

MARKETING OF BREAST-MILK SUBSTITUTES THAILAND 2018



ACCESS TO
NUTRITION
INDEX™

Acknowledgements

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Introduction

The Access to Nutrition Foundation (ATNF) is dedicated to objectively assessing and improving the contribution the private sector makes to addressing global nutrition challenges. The Foundation designs and publishes a series of Access to Nutrition Indexes (ATNI). The aim of the Indexes is to encourage companies to increase consumer access to healthy products and to responsibly exercise their influence on consumer choice and behavior.

The Global Access to Nutrition Index is published every two years and is made up of several components, one of which addresses the marketing of breast-milk substitutes (BMS). This is because ATNF believes that it is essential for companies to contribute to optimal infant and young child nutrition. Doing so is critical to achieving global nutrition goals, such as those set by the World Health Organization (WHO) for 2025 on reducing wasting and stunting, and other goals related to combating growing levels of overweight and obesity and reducing deaths and illness related diet-related chronic diseases.¹ It is also key to delivering Sustainable Development Goal (SDG) 3 - Good Health and Wellbeing, which in turn underpins the achievement of many other SDGs.

The importance of infant and young child nutrition

Nutrition within the first 1,000 days of a child's life, from conception to two years old, is particularly important. Optimal breastfeeding is a crucial element of infant and young child nutrition. Scaling up breastfeeding to near universal levels could prevent over 820,000 deaths of children under five each year.² It is for this reason that WHO recommends that babies everywhere are breastfed exclusively for the first six months, at which point safe, appropriate complementary foods (CF) should be introduced to meet the children's evolving nutritional requirements. WHO also notes that CF should not be used as BMS, and infants and young children should continue to be breastfed until they are two or older.³

Inappropriate marketing of BMS can undermine optimal infant and young child nutrition. It is one of several factors, which also include rising rates of female participation in the labor force, urbanization, increasing incomes and aspirations, that encourage the adoption of convenience-oriented lifestyles, and make baby formula and prepared baby foods more desirable. In many countries, the caché of premium products is an important symbol of social status.⁴

How BMS marketing is addressed in the Global Access to Nutrition Indexes

Because of the importance of infant and young child nutrition, each edition of the Global Access to Nutrition Index includes a BMS marketing sub-ranking that scores and ranks the world's six largest baby food manufacturers. They include four food and beverage sector companies - Danone, FrieslandCampina, Kraft Heinz and Nestlé - and two other companies - Abbott and RB/Mead Johnson Nutrition (RB/MJN).⁵ The BMS sub-ranking scores of the four food and beverage sector companies will be reflected in their overall scores and ranking in the 2018 Global Access to Nutrition Index, due to be published in the second quarter of 2018. The two other companies were assessed to provide a more complete comparison of the world's major baby food producers.

The BMS marketing policies and practices of the six companies are assessed using ATNF's methodology, which measures the extent to which they market their BMS products in line with the recommendations of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly (WHA) resolutions (together referred to as The Code) and related local regulations.

BOX 1 THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

The International Code of Marketing of Breast-milk Substitutes was adopted in 1981. It is a non-binding instrument that sets out 'a recommended basis for action' for member states to regulate and monitor the marketing of BMS. Several resolutions have subsequently been passed that augment The Code, clarifying and/or extending its scope and application. The Code's articles relate in some cases to governments, in some cases to BMS manufacturers, and in some cases to healthcare systems, workers, and others. To give legal effect to The Code, countries need to enact laws and regulations and then monitor rigorously whether they are being respected.

The BMS sub-ranking score is based on two components (see Figure 1):

- The first component (BMS 1 – Corporate Profile) comprises 50% of the total score.
- The second component (BMS 2 – In-country assessment) therefore also comprises 50% and was based for both the 2018 and 2016 Global Indexes on two in-country studies.⁶ For the 2018 Index, the total BMS 2 scores are based on the results of the Thailand study set out in this report and a similar study done in Nigeria.

FIGURE 1 BMS marketing scoring system used for the Access to Nutrition Indexes



BMS 1

An analysis of whether companies’ policies align with The Code; whether they have management systems and procedures in place to implement those policies, and; whether they publish these documents.



BMS 2

In-country studies of marketing practices, carried out in partnership with Westat, based on the NetCode protocol.

If the four food and beverage sector companies included in the Global Index market their products fully in line with The Code, their overall Index score is not affected. If they do not, their overall Index score is reduced by between 0 and -1.5 points based on the total BMS marketing score (BMS 1 and BMS 2). For example, if a company achieves a score of 40% on the BMS marketing sub-ranking, its overall Index score is reduced by -0.9 ($-1.5 * (100-40\%) = -0.9$).

