidents of noncompliance were observed on the product labels for BMS products.
  - *Summary CF 6-36 months:* The label analysis included 54 CF 6-36 month products. Thirty-five (35) (~65%) of those products had 1 or more incidents of noncompliance on the label (none of the products contained inserts). All of the CF 6-36 month products with one or more incidence of noncompliance were from “other” companies, most of which were likely parallel imports. In total, 104 incidences of noncompliance were observed on the product labels for CF 6-36 month products.



- *Most Common Incidence of Noncompliance Observed on BMS Product Labels:* Across the 72 BMS products analyzed, the most common incidence of label noncompliance included: 29 (~40%) products missing one or more of the seven informational requirements<sup>14</sup> for the preparation instructions; 7 (~10%) products containing text or images that idealize the use of infant formula; 7 (~10%) products missing one of the two required “appropriate languages”—English and Filipino—on what are suspected to be parallel imports. The BMS product types with the most incidents of noncompliance were IF 0-6 months with 16 (~22%) total products. The company with the most incidences of labelling noncompliance on BMS products was RB with 14 (~19%) noncompliant product labels. Of the other ATNI-Index companies, Abbott also had 6 (~8%) noncompliant product labels, while none were found for Nestlé and Danone.
- *Most Common Incidence of Noncompliance Observed on CF 6-36 Month Product Labels:* In respect to the 54 CF 6-36 month products, the most common incidence of noncompliance included 35 (~65%) products missing one of the two required “appropriate languages” (Filipino and English) on the label; 31 products missing a statement on the importance of continuing breastfeeding for at least 2 years (~54%); 12 (~22%) products missing a statement that the product should not be given to infants under 6 months. The company with the most incidence of noncompliance for CF 6-36 month products was Only Organic with a total of 7 (13%) products.

Table ES-1 presents a summary of **observed** incidences of noncompliance for all producers of covered formula and CFs found in the NCR. It excludes the results from the interviews with mothers and HPs, as these are reported findings and not those observed by data collectors and are not included in ATNI’s scores. Results from interviews with mothers and HPs are provided in the relevant results section of the report on pages 5-3 and 5-4, 5-7, 5-10 to 5-13 and 5-16 (results based on Form 1 applied to mothers) and on pages 5-12 to 5-17 (results based on Form 2 applied to HPs). This table provides the number of reported and observed incidence of noncompliance found in the NCR during the study period for ATNI-Index companies and for the other companies.

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<sup>14</sup> WHA 61.20 requires all of the following items in the preparation instructions for IF, FOF, GUM, or CF <6 products in powdered form: the label shows clear graphic instructions illustrating the method of preparation; instructions show the use of hygienic practices (e.g., clean hands, preparation surfaces); instructions show the need to boil water and sterilize utensils; instructions show necessity for powdered formula to be prepared one feed at a time; instructions show necessity of using water at or above 70°C in order to minimize microorganisms contamination during preparation; instructions show the need to cool the formula before feeding if using hot water for reconstitution; instructions show that left-overs of the product need to be discarded immediately.

**Table ES-1. Summary of observed incidence of noncompliance, by Code sub-article and WHA 69.9, and company**

| Company            | Total number of products <sup>1</sup> | Total number of incidence of noncompliances (sum of columns to the right) | Incidence of noncompliance by relevant Code sub-article and WHA 69.9                               |   |   |   |  |  |
|--------------------|---------------------------------------|---|--|---|---|---|--|--|
|                    |                                       |   | 4.2<br>Informational/<br>educational<br>materials at HF<br>and retail outlets<br>(table not shown) | 4.3<br>Observations<br>of equipment<br>at HF<br>(table not shown) | 5.1,WHA<br>69.9<br>Media<br>monitoring<br>(traditional<br>and online) <sup>2</sup><br>Table 5-4 | 5.3,WHA 69.9<br>Promotions at<br>retail outlets<br>(physical and<br>online retailers) <sup>3</sup><br>Table 5-6 | 6.3 and 6.8<br>Promotional<br>material at<br>HF<br>(table not shown) | 9.2,9.4,WHA<br>69.9<br>Noncompliant product<br>labels <sup>4</sup><br>Table 5-13 |
| Abbott             | 8                                     | 6   | 0  | 0   | 0   | 0   | 0  | 6  |
| Danone             | 6                                     | 0   | 0  | 0   | 0   | 0   | 0  | 0  |
| FrieslandCampina   | 0                                     | 0   | 0  | 0   | 0   | 0   | 0  | 0  |
| KraftHeinz         | 0                                     | 0   | 0  | 0   | 0   | 0   | 0  | 0  |
| Nestlé             | 50                                    | 47  | 0  | 0   | 45  | 2   | 0  | 0  |
| RB                 | 17                                    | 19  | 0  | 1   | 3   | 0   | 1  | 14   |
| Other <sup>5</sup> | 88                                    | 80  | 0  | 0   | 1   | 31  | 0  | 48   |
| <b>Total</b>       | <b>169</b>                            | <b>152</b>  | <b>0</b>   | <b>1</b>  | <b>49</b>   | <b>33</b>   | <b>1</b>   | <b>68</b>  |

**Source:** ATNI Philippines (2020)

<sup>1</sup> The count of products includes all of the unique products found throughout the course of the study. In total, 134 products were observed in the data collection. The labels of 126 were assessed; the other 8 products were not able to be purchased but featured in marketing or advertising.

<sup>2</sup> Note that the Media Monitoring component of the study (October 2019-March 2020) includes observations of advertisements or promotions in traditional media (Television and Radio) and online (company and brand websites local to the Philippines and their associated social media pages, along with 10 parenting websites and their associated social media pages).

<sup>3</sup> 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.

<sup>4</sup> Counts of noncompliance include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32 and WHA 61.20, and relevant Filipino regulations (those which exceed the Code). Each label included in this analysis can have more than one noncompliance; 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 noncompliance). Additionally, the 101 parallel imports were excluded from the label analysis results presented in this report and are therefore not counted in this column. Six (6) legitimate products and 2 products from “other” companies were not available for purchase in the Philippines and are also excluded from the count in this column because they were not assessed in the label analysis.

<sup>5</sup> “Other” companies included in the Philippines data collection for which there were observed noncompliances include: Alnut, Bellamy’s Australia, Bubs Australia, Happy Family Organics, HiPP, Kalbe, Little Freddie, Morinaga/Morinaga Milk, Nosh Foods, Nutri-Del, NutriDense Food Manufacturing Corporation, Only Organic, Perrigo Nutritionals, Rafferty’s Garden, Rebisco, Want-Want Food, and Woolworths. There were no findings for 35 products found for the following 18 “other” companies that were also part of the data collection in the Philippines: Apple Monkey, Ausnutria, Blackmores, Costco, Dairy Goat Co-Op, Glico, Healthy Choice, Healthy Times, Holle, Keep it Cleaner, Lieblings Schatz, Little Bellies, Little Quacker, Maeil, Sprout Foods, The A2 Milk Company, The Hain Celestial Group, Whole Kids.

Table ES-2 presents a summary of **observed** incidence of noncompliance by product type, for the six ATNI-Index companies, and “other companies” in the NCR. There were several observations of noncompliance that were not related to a formula or baby food product for children 0-36 months of age (6 from online media monitoring) but promoted a particular company or brand. These incidents were categorized in the “Not a specific product” column in the table below. This table is presented for descriptive purposes only because the number of incidents varies by sub-article and their relative importance may differ. The most common product type promoted was CF 6-36 months with a total of 51 incidents of noncompliance (~34%) for 27 products. In total, the ATNI-Index companies accounted for 72 (~47%) incidences of noncompliance, while the “other” companies accounted for 80 (~53%) incidents.

| Table ES-2. Summary of observations of incidence of noncompliance, by product type |                            |                                  |                             |   |   |                        |            |
|--|----------------------------|----------------------------------|-----------------------------|---|---|------------------------|------------|
| Total number of observed incidence of noncompliance by product type                |                            |                                  |                             |   |   |                        |            |
| Company  | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos <sup>2</sup> | Complementary Food (CF) 6-36 mos <sup>2</sup> | Not a specific product | Total      |
| Abbott   | 4                          | 0                                | 2                           | NA  | NA  | 0                      | 6          |
| Danone   | 0                          | 0                                | 0                           | 0   | 0   | 0                      | 0          |
| FrieslandCampina   | 0                          | 0                                | 0                           | NA  | NA  | 0                      | 0          |
| Kraft Heinz  | 0                          | 0                                | 0                           | 0   | 0   | 0                      | 0          |
| Nestlé   | 1                          | 1                                | 24                          | 0   | 15  | 6                      | 47         |
| RB   | 6                          | 4                                | 7                           | NA  | NA  | 2                      | 19         |
| <b>Total ATNI-Index companies</b>  | <b>11</b>                  | <b>5</b>                         | <b>33</b>                   | <b>0</b>                                    | <b>15</b>                                     | <b>8</b>               | <b>72</b>  |
| Other <sup>1</sup>   | 11                         | 3                                | 3                           | 27  | 36  | 0                      | 80         |
| <b>Total</b>   | <b>22</b>                  | <b>8</b>                         | <b>36</b>                   | <b>27</b>                                   | <b>51</b>                                     | <b>8</b>               | <b>152</b> |

Source: ATNI Philippines (2020)

<sup>1</sup> “Other” companies included in the Philippines data collection for which there were observed noncompliances include: Alnut, Bellamy’s Australia, Bubs Australia, Happy Family Organics, HiPP, Kalbe, Little Freddie, Morinaga/Morinaga Milk, Nosh Foods, Nutri-Del, NutriDense Food Manufacturing Corporation, Only Organic, Perrigo Nutritionals, Rafferty’s Garden, Rebisco, Want-Want Food, and Woolworths.

<sup>2</sup> NA denotes findings of complementary food products as not being applicable to companies that do not produce and market these product types.

Important conclusions and recommendations by type of marketing include:

- Areas of High Level of Compliance
  - *Equipment Donated to HFs* – With the exception of one item of equipment, there were no observations of such donations of equipment in HCs and MFs, demonstrating good compliance with the Code and local regulations.
  - *Informational and Educational Materials* – No printed information or educational material distributed by manufacturers was observed at the HCs, MFs, or retail outlets. Likewise, no materials directed to HPs were found, all of which demonstrates good compliance with the Code and local regulations.

- *Promotional Materials in HFs* – In what appeared to be an isolated incident, only 1 item was observed in the 33 HCs and 10 MFs in the Philippines study, demonstrating good compliance with the Code and local regulations.
  - *Company Contact with Mothers* – There was not a single case of direct contact by companies with mothers documented in the NCR. However, baby food companies should sharpen their systems to ensure that they do not use social media to contact mothers.
  - *Gifts and Coupons to Mothers* – There were a few reported instances of mothers’ receipt of free gifts, but no reports of receiving a coupon. None of the mothers was in contact with company representatives. The small number of incidents suggests good compliance with the Code and local regulations. However, it is worthy of further consideration that most of the free gifts were received in HFs and presents an opportunity for the local governments to encourage stronger compliance among HPs who have interactions with mothers at the HFs.
  - *Point-of-Sale Promotion in Stores* – No promotion was observed in the brick-and-mortar retail outlets. This remarkable finding is somewhat surprising, though welcome, given extensive such findings from Westat’s previous studies in other countries.
  - *Online Promotions* – No promotions for BMS products were identified on the parenting websites or companies’ social media pages and no inappropriate marketing of CF 6-36 month products was found.
- Areas of Low Level of Compliance
    - *Advertising and Promotion* – The mothers’ most frequent mode of recalled advertisement was television, followed by social media. Moreover, the traditional and online media monitoring component of the study documented a number of unique advertisements or promotions that were repeated thousands of times. Given the rapid rise in the use of social media and marketing spending on those platforms in recent years, contact with mothers is increasing across all countries through social media, including companies’ own websites, YouTube, Facebook, and others. Companies should institute additional measures to stop such advertising and promotion for BMS products, including GUMs. Government efforts should continue to focus on preventing advertising or other forms of promotion of BMS to the general public on all forms of media, and on developing systems to monitor compliance with the Code and local regulations on an ongoing basis, for these media. Measures to ensure that CF 6-36 months are marketed in line with the recommendations of WHA 69.9 could also be considered.
    - *Point-of-Sale Promotion* – All such promotions were found on online retailers, with none observed in the brick-and-mortar retail outlets. The extensive promotion of BMS and CF products on online retail platforms available to consumers in the NCR is concerning. Baby food companies should redouble their efforts to encourage online retailers to uphold their responsibilities under the Code, and that to the extent possible under anti-trust laws, their contracts with these online retailers deter point-of-sale promotions on their sites. The Philippine government could also take steps to ensure that online retailers are aware of their responsibilities under the Code and national legislation and institute measures to monitor and prosecute them.

- A large number of BMS and CF products available in the NCR are parallel imports. Manufacturers of such products should step up their efforts to ensure that their products are sold only in the markets for which they are intended. The government could also consider measures to prevent such imports and/or ensure that their labelling and marketing are compliant with local regulations.
- *Labeling* – Sixty-eight (68) of the 126 labels assessed were noncompliant with the Code, the vast majority made by “other” companies, including many likely parallel imports. Were all companies that make BMS and CF to adopt labelling policies that fully adhere to the Code and/or WHA 69.9 as appropriate, this issue would not arise wherever their products were sold. The government could consider reviewing the alignment of its labeling regulations with the Code and all subsequent WHA resolutions. Given the confusion around health and nutrition claims on FSMPs, clarification on this point would be valuable.
- A relatively high number (40) of offers by companies were reported by HPs of sponsorship to attend workshops and conferences. To comply with WHA 69.9, companies should cease making such offers. The government could consider introducing stronger deterrents to companies to provide such sponsorship.
- Limitations of this study include:
  - This study was a one-time cross-sectional survey for the point in time that it was conducted. We should be aware that these indicators are not necessarily generalizable to a larger population in the NCR, nor elsewhere in the Philippines. However, it is fair to acknowledge that the two-stage sampling used for selecting participant clinics where mothers and health professionals were interviewed as well as the wide geographic area where the clinics are located, including public and private facilities, add value to the findings described in this report.
  - Much of the information needed to assess compliance comes from interviews with mothers and with HPs. Self-reported events or information can be misreported for various reasons, as described in Chapter 7. Although findings based on self-reported information should be interpreted cautiously, we cannot underestimate the value of information directly collected from members of these two groups targeted by companies that sell BMS/CF products.
  - The interviewers selected HPs within each HF following the NetCode protocol. However, they might or might not have been the best workers to interview with respect to facility-related issues (e.g., others might have had more experience of companies’ marketing activities in the HF). Therefore, for example, the study may have underreported visits or contacts made by representatives of baby food companies.
  - 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 the NCR. 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. It is fair, however, to highlight the element of surprise that characterized the data collection effort. None of the retail outlets was alerted prior to the visits or informed of the study objective, so the observations recorded very likely reflect an average day.

- Although the inclusion of the online monitoring adds strength to the study, the selection of participant websites was purposive, not representative, and findings cannot be generalized to the universe of online media available to mothers and caregivers in the NCR. In addition, the study likely underestimates the level of promotion via text messages and other social media beyond the assessed platforms. Not only is it difficult to assess but also the NetCode protocol did not specify how to conduct such an assessment. However, anecdotal evidence and other reports indicate that mobile marketing is becoming pervasive.

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

# 1. Background

## A. Rationale for Conducting the Philippines Study

The Access to Nutrition Foundation (ATNF) is a not-for-profit organization, based in the Netherlands, established in 2013. It operates as the Access to Nutrition Initiative (ATNI) and develops and publishes Access to Nutrition Indexes, as well as other related private sector monitoring and accountability tools and research. The first Global Index, launched in 2013, scored and rated 25 of the world's largest food and beverage companies on commitments, performance, and disclosure on addressing obesity and undernutrition. ATNI published the second and third editions of the Global Index in January 2016 and in May 2018 respectively and rated 22 companies similarly. It is for the 2021 Index that this study is undertaken. More information is available at [www.accesstonutrition.org](http://www.accesstonutrition.org). The objectives of the Indexes are 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 three of the most pressing global nutrition-related public health challenges—the growth of overweight and obesity and the persistence of undernutrition and micronutrient deficiencies. A particularly important component of ATNI's work is contributing to better infant and young child nutrition by holding baby food companies to account for implementing the International Code of Marketing of Breast-milk Substitutes (the Code), subsequent relevant World Health Assembly (WHA) resolutions, and relevant local regulation.

In 2015, ATNI and Westat first piloted studies in Vietnam and Indonesia, similar to the Philippines study, to assess the marketing of breast-milk substitutes (BMS). ATNI and Westat collaborated again on the third pilot study in India in 2016. ATNI used the results to inform the first 2016 India Index in the same way that the studies in Vietnam and Indonesia fed into the 2016 Global Index. Westat conducted the fourth study in the summer of 2017 in Thailand and the fifth study in Nigeria in the fall of 2017. The results from the Thailand and Nigeria studies informed the 2018 Global Index.

In 2014, the World Health Organization (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>15</sup> ATNI 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

<sup>15</sup> <http://www.who.int/nutrition/netcode/en/>



Monitoring Systems.”<sup>16</sup> We based the study in the Philippines on the updated 2017 NetCode protocol.

ATNI chose the National Capital Region (NCR) of the Philippines as the geographical location for this sixth study, because the NetCode protocol recommends conducting the study in the capital or largest city of the country. Additionally, marketing of BMS and complementary food (CF) products is more common in the major cities.

The protocol design enables an assessment of whether those companies whose BMS products and/or CFs were for sale in the study area conform fully with the provisions of the Code, subsequent relevant (WHA resolutions, and national legislation controlling the marketing and labeling of these products.

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

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A review of epidemiological studies over the past 3 decades estimate that 832,000 child deaths could be prevented in low- and middle-income countries if breastfeeding increased.<sup>17</sup> Moreover, WHO advocates that to achieve optimal growth, development, and health,

- All children should be breastfed exclusively for the first 6 months;
- Breastfeeding should continue until the age of 2 or beyond; and
- At 6 months old, and not before, introduce safe and appropriate CFs to infants’ diets to meet the child’s evolving nutritional requirements.

BMS and CF products are a major contributor to undernutrition and infant mortality and undermine optimal infant and young child nutrition, while breastfeeding confers a range of health and other benefits, as extensive evidence has demonstrated.<sup>18</sup> Infants 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>19</sup>

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<sup>16</sup> <https://apps.who.int/iris/bitstream/handle/10665/259695/9789241513494-eng.pdf;jsessionid=CD76D1C5A340E756FDA347EF9362D55A?sequence=1>

<sup>17</sup> The Lancet Breastfeeding Series Group. (2016). Breastfeeding in the 21<sup>st</sup> century: Epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387, pp. 475-490.

<sup>18</sup> [https://www.who.int/maternal\\_child\\_adolescent/topics/child/nutrition/breastfeeding/en](https://www.who.int/maternal_child_adolescent/topics/child/nutrition/breastfeeding/en)

<sup>19</sup> [ibid](#)

Breastfeeding also reduces the need for antibiotics and other medicines.<sup>20</sup>

Several benefits to mothers include greater protection against breast and ovarian cancer, and type 2 diabetes.<sup>21</sup> Recent evidence has also demonstrated an association between prolonged breastfeeding and postmenopausal risk factors for cardiovascular disease.<sup>22</sup> These illnesses all represent the greatest threats to women's health across all ages. Extensive breastfeeding, therefore, can also contribute 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 mothers can breastfeed their babies.

Breastfeeding in the Philippines is below recommended levels. While the 2017 National Demographic and Health Survey Key Findings showed that 93% of the children were ever breastfed,<sup>23</sup> the 2018 Expanded National Nutrition Survey reported that only 29% of infants in the Philippines were exclusively breastfed at 6 months, a low level given the WHO's recommendations that all infants should be exclusively breastfed until this age. Sixty-nine percent (69%) of the mothers initiated early breastfeeding and 33% continued to breastfeed at 2 years.<sup>24</sup>

As infants grow older, their energy and nutrient requirements increase, making breast-milk insufficient to supply their increasing needs. As such, infants should be gradually introduced to complementary food starting at 6 months of age. However, just 74.2% of 6-month-old children were introduced to complementary food at 6 months. Only 20% of 6 to 23-month-old children met the Minimum Dietary Diversity, a measure of diet quality, with the proportion increasing as the age of the child increases. A high proportion of breastfed and non-breastfed 6 to 23 month-old children were given complementary foods the minimum number of times per day. The proportion of children 6 to 23 months old who met both minimum dietary diversity and minimum meal frequency to ensure both dietary quality and nutrient adequacy significantly decreased from 2015 to 2019. These figures suggest that the majority of young children in the Philippines suffer from poor complementary feeding practices, as shown by the poor diversity of diet.<sup>25</sup>

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<sup>20</sup> [ibid](#)

<sup>21</sup> The Lancet Breastfeeding Series Group. (2016). Breastfeeding in the 21<sup>st</sup> century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387, pp. 475-490.

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714700/>

<sup>23</sup> <https://www.dhsprogram.com/pubs/pdf/SR253/SR253.pdf>

<sup>24</sup> [https://www.fnri.dost.gov.ph/images//sources/eNNS2018/Infants\\_and\\_Young\\_Children\\_0-23m.pdf](https://www.fnri.dost.gov.ph/images//sources/eNNS2018/Infants_and_Young_Children_0-23m.pdf)

<sup>25</sup> The Philippines' Department of Science and Technology - Food and Nutrition Research Institute. (2020). *2019 ENNS Results Dissemination*. Author.

## C. The Code on Marketing of Breast-milk Substitutes and Related Local Regulations

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The WHO first released the Code in 1981.<sup>26</sup> From 1982 through 2016, WHA adopted 22 additional resolutions that expand on and clarify the Code. For compliance purposes, WHO considers the additional resolutions part of the Code.<sup>27</sup>

WHO developed the Code 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. The Code directs many of the recommendations toward baby food companies that manufacture BMS and/or CF.

The Philippines enacted national legislation with the passage of the “The Philippine Code of Marketing of Breast-milk Substitutes, (Executive Order 51, 1986).<sup>28</sup> This legislation, commonly referred to as the Milk Code, was followed by the “revised Implementing Rules and Regulations of the Milk Code (RIRR) of 2006.<sup>29</sup> The scope of the legislation pertains to formulas and foods for infants and children from birth to 36 months of age and restricts a range of forms of marketing, including but not limited to:

- Advertising and promotion;
- Labeling and advertising/claims;
- Activities for dissemination of information to health professionals (HPs);
- Assistance in research; and
- Donations.

The Milk Code created the Inter-Agency Committee (IAC) that determines matters related to implementation and monitoring. The IAC is composed of representatives from several government entities, including the Department of Health (DOH). The DOH is primarily responsible for the monitoring, implementation, and enforcement of the Milk Code and the RIRR. However, the IAC reviews all advertising, promotion, or other marketing materials. The IAC wants to strengthen the provisions on marketing of CFs and awaits the results of some local studies. The prolonged lockdown due to SARS-CoV-2 pandemic has further delayed revisions to the Milk Code’s RIRR. The tentative timeline to make the revisions is within the year.<sup>30</sup>

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<sup>26</sup> [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf)

<sup>27</sup> <https://www.who.int/nutrition/netcode/resolutions/en/>

<sup>28</sup> [https://www.lawphil.net/executive/execord/eo1986/eo\\_51\\_1986.html](https://www.lawphil.net/executive/execord/eo1986/eo_51_1986.html)

<sup>29</sup> [https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementing%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29_0.pdf)

<sup>30</sup> M.C.R. Castro, personal email, October 12, 2020

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

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As interpreted for this study in the Philippines, we derived the definition of products included in the study from the Code, subsequent WHA resolutions, and subsequent guidance issued by WHO in May 2016 (WHA 69.9).<sup>31</sup> According to these documents, the Code applies to BMS products marketed as suitable for infants and young children for children up to 36 months of age, including:

- Infant formula (IF – for infants from birth to 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);
- Any other milk for children 0 to <36 months; and
- CFs marketed as suitable for infants less than 6 months of age.

CFs marketed as suitable for infants and young children 6 to 36 months of age are also included in this study because WHA 69.9 established specific provisions regarding the marketing of complementary foods. WHA 69.9 calls upon manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotions, as set forth in the associated guidance recommendations.

For this study in the Philippines, we used the youngest age in the range to classify the product type when the recommended age range spanned more than one product type, (e.g., we classified a product listed from birth to 12 months as an IF). The Code also applies to the marketing of bottles, pacifiers, and teats, but this study did not include information for these products.

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

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

This study focused on assessing compliance with those elements of Articles 4-9 covered by the 2017 NetCode protocol, described in Chapter 2, Section B, with the specific recommendations to be

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<sup>31</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf?ua=1). This report notes 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. 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.”

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 requires 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 primarily targets governmental responsibilities which the NetCode protocol did not address, and is also therefore not within the scope of this study. Our approach also took into consideration the Philippines national legislation. ATNI hired a legal consultant to undertake the comparison of the local laws, regulations, and rules with the Code and all subsequent relevant resolutions. Chapter 3 provides a summary of the legal analysis in Section A and describes the methodology to adapt the forms in Section B.

## E. Process of Selecting Westat

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ATNI initiated a competitive bid process in March 2015 to conduct pilot studies in two preselected countries, Vietnam and Indonesia, and awarded the contract to Westat. Westat conducted the two studies following the Interagency Group on Breastfeeding Monitoring (IGBM) Protocol.<sup>32</sup> Because of that successful collaboration, ATNI asked Westat to conduct the subsequent pilot study in India in 2016, the studies in Thailand and Nigeria in 2017, as well as the current study in the Philippines.

## F. Westat Description

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Westat is an employee-owned health and social sciences research organization based in Rockville, Maryland. Established in 1963, it now has more than 1,700 staff members. Westat is one of the leading survey implementation organizations in the United States, 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 health; 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. Relevant examples include 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. Westat has conducted this survey for the National Center for Health Statistics (NCHS) for more than 30 years. The U.S. Department of Agriculture (USDA) Food and Nutrition Service's Infant and Toddler Feeding Practices Study examines breastfeeding practices in a low-income population (the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] nutrition-assistance program) and is another relevant example of Westat's nutrition survey research experience.

Westat has supported health and social science research in developing countries since 1982. Westat has worked in more than 50 countries, including several in Asia. For these global studies, Westat has established strong management controls to ensure the quality and timeliness of in country work. Westat has also developed substantial experience in identifying qualified local partner organizations to collaborate with that can perform the fieldwork.

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

## G. In-Country Partner Description

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Westat selected the in-country data collection partner for this study in response to a Request for Proposals (RFP) entitled Philippines Assessment of Marketing of Breast-milk Substitutes. Westat selected the Nutrition Center of the Philippines (NCP) as offering the strongest services. NCP, established in 1974, is a nonstock, nonprofit organization with a long history of modeling and implementing policy-shaping health and nutrition interventions based on social and biomedical research. NCP contributes to health policy by providing an evidence base for innovative, cost-effective, and sustainable nutrition strategies and interventions. NCP plays a critical role in developing and advocating innovative approaches and enabling legislation. Local government units and nongovernmental organizations implement the health and nutrition programs developed by NCP. The organization has a history of working with different partners in public health nutrition with the view of ensuring nutrition security, especially for those who are disadvantaged. NCP's strategic goals include the following:

- Reduce micronutrient deficiencies;
- Improve infant and young child nutrition practices;
- Address nutritional requirements for the prevention and treatment of communicable and non-communicable diseases;
- Improve maternal and neonatal health; and
- Identify effective public health interventions.

NCP has experience conducting household surveys on breastfeeding and other infant and young child feeding practices, including the endline survey for UNICEF's Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA) in three regions. They have completed the baseline survey for Nutrition International's Right Start Project in seven provinces, and the baseline and endline surveys for the Zuellig Family Foundation's (ZFF) pilot nutrition program in two municipalities. NCP likewise conducted a baseline survey on Maternal, Newborn, and Child Health and Nutrition (MNCHN)/Family Planning (FP) among health facilities and service delivery systems in eight provinces in the Visayas and an operations research involving records review of hospital registries and patient records in six hospitals nationwide.

NCP contracted with Organic Intelligence (OI), an independent media monitoring company in the NCR that has the capability to monitor all media platforms. For this study, OI monitored traditional media platforms (television and radio).

