Appendix A

International Code for the Marketing of Breast-milk Substitutes
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Introduction

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

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

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

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

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

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

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

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

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

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5 See resolution WHA33.32, reproduced in Annex 2.


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

8 See Annex 3 for excerpts from the introductory statement by the representative of the Executive Board.

9 See Annex 1 for the text of resolution WHA34.22, by which the code was adopted. For the verbatim record of the discussion at the fifteenth plenary meeting, on 21 May 1981, see document WHA34/1981/REC/2.
The Member States of the World Health Organization:

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

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

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

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

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

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

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

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

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

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant
feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

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

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

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

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

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

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

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

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.
Article 1. Aim of the Code

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

Article 2. Scope of the Code

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

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitute" means any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

"Complementary food" means any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either become insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or breast-milk supplement".

"Container" means any form of packaging of products for sale as a normal retail unit, including wrappers.

"Distributor" means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.
"Health care system" means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.

"Health worker" means a person working in a component of such a health care system, whether professional or non-professional, including voluntary unpaid workers.

"Infant formula" means a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".

"Label" means any tag, brand, marks, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

"Manufacturer" means a corporation of other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

"Marketing" means product promotion, distribution, selling, advertising, product public relations, and information services.

"Marketing personnel" means any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples" means single or small quantities of a product provided without cost.

"Supplies" means quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

**Article 4. Information and education**

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

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

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

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

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

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.
5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

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

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

Article 6. Health care systems

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

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

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

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

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

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.
6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

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

Article 7. Health workers

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

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

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

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

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

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should
not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

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

Article 9. Labelling

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

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

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

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.
Article 10. Quality

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

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

Article 11. Implementation and monitoring

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

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

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

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

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

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.
11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.
Annex I

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

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

The Executive Board,

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

1. ENDORSES in its entirety the Draft International Code prepared by the Director-General;

2. FORWARDS the Draft International Code to the Thirty-fourth World Health Assembly;

3. RECOMMENDS to the Thirty-fourth World Health Assembly the adoption of the following resolution:

28 January 1981

[The text recommended by the Executive Board was adopted by the Thirty-fourth World Health Assembly, on 21 May 1981, as resolution WHA34.22, reproduced overleaf.]
Resolution WHA34.22
International Code of Marketing of Breast-milk Substitutes

The Thirty-fourth World Health Assembly,

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

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

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

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

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

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

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

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

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

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

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breast-milk Substitutes annexed to the present resolution;
2. URGES all Member States:

(1) to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation, regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17.

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981
Annex 2

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

Resolution WHA 33.32 Infant and young child feeding

The Thirty-third World Health Assembly,

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

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

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

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

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

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

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

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

5. REQUESTS the Director-General:

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

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

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

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

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

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

   (4) to prepare an international code on marketing of breast-milk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:
(a) the marketing of breast-milk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;

(b) the aim of the code should be to contribute to the provision of safe and adequate nutrition of infants and young children, and in particular to promote breast-feeding and ensure, on the basis of adequate information, the proper use of breast-milk substitutes, if necessary;

(c) the code should be based on existing knowledge of infant nutrition;

(d) the code should be governed *inter alia* by the following principles:

(i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;

(ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;

(iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breast-feeding;

(5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;

(6) to review the existing legislation in different countries for enabling and supporting breast-feeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;

(7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breast-feeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

23 May 1980
Annex 3

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

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

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

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

......

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

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

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

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

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

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

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8 The summary record of the Board's discussions is contained in document EB67/1981/REC/2, pages 306-322.
It was stressed that any decision concerning the form the code should take should be based on an appreciation of which alternative had the better chance of fulfilling the purpose of the code — that is, to contribute to improved infant and child nutrition and health. The Board agreed that the moral force of a unanimous recommendation could be such that it would be more persuasive than a regulation that had gained less then unanimous support from Member States. It was considered, however, that the implementation of the code should be closely monitored according to the existing WHO constitutional procedures; that future Assemblies should assess the situation in the light of reports from Member States; and that the Assembly should take any measures it judged necessary for its effective application.

After carefully weighing the different points raised during its discussion, the Board unanimously adopted resolution EB67.R12, which contains the draft resolution recommended for adoption by the World Health Assembly. In this connexion I wish to draw the Committee's particular attention to the responsibilities outlined in the draft resolution: those of Member States, the regional committees, the Director-General, the Executive Board, and the Health Assembly itself for appropriate follow-up action once the code has been adopted.

In carrying out their responsibilities, Member States should make full use of their Organization — at global, regional and country levels — by requesting its technical support in the preparation of national legislation, regulations or other appropriate measures, and in the monitoring of the application of the code.

I think that I can best reflect the sentiments of the Board by closing my introduction with a please for consensus on the resolution as it was unanimously recommended to the World Health Assembly by the Board. We are not today dealing with an economic issue of particular importance only to one or a few Member States. We are dealing with a health issue of essential importance to all Member States, and particularly to developing countries, and of importance to the children of the world and thus to all future generations.
Appendix B

Summary of Subsequent WHA Resolutions
## Appendix B
### Summary of Subsequent WHA Resolutions

Summary of WHA Resolutions Relevant to the Code

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Resolutions</th>
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</table>
| 1981 | WHA34.22 | • Code overwhelmingly adopted by WHA (118 in favour, 1 no, 3 abstentions).  
• Stresses that adoption and adherence to the Code is a minimum requirement. Member States are urged to implement the Code into national legislation, regulations and other suitable measures. |
| 1982 | WHA35.26 | • Recognizes that commercial promotion of breastmilk substitutes contributes to an increase in artificial feeding and calls for renewed attention to implement and monitor the Code at national and international levels. |
| 1984 | WHA37.30 | • Requests that the Director General work with Member States to implement and monitor the Code and to examine the promotion and use of foods unsuitable for infant and young child feeding |
| 1986 | WHA39.28 | • Urges Member States to ensure that small amounts of breastmilk substitutes needed for the minority of infants are made available through normal procurement channels and not through free or subsidized supplies.  
• Directs attention of Member States to the following:  
  o Any food or drink given before complementary feeding is nutritionally required may interfere with breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period.  
  o Practice of providing infants with follow up milks is “not necessary”. |
| 1988 | WHA41.11 | • Request the Director General to provide legal and technical assistance to Member States in drafting or implementing the Code into national measures. |
| 1990 | WHA43.3  | • Highlights the WHO/UNICEF statement on “protection, promoting |

and supporting breastfeeding: the special role of maternity services” which led to the Baby-Friendly Hospital Initiative in 1992.

- Urges Member States to ensure that the principles and aim of the Code are given full expression in national health and nutrition policy and action.

<table>
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<tr>
<th>Year</th>
<th>WHA/WHCP</th>
<th>Actions</th>
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| 1994 | WHA47.5  | • Reiterates earlier calls in 1986, 1990 and 1992 to end “free or low cost supplies” and extends the ban to all parts of the health care system; effectively superseding the provisions of Art.6.6 of the Code.  
• Provides guidelines on donation of breastmilk substitutes in emergencies. |
| 1996 | WHA49.15 | • Calls on Member States to ensure that:  
  1. Complementary foods are not marketed for or used to undermine exclusive and sustained breastfeeding;  
  2. financial support to health professionals does not create conflicts of interests;  
  3. Code monitoring is carried out in an independent, transparent manner free from commercial interest. |
| 2001 | WHA54.2  | • Sets global recommendation of "6 months” exclusive breastfeeding, with safe and appropriate complementary foods and continued breastfeeding for up to two years or beyond. |
| 2002 | WHA55.25 | • Endorses the Global Strategy on Infant and Young Child Feeding which confines the baby food companies’ role to 1. Ensure quality of their products and 2. Comply with the Code and subsequent WHA resolutions, as well as national measures.  
• Recognizes the role of optimal infant feeding to reduce the risk of obesity.  
• Alerts that micronutrient interventions should not undermine exclusive breastfeeding. |
| 2005 | WHA58.32 | • Asks Member States to:  
  1. Ensure that nutrition and health claims for breastmilk substitutes are not permitted unless national/.regional legislation allows;  
  2. Be aware of the risks of intrinsic contamination of powdered infant formulas and to ensure this information |
be conveyed through label warnings;

3. Ensure that financial support and other incentives for programmers and health professionals working in infant and young child health do not create conflicts of interest.

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<thead>
<tr>
<th>Year</th>
<th>WHA</th>
<th>Resolution</th>
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<tbody>
<tr>
<td>2006</td>
<td>WHA59.11</td>
<td>• Member States to make sure the response to the HIV pandemic does not include non-Code compliant donations of breastmilk substitutes or the promotion thereof.</td>
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<tr>
<td>2006</td>
<td>WHA59.21</td>
<td>• Commemorates the 25th anniversary of the adoption of the Code; welcomes the 2005 Innocenti Declaration and asks WHO to mobilize technical support for Code implementation and monitoring.</td>
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| 2008 | WHA61.20 | • Urges Member States to scale up efforts to monitor and enforce national measures and to avoid conflicts of interest.  
• Investigate the safe use of donor milk through human milk banks for vulnerable infants, mindful of national laws, cultural and religious beliefs. |
| 2010 | WHA63.23 | • WHA urges Member States to develop and strengthen legislative and regulatory measures to control the marketing of breastmilk substitutes to give effect to the Code and resolutions.  
• To end inappropriate promotion of foods for infants and young children and to ensure that claims not be permitted for foods for infants and young children.  
• To ensure that required breastmilk substitutes in emergency responses are purchased and distributed according to strict criteria. |
| 2012 | WHA65.60 | • WHA urges Member states to put into practice the comprehensive implementation plan on maternal, infant and young child nutrition, including:  
  o Developing or strengthening legislative, regulatory or other measures to control the marketing of breastmilk substitutes.  
  o Establishing adequate mechanisms to safeguard against potential conflicts of interest in nutrition action.  
• The Director General of WHO is requested to:  
  o Provide clarification and guidance on the inappropriate promotion of foods for infants and young children as mentioned in WHA 63.23. |
<table>
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<th>2014</th>
<th>WHA67(9)</th>
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<td>• Director-General was requested to provide clarification and guidance by end of 2015 on the meaning of “ending inappropriate promotion of food for infants and young children” as cited in resolution WHA63.23 on infant and young child nutrition.</td>
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NOTE: A May 2016 WHA resolution extended the definition of infant formula considered to be breastmilk substitutes to products marketed for up to 36 months of age.²

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Appendix C

WHO Guidance on Followup Formula
Appendix C
WHO Guidance on Followup Formula

Maternal, infant and young child nutrition

Guidance on ending the inappropriate promotion of foods for infants and young children

Report by the Secretariat

PURPOSE

1. The purpose of this document is to provide guidance on ending the inappropriate promotion of foods for infants and young children, with the aim to promote, protect and support breastfeeding, prevent obesity and noncommunicable diseases, promote healthy diets, and ensure that caregivers receive clear and accurate information on feeding.

SCOPE

2. The term “foods” is used in this guidance to refer to both foods and beverages (including complementary foods). Guidance on the inappropriate promotion of breast-milk substitutes is contained in the Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions. The current document does not replace any provisions in the Code but clarifies the inclusion of certain products that should be covered by the Code and subsequent resolutions.

3. This guidance applies to all commercially produced foods that are marketed as being suitable for infants and young children from the age of 6 months to 36 months. Products are considered to be marketed as being suitable for this age group if they (a) are labelled with the words “baby”, “infant”, “toddler” or “young child”; (b) are recommended for introduction at an age of less than 3 years; (c) have a label with an image of a child who appears to be younger than 3 years of age or feeding with a bottle; or (d) are in any other way presented as being suitable for children under the age of 3 years. This approach is in line with the relevant Codex guidelines and standards on foods for infants and young children that refer to young children up to the age of 3 years.1

4. This guidance is not applicable to vitamin and mineral food supplements and home-fortification products such as micronutrient powders and small-quantity lipid-based nutrient supplements. Although such supplements and products are often classified as foods for regulatory purposes, they are

1 Codex guidelines on formulated complementary foods for older infants and young children (CAC/GL 8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex STAN 074-1981, revised in 2006); Codex standard for canned baby foods (Codex STAN 73-1991); and Codex standard for follow-up formula (Codex STAN 156-1987).
not foods per se, but fortification products. Many of the principles contained in this guidance, including those concerning adherence to national and global standards for nutrient levels, safety and quality and to prohibitions on any messages indicating their use for infants under 6 months of age, should nevertheless be applied to such products.