Each company’s level of compliance has been determined using the established ATNF scoring system set out in the methodology. Full details of the Westat Thailand study, including findings for all 25 companies (seven BMS companies and 18 others that produce only complementary food for children between six and 36 months of age), are available in the [Westat report](#), along with their reports of previous country studies.

ATNF’s study of BMS marketing in Thailand

This report summarizes the findings of the study of the marketing of BMS in Thailand using the 2015 version of the NetCode protocol.⁷ It sets out the level of compliance with The Code for each of the four major baby food companies whose products were found in Bangkok: Abbott, Danone, Nestlé and RB/MJN.⁸

ATNF appointed Westat, a leading global health and social sciences research company, to carry out two in-country assessments of BMS marketing, having worked successfully with the company on similar studies in Vietnam and Indonesia in 2015 (incorporated into the 2016 Global Index), and in India in 2016 (incorporated into the first India Index launched in 2016). In mid-2017, Westat undertook two studies: one in Bangkok, Thailand and one in Lagos, Nigeria. For the Thailand assessment, Westat appointed as its local partner the International Health Policy Program Foundation (IHPP). IHPP conducts research on national health priorities related to health systems and policy.

BOX 2 HOW ATNF ADDRESSED THE RECOMMENDATIONS OF WHA 69.9 IN THE STUDY

A WHA resolution was passed in May 2016, known as WHA 69.9, which: 1) extended the scope of application of The Code to formulas marketed as suitable for children up to 36 months of age, and; 2) clarified how various articles should be applied and set out new recommendations for marketing complementary foods for children between six and 36 months. Although data was collected to assess companies’ compliance with WHA 69.9, these results have not been included in the companies’ scores in order to provide comparability with the three previous studies. Further, as the resolution was adopted in May 2016, it was felt that companies would not, by the time of the study, have made changes to reflect its recommendations. However, a commentary is provided in the Westat report about the extent to which companies have embraced its recommendations. Future editions of the BMS marketing sub-ranking of the Global Index will include these figures.

Context for the Thailand study

Thailand was selected for the study using the same criteria ATNF has used for previous studies. That is, the presence of all or most of the major baby food manufacturers which ATNF ranks, combined with Thailand's ranking on a risk rating system used by FTSE4Good to select countries for similar studies it undertakes.⁹ The rating is based on data relating to the child mortality rate, level of malnutrition, HIV rates, corruption levels, the Human Development Index score, status of implementation of The Code, and other factors. The NetCode protocol recommends that the study is conducted in the largest city of the chosen country. ATNF therefore selected Bangkok as the geographical study area within Thailand.

Infant and young child feeding practices in Thailand

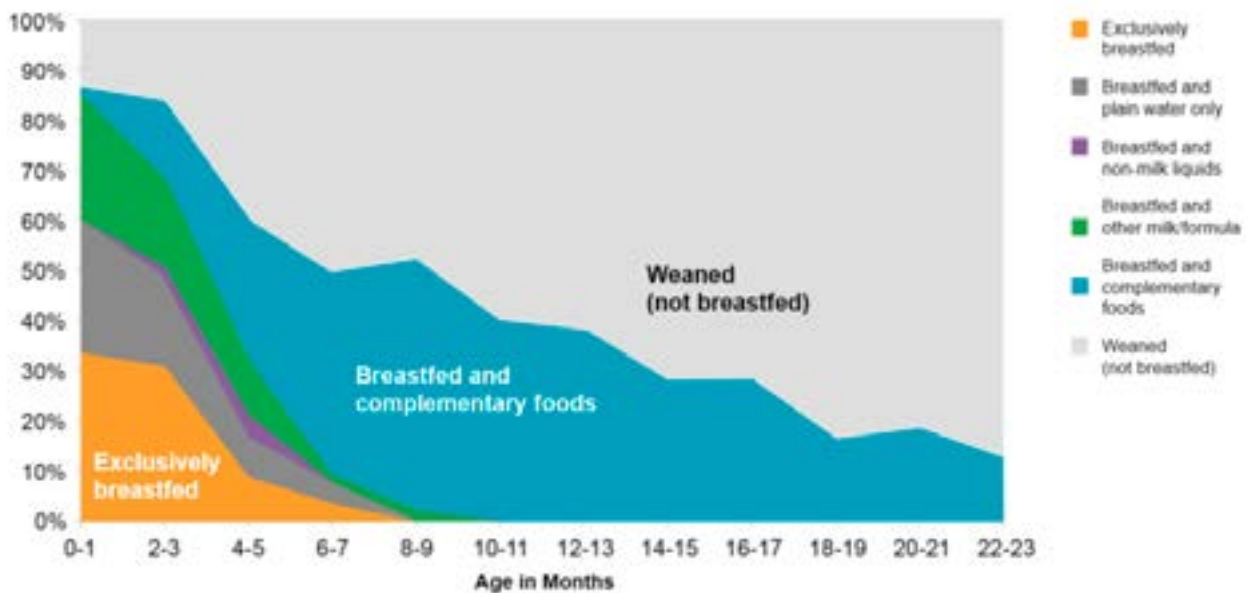
While 97.4% of children in Thailand have been breastfed at some point, a recent study conducted by the National Statistical Office shows that the prevalence of initiation and continuation of breastfeeding is low in Thailand (see Figure 2).^{10, 11} The prevalence of children exclusively breastfed until the age of six months is 23.1%. From birth to

