

ATNI GLOBAL INDEX 2018

**METHODOLOGY TO ASSESS BABY FOOD
COMPANIES' COMPLIANCE WITH THE
INTERNATIONAL CODE OF MARKETING
OF BREAST-MILK SUBSTITUTES AND
SUBSEQUENT WHA RESOLUTIONS**



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The importance of optimal breastfeeding and appropriate complementary feeding

Global recommendations for infant and young child feeding are set out in a joint WHO and UNICEF Global Strategy for Infant and Young Child Feeding.¹ The Strategy states that *'infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutrition requirements infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.'*

The International Code of Marketing of Breast-milk Substitutes (The Code), adopted in 1981, sets out *'a recommended basis for action'* for Member States to regulate and monitor the marketing of breast-milk substitutes.² Several World Health Assembly (WHA) resolutions were subsequently passed that augment The Code, clarifying and/or extending its scope and application. The term The Code, used throughout the document, refers both to the 1981 WHO Code and all subsequent relevant WHA resolutions. The Code's articles relate in some cases to governments, in some cases to manufacturers and in some cases to healthcare systems, workers and others.

In the poorest countries particularly, breastfeeding is vital to many children's survival and development. The Lives Saved Tool (LiST)² developed by a consortium of academic and international organizations estimates that 823,000 annual deaths could have been saved in 75 high-mortality, low-to middle-income countries in 2015 if breastfeeding had been at near universal levels.

Due to the sub-optimal rates of breastfeeding worldwide, and continuing poor infant mortality and health, the WHO has set global targets for 2025 of reducing wasting to less than 5%, a 40% reduction in children who are stunted, increasing the rate of exclusive breastfeeding in the first six months to at least 50% and seeing no increase in levels of overweight children.

Breastfeeding confers a range of health and other benefits to infants and children everywhere, in developed and developing countries, as extensive research has consistently demonstrated. Babies that are breastfed are at a lower risk of:

- Dying
- Gastroenteritis
- Respiratory infections
- Obesity
- Type 1 & 2 diabetes³.

A recent systematic review and meta-analysis found that babies that continued to be breastfed after 12 months of age exhibited a two-fold lesser risk of mortality than those not breastfed.⁴

Mothers also benefit from breastfeeding by, for example, deriving greater protection against breast and ovarian cancer, and hip fractures in later life. Recent evidence has demonstrated an association between prolonged breastfeeding and post-menopausal risk factors for cardiovascular disease. These illnesses represent the greatest threats to women's health across all ages.⁵ By reducing the incidence

¹ http://www.who.int/maternal_child_adolescent/documents/9241562218/en/

² <http://www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/current-projects/lives-saved-tool/>

³ <http://www.unicef.org.uk/BabyFriendly/News-and-Research/Research/Breastfeeding-research---An-overview/>

⁴ Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. Sankar MJ, Sinha B, Chowdhury R, Bhandari N, Taneja S, Martinez J, Bahl R. *Acta Paediatr Suppl.* 2015 Dec;104(467):3-13. doi: 10.1111/apa.13147. <http://www.ncbi.nlm.nih.gov/pubmed/26249674>

⁵ *ibid*

of infants' and mothers' illness, extensive breastfeeding can therefore reduce the burden on health systems.

While the vast majority of women can breastfeed their infants, and most infants are able to be breastfed, in low-, middle- and high-income countries, breastfeeding rates are falling and the uptake of breast-milk substitutes (BMS) is increasing for many reasons. These include rising rates of female participation in the labor force in many developing markets, urbanization, and increasing incomes and aspirations, which have encouraged the adoption of convenience-oriented lifestyles and made baby formula and prepared baby foods more desirable. In many countries, the caché of premium products is an important symbol of social status.⁶ The marketing of BMS products is also believed to contribute to the decreasing rates of breastfeeding.

The WHO and UNICEF advise in the joint Global Strategy for Infant and Young Child Feeding that timely, adequate, safe and sufficient complementary foods introduced from six months of age are also essential to children's optimal growth and development, and their lifetime health. Inadequate knowledge about appropriate foods and feeding practices is often a greater determinant of malnutrition than the lack of food. Moreover, young children need a diverse diet that adequately meets their energy and nutrient needs. They state that complementary foods made safely at home, using the widest possible range of indigenous foodstuffs should be the basis of young children's intake to accustom them to the local diet. However, commercially produced complementary foods are considered an option for some mothers who can afford them, and the knowledge and facilities to prepare and feed them safely.⁷ Such foods should meet applicable Codex standards and Codes and be marketed in line with The Code and subsequent WHA resolutions.

⁶ <http://www.nielsen.com/sa/en/press-room/2015/oh-baby-global-baby-food-and-formula-sales-will-reach-nearly-35-billion.html>

⁷ http://www.who.int/maternal_child_adolescent/documents/9241562218/en/

ATNF's objectives in assessing BMS marketing

ATNF bases its methodology on the recommendations of WHO, WHA, UNICEF and similar organizations with expertise in infant and young children. ATNF's ultimate aim is to encourage baby food companies to market breast-milk substitutes in line with The Code and to market complementary foods for infants and young children between six and 36 months of age so as to not undermine exclusive breastfeeding before six months of age nor to undermine continued breastfeeding alongside appropriate complementary feeding from six months of age to two years or beyond, as set out by WHA 69.9 passed in May 2016.