5. The promotion of foods for infants and young children occurs through government programmes, non-profit organizations and private enterprises. This guidance is applicable in all these settings, as the principles it contains are important regardless of who is responsible for the promotion.

DEFINITIONS

6. Foods for infants and young children are defined as commercially produced food or beverage products that are specifically marketed as suitable for feeding children up to 36 months of age.

7. Marketing means product promotion, distribution, selling, advertising, product public relations and information services.

8. Promotion is broadly interpreted to include the communication of messages that are designed to persuade or encourage the purchase or consumption of a product or raise awareness of a brand. Promotional messages may be communicated through traditional mass communication channels, the Internet and other marketing media using a variety of promotional methods. In addition to promotional techniques aimed directly at consumers, measures to promote products to health workers or to consumers through other intermediaries are included. There does not have to be a reference to a brand name of a product for the activity to be considered as advertising or promotion.

9. Cross-promotion (also called brand crossover promotion or brand stretching) is a form of marketing promotion where customers of one product or service are targeted with promotion of a related product. This can include packaging, branding and labelling of a product to closely resemble that of another (brand extension). In this context, it can also refer to use of particular promotional activities for one product and/or promotion of that product in particular settings to promote another product.

RECOMMENDATIONS

10. Recommendation 1. Optimal infant and young child feeding should be promoted based on the Guiding principles for complementary feeding of the breastfed child and the Guiding principles for feeding non-breastfed children 6–24 months of age. Emphasis should be placed on the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.

11. Recommendation 2. Products that function as breast-milk substitutes should not be promoted. A breast-milk substitute should be understood to include any milks (or products that could be used to


replace milk, such as fortified soy milk), in either liquid or powdered form, that are specifically marketed for feeding infants and young children up to the age of 3 years (including follow-up formula and growing-up milks). It should be clear that the implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions covers all these products.

12. **Recommendation 3.** Foods for infants and young children that are not products that function as breast-milk substitutes should be promoted only if they meet all the relevant national, regional and global standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines. Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion. Relevant Codex standards and guidelines should be updated and additional guidelines developed in line with WHO’s guidance to ensure that products are appropriate for infants and young children, with a particular focus on avoiding the addition of free sugars and salt.

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

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

14. Messages should not:

- include any image, text or other representation that might suggest use for infants under the age of 6 months (including references to milestones and stages);
- include any image, text or other representation that is likely to undermine or discourage breastfeeding, that makes a comparison to breast-milk, or that suggests that the product is nearly equivalent or superior to breast-milk;
- recommend or promote bottle feeding;
- 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.

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1 Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013); Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006); Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989); Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009).
15. **Recommendation 5.** There should be no cross-promotion to promote breast-milk substitutes indirectly via the promotion of foods for infants and young children.

   - The packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breast-milk substitutes so that they cannot be used in a way that also promotes breast-milk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used).

   - Companies that market breast-milk substitutes should refrain from engaging in the direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents and other caregivers (for example through baby clubs, social media groups, childcare classes and contests).

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

   - provide free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except:
     - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;

   - donate or distribute equipment or services to health facilities;

   - give gifts or incentives to health care staff;

   - use health facilities to host events, contests or campaigns;

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

   - directly or indirectly provide education to parents and other caregivers on infant and young child feeding in health facilities;

   - provide any information for health workers other than that which is scientific and factual;

   - sponsor meetings of health professionals and scientific meetings.

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

   - accept free products, samples or reduced-price foods for infants or young children from companies, except:
     - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;

   - accept equipment or services from companies that market foods for infants and young children;
- accept gifts or incentives from such companies;
- allow health facilities to be used for commercial events, contests or campaigns;
- 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;
- allow such companies to sponsor meetings of health professionals and scientific meetings.

18. **Recommendation 7.** The WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children should be fully implemented, with particular attention being given to ensuring that settings where infants and young children gather are free from all forms of marketing of foods high in saturated fats,\(^1\) trans-fats, free sugars or salt. While foods marketed to children may not be specifically intended for infants and young children, they may, nevertheless, be consumed by them. A range of strategies should be implemented to limit the consumption by infants and young children of foods that are unsuitable for them.

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\(^2\) While diets for young children should have adequate fat content, a 2008 joint FAO/WHO expert consultation proposed that no more than 35% of total energy should come from fat.
Appendix D

Letter of Authorization
Appendix D
Letter of Authorization

Municipal Corporation of Greater Mumbai
Public Health Department
HCY 1780 / FWM/CHSR Dated 21.06.2016

Office of
Executive Health Officer,
3rd Floor, F-South Ward Office,
Dr. B. A. Road, Parel,
Mumbai- 400 012
Ph. No.- 022 24134560 (Extn. 333)
Email id - phdmgm@gmail.com

To whomsoever it may concern

Greetings,

This is to inform you that the bearer of this letter is working with centre for Media Studies (CMS). ATNF / Westat has entrusted CMS (renowned national level research and advocacy organization) the responsibility of conducting a survey in Mumbai City related to India Assessment of Marketing of Breast milk Substitutes.

Based on several important components of the assessment, the study aims to interview with sampled pregnant women, mothers of infants, and healthcare workers in sampled public and private health facilities that provide prenatal and paediatric health services across Mumbai City. As a part of the methodology, the interviews will be conducted within the facility. The facility is one of the randomly chosen health facility and the bearer of this letter will talk to eligible respondents / health workers in the facility only after taking consent from them.

The field work is expected to continue till July 30, 2016. The information collected will be kept confidential and will only be used for the purpose of processing and production of report. Any support extended to the team for the successful completion of the study will be highly appreciated.

[Signature]
Executive Health Officer
Appendix E

Analysis by International Code Article
Appendix E
Analysis by International Code Article

Article 4. Information and education

The IMS Act prohibits the distribution of any informational or educational materials covered by Article 4 of The Code. Therefore, specific information requirements in Sub-article 4.2 of The Code were not analyzed for this study. Any covered materials that were found were considered to be non-compliant.

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

**NC 4-10:** (Form 3, Q4 = a, b, or c) and
Form 3, Q20a = N

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,

**NC4-11:** Form 2, Q11 = Y and
Q13 = a, b, or g and
Q15 = Y

and should be distributed only through the health care system.

**NOT INCLUDED IN IGBM PROTOCOL.**

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.

**NC 5-1:** Form 1, Q6 = Y and
Q 8 = Company Name/Brand Name
or
Form 1, Q9 =Y and
Q 11 = Company Name/Brand Name

**NC 5-2:** Form 6, all

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

**NC 5-3:** Form 1, Q12 = Y and
Q13 = b or c

**NC 5-4:** (Form 2, Q1 = Y and
Q4 =3)
or
(Form 2, Q16 = Y
and Q19 = 2)

**NC 5-5:** Form 4, Q5 = h, and
Specify = samples
5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as

- special displays,
- discount coupons,
- premiums,
- special sales,
- loss-leaders and
- tie-in sales,

for products within the scope of this Code.

**NC 5-6:** Form 4, Q3 = Y and Q5 = all codes, if product is in scope

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

**NOT INCLUDED IN IGBM PROTOCOL.**

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.

**NC 5-7:** Form 1, Q17 = Y and Q18 = b or c and Q21 = Company Name

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.

**NC 5-8:** (Form 1, Q1 = Y and Q2 = c or d)

or

(Form 2, Q1 = Y and Q4 = 1, 2, or 4)

**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.

**NC 6-1:** (Form 1, Q1 = Y and Q2 = a)

or

(Form 2, Q1 = Y and Q4 = 3)

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.
NC 6-2: Form 3 = Health Facility and
Q4 = a-d and
Product/Brand name listed

NC 6-3 (Uncertain): Form 2, Q1 = Y and
Q4 = 4

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

NOT INCLUDED IN IGBM PROTOCOL.

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

NOT INCLUDED IN IGBM PROTOCOL.

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

NOT INCLUDED IN IGBM PROTOCOL.

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.

NC 6-4: Form 2, Q11 = Y and
(Q13 = c, d, e, or f) and
Q15 = Y

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.

The IMS Act does not allow for the distribution of such materials (see Article 4). Therefore, any materials found were considered non-compliant, which were reported under Article 4.2. Therefore, no further analysis was conducted for Article 7.2.

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.

NC 7-3: Form 2, Q6 = Y and
Q9 = e, f, or g

NC 7-4 (Uncertain): Form 2, Q6 = Y and
Q9 = a, b, c or d
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.

**NC 7-5:** Form 2, Q16 = Y and
  Q18 = a, b, c or d, and
  Q19 = 2 or 3

**NC 7-6 (Uncertain):** Form 2, Q1 = Y and
  Q4 = 6

- Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

**NC 7-7:** Form 1, Q12 = Y and
  Q 13 = a

### Article 9. Labelling

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

**NOT SPECIFIC**

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;

  **NC 9-1:** Form 5, Q1 = a-c and
  Form 5, Q5 = N

- a statement of the superiority of breastfeeding;

  **NOT INCLUDED IN IGBM PROTOCOL.**

- 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;

  **NC 9-2:** Form 5, Q1 = a-c and
  Form 5, Q6 = N

- instructions for appropriate preparation;

  **NC 9-3:** Form 5, Q1 = a-c and
  Form 5, Q7a = N

- a warning against the health hazards of inappropriate preparation.

  **NC 9-4:** Form 5, Q1 = a-c and
  Form 5, Q7b = N

- Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation.

  **NC 9-5:** Form 5, Q1 = a-d and
  Form 5, Q10a = Y

- The terms "humanized", "materialized" or similar terms should not be used.

  **NC 9-6:** Form 5, Q1 = a-c and
  Form 5, Q11 = Y
• 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.
• When labels give instructions for modifying a product into infant formula, the above should apply.
  **NC 9-7:** Form 5, Q1 = d and
    any Non-conformance of 9-1 to 9-5
• INDIA REGULATION: Pictures or other graphic material designed to increase the saleability of infant milk substitutes or infant food
  **NCI 9-14:** Form 5, Q1 = a-c and
    Form 5, Q10b = Y
• INDIA REGULATION: Text or phrases designed to increase the saleability of infant milk substitutes or infant
  **NCI 9-15:** Form 5, Q1 = a-c and
    Form 5, Q10c = Y
• INDIA REGULATION: Stated “MOTHER’S MILK IS BEST FOR YOUR BABY” in capital letters
  **NCI 9-16:** Form 5, Q1 = a-d and
    Form 5, Q9 = Y
• INDIA REGULATION: the statement “IMPORTANT NOTICE:” and “MOTHER’S MILK IS BEST FOR YOUR BABY” in capital letters on the central panel of every container in letters not less than five millimeters
  **NCI 9-16:** Form 5, Q18 = N

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.
  **NC 9-8:** Form 5, Q1 = d and
    Form 5, Q13 = N

9.4 The label of food products within the scope of this Code should also state all the following points:
• the ingredients used;
  **NC 9-9:** Form 5, Q1 = a-d and
    Form 5, Q14 = N
• the composition/analysis of the product;
  **NC 9-10:** Form 5, Q1 = a-d and
    Form 5, Q15 = N
• the storage conditions required;
  **NC 9-11:** Form 5, Q1 =a-d and
    Form 5, Q16 = N
• the batch number
  **NC 9-12:** Form 5, Q1 = a-d and
    Form 5, Q17 = N
• the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.
  **NC 9-13:** Form 5, Q1 = a-d and
    Form 5, Q17b = N
• INDIA REGULATION: date of its manufacture
  **NCI 9-17:** Form 5, Q1 = a-d and
    Form 5, Q17a = N
Appendix F

International Code and National Regulations Comparison
## Appendix F
### International Code and National Regulations Comparison