one month of age, fewer than 34% of children are exclusively fed breastmilk. Further, a study conducted by IHPP in 2013 found that the exclusive breastfeeding rate rapidly decreased at three months, likely due to mothers having to return to work. Continued breastfeeding is limited, with only 13% of children receiving breastmilk at two years of age.

The limited prevalence of appropriate infant and young child feeding practices was confirmed by a report published in 2015 by the International Baby Food Action Network (IBFAN). It found that gaps were identified in the availability of comprehensive and clear infant and young child nutrition policies, as well as a lack of knowledge and skills for appropriate infant and young child feeding practices.¹²

A study in 2015 by Alive & Thrive and UNICEF estimated that 262 additional children's lives could be saved annually by moving from the current levels of breastfeeding to WHO guideline levels, contributing to overall under-five child mortality reduction.¹³ Moreover, at current breastfeeding rates, they estimated that 109 maternal deaths due to breast cancer are prevented each year, but with increased breastfeeding rates that number could rise to 515, saving 406 more lives per year. Also, by ensuring optimal breastfeeding, Thailand could potentially eliminate diarrhea and pneumonia caused by inadequate breastfeeding.

FIGURE 2 Infant and young child feeding patterns, Thailand



Source: Multiple Indicator Cluster Survey, NSO, NHSO, UNICEF, Thailand, 2015-2016

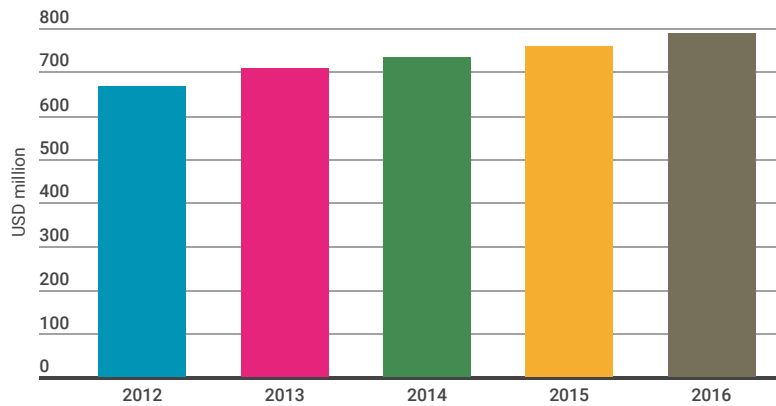
In terms of economic costs to the Thai economy and people, the authors found that the cost of purchasing even an economy brand infant formula can be significant even for many families – up to 25.2% of average monthly earnings for workers in Thailand. Premium brands cost even more. Optimal breastfeeding, these organizations believe, would save \$7,650,000 in healthcare expenses per year, paid either by public or private sources.

The Thai baby food market

The baby food market has been growing in Thailand for years and reached close to \$800 million in 2016 (see Figure 3).¹⁴ In 2016 milk formula sales were just over \$750 million with growing-up milk formula accounting for nearly 70%. Sales of liquid milk formulas are expected to grow in the next few years due to their growing popularity in Thailand, especially for parents with toddlers.

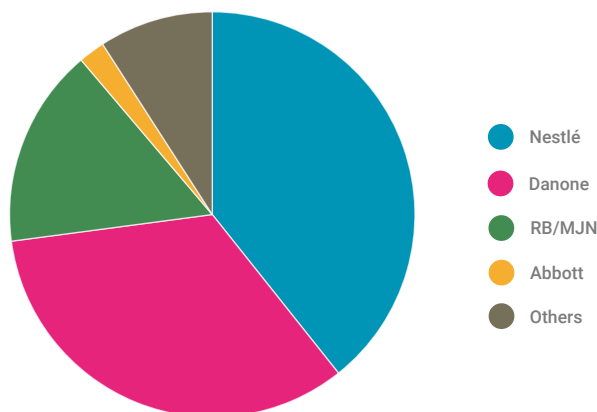
Since 2012 the top performing companies in the baby food market in Thailand include Nestlé, Danone and RB/MJN, accounting for just under 75% of the market in 2016 (see Figure 4).