ATNF's principal objectives in conducting research for the 2018 Global Index are to:

- Assess the selected companies that make BMS, using a rigorous and objective methodology in line with the approach taken for the Global Index
- Assess the selected companies' BMS marketing policy commitments, management systems and disclosure
- Assess the effectiveness of their management systems in controlling marketing practices in a range of markets around the world
- Generate a score and sub-ranking for the manufacturers assessed by combining the above - mentioned elements in line with ATNF's established approach to scoring and rating.
- Incorporate the score from this element of the Index into the overall Global Index scores of the food and beverage companies that make BMS.

The intention of producing the current assessment is to enable stakeholders to compare:

- The alignment of the marketing policies of the world's largest makers of BMS with The Code and subsequent WHA resolutions.
- The markets and products to which companies apply their policies
- How robust the companies' related management systems are and how consistently they apply them in different markets
- The completeness of the companies' disclosure
- The effectiveness of the companies' policies and management systems in key markets in ensuring their marketing of BMS products complies with their policies and/or The Code and local regulations.

The 2016 Global Index strengthened significantly the approach taken to assessing BMS manufacturers' compliance with The Code compared to that used for the 2013 Global Index. This was because ATNF recognized that the previous approach was too limited; it lacked an assessment of companies' policies, management systems and disclosure, and a more extensive assessment of companies' marketing within countries was needed. Many stakeholders also expressed this view. Several small changes have been made to the 2018 methodology to improve it.

For this Index, companies' compliance with the recommendations within WHA 69.9 is not yet assessed. This is so that results from the 2016 Global Index can be directly compared to those of the 2018 Global Index and ATNF can demonstrate clearly whether companies have made progress. Moreover, a preliminary review of BMS companies' policies showed that they have not yet amended them to reflect this resolution: there would therefore be no results to present. **ATNF will however extend its assessment to encompass the recommendations of WHA 69.9 for the next Index.**

Additional background and material on ATNF’s approach to assessing BMS marketing can be found on our website, including previous Index reports, scorecards for each BMS company and our methodologies.

Methodology to assess BMS marketing

Basis for company assessment

As with all elements of the Global Index methodology, this assessment is based on key international guidelines and standards:

- The International Code of Marketing of Breast-milk Substitutes (The Code).
- Subsequent World Health Assembly (WHA) resolutions that make significant additions or provide clarifications to the original Code, referred to throughout this document in appropriate sections.
- Codex Alimentarius Standards (Codex) for infant formula and formulas for special medical purposes intended for infants (Codex Standard 72-1981) and Codex standard for follow-up formula (Codex Standard 156-1987).
- Relevant local regulations in the countries in which ATNF conducts the in-country studies (see page 14).

Although the WHA adopted new recommendations in resolution [WHA 69.9](#) in May 2016 which clarify that the scope of The Code extends to formulas for young children up to 36 months of age and include guidance about how CF intended for infants and young children between six and 36 months of age should be marketed, this Index will not assess companies' compliance with this resolution. However, the next Global Index will do so. (The detailed methodology used to assess BMS marketing for this Index, and the proposed approach to extending the methodology to encompass the recommendations of WHA 69.9 is set out in the Annex. The text shown in blue shows which indicators will be added to the BMS 1 methodology for the next Index).

Summary of WHA 69.9

The recommendations set out in resolution [WHA 69.9](#) passed in May 2016 clarify that the scope of The Code extends to formulas for young children up to 36 months of age and include guidance about how CF intended for infants and young children between six and 36 months of age should be marketed. The aspects of this resolution of particular relevance to ATNI's methodology are the recommendations that messages used to market food⁸ for infants and young children should support optimal feeding, i.e. include a statement on the importance of continued breastfeeding for up to two years or beyond and should specify the appropriate age of introduction of the food (not before six months).

Further, messages should not suggest use for infants under the age of six months, make a comparison to breastmilk, recommend or promote bottle feeding, or convey an endorsement. It also states that there should be no cross-promotion to promote breastmilk substitutes indirectly via the promotion of food 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 BMS. WHA 69.9 also makes clear that companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Such companies should not provide free products to families through health workers or health facilities, give gifts or incentives to health care staff (which includes any form of support to attend conferences and professional meetings), give any gifts or coupons to parents, provide education to parents in health facilities, provide any information for health workers other than that which is scientific and factual, or sponsor meetings of health professionals and scientific meetings.

Methodology structure

The methodology to assess BMS marketing for the 2018 ATNI Global Index retains the same structure as in the 2016 Global Index. It assesses whether BMS manufacturers take a responsible approach to marketing their products using two separate tools:

BMS 1 Corporate Profile assessment: The BMS 1 Corporate Profile methodology is designed to measure the extent to which BMS companies' marketing policies align to The Code; whether companies have comprehensive, effective procedures and management systems to implement their policies; as well as their level of transparency.