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Article 2: Product Scope</td>
<td>WHO July 2013 considers any formula product marketed as breastmilk substitute up to age 24 months to be a breastmilk substitute. Complementary foods are 0-6 months.¹ WHO resolution May 2016 considers any formula product marketed as breast milk substitute up to age 36 months to be a breastmilk substitute and any complementary foods marked as suitable for 0-6 months.²</td>
<td>Provision 2 (f): In this Act, unless the context otherwise requires, (f) &quot;Infant food&quot; means any food (by whatever name called) being marketed or otherwise represented as a complement to mother’s milk to meet the growing nutritional needs of the infant after the age of six months and up to the age of two years.</td>
<td>Stronger - The IMS includes infant food up to two years of age.</td>
<td>No changes were made to the forms for this study as this study retained the WHO definition from July 2013 that was used in the previous two pilot studies.</td>
</tr>
</tbody>
</table>

¹ [http://who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf](http://who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf)

<table>
<thead>
<tr>
<th>WHAT DOES THE INTERNATIONAL CODE SAY?</th>
<th>WHAT DOES THE IMS ACT SAY?</th>
<th>DIFFERENCE (SAME/STRONGER/WEAKER)</th>
<th>FORMS AND QUESTIONS IN THE PROTOCOL/SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Distributor” – a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of The Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker. &quot;Manufacturer” – a corporation of other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.</td>
<td>“Person” is used throughout the text of the Act. While there is no definition of a &quot;person&quot; within the Act, we understand it to mean a company (distributor, manufacturer or retailer) or a person.</td>
<td>This difference is noted between The Code and the Act.</td>
<td>No changes were made to the forms for this study.</td>
</tr>
<tr>
<td>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 of the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.</td>
<td>Provision 7 (1): Every educational or other material including advertisements or material relating to promotion of infant milk substitutes, feeding bottles and infant foods whether audio or visual, dealing with pre-natal or post-natal care of with the feeding of an infant and intended to reach pregnant women or mothers of infants shall include clear information relating to: (a) the benefits and superiority of breastfeeding; (b) the preparation for, and the continuance of, breastfeeding; (c) the harmful effects on breastfeeding due to the partial adoption of bottle feeding; (d) the difficulties in reverting to breastfeeding of infants after a period of feeding by infant milk substitute; (e) the financial and social implications in making use of infant milk substitutes and feeding bottles; (f) the health hazards of improper use of infant milk substitutes and feeding bottles; (fa) the date of printing and publication of such material and the name of the printer and publisher; (g) such other matters as may be prescribed.</td>
<td>Stronger - Provision 7 (1)(fa) requires the date of printing and publication as well as the name of the printer and the publisher.</td>
<td>The following questions were added to Form 3: 11. [** IF/FOF/GUM only q] Information on the date of printing and publication of material YES / NO 12. [** IF/FOF/GUM only q] Information on the name of the printer and publisher YES / NO</td>
</tr>
<tr>
<td>WHAT DOES THE INTERNATIONAL CODE SAY?</td>
<td>WHAT DOES THE IMS ACT SAY?</td>
<td>DIFFERENCE (SAME/STRONGER/WEAKER)</td>
<td>FORMS AND QUESTIONS IN THE PROTOCOL/SUGGESTIONS</td>
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<td>Article 5: The General Public and Mothers</td>
<td>There should be no advertising or other form of promotion to the general public of products with the scope of this Code.</td>
<td>Provision 3 (a,b): <strong>No person</strong> shall (a) advertise or take part in the publication of any advertisement, for the distribution, sale or supply of infant milk substitutes, feeding bottles or infant foods; or (b) give an <strong>impression</strong> or create a belief in any manner that feeding of infant milk substitutes and infant foods are equivalent to, or better than mother’s milk; or (c) take part in the promotion of infant milk substitutes, feeding bottles or infant foods.</td>
<td>Stronger - The IMS Act is stronger and prohibits <strong>all persons</strong> from promotions to the public through advertising infant milk substitutes, feeding bottles or infant foods.</td>
</tr>
<tr>
<td>Article 6: Health Care Systems</td>
<td>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 in Article 4.3.</td>
<td>Provision 8 (1): No person shall use any health care system for the display of placards or posters relating to, or for the distribution of, materials for the purpose of promoting the use or sale of infant milk substitutes or feeding bottles or infant foods.</td>
<td>Stronger</td>
</tr>
<tr>
<td>Article 7: Health Workers</td>
<td>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.</td>
<td>Provision 9 (2): No producer, supplier or distributor referred to in sub-section (1), shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conferences, educational course, contest, fellowship, research work or sponsorship.</td>
<td>Stronger</td>
</tr>
<tr>
<td>WHAT DOES THE INTERNATIONAL CODE SAY?</td>
<td>WHAT DOES THE IMS ACT SAY?</td>
<td>DIFFERENCE (SAME/STRONGER/WEAKER)</td>
<td>FORMS AND QUESTIONS IN THE PROTOCOL/SUGGESTIONS</td>
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<td>----------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>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 &quot;Important Notice&quot; or their equivalent; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.</td>
<td>Provision 6 (1)(a): Without prejudice to the provisions of the Prevention of Food Adulteration Act, 1954 and the rules made thereunder, no person shall produce, supply or distribute any infant milk substitute or infant food unless every container thereof or any label affixed thereto indicates in a clear, conspicuous and in an easily readable and understandable manner, the words &quot;IMPORTANT NOTICE:&quot; in capital letters in such language as may be prescribed and indicating thereunder the following particulars in the same language, namely: (a) a statement &quot;MOTHER'S MILK IS BEST FOR YOUR BABY&quot; in capital letters. The types of letters used shall not be less than five millimeters and the text of such statement shall be in the Central Panel of every container of infant milk substitute or infant food or any label affixed thereto.</td>
<td>Stronger - Provision 6 (1)(a) requires the statement &quot;IMPORTANT NOTICE:&quot; and &quot;MOTHER'S MILK IS BEST FOR YOUR BABY&quot; in capital letters.</td>
<td>The following questions were added to Form 5: 9. ALL Stated &quot;MOTHER'S MILK IS BEST FOR YOUR BABY&quot; in capital letters</td>
</tr>
<tr>
<td>WHAT DOES THE INTERNATIONAL CODE SAY?</td>
<td>WHAT DOES THE IMS ACT SAY?</td>
<td>DIFFERENCE (SAME/STRONGER/WEAKER)</td>
<td>FORMS AND QUESTIONS IN THE PROTOCOL/SUGGESTIONS</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| ...Neither the container nor the label should have pictures of infants, nor should they have pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breastmilk substitute and for illustrating methods of preparation. The terms “humanized”, “materialized” or similar terms should not be used. | Provision 6 (2): No container or label referred to in sub-section (1) relating to infant milk substitute or infant food shall (a) have pictures of an infant or a woman or both; or (b) have pictures or other graphic material or phrases designed to increase the saleability of infant milk substitutes or infant food; or (c) use on it the word “humanised” or “maternalised” or any other similar word; or (d) bear on it such other particulars as may be prescribed. | Stronger - Provision 6 (2) (a,b) prohibits pictures, graphic material, text, or phrases designed to increase the saleability of infant milk substitutes or infant food. | The wording was changed in one question (10a) and two additional questions (10 b, c) were added to Form 5:  
10a. Pictures or text of an infant or a woman or both which idealise the use of breastmilk substitutes included  
10b. Pictures or other graphic material designed to increase the saleability of infant milk substitutes or infant food included  
10c. Text or phrases designed to increase the saleability of infant milk substitutes or infant food included |
| 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. | Provision 6 (1h) Without prejudice to the provisions of the Prevention of Food Adulteration Act, 1954 and the rules made thereunder, no person shall produce, supply or distribute any infant milk substitute or infant food unless every container thereof or any label affixed thereto indicates in a clear, conspicuous and in an easily readable and understandable manner, the words "important notice" in capital letters in such language as may be prescribed and indicating thereunder the following particulars in the same language, namely: (h) the batch number, date of its manufacture and the date before which it is to be consumed, taking into account the climatic and storage conditions of the country. | Stronger - Provision 6 (1h) requires date of its manufacture on labels. | The following question was added to Form 5:  
17a. date of its manufacture included |
Appendix G

Final Forms
Appendix G
Final Forms

FORM 1: QUESTIONNAIRE FOR WOMEN

<table>
<thead>
<tr>
<th>District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td></td>
</tr>
<tr>
<td>Facility Name</td>
<td></td>
</tr>
<tr>
<td>Facility ID</td>
<td></td>
</tr>
<tr>
<td>Data Collector ID</td>
<td></td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

NOTE to Data Collectors: Remember to go through the Consent form before you begin!

Instruction for data collectors: RECORD WHETHER THE WOMAN BEING INTERVIEWED IS PREGNANT OR MOTHER OF A YOUNG INFANT (CIRCLE ONE WHICH APPLIES):

- Are you currently pregnant? YES / NO
  If pregnant woman, When is your due date, as told by a health worker? ________________________
- Are you a mother of a child younger than 6 months? YES / NO
  If mother of a young child, How old is the child? ________________________

********

DEFINITIONS

INFANT FORMULA: FORMULA PRODUCT FOR INFANTS AGED 0-6 MONTHS
FOLLOW-ON FORMULA: FORMULA PRODUCT FOR INFANTS AGED > 6 – 12 MONTHS
GROWING-UP MILK: FORMULA PRODUCT FOR INFANTS AGED > 12 – 24 MONTHS
COMPLEMENTARY FOOD: FOOD OR DRINK THAT IS COMPLEMENT TO BREAST MILK OR TO INFANT FORMULA (i.e. A FOOD GIVEN TO THE BABY AS WELL AS MILK). FOR THE PURPOSE OF THIS STUDY, THE ONLY COMPLIMENTARY FOODS THAT ARE OF INTEREST ARE THOSE THAT ARE RECOMMENDED OR PROMOTED FOR INFANTS BELOW 6 MONTHS OF AGE.
Information and Advice

First, I’d like to ask you about some information and advice you may have received from others on what to feed your child.

1. (During this pregnancy/since this baby was born) has anyone told you or suggested to you **personally** that you should use an infant formula, follow-on formula or follow-up milk, growing-up milk, or other drinks or foods for infants aged under 6 months?

   YES / NO / DON’T KNOW

   IF NO OR DON’T KNOW, GO TO QUESTION 6. IF YES, CONTINUE.

<table>
<thead>
<tr>
<th>2. Who was this?</th>
<th>3. What did they say?</th>
<th>4. Ask for each recommendation listed in question 2: Were you told or advised to use a particular product, brand or company?</th>
<th>5. Ask only if Q4 = YES: If so, what was the recommended product or brand, and what company makes it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health professional</td>
<td>Answers (SPECIFY)</td>
<td>YES / NO / DON’T KNOW</td>
<td>1.</td>
</tr>
<tr>
<td>b. Partner/relative/friend</td>
<td>Answers (SPECIFY)</td>
<td>YES / NO / DON’T KNOW</td>
<td>1.</td>
</tr>
<tr>
<td>c. Shop owner/pharmacist</td>
<td>Answers (SPECIFY)</td>
<td>YES / NO / DON’T KNOW</td>
<td>1.</td>
</tr>
</tbody>
</table>

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2. Who was this?

**DO NOT READ EACH ANSWER ON THE LIST. JUST LISTEN AND PROMPT BY ASKING: Anyone else? CIRCLE ‘YES’ FOR ALL THAT APPLY, CIRCLE ‘NO’ TO THE REST.**

3. What did they say?

4. **ASK FOR EACH RECOMMENDATION LISTED IN QUESTION 2:** Were you told or advised to use a particular product, brand or company?

5. **ASK ONLY IF Q4 = YES:** If so, what was the recommended product or brand, and what company makes it?

<table>
<thead>
<tr>
<th></th>
<th>Answers (SPECIFY)</th>
<th>YES/NO/DON’T KNOW</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Representative of company</td>
<td>YES / NO</td>
<td>Does not answer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Can’t remember</td>
<td>YES / NO</td>
<td>Does not answer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td>YES / NO (SPECIFY)</td>
<td>Does not answer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other</td>
<td>YES / NO (SPECIFY)</td>
<td>Does not answer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Promotion

Next, I'd like to ask you about promotions or messages you may have seen or heard on what to feed your child. Promotion means marketing techniques to increase sales. These may include advertising, discounts, coupons, special sales, loss leaders, tie-in sales, giving samples, or any other activity to encourage the purchase of a product.

6. (During this pregnancy/since this baby was born) have you heard on the radio or seen on television, the internet, or social media, such as Facebook, a promotion or message for infant formula, follow-on formula or follow-up milk, growing-up milk, or other drinks or foods for infants aged under 6 months?