FIGURE 3 Baby food market in Thailand



Source: Derived from Euromonitor International, Packaged Food 2017 Edition

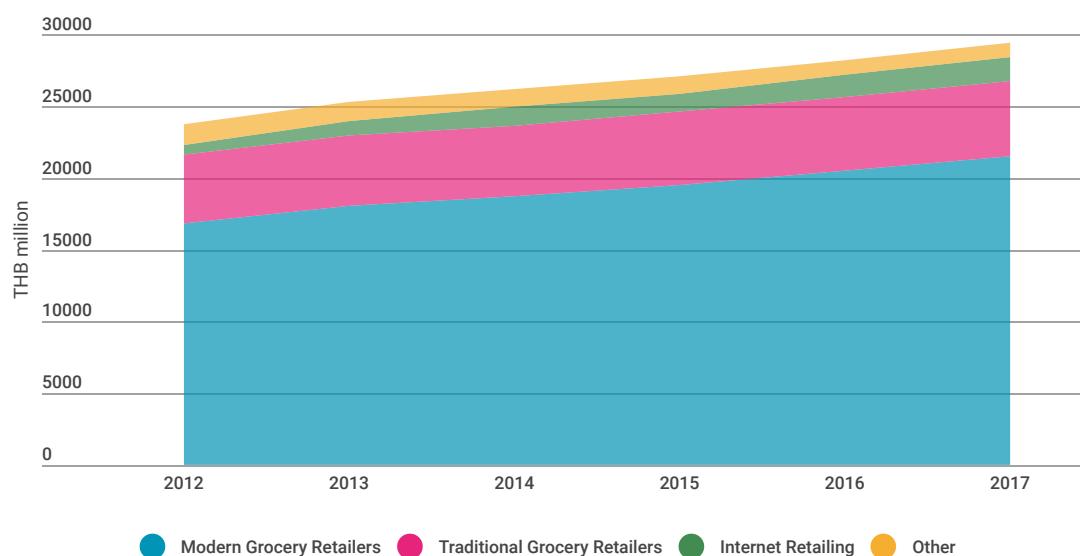
FIGURE 4 Leading baby food companies in Thailand, 2016



Source: Derived from Euromonitor International, Packaged Food 2017 Edition

Further, non-traditional large modern grocery retailers are becoming an increasingly important distribution channel for baby foods in both urban and rural areas. This can be seen through the growth of internet retailing, which grew from close to 3% of total retail in 2012 to almost 6% in 2017 (see Figure 5).

FIGURE 5 Historical retailing channels for baby food, Thailand



Source: Derived from Euromonitor International, Packaged Food 2017 Edition

Thai laws and regulations restricting the marketing of baby foods

As well as assessing compliance with The Code, the study also evaluates corporate compliance with all prevailing relevant national regulations, including various notifications from the Ministry of Public Health relating to the labeling of Food for Infants, Food of Uniform Formula for Infants and Small Children and Supplementary Food for Infants and Young Children. Additionally, the study assesses companies' compliance with the Food Act (1979), which restricts the advertisement of infant formula and food for young children to technical information provided in medical journals or to health workers.^{15, 16}

Westat's analysis revealed that the labeling regulations were for the most part equivalent to The Code but were more demanding with respect to some elements of labeling, for some types of products.

In April 2017, the National Legislative Assembly passed the Marketing Control on Food for Infants and Young Children Act (Milk Code) to restrict the marketing of food for infants and young children. It prohibits the advertising of products for infants up to 12 months of age (i.e. infant and follow-on formulas, and complementary foods) and prohibits the marketing of products for children aged one to three years to encourage the use of infant formula products for infants up to 12 months of age (i.e. cross-promotion). Further, the Milk Code restricts any other form of promotion for both product types. It also introduced new labeling requirements for both formulas and complementary foods.¹⁷ As most of the provisions of this Act came into effect on 8 September 2017, after Westat had finished data collection, this study provides a baseline against which the impact of the new Act can be assessed.¹⁸