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

## H. Support from the Philippines Government Bodies and Local Associations

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The Philippine Health Research Ethics Board (PHREB) monitors, evaluates, and accredits research ethics committees in the Philippines. They maintain a list of accredited research ethics committees (RECs). Since this study involved participants accessed through public and private facilities, NCP requested ethical approval from St. Cabrini Medical Center - Asian Eye Institute Ethics Review Committee (ERC). This is a privately run ERC, accredited by the PHREB, that has a level 3 accreditation (authorized to research with minimal risks to participants, post-marketing studies, and clinical trials) and is compliant with the International Conference on Harmonisation-Good Clinical Practice (ICH-GCP) guidelines.

Westat and NCP submitted the study objectives, the methodology, data collection forms, and study requirements to their respective ethical review boards. Both Westat and NCP secured approval from their respective review boards to conduct the survey as is required for surveys addressing health issues in the Philippines.

## I. Project Management

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The Westat management team consisted of a Project Director and a Senior Epidemiologist, who have significant experience working and establishing international collaborations. Other experienced members of Westat's team included a Task Manager, to oversee the media monitoring and label analysis; a Survey Statistician, to consult on survey sample design and sampling; a Data Manager, to oversee database programming and data processing. A Project Assistant supported media monitoring and label analysis.

NCP's Project Manager provided in-country insights and oversight to institutional relationships and resources. NCP provided a Trainer who led the in-country trainings, a Data Manager who had responsibility for oversight of the data collection teams deployed in the selected study sites within the NCR of the Philippines and for quality assurance, a Media Monitoring Coordinator who accessed all online websites weekly, and the data collection teams.

Westat allocated responsibilities for the survey work to maximize in-country knowledge and resources, while using Westat's expertise for management, development, quality control (QC), and data analysis. Westat personnel, in collaboration with ATNI, finalized the survey instruments; selected the sample; reviewed and approved the training agenda; programmed and tested the tablets for data collection; cleaned and analyzed data; and prepared the final report. Westat relied on NCP's local knowledge and understanding to translate the data collection forms into the Filipino language, organize and provide training for the field supervisors and data collectors, collect and enter all data on tablets, and perform field QC. NCP was also responsible for all media monitoring, including traditional and online, and label assessment. Westat and NCP held weekly calls during development and data collection, Westat consulted NCP as needed during analysis and drafting the report.

ATNI provided project management support to Westat via status updates and guidance during various stages of the Philippines study. During all phases of the process, ATNI participated in weekly calls with Westat. Appendix A provides an overview of the study timeline.



## 2. Research Objectives

### A. Primary Objective

The primary objective of this study was to monitor compliance with the provisions of the Code, subsequent relevant World Health Assembly (WHA) resolutions, and national legislation and regulations, where applicable, by all manufacturers selling Breast-milk Substitute (BMS) and/or Complementary Food (CF) products (as defined for this study) in the National Capital Region (NCR) of the Philippines. Westat achieved this objective by measuring the type and scale of apparent noncompliance with these provisions through interviews and observations, and attributing them to individual baby food companies. A listing of all baby food companies that were identified as selling BMS and/or CF products in the NCR, as well as the products found by the study team, for which there were findings, is included as Appendix B.

### B. Study Tool

Network for Monitoring and Support for Adherence to the Code (NetCode) developed the survey design and protocol titled “Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessments.”<sup>33</sup> NetCode began developing the protocol in 2015 and released the final version in 2017. Its ownership rests with the World Health Organization (WHO) and we used it with permission.<sup>34</sup> Westat measured compliance with the provisions of the Code, subsequent relevant WHA resolutions, and national measures using this protocol. 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.”*<sup>35</sup>

The 2017 version of the NetCode protocol includes WHA resolution 69.9 recommendations. This is a notable inclusion since the 2017 studies in Thailand and Nigeria.

ATNI selected and adapted the 2017 NetCode protocol following recommendations in consultation with expert stakeholders. 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 Philippines context and took into consideration the national legislation and language, as described in Chapter 3, Sections A and B. We also made some sampling changes noted in Chapter 4, Section D.

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<sup>33</sup> <https://apps.who.int/iris/bitstream/handle/10665/259695/9789241513494-eng.pdf;jsessionid=CD76D1C5A340E756FDA347EF9362D55A?sequence=1>

<sup>34</sup> Permission to base the survey on the NetCode protocol does not imply any endorsement of the resulting report by WHO.

<sup>35</sup> <https://www.who.int/nutrition/netcode/members/en/>

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

The 2017 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 reported by the mothers. While grandparents are often primary caregivers of children under 24 months in the Philippines, ATNI and Westat only allowed mothers to respond.

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

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Using the sample design and the data collection forms in the 2017 NetCode protocol, adapted to the Filipino language and for tablet data collection, we were able to calculate indicators of noncompliance for each of the following requirements of the Code. (Chapter 3 describes how the study addressed national legislation.)

We used the specific guidance from the Code and subsequent WHA provisions to inform any adaptations 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 breast-feeding;
- Maternal nutrition, and the preparation for and maintenance of breast-feeding;
- The negative effect on breast-feeding of introducing partial bottle-feeding;
- The difficulty of reversing the decision not to breast-feed; 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.

**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.

## WHA 69.9

**Recommendation 6.** Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. 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.

## Augmented for CF 6-36 months by:

## 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;
- 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.

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.

**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.

### **Superseded by:**

#### **WHA 69.9**

**Recommendation 6.** Such companies (that market foods for infants and young children), 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 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.

### **Superseded by:**

**WHA 69.9**

**Recommendation 6.** Such companies (that market foods for infants and young children), 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 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.

**WHA 69.9**

**Recommendation 6.** Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. 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.

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 breast-feeding;

- 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.

### **Augmented by:**

#### **WHA Resolution 58.32**

**1.(2)** to ensure that nutrition and health claims are not permitted for breast-milk substitutes, except where specifically provided for in national legislation;

**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>36</sup>

## WHA 61.20

**1. (3)** Calls for implementation of the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula. All formula in powdered form must include the following information:

- the label shows clear graphic instructions illustrating the method of preparation;
- instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces;
- instructions show the need to boil water and sterilize utensils;
- instructions show necessity for powdered formula to be prepared one feed at a time;
- instructions show necessity of using water at or above 70°C in order to minimize microorganisms contamination during preparation; and
- instructions show the need to cool the formula before feeding if using hot water for reconstitution; instructions show that left-overs of the product need to be discarded immediately.

## 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;
- 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.

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);

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<sup>36</sup> [http://www.who.int/nutrition/topics/WHA58.32\\_itycn\\_en.pdf](http://www.who.int/nutrition/topics/WHA58.32_itycn_en.pdf)

- 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.

ATNI and Westat developed specifications of noncompliance by Code article and WHA resolution. We used these specifications to identify potential measures of noncompliance on the data collected on the study's data collection forms.<sup>37</sup>

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<sup>37</sup> Westat will provide a copy of the specifications for noncompliance upon request.

### 3. Methodology: NetCode Protocol

Westat followed the 2017 Network for Monitoring and Support for Adherence to the Code (NetCode) protocol closely to conduct this study, adapted in a few minor ways as necessary in line with the context of the Philippines and described in the following sections.

#### A. Comparison of the Code to Prevailing National Legislation

Access to Nutrition Initiative (ATNI) and Westat identified all relevant legislation and regulations relating to marketing and labeling products assessed by this study. The Philippines was among the first countries to pass national legislation that aligned to the Code. In 1986, President Corazon Aquino signed into law the marketing of Breast-milk Substitute (BMS) with The Philippine Code of Marketing of Breast-milk Substitutes (Executive Order 51, 1986), commonly referred to as the Milk Code.<sup>38</sup> In 2006, the legislature approved the Revised Implementing Rules and Regulations of the Milk Code (RIRR), in order to align with the new international standards.<sup>39</sup> Despite opposition from BMS companies, the Philippines Supreme Court upheld the ruling bringing the Philippines to the forefront of the global movement towards protection, promotion, and support of breast-feeding.<sup>40</sup>

ATNI hired a legal consultant to undertake the comparison of the local laws, regulations, and rules with the Code and all subsequent relevant resolutions and provided the following summary of that analysis to Westat.

According to the 2020 World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF), and International Baby Food Action Network (IBFAN) Status Report on National Implementation of the International Code, the Philippines' Code law is classified as "substantially aligned with the Code." This designation is conferred when countries have enacted legislation or adopted regulations, decrees or other legally binding measures encompassing a significant set of provisions of the International Code of Marketing of Breast-milk Substitutes (the Code).<sup>41</sup> The Philippines was the only country in Southeast Asia to receive this designation in the 2020 Code Status report, and was awarded a score of 85 out of 100 possible total points for the strength of their Code law. The law is generally regarded as one of the strongest in Asia.

<sup>38</sup> [https://www.lawphil.net/executive/execord/eo1986/eo\\_51\\_1986.html](https://www.lawphil.net/executive/execord/eo1986/eo_51_1986.html)

<sup>39</sup> [https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementating%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29\\_0.pdf](https://extranet.who.int/nutrition/gina/sites/default/filesstore/PHL%202006%20Revised%20Implementating%20Rules%20and%20Regulations%20of%20Executive%20Order%20No.51%20%28the%20Milk%20Code%29_0.pdf)

<sup>40</sup> [https://lawphil.net/judjuris/juri2007/oct2007/gr\\_173034\\_2007.html](https://lawphil.net/judjuris/juri2007/oct2007/gr_173034_2007.html)

<sup>41</sup> WHO, UNICEF, and IBFAN. (Eds.). (2020). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2020*. Geneva: World Health Organization.

Specifically, products covered by the Philippines' BMS Legal Framework are as follows:

- Infant formula (IF): <6 months
- Follow-on formula (FOF): 6-12 months
- Growing-up milks (GUM): 12-36 months
- Formulas for Special Medical Purposes (FSMP): <36 months
- Complementary Foods (CF):
  - <6 months (can never be marketed or advertised), and
  - 6-36 months (can be marketed or advertised with approval from an inter-agency committee [IAC])
- Bottles and teats

#### Philippines Code law

is comprised of two key documents.

##### 1. Executive Order (EO) 51

Also known as the Philippine Milk Code of 1986, and

##### 2. Administrative Order No. 2006-0012

(Revised Implementing Rules and Regulations [RIRR] of 2006).

The law covers the marketing of BMS and CF when represented to be suitable as a partial or total replacement for breast-milk, as well as feeding bottles and teats. It also applies to their quality and availability and to information concerning their use.

*The Philippine DOH interprets the scope as covering BMS and food and beverage products (CF) intended for children 0 to 36 months.*

The text of Executive Order (EO) 51 clearly states that the Department of Health (DOH) is principally responsible for the implementation and enforcement of the Milk Code. Section 12 (a) of EO 51 establishes an IAC in order to ensure that no advertising, promotion, or other marketing materials for products within the scope of the code are printed, published, or broadcast without prior authorization and approval of the committee. Currently, all advertisements, educational and promotional materials for products falling within the scope of the Milk Code have to be submitted for its approval prior to dissemination. Under the DOH, the Philippines Food and Drug Administration (FDA) is the designated Secretariat of the IAC.<sup>42</sup>

On labeling and advertising/claims: Section 16 of the 2006 RIRR prohibits all health and nutrition claims for products within the scope of the Milk Code, such as claims of increased emotional and intellectual abilities of the infant and young child. It is important to emphasize that the 2006 RIRR treats all products within the scope of the Milk Code, including BMS, FSMPs, CF, and bottles and teats, the same with regards to health and nutrition claims—they are “absolutely prohibited” according to Section 16. There is no special provision given to FSMPs that allows for the inclusion of health and nutrition claims on product labels.

Areas where the Philippines' law *goes beyond* the standard required by the Code and relevant WHA resolutions:

- **Section 26, of the 2006 RIRR** *goes beyond the minimum standards required by the Code* by stating that: “Each container/label shall contain such messages on appropriate use, the

<sup>42</sup> Established by the 2006 RIRR of EO 51, Section 38: “Role of DoH/BFAD in IAC. — The Department of Health shall convene and chair the Inter - Agency Committee (IAC) with BFAD acting as its Member/Secretariat.”

superiority of breastfeeding, etc. (contained in International Code Art. 9.2 [a] – [d]), in both Filipino and English languages.”

Areas where the Philippines’ law *falls below* the standard required by the Code and relevant WHA resolutions:

- Required information for follow-up formula:
  - The Philippines’ Milk Code and 2006 RIRR do not require that the recommended age for introduction of the product is included on product labels
  - The Philippines Milk Code and 2006 RIRR do not require that the importance of continued breastfeeding for 2+ years is stated on product labels
  - The Philippines Milk Code and 2006 RIRR do not require that the importance of no complementary foods <6 months is stated on product labels
- Prohibited content for follow-up formula:
  - The Philippines’ Milk Code and 2006 RIRR permit image/text suggesting use at <6 months on product labels.
  - The Philippines’ Milk Code and 2006 RIRR permit professional endorsements on product labels.
- Contact with mothers:
  - The Philippines’ Milk Code and 2006 RIRR allow milk companies to have contact with mothers of infants and young children as long as they are not providing information or education on breastfeeding; there is no gift of any sort (defined as: financial, personal, or commercial reward, inducement, incentives or other favors) involved; and no samples of products within the scope of the Milk Code are provided.
- Donations:
  - The Philippines’ Milk Code and 2006 RIRR allow donations of products not falling within the scope of the Milk Code, equipment or services from milk companies in certain circumstances if they are approved by the Inter Agency Committee (IAC). However, it is important to note that donations of products within the scope of the Milk Code are always strictly prohibited, which is fully in line with the International Code.

ATNI provided Westat with instructions on how to adapt the NetCode forms and interpret the results, in the context of the local policy framework.

## B. Adaptations of Forms

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As the Philippine legislation exceeded the Code in one area, there were minimal specific adaptations or changes to the forms related to legislation. Two questions were added for label abstraction asking whether the label text is in both Filipino and English and if the label includes a statement that there is no substitute for breast-milk.

Westat amended the NetCode data collection forms to enable data on all types of BMS and CF noted previously in Chapter 2 to collect and differentiate all companies selling products in the National Capital Region (NCR). Westat programmers undertook minor re-formatting of the forms to capture accurately the data via tablets, resulting in slight differences in the form design from the NetCode forms. The customizations did not alter the collection of objective measures as designed in the NetCode protocol.

While English and Filipino are the official languages in the Philippines, the NCP staff reported that Filipino was the predominant language spoken in the NCR. Upon the suggestion of NCP and with concurrence of Westat and ATNI, NCP translated the following study forms to the Filipino language:

- Informed Consent Form for Mothers
- Informed Consent Form for Health Professionals
- Form 1 – Questionnaire for Mothers
- Form 2 – Questionnaire for Health Professionals

NCP based the suggestion on their experience in previous surveys that mothers, volunteer health workers, and some health professionals are more comfortable and confident responding to questions in the local language.

NCP identified and contracted with a professional translator to perform the translation from English to the Filipino language. NCP staff further reviewed the translations for consistency, clarity, and acceptability of terms in conversational or vernacular Filipino. Additionally, NCP submitted the forms to an independent professional translator for back translation from Filipino to the English language as part of quality control. The project team compared the back translation with the original study forms for consistency. Inconsistencies were resolved within the project team, and the final translated forms were transmitted to Westat.

General study definitions and definitions specific to each form are included in Appendix C. The final version of the data collection forms are available from Westat upon request.

## C. Data Collected

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To capture information in assessing possible noncompliance with the Code, it was necessary to:

- Interview mothers;
- Interview health professionals (HPs);
- Evaluate promotional, and informational and educational materials and equipment, observed in those health centers (HCs) and maternity facilities (MFs) visited for interviews;
- Evaluate any marketing and promotions observed within selected retail stores and on online retailers' websites;
- Evaluate product labels and inserts of available and relevant BMS and CF products; and
- Monitor selected media, including traditional and digital.

The 2017 NetCode protocol contains six data collection forms, each designed to capture objective information from each of the unique sources and relevant to specific Articles of the Code.

**Form 1.** Designed to collect information from mothers of children younger than 24 months to determine whether, in the last 6 months, they recalled:

- Receiving advice to use commercial or prepackaged food or drink products other than breast-milk;
- Seeing promotions or messaging at the HFs or on media for any baby milks or other baby food products for children less than 36 months, or for companies that sell these products;
- Participating in social groups or events for mothers and other caregivers of infants and young children;
- Receiving any free sample or coupons for any baby milks or other baby food products for children less than 36 months; and
- Receiving any gift associated with any company that sells baby milks or other baby food products for children less than 36 months.

**Form 2.** Designed to collect information from HPs in HCs and MFs to assess incidents in the last 6 months where staff recalled

- Receiving contact from personnel from companies that sell any types of baby foods or drinks intended for infants/children less than 36 months;
- Receiving requests to provide items for distribution to mothers and caregivers of infants and young children;



- Receiving contact to provide mothers or other caregivers with promotional materials, informational and/or educational materials, samples of baby milks or complementary foods for infants less than 36 months, gifts, or coupons;
- Receiving contact to provide items for use by the facility or staff;
- Receiving contact to provide promotional, informational and/or educational materials or gift items from companies;
- Receiving contact to display products and/or conduct promotional activities in the facility;
- Receiving contact to seek direct contact with mothers or facility staff;
- Receiving offers to provide free supplies of any products for infants/children less than 36 months;
- Receiving offers of donations of equipment; and
- Receiving offers to sponsor events or workshops for HPs, or invitations and/or support to attend events or workshops outside the facility.

**Form 3.** Designed to collect data on promotional, information and educational materials or equipment in selected HFs to identify incidence 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 4.** Desk review of promotional and informational or educational materials collected at HFs and retailers. Designed to assess the extent of promotions related to all types of infant formula and CFs for infants and young children less than 36 months.

**Form 6.** Designed to assess the extent of promotions related to relevant products observed in selected small and large retail outlets and on online retailers, and to assess the nature and number of the promotions.

**Form 7.** Designed to assess the compliance of product labels and inserts with the Code and national laws related to relevant products.<sup>43</sup>

**Form 8.** Designed to assess information on the selected media, including online and traditional.

All information collected from mothers and HPs focused on the period within the past 6 months. All information collected from sampled HCs, MFs, and retail shops related to the period of the study, reflecting the products and information available at the time of the study.

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<sup>43</sup> Note: Form 5 is used to compile the list of products to be bought, analysed, and managed. Westat adapted an Excel spreadsheet based on information included in the form.

NCP gave each mother and HP PhP 150.00, or ~US\$3.00, to show appreciation for their time and to thank them for participating in the study interview. This reflects the usual practice in the Philippines.

## D. Sampling of Cities, Health Centers, and Maternity Facilities in the National Capital Region

The Westat statistician used a two-stage sample design for this study. The statistician selected 10 of the 17 total local government units (16 cities and 1 municipality) that comprise the NCR, referred to as primary sampling units (PSUs), in the first stage, using probability proportional to size systematic sampling. Within the sampled cities, the study randomly selected HFs. The goal was to gain approval from 33 HCs and 10 MFs in the sampled local government units for the in-person interviews of eligible mothers and HPs.

### Selection of Districts

The initial work consisted of an evaluation of the cities/municipality as the PSUs. PSUs fewer than 10 HFs of interest to the study (Maternity Care Providers, Level 1 hospitals, Local Health Centers/Primary Care Benefit facilities, Infirmaries, Ambulatory Surgical Clinics) were combined with another neighboring PSU for sampling purposes (San Juan was combined with Mandaluyong; Pateros was combined with Makati). The main considerations when combining the wards were (a) to get enough HFs per combined area and (b) to create geographically well-defined and reasonably efficient entities for data collection. Figure 3-1 shows the 17 cities that comprise the NCR. NCP provided the population data for the cities/municipality within the NCR from the 2015 Census of Population<sup>44</sup> and the total number of HCs and MFs within each city (Appendix D).

For the 955 public and private HFs, the average number of facilities per city is about 56, ranging from 4 to 204 facilities. The private HFs comprise ~49% of the total facilities.

Ten cities were selected systematically with probability proportional to the number of females aged 15-49. Table 3-1 lists the random selection of cities within the NCR.

Figure 3-1. National Capital Region cities



<sup>44</sup> <https://psa.gov.ph/tags/popcen-2015>

| Table 3-1. Selected cities |             |                   |                   |               |            |            |
|----------------------------|-------------|-------------------|-------------------|---------------|------------|------------|
| District ID                | City        | Total population* | Female age 15-49* | Number of HFs |            |            |
|                            |             |                   |                   | Private       | Public     | Total**    |
| 1                          | Manila      | 1,763,348         | 506,923           | 28            | 11         | 39         |
| 2                          | Quezon City | 2,919,657         | 862,193           | 116           | 88         | 204        |
| 3                          | Pasig       | 753,030           | 223,493           | 43            | 47         | 90         |
| 5                          | Marikina    | 448,893           | 129,833           | 27            | 20         | 47         |
| 6                          | Caloocan    | 1,581,025         | 44,798            | 68            | 48         | 116        |
| 8                          | Malabon     | 364,283           | 100,801           | 13            | 24         | 37         |
| 10                         | Taguig      | 801,143           | 236,406           | 38            | 36         | 74         |
| 11                         | Parañaque   | 663,733           | 203,218           | 21            | 18         | 39         |
| 13                         | Las Piñas   | 587,675           | 172,265           | 23            | 32         | 55         |
| 15                         | Pasay       | 412,497           | 125,618           | 12            | 15         | 27         |
| <b>Total</b>               |             | <b>10,295,284</b> | <b>2,605,548</b>  | <b>389</b>    | <b>339</b> | <b>728</b> |

\* Source: Philippine Statistics Authority, 2015 Census of Population

\*\*Total includes Maternity Care Providers, Level 1 hospitals, Level 2 hospitals, Level 3 hospitals, Local Health Centers/Primary Care Benefit facilities, Infirmaries, and Ambulatory Surgical Clinics. Level 2 hospitals and Level 3 hospitals also offer intensive care services and other specialty care and were excluded in order to facilitate the identification of potential participants in the study and to minimize the impact within the facilities of the data collection process.

## Selection of Health Centers

The sampling frame for HCs contained 728 facilities in the 10 selected cities; that number is reduced to 651 when Level 2 hospitals and Level 3 hospitals were excluded. To obtain 33 eligible participating facilities, we increased the number of sampled HCs 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 HCs 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) HCs, 11 facilities per city.

Of the 110 HCs, Westat allocated 33 facilities for the main sample and saved the remaining 77 facilities for the reserve sample. Prior to allocating the HCs to the main sample and the reserve sample, we sorted the list of HCs by ownership category. Table 3-2 shows the distribution of HCs by city and ownership.

| Table 3-2. Number of sampled Health Centers by city and ownership |           |                |             |                |
|---|-----------|----------------|-------------|----------------|
| City  | Ownership | Health Centers | Main sample | Reserve sample |
| Manila  | Private   | 8              | 2           | 6              |
| Manila  | Public    | 3              | 1           | 2              |
| Quezon City   | Private   | 4              | 1           | 3              |
| Quezon City   | Public    | 7              | 3           | 4              |
| Pasig   | Private   | 3              | 1           | 2              |
| Pasig   | Public    | 8              | 3           | 5              |
| Marikina  | Private   | 3              | 1           | 2              |
| Marikina  | Public    | 8              | 2           | 6              |
| Caloocan  | Private   | 2              | 0           | 2              |
| Caloocan  | Public    | 9              | 4           | 5              |
| Malabon   | Private   | 0              | 0           | 0              |
| Malabon   | Public    | 11             | 3           | 8              |

**Table 3-2. Number of sampled Health Centers by city and ownership (continued)**

| City         | Ownership | Health Centers | Main sample | Reserve sample |
|--------------|-----------|----------------|-------------|----------------|
| Taguig       | Private   | 1              | 0           | 1              |
| Taguig       | Public    | 10             | 3           | 7              |
| Parañaque    | Private   | 2              | 1           | 1              |
| Parañaque    | Public    | 9              | 2           | 7              |
| Las Piñas    | Private   | 2              | 1           | 1              |
| Las Piñas    | Public    | 9              | 2           | 7              |
| Pasay        | Private   | 2              | 0           | 2              |
| Pasay        | Public    | 9              | 3           | 6              |
| <b>Total</b> |           | <b>110</b>     | <b>33</b>   | <b>77</b>      |

The final number of HCs included in the study was 33: 26 public and 7 private.

## Selection of Maternity Facilities

The 2017 NetCode protocol called for the inclusion of 10 MFs—a new feature of this study compared to previous ones. NCP provided a list of all HFs. After reviewing the list, the Maternity Care Providers (MCPs) is the suitable category to use for this selection because MCPs are mainly or exclusively MFs. Of the 306 that we determined to be large MFs within the NCR, only 31 facilities were public, and some of those 31 public facilities were not included in first-stage sample of PSUs. Westat selected a random sample of MFs located in the sampled cities.

Table 3-3 provides a listing of the MFs included in the sample selection. Of the 34 MFs included, 10 were in the main sample, and 24 were included in the reserve. All 10 MFs in the main sample were private facilities.

**Table 3-3. Number of sampled Maternity Facilities by city and ownership**

| City         | Ownership | Maternity Facilities | Main sample | Reserve sample |
|--------------|-----------|----------------------|-------------|----------------|
| Manila       | Private   | 3                    | 1           | 2              |
| Manila       | Public    | 0                    | 0           | 0              |
| Quezon City  | Private   | 4                    | 1           | 3              |
| Quezon City  | Public    | 0                    | 0           | 0              |
| Pasig        | Private   | 3                    | 1           | 2              |
| Pasig        | Public    | 1                    | 0           | 1              |
| Marikina     | Private   | 3                    | 1           | 2              |
| Marikina     | Public    | 0                    | 0           | 0              |
| Caloocan     | Private   | 3                    | 1           | 2              |
| Caloocan     | Public    | 1                    | 0           | 1              |
| Malabon      | Private   | 2                    | 1           | 1              |
| Malabon      | Public    | 1                    | 0           | 1              |
| Taguig       | Private   | 4                    | 1           | 3              |
| Taguig       | Public    | 0                    | 0           | 0              |
| Parañaque    | Private   | 3                    | 1           | 2              |
| Parañaque    | Public    | 0                    | 0           | 0              |
| Las Piñas    | Private   | 3                    | 1           | 2              |
| Las Piñas    | Public    | 0                    | 0           | 0              |
| Pasay        | Private   | 3                    | 1           | 2              |
| Pasay        | Public    | 0                    | 0           | 0              |
| <b>Total</b> |           | <b>34</b>            | <b>10</b>   | <b>24</b>      |

Once Westat provided the sample listing of HCs and MFs, NCP began contacting the head of each facility to gain approval to visit and conduct interviews. Prior to data collection, NCP obtained ethical approval from the St. Cabrini Medical Center – Asian Eye Institute Ethics Review Committee (ERC). This is a privately run ERC but accredited by the government Philippine Health Research Ethics Board (PHREB) as required in order to gain access to each facility.

## **E. Selecting the Mothers in Health Centers**

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The 2017 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 HC. Although the NetCode protocol specified mothers, in the Philippine context it is common for young children to be cared for by a grandparent who has 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). After consultation with ATNI, the requirement to interview only mothers was not relaxed in the Philippines, and primary caregivers were not included in the study. Ultimately, and despite this requirement, the data collection teams were able to identify an adequate number of respondents for the mothers' questionnaire.

For each of the HCs, the target was to conduct 10 interviews with mothers. Assuming some mothers would be unavailable, ineligible, or refuse participation, the data collection teams were prepared to approach more women to obtain 10 completed interviews per facility. In some HCs, 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 ATNI. The NCP data collection teams made every effort to meet the requirement but approached all eligible mothers with children younger than 24 months (2 years) as needed to complete 10 interviews per HC.

In some smaller HCs, it was not possible to interview 10 mothers in one day. If the team failed to do so, they returned a second day to reach the target of 10 completed interviews per facility. In one private HC, the team only completed 4 interviews after 2 trips. The team then approached and completed interviews with 6 mothers living nearby who were regular clients of the HC and had children younger than 24 months. In another private HC, the team was able to complete only 8 interviews after two trips. ATNI and Westat instructed NCP to increase the number of mothers interviewed to 12 at another nearby HC to meet the target of 330 mothers interviewed.

NCP interviewed 330 mothers with children younger than 24 months (8 to 12 at each of the 33 HCs). There were 165 (50%) mothers with children less than 6 months of age and 165 (50%) mothers with children 6-24 months. There were no refusals, resulting in a participation rate of 100%.