YES / NO / DON'T KNOW

IF NO OR DON'T KNOW, GO TO QUESTION 9. IF YES, CONTINUE.

<table>
<thead>
<tr>
<th>7. Where did you see or hear the promotion or message?</th>
<th>8. What particular product or brand was recommended, and what company makes it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO NOT READ EACH ANSWER JUST LISTEN AND PROMPT BY ASKING: Any other place? CIRCLE ‘YES’ to ALL THAT APPLY, CIRCLE ‘NO’ TO OTHERS.</strong></td>
<td><strong>LISTEN AND PROMPT BY ASKING: Any other product name? IF MORE THAN ONE PRODUCT PER SOURCE, RECORD ALL PRODUCTS MENTIONED.</strong></td>
</tr>
<tr>
<td>a. Radio</td>
<td>YES / NO</td>
</tr>
<tr>
<td>b. TV</td>
<td>YES / NO</td>
</tr>
<tr>
<td>c. Internet</td>
<td>YES / NO</td>
</tr>
<tr>
<td>d. Social Media</td>
<td>YES / NO</td>
</tr>
<tr>
<td>e. Can't remember</td>
<td>YES / NO</td>
</tr>
<tr>
<td>f. Other</td>
<td>YES / NO (IF OTHER, SPECIFY)</td>
</tr>
</tbody>
</table>

Form 1_India_Final-2016-06-21.docx  4
9. (During this pregnancy/since this baby was born) have you **read** about or **seen** a promotion or message for infant formula, follow-on formula or follow-up milk, growing-up milk, or other drinks or foods for infants aged under 6 months, anywhere besides on TV, radio, the Internet, or social media?

**YES / NO / DON’T KNOW**

**IF NO OR DON’T KNOW, GO TO INTRODUCTION TO QUESTION 12. IF YES, CONTINUE.**

<table>
<thead>
<tr>
<th>10. Where did you see the promotion or message?</th>
<th>11. What particular product or brand was recommended, and what company makes it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO NOT READ EACH ANSWER JUST LISTEN AND PROMPT BY ASKING: Any other place? CIRCLE ‘YES’ to ALL THAT APPLY, CIRCLE ‘NO’ TO OTHERS.</strong></td>
<td><strong>LISTEN AND PROMPT BY ASKING: Any other product name? If more than one product per source, record all products mentioned.</strong></td>
</tr>
<tr>
<td>a. Health facility <strong>YES / NO</strong></td>
<td>1. ____________________________</td>
</tr>
<tr>
<td>b. Magazine <strong>YES / NO</strong></td>
<td>2. ____________________________</td>
</tr>
<tr>
<td>c. Shop/pharmacy <strong>YES / NO</strong></td>
<td>3. ____________________________</td>
</tr>
<tr>
<td>d. Billboard <strong>YES / NO</strong></td>
<td>1. ____________________________</td>
</tr>
<tr>
<td>e. Can’t remember <strong>YES / NO</strong></td>
<td>2. ____________________________</td>
</tr>
<tr>
<td>f. Other <strong>YES / NO</strong> (SPECIFY)</td>
<td>3. ____________________________</td>
</tr>
</tbody>
</table>

**IF CAN’T REMEMBER, WRITE 99.**
11a. (During this pregnancy/since this baby was born) have you been contacted by phone, email, or text message by someone offering to give you or sell you infant formula, follow-on formula or follow-up milk, growing-up milk, other drinks or foods for infants aged under 6 months?

YES / NO / DON'T KNOW

IF “NO” OR “DON'T KNOW”, GO TO QUESTION 11c.

11b. What particular product or brand was recommended, and what company makes it?

LISTEN AND PROMPT BY ASKING: Any other product name? IF MORE THAN ONE PRODUCT, RECORD ALL PRODUCTS MENTIONED. IF CAN’T REMEMBER, WRITE 99.

1. __________________________
2. __________________________
3. __________________________

11c. (During this pregnancy/since this baby was born) has anyone ever come to your home to offer or sell you infant formula or any other drink or food for infants aged under 6 months?

YES / NO / DON'T KNOW

IF “NO” OR “DON'T KNOW”, GO TO QUESTION 11e.

11d. What particular product or brand was recommended, and what company makes it?

LISTEN AND PROMPT BY ASKING: Any other product name? IF MORE THAN ONE PRODUCT, RECORD ALL PRODUCTS MENTIONED. IF CAN’T REMEMBER, WRITE 99.

1. __________________________
2. __________________________
3. __________________________

11e. (During this pregnancy/since this baby was born) has anyone ever offered or sold you infant formula or any other drink or food for infants aged under 6 months in a public place? By public place, we means places such as traditional markets, meetings that take place at local village government offices, mosques, or churches; “share” meetings, and public parks or other open spaces.

YES / NO / DON'T KNOW

IF “NO” OR “DON'T KNOW”, GO TO QUESTION 12.

11f. What particular product or brand was recommended, and what company makes it?

LISTEN AND PROMPT BY ASKING: Any other product name? IF MORE THAN ONE PRODUCT, RECORD ALL PRODUCTS MENTIONED. IF CAN’T REMEMBER, WRITE 99.

1. __________________________
2. __________________________
3. __________________________
Samples

Next, I’d like to ask you about any samples you may have received for your infant. By sample, I mean single or small quantities of a product provided without cost.

12. (During this pregnancy/since this baby was born) have you ever received free samples of infant formula, follow-on formula or follow-up milk, growing-up milk, or other drinks or foods for infants aged under 6 months, from someone other than a family member or a friend?? This could be in a hospital or clinic, or a shop or at home.

YES / NO / DON’T KNOW

IF NO OR DON’T KNOW, GO TO QUESTION 17. IF YES, CONTINUE.

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<tr>
<td>13. Who provided you with the samples?</td>
<td>14. Can you please tell me exactly where you were given the sample(s)?</td>
<td>15. What was it a sample of? USE CODES AT BOTTOM OF TABLE. RECORD ALL THAT ARE MENTIONED. DO NOT READ EACH ANSWER, JUST LISTEN AND PROMPT BY ASKING: Any other sample?</td>
<td>16. What particular product or brand was the sample, and what company makes it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Health professional</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES / NO</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Shop owner/ pharmacist</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES / NO</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<td>3.</td>
<td>3.</td>
<td>3.</td>
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<td></td>
</tr>
<tr>
<td>c. Representative of company</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YES / NO</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<td>3.</td>
<td>3.</td>
<td>3.</td>
<td></td>
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</tr>
<tr>
<td>d. Can’t remember</td>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
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<tr>
<td>YES / NO</td>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<td>3.</td>
<td>3.</td>
<td>3.</td>
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</tr>
<tr>
<td>Question</td>
<td>Details</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>13.</td>
<td>Who provided you with the samples?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14.</td>
<td>Can you please tell me exactly where you were given the sample(s)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>What was it a sample of? Use codes at bottom of table. Record all that are mentioned. Do not read each answer, just listen and prompt by asking: Any other sample?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>What particular product or brand was the sample, and what company makes it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODES FOR QUESTION 15:**
- a. Infant formula
- b. Follow-on formula or follow-up milk
- c. Growing-up milk
- d. Any other drink or food for infants aged under 6 months
- e. Can’t remember
- f. Other (Specify)

**Other (Specify):**

**Yes / No (Specify):**

---

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Gifts

17. Have you ever received a gift (during this pregnancy/since this baby was born) from someone other than a family member or a friend? This could be in a hospital or clinic, or a shop or at home.

YES / NO / DON'T KNOW

IF NO OR DON'T KNOW, GO TO QUESTION 22. IF YES, CONTINUE.

<table>
<thead>
<tr>
<th>18. Who gave it to you?</th>
<th>19. Can you please tell me exactly where you were given (if/then)?</th>
<th>20. What was it?</th>
<th>21. Which particular company (was/were) the gift(s) from?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO NOT READ EACH ANSWER, JUST LISTEN AND PROMPT BY ASKING: Any other way? CIRCLE 'YES' TO ALL THAT APPLY, CIRCLE 'NO' TO OTHERS.</td>
<td>USE CODES AT BOTTOM OF TABLE. RECORD ALL THAT ARE MENTIONED. DO NOT READ EACH ANSWER, JUST LISTEN AND PROMPT BY ASKING: Any other gift?</td>
<td>IF WOMAN HAS GIFT WITH HER, ASK IF YOU CAN SEE IT TO CONFIRM INFORMATION.</td>
<td></td>
</tr>
<tr>
<td>a. Health professional</td>
<td>1. ___________</td>
<td>1. ___________</td>
<td>1. ___________</td>
</tr>
<tr>
<td>YES / NO</td>
<td>2. ___________</td>
<td>2. ___________</td>
<td>2. ___________</td>
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<tr>
<td></td>
<td>3. ___________</td>
<td>3. ___________</td>
<td>3. ___________</td>
</tr>
<tr>
<td>b. Shop owner/ pharmacist</td>
<td>1. ___________</td>
<td>1. ___________</td>
<td>1. ___________</td>
</tr>
<tr>
<td>YES / NO</td>
<td>2. ___________</td>
<td>2. ___________</td>
<td>2. ___________</td>
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<tr>
<td></td>
<td>3. ___________</td>
<td>3. ___________</td>
<td>3. ___________</td>
</tr>
<tr>
<td>c. Representative of company</td>
<td>1. ___________</td>
<td>1. ___________</td>
<td>1. ___________</td>
</tr>
<tr>
<td>YES / NO</td>
<td>2. ___________</td>
<td>2. ___________</td>
<td>2. ___________</td>
</tr>
<tr>
<td></td>
<td>3. ___________</td>
<td>3. ___________</td>
<td>3. ___________</td>
</tr>
<tr>
<td>d. Can't remember</td>
<td>1. ___________</td>
<td>1. ___________</td>
<td>1. ___________</td>
</tr>
<tr>
<td>YES / NO</td>
<td>2. ___________</td>
<td>2. ___________</td>
<td>2. ___________</td>
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<tr>
<td></td>
<td>3. ___________</td>
<td>3. ___________</td>
<td>3. ___________</td>
</tr>
<tr>
<td>e. Other</td>
<td>1. ___________</td>
<td>1. ___________</td>
<td>1. ___________</td>
</tr>
<tr>
<td>YES / NO (SPECIFY)</td>
<td>2. ___________</td>
<td>2. ___________</td>
<td>2. ___________</td>
</tr>
<tr>
<td></td>
<td>3. ___________</td>
<td>3. ___________</td>
<td>3. ___________</td>
</tr>
</tbody>
</table>

CODES FOR QUESTION 20

a. Bib
b. Nappy
c. Toy
d. Can't remember
e. Other (SPECIFY)
Any Other Comments

22. Have you anything else that you would like to say?

Thank you very much for taking the time to talk with me. I really appreciate the information that you have given to me, and it will be very important for our research.
FORM 2: QUESTIONNAIRE FOR HEALTH PROFESSIONALS

<table>
<thead>
<tr>
<th>District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td></td>
</tr>
<tr>
<td>Facility Name</td>
<td></td>
</tr>
<tr>
<td>Facility ID</td>
<td></td>
</tr>
<tr>
<td>Data Collector ID</td>
<td></td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for agreeing to talk to me. I am interested in infant feeding and what happens here in this facility in relation to it. I will not take your name and will not repeat anything you say to anyone else. The information you provide will be anonymous and analyzed together with that provided by your colleagues from other health facilities. There will be a report but it will not be possible to identify you or where you work. The time you share with us and the information you provide is very valuable and will lead to improving child health.

*******

TYPE OF HEALTH PROFESSIONAL
(CIRCLE ONE WHICH APPLIES)

<table>
<thead>
<tr>
<th>Medical Doctor</th>
<th>Nurse</th>
<th>Midwife</th>
<th>Aaya/ward assistant in maternity ward</th>
<th>Other</th>
</tr>
</thead>
</table>

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Visits

First, I’d like to ask you about visits made by personnel from baby milk or foods companies.