TABLE 1 Key components of the Thailand study

Bangkok	<p>Healthcare facility (HCF): 33 HCFs were selected from the sampled districts. HCFs were selected via a two-stage sample design. 1) systematically selected sample of 10 combined districts, in which 2) 33 HCFs were selected.*</p> <p>Of the 33 HCFs, 30 were public facilities, three were private facilities.</p>	<p>Interview mothers: To achieve the sample requirement (10 per facility) the research team approached all eligible mothers with children younger than 24 months.***</p> <p>Interview health workers: Selection was based on profession, including: the clinic director (or the head of the department), a physician, and either a nurse or midwife.</p>	<p>330 mothers with children younger than 24 months were interviewed.</p> <p>99 healthcare professionals were interviewed.</p>
	<p>Retail stores: 43 physical retail outlets were selected. One small retailer or pharmacy close to each HCF and ten large retail stores based on the volume and variety of products under the scope of the study. Six major online retailers.</p>	<p>Identify and evaluate informational and educational materials found in HCFs</p>	<p>Identify and evaluate marketing and point-of-sale promotions, and informational and educational materials found in retail stores.</p>
	<p>Labels and inserts for 119 unique BMS products were purchased (a large and small pack of each product type, if available).**</p>	<p>Assess labels and inserts for compliance with local regulations and The Code/WHA resolutions.</p>	
Thailand	<p>Media: Assess traditional and internet advertising.</p> <p>Websites and online retailers were selected based on relevance and prominence.</p> <p>Other media channels were selected based on size of audience.</p>	<p>Monitor paid-for advertising: Media channels monitored for six months.****</p> <p>Monitor companies' own advertising: Data was obtained for two months.</p>	<p>Television (4), radio***** (2) and print media (90)</p> <p>15 parent and child websites</p> <p>6 online retailers *****</p> <p>12 local company and 5 brand websites and 4 social media platforms for each company *****</p>

* An additional set of 23 replacement healthcare facilities were selected and held in reserve.

** An additional 105 CF 6-36 products were bought, and their labels and inserts assessed against the new recommendations of WHA 69.9. None were compliant.

*** In addition, qualitative interviews took place with six mothers that use private clinics.

**** Television, radio, and print media monitoring was done by iSentia, a business providing media monitoring and analysis tools and services.

***** Radio could only be monitored live for two months, July and August 2017. Adverts on radio were not archived by iSentia.

***** Data was gathered for two months.

***** Included were manufacturing company's (1) Facebook page, (2) Instagram, (3) YouTube channel, and (4) Twitter feed

Study scope

Products within the study scope

This study focuses on compliance of those companies whose BMS products were for sale in Thailand with The Code, subsequent WHA resolutions up to, but not including WHA 69.9, and Thailand's national regulations - as assessed using ATNF's methodology.¹⁹

Thus, this report presents results only for BMS for infants and young children including:

- Infant formula (for infants from birth).
- Follow-on formula (for infants from six months of age).²⁰
- Growing-up milk (for children from 12 months of age).
- Complementary foods marketed as suitable for infants and young children aged up to six months.

Study methodology

The methodology of the Thailand study is based on the 2015 version of the NetCode protocol, which stipulates the types of data that should be collected as shown in Table 1. Only observed non-compliances are included in the scores for the four companies being rated by ATNF, rather than non-compliances reported by mothers and healthcare workers because these data are subjective rather than objective, and can be subject to various forms of recall bias.

Results

Table 2 presents a summary of the findings of the study. It sets out the observed incidences of non-compliance for the seven companies whose BMS products were available for sale in Bangkok: the four companies rated by ATNI and three other companies. In addition to cataloguing the types of non-compliance that were observed, Westat also interviewed mothers and healthcare workers to capture their recollection of various types of marketing. While these results are not included in the companies' scores, they provide additional insight into the different levels and types of marketing in Bangkok.

In total, 119 BMS products were found and their labels and inserts assessed, 111 of which were made by the four multinationals.²¹ No parallel imports were found.²²

In total, 3,185 incidences of non-compliance for BMS products were found in Bangkok during the short study period. This figure is substantially higher than the levels in Indonesia (1,246), Vietnam (384) or India (26) found in previous studies.

Results by company

The companies rated by ATNF are scored according to their relative level of compliance, calculated by taking the total number of incidences of non-compliance associated with BMS products divided by the number of BMS products found in Bangkok. **All four companies were found to have a low level of compliance.**

- **Danone** had a total of 612 incidences of non-compliance (15.7 incidences of non-compliance averaged across the 39 products found).
- **Abbott** had a total of 286 incidences of non-compliance (19.1 incidences of non-compliance averaged across the 15 products found).
- **Nestlé** had a total of 902 incidences of non-compliance (23.1 incidences of non-compliance averaged across the 39 products found).
- **RB/Mead Johnson Nutrition** had a total of 1,007 incidences of non-compliance (55.9 incidences of non-compliance averaged across the 18 products found).

A total of 378 incidences of non-compliance were found associated with three other companies whose eight BMS products were assessed by the study. The majority (339) related to DG Smart Mom. Just 38 were related to Dutch Mill and only one incidence was related to Hain Celestial's BMS products, which appeared to be a parallel import. While the product label was non-compliant, no other non-compliances were found relating to that company (see Table 2).

Point-of-sale promotions

By far the largest number of incidences of non-compliance were point-of-sale promotions found in both traditional 'brick and mortar' retailers and on online retail sites. This represents a total of 2,859 or 89% of all observed non-compliances. The majority - 2,419 for all companies - were price promotions although 353 offers of free gifts, such as a toy, bag, bib, diapers or calendar, were also identified. The four companies ranked by ATNF accounted for 2,488 of them, or 88% of the total. A total of 321 promotions were found for DG Smart Mom and 26 for Dutch Mill.