## **F. Selecting the Health Professionals in Health Centers and Maternity Facilities**

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The 2017 NetCode protocol called for interviews with three HPs at each of the 33 HCs and 10 MFs. The data collection teams conducted the interviews separately to ensure independent responses from each HP. The protocol suggested that the interviews of the three HPs include the clinic director (or the head of the department), a physician, and either a nurse or midwife. During training, Westat instructed the data collection teams to exclude the receptionist or janitorial staff. On arrival at the HF, the NCP data collection team asked for a list of the names and designations of all HPs 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 the NCR, the types of HPs included nurses, doctors, midwives, and assistants in the well-baby and maternity clinics.

The team typically selected three HPs per HF and interviewed all three. The NCP data collection team interviewed 126 HPs (3 at 30 HCs, 2 at 3 HCs, and 3 at each of 10 MFs). At 3 HCs, the physician was not at the clinic so the data collection team was only able to interview 2 HPs. At another HC, a HP declined to participate in the study being a new employee. The team approached another HP who participated, resulting in a participation rate of 100% among HPs.

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

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As part of the model for assessing compliance with the Code and local regulations, the 2017 NetCode protocol required the data collection team to visit one small retailer or pharmacy in proximity to each HC to determine whether there were any promotions or materials for products covered by the Code. The protocol also required visits to 10 large retail stores that sell a high volume and variety of products under the scope of the study. Westat and NCP selected the 10 large retailers based on local knowledge that they carry the majority of the covered products available for sale nationally and were located in the PSU cities.

The teams generally asked a staff person at the HC for the location of the closest store, or the interviewer identified a nearby small retail outlet by walking around the area near the facility.

The data collection teams conducted observations at 43 physical retail outlets, including 33 small retail outlets and 10 large retail outlets. In addition, Westat trained NCP staff to monitor the websites of 5 popular online retailers in the Philippines. Data collectors searched these websites for products within the scope of this study to identify eligible promotions. The Westat Project Assistant conducted 100% review of each advertisement, promotion data, and accompanying image for completeness and quality.

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

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Westat staff performed a detailed internet search and review to assemble a preliminary list of all known products sold in the NCR that are BMS and CFs according to the study definition and, therefore, subject to the Code and the Philippines legislation. Products included those of major international manufacturers, other manufacturers from outside the Philippines, and in-country manufacturers. Westat provided an initial list to NCP staff who further refined the list by confirming those products that were available in the NCR and adding others found in local retailers. Westat combined the lists and prepared a preliminary product list.

NCP staff identified new products during the online media monitoring that Westat added to the overall BMS/CF list, however, no additional BMS/CF products were identified during the remaining areas of data collection. In total, NCP found or identified 270 products made by 39 companies in the NCR. Appendix B includes a listing of all baby food companies that had findings in the data collection.

After data collection was complete, ATNI asked the six ATNI-Index companies to identify products made specifically for the Philippines market (legitimate products). Two of the six ATNI-Index companies, KraftHeinz and FrieslandCampina, stated that they do not sell products in the



Philippines.<sup>45</sup> The remaining four ATNI-Index companies, Abbott, Danone, Nestlé, and RB, confirmed that 81 (~45%) of the 182 products originally identified were legitimate products. We categorized the remaining products from the ATNI-Index companies as parallel imports (e.g., not intended for sale in the Philippines) and excluded them from the label analysis and did not include in the results any other types of marketing identified for these products.

Additionally, there were 88 products (~33%) included from “other” companies found in the Philippines. Two of the “other” companies, Only Organic and Bellamy’s Australia, informed ATNI that their products were not intended for sale in the Philippines. The 10 (~4%) products from those two companies are considered parallel imports, but they are included in the results for this study. In total, ATNI and Westat identified 111 of the 270 products (~41%) as parallel imports.

The 2017 NetCode protocol required the purchase of a single item of every relevant product included in the study. For products sold in different package sizes, the intent was to choose a medium-size or the most commonly purchased size available in an effort to maximize the amount of information included on the label while minimizing costs.

Once ATNI and Westat determined the final BMS/CF list, NCP purchased each BMS and CF product on the list. NCP staff photographed each side of every product for analysis of each label and available insert. The protocol did not require NCP to purchase these products at a location near one of the sampled HCs, since the labels and inserts for products should be the same no matter the location in the city of the product sale. For this study, the SARS-CoV-2 pandemic in-country restrictions delayed the purchase of the BMS/CF products for approximately 6 to 8 weeks. However, NCP eventually was able to purchase and analyze all BMS/CF product labels. There were no product inserts.

## I. Media Monitoring

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The Philippines was the fastest growing advertising market in Asia-Pacific in 2016.<sup>46</sup> In a 2017 report, the total media spending in 2020 was expected to reach \$2.01 billion.<sup>47</sup> Currently, television is the dominant medium in the Philippines and makes up more than 95% of the video advertising spending.<sup>48</sup> In 2013, the allocation of the country’s total advertising spending was 78% for television followed by radio and print.<sup>49</sup> Digital ad spending has increased steadily from 2015 and was expected to reach 24.2% of the total media ad spending in 2020.<sup>50</sup> Mobile internet ad spending has also increased and was anticipated to reach 14.4% of the total media ad spending in 2020.<sup>51</sup>

The global infant formula and baby foods market was estimated to reach US\$53.7 billion in 2020 and expected to grow compounded annually 4.1% to US\$71.1 billion by 2027.<sup>52</sup> Dollars spent on advertising milk substitutes is difficult to quantify, especially as commercial and digital markets

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<sup>45</sup> Friesland Campina exited the market in 2019, months after the country had been selected for the study.

<sup>46</sup> [https://www.warc.com/NewsAndOpinion/News/Philippines\\_leads\\_APAC\\_ad\\_growth/38448](https://www.warc.com/NewsAndOpinion/News/Philippines_leads_APAC_ad_growth/38448)

<sup>47</sup> <https://iabseaindia.com/wp-content/uploads/2017/04/AdSpend-Report.pdf>

<sup>48</sup> <https://business.inquirer.net/281849/traditional-tv-still-king-in-ph-gets-bulk-of-2-b-video-ad-spend>

<sup>49</sup> <https://www.marketing-interactive.com/kantar-philippine-ad-spend-2013/>

<sup>50</sup> <https://iabseaindia.com/wp-content/uploads/2017/04/AdSpend-Report.pdf>

<sup>51</sup> [Ibid](#)

<sup>52</sup> [Baby Foods and Infant Formula - Global Market Trajectory & Analytics \(researchandmarkets.com\)](#)



blend.<sup>53</sup> In the Philippines, the industry spent US\$480 million in promotion and advertising over a 5-year period.<sup>54</sup> Globally, consumers indicate that traditional (46%) and online (68%) media sources influence their purchase of baby food/formula.<sup>55</sup> This corresponds with a finding from a study in the Philippines that advertising is one of two factors that strongly influence mothers to feed infant formula.<sup>56</sup>

The 2017 NetCode protocol for media monitoring includes the assessment of both traditional and online marketing, of all forms, of relevant BMS and CF products. The protocol recommends monitoring three channels each from government, private, and cable for 24 hours per day to identify the number and frequency of advertisements. The protocol also includes online monitoring and recommends monitoring websites of baby food manufacturers, mothers' magazines/online forums, and online retailers.

Prior to conducting media monitoring in the Philippines, Westat developed the Protocol for Media Monitoring based on the 2017 NetCode protocol. For traditional media, NCP entered directly into an agreement with Organic Intelligence (OI), a local independent media monitoring organization, to monitor and select the television and radio stations using the selection criteria from the NetCode protocol. OI generated most of the information from these sources in an automated fashion. OI obtained data for 6 months, 4 retrospective months from October 2019 through January 2020, and 2 prospective months from February 2020 through March 2020. In total, OI monitored 4 television channels and 81 radio channels. These channels represented more than 70% of the respective markets.

For online media monitoring, Westat identified all company and brand websites as well as the available social media platforms associated with each of those websites (Facebook page, Instagram, YouTube channel, and/or Twitter feed). Only websites and social media pages that appeared to originate from the Philippines or targeted a Filipino audience were included in the monitoring. We did not monitor global company and brand websites or their social media pages. Westat trained NCP staff to monitor the selected websites weekly for 8 weeks (beginning February 5 through March 25, 2020). NCP staff followed this process once a week over the 8-week period for online media monitoring. The data collectors visited the following types of websites and scanned them for promotions, capturing screenshots and entering data using the Excel data entry form each week:

- Company and Brand Websites. Six (6) company websites and 8 brand websites as well as 3 YouTube pages, 9 Facebook pages, 2 Twitter pages, and 1 Instagram page associated with the company and brand websites.
- Parent and Child Websites. Ten (10) parenting and child websites and 7 YouTube pages, 10 Facebook pages, 7 Twitter pages, and 7 Instagram pages associated with the parenting and child websites.

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<sup>53</sup> [Selling second best: how infant formula marketing works | Globalization and Health | Full Text \(biomedcentral.com\)](#)

<sup>54</sup> [wcms\\_515116.pdf \(ilo.org\)](#)

<sup>55</sup> [Global20Baby20Care20Report20Revised20FINAL-2.pdf \(nielsen.com\)](#)

<sup>56</sup> [wcms\\_515116.pdf \(ilo.org\)](#)

Data collectors searched these websites for products within the scope of this study to identify eligible promotions. The Westat Project Assistant conducted 100% review of each advertisement and promotion data and accompanying image for completeness and quality.

## **J. Representativeness of Results**

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The design of the 2017 NetCode protocol yields a convenience sample of mothers of infants and young children less than 24 months (2 years) and HPs for the sampled areas of the NCR. The estimates in this report pertain to the study participants only. We cannot generalize these results to the overall population of mothers or HPs in the Philippines.

Similarly, we cannot extrapolate the estimates for promotions observed in retail outlets 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 apply to the sampled area of the Philippines, although as previously noted, we excluded parallel import products identified by the global baby food companies from these results.

## **K. Defining Potential Noncompliance**

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The study team used the 2017 NetCode protocol to collate definitions of noncompliance for each Article of the Code. These definitions were organized by sub-article of the Code and corresponded to the specific questions and syntax used to define possible noncompliance.<sup>57</sup> As described in Section A, two additional definitions of noncompliance were added as a result of the specific provisions of any national legislation that went beyond the Articles of the Code.

This report notes and emphasizes that self-reported recall is the source of the interview data from the mothers and HPs, and thus, we are unable to verify whether the reported event accurately demonstrates noncompliance with the Code. Chapter 7 presents a further discussion of this limitation. For any items directly observed by the data collection teams, such as informational materials, promotions, and product labels, the teams saw the actual items, and therefore, we have called these “observations.”

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<sup>57</sup> Westat will provide a copy of the definitions of noncompliance upon request.

## 4. Fieldwork Preparation and Training

### A. Organization of Field Work

The field data collection team in the National Capital Region (NCR) included 9 data collectors, 3 field supervisors, and 1 data manager. The Trainer formed three data collection teams comprised of a field supervisor and two data collectors. These data collection teams were responsible for interviewing mothers and Health Professionals (HPs) and conducting observations at the small and large retail outlets and Health Centers (HCs) and Maternity Facilities (MFs). Each field supervisor was responsible for coordination of his or her team, contacting the facilities, and making appointments for the data collection staff. The Data Manager conducted quality control (QC) of tablet questionnaires and responded to data queries from the Westat Data Manager.

After Westat finalized the BMS/CF list and Access to Nutrition Initiative (ATNI) confirmed the legitimate products with the ATNI-Index companies, Nutrition Center of the Philippines (NCP) staff purchased each relevant BMS and CF product and analyzed each product label. There were no inserts.

### B. Selection and Training of Data Collectors

NCP had a pool of experienced local data collectors in the NCR, who have worked with NCP for similar studies. NCP recruited a team of 9 local data collectors to train for this study. These data collectors were recent graduates or experienced data collectors who had received NCP study training. The Trainer screened and interviewed each of the potential data collectors. NCP selected data collectors who were experienced and familiar with local culture and could put respondents at ease.

Prior to the scheduled training in the NCR, Westat conducted 4 hours of Train-the-Trainer sessions via Skype with the NCP Trainer and Data Manager who planned to lead the training in the NCR and oversee the field teams. Westat conducted a question-by-question review of the NetCode forms. Westat also led a Media Monitoring training session via Skype providing instruction to the Media Monitoring Coordinator. Westat reviewed the websites designated for monitoring and instructed NCP how to save data and images.

NCP led the in-person data collector training at a local NCP facility in Muntinlupa City for 4 days in late January 2020 to provide all selected data collection staff with the knowledge and skills necessary for data collection using the Network for Monitoring and Support for Adherence to the Code (NetCode) protocol. NCP organized and conducted the training. The attendees included the Westat Project Director and Senior Epidemiologist, and the NCP Project Manager, Trainer, Data Manager, Media Monitoring Coordinator, and data collection staff.

The training followed the approach recommended by NetCode 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 tablet use of the NetCode data collection forms. The training sought to empower the data collectors with adequate skills for successful performance in the field. The NCP Trainer used different training styles to provide an interactive and informative learning environment. During the training sessions, the data collectors practiced mock interviews and role-plays to simulate tablet use of the forms for interviewing.

At the end of the training, NCP conducted a special session for the field supervisors to provide a better understanding of their roles and responsibilities during data collection as well as how to complete the daily data transmission forms via the tablets. NCP led a field test at a HC and three retail outlets that were not included in the sample to give data collectors experience with visiting and performing interviews in the facility 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 provided experience in looking for BMS and CF products and promotions at the Health Facility (HF). The team also went to nearby small and large retail outlets not included in the sample to observe retail product promotions. The field tests and visits to the retail outlets provided practice to ensure that the data collectors could complete the questionnaires accurately via the tablet. For further detail on the training, please find the NCP training agenda in Appendix E.

## C. Introductions to Health Centers and Maternity Facilities

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In order to conduct the surveys at the facilities in the NCR, NCP obtained ethical approval from the Philippine Health Research Ethics Board (PHREB). More specifically, the St. Cabrini Medical Center – Asian Eye Institute Ethics Review Committee (ERC) granted approval for all government primary care facilities. NCP obtained approval for non-primary care facilities from the facility-specific ERC. The ethical review submission provided information about the purpose and objectives of the study, the study investigators, and description of the study participants.

After NCP obtained ethical approval, they contacted each HC and MF in the original sample and requested approval to conduct the study at the facility. If a facility could not be visited either because of change of address or refusal to grant the team permission, NCP selected another facility from the sample, in the same or nearby city. For example, the mayor of one city did not grant the team access to the public HFs. The team selected three HFs that were located in adjacent cities. The number of HFs participating in the study was 43: 26 public and 7 private HCs, and 10 private MFs.

The Field Supervisors, with oversight from the NCP Data Manager, carried out the task of contacting the facilities, explaining study objectives and obtaining permission for the team to conduct interviews with mothers and HC and MF staff. The Field Supervisor made contact with the facilities in advance of the day when the data collection team planned to visit. NCP made initial attempts to obtain permission via a telephone call. If necessary, NCP 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, NCP also gathered information about the various clinics within a particular HC to identify the best day of the week and time to approach mothers, as well as to estimate the number of potential mothers that visited a facility on a given day. The Field Supervisor scheduled the data collection to occur at each HC on the day that typically had the most mothers at the facility.

## D. Data Collection

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The 2017 NetCode protocol used three different methods to assess and quantify the level of compliance with the Code: field observations, media monitoring, and label and insert assessment. The following describes the processes used for each.

### Field Data Collection

Data collectors completed electronic versions of the questionnaires on tablets, following the procedures outlined in the data collection training and the NetCode protocol. Westat staff trained the field 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 NCP Data Manager for resolution. Westat and NCP repeated this task until all discrepancies were resolved for all data.

## Media Monitoring and Online Retailer Data Collection

NCP contracted with Organic Intelligence (OI) to monitor traditional media, including radio and television, for promotions of BMS and CF products. Westat developed a table shell that OI used to compile the dataset. OI provided retrospective data for 4 months (October through January) and prospective data for 2 months (February through March). During the 2 months of live data collection, OI's monitoring occurred on 4 television channels and 81 radio stations, estimated to reach more than 70% of the Philippine population.

For online media monitoring, Westat developed an Excel spreadsheet that NCP used to collect data on a weekly basis. The spreadsheet was based on Form 8—Desk Review of Promotions on the Media. NCP collected screenshots of each observed promotion and recorded data for the observations in the spreadsheet. NCP delivered the data and screenshots to Westat on a weekly basis.

For the online retailer monitoring, NCP visited five online retailers. NCP collected screenshots of each observed promotion and recorded data for the observations in the spreadsheet used for the online media monitoring. NCP delivered the data and screenshots to Westat on a weekly basis.

## Label and Insert Assessment

For label assessment, ATNI and Westat developed an Excel spreadsheet used to abstract and enter data relevant to the labels and inserts for all products on the final BMS/CF list. We based the spreadsheet on Form 7—Desk Review of Product Labels. Westat staff conducted a training via Skype to instruct NCP staff how to complete the Excel spreadsheet for each label and insert and how to capture clear images of each BMS and CF product and insert.

Since there were no observations of inserts, NCP's evaluation included only labels for relevant products included on the final BMS/CF list. NCP utilized the Android tablets to photograph each side of every BMS and CF product (~6 images/product). NCP delivered the Excel spreadsheet with the label abstraction dataset and product label images to Westat on a weekly basis.

## E. Quality Control

Westat implemented QC measures for all data collected for this study. This section describes the QC processes for each of the data collection processes.

### Field Data and Images

NCP uploaded the data and images from the tablets to the designated Westat FTP website on a daily basis. Twice weekly, the NCP Data Manager emailed a copy of the Field Assignment Sheet listing of each form and interviewer ID to the Westat Data Manager. The Westat Data Manager compared the Field Assignment Sheet to the SAS datasets, run by the Westat programmers twice weekly, to ensure the receipt of all forms. The Westat Data Manager used the Case Management Tracker spreadsheet to communicate with NCP when there was a discrepancy on the transmittal form with the forms received and submitted data. The Westat Data Manager followed the Data Management

Plan and all applicable Standard Operating Procedures. The Westat Data Manager reviewed 100% of the images from the HFs (Form 3) and retail outlets (Form 6) for clarity and completeness and saved each image that met the study criteria for quality in a folder by company and brand. The Senior Epidemiologist then reviewed 100% of the images that met the study criteria to determine whether the observation was compliant with the Code and relevant national legislation.

## Media Monitoring Data and Images

NCP reviewed the data provided by OI for television and radio media to ensure that the observations included products within the scope of the study (BMS and CF products intended for children up to 36 months) and removed any irrelevant observations. Additionally, OI provided a link to a recording or image of each promotion listed in the data that ATNI and/or Westat could use to review and confirm the relevance and accuracy of each observation.

For online media monitoring, edit checks were created within the Excel spreadsheet using conditional formatting to direct the user dynamically to the required entry fields based on input for each observation. The edit checks helped to reduce data entry errors into irrelevant fields and to ensure proper formatting for the data entered into the form.

The Westat Project Assistant reviewed 100% of the screenshots from the weekly online media monitoring submissions for clarity and completeness to ensure that each image accurately documented the corresponding observation. The Westat Task Manager reviewed the queries from the project assistant's review each week and made changes/updates as needed and reviewed other critical data points (company, brand, product, promotion type, messages, etc.) before returning comments with the updated form template to NCP. When NCP submitted all the data, the Westat Task Manager reviewed 100% of the promotions and critical data again, checking the product/company/brand information against the product list and reviewing the other critical data points for consistency and accuracy.

## BMS/CF Product List

For the first time, ATNI introduced a new element of QC in the form of a review by the ATNI-Index companies of the initial findings of all observed noncompliance. ATNI uploaded to its online research platform images of all of the observed pieces of equipment, promotional materials, advertisements, promotions, and labels. The companies were given two weeks to review the findings and provide feedback. The intention was to identify any erroneous findings, e.g., any related to parallel imports on online retailers' sites, with which the companies did not have a formal contract. Each of the four companies reviewed the findings and provided feedback to ATNI. ATNI evaluated their feedback and passed on to Westat any errors that needed correction.

## Label and Insert Data and Images

ATNI and Westat designed an Excel spreadsheet to make data entry user-friendly and to minimize error. A reminder of the applicable product types for each question was included in the form in order to help ensure appropriate data entry for each product.

As noted previously, there was no data or images for inserts. After NCP completed the assessment of labels each week, the Westat Project Assistant performed 100% QC review of the images for clarity and completeness and contacted NCP to resolve any issues. Upon completion of image QC, Westat referenced the images to complete a QC review of 100% of the noncompliance for accuracy and

relevance. The Westat Task Manager sent feedback weekly. When NCP submitted all label assessment data, the Task Manager reviewed each noncompliance against the images in the completed dataset.



## 5. Study Results

The aim of the 2017 Network for Monitoring and Support for Adherence to the Code (NetCode) protocol is to assess compliance of baby food companies with selected Articles of the Code and relevant national regulations. In practice, this is evaluated by measuring possible noncompliance, i.e., by observing where there appears to be lack of compliance to a particular provision of the Code or local legislation or regulation. The results from the analysis of the data collected in this study in the Philippines are presented below, organized by Article of the Code for which data was captured in the NetCode 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 this data overall and disaggregated by company name.

Table 5-1 shows the characteristics of the Philippine sample. Following the 2017 NetCode protocol, 33 Health Centers (HCs) and 10 Maternity Facilities (MFs) were included in the study sample, for a total of 43 Health Facilities (HFs). Twenty-six (26) of the 33 HCs (79%) were public, and 7 (21%) were private. All 10 MFs were private.

As per the 2017 NetCode protocol, the quantitative sample of mothers included 10 mothers per HC (exceptionally, in one facility only 8 eligible mothers were available, and the data collectors compensated by interviewing 12 mothers in another facility in the same city), resulting in a total sample size of 330 mothers. The distribution of mothers was divided evenly between mothers with children less than 6 months and mothers with children 6-24 months. Fifty percent (50%) of mothers (165) had a child less than 6 months of age, and 50% of mothers (165) had a child 6-24 months of age.

Among the sample of health professionals (HPs) in this study, the most common category of staff member was midwife. Midwives accounted for about 41% of the respondents (51 of the 126 respondents) to the HP questionnaire (Form 2).<sup>58</sup> The next most common categories were nurses and doctors, at about 30% and 20% of the sample respectively (38 and 25 respondents). Specifically among HPs from MFs, the most common category of staff member was midwife, accounting for 78% of the respondents (21 of the 27 respondents). The next most common category was nurse, at about 11% of the sample (3 respondents).

Finally, Table 5-1 shows that the study included 33 small retailers (selected “proximate to” the sample HCs), as well as 10 large retailers, totaling 43 retail outlets visited for direct observation of Breast-milk Substitute (BMS) and Complementary Food (CF) promotions, informational or educational materials, or equipment.

| Table 5-1. Characteristics of participants |           |             |
|--|-----------|-------------|
| Characteristics of Health Centers          | Number    | Percent     |
| Private                                    | 7         | 21.2%       |
| Public                                     | 26        | 78.8%       |
| <b>Total HCs</b>                           | <b>33</b> | <b>100%</b> |
| Private Maternity Facilities               | 10        | 100%        |
| Public Maternity Facilities                | 0         | 0%          |

<sup>58</sup> In the Philippines, there were only 126 respondents to Form 2 (rather than the goal of 129). Each of the three data collection teams experienced the situation where one HP from a MF was unavailable, without an alternate respondent.

| Table 5-1. Characteristics of participants (continued) |            |             |
|--|------------|-------------|
| Characteristics of Health Centers (continued)          | Number     | Percent     |
| <b>Total HFs</b>                                       | <b>43</b>  | <b>100%</b> |
| Mothers with a child < 6 months of age                 | 165        | 50%         |
| Mothers with a child 6-24 months of age                | 165        | 50%         |
| <b>Total mothers interviewed</b>                       | <b>330</b> | <b>100%</b> |
| Characteristics of Health Professionals                |            |             |
| Center director  | 1          | 0.8%        |
| Department head  | 1          | 0.8%        |
| Doctor   | 25         | 19.8%       |
| Nurse  | 38         | 30.2%       |
| Midwife  | 51         | 40.5%       |
| Other  | 10         | 7.9%        |
| <b>Total Health Professionals interviewed</b>          | <b>126</b> | <b>100%</b> |

Source: ATNI Philippines (2020)

Table A in Appendix G shows the city ID, HF ID, HF 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 HPs interviewed in this study. This table highlights that within the sample of HFs, the study had high participation rates among both mothers and HPs. In addition, the participation rate among sampled HFs was quite high, at 80%; 11 HFs refused to participate.<sup>59</sup>

## A. Article 4: Information and Education

The data collected on Forms 1, 3, and 6 were used to assess the 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 HFs.

### 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.

The Philippine study did not observe any informational and educational material related to IF, FOF, GUM, CF <6 months, or CF 6-36 months in HCs, MFs, or retail outlets. The mothers who were interviewed at the HCs did not report receiving informational and/or educational materials.

The data collection team did not observe any informational and educational material related to IF, FOF, GUM, CF <6 months, or CF 6-36 months in HCs, MFs, or retail outlets, a noncompliance as per the sub-items under Sub-article 4.2. Similar to our findings in Thailand and Nigeria, the use of informational and educational materials to reach mothers/caregivers in HFs and retail outlets in the Philippines appears to be very limited.

<sup>59</sup> One HF was replaced because it was under renovation at the time of data collection and was not counted as a refusal in this participation rate calculation.

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### Sub-article 4.3, superseded by WHA69.9 Recommendation 6

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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>60</sup> or services<sup>61</sup> to health facilities.”

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The data collected for the assessment of Sub-article 4.3/WHA 69.9 were captured by the data collection teams’ observations of equipment at the 33 HCs and 10 MFs in the sample (specifically, observations documented on Forms 3 and 4). In this study, there was 1 eligible observation of a piece of informational or educational material used in the healthcare system. This was a child’s growth/medical record book in one of the HFs visited. Given that the materials carry the name of one RB division and brand (Lactum), this is considered an incidence of noncompliance against Article 6.8 of the Code, amended by WHA 69.9. Overall, donations of equipment and materials bearing a company’s name, logo, or referring to a proprietary product appear to be very limited in the Philippines.

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

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The data used to assess compliance with various sub-articles of Article 5 of the Code included interviews with mothers of children up to 24 months of age (Form 1), as well as the media monitoring component of the study.

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### Sub-article 5.1

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No advertising or other form of promotion to the general public of products within the scope of this Code.<sup>62</sup>

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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 5-2 shows the number of advertisements, promotions, or messages reported by the sample of mothers, disaggregated by media type and company.

Overall, 145 of the 330 mothers in the sample (~44%) reported seeing at least 1 BMS/CF promotion in the past 6 months. The 145 mothers mentioned a total of 258 reports of advertisements, promotions, or messages from BMS/CF companies, and the majority of them (86%) were television ads. The next most frequently reported source of promotion, but at a far lower level, was advertisements reported in social media, at 23 reports (~9% of the total number of advertisements, promotions, or messages reported).

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<sup>60</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>61</sup> The 2017 NetCode protocol used for this study does not provide for assessment of the delivery of services.

<sup>62</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 less than 36 months.

When reviewing the responses by company name, the mothers did not know the specific company name for most of the reports, 189 of the 258 total reports (~73%).