1. Have any personnel from infant formula or baby food companies visited the facility **in the last 6 months**?
   - YES / NO / DON'T KNOW

   **IF NO OR DON'T KNOW, GO TO QUESTION 6. IF YES, CONTINUE.**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Which company/companies made the visit?</td>
<td>3. How many times did anyone from (COMPANY) visit in the last 6 months?</td>
<td>4. What was the purpose of (the visit/these visits)?</td>
<td>5. (Was the visit/were the visits) requested by staff at this health facility?</td>
<td></td>
</tr>
<tr>
<td>WRITE IN COMPANY NAME. PROBE FOR ADDITIONAL COMPANIES.</td>
<td>IF ANSWER IS: 'Don't know', WRITE 99.</td>
<td>DO NOT READ THE LIST. JUST LISTEN AND PROMPT BY ASKING: Any other reason? USE THE CODES BELOW.</td>
<td>(NOTE: SOME VISITS COULD BE REQUESTED; SOME MIGHT NOT HAVE BEEN REQUESTED. IF BOTH TYPES, DO NOT CIRCLE A CODE. INSTEAD, WRITE &quot;YES FOR SOME, NO FOR SOME.&quot;</td>
<td></td>
</tr>
<tr>
<td>1. __________</td>
<td>2. __________</td>
<td>3. __________</td>
<td>YES / NO / DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>1. __________</td>
<td>2. __________</td>
<td>3. __________</td>
<td>YES / NO / DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>1. __________</td>
<td>2. __________</td>
<td>3. __________</td>
<td>YES / NO / DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>1. __________</td>
<td>2. __________</td>
<td>3. __________</td>
<td>YES / NO / DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

**CODES for QUESTION 4:**
1. To seek direct contact with pregnant women or mothers
2. To seek contact information for pregnant mothers or women, e.g., names and addresses, telephone or mobile numbers, email addresses, etc.
3. To provide samples for pregnant women or mothers
4. To provide information for pregnant women or mothers
5. To give product information to health professionals
6. To give samples to health professionals
7. To give any gifts, other than information and samples, to health professionals
8. Other ('specify')
99. Don't know
**Gifts**

6. **In the last 6 months, have you personally received, **FOR YOUR OWN USE**, any gifts from personnel of an infant formula or baby food company? **Please do not include** infant formula, follow-on formula, growing-up milk, or any other drink or food for infants under 6 months of age, but only other types of gifts.

   YES / NO / DON'T KNOW

   IF NO OR DON'T KNOW, GO TO QUESTION 11. IF YES, CONTINUE.

<table>
<thead>
<tr>
<th>7. Which company gave you the (gift/gifts)? WRITE IN COMPANY NAME. PROBE FOR ADDITIONAL COMPANY NAMES.</th>
<th>8. How many times have you received gifts from (COMPANY) in the last 6 months? IF ANSWER IS: &quot;Don't know&quot;, WRITE 99.</th>
<th>9. What did you receive? DO NOT READ LIST JUST LISTEN AND PROMPT BY ASKING: Anything else? USE THE CODES BELOW.</th>
<th>10. FOR ITEMS a-e and i, ASK: Is it possible for me to see it? IF &quot;YES&quot; FOR ITEM, DOES IT CARRY A PRODUCT/BRAND NAME OF A FORMULA MILK, ANY OTHER DRINK OR FOOD FOR INFANT UNDER 6 MONTHS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>YES / NO / NOT AVAILABLE IF YES, RECORD:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Which company gave you the (gifts)? WRITE IN COMPANY NAME. PROBE FOR ADDITIONAL COMPANY NAMES.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How many times have you received gifts from (COMPANY) in the last 6 months? IF ANSWER IS: 'Don't know', WRITE 99.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. FOR ITEMS a-e and f, ASK: Is it possible for me to see it? IF &quot;YES&quot; FOR ITEM, DOES IT CARRY A PRODUCT/BRAND NAME OF A FORMULA MILK, ANY OTHER DRINK OR FOOD FOR INFANT UNDER 6 MONTHS?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________
2. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________
3. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________

1. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________
2. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________
3. ____________ YES / NO / NOT AVAILABLE IF YES; RECORD: ________________________________

a Pens/notepads  
b Other stationery  
c Bag/umbrella  
d Calendar/picture  
e Clothing  
f Money  
g Paid attendance at a general conference, meeting, seminar, educational course, contest, fellowship, research work or sponsorship  
h Other (SPECIFY)
Free or Reduced Cost Materials or Equipment

Next, I'd like to ask you if your facility has received free or reduced cost materials or equipment.

11. In the last 6 months, has this facility been given any free or reduced cost materials or equipment, other than samples of products, from an infant formula or baby food company?

   YES / NO / DON'T KNOW

   IF NO OR DON'T KNOW, GO TO QUESTION 16. IF YES, CONTINUE.

12. How many times has this facility received free or reduced cost materials or equipment in the last 6 months?

   ANSWERS / DON'T KNOW

   IF ANSWERS, WRITE IN ____________________________

<table>
<thead>
<tr>
<th>13. What (was/were) the item(s) received?</th>
<th>Which company gave it/them to you? (COMPANY)</th>
<th>14. Is it possible for me to see it/them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leaflets</td>
<td>1. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>2. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>3. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td>b. Posters/calendars</td>
<td>1. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>2. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>3. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td>c. Stationery</td>
<td>1. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>2. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>3. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td>d. Antenatal care equipment</td>
<td>1. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>2. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>3. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td>e. Furnishings</td>
<td>1. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>2. ____________</td>
<td>YES / NO</td>
</tr>
<tr>
<td></td>
<td>3. ____________</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

15. IF DATA COLLECTOR CAN SEE IT:

   Does it carry a product/brand name of a formula milk or any other drink or food for infants under 6 months?

   IF YES, SPECIFY PRODUCT OR BRAND NAME.
<table>
<thead>
<tr>
<th></th>
<th>13. What (was/were) the item(s) received?</th>
<th>14. Is it possible for me to see it/them? IF NO TO ALL, GO TO QUESTION 16.</th>
<th>15. IF DATA COLLECTOR CAN SEE IT: Does it carry a product/brand name of a formula milk or any other drink or food for infants under 6 months? IF YES, SPECIFY PRODUCT OR BRAND NAME.</th>
</tr>
</thead>
<tbody>
<tr>
<td>f.</td>
<td>Other medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES / NO</td>
<td>1. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
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<td></td>
<td></td>
<td>2. _______________ YES / NO</td>
<td>YES / NO _______________</td>
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<td></td>
<td></td>
<td>3. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td>g.</td>
<td>Growth charts</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES / NO</td>
<td>1. _______________ YES / NO</td>
<td>YES / NO _______________</td>
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<tr>
<td></td>
<td></td>
<td>2. _______________ YES / NO</td>
<td>YES / NO _______________</td>
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<tr>
<td></td>
<td></td>
<td>3. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td>h.</td>
<td>Can’t remember</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES / NO</td>
<td>1. _______________ YES / NO</td>
<td>YES / NO _______________</td>
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<td></td>
<td></td>
<td>2. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td>i.</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES / NO</td>
<td>1. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. _______________ YES / NO</td>
<td>YES / NO _______________</td>
</tr>
</tbody>
</table>

(IF OTHER, SPECIFY)
Samples

16. In the last 6 months, has this facility been given any free samples of:

- infant formula,
- follow-on formula or follow-up milk,
- growing-up milk for infants up to 24 months of age, or
- any other drink or food for infants under 6 months of age?

YES / NO / DON'T KNOW

IF NO OR DON'T KNOW, GO TO QUESTION 24. IF YES, CONTINUE.

17. How many times has the facility received samples in the last 6 months?

ANSWERS / DON'T KNOW / DON'T REMEMBER

IF ANSWERS, SPECIFY ____________________________

Now I'd like to ask you some specific questions about the samples you received in the last 6 months.

18. What was it a sample of?

<table>
<thead>
<tr>
<th>Question</th>
<th>Infant Formula</th>
<th>Follow-on Formula</th>
<th>Growing-up Milk</th>
<th>Any other</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a. Which company manufactured the samples?</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
</tr>
<tr>
<td>19. What did the company tell you the samples should be used for?</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
</tr>
<tr>
<td>20. For what age range was the product intended?</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>21. Is it possible for me to see them?</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
<tr>
<td>22. If yes to Q21: RECORD THE PRODUCT (OR BRAND). IF NONE SHOWN, WRITE &quot;NONE.&quot;</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
<td>1. ____________</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Code for Q19 Sample Use</th>
<th>Note to Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. What was it a sample of?</td>
<td>DO NOT READ LIST. JUST LISTEN AND PROMPT BY ASKING: Anything else?</td>
<td>1. Professional evaluation and research&lt;br&gt;2. To give to pregnant women/mothers&lt;br&gt;3. For personal use&lt;br&gt;4. Other (IF OTHER, SPECIFY)</td>
<td>NO QUESTION 23.</td>
</tr>
<tr>
<td>18a. Which company manufactured the samples?</td>
<td>YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. What did the company tell you the samples should be used for?</td>
<td>YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. For what age range was the product intended?</td>
<td>YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Is it possible for me to see (if them/one of them)?</td>
<td>YES / NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. IF YES TO Q21: RECORD THE PRODUCT (OR BRAND). IF NONE SHOWN, WRITE &quot;NONE.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODE for Q19 Sample Use**

1. Professional evaluation and research
2. To give to pregnant women/mothers
3. For personal use
4. Other (IF OTHER, SPECIFY)

**Note to Interviewer:** NO QUESTION 23.
Free or Reduced Cost Supplies

24. In the last 6 months, has this facility received any free or reduced cost supplies of infant formula, follow-on formula or follow-on milk, or growing-up milk?

YES / NO / DON'T KNOW

IF NO OR DON'T KNOW, GO TO QUESTION 29. IF YES, CONTINUE.

<table>
<thead>
<tr>
<th>25. What specific product or brand of milk was it?</th>
<th>26. Which company made the product or brand?</th>
<th>27. How many deliveries of this product or brand did the facility receive in the last 6 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ANSWERS, WRITE IN NAME. OTHERWISE, CODE 99.</td>
<td>IF ANSWERS, WRITE IN NAME. OTHERWISE, CODE 99.</td>
<td>IF ANSWERS, WRITE IN NUMBER. OTHERWISE, CODE 99.</td>
</tr>
</tbody>
</table>

NOTE TO INTERVIEWER: NO QUESTION 28.

Comments

29. Have you anything else that you would like to say? YES / NO

IF YES, WRITE IN __________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

THANK YOU VERY MUCH FOR YOUR TIME!
FORM 3: CHECKLIST FOR INFORMATION MATERIALS
IN HEALTH FACILITIES AND RETAIL FACILITIES

(FILL IN ONE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
</tr>
<tr>
<td>Facility Name</td>
</tr>
<tr>
<td>Facility ID</td>
</tr>
<tr>
<td>Retailer Name (If relevant)</td>
</tr>
<tr>
<td>Retailer ID (If relevant)</td>
</tr>
<tr>
<td>Data Collector ID</td>
</tr>
<tr>
<td>Product ID</td>
</tr>
<tr>
<td>Company ID</td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
</tr>
</tbody>
</table>

NOTE: THIS FORM IS TO BE COMPLETED ONLY FOR MATERIALS THAT CONTAIN THE NAME OF A MANUFACTURER OF A BREASTMILK SUBSTITUTE PRODUCT, THAT IS, INFANT FORMULA, FOLLOW-ON FORMULA, GROWING-UP MILK, COMPLEMENTARY FOODS INTENDED FOR INFANTS UP TO 6 MONTHS.

********

ITEM

a. This item is from (PLEASE CIRCLE ONE):

HEALTH FACILITY / RETAILER

1. What is the material? CIRCLE ‘YES’ to ONE, ‘NO’ to others.

<table>
<thead>
<tr>
<th>Written or Visual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Leaflet</td>
<td>YES / NO W / V</td>
</tr>
<tr>
<td>b. Chart</td>
<td>YES / NO W / V</td>
</tr>
<tr>
<td>c. Booklet</td>
<td>YES / NO W / V</td>
</tr>
<tr>
<td>d. Video/DVD</td>
<td>YES / NO W / V</td>
</tr>
<tr>
<td>e. Other</td>
<td>YES / NO W / V</td>
</tr>
</tbody>
</table>

IF OTHER SPECIFY: ________________________________
2. Who appears to be the target audience? **CIRCLE ALL THAT APPLY.**
   a. Public YES / NO
   b. Health workers YES / NO
   c. Unclear YES / NO

3. Is the name of the company shown? YES / NO
   **IF YES, SPECIFY COMPANY NAME:**

**PRODUCT**

4. Is/Are the product type/s shown? YES / NO
   **IF YES, SPECIFY PRODUCT NAMES (OR BRANDS, IF PRODUCT NAMES ARE NOT SHOWN)**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PRODUCT (OR BRAND)</th>
<th>COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant formula</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Follow-on formula or follow-up milk</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Growing-up milk</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Any other food or drink for infants aged under 6 months</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>Other (SPECIFY)</td>
<td>YES / NO</td>
<td></td>
</tr>
</tbody>
</table>

**********
INFORMATION

NOTE:
[** HW only q**] – means question applies only to information materials intended for health workers;
[** IF/FOF/GUM only q**] – means question applies only to materials containing information about infant formula, follow-on/follow-up formula, or growing-up milk.