The vast majority of point-of-sale promotions for BMS products were found on online retail sites (2,673). This figure includes only promotions found on online retailers with which the manufacturers have commercial relationships (some of those promotions may, however, have been initiated by the retailers without agreement from the brand owners). Clearly, though, the overall level of promotion to which consumers are exposed is even higher, if this distinction is not applied.

TABLE 2 Ranking and summary of observed non-compliances per relevant Code sub-article

	Level of compliance*	Relative no. of non-compliances**	No. of products evaluated	Total non-compliances identified	No. of products referenced on information and educational materials	Observations of equipment at HCFs	No. of products referenced in adverts + promotions on assessed media	No. of point-of-sale promotions: all retailers	No. of products referenced on promotional materials at HCFs	No. of product labels/inserts with at least one non-compliance
					Article 4	Article 4.3	Article 5.1	Article 5.3	Articles 6.3, 6.8	Article 9
Companies included in the BMS sub-ranking of 2018 Global ATNI										
Danone (FR)	LOW	15.7	39	612	1	24	40	501	7	39
Abbott (US)	LOW	19.1	15	286	0	1	22	247	1	15
Nestlé (CH)	LOW	23.1	39	902	3	2	27	829	2	39
RB/Mead Johnson (US)	LOW	55.9	18	1,007	9	9	29	935	7	18
Sub-total			111	2,807	13	36	118	2,512	17	111
Companies not included in the BMS sub-ranking of 2018 Global ATNI										
DG Smart Mom (VN)			6	339	0	0	12	321	0	6
Dutch Mill (TH)			1	38	0	0	11	26	0	1
Hain Celestial (US)			1	1	0	0	0	0	0	1
Sub-total			8	378	0	0	23	347	0	8
Total			119	3,185	13	36	141	2,859	17	119

* Level of compliance: Complete (0 incidences of non-compliance). High (less than 1 incidence of non-compliance, normalized). Medium (between 1.1 and 2 incidences). Low (more than 2.1 incidences)

** Total number of non-compliances identified divided by the total number of products evaluated, e.g. for Abbott, 286/15 = 19.1

Adverts and promotions on traditional media and companies' own media

Relatively few adverts were found on traditional and new media in comparison – a total of 141, or 4.3% of all non-compliances observed. The vast majority (118, or 84%) were for the four multinationals' products or brands. Only six were for DG Smart Mom products and three for Dutch Mill products. In contrast, mothers reported seeing adverts more frequently on television (65% of those interviewed) versus social media (19% of those interviewed). A total of 104 promotions were found on the companies' own media, which carried the largest proportion of adverts and promotions among the social media monitored. Only 12 adverts or promotions were found for DG Smart Mom and 11 for Dutch Mill. Among companies' own media, company/brand websites appeared to be the most popular medium for promotions (about 50% of the total) followed by a company's Facebook page.

Labels and inserts

The labels and/or inserts of every one of the 119 BMS products assessed was found to have at least one non-compliant element and most had many more than one. The most common types of non-compliance were the use of nutrition and health claims, the lack of required product expiry information, and the lack of a statement that the product should be used on the recommendation of a professional.

Equipment and materials

A total of 36 examples were noted of equipment provided by the companies in the 33 facilities visited, all donated by the four multinationals ranked by ATNF. These included, among other items, a brochure box and growth charts. The form of promotion least used in Bangkok appeared to be provision of informational and educational materials, and promotional materials such as posters and brochures, to healthcare facilities or retailers. Only eight of the former materials were

found that referenced a total of 13 products and a further 17 of the latter were identified in healthcare facilities. All were published by the four multinational companies ranked by ATNF.

Samples, gifts and contact

Of the 330 mothers interviewed, 53 (16%) reported receiving a gift from someone other than a family member or friend. The types of gifts received included toys, lotion, a gift set including a breastmilk storage bag, or cooler bag, and product samples. Of the 58 total instances of receiving a gift, 19 were from company representatives and seven were from shop personnel. For the most part, mothers could not remember a specific company. In addition, 48 mothers (15%) reported having received product samples from a company representative and 18 of the 99 health workers interviewed recalled that a company representative had contacted them to provide product samples to mothers. Among the four companies ranked by ATNF, the most frequently reported were Nestlé (4), followed by Danone (2), Abbott (1), and RB/Mead Johnson (1). Ten mothers reported a total of 12 contacts by a company representative or shop assistant to encourage them to use BMS products.

Financial or material inducements

Six of the 99 health workers reported contact by a company to provide a personal gift. Of those six reports, three contacts were made by Nestlé and three were made by

companies not ranked by ATNF. Eleven reported that a company representative made one or more offers to sponsor an event or workshop in the future for HCF staff or to provide payment to attend events or workshops outside the facility. This represented a total of 13 reports, four from Nestlé, one from Abbott, one from RB/Mead Johnson, six from the 'other' companies (as well as one from an 'unknown' company).