To summarize, Table 5-2 indicates that almost half of the sample of Filipino mothers (145 mothers, or ~44%) reported seeing advertisements or promotional messages in the media in the prior 6 months, more than double that found in the Nigeria study (18%), but still far fewer than was reported in the Thailand study (83%). Among those mothers who reported seeing promotions in the Philippine media, most of the reported advertisements were seen on television. However, and similar to Nigeria and Thailand, relatively few mothers recalled the specific companies promoted in these advertisements. As documented by the sample of mothers' reports in the prior 6 months, baby food companies' advertising to the general public in the National Capital Region (NCR) appears to be prevalent despite existing legislation.

| <b>Table 5-2. Mothers' reports related to Sub-article 5.1: No advertising or promotion to the general public</b> |               |          |          |                  |           |              |           |                 |                   |            |
|--|---------------|----------|----------|------------------|-----------|--------------|-----------|-----------------|-------------------|------------|
|  | By media type |          |          |                  |           |              |           |                 |                   | Total      |
|  | Television    | Radio    | Magazine | Shop or pharmacy | Billboard | Social media | Internet  | Community event | Other/ don't know |            |
| All mothers' (n=145) reports   | 222*          | 0        | 0        | 0                | 0         | 23           | 11        | 1               | 1                 | 258        |
| Percent of total reports   | 86.0%         | 0%       | 0%       | 0%               | 0%        | 8.9%         | 4.3%      | 0.4%            | 0.4%              | 100%       |
| <b>ATNI-Index companies:</b>   |               |          |          |                  |           |              |           |                 |                   |            |
| Abbott   | 4             | 0        | 0        | 0                | 0         | 0            | 0         | 0               | 0                 | 4          |
| Danone   | 0             | 0        | 0        | 0                | 0         | 0            | 0         | 0               | 0                 | 0          |
| Nestlé   | 48*           | 0        | 0        | 0                | 0         | 6            | 3         | 0               | 0                 | 57*        |
| RB   | 6             | 0        | 0        | 0                | 0         | 0            | 1         | 0               | 0                 | 7          |
| <b>Other companies:</b>  |               |          |          |                  |           |              |           |                 |                   |            |
| HiPP   | 0             | 0        | 0        | 0                | 0         | 1            | 0         | 0               | 0                 | 1          |
| Subtotal   | 58            | 0        | 0        | 0                | 0         | 7            | 4         | 0               | 0                 | 69         |
| Not attributable   | 164           | 0        | 0        | 0                | 0         | 16           | 7         | 1               | 1                 | 189        |
| <b>Total</b>   | <b>222</b>    | <b>0</b> | <b>0</b> | <b>0</b>         | <b>0</b>  | <b>23</b>    | <b>11</b> | <b>1</b>        | <b>1</b>          | <b>258</b> |

Source: ATNI Philippines (2020)

\* Table 5-2 does not include three observations initially reported in the category "Other products" seen on television and that the respondents linked to Nestlé, but were NOT identified as infant formula [IF], follow-on formula [FOF], growing up milk [GUM]) or complementary food products [CFs] for children less than 36 months.

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 and radio), and social media sources to determine the level of compliance with sub-article 5.1.

NCP contracted with a professional media monitoring service, Organic Intelligence (OI) to monitor traditional media, whereas, Westat trained NCP staff to conduct online media monitoring:

- *Traditional media monitoring* - OI found 27 unique observations of advertisements or promotions, 12 (44%) television promotions, and 15 (56%) radio promotions. All of the observations in the traditional media monitoring were for RB and Nestlé products. There were 3 (11%) observations for RB and 24 (89%) observations for Nestlé. The unique

television promotions were repeated on TV channels 5,325 times (821 times for RB and 4,504 times for Nestlé), while the unique radio promotions were repeated 93, 582 times (all radio promotions were for Nestlé products).

- *Online media monitoring* - NCP found 22 eligible observations of advertisements or promotions (21 from Nestlé and 1 from HiPP). Six (6) of these observations in companies' own media were not related to a particular product, but these advertised the Nestlé brand Gerber and Cerelac. All of these observations appeared in companies' own media (21 on Facebook pages and 1 on a company website).

While neither the Philippine regulations nor the Code or WHA 69.9 prohibit the advertisement or promotion of CF 6-36 months per se, WHA 69.9 Recommendation 4 stipulates that certain messages should or should not be conveyed in all forms of promotion. Therefore, each advertisement or promotion for these products was reviewed to determine whether it was compliant with that recommendation. The observations described and presented in tables are only those that were not compliant.

In Thailand, there was a similar number of unique observations in traditional media (31), however, there was a much larger frequency of observed promotions from the online media monitoring (2,777). There were no promotions observed in Nigeria for the online or traditional media monitoring.

The findings from media monitoring are generally in line with the advertising spending in the Philippines reported in Chapter 3, where the majority of the spending was for traditional media (TV and radio). The largest number of findings in the Philippines were for each of the traditional forms of media with fewer from online media. Table 5-3 displays the number of observations of advertisements or promotions across all media types from the media monitoring by media and product type. In terms of company paid advertising across traditional media platforms, findings were attributed to both televised and radio promotions, 12 (28%) and 15 (35%) respectively. There were no findings of online paid advertising which relates to parenting sites, however 16 promotions (~37%) for 9 different CF 6-36 products were observed on companies' own media. The most common product type observed in media monitoring was GUM with a total of 27 promotions (63%) related to 9 GUM products. In Thailand, the most commonly advertised product type was also GUM, but observations from the online media monitoring accounted for a much larger percentage of the total number of observed promotions (99%).

| Media        | By product type            |                                  |                             |                                |                                  | Total number of unique ads/promotions observed |
|--------------|----------------------------|----------------------------------|-----------------------------|--------------------------------|----------------------------------|--|
|              | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos | Complementary Food (CF) 6-36 mos |  |
| Online*      | 0                          | 0                                | 0                           | 0                              | 16                               | 16   |
| Television   | 0                          | 0                                | 12                          | 0                              | 0                                | 12   |
| Radio        | 0                          | 0                                | 15                          | 0                              | 0                                | 15   |
| <b>Total</b> | <b>0</b>                   | <b>0</b>                         | <b>27</b>                   | <b>0</b>                       | <b>16</b>                        | <b>43</b>                                      |

Source: ATNI Philippines (2020)

\* Six (6) promotions for the Nestlé brands Gerber and Cerelac did not relate to a specific product, therefore those observations are not documented in this table.

Table 5-4 displays the cumulative number of media observations (both online and traditional, including on company's own media and paid for advertising) by company. In total, there were 43 observed noncompliances for 13 products in the traditional and online media monitoring. The company with the largest number of observed noncompliances was Nestlé with a total of 39 observations (~91%) related to 10 different products, followed by RB with a total of 3 observations (~7%) for 2 of its products. These findings differ from Thailand, as RB was the company with the most products observed in promotions across media types.

| <b>Table 5-4. Media observations related to sub-article 5.1 and recommendation 4 of WHA 69.9: No advertising or promotions of BMS and marketing of CF 6-36, by company</b> |                            |                                  |                             |                                  |                                    |  |
|--|----------------------------|----------------------------------|-----------------------------|----------------------------------|------------------------------------|--|
| Company  | By product type            |                                  |                             |                                  |                                    | Total number of unique ads/promotions observed |
|  | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos** | Complementary Food (CF) 6-36 mos** |  |
| <b>ATNI-Index companies:</b>   |                            |                                  |                             |                                  |                                    |  |
| Nestlé   | 0                          | 0                                | 24                          | 0                                | 15                                 | 39*  |
| RB   | 0                          | 0                                | 3                           | NA                               | NA                                 | 3  |
| <b>Other companies:</b>  |                            |                                  |                             |                                  |                                    |  |
| HiPP   | 0                          | 0                                | 0                           | 0                                | 1                                  | 1  |
| <b>Total</b>   | <b>0</b>                   | <b>0</b>                         | <b>27</b>                   | <b>0</b>                         | <b>16</b>                          | <b>43</b>                                      |

**Source:** ATNI Philippines (2020)

\*There were six observations from Nestlé that were not related to a specific product and are not included in this total.

\*\* NA denotes findings of complementary food products as not being applicable to companies that do not produce and market these product types.

As a part of the online media monitoring, NCP monitored company and brand websites local to the Philippines and their associated social media pages (i.e., Facebook, Instagram, YouTube, and/or Twitter) along with 10 parenting websites (i.e., online magazines, forums, membership clubs, etc.) and their associated social media pages. In total, there were 22 unique promotions observed within companies' own media, while no promotions were identified on the parenting websites or their social media pages.

Table 5-5 displays the number of observations in companies' own media by media type. The only two companies with observations found in their online media were Nestlé and HiPP. In total, 16 promotions were observed for 9 products on companies' own media including company/brand websites and social media pages: 2 observations on YouTube pages, 13 observed noncompliances for 6 products on Facebook pages, and 1 finding on a company website. Additionally, there were 6 promotions observed in companies' own media that were not related to a specific product (only the company or brand was advertised), all of which were observed on Facebook pages. Observed promotions that were not related to a specific product are not displayed in Table 5-5. The company with the largest number of observations was Nestlé with 15 (~94%). The largest number of promotions was observed on company/brand Facebook pages with 13 observations (~81%), followed by YouTube with 2 observations (~13%), and company/brand websites with 1 observation (~6%). In Thailand, there was a greater number of observed promotions in companies' own media with a total of 104 with Danone having the most (~33%).

**Table 5-5. Observations in company's own media related to Sub-article 5.1: No advertising or promotions of BMS, by media type, and marketing of CF 6-36 in line with WHA 69.9**

| Company                      | By media type |          |           |          |           | Total no. unique ads/<br>promotions observed |
|------------------------------|---------------|----------|-----------|----------|-----------|--|
|                              | Websites      | YouTube  | Facebook  | Twitter  | Instagram |  |
| <b>ATNI-Index companies:</b> |               |          |           |          |           |  |
| Nestlé                       | 0             | 2        | 13*       | 0        | 0         | 15   |
| <b>Other companies:</b>      |               |          |           |          |           |  |
| HiPP                         | 1             | 0        | 0         | 0        | 0         | 1  |
| <b>Total</b>                 | <b>1</b>      | <b>2</b> | <b>13</b> | <b>0</b> | <b>0</b>  | <b>16</b>                                    |

Source: ATNI Philippines (2020)

\* An additional 6 observations are not related to a specific product.

The only product type observed in companies' own media was CF 6-36 months with 16 observations total.<sup>63</sup> Fifteen (15) (~94%) of those CF 6-36 month product findings were from Nestlé, and there was 1 product finding observed from HiPP (~6%). However, there were also 6 observations from Nestlé that were not related to a specific product observed within the companies' own media.<sup>64</sup> These findings contrast with the results in Thailand, where the company/brand websites had the most observed promotions.

## 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 questionnaire for the interviews with mothers of children less than 24 months of age, was used to assess compliance with Sub-article 5.2 of the Code. Mothers were asked whether they had received in the prior 6 months any free samples of commercial or prepackaged products from baby food companies or distributors for children from birth to 36 months of age.

Four (4) of the 330 mothers reported that they received a free sample. Only 1 mother (<1% of the total sample) reported receiving a free product sample from a company representative or shop personnel within the past 6 months. Specifically, the mother reported receiving a free sample of a Nestlé product (age range not specified/unknown) from a shop/pharmacy personnel.

Overall, the mothers' self-reports related to Sub-article 5.2, with less than 1% of the sample of mothers reporting that they received a free sample within the past 6 months, suggest a high level of compliance with this aspect of the Code. Similarly in Nigeria, 1% of the sample of mothers reported receiving a free sample in contrast to 14% of the sample of mothers in Thailand.

<sup>63</sup> These observations relate to marketing messages for these products present or omitted, and therefore not in line with Recommendation 4 of WHA 69.9.

<sup>64</sup> Branded promotions also count as noncompliance findings; the total observed promotions on companies' own media amounts to 22.



### 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 was collected by visiting retail outlets proximate to each of the 33 HCs in the study, as well as 10 large retail outlets (43 total retail outlets). Forms 6 and 4 were used to assess promotional materials observed in physical (or “brick-and mortar”) retail outlets. In addition, the Nutrition Center of the Philippines (NCP) collected data from five Philippine online retailers—Lazada, Shopee, Galleon, Carousell, Baby Mama—for 2 months, from February 3 through March 25, 2020, using an adapted spreadsheet based on Form 8. Of the total number of promotions enumerated across the physical retailer and online retailer data collection, 100% of them were found on online retailers’ sites. No promotions were found in the 43 physical retailers.<sup>65</sup>

Table 5-6 shows the number and point-of-sale promotions observed on online retailers’ sites, by promotion type and company. In total, there were 33 observed promotions. The most common type of promotion observed was price related, with 27 (~82%) observations. The only other promotion type observed on online retail websites was incentives to purchase products, with a total of 6 (~18%) observations. The company with the most observed promotions was Little Freddie with 13 (~39%), followed by Rafferty’s Garden with 7 (~21%). Similarly, the most common promotion type observed in Thailand was price related (88%), but the company with the most observed promotions at online retail outlets was RB (33%).

| <b>Table 5-6. Number and type of point-of-sale promotions observed at retail outlets (related to Sub-article 5.3), by retail outlet type and company</b> |                              |                |
|--|------------------------------|----------------|
|  | <b>Online retailer (n=5)</b> |                |
|  | <b>Number</b>                | <b>Percent</b> |
| <b>Type of promotion</b>   |                              |                |
| Price related (e.g., coupon/stamps, discounts, special discount sales)   | 27                           | 81.8%          |
| Incentives of product purchase   | 6                            | 18.2%          |
| <b>Total promotions observed</b>   | <b>33</b>                    | <b>100%</b>    |
| <b>By company</b>  |                              |                |
| Nestlé   | 2                            | 6.1%           |
| Bellamy’s Australia*   | 1                            | 3.0%           |
| Bubs Australia   | 1                            | 3.0%           |
| Happy Family Organics  | 2                            | 6.1%           |
| HiPP   | 6                            | 18.2%          |
| Little Freddie   | 13                           | 39.4%          |
| Only Organic*  | 1                            | 3.0%           |
| Rafferty’s Garden  | 7                            | 21.2%          |
| <b>Total</b>   | <b>33</b>                    | <b>100%</b>    |

Source: ATNI Philippines (2020)

\* These companies informed ATNI that their products were not intended for sale in the Philippines at the time of data collection.

<sup>65</sup> Data collectors observed shelf tags in some markets (e.g., Green tag, Best Pick tag, and a Healthy tag). According to the Food and Nutrition Research Institute, the Green tag “is for healthy and nutritious items” noting “Achieve everyday wellness and choose healthy items in Green Tags.” Only certain brands had shelf tags but were not linked to specific manufacturers.

Table 5-7 displays the number of observed promotions at online retail outlets by company. In total, there were 33 promotions on online retail websites. Most promotions were by Little Freddie with 13 (~39%) all related to its CF <6 months products, followed by Rafferty's Garden with 7 (~21%) promotions on CF <6 months products and HiPP with 6 (18%) across IF, FOF and GUMs. The most common product type found in the promotions observed on online retail websites was CF <6 months with 23 (~70%) attributed promotions, followed by 6 (~18%) IF promotions.

| <b>Table 5-7. Number of observed promotions at online retail outlets (related to Sub-article 5.3), by company and product type</b> |                            |                                  |                             |                                |                                 |
|--|----------------------------|----------------------------------|-----------------------------|--------------------------------|---------------------------------|
| Company  | By product type            |                                  |                             |                                |                                 |
|  | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos | Total no. of product promotions |
| <b>Companies in ATNI 2021 Index:</b>   |                            |                                  |                             |                                |                                 |
| Nestlé*  | 1                          | 1                                | 0                           | 0                              | 2                               |
| <b>Other companies:</b>  |                            |                                  |                             |                                |                                 |
| Bellamy's Australia**  | 0                          | 0                                | 0                           | 1                              | 1                               |
| Bubs Australia   | 0                          | 0                                | 0                           | 1                              | 1                               |
| Happy Family Organics  | 2                          | 0                                | 0                           | 0                              | 2                               |
| HiPP   | 3                          | 1                                | 2                           | 0                              | 6                               |
| Little Freddie   | 0                          | 0                                | 0                           | 13                             | 13                              |
| Only Organic**   | 0                          | 0                                | 0                           | 1                              | 1                               |
| Rafferty's Garden  | 0                          | 0                                | 0                           | 7                              | 7                               |
| <b>Total number products</b>   | <b>6</b>                   | <b>2</b>                         | <b>2</b>                    | <b>23</b>                      | <b>33</b>                       |
| <b>Percent total products</b>  | <b>18.1%</b>               | <b>6.1%</b>                      | <b>6.1%</b>                 | <b>69.7%</b>                   | <b>100%</b>                     |

\* The company later informed ATNI that the retailer had offered these price discounts and that Nestlé did not know about them and would not have approved them if asked.

\*\* These companies informed ATNI that their products were not intended for sale in the Philippines at the time of data collection.

Table 5-8 presents the number of promotions observed on online retailers' sites by product type. The most common type of promotion was for CFs marketed as suitable for infants less than 6 months, with 23 price-related promotions (~70%), followed by incentives to purchase IFs with 6 (~18%) observations, and FOFs and GUMs with 2 each (~6% each).

| <b>Table 5-8. Number and type of promotions observed at online retail outlets (related to Sub-article 5.3) - No point-of-sale advertising or promotions, by product type</b> |                            |                                  |                             |                                |   |                             |
|--|----------------------------|----------------------------------|-----------------------------|--------------------------------|---|-----------------------------|
| Type of promotion  | By product type            |                                  |                             |                                |   |                             |
|  | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos | Total number unique ads/promotions observed | Percent of total promotions |
| Incentives to purchase products  | 3                          | 1                                | 2                           | 0                              | 6   | 18.2                        |
| Price-related promotions   | 3                          | 1                                | 0                           | 23                             | 27  | 81.8                        |
| <b>Total promotions observed</b>   | <b>6</b>                   | <b>2</b>                         | <b>2</b>                    | <b>23</b>                      | <b>33</b>                                   | <b>-</b>                    |
| <b>Percent total promotions</b>  | <b>18.2%</b>               | <b>6.1%</b>                      | <b>6.1%</b>                 | <b>69.7%</b>                   | <b>-</b>                                    | <b>100%</b>                 |

Source: ATNI Philippines (2020)

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#### 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.”

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Among the mothers interviewed in the Philippine study, 5 (~2%) 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” (Form 1). Mothers reported receiving 2 gifts from shop/pharmacy personnel but no free gifts from company representatives, the two categories of donors covered by Sub-article 5.4. Mothers reported receiving 3 of these gifts in a hospital, 2 from shop/pharmacy personnel, and 1 from a pediatrician. Regarding the 2 other gifts, 1 mother received the gift from a primary health clinic nurse, and the other obtained the gift online through Facebook and delivered at home. Of these 5 noncompliant gifts, the 1 gift delivered at home was from Abbott, the remaining were from unknown companies.

Form 1 included several questions for mothers regarding receiving coupons for BMS products from manufacturers or distributors. Among the 330 mothers in the study, none reported receiving a coupon.

As demonstrated by the mothers’ reports of receiving gifts or coupons from baby food companies or distributors, there were very few reported instances of noncompliance for Sub-article 5.4 in the Philippine study. Likewise, in Nigeria there were few reports of mothers receiving gifts (7) or coupons (1) from company representatives. In contrast, the number of such reports in the Thailand study were 58 and 22, respectively.

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#### 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.

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We based the assessment of noncompliance with this sub-article on responses to questions whether a BMS company representative or shop personnel told the mother that “you should feed any baby milk or other baby food products other than breast milk to your child.”<sup>66</sup> Likewise, another question asked whether a BMS company representative or shop personnel told the mother of a child less than 6 months “to start feeding your child any other food or drink products.”<sup>67</sup>

Note that the wording of questions in 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 24 months regarding recommendations from company representatives or shop

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<sup>66</sup> Form 1, Question 5

<sup>67</sup> Form 1, Question 11

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 none of the 330 mothers reported that shop personnel or company representatives spoke to them to recommend commercial BMS products. As measured by these questions in Form 1, this study did not document any direct contact by companies with mothers in the Philippines. Mothers in both Nigeria (<1%) and Thailand (3%) reported very few instances of shop personnel recommending BMS products.

Table 5-9 shows the results of whether marketing personnel sought direct or indirect contact with pregnant women or mothers of infants and young children. Direct contact was defined as when a BMS company representative or shop/pharmacy personnel gave the mother any of the following: advice to use products other than breast-milk, free samples of BMS products, coupons for BMS products, or free gifts.<sup>68</sup> None of the 330 mothers reported that company representatives made direct contact with them, but 3 mothers (<1%) reported receiving contact from a shop or pharmacy personnel. Two (2) mothers reported receiving gifts, but the company name was not known, while 1 mother reported receiving a sample of product (age range not specified/unknown) from Nestlé.

Assessment of indirect contact was based on questions about whether the mother had:

- Heard or seen promotions of BMS products in HFs, or
- Seen advertisements about these products on different media, or
- Become a member of in-person or online social groups sponsored or organized by a company that sells BMS products, or
- Participated in online events, or
- Attended events sponsored or organized by a company that sells BMS products and hosted for mothers and caregivers of infants and young children.<sup>69</sup>

For example, in Table 5-9, of the 5 reports related to Abbott, 4 are advertisements on television, while 1 mother obtained a gift online from Abbott through Facebook that was delivered at home. Of the 59 reports related to Nestlé, 48 are television advertisements, 6 refer to social media, 3 to promotions seen on the internet (not on social media), and 1 refers to the sponsorship of an online social group. Of the 7 reports for RB, 6 were advertisements on television, and 1 was a promotion seen on the internet (not on social media). In addition, there was 1 promotion of HiPP seen online on social media.

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<sup>68</sup> See Form 1, Questions 7, 13, 35, 42, and 49

<sup>69</sup> See Form 1, Questions 20, 26, 29A, 30A, 31A, 32A

**Table 5-9. Mothers' reports related to Sub-article 5.5: marketing personnel should not seek direct or indirect contact with pregnant women or mothers of infants and young children**

|                               | Direct contact          |         |                        |         | Indirect contact       |         | Total  |         |
|-------------------------------|-------------------------|---------|------------------------|---------|------------------------|---------|--------|---------|
|                               | Shop/pharmacy personnel |         | Company representative |         | Company representative |         |        |         |
|                               | Number                  | Percent | Number                 | Percent | Number                 | Percent | Number | Percent |
| Companies in ATNI 2021 Index: |                         |         |                        |         |                        |         |        |         |
| Abbott                        | 0                       | 0.0%    | 0                      | -       | 5                      | 1.9%    | 5      | 1.9%    |
| Danone                        | 0                       | 0.0%    | 0                      | -       | 0                      | 0.0%    | 0      | 0.0%    |
| Nestlé                        | 1                       | 33.3%   | 0                      | -       | 58*                    | 22.2%   | 59     | 22.3%   |
| RB                            | 0                       | 0.0%    | 0                      | -       | 7                      | 2.7%    | 7      | 2.7%    |
| Other companies:              |                         |         |                        |         |                        |         |        |         |
| HiPP                          | 0                       | 0.0%    | 0                      | -       | 1                      | 0.4%    | 1      | 0.4%    |
| Not attributable              | 2                       | 66.6%   | 0                      | -       | 190                    | 72.8%   | 192    | 72.7    |
| Total number mothers' reports | 3                       | 100%    | 0                      | -       | 261                    | 100%    | 264    | 100%    |

Source: ATNI Philippines (2020)

\* Table 5-9 does not include 3 observations initially reported in the category "Other products" seen on television and that the respondents linked to Nestlé, but were NOT identified as infant formula [IF], follow-on formula [FOF], growing up milk [GUM] or complementary food products [CFs] for children less than 36 months.

## C. Article 6: Health Care Systems

We interviewed mothers and HPs to assess the 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 noncompliance with the provisions of this sub-article were identified through two sources:

- Mothers' reports that a health worker told them to use commercial baby food/drink products (Form 1); and
- HPs' reports that a baby food company representative contacted the HF or the HF staff for the purpose of distributing promotional materials for BMS products (Form 2).

The results related to possible noncompliance with Sub-article 6.2 are presented in Table 5-10.

Overall, 28 (~8%) of the 330 mothers reported a health worker (e.g., family/general doctor, nurse, gynecologist, midwife, pediatrician, nutritionist, other health workers) advising them to use commercial baby milks or other baby food products. There were 33 reports from mothers that a health worker suggested using a BMS product, including 1 report that involves a *Barangay* (community) Health Worker, initially reported as "Other." In addition, there were 12 reports from

10 mothers that a health worker (specifically, family/general doctor, midwife, pediatrician, other unspecified health workers, and a *Barangay* Health Worker) suggested using any other commercial food or drink products.

The data by company in Table 5-10 shows that of those 46 reports, 21 are related to products from Nestlé (including one flyer/brochure allegedly found in a HF), 4 from Abbott, 2 from RB, and 1 from Maabarot. In 18 reports, the mothers did not remember the company name.

In other findings relevant to Sub-article 6.2, there were 3 reports that Nestlé contacted HPs to provide mothers and other caregivers with promotional materials about specific products. One (1) of the respondents also reported contact by Nestlé to provide coupons to mothers and other caregivers.

### 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.

There were three reports by HPs of companies making contact to display products and/or conduct promotional activities in the facility, all relating to Nestlé.

Overall, results described in this section, and specifically the results shown in Table 5-10, indicate that the level of contact by baby food companies to mothers appears to be relatively modest in the Philippine study (~10% of mothers in the sample), whereas the level of contact with HF staff appears to be even less common (3% of HPs in the sample). These findings are similar to those found in Nigeria and in contrast with observations in Thailand. However, it is important to remember that the samples of mothers (330) and HPs (126) are quite small, and as quota samples of patients and staff at the 33 HCs and 10 MFs included in the study, they are not necessarily representative of the population of mothers and HPs in the NCR.

**Table 5-10. Mothers' and HF staff's reports related to Sub-articles 6.2 and 6.3: No health care facility should be used for purposes of promoting products within the scope of the Code, to display products or distribute materials (other than as specified in Sub-article 4.3)**

| Company                        | Reports related to Sub-art. 6.2 and 6.3 |               | Number    | Percent     |
|--------------------------------|---|---------------|-----------|-------------|
|                                | From mothers                            | From HF staff |           |             |
| <b>ATNI-Index companies:</b>   |   |               |           |             |
| Abbott                         | 4                                       | 0             | 4         | 7.5%        |
| Danone                         | 0                                       | 0             | 0         | 0.0%        |
| Nestlé                         | 21                                      | 7             | 28        | 52.8%       |
| RB                             | 2                                       | 0             | 2         | 3.8%        |
| <b>Other companies:</b>        |   |               |           |             |
| Maabarot                       | 1                                       | 0             | 1         | 1.9%        |
| Don't remember                 | 18                                      | 0             | 18        | 34.0%       |
| <b>Total number of reports</b> | <b>46</b>                               | <b>7</b>      | <b>53</b> | <b>100%</b> |

Source: ATNI Philippines (2020)

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### Sub-Articles 6.6 and 6.7, superseded by WHA 47.5

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There shall be no free or subsidized supplies given to health care institutions or organizations.

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Interviews with HPs conducted using Form 2 yielded the findings in relation to these sub-articles. In total, there were 10 reports of companies offering free or subsidized supplies. Two (2) such reports were in relation to RB, and 8 were in relation to Nestlé.

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### Sub-article 6.8

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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 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>70</sup> or services<sup>71</sup> to health facilities."

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Only 1 item of equipment was found during the visits to the HFs. This was a mattress cover with the name of an RB product (Lactum 3+6+). While it was determined through further investigation that this is a product for children of 3 years or 6 years plus, this is not necessarily clear to mothers or caregivers and could be understood to be for children 3+ 6+ months of age; further, the mattress features the company's brand name (Lactum). The fact that brand name and/or logo are displayed means that this donation is noncompliant with the Code's original recommendations, and by extension, with the stronger recommendation of WHA 69.9 that no equipment should be donated. Overall, however, there was only 1 observation of equipment in the sample of HFs in the NCR (~2% of the sample of HCs and MFs).<sup>72</sup>

There was also 1 report from the interviews with HPs (using Form 2) that a company offered to donate a piece of equipment (a Salter scale lining); this was reportedly RB.

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<sup>70</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>71</sup> The 2017 NetCode protocol used for this study does not provide for assessment of the delivery of services.

<sup>72</sup> Data collectors observed a growth chart in a HF including the well-known expression "BIBo panalo!" ("An active kid [Bibo] is a winner! [panalo!]"). We did not include it in the results because the growth chart did not refer to any specific product or company name or brand. However, further research revealed that this slogan is used in association with RB's Lactum products and included claims to benefits such as protection against diseases; enhancement of child growth, intelligence, and development; as well as being helpful to building the immune system. To adhere strictly to the spirit of the Code, RB should not donate such materials to HFs.



## D. Article 7: Health Workers

The data collection teams conducted observations at all HFs (HCs and MFs) and collected data to assess compliance with the following sub-articles of Article 7.

### Sub-article 7.2

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>73</sup>

Observations of informational/educational materials at HFs (Form 3) specifically intended for HPs and pertaining to the five types of baby food products relevant in the study (IF, FOF, GUM, CF<6 months, and CF 6-36 months) addressed possible noncompliance with this sub-article. Similar to Thailand and Nigeria, the data collection teams observed no such eligible materials in the Philippines. While results from interviews with HPs using Form 2 yielded reports of such materials offered to healthcare workers, as it is not possible to review their content, these findings have not been included in the results.