Is the following included?

5. Information on benefits and superiority of breastfeeding
   YES / NO

6. Information on negative effect of partial bottle feeding on breastfeeding
   YES / NO

7. Information on difficulty of reversing the decision not to breastfeed
   YES / NO

8. Information on
   a. maternal nutrition
   b. preparation for, and the continuance of, breastfeeding
     YES / NO

9. Stated age for introduction of product
   YES / NO

10. Gives impression that bottle feeding is equivalent or superior to breastfeeding
    YES / NO

11. [** IF/FOF/GUM only q**] Information on the date of printing and publication of material
    YES / NO

12. [** IF/FOF/GUM only q**] Information on the name of the printer and publisher
    YES / NO

13. Information that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately.
    YES / NO

14. [** HW only q**] Only scientific and factual information
    YES / NO

15. Pictures or text which idealise the use of breastmilk substitutes
    IF, YES: DESCRIBE ANY PICTURES, ESPECIALLY WHETHER THEY SHOW A MOTHER AND/OR BABY, OR WHETHER THEY SHOW ANIMALS, DOLLS, OR OTHER FIGURES:

16. [**IF/FOF/GUM only q**] Information about proper use of formula or bottle feeding
    YES / NO

17. [**IF/FOF/GUM only q**] Social and financial implications of bottle feeding
    YES / NO

18. [**IF/FOF/GUM only q**] Hazards of bottle feeding (food and feeding methods)
    YES / NO

19. Is all the information described above easy to see and easy to read?
    YES / NO

IF NO, SPECIFY WHICH ASPECT IS NOT EASY TO SEE OR READ BY WRITING THE QUESTION NUMBER REFERRING TO THE ASPECT.

20. Has a copy been collected?
    YES / NO

20a. Were the materials requested by the Government or are they within Government guidelines?
    YES / NO
*****END OF QUESTIONS TO BE ANSWERED BY DATA COLLECTORS*****

COORDINATOR TO CHECK THAT MATERIALS WERE REQUESTED BY THE GOVERNMENT FROM THE COMPANY IN WRITING OR ARE WITHIN GUIDELINES GIVEN BY GOVERNMENTS FOR THIS PURPOSE.
**FORM 4: CHECKLIST FOR RETAIL OUTLETS**

<table>
<thead>
<tr>
<th>District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td></td>
</tr>
<tr>
<td>Health Facility Name</td>
<td></td>
</tr>
<tr>
<td>Health Facility ID</td>
<td></td>
</tr>
<tr>
<td>Outlet Name</td>
<td></td>
</tr>
<tr>
<td>Product ID</td>
<td></td>
</tr>
<tr>
<td>Company ID</td>
<td></td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

**SELECT TYPE OF OUTLET:**

- P - HOSPITAL/HEALTH FACILITY PHARMACY
- M - MEDICAL STORE
- G - GENERAL STORE
- B - BMS SPECIALTY STORE
- S - SUPERMARKET
- C - CHAIN STORE (LIKE BIG BAZAR, HAIKO, D-MART)
- PC - PHARMACY CHAIN (LIKE WELLNES FOREVER, NOBLE PHARMACY, APOLLO PHARMACY)
- O - OTHER (SPECIFY) __________

1. Are there any leaflets about infant formula, follow-on formula or follow-up milk, growing-up milk, or any other drink or food for infants aged under 6 months?
   
   **YES / NO**
   
   **IF NO, GO TO QUESTION 3. IF YES, CONTINUE.**

2. How many different types of leaflets are there?
   
   **WRITE NUMBER ____________________________**
   
   **FOR EACH TYPE OF LEAFLET COMPLETE FORM 3**

3. Are there any point-of-sale promotions?
   
   **YES / NO**
   
   **IF NO, GO TO QUESTION 6. IF YES, CONTINUE.**
4. How many different promotions are there?

WRITE NUMBER ________________________________

5. Which PRODUCT (OR BRAND) AND COMPANY is it for?

<table>
<thead>
<tr>
<th>PRODUCT (OR BRAND)</th>
<th>COMPANY</th>
<th>TYPE (ENTER ALL THAT APPLY)</th>
<th>Take Picture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

CODES FOR QUESTION 5, TYPE OF PROMOTION
a  Shelf tag/talker
b  Poster
c  Display unit
d  Discount
e  Coupons
f  Gifts
g  Live sales representative
h  Other (SPECIFY)
6. Has a copy been collected or a picture been taken?

YES / NO
FORM 5: CHECKLIST FOR LABELS AND INSERTS
(To be filled in by Country Coordinator; ONE FOR EACH ITEM)

<table>
<thead>
<tr>
<th>District</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td></td>
</tr>
<tr>
<td>Outlet Name</td>
<td></td>
</tr>
<tr>
<td>Product ID</td>
<td></td>
</tr>
<tr>
<td>Company ID</td>
<td></td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

SELECT TYPE BEING ANALYZED:

L – LABEL
I – INSERT

NOTE: FOR PRODUCTS THAT HAVE BOTH A LABEL AND AN INSERT, TWO SEPARATE FORM 5s MUST BE COMPLETED.

Product

1. What product type is the label on? CIRCLE ‘YES’ to ONE ONLY, ‘NO’ to others.
   a. Infant formula  YES / NO
   b. Follow-on formula or follow-up milk  YES / NO
   c. Growing-up milk  YES / NO
   d. Any other food or drink for infants aged under 6 months  YES / NO
   e. Other  YES / NO
   SPECIFY

2. What package type is it? CIRCLE ‘YES’ to ONE ONLY, ‘NO’ to others.
   a. Tin  YES / NO
   b. Packet/sachet  YES / NO
   c. Carton  YES / NO
   d. Other  YES / NO
   IF OTHER, WRITE IN
3. Is the brand shown? (it might be a generic label)  
   YES / NO
   
   IF YES, WRITE IN ____________________________

4. Is the company shown? (it might be a generic label)  
   YES / NO
   
   IF YES, WRITE IN ____________________________

NOTE:

IF/FOF/GUM – means question applies only to labels and inserts for infant formula, follow-on formula or follow-up milk, and growing-up milk;

IF/FOF/GUM/AOOFD – means question applies only to labels and inserts for infant formula, follow-on formula or follow-up milk, and growing-up milk and any other foods or drinks for infants under 6 months of age;

ALL – means question applies to labels and inserts of all products within the scope of the Code and local regulations.

Information

5. IF/FOF/GUM  The words ‘Important Notice’ or their equivalent included  
   YES / NO

6. IF/FOF/GUM  Statement that the product should only be used on the advice of a health worker as to the need for its use and the proper method for its use included  
   YES / NO

7. IF/FOF/GUM
   7a. Instructions for the appropriate preparation included  
   YES / NO
   7b. A warning against the hazards of inappropriate preparation are included  
   YES / NO

8. ALL  Stated age for introduction of product included  
   WRITE IN AGE ____________________________

9. ALL  Stated “MOTHER’S MILK IS BEST FOR YOUR BABY” in capital letters  
   YES / NO

10. IF/FOF/GUM/AOOFD
    10a. Pictures of an infant or a woman or both  
    YES / NO
    10b. Pictures or other graphic material designed to increase the saleability of infant milk substitutes or infant food  
    YES / NO
    10c. Text or phrases designed to increase the saleability of infant milk substitutes or infant food  
    YES / NO

   IF YES: DESCRIBE ANY PICTURES, ESPECIALLY WHETHER THEY SHOW
   a. A MOTHER AND/OR BABY
   b. ANIMALS, DOLLS, OR OTHER FIGURES

   IF OTHER FIGURES, PLEASE SPECIFY: ____________________________

---

Form 5-India-Final-2016-06-21.docx  
2
11. IF/FOF/GUM Use of terms “humanised” or “maternalised” included  YES / NO
12. ALL Inserts included with the item  YES / NO

IF YES, FILL IN A SEPARATE FORM 5 FOR THE INSERT.

13. AOFD (*special) If product is not an infant formula but can be modified, a warning that the unmodified product should not be the sole source of nourishment for the infant included  YES / NO
14. IF/FOF/GUM/AOFD Ingredients used included  YES / NO
15. IF/FOF/GUM/AOFD Composition/analysis of the product included  YES / NO
16. IF/FOF/GUM/AOFD Storage conditions required included  YES / NO
17. IF/FOF/GUM/AOFD Batch number included  YES / NO
17a. date of its manufacture included  YES / NO
17b. date before which it is to be consumed  YES/NO
18. IF/FOF/GUM/AOFD Is all the information described above easy to see and easy to read?  YES / NO

IF YES, GO TO 19. IF NO, WRITE QUESTION NUMBER 5-17 OF ASPECT WHICH IS NOT EASY TO SEE OR READ  

19. ALL Has a copy (of the label/insert) been collected?  YES / NO
20. IF/FOF/GUM Label on infant formula written in an appropriate language?  YES / NO
21. GUM (*special) Is product marketed as a formula or as a complementary food?
   FORMULA / COMP FOOD / BOTH / NOT CLEAR

Form 5 COMMENTS


NOTE on “appropriate” language as referred to in question 19 on Form 5

It is of great importance that the information contained on the labels of infant formula be understood by those using the products, as otherwise there can be potentially serious, even deadly, consequences for the children. Thus, the information must be in language(s) appropriate for the given setting.

As the Code does not specify what an “appropriate” language is, it is best to follow the national measures on this matter, if such are in place and specify the relevant language(s).
In the absence of these measures, we propose that the countries define the "appropriate" language using objective criteria. The most commonly read languages (we suggest aiming to cover at least 80% of the population) ought to be included on the label. Determining which written languages are understood in a given setting, and thus ought to be on the labels, could be done by consulting the appropriate bodies (Ministry of Home Affairs, Education, Culture, etc.) or by testing mothers' ability to read pieces of relevant written text.

Note that companies have managed to get three or four languages on the labels in some countries. Under-lid leaflets with more languages have been used in some countries, which could permit additional languages, although there may be concerns about the leaflet getting separated from the container.

Form 5 is to be completed by the Coordinator and the Assistant Coordinator, and thus they must be very clear on this issue.
FORM 6: CHECKLIST FOR ADVERTISEMENTS
(To be filled in by Country Coordinator; ONE FOR EACH ADVERT)

<table>
<thead>
<tr>
<th>Company ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Product ID</td>
<td></td>
</tr>
<tr>
<td>Date of assessment (dd/mm/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

1. Type of advertisement. CIRCLE ‘YES’ to ONE; CIRCLE ‘NO’ in others.
   a. TV YES / NO
   b. Newspaper YES / NO
   c. Printed magazine for pregnant women or parenting YES / NO
   d. Internet sites not owned by the company (e.g. online magazines or online retailers) YES / NO
   e. New media company sites (Company or brand website, or company Facebook, Twitter or YouTube sites/feeds) YES / NO
   f. Other YES / NO

   IF OTHER, WRITE IN

3. If printed publication name, date and page number

   IF NOT, GO TO QUESTION 4.

4. If TV channel date and time

   IF NOT, GO TO QUESTION 4b.

5. If non-company website date and time accessed

6. If company's own website or Facebook, Twitter or YouTube feed ETC

   IF NOT, GO TO QUESTION 5.

7. Name of company included. YES / NO

   WRITE IN

8. Name of product (or brand) included YES / NO

   WRITE IN
9. Type of product included.