Results by product type

Analyzing the observed incidences of non-compliance by product type, as shown in Table 3, illustrates that the products promoted most heavily in Thailand are growing-up milk, with 2,163 incidences of non-compliance found. That is 68% of the total. Infant formula and follow-on formula were also quite heavily marketed with 445 (14%) and 523 (16%) of the total number of incidences of non-compliance. If these types of marketing of infant formula and follow-on formula were to continue, they would all be in contravention of the newly passed Milk Act. Only one example was identified of a complementary food being marketed by Hain Celestial as intended for infants from birth to six months of age, which appeared to be a parallel import.

More detailed results are available in the [Westat report](#).

TABLE 3 Results by product type

	Total non-compliances	Infant formula	Follow-on formula	Growing-up milk	Complementary foods nil - six	No specific product type*
Companies included in the BMS sub-ranking of 2018 Global ATNI						
Danone (FR)	612	37	17	527	-	31
Abbott (US)	286	62	25	197	-	2
Nestlé (CH)	902	24	83	791	0	4
RB/Mead Johnson (UK)	1,007	290	306	395	-	16
Sub-total	2,807	413	431	1,910	0	53
Companies not included in the BMS sub-ranking of 2018 Global ATNI						
DG Smart Mom (VT)	339	32	92	215	0	0
Dutch Mill (TH)	38	0	0	38	0	0
Hain Celestial (US)	1	0	0	0	1	0
Sub-total	378	32	92	253	1	0
Total	3,185	445	523	2163	1	53

* Some observations, e.g. Items of equipment, some adverts, cannot be related to a specific type of product as they carry the company or brand name or logo.

Recommendations

Advertisements and point-of-sale promotions

Traditional and online media monitoring revealed high levels of point-of-sales promotions and widespread advertising. Baby food manufacturers should work to strengthen their contracts with, and training of, distributors and retailers, particularly those with online sites, to restrict such promotion and advertising, including of growing-up milk. The government of Thailand should ensure that its monitoring of compliance with the new Milk Code extends to online retailers, where most promotions were found.

It is also important to note that a large number of promotions were found on online retailers' sites with which the companies confirmed they do not have contracts; they should take any steps they can to ensure that these retailers cease selling their products.

Corporate donations and contact with target population

Companies donated a significant amount of branded equipment, as well as promotional materials to HCFs, in contravention of The Code. Companies should put in place new procedures that eliminate all donations to the healthcare system, branded or not, to align to the recommendations of WHA 69.9.

Little direct contact by companies with mothers was found by the study. This is perhaps surprising, as many stakeholders noted in discussion that this type of contact is increasing. This appeared to be confirmed through the qualitative interviews conducted by IHPP with six mothers that use private clinics. These mothers stated that the companies contacted them directly by telephone to provide information about breastfeeding, child development and their products. They also said they had downloaded apps developed by BMS companies to receive free product samples, promotional materials and gifts.

Therefore, future efforts to assess baby food manufacturers' compliance with the Milk Code should focus on capturing the full range of tactics which companies adopt to contact mothers, particularly social media.

Parallel imports

No parallel imports were found in Thailand, which was not the case in Vietnam, India or Indonesia. This implies that governmental control is good.

Product labeling

Despite the fact that all products identified were designed and approved for sale in Thailand, none of the labels and inserts of products assessed were compliant with all local regulations and/or The Code. They all had at least one non-compliant element. In fact, most labels exhibited multiple instances of wording that should not have been on the labels or inserts, or had required wording that was missing. The introduction of new labeling requirements that will take effect in September 2018 under the Milk Code, offer an opportunity for the government of Thailand to review its process of approvals for labels and inserts to ensure that they are all fully compliant in the future.

Study limitations

Several limitations to the study should be noted:

- The most significant limitation of the study is that it included only three private facilities as most of those selected for the study refused permission to enter their facilities. Thus, the study does not provide as full a picture as it might of marketing practices in such facilities.
- The interviewers selected three health workers within each HCF, following the NetCode protocol which indicates ideally a clinic director, physician and nurse or midwife. They may or may not have been the best worker to interview with respect to facility-related issues, i.e. others may have had more experience of corporate marketing activities in the facility. In particular, relatively few senior level staff were interviewed, such as directors, doctors and department heads. In total, 78% of those interviewed were nurses. Therefore, it is possible that types of marketing which more senior staff may be most knowledgeable about, such as equipment donations and visits by baby food company representatives, may have been under-reported.
- 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 Bangkok. Additionally, observations were made only on one day, so it is possible that some stores would have been different if visited over a period of time.