### 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. 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.

Data from interviews with HPs (Form 2) was used to assess compliance with Sub-article 7.3. The data collection teams asked HPs whether any BMS company representatives contacted them, and if so, if it was to provide personal gift items. Only 1 of the 126 HPs (<1% of the sample) reported that she or he was contacted by a BMS company to provide a personal gift item. There was just 1 report from that individual (respondents could report more than one instance), and Nestlé was the reported company.

### 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.

HPs’ reports that a baby food company representative contacted the HF or the HF staff for the purpose of distributing BMS and/or CF product samples to women (Form 2). While results from interviews with HPs using Form 2 yielded reports of such incidents, it is not possible to confirm their accuracy.

<sup>73</sup> WHA 69.9 restates 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.”

Only 4 of the 126 HPs in the sample (or ~3%) reported that a baby food company representative contacted them to provide product samples to mothers. Those 4 HPs reported 7 occurrences. Five (5) of the reports were from Nestlé, and 2 were from RB representatives. All 7 of these reports related to samples of baby milks for infants or young children less than 36 months.

This finding is similarly low to findings in Nigeria (reports from 2 HPs). In Thailand, however, 15 HPs reported 16 instances of a baby food company representative contact to provide samples to mothers.

Form 1 also asked mothers whether they received free samples of BMS products, and from whom. The data reveal that 4 mothers (~1% of the 330 mothers interviewed) reported that they received a free sample of a BMS product within the past 6 months. However, mothers reported only 1 of these 4 samples was from a health worker; reportedly, a nurse provided a sample of a product (age range not specified/unknown) in a primary health clinic, but the company name was unknown. These data suggest that, in the Philippines, compliance with this particular sub-article of the Code appears strong; health workers in the NCR do not appear to frequently give BMS samples to mothers.

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#### Sub-article 7.5

of the Code is extended by WHA 69.9 which states that companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems by, inter alia, give gifts or incentives to healthcare staff and not sponsor meetings of health professionals and scientific meetings.<sup>74</sup>

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Although there was only a single report of a BMS company offering a gift, of the 126 HPs interviewed in the Philippines, 15 (~12%) reported, when interviewed using Form 2, that a BMS company representative made an offer to sponsor events/workshops for the HPs or to provide payment for or other support to staff to attend events or workshops outside the HF. Overall, there were 40 reports of offers either to sponsor events or to support staff attendance to events. Table 5-11 shows that 30 were reportedly made by Nestlé representatives, 7 by RB representatives, 2 by those from HiPP, and 1 by Abbott. Moreover, in 7 accounts related to Nestlé, the company representative reportedly offered both to sponsor events and to support staff attendance to events (30 unique reports) and the same was found in 1 report related to RB (7 unique reports). Note, that these results pertain to WHA 69.9 prohibiting companies from sponsoring meetings of health professionals and scientific meetings.

Table 5-11 shows that a total of 41 offers were reported. However, 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, HPs 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).

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<sup>74</sup> Sub-Article 7.5 of the Code states, “Manufacturers and distributors of products within the scope of The 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.”

**Table 5-11. HP's reports related to Sub-articles 7.3, 7.4, and 7.5: No financial or material inducements should be offered to health workers**

| Company                              | Reports that BMS company reps contacted them to... |   | Number    | Percent     |
|--------------------------------------|--|---|-----------|-------------|
|                                      | Offer gifts  | Sponsor events/workshops or provide invitation and/or support for staff to attend events or workshops |           |             |
| <b>Companies in ATNI 2021 Index:</b> |  |   |           |             |
| Abbott                               | 0  | 1   | 1         | 2.4%        |
| Danone                               | 0  | 0   | 0         | 0.0%        |
| Nestlé                               | 1  | 30  | 31        | 75.6%       |
| RB                                   | 0  | 7   | 7         | 17.1%       |
| <b>Other companies:</b>              |  |   |           |             |
| HiPP                                 | 0  | 2   | 2         | 4.9%        |
| <b>Total number reports</b>          | <b>1</b>   | <b>40</b>   | <b>41</b> | <b>100%</b> |

Source: ATNI Philippines (2020)

## E. Article 9: Labeling

Data was collected from labels to allow for the assessment of compliance with the sub-articles of Article 9, WHA 58.32, WHA 61.20, WHA 69.9, and various Philippine regulations pertaining to the labeling of baby food products. Label data was abstracted initially from a total of 126 product labels. If a product was available in more than one size, then the most popular or common size was purchased and used in the analysis.

Table 5-12 shows the number of product labels assessed by company. In total, there were 167 observations of label noncompliance with 68 labels having at least 1 observed noncompliance. There were 72 BMS products included in the label analysis with 33 of those products having 1 or more observed noncompliance. In addition, there were 54 CF 6-36 month products with 35 of those products having one or more observed noncompliance.

The company with the most observed incidence of noncompliance in the label analysis was Want-Want Foods with 22 (~13%) across 3 products analyzed. Among the ATNI-Index companies, 6 out of 7 of Abbott's products (~86%) and all of RB's products had incidence of noncompliance against the Article 9 of the 1981 Code and/or WHA 61.20. Comparatively, in Thailand, 224 product labels were assessed with a total of 263 incidents of noncompliance, while in Nigeria, 35 labels were assessed for a total of 202 incidents.

Table 5-12 also displays the average number of incidence of noncompliance per product (i.e., per unique label included in the labeling assessment). In total, there was an average of 1.3 observed incidents per product. The company Want-Want Foods recorded the largest average number of observed incidence of noncompliance with 7.3 per product from a total of 3 products. Of the ATNI-Index companies in this study, RB had the highest average number of incidence of noncompliance per label with 1.0. The average number incidents per product in the Philippines was lower than the average of 2.2 found in Thailand. However, this value was much greater in Nigeria with an average of 5.8.

**Table 5-12. Number of unique product labels/inserts assessed, and number of labeling incidents of noncompliance observed, by company**

| Company                                   | Number of product labels/inserts assessed | Total number of incidents of noncompliance | Average number of incidents of noncompliance per product | Number of products with at least one noncompliance |
|---|---|--|--|--|
| <b>ATNI-Index companies:</b>              |   |  |  |  |
| Abbott                                    | 7   | 6  | 0.9  | 6  |
| Danone                                    | 6   | 0  | 0.0  | 0  |
| Nestlé                                    | 48  | 0  | 0.0  | 0  |
| RB  | 14  | 14   | 1.0  | 14   |
| <b>Other companies:</b>                   |   |  |  |  |
| Alnut                                     | 2   | 4  | 2.0  | 2  |
| Bellamy's Australia*                      | 1   | 2  | 2.0  | 1  |
| Bubs Australia                            | 2   | 11   | 5.5  | 2  |
| Dairy Goat Co-Op                          | 2   | 0  | 0.0  | 0  |
| Happy Family Organics                     | 3   | 12   | 4.0  | 3  |
| HiPP                                      | 5   | 6  | 1.2  | 4  |
| Kalbe                                     | 3   | 3  | 1.0  | 3  |
| Little Freddie                            | 4   | 13   | 3.3  | 4  |
| Morinaga/Morinaga Milk                    | 3   | 3  | 1.0  | 3  |
| Nosh Foods                                | 1   | 4  | 4.0  | 1  |
| Nutri-Del                                 | 1   | 3  | 3.0  | 1  |
| NutriDense Food Manufacturing Corporation | 2   | 10   | 5.0  | 2  |
| Only Organic*                             | 8   | 21   | 2.6  | 8  |
| Perrigo Nutritionals                      | 2   | 8  | 4.0  | 2  |
| Rafferty's Garden                         | 7   | 18   | 2.6  | 7  |
| Rebisco                                   | 1   | 5  | 5.0  | 1  |
| Want-Want Foods                           | 3   | 22   | 7.3  | 3  |
| Woolworths                                | 1   | 2  | 2.0  | 1  |
| <b>Total number reports</b>               | <b>126</b>                                | <b>167</b>                                 | <b>1.3</b>   | <b>68</b>  |

Source: ATNI Philippines (2020)

\* These companies informed ATNI that their products were not intended for sale in the Philippines at the time of data collection.

## 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;

For all eligible products (IF, FOF, GUM, CF <6), 4 products (~6%) were missing “Important Notice” or an equivalent statement. The companies with products that were missing this information included Bubs Australia, Only Organic, Rafferty's Garden, and Little Freddie. The incidents of noncompliance were observed only on CF <6 month product labels from these companies. In Thailand and Nigeria, all products assessed were compliant for this item in the code or comparable regulations.

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## Sub-article 9.2

- **(b) a statement of the superiority of breast-feeding;**

For all eligible products (IF, FOF, GUM, CF <6), 4 products (~6%) were missing a statement of the superiority of breastfeeding. Once again, the companies with products that were missing this information included Bubs Australia, Only Organic, Rafferty's Garden, and Little Freddie. The incidents of noncompliance were observed only on CF <6 month products from these companies. All labels assessed in Thailand were compliant for this part of the code. However, in Nigeria, one IF label was noncompliant, while the labels of 17% of FOFs, 17% of GUMs, and 100% of CFs <6 month products did not include this statement.

- **(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;**

For all eligible products (IF, FOF, GUM, CF <6), 4 products (~6%) did not include 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. These incidents of noncompliance were only observed on CF <6 month product labels from Bubs Australia, Only Organic, Rafferty's Garden, and Little Freddie.

In Thailand, incidents of noncompliance were observed for IF (60%) and FOF (63%) products, while in Nigeria 29% of the IF products were noncompliant for this section of the Code.

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

All eligible products (IF, FOF, GUM, CF <6) included instructions for appropriate preparation on the label; however, 3 (~4%) labels were missing the warning against the health hazards of inappropriate preparation. These 3 incidents of noncompliance were observed on CF <6 month products from Bubs Australia, Only Organic, and Rafferty's Garden. In Thailand, all products assessed included the statements required under this section of the Code. In contrast in Nigeria, 36% of IFs, 17% of GUMs, and 100% of CFs <6 month product labels were not compliant for this section.

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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. All products assessed for this item were compliant, except for 1 (~1%) CF <6 product from Bubs Australia due to the following phrase observed on the product label: "Extra nutrients will be provided if made up with breast milk formula." In Nigeria, 43% of IFs were noncompliant and included pictures of infants, or other pictures or text which may idealize the use of infant formula, while all products assessed in Thailand were compliant.

In addition, the 2006 RIRR law related to product labeling requires the label text in both the Filipino and English languages. The labels on 42 (~33% of all products) products were not compliant with this requirement. The regulations in Nigeria specified that the label directions appear in the three main languages; however, 89% of all products assessed were noncompliant with this requirement. There was no additional language requirement in Thailand.

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## 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.

Across all powdered IF, FOF, GUM, and CF <6 products, there were 29 (~40%) observed incidents of noncompliance for this item of the code. The most common reason for noncompliance was that the label instructions did not describe the necessity for preparing powdered formula one feed at a time. For Nigeria, the local regulations required the nutritional composition for this product type, and 51% of the assessed products were missing the nutritional composition on the labels (noncompliance was only found for the CF 6-36 month products in Nigeria, which were not assessed for this item in the Philippines). All products assessed in Thailand were compliant for Sub-article 9.4.

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

#### WHA 58.32 – Nutrition and health claims

According to the WHA 58.32, nutrition and health claims are not permitted for breast-milk substitutes except where specifically provided for in relevant Codex Alimentarius standards or national legislation. There is a lack of clarity in Philippines' regulations about whether nutrition and health claims are required for certain products, particularly formulas for special medical purposes. The ATNI-Index companies which make such products all provided product registration certificates for such products which had nutrition or health claims and which had therefore been approved (and the companies asserted they were required) by the Philippines FDA to gain approval. None of those claims found on the products assessed have therefore been reported on.

WHA 58.32 also requires the labels to provide information that powdered infant formula may contain pathogenic microorganisms. All assessed products were compliant for this requirement, except for 1 (~8% of assessed products) CF <6 month product from Bubs Australia. These results differ greatly from those in Thailand and Nigeria, where 100% of the assessed products were noncompliant for this item.

#### WHA 61.20 – Labeling requirements for powdered formula

WHA 61.20 requires all formula in powdered form to include the following information:

- The label shows clear graphic instructions illustrating the method of preparation;
- Instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces;
- Instructions show the need to boil water and sterilize utensils;
- Instructions show necessity for powdered formula to be prepared one feed at a time;
- Instructions show necessity of using water at or above 70°C in order to minimize microorganisms contamination during preparation; and

- Instructions show the need to cool the formula before feeding if using hot water for reconstitution; instructions show that left-overs of the product need to be discarded immediately.

None of RB's 14 formulas included all of this information, though most included nearly all points. All of RB's products were missing a statement that showed the necessity for powdered formula to be prepared one feed at a time, resulting in noncompliance for this requirement. Morinaga and HiPP each had 3 incidents of noncompliance related to this requirement, which was the highest among "other" companies. Each of the products from these two companies were missing a statement on the necessity of preparing powdered formula one feed at a time, and therefore, were not compliant with this requirement.

Data collected from the labels also allowed for the assessment of compliance with Recommendation 4 of WHA 69.9, which requires that all products include the appropriate age of introduction on the label. There were 6 (~5%) observed incidents of noncompliance for this requirement on labels from Happy Family Organics, NutriDense Food, and Want-Want Foods.

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." There were 5 (~4%) incidents of noncompliance for this requirement on labels from Happy Family Organics, NutriDense Food, and Want-Want Foods. An example of a phrase that could be construed as an endorsement included, "We are real moms, pediatricians and nutritionists on a mission to bring happiness and health to our little ones and the planet."

Recommendation 4 also requires labels of CFs 6-36 months to not "include any image, text or representation that might suggest use for infants under the age of 6 months." All products in this analysis were compliant with this requirement.

Additionally, Recommendation 4 requires a statement on the importance of continued breastfeeding for up to 2 years or beyond on the product label for CF 6-36 month products. There were 29 (~54% of all CF 6-36 month products) observed incidents of noncompliance for this requirement.

Lastly, Recommendation 4 requires a statement on the importance of not introducing CFs before 6 months of age on labels for CF 6-36 month products. Twelve (12) labels (~22% of all CF 6-36 month products) did not comply with this requirement.

Table 5-13 shows how many labels were noncompliant, i.e., had one or more noncompliant elements, disaggregated by product type. Label data was abstracted from 126 products and the product type with the most observed incidents of noncompliance was CF 6-36 months with 31 (~25%), followed by 16 (~13%) for IF products. The results differ from those found in Thailand and Nigeria. In Thailand, the product type with the most incidents in the label analysis was GUM (38%), whereas in Nigeria, most incidence of noncompliance were found for CF <6 month products. Table B in Appendix H provides additional details regarding the most prominent types of noncompliance by company.



Table 5-13. Total number of products with noncompliant labels, disaggregated by product type

| Company                                   | By product type            |                                  |                             |                                |                                  |          | Total no. of noncompliant labels |
|---|----------------------------|----------------------------------|-----------------------------|--------------------------------|----------------------------------|----------|----------------------------------|
|   | Infant Formula (IF) <6 mos | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos | Complementary Food (CF) 6-36 mos | CF Other |                                  |
| <b>Companies in ATNI 2021 Index:</b>      |                            |                                  |                             |                                |                                  |          |                                  |
| Abbott                                    | 4                          | 0                                | 2                           | NA                             | NA                               | 0        | 6                                |
| Danone                                    | 0                          | 0                                | 0                           | 0                              | 0                                | 0        | 0                                |
| Nestlé                                    | 0                          | 0                                | 0                           | 0                              | 0                                | 0        | 0                                |
| RB  | 6                          | 4                                | 4                           | NA                             | NA                               | 0        | 14                               |
| <b>Other companies:</b>                   |                            |                                  |                             |                                |                                  |          |                                  |
| Alnut                                     | 0                          | 0                                | 0                           | 0                              | 2                                | 0        | 2                                |
| Bellamy's Australia*                      | 0                          | 1                                | 0                           | 0                              | 0                                | 0        | 1                                |
| Bubs Australia                            | 0                          | 0                                | 0                           | 1                              | 1                                | 0        | 2                                |
| Happy Family Organics                     | 0                          | 0                                | 0                           | 0                              | 2                                | 1        | 3                                |
| HiPP                                      | 2                          | 0                                | 1                           | 0                              | 1                                | 0        | 4                                |
| Kalbe                                     | 0                          | 0                                | 0                           | 0                              | 3                                | 0        | 3                                |
| Little Freddie                            | 0                          | 0                                | 0                           | 1                              | 3                                | 0        | 4                                |
| Morinaga/Morinaga Milk                    | 2                          | 1                                | 0                           | 0                              | 0                                | 0        | 3                                |
| Nosh Foods                                | 0                          | 0                                | 0                           | 0                              | 1                                | 0        | 1                                |
| Nutri-Del                                 | 0                          | 0                                | 0                           | 0                              | 1                                | 0        | 1                                |
| NutriDense Food Manufacturing Corporation | 0                          | 0                                | 0                           | 0                              | 2                                | 0        | 2                                |
| Only Organic*                             | 0                          | 0                                | 0                           | 1                              | 7                                | 0        | 8                                |
| Perrigo Nutritionals                      | 2                          | 0                                | 0                           | 0                              | 0                                | 0        | 2                                |
| Rafferty's Garden                         | 0                          | 0                                | 0                           | 1                              | 6                                | 0        | 7                                |
| Rebisco                                   | 0                          | 0                                | 0                           | 0                              | 1                                | 0        | 1                                |
| Want-Want Foods                           | 0                          | 0                                | 0                           | 0                              | 0                                | 3        | 3                                |
| Woolworths                                | 0                          | 0                                | 0                           | 0                              | 1                                | 0        | 1                                |
| <b>Total</b>                              | <b>16</b>                  | <b>6</b>                         | <b>7</b>                    | <b>4</b>                       | <b>31</b>                        | <b>4</b> | <b>68</b>                        |

Source: ATNI Philippines (2020)

\* These companies informed ATNI that their products were not intended for sale in the Philippines at the time of data collection.

## 6. Conclusions and Recommendations

This report is based on a study carried out for Access to Nutrition Initiative (ATNI) using the 2017 Network for Monitoring and Support for Adherence to the Code (NetCode) protocol adapted for the Philippines. It is the sixth ATNI study Westat has conducted (following studies in Vietnam, Indonesia, and India, which were undertaken using the 2007 Interagency Group on Breastfeeding Monitoring [IGBM] protocol, and studies in Thailand and Nigeria in 2017 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 the Philippines, and it can serve as a model for similar studies in other countries or in other locations, for example, rural locations. The methodology of the 2017 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 International Baby Food Action Network (IBFAN).

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

**Informational and Educational Materials (Sub-article 4.2):** The results relative to Article 4 presented in Chapter 5 note that the data collection team did not observe any informational and educational material related to Infant Formula (IF), Follow-on Formula (FOF), Growing-up Milk (GUM), Complementary Food (CF) <6, or CF 6-36 in Health Centers (HCs), Maternity Facilities (MFs), or retail outlets. Moreover, the mothers who were interviewed at the HCs did not report receiving informational and/or educational materials. Based on these findings, no printed informational or educational material appears to be distributed by manufacturers to clinics or retail outlets. Therefore, companies demonstrate strong compliance with this aspect of the Code and local regulation.

**Equipment Donated to HFs (Sub-article 4.3):** In the Philippines, there was only a documented incidence of noncompliance, a baby's medical record book including the name of an RB division for the brand Lactum. In addition, there was a report from a HP of an offering from RB of a scale liner. Overall, the companies demonstrate strong compliance with this aspect of the Code and local regulation.

**Advertising and Promotion (Sub-article 5.1):** The media monitoring component of the study included direct observations of both traditional media sources (such as television and radio) as well as online media sources. The promotions observed through media monitoring related primarily to GUM and CF 6-36 months products. While advertisements and promotions for CF 6-36 months are not subject to Inter-Agency Committee (IAC) approval or prohibited per se, WHA 69.9 stipulates that certain messages must be included or excluded. Sixteen (16) promotions for this product type did not do so.

There were 27 unique advertisements or promotions observed through traditional media monitoring. Of these, 12 (44%) promotions were observed on television channels for 6 different products, and 15 (56%) promotions were observed on radio stations for 3 different products.

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 and their social media pages. In total, 16 promotions were observed for 9 products on companies' own media including company/brand websites and social media pages: 2 observations on YouTube pages (~13%), 13 observed noncompliances (~81%) for 6 products on Facebook pages, and 1 finding on a company website (6%). Additionally, there were 6 promotions observed in companies' own media that were not related to a specific product, all of which were observed on Facebook pages. All of the observations from Facebook and YouTube pages were from Nestlé, while the 1 observation from a company website was from HiPP. CF 6-36 months was the product type most frequently promoted in the companies' own media.

Of the 49 unique promotions on the media monitored, 16 (~33%) related to 9 CF 6-36 products, 27 (~55%) were for 9 GUM products, and 6 (~12%) were branded promotions; by company, 45 were from Nestlé (92%). The observations for CF 6-36 month products are not violations of the Code, but they relate to marketing messages that were present or omitted in the promotion. Therefore, these observations are not in line with Recommendation 4 of WHA 69.9. Nestlé and HiPP were 2 companies with observations found in their online media (81%) in Facebook, in YouTube (13%), and company websites (~6%) were. The product type most frequently promoted in the companies' own media was CF 6-36 months. No promotions for BMS or CF products were identified on the parenting websites or their social media pages.

As noted in Chapter 5, almost half of the mothers interviewed (44%) reported seeing at least one baby food promotion in the past 6 months. Of the 258 reports of promotions by these mothers in the prior six months, the majority (86%) were television ads. The next most common form of media reported was social media (9%). Findings from this study suggest that efforts should continue to prevent advertising or other forms of promotion to the general public.

**Samples of Products Provided to Mothers (Sub-article 5.2):** As shown in Chapter 5, less than 1% of the sample of mothers reported receiving a free sample of BMS/CF products within the past 6 months, suggesting a high level of compliance with this aspect of the Code. Specifically, the one report involved a free sample from Nestlé received from a shop/pharmacy personnel.

**Point-of-Sale Promotions (Sub-article 5.3):** All incidents of noncompliance found in the Philippines were promotions on online stores. A total of 33 online promotions for 13 BMS/CF products were identified in the five prominent online retailers. Most of the promotions (82%) were price related, the rest (18%) were incentives of product purchase. Twenty-three (23) out of the 33 promotions observed (70%) were for CF <6 months. The company with the most observed promotions from online retail websites was Little Freddie (13), followed by Rafferty's Garden (7). Regarding the products promoted, the most common product type found in the promotions observed on online retail websites was CF <6 months (70%), followed by IF (~18%). By company, most promotions were observed from Little Freddie (13), followed by HiPP (6). No promotions were observed for Abbott, Danone, or RB products. Although our information does not allow us to identify the extent of the role of each baby food manufacturer in these promotions, companies should ensure that distributors and retailers with which they have commercial relationships are aware of their responsibilities under the Code and local regulations.

ATNI checked with the four ATNI-Index companies in the Philippine market on whether they had commercial relationships with each of the online retail sites on which promotions were found. The observed promotions included in the results for the ATNI-Index companies only include observations from online retailers that had a confirmed commercial relationship with each ATNI-Index company.

**Gifts and Coupons to Mothers (Sub-article 5.4):** As described in Chapter 5, the sample of mothers reported 5 instances of free gifts but no reports of receiving a coupon. Mothers reported receiving 4 of these gifts in hospitals or primary health clinics. None of the mothers reported receiving free gifts from company representatives. Therefore, this also seems to be an aspect of the Code and local regulation with which companies demonstrate strong compliance. However, there is an opportunity for the local governments to implement stronger enforcement among HPs who have interactions with mothers at the HFs.

**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, none of the 330 mothers reported shop personnel or company representatives recommending commercial BMS products. This finding indicates that direct contact by companies to mothers appears rare to nonexistent in the National Capital Region (NCR), demonstrating strong compliance with this aspect of the Code as well.

**Promotion of Infant Formula or Other Products (Sub-article 6.2):** There were 46 reports from mothers that a HP suggested using infant formula or other products (34 BMS and 12 other commercial food or drink products). Of the 46 reports, 21 involve Nestlé, 4 Abbott, 2 RB, 1 Maabarot, and 18 reports when the mother did not report the company's name. The study found 3 reports that Nestlé contacted HPs to provide mothers and other caregivers with promotional materials about specific products and 1 respondent also reported contact by Nestlé to provide coupons to mothers and other caregivers. When considering the number of respondents and how many reports resulted from the interviews, findings from this assessment indicate that the level of contact by baby food companies to mothers appears relatively modest in the Philippine study.

**Promotional Materials in HFs (Sub-article 6.3 and 6.8):** As shown in Chapter 5, there were 3 reports by HPs of companies making contact to display products and/or conduct promotional activities in the facility, all relating to Nestlé. Also, the teams observed one eligible piece of equipment/materials provided to healthcare system at the 43 HFs included in this study. The material was from RB, a mattress cover that had a brand name on it, thus contravening the Code and local regulations and there was also a report from a HP of an offering from RB of a scale liner. (Note that according to WHA 69.9, companies are no longer allowed to make any equipment donations.)

**Health Workers (Sub-article 7.2, 7.3, 7.4, and 7.5):** The data collection teams did not observe any informational/educational materials at HFs specifically intended for HPs. Regarding possible noncompliance with Sub-article 7.3, only one of the 126 HPs reported that a Breast-milk Substitute (BMS) company (Nestlé) made contact to provide a personal gift item. Regarding Sub-article 7.4, there were 7 reports from HPs that a baby food company representative contacted them to provide product samples to mothers. Five (5) of the reports were from Nestlé, and 2 were from RB representatives. Only 1 mother reported that she received a free sample of a product (age range not specified/unknown) within the past 6 months from a nurse, but the company name was unknown. This data suggests that, in the Philippines, the level of compliance with Sub-article 7.4 of the Code appears strong; HPs in the NCR do not appear to frequently provide BMS samples to mothers. Related to Sub-article 7.5 which states that companies should not create conflicts of interest in health facilities or throughout health systems, 15 HPs reported that a BMS company representative made 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 HF. Of those incidents, 30 were reportedly made by Nestlé representatives, 7 by RB, 2 by HiPP, and 1 by Abbott. These findings are not in line with WHA 69.9 that prohibits companies from sponsoring meetings.

**Labeling (Article 9, WHA 58.32, WHA 61.20, and recommendation 4 of WHA 69.9):** This study included a product label analysis component, in which eligible product labels were assessed for their compliance with the Code, as well as with WHA 58.32 and WHA 61.20 and relevant Philippine regulations. Eligible products included all BMS/CF products intended for children from birth to 36 months of age; however, only the legitimate products for the ATNI-Index companies that met these criteria were included. In total, 101 parallel import products for ATNI-Index companies were excluded from the label analysis; as a result it is not possible to state whether they were labeled in conformance with national requirements.

After assessing 126 product labels, there were 167 observations of noncompliance with 68 labels having at least one observed noncompliance. The label analysis included 72 BMS products with 46% of those products including one or more observed incidence of noncompliance. Twenty-eight percent (28%) of the BMS products with an observed noncompliance were from ATNI-Index companies, while 18% were from ‘other’ companies. The label analysis also included 54 CF 6-36 month products. Sixty-five percent (65%) of those products had one or more incidence of noncompliance on the label. All of the CF 6-36 month products with at least one incidence of noncompliance were from ‘other’ companies, most of which were likely parallel imports.

Overall, the product type with the most observed incidence of noncompliance in the label analysis was CF 6-36 (31), followed by IF products (16). On average, this study found 1.3 incidents of noncompliance per product. The company with the most observed noncompliance was Want-Want Food with a total of 22 across its 3 analyzed products (>7 incidents per product). Among the ATNI-Index companies, the study found 6 noncompliant labels on 7 Abbott products and each of the 14 RB’s products had one or more incidence of noncompliance. Noncompliance due to missing statements such as “Important Notice”, missing statements of the superiority of breastfeeding, or that the product should be used only on the advice of health workers were, in general, in small numbers and only observed on CF <6 month products.

Likewise, there were few instances of labels missing the warning against the health hazards of inappropriate preparation. Other noncompliance found in small numbers included product labels lacking the appropriate age of introduction as well as the inclusion of what could be considered endorsements by professional bodies or groups. Although the Philippine regulations require the text on labels to be in Filipino and English, 33% of all products were not compliant with this requirement. There were 29 (40%) observed incidents of noncompliance on the product labels that did not show the necessity of preparing powdered formula one feed at a time. Specifically related to CF 6-36 month products, this study found that 54% of these products were noncompliant with the requirement of stating the importance of continued breastfeeding for up to two years or beyond. To a lesser extent, 22% of these products were noncompliant with the requirement of stating the importance of not introducing CFs before 6 months of age. Also, there were instances (~6%) of promotional messages/images /devices to induce the sales of the company’s products. These findings suggest that compliance of labels is an area with considerable potential for improvement.