(CIRCLE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant formula</td>
<td></td>
</tr>
<tr>
<td>Follow-on formula or follow-up milk</td>
<td></td>
</tr>
<tr>
<td>Growing-up milk</td>
<td></td>
</tr>
</tbody>
</table>

IF “YES”, Marketed as formula or as complementary food?

<table>
<thead>
<tr>
<th>Formula</th>
<th>Comp Food</th>
<th>Both</th>
<th>Not Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Any other drink or food (for infants under 6 months of age)  Yes / No

10. Photo taken/copy collected/video/screen shot/weblink recorded?  Yes / No
Appendix H

List of BMS Products
### Appendix H

**List of BMS Products**

**Table H-1. List of 44 BMS products**

<table>
<thead>
<tr>
<th>Company name</th>
<th>Brand name</th>
<th>Age indication</th>
<th>Label</th>
<th>Insert</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Abbott</td>
<td>Similac Advance 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2 Abbott</td>
<td>Similac Advance 2</td>
<td>From 6-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3 Abbott</td>
<td>Similac Advance 3</td>
<td>From 12-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4 Abbott</td>
<td>Similac 1</td>
<td>From 12-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>5 Abbott</td>
<td>Similac 2</td>
<td>From 6-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>6 Abbott</td>
<td>Similac Isomil</td>
<td>Up to 24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>7 Abbott</td>
<td>Similac Neosure</td>
<td>From birth to 12 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>8 Danone</td>
<td>Dexolac 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>9 Danone</td>
<td>Dexolac 2</td>
<td>After 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>10 Danone</td>
<td>Dexolac 3</td>
<td>After 12 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>11 Danone</td>
<td>Dexolac Premium 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>12 Danone</td>
<td>Dexolac Premium 2</td>
<td>After 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>13 Danone</td>
<td>Dexolac Premium 3</td>
<td>12-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>14 Danone</td>
<td>Dexolac Special Care</td>
<td>Premature baby (born before 37 weeks)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>low birth weight (&lt;2.5 kg)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>15 Danone</td>
<td>Nusobee Soya</td>
<td>Up to 24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>16 Danone</td>
<td>Farex 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>17 Danone</td>
<td>Farex 2</td>
<td>After 6 months &amp; up to 12 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>18 Danone</td>
<td>Farex 3</td>
<td>12-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>19 Danone</td>
<td>Farex</td>
<td>Low birth weight babies born before</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Danone</td>
<td>Nusobee Casein 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>21 Hain Celestial</td>
<td>Ella's Kitchen Carrot</td>
<td>From 4 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Multigrain Baby Rice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Heinz</td>
<td>Farley's Rusks</td>
<td>4 + months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>23 Heinz</td>
<td>Apple And Mango</td>
<td>From 4 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>24 Mead Johnson</td>
<td>Enfamil A+ (Stage 1)</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>25 Mead Johnson</td>
<td>Enfamil A+ (Stage 1)</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>26 Mead Johnson</td>
<td>Enfamil A+ (Stage 2)</td>
<td>6 months onward</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>27 Mead Johnson</td>
<td>Enfamil A+ (Stage 3)</td>
<td>12-24 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>28 Mead Johnson</td>
<td>Enfagrow 2</td>
<td>9-18 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>29 Nestle</td>
<td>Lactogen 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>30 Nestle</td>
<td>Lactogen 2</td>
<td>After 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>31 Nestle</td>
<td>Lactogen 3</td>
<td>After 12 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>32 Nestle</td>
<td>Lactogen 4</td>
<td>After 18 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>33 Nestle</td>
<td>Nan Pro 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>34 Nestle</td>
<td>Nan Pro 2</td>
<td>After 6 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>35 Nestle</td>
<td>Nan Pro 3</td>
<td>After 12 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>36 Nestle</td>
<td>Nan Pro 4</td>
<td>After 18 months</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>37 Nestle</td>
<td>Sma 1</td>
<td>From birth</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>38 Nestle</td>
<td>Sma 2</td>
<td>6 + months</td>
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<td>39 Nestle</td>
<td>Nestogen 1</td>
<td>Up to 6 months</td>
<td></td>
<td>Yes</td>
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<tr>
<td>40 Raptakos Brett</td>
<td>Lactodex 1</td>
<td>0-6 months</td>
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<td>Yes</td>
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Table H-1. List of 44 BMS products (continued)

<table>
<thead>
<tr>
<th>Company name</th>
<th>Brand name</th>
<th>Age indication</th>
<th>Label</th>
<th>Insert</th>
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<tr>
<td>41 Raptakos Brett</td>
<td>Lactodex 2</td>
<td>After 6 months</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>42 Raptakos Brett</td>
<td>Dexolac</td>
<td>Premature baby(born before 37 weeks/low birth weight)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>43 Raptakos Brett</td>
<td>Zerolac</td>
<td>Lactose and sucrose free infant milk substitute</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>44 Amul</td>
<td>Amulspray</td>
<td>Infant formula</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>
Appendix I

Study Timeline
## Appendix I

### Study Timeline

<table>
<thead>
<tr>
<th>Time in weeks</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
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<td>21</td>
<td></td>
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</tr>
</tbody>
</table>

1. Sign Contract with ATNF
2. Sign Contract with CMS
3. Compile BMS Product List
4. Request Letter of Support
5. Follow up of Support letter
6. Compare International Code to the IMS Act
7. Submit Westat IRB Package
8. Obtain Westat IRB Approval
9. Prepare CMS IRB Submission and Translate Forms
10. Submit CMS IRB Package
11. Obtain CMS IRB Approval
12. Collate List of health care facilities
13. Develop Sampling Frame
14. Finalize Logistics of Mumbai training
15. Print Forms and Training Materials
16. Train Researchers in Mumbai
17. Collect Data
18. Media Monitoring
19. Enter Data
20. Clean Data
21. Analyze Data and Write report

Legend:
- **CMS**
- **Westat**
- **ATNF + Westat + CMS**
- **Media Tracking**
Appendix J

Training Agenda
## Training Agenda for Mumbai, India, July 4 – 8, 2016

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>PRESENTER</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1- Monday July 4, 2016</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.30-10.00</td>
<td>REGISTRATION</td>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>10:00-10:15</td>
<td>Welcome &amp; Introduction</td>
<td>Pens, pencils, notebooks</td>
<td></td>
</tr>
<tr>
<td>10.15-10.20</td>
<td>Training Objectives and Agenda</td>
<td>Training agenda</td>
<td></td>
</tr>
</tbody>
</table>
| 10:20-10:40   | • About ATNF and ATNI  
• The Code – why promote and protect breastfeeding?  
• International Code, subsequent WHA Resolutions | Handout 1: Benefits of Breastfeeding           |                                                |
<p>| 10:40-11:00   | <strong>TEA/COFFEE</strong>                                                           |                                                |                                                |
| 11.00-11.15   | Objectives, definitions and methodology of the research                  | Handout 2: Interview procedures                |                                                |
| 11:15-11:30   | IMS Act                                                                  |                                                |                                                |
| 11:30-11.40   | Introduction to Forms 1, 2, 3 &amp; 4                                         |                                                |                                                |
| 11.40:13.00   | Introduction to PRODUCT LIST                                             | Product List                                   | Examples of information materials              |
| 13.00-14.00   | <strong>LUNCH</strong>                                                                |                                                |                                                |
| 14.00:15.30   | Completing Form 3                                                        | Form 3 &amp; 4                                     |                                                |
| 15:30-15:50   | <strong>TEA/COFFEE</strong>                                                           |                                                |                                                |
| 15:50-17:30   | Completing Form 4                                                        |                                                | List of stores – Big Bazar, Haiko, Wellness Forever, Apollo, Noble etc. |
| 17:30-18:00   | Feedback on Day 1 session                                                |                                                |                                                |
| <strong>DAY 2-Tuesday July 5, 2016</strong> |                                                                        |                                                |                                                |
| 9.30-10.00    |                                                                        | Attendance                                     |                                                |
| 10:00-10:15   | Review of last day                                                       |                                                |                                                |
| 10:15-10:30   | Discussion on sample: universe, selection, selected facilities.          | Form D: Forms Completed Facility List          |                                                |
| 10.30-10:40   | <strong>TEA/COFFEE</strong>                                                           |                                                |                                                |
| 10:40-11.00   | Basic principles of interviewing (Ethics training)                        |                                                |                                                |
| 11.00-11.20   | Sampling women for interviews                                            |                                                |                                                |
| 11.20-13.00   | FORM 1                                                                   | Form 1                                         |                                                |
| 13.00-14.00   | <strong>LUNCH</strong>                                                                |                                                |                                                |
| 14:00-15.30   | FORM 1                                                                   |                                                |                                                |
| 15:30-15:50   | <strong>TEA/COFFEE</strong>                                                           |                                                |                                                |
| 15:50-17.30   | Interaction, Mock, Role play                                             | Questions &amp; situations, Role plays            |                                                |
| 17:30-18:00   | Feedback on Day 2 session                                                |                                                |                                                |</p>
<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>PRESENTER</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>DAY 3-Wednesday July 6, 2016</strong></td>
<td></td>
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<tr>
<td>9.30-10.00</td>
<td>Attendance</td>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>10:00-10:15</td>
<td>Review of last day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15-10:30</td>
<td>Sampling health workers for interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.30-10.40</td>
<td><strong>TEA/COFFEE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.40-11.30</td>
<td>FORM 2</td>
<td>FORM 2</td>
<td></td>
</tr>
<tr>
<td>11.30-13.00</td>
<td>FORM 2 Interaction, Mock, Role play</td>
<td></td>
<td>Questions &amp; situations, Role plays</td>
</tr>
<tr>
<td>13.00-14.00</td>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00-15.30</td>
<td>PRE TEST Preparation</td>
<td></td>
<td>Form 1 (40), 2 (8), 3 (2), Form 4(6), Product list, Facility List /ID, Letters, Form D- Forms completed</td>
</tr>
<tr>
<td>15:30-15:50</td>
<td><strong>TEA/COFFEE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.50-17.00</td>
<td>Revision of Form 3 &amp; 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:00-18:00</td>
<td><strong>DISTRIBUTION OF WORK</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>DAY 4-Thursday July 7, 2016</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.00</td>
<td>Meeting at LOCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.00-18.00</td>
<td>Rapid sharing of experience over tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DAY 5-Wednesday July 6, 2016</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.30-10.00</td>
<td>Feedback on field test Clarifications, possible amendments in forms resulting from the Field Test</td>
<td>Attendance</td>
<td></td>
</tr>
<tr>
<td>10:00-10:30</td>
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</tr>
<tr>
<td>10.30-10.50</td>
<td><strong>TEA/COFFEE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.50-11.00</td>
<td>Final review of Forms &amp; clarifications on the field testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.30-13.00</td>
<td>Sharing review of forms with Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.00-14.00</td>
<td><strong>LUNCH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14:00-15.30</td>
<td>Final arrangements Allocation to teams &amp; localities with Field schedule and Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.00-16.00</td>
<td>CMS/ATNF/WESTAT Meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K

Study Definitions
Appendix K
Study Definitions

**General Definitions**

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

**Complementary Foods.** Any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant (WHO, 1981; WHO 2008b).

**Follow-on Formula or Follow-up Milk.** A fortified milk intended for use as a liquid part of the transition diet for the infant from 6 months to 12 months of age. (Codex Standard for Follow-Up Formula, CODEX STAN 156-1987 adopted by the Codex Alimentarius Commission at its 17th Session in 1987.) [For the purposes of ATNF’s project, follow-up formula includes formula for special medical purposes labelled as being for the infant from 6 months to 12 months of age.]

**Growing Up Milk.** A fortified milk marketed for children over one year of age and intended for use from 12-36 months (Przyrembel H., Agostoni C., 2013). [For the purposes of ATNF’s project, growing up milks up to the age of 24 months of age are included; this includes formula for special medical purposes labelled as being for a child of 12 to 24.

**Infant.** A child up to the age of 2 years (IMS ACT 2003).

**Infants of 6 months (Guidance for Breastfeeding and Introduction of Complementary Foods and Drinks).** The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, typically covers the period from 6 to 18-24 months of age. ([http://www.who.int/nutrition/topics/complementary_feeding/en/](http://www.who.int/nutrition/topics/complementary_feeding/en/))

**Infant Formula.** Infant formula is a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of
infants between four and six months of age, and adapted to their physiological characteristics (WHO, 1981). A subsequent WHA resolution (54.2, 2001) superseded the Code definition by stating that breastfeeding should be exclusive until infants are six months of age. This is the definition used by ATNF.