- The monitoring of traditional media covered only four terrestrial television channels and did not include cable or digital TV channels. Thus, the number of advertisements reported is probably much lower than those being aired across the entire television network. Similarly, only two radio channels were monitored live for two months, and only 25 newspapers and 65 magazines were monitored. Had all radio channels and all relevant print media been monitored, it is likely that more advertisements would have been identified.

Next steps

This study provides a comprehensive overview of the marketing practices of seven companies whose BMS products were found in Bangkok and was one of two conducted over the summer of 2017. ATNF will publish a similar summary in early 2018 carried out in Lagos, Nigeria. The results from these two studies will be combined with ATNF's Corporate Profile scores to generate overall scores and rankings for the six multinationals included in the BMS marketing sub-ranking of the 2018 Global Access to Nutrition Index. This Index is due to be published in the second quarter of 2018, along with scorecards for each of these six companies detailing their performance in all areas.

ATNF hopes that the companies assessed in Thailand will immediately begin work to determine how the incidences of non-compliance identified occurred and to put in place necessary practices to eliminate them, especially given the introduction of the new Milk Act.

In addition, this study provides what ATNF hopes will be a valuable baseline against which the impact of the new Milk Code, brought in by the Thai Government in September 2017, can be measured. ATNF hopes that the Thai Government will introduce a robust monitoring regime that will result in much less inappropriate marketing of BMS over time.

NOTES

- ¹ <http://www.who.int/nutrition/global-target-2025/en/>
- ² Lancet 2016 Breastfeeding Series, 2016
- ³ http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/
- ⁴ <http://www.nielsen.com/sa/en/press-room/2015/oh-baby-global-baby-food-and-formula-sales-will-reach-nearly-35-billion.html>
- ⁵ Note that RB used to be called Reckitt Benckiser but rebranded to use only the name RB. It acquired Mead Johnson Nutrition in the summer of 2017 and therefore is now called RB/Mead Johnson Nutrition
- ⁶ If in future it is possible to draw on additional NetCode studies, the results will be an average of the number of studies used; e.g. if the results from 3 country studies are used, each will be weighted 33.3%. In addition, when a company is not assessed in all countries, only the country/countries that the company was assessed in will be taken into account in the BMS 2 score.
- ⁷ Available at: <http://www.who.int/nutrition/netcode/toolkit/en/>
- ⁸ FrieslandCampina does not sell its products in Thailand. Several Kraft Heinz CF products were found in Bangkok, which appeared to have been manufactured for sale in another market and labeled in English as being suitable for infants from four months; however a label in Thai had been placed on these products indicating they should only be introduced at six months, to comply with local Thai labeling requirements.
- ⁹ The FTSE4Good Index Series is a product of FTSE Russell. The Indexes comprise companies that demonstrate good practice; Environmental, Social and Governance risk management is measured using FTSE Russell's ESG criteria. Companies that make BMS must meet FTSE4Good's BMS criteria to be included in the Indexes.
- ¹⁰ Multiple Indicator Cluster Survey, NSO, NHSO, UNICEF, Thailand, 2015-2016
- ¹¹ Breastfeeding Boosting for Best, IHPP, UNICEF, Thai Health Promotion Foundation
- ¹² The World Breastfeeding Trends Initiative, Thailand, 2015
- ¹³ http://aliveandthrive.org/wp-content/uploads/2016/03/Cost-of-Not-Breastfeeding_Thailand.pdf
- ¹⁴ The baby food market is comprised of dried baby food, prepared baby food, other baby food, and milk formula.
- ¹⁵ http://food.fda.moph.go.th/law/announ_moph151-200.php
- ¹⁶ FDA announcement issued in 2012 in relation to Section 41 of Food Act B.E. 2522 (1979): Announcement title "Criteria for food advertisement (2nd issue) B.E. 2555 (2012)
- ¹⁷ ATNF's understanding, based on an unofficial English translation of a summary of the Act, the only document available in English at the time of writing this report.
- ¹⁸ The labeling provisions come into force one year later.
- ¹⁹ Although Westat's study included all formulas intended for infants up to 36 months of age, as well as complementary foods for that age group, the scores presented here are based only on the scope and definitions of The Code and resolutions up to but not including WHA 69.9. In future Indexes, the scores will reflect companies' performance related to WHA 69.9
- ²⁰ Follow-on formula is sometimes called follow-up formula
- ²¹ A further 105 complementary foods labeled as suitable for children from six to 36 months were found and assessed by Westat against the provisions of WHA 69.9 as well as any applicable local regulations.
- ²² As noted, 10 Kraft Heinz CF 6-36 products were found, made for another market, but with a Thai label attached instructing their introduction only after 6 months. These products were therefore determined to be out of the scope of products included in the ATNF scores.