Table 6-1 presents a summary of observed incidents of noncompliance for the six ATNI-Index companies (only four of which officially sell their products in the Philippines) and “other companies,” regarding the covered BMS and CF products in the NCR. (Note that this table is identical to Table ES-1.) Because noncompliance varies by sub-article and their relative importance may differ, this data is presented for descriptive purposes only.

**Table 6-1. Summary of observations of incidence of noncompliance, by Code sub-article and WHA 69.9, and company**

| Company            | Total number of products found <sup>1</sup> | Total number of incidence of noncompliance (sum of columns to the right) | Incidence of noncompliance by relevant Code sub-article  |  |  |   |   |   |
|--------------------|---|--|--|--|--|---|---|---|
|                    |   |  | 4.2<br>Products on informational/ educational materials at HF's and retail outlets (table not shown) | 4.3<br>Observations of equipment at HF's (table not shown) | 5.1, WHA 69.9<br>Media monitoring (traditional and online) <sup>2</sup><br>Table 5-4 | 5.3, WHA 69.9<br>Promotions at retail outlets (physical and online retailers) <sup>3</sup><br>Table 5-6 | 6.3 and 6.8<br>Promotional material at HF's (table not shown) | 9.2 and 9.4, WHA 69.9<br>Noncompliant product labels <sup>4</sup><br>Table 5-13 |
| Abbott             | 8   | 6  | 0  | 0  | 0  | 0   | 0   | 6   |
| Danone             | 6   | 0  | 0  | 0  | 0  | 0   | 0   | 0   |
| FrieslandCampina   | 0   | 0  | 0  | 0  | 0  | 0   | 0   | 0   |
| KraftHeinz         | 0   | 0  | 0  | 0  | 0  | 0   | 0   | 0   |
| Nestlé             | 50  | 47   | 0  | 0  | 45   | 2   | 0   | 0   |
| RB                 | 17  | 19   | 0  | 1  | 3  | 0   | 1   | 14  |
| Other <sup>5</sup> | 88  | 80   | 0  | 0  | 1  | 31  | 0   | 48  |
| <b>Total</b>       | <b>169</b>                                  | <b>152</b>   | <b>0</b>   | <b>1</b>   | <b>49</b>  | <b>33</b>   | <b>1</b>  | <b>68</b>   |

Source: ATNI Philippines (2020)

<sup>1</sup> The count of products includes all of the unique products found throughout the course of the study. In total, 134 products were observed in the data collection. The labels of 126 were assessed; the other 8 products were not able to be purchased but featured in marketing or advertising.

<sup>2</sup> Note that the Media Monitoring component of the study (October 2019-March 2020) includes observations of advertisements or promotions in traditional media (Television and Radio) and online (company and brand websites local to the Philippines and their associated social media pages, along with 10 parenting websites and their associated social media pages).

<sup>3</sup> 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.

<sup>4</sup> Counts of noncompliance include Sub-articles 9.2 and 9.4 of the Code, as well as WHA 58.32 and WHA 61.20, and relevant Filipino regulations (those which exceed the Code). Each label included in this analysis can have more than one noncompliance; 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 noncompliance). Additionally, the 101 parallel imports were excluded from the label analysis results presented in this report and are therefore not counted in this column. Six (6) legitimate products and two products from "other" companies were not available for purchase in the Philippines and are also excluded from the count in this column because they were not assessed in the label analysis.

<sup>5</sup> "Other" companies included in the Philippines data collection for which there were observed noncompliances include: Alnut, Bellamy's Australia, Bubs Australia, Happy Family Organics, HiPP, Kalbe, Little Freddie, Morinaga/Morinaga Milk, Nosh Foods, Nutri-Del, NutriDense Food Manufacturing Corporation, Only Organic, Perrigo Nutritionals, Rafferty's Garden, Rebisco, Want-Want Food, and Woolworths. There were no findings for 35 products for the following 18 "other" companies that were also part of the data collection in the Philippines: Apple Monkey, Ausnutria, Blackmores, Costco, Dairy Goat Co-Op, Glico, Healthy Choice, Healthy Times, Holle, Keep it Cleaner, Lieblings Schatz, Little Bellies, Little Quacker, Mael, Sprout Foods, The A2 Milk Company, The Hain Celestial Group, Whole Kids.



Table 6-2 presents a summary of observed incidents of noncompliance by product type, for the six ATNI-Index companies and “other companies” in the NCR. (Note that this table is identical to Table ES-2.) Because noncompliance varies by sub-article and their relative importance may differ, this is presented for descriptive purposes only.

| Company                           | Total no. of observed incidence of noncompliance by product type |                                  |                             |   |   |                        |            |
|-----------------------------------|--|----------------------------------|-----------------------------|---|---|------------------------|------------|
|                                   | Infant Formula (IF) <6 mos                                       | Follow-on Formula (FOF) 6-11 mos | Growing-up Milk (GUM) 12-36 | Complementary Food (CF) <6 mos <sup>2</sup> | Complementary Food (CF) 6-36 mos <sup>2</sup> | Not a specific product | Total      |
| Abbott                            | 4  | 0                                | 2                           | NA  | NA  | 0                      | 6          |
| Danone                            | 0  | 0                                | 0                           | 0   | 0   | 0                      | 0          |
| FrieslandCampina                  | 0  | 0                                | 0                           | NA  | NA  | 0                      | 0          |
| Kraft Heinz                       | 0  | 0                                | 0                           | 0   | 0   | 0                      | 0          |
| Nestlé                            | 1  | 1                                | 24                          | 0   | 15  | 6                      | 47         |
| RB                                | 6  | 4                                | 7                           | NA  | NA  | 2                      | 19         |
| <b>Total ATNI-Index companies</b> | <b>11</b>  | <b>5</b>                         | <b>33</b>                   | <b>0</b>                                    | <b>15</b>                                     | <b>8</b>               | <b>72</b>  |
| Other <sup>1</sup>                | 11   | 3                                | 3                           | 27  | 36  | 0                      | 80         |
| <b>Total</b>                      | <b>22</b>  | <b>8</b>                         | <b>36</b>                   | <b>27</b>                                   | <b>51</b>                                     | <b>8</b>               | <b>152</b> |

Source: ATNI Philippines (2020)

<sup>1</sup> “Other” companies included in the Philippines data collection for which there were observed noncompliances include: Alnut, Bellamy’s Australia, Bubs Australia, Happy Family Organics, HiPP, Kalbe, Little Freddie, Morinaga/Morinaga Milk, Nosh Foods, Nutri-Del, NutriDense Food Manufacturing Corporation, Only Organic, Perrigo Nutritionals, Rafferty’s Graden, Rebisco, Want-Want Food, and Woolworths.

<sup>2</sup> NA denotes findings of complementary food products as not being applicable to companies that do not produce and market these product types.

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

As noted earlier, this is the sixth ATNI study on which we have reported, although we used the IGBM Protocol for the first three studies (in Vietnam, Indonesia, and India) and adapted the 2015 NetCode protocol for the Thailand and Nigeria studies. Most of our conclusions about the Code are similar to those we described in our reports for the previous five countries (Vietnam, Indonesia, India, Thailand, and Nigeria).<sup>75</sup> 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 Noncompliance.** The Code includes a complex set of recommendations, some of which can be challenging to interpret or measure.

<sup>75</sup> <https://accessnutrition.org/library/#types=bms>



**The 2017 NetCode Protocol.** ATNI selected the 2017 NetCode protocol 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 2017 NetCode protocol addresses a great number of the sub-articles of Articles 4, 5, 6, 7, and 9 of the Code. However, as described in Chapter 2 and mentioned in Chapter 7, it does not cover all aspects of the Code.

A notable improvement with the Thailand and the Nigeria studies and their use of the NetCode protocol was 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 and parenting websites), on YouTube, Facebook, Twitter, and Instagram. For the Philippines study, the online media monitoring also included the social media pages for the parenting websites, a new component of media monitoring in the 2017 version of the NetCode protocol.

Additionally, the Philippines study expands on the protocol by including radio as an additional form of traditional media included in the monitoring, as the NetCode protocol only describes monitoring television advertisements for traditional media. The media monitoring practices for television that are described in the NetCode protocol were adapted for radio and customized as needed. The NetCode protocol notes that the procedures for monitoring advertisements in television can also be used for radio.

## C. Recommendations

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**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. Specifically, companies should strengthen their marketing policies to bring them fully into line with the Code, by extending them to cover all BMS and CF products from birth to 36 months, and to include the recommendations of WHA 69.9. Likewise, baby food companies should take all reasonable steps to ensure that distributors and retailers of their products, including online, understand their obligations under the Code and local regulations on marketing, 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. They should take steps to ensure that their labels include all of the details recommended by the Code (particularly the provisions of WHA 61.20, which came into effect in 2008, and WHA 69.9, which came into force in May 2016).

**For WHO and the Philippines Government:** This study has found relatively high levels of compliance with the local regulations and the Code among the ATNI-Index companies compared to the other companies and compared to other countries. Overall, results from the study in the Philippines align closer to findings in India and Nigeria given the low incidence of noncompliance, in contrast to what was observed in similar studies conducted in Indonesia and Thailand. This indicates that the legislation and the IAC review process for the current scope of the law in the Philippines are generally effective.

Considering that most of the advertisement or promotional messages were self-reported by mothers as having been seen on television (and during the monitoring period of October 2019 to March 2020, the television promotions found were repeated on TV channels 5,325 times and the

radio promotions 93,582 times), the Government could look at tightening its IAC approval process for such ads, particularly for GUMs. Likewise, the relevant authorities should consider extending measures to online marketing of products and pay increased attention to monitoring how products are marketed by online retailers and e-commerce platforms.

Although the existing Code legislation is strong, rigorous continual monitoring is also necessary to document noncompliance of existing measures and to identify where enforcement efforts should be focused. The Government of the Philippines could consider using the NetCode Toolkit: Protocol for Periodic Assessment on a regular basis for its own monitoring of companies' compliance with the national regulations and the Code. In addition, we suggest that particular focus be placed on restricting parallel imports to the Philippines. Although 235 products were available in the NCR (i.e., purchased in the NCR during the data collection period), 101 of these products (~43%) were parallel imports. We recommend consideration of stricter rules to prevent entry and marketing of parallel import products that do not comply with national regulations.

Another recommended area of focus is on restricting the use of digital media to promote products and contact mothers. The Government of the Philippines and local stakeholders should particularly focus future efforts to ensure compliance of online advertising and social media. 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. While the Inter-Agency Committee (IAC) has indicated its intention to strengthen its control of the marketing of CF 6-36 months, the prolonged Covid-19 lockdown has delayed the effort.

The Government of the Philippines should look at how to strengthen its regulations to fully reflect the Code and subsequent relevant WHA resolutions and particularly ensure that labels of all BMS comply with them and that the marketing of CF 6-36 products aligns with the recommendations of WHA 69.9. There appears to be some confusion about whether nutrition and health claims are required for FSMPs. The ATNI-Index companies reported that some of the claims on the labels were required for product registration in the Philippines. Consideration should also be given to embedding the requirements of WHA 61.20 on the safe preparation of powdered formulas into national labelling regulation.

Finally, every effort should be made to monitor manufacturers and distributors to ensure that no financial or material inducements to promote products within the scope of the Code are offered to HPs.

## 7. Limitations of the Study

As has been noted several times previously, this study followed the 2017 Network for Monitoring and Support for Adherence to the Code (NetCode) protocol and data collection forms, adapted for the context in the Philippines. 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 the 2017 NetCode deviates from the prior 2015 NetCode sample design. Forty-three (43) health facilities (HFs), including 33 HCs and 10 maternity facilities (MFs), 43 retail outlets, 330 mothers, and 129 (126 in the Philippines) health professionals (HPs) are included in the 2017 NetCode sample design; the addition of MFs is new in this sample. After consultation with ATNI, this study only allowed for mothers among the 330 respondents to the mother's questionnaire; consequently only mothers were interviewed. Primary caregivers are not included. Moreover, the quantitative sample of mothers and HPs are convenience (quota) samples and, therefore, not necessarily representative of the larger populations of those groups in the NCR or the Philippines. However, it is fair to acknowledge that the two-stage sampling used for selecting participant clinics where mothers and health professionals were interviewed as well as the wide geographic area where the clinics are located, including public and private facilities, add value to the findings described in this report.

### B. Self-Report and Recall Bias

Much of the information needed to assess compliance with the Code comes from interviews with mothers and with HPs. 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 HPs, there can also be recall bias when participants do not remember past experiences accurately or omit details. Similarly, the temporal displacement of an event can occur in either direction; for example, when people remember distant events as being more recent than they actually are.

The NetCode questions were generally clear and objectively written and did not include suggestions about what response was desired. NCP trained the data collection teams 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 incidence of noncompliance, 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 noncompliance did occur even if there are some recall errors.

### C. Selection of Health Workers and Mothers

Per the 2017 NetCode protocol, a quota of three HPs were selected within each sampled HF, yet these respondents might not be the "best" respondents to interview with respect to facility-related

issues. As shown in Table 5-1, 40% of the respondents for the HP interviews were midwives, and the second most common category was nurses at 30%. There were fewer interviews with more senior staff, such as directors, doctors, and department heads. Therefore, it is possible that this study may have underreported 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**

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The selection of retail outlets to observe point-of-sale promotions. was purposive, not representative. The objective was to select 33 small retail stores proximate to the sampled HCs (in addition to the 10 large retailers) that 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 the NCR. 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. On the positive side, we can say, however, that none of the retail outlets was alerted prior to the visits or informed of the study objective, so the observations recorded very likely reflect an average day.

## **E. Monitoring of Online Retailers and Other Websites**

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A trained data collector visited specified websites once a week (same day every week) from February 3 through March 27, 2020. Although findings from this study resulted from a systematic data collection, they are to some extent limited. The screenshots that were saved only reflect the content that was visible on specific dates at the time of the observations. Thus, it is possible that the same online retailers would have different promotions (e.g. banner advertisements) at different hours or days of the week. The same is true for other websites monitored (company websites, brand websites, parenting and child websites, and their corresponding social media pages). The selection of participant websites was purposive, not representative, and consequently we cannot generalize the study results to the universe of online stores in the NCR.

## **F. Other Limitations**

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One other limitation includes an aspect of the 2017 NetCode questionnaires which lacked precise questions (such as, for example, a question in Form 1 about baby food companies making direct contact with mothers [see Chapter 5]).

This study is 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 the NCR, nor elsewhere in the Philippines. These indicators describe 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 the NCR because of high population density and the ease of reaching women, we have no empirical evidence from other urban or rural areas within the Philippines to confirm this belief. Readers should interpret these study results with this in mind.

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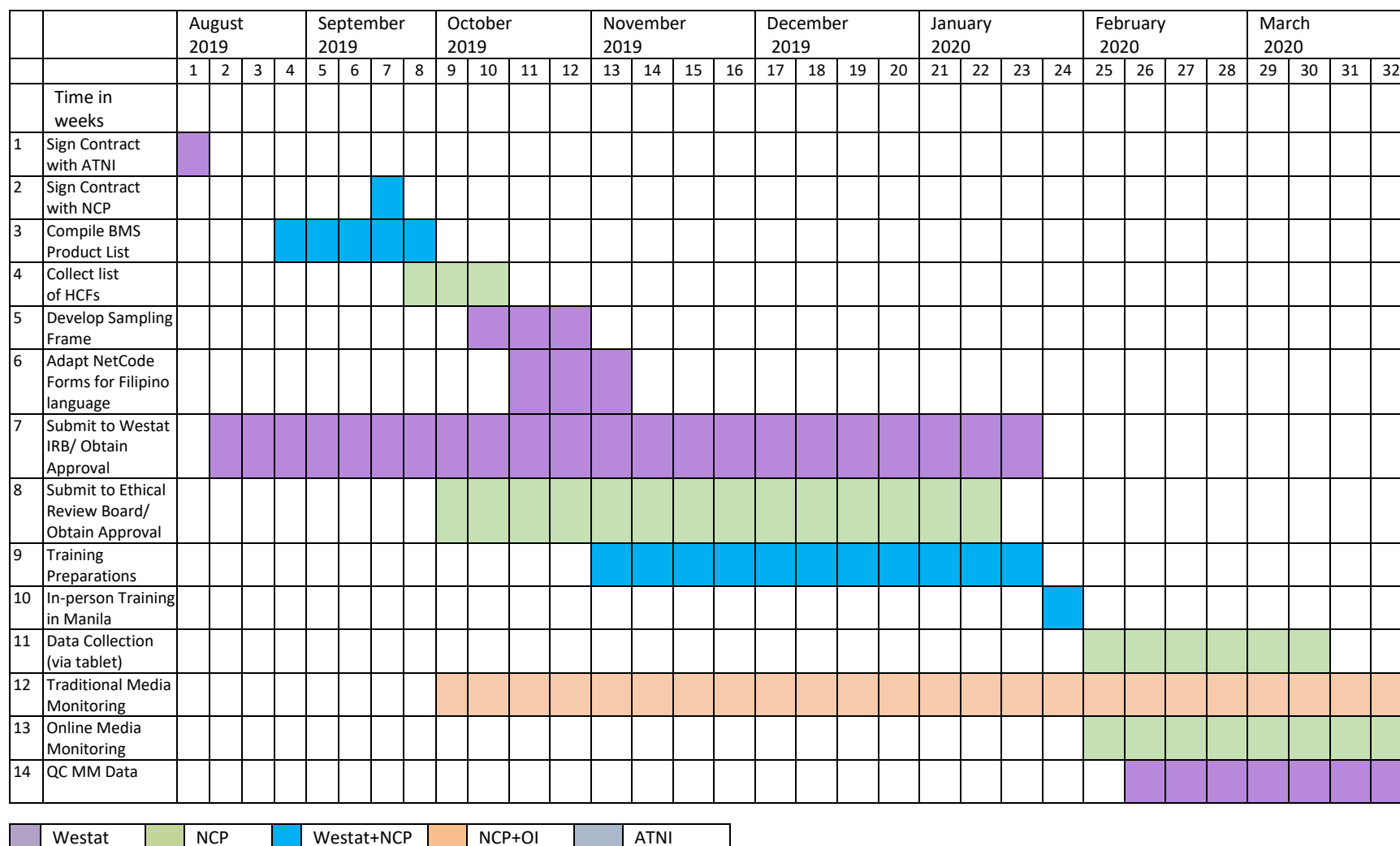
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# Appendix A

## Study Timeline



# Appendix A Study Timeline



|    |                               | April 2020 |    |    |    | May 2020 |    |    |    | June 2020 |    |    |    | July 2020 |    |    |    | August 2020 |    |    |    | September 2020 |    |    |    | October 2020 |    |    |    | November 2020 |    |    |    | December 2020 |    |    |    | January 2021 |    |    |    |
|----|-------------------------------|------------|----|----|----|----------|----|----|----|-----------|----|----|----|-----------|----|----|----|-------------|----|----|----|----------------|----|----|----|--------------|----|----|----|---------------|----|----|----|---------------|----|----|----|--------------|----|----|----|
|    | Time in weeks                 | 33         | 34 | 35 | 36 | 37       | 38 | 39 | 40 | 41        | 42 | 43 | 44 | 45        | 46 | 47 | 48 | 49          | 50 | 51 | 52 | 53             | 54 | 55 | 56 | 57           | 58 | 59 | 60 | 61            | 62 | 63 | 64 | 65            | 66 | 67 | 68 | 69           | 70 | 71 | 72 |
| 14 | QC MM Data                    |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |
| 15 | Label Analysis                |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |
| 16 | QC Label Analysis Data        |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |
| 17 | Data Analysis/ Draft Report   |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |
| 18 | ATNF Review Report            |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |
| 19 | Finalize/ Submit Final Report |            |    |    |    |          |    |    |    |           |    |    |    |           |    |    |    |             |    |    |    |                |    |    |    |              |    |    |    |               |    |    |    |               |    |    |    |              |    |    |    |

|  |        |  |     |  |            |  |        |  |      |
|--|--------|--|-----|--|------------|--|--------|--|------|
|  | Westat |  | NCP |  | Westat+NCP |  | NCP+OI |  | ATNI |
|--|--------|--|-----|--|------------|--|--------|--|------|

# Appendix B

List of BMS/CF Products

## Appendix B

### List of BMS/CF Products

**Table B-1. List of 235 BMS/CF Products<sup>1</sup>**

**Color Legend:** Confirmed by company Parallel Import Non-ATNI-Index Company

| Company                 | Brand             | Product name   | Age indication            |
|-------------------------|-------------------|--|---------------------------|
| Abbott                  | EleCare           | DHA/ARA Infant Formula (Hypoallergenic, Infant formula with Iron)      | 0-12 months               |
| Abbott                  | Isomil            | Infant Formula   | 0-12 months               |
| Abbott                  | Pediasure         | Milk Supplement Powder (Vanilla)                                       | 1-3 years                 |
| Abbott                  | Pediasure         | Milk Supplement Powder (Chocolate)                                     | 1-3 Years                 |
| Abbott                  | Similac           | Pro-Sensitive For Immune Support                                       | 0-12 months               |
| Abbott                  | Similac           | Go & Grow Milk-Based Powder - Toddler Drink                            | 12-36 months              |
| Abbott                  | Similac           | Pro-Advance Infant   | 0-12 months               |
| Abbott                  | Similac           | Pure Bliss Infant Formula with Iron                                    | 0-12 months               |
| Abbott                  | Similac           | One Infant Formula   | 0-6 months                |
| Abbott                  | Similac           | TummiCare HW One   | 0-12 months               |
| Abbott                  | Similac           | TummiCare HW Two   | 1-3 Years                 |
| Abbott                  | Similac Gain Plus | Three Milk Supplement  | 1-3 Years                 |
| Abbott                  | Similac Gain      | Two Milk Supplement  | 6-12 Months               |
| Abbott                  | Similac           | Neosure  | Birth - 12 Months         |
| Abbott                  | Similac           | Alimentum - Hypoallergenic Infant Formula For Food Allergies and Colic | 0-12 months               |
| Abbott                  | Similac           | Advance Infant Formula - Stage 1                                       | Birth - 12 Months         |
| Abbott                  | Similac           | TummiCare Two  | 1-3 Years                 |
| Abbott                  | Isomil            | Two Infant Formula   | 1-3 Years                 |
| Abbott                  | Similac Gain      | Infant Formula   | Age could not be verified |
| Abbott                  | Similac Gain Plus | Follow-Up Formula <sup>2</sup>   | Age could not be verified |
| Alnut                   | Byba              | Tubs Baby Food - Fruit with Yogurt                                     | 6 Months+                 |
| Alnut                   | Byba              | Tubs Baby Food - Banana & Orange with Biscuits                         | 6 Months+                 |
| Bellamy's Australia     | Bellamy's Organic | Organic Follow On Formula Stage 2                                      | 6-12 Months               |
| Bellamy's Australia     | Bellamy's Organic | Organic Pumpkin Baby Rice <sup>3</sup>                                 | 5+ Months                 |
| Bubs Australia          | Bubs Organic      | Baby Oats Cereal   | 6 Months+                 |
| Bubs Australia          | Bubs Organic      | Baby Banana Rice Cereal  | 4 Months+                 |
| Dairy Goat Co-operative | DG                | DG Infant Formula Powder (from Goat's Milk)                            | 0-6 Months                |
| Dairy Goat Co-operative | DG                | DG Milk Supplement Powder (from Goat's Milk)                           | 6 Months to 3 Years Old   |
| Danone/Nutricia         | Aptamil           | Aptamil 1  | From Birth                |
| Danone/Nutricia         | Aptamil           | Aptamil 2 with Pronutra  | 6-10 months               |

| Company               | Brand                       | Product name   | Age indication            |
|-----------------------|-----------------------------|--|---------------------------|
| Danone/Nutricia       | Aptamil                     | Aptamil 3  | 1-3 Years                 |
| Danone/Nutricia       | Aptamil                     | Aptamil Pre with Pronutra  | From Birth                |
| Danone/Nutricia       | Milupa                      | Baby-Tee - Organic Baby Tea  | From 4th Month            |
| Danone/Nutricia       | Milupa                      | Chamomile Drink - against constipation   | 6 Months+                 |
| Danone/Nutricia       | Milupa                      | Fennel Drink - Beverage for Colics   | 6 Months+                 |
| Danone/Nutricia       | Milupa                      | Kindertee - Herbs Instant Drink for Kids and Infants   | Age not specified/unknown |
| Danone/Nutricia       | Milupa                      | Milumil 1 Starting milk  | From Birth                |
| Danone/Nutricia       | Milupa                      | Milumil 3 Follow-up milk   | From 10 months            |
| Danone/Nutricia       | Aptamil                     | Aptamil 2 Follow On Baby Milk Formula  | 6-12 Months               |
| Danone/Nutricia       | Aptamil                     | Toddler Gold + Pronutra +  | 1 Year+                   |
| Danone/Nutricia       | Cow & Gate                  | Follow On Milk 2   | 6-12 Months               |
| Danone/Nutricia       | Karicare + Gentle Nutrition | Goat Milk Infant Formula   | 0-6 Months                |
| Danone/Nutricia       | Aptamil                     | Pronutra+ 1 Infant Formula Powder  | 0-6 Months                |
| Danone/Nutricia       | Aptamil                     | Aptamil HA - For Cow's Milk Protein Allergy  | From Birth Onwards        |
| Danone/Nutricia       | Aptamil                     | Pronutra+ 3 Milk Supplement Powder   | 1-3 Years                 |
| Danone/Nutricia       | Aptamil                     | Aptamil AR - For the Dietary Management of Infants with Regurgitation  | From Birth Onwards        |
| Danone/Nutricia       | Aptamil                     | Aptamil Comfort - For the Dietary Management of Colic and Constipation   | From Birth Onwards        |
| Danone/Nutricia       | Aptamil                     | Pronutra+ 2 Milk Supplement Powder (Label in German)   | 6-12 Months               |
| Happy Family Organics | Happy Baby Organics         | Organic Yogis, Freeze Dried Yogurt & Fruit Snacks (Mixed Berry)  | Crawling baby             |
| Happy Family Organics | Happy Baby Organics         | Organic Infant Formula Milk Based Powder with Iron <sup>4</sup>  | 0-12 Months               |
| Happy Family Organics | Happy Baby Organics         | Bananas, Raspberries & Oats  | 6+ Months                 |
| Happy Family Organics | Happy Baby Organics         | Hearty Meals Root Vegetables & Turkey with Quinoa  | 7+ Months                 |
| HiPP                  | HiPP Organic                | Milk Supplement  | 1-3 years                 |
| HiPP                  | HiPP Organic                | Milk Supplement  | 6-12 Months               |
| HiPP                  | HiPP Organic                | Combiotic Support Infant Formula   | 0-12 months               |
| HiPP                  | HiPP Organic                | Meat/Vegetable Medley (Sweet Squash and Chicken; Mixed Vegetable Medley; Beef and Vegetable)   | 6+ Months                 |
| HiPP                  | HiPP Organic                | Infant Formula   | 0-6 Months                |
| Kalbe                 | Milna                       | Milna Rusks for Infants (Mixed Fruit)  | 6+ Months                 |
| Kalbe                 | Milna                       | Milna Dry Cereal for Infants - Brown Rice & Banana   | 6+ Months                 |
| Kalbe                 | Milna                       | Milna Baby Cereal - Beef Stews & Green Peas  | 9+ Months                 |
| Little Freddie        | Little Freddie              | Juicy Strawberries, Blueberries, and Oats  | 6 Months+                 |
| Little Freddie        | Little Freddie              | Mixed Fruit/Vegetable Puree (Fragrant Strawberries, Bananas and Apples; Zesty Kiwis, Bananas and Pears; Flavoursome Carrot, Pumpkin, Pea, and Pear; Tender Spinach, Peas, and Apples; Balanced Prunes and Apples; Vibrant Peaches and Raspberries) | 4 Months+                 |