Types of infant formulas include: soy formulas; lactose-free formulas; low-birth-weight formulas; premature formulas, and; other “special” formulas, i.e., those formulated for infants with specific medical conditions (IGBM training slides).

**Item.** An individual article or unit, especially one that is part of a list, collection, or set.

**Other Milk Products.** Dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya milks, evaporated or condensed milk, fermented milk or yogurt.

**Advertisement.** “Advertisement” includes any notice, circular, label, wrapper or any other document or visible representation or announcement made by means of any light, sound, smoke or gas or by means of electronic transmission or by audio or visual transmission.

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

**Form 1**

**Due Date.** The estimated calendar date when a baby is due to be born. ([http://bit.ly/1KcN179](http://bit.ly/1KcN179))

**Personally.** For the purposes of the ATNF project, this is intended to mean that a communication was made directly to a woman, as opposed to via an advert or indirect means. Someone acting in a professional capacity (e.g., a health worker, pharmacist, company representative) vs someone who is a professional but acting as a personal partner/relative/friend. For the purposes of ATNF’s project, if the person is acting in their professional capacity (e.g., the relative is also the woman's doctor), then code the ‘health professional’ category. But, if the woman's aunt is a doctor, but not the woman's doctor, code her as a relative.
**Representative of Company.** Individual authorized to act on behalf of another in this case any corporation which manufactures or markets (either directly or through an agent) breastmilk substitutes. ([http://www.businessdictionary.com/definition/representative.html](http://www.businessdictionary.com/definition/representative.html))

**Brand.** The name given to a particular company’s proprietary product (IGBM, 2007). 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.** For the purposes of ATNF’s project, any corporation that manufactures or markets (either directly or through an agent) breastmilk substitutes (IGBM Protocol).

**Product.** For the purposes of ATNF’s project, a product manufactured by a company which is within the scope of this project. These include six possible types of products: infant formula, follow-on formula, growing up milk, special formula, complementary food or drink, bottle, teat or pacifier (IGBM Protocol adapted to ATNF’s scope).

**Product Brand.** The name given to a particular product, defined above (IGBM Protocol, adapted to ATNF’s scope).

**Company Brand.** The name given to a particular company (defined above) (ATNF definition).

**Promotion.** Marketing techniques to increase sales (advertising, sampling, or any other activity to encourage or induce the purchase of a product) (ARCH project/IBFAN, 2007).

**Sample.** Single or small quantities of a product (within the scope of the project) provided without cost (IGBM Protocol, adapted to ATNF’s scope).

**Gift.** An item or material benefit given voluntarily by a company to another party for personal use (IGBM Protocol).

**Form 2**

**Aaya.** A person who helps nursing staff in hospitals and other health care establishments with non-medical duties including housekeeping, transportation, patient and office support.
Direct Contact vs. Providing Samples vs. Providing Information. A visit could include all three, i.e., if the representative talks to women directly, gives them samples, and gives them a brochure or other information. However, a visit could also simply include one of these activities, e.g., if the representative drops off samples to be given to the women, but does not speak to the women directly.

Free or Discounted Materials or Equipment. The Code says the following in terms of health care facilities re. material provided by a manufacturer or distributor, other than that specified in Art. 4.3.

Examples are as follows, but this list is not exhaustive:

Materials

- Leaflets
- Posters/calendars
- Stationery
- Books or booklets
- Educational charts
- Cards to track baby’s health, diaries, growth charts
- Baby albums
- Other

Equipment

- Antenatal care equipment
- Growth calculators
- Binders, boxes, holders
- Wrist bands, measuring tapes, spatulas
- Plates/spoons/cups
- Swabs
- Furnishings
- Videos/CDs/DVDs
- Other medical equipment

Bottle. For the purposes of the ATNF project, this is a plastic feeding or nursing bottle with a flexible teat or nipple (ATNF definition).
**Low-cost Supplies.** Low-cost supplies are “quantities of a product provided for use over an extended period, free or at low price, for social purposes, including those provided to families in need” (IGBM Protocol).

**Sample and Free Sample.** Single or small quantities of a product (within the scope of The Code) provided without cost (The Code).

**Supply and Free Supply.** Supplies are quantities of a product provided for use over an extended period, free or at low price, for social purposes, including those provided to families in need (IGBM Protocol).

**Delivery/ies.** Something that is delivered, i.e., to carry (goods, etc.) to a destination, especially to carry and distribute (goods, mail, etc.) to several places.

(http://www.collinsdictionary.com/dictionary/english/delivered)

**Form 3**

**Written.** To describe or record (ideas, experiences, etc.) in writing.

(http://www.collinsdictionary.com/dictionary/english/written)

**Visual.** Of, relating to, done by, or used in seeing.

(http://www.collinsdictionary.com/dictionary/english/visual)

**Public.** For the purposes of the ATNF project, everyone other than specific groups, such as health workers (ATNF definition).

**Target Audience.** Particular group of people, identified as the intended recipient of an advertisement or message. Also called target population.

(http://www.businessdictionary.com/definition/target-audience.html)

**Implication.** Something that is implied; suggestion.

(http://www.collinsdictionary.com/dictionary/english/implication)
**Idealise.** To consider or represent (something) as ideal.  
(http://www.collinsdictionary.com/dictionary/english/idealise)

For the purposes of the ATNF project, this relates to photographs, drawings, cartoons or other types of pictures of a human mother, caregiver and/or baby, or wording, that implies that feeding an infant or child with any type of formula is equivalent to or better than breastfeeding, on labels, packaging, materials or other information.

Practical examples of idealising:

- Babies (with or without bottles) in fantasy situations as they may suggest formula-fed babies are in some way “ahead” of breastfed babies.
- Babies with slogans over or adjacent to the pictures should not be used in such a way as to imply that the product is better than breast milk.
- Baby models for such pictures should be no younger than six months old.
- A picture of a woman breastfeeding and graphics that represent nursing mothers and pregnant women should not be used to draw attention to information about infant formula because it: may create an impression that the product is equivalent to breastfeeding, appropriates the image of breastfeeding for the purpose of promoting a product and may be considered a misleading way of gaining attention.
- Pictures or text which imply that infant health, happiness or wellbeing, or the health, happiness and wellbeing of carers, is associated with infant formula (http://bit.ly/1Lm6EJg).
- Non-mandatory pictures or text which refers, directly or indirectly, to ‘the ideal method’ or “the best” of infant feeding (http://bit.ly/1Lm6EJg).

Most sources: http://bit.ly/1Kc6kgQ

**Easy to Read/Easy to See.** Clearly visible, not written in small letters or otherwise obscured (ATNF definition).

**Form 4**

**General Stores.** A general store (also known as general merchandise store, general merchant) is a store that carries a general line of merchandise. It carries a broad selection of merchandise, sometimes in a small space, where people from the town and surrounding areas come to purchase all
their general goods. General stores often sell staple food items such as milk and bread, and various household goods such as hardware and electrical supplies.

**Leaflet.** A printed and usually folded sheet of paper for distribution, usually free and containing advertising material or information. ([http://www.collinsdictionary.com/dictionary/english/leaflet](http://www.collinsdictionary.com/dictionary/english/leaflet))

**Point-of-Sale Promotion.** Point of Sale (POS): Point at which a sale is made, the ownership (and usually the possession) is transferred from the seller to the buyer, and indirect taxes (such as value added tax [VAT]) become payable. Commonly, a retail outlet. ([http://www.businessdictionary.com/definition/point-of-sale-POS.html](http://www.businessdictionary.com/definition/point-of-sale-POS.html))

**Promotion.** The advancement of a product, idea, or point of view through publicity and/or advertising. ([http://www.businessdictionary.com/definition/promotion.html](http://www.businessdictionary.com/definition/promotion.html))

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

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

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

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

**Display Unit.** A special stand that is used to display goods that are for sale.

**Form 5**

**Label.** Label means a display of written, marked, stamped, printed or graphed matter affixed to, or appearing upon, any container (IMS Act 2003).
**Insert.** A manufacturer's printed guideline for the use and dosing of an infant formula; includes the pharmacokinetics, dosage forms, and other relevant information about a product. (http://bit.ly/1FAEfaU)

**Generic.** Not sold or made under a particular brand name. (http://bit.ly/1N9Y66z)

**Humanized.** To represent as human, attribute human qualities to. (http://bit.ly/1eH5c81)

**Maternalised.** To make maternal. (http://dictionary.reference.com/browse/maternalize)

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

**Pictures/Graphic Materials and Text/Phrases to Increase Saleability.** Text, phrases, photographs, drawings, cartoons or other types of pictures of a human mother, caregiver and/or baby, or wording, that implies that feeding an infant or child with any type of formula is equivalent to or better than breastfeeding, on labels, packaging, materials or other information.

**Composition.** The parts of which something is composed or made up. (http://www.collinsdictionary.com/dictionary/english/composition)

**Date of Manufacture/Date Before Consumed.** Date of its manufacture and the date before which it is to be consumed, taking into account the climatic and storage conditions of the country (IMS Act 2003).

**Batch Number.** Any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined. (http://1.usa.gov/1LD1MwW)

**Appropriate Language.** Language as stipulated by the Central Government of India.
Form 6
Printed Publication

- Anything made public by print (as in a newspaper, magazine, pamphlet, letter, telegram, computer modem or program, poster, brochure or pamphlet), orally, or by broadcast (radio, television).

- Placing a legal notice in an approved newspaper of general publication in the county or district in which the law requires such notice to be published.

- In the law of defamation (libel and slander) publication of an untruth about another only requires giving the information to a single person. Thus one letter can be the basis of a suit for libel, and telling one person is sufficient to show publication of slander. ([http://bit.ly/1CsO0Ir](http://bit.ly/1CsO0Ir))

Sales Representative. A person employed to represent a business and to sell its merchandise (to customers in a store or to customers who are visited). ([http://bit.ly/1GI1Qus](http://bit.ly/1GI1Qus))
Appendix L

Supplemental Tables A and B for Labelling
**Supplemental Table A.** Observations of non-compliance related to sub-article 9.2: Each container or label should have clear, conspicuous easily readable, and understandable message containing [ITEMS BELOW]:

<table>
<thead>
<tr>
<th>Item</th>
<th>Infant formula</th>
<th>Follow-on formula</th>
<th>Growing-up milk</th>
<th>Complementary food</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Non-compliance</td>
<td>% Non-compliance</td>
<td># Non-compliance</td>
<td>% Non-compliance</td>
</tr>
<tr>
<td>Total products analyzed</td>
<td>21</td>
<td>100%</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Item</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Words “Important Notice” or equivalent</td>
<td>2</td>
<td>9.5%</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>Statement that should be used only on advice of health worker</td>
<td>1</td>
<td>4.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Instructions on appropriate preparation</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Warning against hazard of inappropriate use</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Age of use specified</td>
<td>1</td>
<td>4.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>“MOTHER’S MILK IS BEST FOR YOUR BABY” in capital letters</td>
<td>2</td>
<td>9.5%</td>
<td>2</td>
<td>18.2%</td>
</tr>
<tr>
<td>No pictures that idealize use of infant formula</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human</td>
<td>2</td>
<td>9.5%</td>
<td>1</td>
<td>9.1%</td>
</tr>
<tr>
<td>Animal/Other</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>9.5%</td>
<td>1</td>
<td>9.1%</td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>9.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No text or phrases designed to increase saleability</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Terms “humanized,” “maternalized” or similar should not be used</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Supplemental Table B. Observations of non-compliance related to sub-article 9.4 of the code and 6.1 of the IMS Act: Other required information on labels of food products easily readable and understandable message containing:

<table>
<thead>
<tr>
<th>Item</th>
<th>Infant formula</th>
<th>Follow-on formula</th>
<th>Growing-up milk</th>
<th>Complementary food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total products analyzed</td>
<td>21</td>
<td>100%</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td># Non-compliance</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>% Non-compliance</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Ingredients used</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Composition/analysis of product</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Storage conditions required</td>
<td>1</td>
<td>4.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Batch number</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Date of manufacture</td>
<td>1</td>
<td>4.8%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Date before which it is to be consumed</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>