| Company                | Brand          | Product name   | Age indication                          |
|------------------------|----------------|--|---|
| Little Freddie         | Little Freddie | Simply Baby Rice (Blueberry and Banana)  | 6 Months+                               |
| Little Freddie         | Little Freddie | 7 Grain Porridge with Quinoa Puffs   | 7 Months+                               |
| Morinaga/Morinaga Milk | BMT            | BMT HP   | 0-6 Months                              |
| Morinaga/Morinaga Milk | BMT            | Soya   | 0-6 months                              |
| Morinaga/Morinaga Milk | Chil Mil       | Soya   | 6-12 months                             |
| Nestlé                 | Wyeth          | S-26 LF Gold   | 0-12 Months                             |
| Nestlé                 | Bear Brand     | Junior Milk Supplement   | 1-3 Years                               |
| Nestlé                 | Cerelac        | Nestlé Cerelac Nutripuffs Orange   | 6-24 months                             |
| Nestlé                 | Gerber         | Good Start - Comforting Probiotics   | 0-12 months                             |
| Nestlé                 | Gerber         | Good Start Gentle HM-O and Probiotics (Infant Formula with Iron)                     | 0-12 months                             |
| Nestlé                 | Gerber         | Gerber Squash Puree  | After 6 months                          |
| Nestlé                 | Gerber         | Gerber Puffs (Strawberry Apple; Banana; Blueberry; Blueberry Vanilla; Sweet Potato)  | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Organic Puffs (Apple)   | Crawler                                 |
| Nestlé                 | Gerber         | Gerber Multigrain Cereal   | Sitter 2nd Foods (6-48 Months)          |
| Nestlé                 | Gerber         | Gerber Organic Oatmeal Single Grain Cereal (Gerber Organic Rice Single Grain Cereal) | Supported Sitter (6 Months and up)      |
| Nestlé                 | Gerber         | Gerber Lil Bits Whole Wheat Apple Blueberry Cereal                                   | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Oatmeal Banana Cereal   | Sitter 2nd Foods (6-48 Months)          |
| Nestlé                 | Gerber         | Gerber Multigrain Apple Sweet Potato Cereal  | Sitter 2nd Foods (6-48 Months)          |
| Nestlé                 | Gerber         | Gerber Barley Single Grain Cereal  | Supported Sitter 1st Foods (4-6 Months) |
| Nestlé                 | Gerber         | Gerber Lil Bits Oatmeal Banana Strawberry Cereal                                     | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Applesauce  | After 6 months                          |
| Nestlé                 | Gerber         | Gerber Mixed Vegetables  | Above 6 Months 2nd Foods                |
| Nestlé                 | Gerber         | Gerber Exotic Dessert  | Above 6 Months 2nd Foods                |
| Nestlé                 | Gerber         | Gerber Carrot Puree  | After 6 months                          |
| Nestlé                 | Gerber         | Gerber Organic Yogurt Melts (Banana Strawberry; Red Berries)                         | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Fruit & Veggie Melts  | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Animal Crackers Cinnamon Graham   | Toddler 12+ Months                      |
| Nestlé                 | Gerber         | Gerber Arrowroot Biscuits  | Crawler 8+ Months                       |
| Nestlé                 | Gerber         | Gerber Hearty Bits Multigrain Banana Apple Strawberry Cereal                         | Toddler 12+ Months                      |
| Nestlé                 | Gerber         | Gerber Probiotic Rice Banana Apple Cereal  | Sitter 2nd Foods (6-48 Months)          |

| Company | Brand  | Product name   | Age indication                          |
|---------|--------|--|---|
| Nestlé  | Gerber | Gerber Puree (Pea; Sweet Potato; Pear)   | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Rice Single Grain Cereal  | Supported Sitter 1st Foods (4-6 Months) |
| Nestlé  | Gerber | Gerber Apple Prune Juice from concentrate  | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Lil' Crunchies Veggie Dip (Garden Tomato; Mild Cheddar)   | Crawler 8+ Months                       |
| Nestlé  | Gerber | Gerber Probiotic Oatmeal Banana Cereal(Oatmeal Peach Apple Cereal)   | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Organic Apple Carrot Squash (Pear Blueberry Apple Avocado; Pear Peach Strawberry; Apple Raspberry Acai Berry; Pears & Spinach)                  | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Prune (Butternut Squash; Pear; Carrot)  | Supported Sitter 1st Foods (4-6 Months) |
| Nestlé  | Gerber | Gerber Strong Broccoli Carrot Banana Pineapple   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Organic Fruit & Grain (Banana Acai Granola Baby Food; Apple Mango with Rice & Vanilla Baby Food; Banana Red Berries Granola Baby Food)          | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Fruit & Yogurt (Strawberry Banana; Peaches & Cream)   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Organic Oatmeal Millet Quinoa Cereal  | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Graduates Lil' Biscuits Vanilla Wheat   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Apple Sweet Potato with Cinnamon (Apple Mango Strawberry)   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Organic Carrots, Apples & Mangoes Baby Food (Banana Mango Baby Food; Apples Carrots & Squash Baby Food; Apples Blueberries & Spinach Baby Food) | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Whole Wheat Whole Grain Cereal  | Sitter 2nd Foods (6-48 Months)          |
| Nestlé  | Gerber | Gerber Lil' Meals (Mac & Cheese with Chicken & Vegetables; Rice & Sweet Potatoes with Carrots & Chicken; Pasta Shells & Cheese)                        | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Fruit Pick-Ups - Diced Apples in White Grape Juice  | Crawler 10+ Months                      |
| Nestlé  | Gerber | Gerber Graduates - Fruit & Veggie Melts (Truly Tropical Blend)   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Graduates - Fruit & Veggie Melts (Very Berry Blend)   | Crawler 8+ Months                       |
| Nestlé  | Gerber | Gerber Strong Banana Blueberry Purple Carrot Greek Yogurt Mixed Grains   | Toddler 12+ Months                      |
| Nestlé  | Gerber | Gerber Breakfast Buddies - Hot Cereal with Real Fruit (Apple Cinnamon)   | Toddler 12+ Months                      |



| Company | Brand                 | Product name  | Age indication                     |
|---------|-----------------------|---|------------------------------------|
| Nestlé  | Gerber                | Gerber Graduates Puffs (Strawberry Apple; Banana; Blueberry; Vanilla)           | Crawler                            |
| Nestlé  | NAN                   | Optipro HW Two  | 6-12 months                        |
| Nestlé  | NAN                   | Optipro HW Three  | 12-36 months                       |
| Nestlé  | NAN                   | OPTIPRO Three   | 12-36 months                       |
| Nestlé  | NAN                   | OptiPro One Infant Formula  | 0-6 months                         |
| Nestlé  | NAN                   | AL 110 Lactose Free Infant Formula  | 0-12 months                        |
| Nestlé  | NAN                   | PreNAN Infant Formula   | 0-6 months                         |
| Nestlé  | Nestlé                | Multigrain Porridge   | 6 Months +                         |
| Nestlé  | Nestlé Health Science | Alfamino Junior Pediatric Formula Hypoallergenic                                | 1 Year+                            |
| Nestlé  | Nestogen              | NESTOGEN 1  | 0-6 months                         |
| Nestlé  | Nestogen              | NESTOGEN 2  | 6-12 months                        |
| Nestlé  | Nestogen              | NESTOGEN 3  | 1-3 years                          |
| Nestlé  | Nestogen              | Low Lactose   | 0-12 months                        |
| Nestlé  | Wyeth                 | S-26 LF Lactose-Free Infant Formula   | 0-12 Months                        |
| Nestlé  | Wyeth                 | S-26 TWO Milk Supplement  | 6-12 Months                        |
| Nestlé  | Wyeth                 | S-26 Organic Infant Formula   | 0-12 Months                        |
| Nestlé  | Wyeth                 | S-26 SMA BABY FORMULA   | 0-12 Months                        |
| Nestlé  | Wyeth                 | S-26 One Infant Formula   | 0-6 Months                         |
| Nestlé  | Wyeth                 | S-26 GOLD One Infant Formula  | 0-6 Months                         |
| Nestlé  | Wyeth                 | S-26 PROMIL THREE Milk Supplement   | 1-3 years                          |
| Nestlé  | Wyeth                 | S-26 PROMIL GOLD THREE Milk Supplement  | 1-3 years                          |
| Nestlé  | Wyeth                 | BONAKID Stage 3 Milk Supplement Powder  | 1-3 years                          |
| Nestlé  | Wyeth                 | BONAMIL Stage 2 Milk Supplement Powder  | 6-12 Months                        |
| Nestlé  | Wyeth                 | BONNA Stage 1 Infant Formula Powder   | 0-6 Months                         |
| Nestlé  | Wyeth                 | S-26 HA Gold Partially Hydrolyzed Whey Protein Infant Formula                   | 0-12 Months                        |
| Nestlé  | Wyeth                 | S-26 Promil Organic For Toddlers Milk Supplement                                | 1-3 Years                          |
| Nestlé  | Wyeth                 | S-26 COMFORT GOLD Partially Hydrolyzed Whey Infant Formula with Reduced Lactose | 0-12 Months                        |
| Nestlé  | Wyeth                 | S-26 Gold Alula Progress Baby Formula   | 6-12 months                        |
| Nestlé  | Cerelac               | Dry Cereals for Infants (Mixed Vegetables & Soya)                               | From 6 Months up to 2 years        |
| Nestlé  | Gerber                | Oatmeal Cereal Single Grain   | Supported Sitter (6 Months and up) |
| Nestlé  | Cerelac               | Nestlé Cerelac Nutripuffs Spinach   | From 8 Months                      |
| Nestlé  | Cerelac               | Nestlé Cerelac Wheat Banana & Milk  | From 6 Months up to 2 years        |
| Nestlé  | Nestogen              | Classic Infant Formula  | 0-12 months                        |
| Nestlé  | NAN                   | Sensitive Infant Formula  | 0-12 months                        |
| Nestlé  | Cerelac               | Dry Cereals for Infants (Chicken & Vegetables)                                  | From 8 Months up to 2 years        |
| Nestlé  | NIDO                  | Kinder 1+   | 1-3 years                          |
| Nestlé  | NAN                   | OPTIPRO TWO   | 6-12 Months                        |
| Nestlé  | NAN                   | Optipro HW One  | 0-6 months                         |
| Nestlé  | Gerber                | DHA & Probiotic Oatmeal Single Grain Cereal                                     | Supported Sitter (6 Months and up) |

| Company                                   | Brand           | Product name   | Age indication     |
|---|-----------------|--|--------------------|
| Nestlé                                    | Gerber          | Gerber Organic Lil' Crunchies White Cheddar Broccoli   | Toddler 12 Months+ |
| Nestlé                                    | Wyeth           | S-26 TWO Milk Supplement   | 6-12 Months        |
| Nestlé                                    | Wyeth           | S-26 GOLD TWO Milk Supplement  | 6-12 Months        |
| Nestlé                                    | Gerber          | Good Start - Extensive HA Infant Formula with Iron (Extensively Hydrolyzed Powder)   | Birth to 12 Months |
| Nestlé                                    | Gerber          | Gerber Organic Fruit Puree (Apple blueberry, apple apricot peach, peas broccoli Zucchini)  | After 6 Months     |
| Nestlé                                    | Cerelac         | Nestlé Cerelac Mixed Fruits & Soya   | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestlé Cerelac Rice & Soya   | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestlé Cerelac Brown Rice & Milk   | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestle Cerelac Wheat & Milk  | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestle Cerelac Brown Rice & Soya   | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestle Cerelac Nutripuffs Tomato   | From 6 Months      |
| Nestlé                                    | Cerelac         | Nestle Cerelac Nutripuffs Strawberry   | From 6 Months      |
| Nestlé                                    | Gerber          | Gerber Banana Strawberry   | From 6 months      |
| Nestlé                                    | Gerber          | Gerber Banana Puree  | From 6 months      |
| Nestlé                                    | Cerelac         | NutriPuffs (Banana & Orange; Banana & Strawberry)  | From 6 Months      |
| Nestlé                                    | Wyeth           | Promil AQIVA2  | 1-3 Years          |
| Nestlé                                    | Wyeth           | Promil LF Gold2  | 0-12 Months        |
| Nestlé                                    | Good Start      | Alsoy with Prosoya Blend Baby Formula  | 0-12 Months        |
| Nestlé                                    | Good Start      | Pro-Blend Stage 1 Ready to Feed Baby Formula   | 0-12 Months        |
| Nestlé                                    | Good Start      | Pro-Blend Stage 1 Baby Formula   | 0-12 Months        |
| Nestlé                                    | Good Start      | Organic Baby Formula   | 0-12 Months        |
| Nestlé                                    | Good Start      | Probiotic with Pro-Blend Stage 1 Baby Formula  | 0-12 Months        |
| Nestlé                                    | NIDO            | Junior Milk Supplement   | 1-3 years          |
| Nosh Foods                                | Baby Munchables | Organic Teething Wafers  | 6 Months+          |
| Nutri-Del                                 | Nutri-Del       | Dry Infant Cereal (Squash, Monggo & Pears; Carrots, Green Peas & Sweet Potatoes; Banana, Squash & Spinach; Apple, Squash & Malunggay; Apple, Banana & Carrots; Squash & Carrots) | 6 Months Onwards   |
| NutriDense Food Manufacturing Corporation | Rimo            | Instant Blend - Rice + Mongo   | 6-23 Months Old    |
| NutriDense Food Manufacturing Corporation | Rimo            | Curls - Rice-Mongo Cheese Flavored   | 1-3 Years old      |
| Only Organic                              | Only Organic    | Chicken Bolognese  | 10 Months+         |
| Only Organic                              | Only Organic    | Teething Rusks   | 6 Months+          |
| Only Organic                              | Only Organic    | Fruit & Yoghurt Brekkie (Banana Berries and Yoghurt Brekkie; Mango and Yoghurt Brekkie)  | 8 Months+          |
| Only Organic                              | Only Organic    | Carrots, Red Lentils, and Cheddar Puree  | 8 Months+          |
| Only Organic                              | Only Organic    | Banana, Blueberry, and Quinoa Puree  | 6 Months+          |
| Only Organic                              | Only Organic    | Banana Raspberry & Vanilla   | 8 Months+          |
| Only Organic                              | Only Organic    | Apple, Peach & Apricot   | 4 Months+          |
| Only Organic                              | Only Organic    | Beef Bolognese Pasta   | 1-5 Years          |

| Company              | Brand                        | Product name   | Age indication   |
|----------------------|------------------------------|--|------------------|
| Perrigo Nutritionals | Up & Up (Target Store Brand) | Up & Up Infant formula with iron   | 0-12 Months      |
| Perrigo Nutritionals | Up & Up (Target Store Brand) | Up & Up Gentle Infant formula with iron  | 0-12 Months      |
| Rafferty's Garden    | Rafferty's Garden            | Vanilla Custard, Chocolate Custard   | 6 Months+        |
| Rafferty's Garden    | Rafferty's Garden            | Plant Powered Protein (Black Bean, Quinoa & Corn; Chickpea, Corn & Carrot; Brown Rice, Bean & Pumpkin; Red Lentil, Carrot & Sweet Potato)  | 8 Months+        |
| Rafferty's Garden    | Rafferty's Garden            | Mixed Fruit/Vegetable Puree (Pear and Superberries; Pumpkin, Apple, and Sweetcorn; Pear and Prune; Mango, Apple and Sweet Potato; Banana, Pear, and Mango; Spinach, Apple, Broccoli, and Pea; Sweet Potato, Carrot, and Apple) | 4 Months+        |
| Rafferty's Garden    | Rafferty's Garden            | Beef, Sweet Potato, and Parsnip Puree  | 6 Months+        |
| Rafferty's Garden    | Rafferty's Garden            | Risoni Pasta & Garden Veggies  | 10 Months +      |
| Rafferty's Garden    | Rafferty's Garden            | Wholemeal Macaroni, Pumpkin & Basil  | 6 Months+        |
| Rafferty's Garden    | Rafferty's Garden            | Ready To Eat Porridge (Apple, Pear & Cinnamon)   | 6 Months+        |
| Rebisco              | Bibibons                     | Biscuit and cereal in one  | 6 Months Onwards |
| RB                   | Alacta BIBo TRIO             | Infant formula   | 0-6 months       |
| RB                   | AlactaGrow BIBo TRIO         | Milk supplement  | 1-3 Years        |
| RB                   | Alactamil BIBo TRIO          | Milk supplement  | 6-12 months      |
| RB                   | ENFA                         | Nutramigen A+  | 0-12 months      |
| RB                   | Enfagrow                     | A+ Gentlease   | 1-3 years        |
| RB                   | Enfagrow                     | A+ Three Milk Supplement Powder  | 1-3 years        |
| RB                   | Enfamil                      | NeuroPro Sensitive   | 0-12 Months      |
| RB                   | Enfamil                      | A+ One Infant Formula Powder   | 0-6 Months       |
| RB                   | Enfamil                      | A+ Catch-Up Infant Formula Powder  | 0-12 Months      |
| RB                   | Enfamil                      | A+ Two Milk Supplement Powder  | 6-12 Months      |
| RB                   | Enfamil                      | A+ Two Milk Supplement Powder Lactose Free   | 6-12 Months      |
| RB                   | Enfamil                      | A+ Gentlease, Gentlease  | 0-12 Months      |
| RB                   | Enfamil                      | Enspire Infant Formula   | 0-12 Months      |
| RB                   | Enfamil                      | NeuroPro Infant  | 0-12 Months      |
| RB                   | Enfamil                      | NeuroPro Gentlease   | 0-12 Months      |
| RB                   | Enfamil                      | Enspire Gentlease  | 0-12 Months      |
| RB                   | Enfamil                      | Premium Gentlease  | 0-12 Months      |
| RB                   | Enfamil                      | A.R.   | 0-12 Months      |
| RB                   | Enfamil                      | Infant   | 0-12 Months      |
| RB                   | Enfamil                      | ProSobee   | 0-12 Months      |
| RB                   | Enfamil                      | Reguline   | 0-12 Months      |
| RB                   | Enfamil                      | Pregestimil DHA & ARA  | 0-12 Months      |
| RB                   | Lactum                       | Infant Formula Powder  | 0-6 Months       |

| Company         | Brand        | Product name   | Age indication  |
|-----------------|--------------|--|---|
| RB              | Lactum       | Lactum Milk Supplement Powder  | 6-12 Months   |
| RB              | Lactum       | Lactum Milk Supplement Powder (Plain)  | 1-3 Years   |
| RB              | Nutramigen   | with Enflora LGG (ebay.ph ships from US) - Infant Formula Powder with Iron                   | 0-12 Months   |
| RB              | Nutramigen   | LGG Infant Formula Powder  | 0-12 Months   |
| RB              | Enfamil      | A+ Gentlease   | 0-12 Months   |
| RB              | Enfamil      | NeuroPro EnfaCare - Milk Based with Iron - For babies Born Prematurely Transitioning to Home | 0-9 Months  |
| RB              | Enfamil      | A+ Premature <sup>2</sup>  | 0-12 Months   |
| RB              | Enfagrow     | A+ Three Lactose Free  | 1-3 years   |
| RB              | Enfamil      | A+ One Lactose Free  | 0-6 Months  |
| RB              | Lactum       | Lactum 1-3 (Chocolate) <sup>5</sup>  | 1-3 Years   |
| RB              | Enfalac      | Gentlease Infant formula <sup>6</sup>  | 0-12 months   |
| Want-Want Foods | Baby Mum-Mum | Apple Rice Rusks   | Age not specified/unknown (Perfect for teething & first solid food) |
| Want-Want Foods | Baby Mum-Mum | Vegetable Rice Rusks with Kale, Carrot, Spinach and Cabbage                                  | Age not specified/unknown (Perfect for teething & first solid food) |
| Want-Want Foods | Baby Mum-Mum | Banana Rice Rusks  | Age not specified/unknown (Perfect for teething & first solid food) |
| Woolworths      | Baby Macro   | Lamb with Vegetables   | 6 Months+   |

<sup>1</sup> The product information in Table B-1 represents the products found from each component of data collection for this study.

<sup>2</sup> The product was not available for purchase in the Philippines; however, it was confirmed as a legitimate product by one of the ATNI-Index companies.

<sup>3</sup> The product was not available for purchase in the Philippines; however, it was found in online media monitoring.

<sup>4</sup> The product was not available for purchase in the Philippines; however, it was found in online media monitoring.

<sup>5</sup> The product was not available for purchase in the Philippines; however, it was confirmed as a legitimate product by one of the ATNI-Index companies.

<sup>6</sup> Ibid

# Appendix C

## Study Definitions

## Appendix C

### Study Definitions

#### General Definitions

**Breast-milk Substitute (BMS)** – Any food being marketed or otherwise represented as a partial or total replacement for breast-milk. This includes, infant formula, follow-up formula (sometimes referred to as “follow-on milk”), growing-up milk or any other milk for children under 36 months of age, in either liquid or powdered form, that may be available in the country and is specifically marketed for feeding infants and young children (0 to < 36 months). (NetCode, pages 4-5)

**Infant Formula.** Includes any formula that is labelled for infants under 6 months of age. The age might be listed 0-6 months or 0-12 months. It may be labelled “Stage 1.” (NetCode, page 63)

**Follow-on Formula (also called follow-up milk or follow-up formula).** Any milk product that is labelled for infants under 12 months of age but not under 6 months of age. The age might be listed 6-12 months or 6+ months. It may be labelled “Stage 2.” (NetCode, page 63)

**Growing-up Milk (also called toddler milk).** Any milk product for which the target age range includes children under 36 months of age and 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 63)

**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 63)

**Other Milks.** Any milk product that is not explicitly labeled for children under 36 months but that might be consumed by young children. (NetCode, page 63)

**Commercial Complementary Foods (CFs).** Any food or drink other than baby milk that is labelled for children under 24 months of age. (NetCode, page 63)

**Complementary Foods 0-6 months (CF 0-6 months).** Any other food or liquid targeted for infants under 6 months of age. All such products are considered BMS and within the scope of the Code since resolution WHA 54.2 recommends exclusive breastfeeding for 6 months. (NetCode, page 5)

**Complementary Foods 6-36 months (CF 6-36 months).** Includes any non-formula food or drink product marketed for use after the age of 6 months. Foods marketed for use after the age of 6 months generally fall outside the scope of the Code. WHA 69.9 stipulates that CFs should not be promoted in a way to cross-promote BMS, should not recommend or promote bottle-feeding, should state the importance of continued breastfeeding for up to 2 years and beyond, and should not discourage breastfeeding. (NetCode, page 6)

**Other commercial foods.** Any processed food or drink not labelled for children under 24 months of age. (NetCode, page 63)

**Natural Foods.** Any food that is produced at home or sold without industrial processing. (NetCode, page 63)

**Cross-promotion.** When one product in the combination of any group of foods that includes infant formula is promoted, the others are indirectly promoted as well due to their similar names, colors, images, etc. (NetCode, page 63)

**Baby milk.** Any milk product targeted for babies where the age range is not specified on the label or is unknown. (NetCode, page 86)

**Relevant Products.** Refers to the list of products covered by the scope of this assessment. (NetCode, page 10)

**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. (ATNI/Westat definition)

**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) relevant products intended for infants and young children. (ATNI/Westat definition)

## Form 1 – Questionnaire for Mothers

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**Mother.** Primary respondent with at least one child less than 24 months old. (NetCode, page 10)

**Pharmacist.** Employee of a pharmacy. (NetCode, page 57)

**Representative of a Company.** Refers to a company other than the store itself. (NetCode, page 57)

**Health Professional.** Includes family/general doctors, nurses, gynecologists, midwives, pediatricians, and nutritionists. (NetCode, page 58)

**Promotion.** Includes poster, flyer/brochure, video, clocks, and growth charts with company logos; television, radio, magazine, shop/pharmacy, billboard, and social media (Facebook, Instagram, mobile chat apps). (NetCode, pages 88 and 90)

**Online Social Groups.** Online groups for mothers and other caregivers of infants and young children, such as baby clubs or parenting groups sponsored or organized by a company that sells relevant products. (NetCode, page 92)

**Online Events or Activities.** Includes photo contests and promotional sales on e-commerce platforms hosted for mothers and other caregivers of infants and young children sponsored or organized by a company that sells relevant products. (NetCode, page 92)

**In-Person Social Groups.** Includes baby clubs or parenting groups for mothers or other caregivers organized or sponsored by a company that sells relevant products. (NetCode, page 19)



**Events or Activities.** Events or activities for mothers or other caregivers such as baby fairs/festivals or community classes organized or sponsored by a company that sells relevant products. (NetCode, page 19)

**Coupon.** Promotional material including price reductions, special offers, etc. by a specific company and/or brand for relevant products. (NetCode, pages 62, 94)

**Gift.** Includes free items that may be given to mothers or other caregivers and are associated with the companies/brands that manufacture/sell foods and drinks for children under 36 months of age. Examples of gifts include toys, bags, t-shirts, bibs, nappies/diapers, calendars, notebooks, or growth charts. (NetCode, pages 59 and 95)

## Form 2 – Health Professional Assessment

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**Health Professionals.** Includes the health facility director (or head of the child health or maternity department), a physician, and either a nurse or midwife. (NetCode, page 23)

**Promotional Materials.** Includes diaper bags, calendars, toys, clothing, clocks, or pens; free samples or coupons for relevant products; anything with a logo of a company that produces foods or drinks for infants and young children; and posters, note pads, growth charts, and brochures with feeding information. (NetCode, pages 61 and 102)

**Information or Educational Materials.** Materials for mothers or health professionals produced by manufactures and distributors that provide scientific and factual information on infant and young child feeding. Includes brochures, booklets, informational poster, video, or other similar material. (NetCode, pages 61 and 102)

**Samples.** Refers to any relevant product covered by the Code provided to a health facility at no cost or at low cost. (NetCode, pages 4 and 99)

**Donations.** Refers to free office or medical equipment (e.g., office equipment, such as weighing scales, stethoscopes, thermometers, and/or office supplies, such as pens, notepads, growth charts, paperweights, etc.). (NetCode, pages 88, 99, and 102)

**Free Supplies.** Any relevant product covered by the Code provided to a health facility at no cost or at low cost. (NetCode, pages 4 and 99)

## Form 3 – Health Facility Listing of Promotional Materials, Informational or Educational Materials or Equipment

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**Health Facilities.** Includes public and private health centers that provide well-baby/well-child services and maternity clinics/facilities that attend births. (NetCode, pages 21 and 23)

**Health Center.** Provides well-baby/well-child services. Centers that only care for sick children (e.g., hospitalized children, emergency rooms, or sick clinics) are not included. (NetCode, page 21)

**Maternity Facility.** Largest public and private facilities that offer child-birth services. (NetCode, page 23)

**Information or Educational Materials.** Materials for mothers or health professionals produced by manufactures and distributors that provide scientific and factual information on infant and young child feeding. Includes brochures, booklets, informational poster, video, or other similar material. (NetCode, pages 61 and 102)

**Equipment.** Includes clocks, tables, copy machines, and any other similar items showing company brand or logos. (NetCode, page 102)

**Promotional Materials.** Includes diaper bags, calendars, toys, clothing, clocks, or pens; free samples or coupons for relevant products; anything with a logo of a company that produces foods or drinks for infants and young children; and posters, note pads, growth charts, and brochures with feeding information. (NetCode, pages 61 and 102)

## Form 6 – Promotions at Retail Outlets and Pharmacies

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**Retailer.** Brick-and-mortar retail outlet that sells products covered by the Code and included as part of this assessment. (NetCode, pages 10 and 31)

**Small Retailer.** Small store or pharmacy in proximity to each of the 33 health centers that sell relevant products. Small stores would include corner/convenience stores and neighborhood stores/kiosks. Pharmacies should not include those associated with the health facilities. (NetCode, page 30)

**Large Retailer.** Large stores that sell a high volume and variety of relevant products. Large stores would include national chain grocery stores, supermarkets, and baby stores. (NetCode, page 30)

**Promotional Materials.** Includes anything with a logo of a company that produces foods for infants and young children. May include clothing, clocks, pens, free samples or gifts of baby milks, bottles or teats, coupons, price reductions or special offers, displays, informational material, such as posters or brochures, or the presence of a sales representative from a company of relevant products. (NetCode, pages 61-62)

## Form 7 – Desk Review of Product Labels

---

**Labels.** Information on relevant products printed on the container or is on a well-attached label. (NetCode, page 111)

**Insert.** Information on relevant product that may or may not be attached to relevant products. (ATNI/Westat definition)

**Health Claim.** Conveys endorsement of the product or the benefits, quality, necessity, superiority, etc. of the product. (NetCode, page 112)

**Images.** Pictures of any infant or young child being bottle-fed; any representation of animals, toys, cartoon characters, or brand mascots; images that idealize the product such as hearts, flowers/landscapes. (NetCode, page 107)

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

## Form 8 – Desk Review of Promotions of the Media

---

**Media.** Advertisements broadcast/promoted on national TV (government and private), radio, printed magazines, and internet-based channels. (NetCode, page 11)

**Traditional Media Advertisements.** Any audiovisual material meant to promote relevant products using TV/radio/print as a means of dissemination. (ATNI definition)

**Online Media.** Includes baby food manufacturers' own websites, online retailers, online magazines or forums for pregnant women and mothers of young children, Facebook, Twitter, YouTube channels, and/or Instagram accounts. (NetCode, pages 42-43)

**Online Promotions.** Includes internet-based banner adverts, information, notes, interviews, news reports, opinion/analysis/debate, 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, pages 72, 75, and 115)

**Online Retailer.** Selected based on local knowledge and online searches. Sells relevant products that are available for purchase in the country and may or may not be in brick-and-mortar stores. (NetCode, page 30-31)

# Appendix D

Population Data for the NCR

## Appendix D

### Population Data for NCR

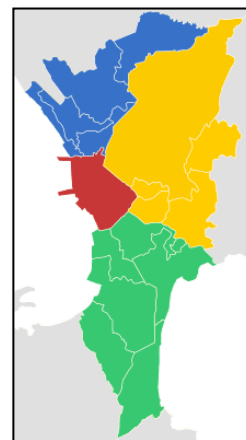
**Table D-1. The National Capital Region (NCR) comprises several cities grouped in four districts.**

| District  | Cities/Municipality  | Population (2015) | Area                                     |
|---|--|-------------------|--|
| <b>Capital District<br/>(1st District)</b>                    | <a href="#">Manila*</a>  | 1,780,148         | 42.88 km <sup>2</sup><br>(16.56 sq mi)   |
| <b>Eastern Manila District<br/>(2nd District)</b>             | <a href="#">Mandaluyong</a><br><a href="#">Marikina*</a><br><a href="#">Pasig</a><br><a href="#">Quezon City*</a><br><a href="#">San Juan</a>  | 4,650,613         | 236.36 km <sup>2</sup><br>(91.26 sq mi)  |
| <b>Northern Manila District (CAMANAVA)<br/>(3rd District)</b> | <a href="#">Caloocan*</a><br><a href="#">Malabon*</a><br><a href="#">Navotas</a><br><a href="#">Valenzuela</a>   | 2,819,388         | 126.42 km <sup>2</sup><br>(48.81 sq mi)  |
| <b>Southern Manila District<br/>(4th District)</b>            | <a href="#">Las Piñas*</a><br><a href="#">Makati</a><br><a href="#">Muntinlupa</a><br><a href="#">Parañaque*</a><br><a href="#">Pasay*</a><br><a href="#">Pateros</a><br><a href="#">Taguig*</a> | 3,627,104         | 208.28 km <sup>2</sup><br>(80.42 sq mi)  |
| <b><a href="#">TOTAL</a></b>                                  |  | 12,877,253        | 619.57 km <sup>2</sup><br>(239.22 sq mi) |

\* Selected cities

**Table D-2. Total population and population of women of reproductive age in selected cities**

| City         | Total population <sup>^</sup> | Female age 15-49 <sup>^</sup> |
|--------------|-------------------------------|-------------------------------|
| Manila       | 1,763,348                     | 506,923                       |
| Quezon City  | 2,919,657                     | 862,193                       |
| Pasig        | 753,030                       | 223,493                       |
| Marikina     | 448,893                       | 129,833                       |
| Caloocan     | 1,581,025                     | 44,798                        |
| Malabon      | 364,283                       | 100,801                       |
| Taguig       | 801,143                       | 236,406                       |
| Parañaque    | 663,733                       | 203,218                       |
| Las Piñas    | 587,675                       | 172,265                       |
| Pasay        | 412,497                       | 125,618                       |
| <b>TOTAL</b> | <b>10,295,284</b>             | <b>2,605,548</b>              |



<sup>^</sup> Source: Philippine Statistics Authority, 2015 Census of Population

# Appendix E

## Training Agenda

# Appendix E

## Training Agenda

### NetCode Protocol

### Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessment

### Training Agenda

### Social Space Coworking

CTP Alpha Tower, Investment Drive Madrigal Business Center  
Ayala Alabang, Muntinlupa City, Philippines 1778

| Date/Time                                | Topics   | Person-in-Charge |
|--|--|------------------|
| Jan 26, 2020/Sunday                      | • Check-in / arrival of participants   | NCP              |
| <b>27 January 2020 / Day 1 / Monday</b>  |  |                  |
| 8:00 - 8:30 am                           | • Registration   | NCP              |
| 8:30 - 9:00 am                           | • Welcome and introduction<br>• Training objectives and agenda   | NCP              |
| 9:00 - 9:30 am                           | • About ATNI - Westat  | Westat           |
| 9:30 - 10:00 am                          | • About NCP  | NCP              |
| 10:00 - 10:15 am                         | <b>Break</b>   |                  |
| 10:15 - 12:00 noon                       | • Breastfeeding and supportive policies<br>• BMS products definition and examples<br>• Promotional / Educational materials definition and examples | NCP              |
| 12:00 - 1:00 pm                          | <b>Lunch Break</b>   |                  |
| 1:00 - 3:00 pm                           | • Project Orientation (Objectives and protocols)   | PM               |
| 3:00 - 3:15 pm                           | <b>Break</b>   |                  |
| 3:15 - 3:45 pm                           | • Basic principles of interviewing   | NCP              |
| 3:45 - 4:30 pm                           | • Consent Forms  | NCP              |
| 4:30 - 5:00 pm                           | • Feedback on day 1 sessions   | NCP              |
| <b>28 January 2020 / Day 2 / Tuesday</b> |  |                  |
| 8:00 - 8:30 am                           | • Registration   | NCP              |
| 8:30 - 8:45 am                           | • Recap of day 1   | NCP              |
| 8:45 - 10:00 am                          | • Consent Forms: role playing  | NCP              |
| 10:00 - 10:15 am                         | <b>Break</b>   |                  |
| 10:15 - 10:45 am                         | • Introduction to ODK and tablet   | NCP              |
| 10:45 - 12:00 noon                       | • Form 1   | NCP              |
| 12:00 - 1:00 pm                          | <b>Lunch Break</b>   |                  |
| 1:00 - 2:00 pm                           | • Form 1; role playing   | NCP              |
| 2:00 - 3:00 pm                           | • Form 2   | NCP              |
| 3:00 - 3:15 pm                           | <b>Break</b>   |                  |
| 3:15 - 4:30 pm                           | • Form 2: role playing   | NCP              |
| 4:30 - 5:00 pm                           | • Feedback on day 2 sessions   | NCP              |



| Date/Time                                  | Topics  | Person-in-Charge |
|--|---|------------------|
| <b>29 January 2020 / Day 3 / Wednesday</b> |   |                  |
| 8:00 - 8:30 am                             | • Registration  | NCP              |
| 8:30 - 8:45 am                             | • Recap of day 2  | NCP              |
| 8:45 - 9:45 am                             | • Accomplishing Form 3  | NCP              |
| 9:45 - 10:00 am                            | <b>Break</b>  |                  |
| 10:00 - 10:45 am                           | • Accomplishing Form 4  | NCP              |
| 10:45 - 11:45 am                           | • Accomplishing Form 6  | NCP              |
| 12:00 - 1:00 pm                            | <b>Lunch Break</b>  |                  |
| 1:00 - 2:00 pm                             | • Administrative issues   | NCP              |
| 2:00 - 4:00 pm                             | • Breakout group practice in preparation for pilot testing                            | PACs             |
| 4:00 - 4:30 pm                             | • Feedback on day 3 sessions  | NCP              |
| 4:30 pm onwards                            | • Meeting with Area Coordinators  | NCP              |
| <b>30 January 2020 / Day 4 / Thursday</b>  |   |                  |
| 8:00 - 12:00 noon                          | • Health facility visits/interview of mothers and health personnel<br>• Market survey |                  |
| 12:00 - 1:00 pm                            | <b>Lunch Break</b>  |                  |
| 1:00 - 2:00 pm                             | • Team prepare for feedback of results of pilot test/practicum                        | NCP              |
| 2:00 - 3:00 pm                             | • Team reporting/feedback   | NCP              |
| 3:00 - 3:15 pm                             | <b>Break</b>  |                  |
| 3:15 - 4:15 pm                             | • Project team meeting/planning   | NCP              |
| 4:15 - 5:00 pm                             | • Feedback on day 4 sessions<br>• Wrapping up   | NCP              |

# Appendix F

List of Monitored Sources  
for Media Monitoring

## Appendix F

### List of Monitored Sources for Media Monitoring

#### Online Media Monitoring Websites

| Source name                 | Type                        | Website   |
|-----------------------------|-----------------------------|---|
| Abbott                      | Company Website             | <a href="https://www.ph.abbott/#">https://www.ph.abbott/#</a>   |
| HiPP                        | Company Website             | <a href="https://www.hipp.ph/">https://www.hipp.ph/</a>   |
| HiPP Organic                | Brand Website               | <a href="https://www.hipp.ph/pediatric-nutrition/products/">https://www.hipp.ph/pediatric-nutrition/products/</a>                 |
| Nestlé                      | Company Website             | <a href="https://www.nestle.com.ph/">https://www.nestle.com.ph/</a>   |
| Bear Brand                  | Brand Website               | <a href="https://www.bearbrand.com.ph/">https://www.bearbrand.com.ph/</a>   |
| Nestlé Health Science       | Brand Website               | <a href="https://www.nestlehealthscience.ph/">https://www.nestlehealthscience.ph/</a>   |
| Wyeth Nutrition/Wyeth       | Brand Website               | <a href="https://www.wyeth.com.ph/">https://www.wyeth.com.ph/</a>   |
| Rebisco                     | Company Website             | <a href="https://www.rebisco.com.ph/our-brands/6/bibibons/">https://www.rebisco.com.ph/our-brands/6/bibibons/</a>                 |
| RB                          | Company Website             | <a href="http://www.meadjohnson.com.ph">http://www.meadjohnson.com.ph</a>   |
| Lactum                      | Brand Website               | <a href="http://meadjohnson.com.ph/lactum.html">http://meadjohnson.com.ph/lactum.html</a>   |
| Lazada                      | Online Retailer Website     | <a href="https://www.lazada.com.ph/">https://www.lazada.com.ph/</a>   |
| Shopee                      | Online Retailer Website     | <a href="https://shopee.ph/">https://shopee.ph/</a>   |
| Galleon.PH                  | Online Retailer Website     | <a href="https://www.galleon.ph/">https://www.galleon.ph/</a>   |
| Carousell                   | Online Retailer Website     | <a href="https://www.carousell.ph/">https://www.carousell.ph/</a>   |
| Baby Mama                   | Online Retailer Website     | <a href="https://babymama.ph/">https://babymama.ph/</a>   |
| Every Mom's Page            | Parenting Website           | <a href="https://www.everymomspage.com/">https://www.everymomspage.com/</a>   |
| Smart Parenting             | Parenting Website           | <a href="https://www.smartparenting.com.ph/">https://www.smartparenting.com.ph/</a>   |
| The AsianParent Philippines | Parenting Website           | <a href="https://ph.theasianparent.com/">https://ph.theasianparent.com/</a>   |
| Mom Center                  | Parenting Website           | <a href="http://momcenter.com.ph/">http://momcenter.com.ph/</a>   |
| Huggies                     | Parenting Website           | <a href="https://www.huggies.com.ph/en-ph/">https://www.huggies.com.ph/en-ph/</a>   |
| Baby and Breakfast          | Parenting Website           | <a href="https://babyandbreakfast.ph/">https://babyandbreakfast.ph/</a>   |
| Pampers                     | Parenting Website           | <a href="https://www.pampers.ph/">https://www.pampers.ph/</a>   |
| Chronicles of a Nursing Mom | Parenting Website           | <a href="http://www.chroniclesofanursingmom.com/">http://www.chroniclesofanursingmom.com/</a>                                     |
| Mommy Practicality          | Parenting Website           | <a href="https://www.mommypracticality.com/">https://www.mommypracticality.com/</a>   |
| Mommy Bloggers Philippines  | Parenting Website           | <a href="http://mommybloggersphilippines.com/">http://mommybloggersphilippines.com/</a>   |
| Nestlé                      | Company Social Media Page   | <a href="https://www.youtube.com/channel/UCnqafQyzbEUhkJOQH y5DMaw">https://www.youtube.com/channel/UCnqafQyzbEUhkJOQH y5DMaw</a> |
| Wyeth Nutrition/Wyeth       | Brand Social Media Page     | <a href="https://www.youtube.com/channel/UCZdvn8M-EwKxG59_OCI0Xlg">https://www.youtube.com/channel/UCZdvn8M-EwKxG59_OCI0Xlg</a>   |
| Lactum                      | Brand Social Media Page     | <a href="https://www.youtube.com/user/LactumPH">https://www.youtube.com/user/LactumPH</a>   |
| Every Mom's Page            | Parenting Social Media Page | <a href="https://www.youtube.com/c/mommylaitv">https://www.youtube.com/c/mommylaitv</a>   |
| Smart Parenting             | Parenting Social Media Page | <a href="https://www.youtube.com/channel/UCa0K9QK-Aq6YUgKwxoS6-Gg">https://www.youtube.com/channel/UCa0K9QK-Aq6YUgKwxoS6-Gg</a>   |
| The AsianParent Philippines | Parenting Social Media Page | <a href="https://www.youtube.com/user/theasianparent">https://www.youtube.com/user/theasianparent</a>                             |
| Mom Center                  | Parenting Social Media Page | <a href="https://www.youtube.com/channel/UCr_0tUPL4ycZWCZga_9HGIA">https://www.youtube.com/channel/UCr_0tUPL4ycZWCZga_9HGIA</a>   |
| Huggies                     | Parenting Social Media Page | <a href="https://www.youtube.com/user/HuggiesPhilippines">https://www.youtube.com/user/HuggiesPhilippines</a>                     |

| Source name                 | Type                        | Website   |
|-----------------------------|-----------------------------|---|
| Baby and Breakfast          | Parenting Social Media Page | <a href="https://www.youtube.com/c/BabyAndBreakfastPhilippines">https://www.youtube.com/c/BabyAndBreakfastPhilippines</a> |
| Pampers                     | Parenting Social Media Page | <a href="https://www.youtube.com/user/PampersPhilippines">https://www.youtube.com/user/PampersPhilippines</a>             |
| Morinaga/Morinaga Milk      | Company Social Media Page   | <a href="https://www.facebook.com/morinagaph/">https://www.facebook.com/morinagaph/</a>                                   |
| Nestle                      | Company Social Media Page   | <a href="https://www.facebook.com/nestle.ph/">https://www.facebook.com/nestle.ph/</a>                                     |
| Bear Brand                  | Brand Social Media Page     | <a href="https://www.facebook.com/BearBrandPH/">https://www.facebook.com/BearBrandPH/</a>                                 |
| Cerelac                     | Brand Social Media Page     | <a href="https://www.facebook.com/cerelac.ph/">https://www.facebook.com/cerelac.ph/</a>                                   |
| Gerber                      | Brand Social Media Page     | <a href="https://www.facebook.com/Gerberph/">https://www.facebook.com/Gerberph/</a>                                       |
| Nestlé Health Science       | Brand Social Media Page     | <a href="https://www.facebook.com/NestleHealthSciencePH">https://www.facebook.com/NestleHealthSciencePH</a>               |
| Wyeth Nutrition/Wyeth       | Brand Social Media Page     | <a href="https://www.facebook.com/wyethnutritionph/">https://www.facebook.com/wyethnutritionph/</a>                       |
| Bibibons                    | Brand Social Media Page     | <a href="https://www.facebook.com/BibibonsPhilippines/">https://www.facebook.com/BibibonsPhilippines/</a>                 |
| Lactum                      | Brand Social Media Page     | <a href="https://www.facebook.com/LactumPhilippines">https://www.facebook.com/LactumPhilippines</a>                       |
| Every Mom's Page            | Parenting Social Media Page | <a href="https://web.facebook.com/everymomspage/">https://web.facebook.com/everymomspage/</a>                             |
| Smart Parenting             | Parenting Social Media Page | <a href="https://www.facebook.com/smartparenting.ph">https://www.facebook.com/smartparenting.ph</a>                       |
| The AsianParent Philippines | Parenting Social Media Page | <a href="https://www.facebook.com/filipinoparent">https://www.facebook.com/filipinoparent</a>                             |
| Mom Center                  | Parenting Social Media Page | <a href="https://www.facebook.com/momcenter.ph">https://www.facebook.com/momcenter.ph</a>                                 |
| Huggies                     | Parenting Social Media Page | <a href="https://www.facebook.com/huggiesph">https://www.facebook.com/huggiesph</a>                                       |
| Baby and Breakfast          | Parenting Social Media Page | <a href="https://www.facebook.com/babyandbreakfast">https://www.facebook.com/babyandbreakfast</a>                         |
| Pampers                     | Parenting Social Media Page | <a href="https://www.facebook.com/PampersPh">https://www.facebook.com/PampersPh</a>                                       |
| Chronicles of a Nursing Mom | Parenting Social Media Page | <a href="https://www.facebook.com/ChroniclesofaNursingMom">https://www.facebook.com/ChroniclesofaNursingMom</a>           |
| Mommy Practicality          | Parenting Social Media Page | <a href="http://facebook.com/mommypracticality">http://facebook.com/mommypracticality</a>                                 |
| Mommy Bloggers Philippines  | Parenting Social Media Page | <a href="https://www.facebook.com/MommyBloggersPh/">https://www.facebook.com/MommyBloggersPh/</a>                         |
| Nestlé                      | Company Social Media Page   | <a href="https://twitter.com/NestlePhil">https://twitter.com/NestlePhil</a>   |
| Lactum                      | Brand Social Media Page     | <a href="https://twitter.com/lactumphil?lang=en">https://twitter.com/lactumphil?lang=en</a>                               |
| Every Mom's Page            | Parenting Social Media Page | <a href="http://twitter.com/laigamboa8">http://twitter.com/laigamboa8</a>   |
| Smart Parenting             | Parenting Social Media Page | <a href="https://twitter.com/_smartparenting">https://twitter.com/_smartparenting</a>                                     |
| The AsianParent Philippines | Parenting Social Media Page | <a href="https://twitter.com/asianparentph">https://twitter.com/asianparentph</a>   |
| Mom Center                  | Parenting Social Media Page | <a href="https://twitter.com/momcenterph">https://twitter.com/momcenterph</a>   |
| Baby and Breakfast          | Parenting Social Media Page | <a href="https://twitter.com/babynbreakfast">https://twitter.com/babynbreakfast</a>                                       |
| Chronicles of a Nursing Mom | Parenting Social Media Page | <a href="https://twitter.com/mamababylove?lang=en">https://twitter.com/mamababylove?lang=en</a>                           |
| Mommy Practicality          | Parenting Social Media Page | <a href="http://twitter.com/mompracticality">http://twitter.com/mompracticality</a>                                       |
| Lactum                      | Brand Social Media Page     | <a href="https://www.instagram.com/lactum3/">https://www.instagram.com/lactum3/</a>                                       |
| Every Mom's Page            | Parenting Social Media Page | <a href="http://instagram.com/laigamboa8">http://instagram.com/laigamboa8</a>   |
| Smart Parenting             | Parenting Social Media Page | <a href="https://instagram.com/smartparenting/">https://instagram.com/smartparenting/</a>                                 |
| The AsianParent Philippines | Parenting Social Media Page | <a href="https://www.instagram.com/theasianparent_ph/">https://www.instagram.com/theasianparent_ph/</a>                   |
| Mom Center                  | Parenting Social Media Page | <a href="http://instagram.com/momcenter.ph#">http://instagram.com/momcenter.ph#</a>                                       |
| Baby and Breakfast          | Parenting Social Media Page | <a href="https://www.instagram.com/babyandbreakfast/">https://www.instagram.com/babyandbreakfast/</a>                     |
| Chronicles of a Nursing Mom | Parenting Social Media Page | <a href="https://www.instagram.com/mamababylove/">https://www.instagram.com/mamababylove/</a>                             |
| Mommy Practicality          | Parenting Social Media Page | <a href="https://www.instagram.com/mommypracticality/">https://www.instagram.com/mommypracticality/</a>                   |

# Appendix G

Summary of Data Collection by Health Facility

## Appendix G

### Summary of Data Collection by Health Facility

**Table G-1. Summary of data collection by Health Facility (HF)**

| City ID | HF ID | HF Ownership | No. of interviews with mothers |                    |               | No. of health workers interviewed |
|---------|-------|--------------|--------------------------------|--------------------|---------------|-----------------------------------|
|         |       |              | Children < 6 mos.              | Children 6-24 mos. | Total mothers |                                   |
| 6       | 2*    | private      | 5                              | 5                  | 10            | 3                                 |
| 6       | 7*    | private      | 5                              | 5                  | 10            | 3                                 |
| 6       | 84    | private      |                                |                    |               | 3                                 |
| 13      | 116*  | private      | 5                              | 5                  | 10            | 3                                 |
| 13      | 132   | public       | 5                              | 5                  | 10            | 3                                 |
| 13      | 143   | public       | 5                              | 5                  | 10            | 3                                 |
| 13      | 162   | private      |                                |                    |               | 3                                 |
| 8       | 168*  | public       | 5                              | 5                  | 10            | 3                                 |
| 8       | 170   | public       | 5                              | 5                  | 10            | 3                                 |
| 8       | 177   | public       | 6                              | 4                  | 10            | 3                                 |
| 8       | 186   | public       | 5                              | 5                  | 10            | 3                                 |
| 8       | 193   | private      |                                |                    |               | 3                                 |
| 1       | 203*  | private      | 6                              | 4                  | 10            | 3                                 |
| 1       | 209*  | private      | 2                              | 6                  | 8             | 3                                 |
| 1       | 212*  | public       | 7                              | 5                  | 12            | 3                                 |
| 1       | 214   | public       | 5                              | 5                  | 10            | 3                                 |
| 1       | 220   | private      |                                |                    |               | 2                                 |
| 5       | 232   | public       | 5                              | 5                  | 10            | 3                                 |
| 5       | 242   | public       | 5                              | 5                  | 10            | 3                                 |
| 5       | 250   | private      |                                |                    |               | 3                                 |
| 11      | 273   | public       | 5                              | 5                  | 10            | 3                                 |
| 11      | 281   | public       | 5                              | 5                  | 10            | 3                                 |
| 11      | 293   | private      |                                |                    |               | 3                                 |
| 15      | 305*  | public       | 5                              | 5                  | 10            | 3                                 |
| 15      | 309   | public       | 5                              | 5                  | 10            | 3                                 |
| 15      | 314   | public       | 5                              | 5                  | 10            | 3                                 |
| 15      | 322   | private      |                                |                    |               | 2                                 |
| 3       | 325   | private      | 5                              | 5                  | 10            | 3                                 |
| 3       | 340   | public       | 5                              | 5                  | 10            | 3                                 |
| 3       | 354   | public       | 5                              | 5                  | 10            | 3                                 |
| 3       | 359*  | public       | 5                              | 5                  | 10            | 3                                 |
| 3       | 369   | public       | 5                              | 5                  | 10            | 3                                 |
| 3       | 396   | private      |                                |                    |               | 3                                 |
| 2       | 452   | public       | 5                              | 5                  | 10            | 3                                 |

| City ID                   | HF ID        | HF Ownership | No. of interviews with mothers |                    |               | No. of health workers interviewed |
|---------------------------|--------------|--------------|--------------------------------|--------------------|---------------|-----------------------------------|
|                           |              |              | Children < 6 mos.              | Children 6-24 mos. | Total mothers |                                   |
| 2                         | 461*         | public       | 5                              | 5                  | 10            | 3                                 |
| 2                         | 480          | public       | 5                              | 5                  | 10            | 3                                 |
| 2                         | 489*         | public       | 4                              | 6                  | 10            | 3                                 |
| 2                         | 529          | private      |                                |                    |               | 2                                 |
| 10                        | 581*         | private      | 5                              | 5                  | 10            | 3                                 |
| 10                        | 585          | public       | 5                              | 5                  | 10            | 3                                 |
| 10                        | 598          | public       | 5                              | 5                  | 10            | 3                                 |
| 10                        | 609          | public       | 5                              | 5                  | 10            | 3                                 |
| 10                        | 648          | private      |                                |                    |               | 3                                 |
| <b>No. observations</b>   | <b>43</b>    |              | <b>165</b>                     | <b>165</b>         | <b>330</b>    | <b>126</b>                        |
| <b>No. refused</b>        | <b>11</b>    |              | <b>n/a</b>                     | <b>n/a</b>         | <b>0</b>      | <b>0</b>                          |
| <b>Total</b>              | <b>54</b>    |              | <b>n/a</b>                     | <b>n/a</b>         | <b>330</b>    | <b>126</b>                        |
| <b>Participation rate</b> | <b>79.6%</b> |              | <b>n/a</b>                     | <b>n/a</b>         | <b>100%</b>   | <b>100%</b>                       |

\* Indicates a replacement HF from the reserve sample



# Appendix H

Most Frequent Incidents of Noncompliance  
Observed on Labels by Company

## Appendix H

### Most Frequent Incidents of Noncompliance Observed on Labels by Company

**Table H-1. The most frequent incidents of noncompliance observed in label abstraction data**

| Company                                   | Q6   | Q29  | Q30  | Q31  |
|---|--|--|--|--|
|   | Appropriate languages used? (i.e., Does the package contain Filipino AND English?) | Contains all the criteria specified in Q29. <sup>1</sup> | Does the label include a statement on the importance of continuing breastfeeding for at least 2 years? | Does the label include a statement that the product should not be given to infants under 6 months? |
| <b>ATNI-Index Companies:</b>              |  |  |  |  |
| Abbott                                    | 0  | 6  | 0  | 0  |
| Danone                                    | 0  | 0  | 0  | 0  |
| Nestlé                                    | 0  | 0  | 0  | 0  |
| RB  | 0  | 14   | 0  | 0  |
| <b>Other companies:</b>                   |  |  |  |  |
| Alnut                                     | 2  | 2  | 2  | 0  |
| Bellamy's Australia*                      | 1  | 0  | 0  | 0  |
| Bubs Australia                            | 2  | 1  | 1  | 0  |
| Happy Family Organics                     | 3  | 0  | 3  | 3  |
| HiPP                                      | 1  | 3  | 1  | 1  |
| Kalbe                                     | 3  | 0  | 0  | 0  |
| Little Freddie                            | 4  | 0  | 3  | 1  |
| Morinaga/ Morinaga Milk                   | 0  | 3  | 0  | 0  |
| Nosh Foods                                | 1  | 0  | 0  | 1  |
| Nutri-Del                                 | 1  | 0  | 1  | 0  |
| NutriDense Food Manufacturing Corporation | 2  | 0  | 2  | 2  |
| Only Organic <sup>2</sup>                 | 8  | 0  | 7  | 0  |
| Perrigo Nutritionals                      | 2  | 2  | 0  | 0  |
| Rafferty's Garden                         | 7  | 0  | 6  | 0  |

| Company         | Q6   | Q29  | Q30  | Q31  |
|-----------------|--|--|--|--|
|                 | Appropriate languages used? (i.e., Does the package contain Filipino AND English?) | Contains all the criteria specified in Q29. <sup>1</sup> | Does the label include a statement on the importance of continuing breastfeeding for at least 2 years? | Does the label include a statement that the product should not be given to infants under 6 months? |
| Rebisco         | 1  | 0  | 1  | 1  |
| Want-Want Foods | 3  | 0  | 3  | 3  |
| Woolworths      | 1  | 0  | 1  | 0  |
| <b>Total</b>    | <b>42</b>  | <b>29</b>  | <b>31</b>  | <b>12</b>  |

<sup>1</sup> Question 29 in the label analysis required each of the following criteria per WHA 61.20:

- The label shows clear graphic instructions illustrating the method of preparation;
- Instructions show the use of hygienic practices, e.g., clean hands, preparation surfaces;
- Instructions show the need to boil water and sterilise utensils;
- Instructions show necessity for powdered formula to be prepared one feed at a time;
- Instructions show necessity of using water at or above 70°C in order to minimize microorganisms contamination during preparation;
- Instructions show the need to cool the formula before feeding if using hot water for reconstitution; and
- Instructions show that left-overs of the product need to be discarded immediately.

<sup>2</sup> These companies informed ATNI that their products were not intended for sale in the Philippines at the time of data collection.