BMS 2 In-country assessments: In-country assessments are designed to measure companies' compliance with The Code and/or national regulations, whichever is stricter. These assessments cover all forms of marketing, as set out in The Code, by interviewing mothers and healthcare workers, visiting retail stores and online retailers, as well as monitoring traditional and digital media. For the 2018 Global Index, two such studies will again be undertaken by ATNF. For this Index, the original 2015 edition of the [NetCode Protocol](#) will be used as it supersedes the IGBM Protocol ATNF used previously. The NetCode Protocol was developed and is supported by the WHO and a wide range of expert organisations including UNICEF, IBFAN, WABA, HKI, Save the Children Foundation and the WHO Collaborating Center at Metropol University. Companies will not be informed of the location or timing of these studies prior to their commencement.

⁸ Note that the word 'food' in this context means both foods and drinks, like juices, for infants and young children.

Product scope

The 2018 Global Index assesses whether companies restrict marketing of the following **BMS** in line with the recommendations of The Code:

- CF identified as being suitable for infants up to six months of age.
- Any type of milk-based formula, including: infant formula (IF) (that can satisfy the normal nutritional requirements of infants up to six months of age); follow-on formula (FOF), also called follow-up formula (for infants from six months of age); and growing-up milk (GUM), also called toddler milk (for young children from 12 to 24 months of age).

It does not, however, take into account the recommendations of WHA 69.9 to extend the Code's application to infant formulas marketing as suitable for young children up to 36 months of age. This change will be made for the next Global Index.

BMS 1 also assesses the commitments companies make with respect to feeding bottles and teats, as well as equipment and materials, as defined by The Code or local regulations, although BMS 2 does not. Further, because The Code encompasses products for special medical or dietary use, these products are also assessed in both BMS 1 and BMS 2.

Company selection

The same approach to company selection is taken for the 2018 Global Index as for the 2016 Index.

BMS 1 Corporate Profile assessment

The 2018 Global Index assesses 22 of the world's largest food and beverage manufacturers. Of those companies, nine are among the world's ten largest BMS manufacturers, based on FY2016 revenues (Euromonitor data). The sub-ranking includes only those companies that derive fully 5% or more of their FY2016 revenues from the sale of baby foods. Five of those nine do not meet this criterion: Arla Lactalis, Meiji, PepsiCo and Campbell Soup, thus only four F&B sector companies are included. In addition, stakeholders recommended that ATNF again include major BMS manufacturers outside the F&B sector, as these companies are major players in this segment.

Thus, the BMS sub-ranking includes the following six companies, the same companies as in 2016:

- Abbott Laboratories Inc
- Royal FrieslandCampina
- Danone
- Kraft Heinz
- Reckitt Benckiser/Mead Johnson Nutrition⁹
- Nestlé S.A.

BMS 2 In-country assessments

Two countries have again been selected for in-country assessments that are rated as higher risk on a risk rating system used by FTSE4Good. It is based on data relating to the child mortality rate, level of malnutrition, HIV rates, corruption levels, the Human Development Index score, status of implementation of The Code, and other factors. Ideally all six of the rated companies should be present in the market, although there are few countries where this is the case. All companies – including local companies or any other multinationals – whose products or marketing are found in the cities in which the assessment is taking place are included in the study.

⁹ Mead Johnson was acquired by Reckitt Benckiser in June 2017. The company's BMS 1 assessment will be based on information in the public domain when the research commences (summer 2017) as well as any additional materials that Reckitt Benckiser chooses to share with ATNF or make public until the end of the research process (November 2017).

Scoring

- The companies are ranked according to their total BMS score in a separate BMS sub-ranking in the 2018 Global Index report.
- The total score BMS score is an average of the Corporate Profile assessment score (BMS 1) and the in-country assessments of marketing practice (BMS 2).
- The total possible score for each of the separate elements is 100% and the total possible overall BMS score is 100%.
- The higher that score, the closer the company has come to achieving full compliance with the recommendations of The Code and local regulations, as assessed using the ATNF methodology.
- The overall 2018 Global Index scores of the four F&B sector BMS companies are adjusted to reflect their BMS scores. If a company scores 100%, no adjustment is made because its marketing of BMS products complies fully with The Code, and, in the key markets studied, local regulations. If this is not the case, an adjustment is made, proportionate to the BMS score, up to a maximum of -1.5 out of 10.
- Abbott Nutrition and Reckitt Benckiser/Mead Johnson are not classified as F&B manufacturers; thus they are not included in the Global Index and they receive only a BMS score and ranking.

BMS 1 Corporate Profile scoring

BMS Module

- The BMS Module of the Corporate Profile methodology has 11 sections.
- All sections continue to be equally weighted because The Code does not suggest differential importance or application of any recommendations.
- For the ten sections that have more than one type of indicator (e.g. policy commitment and management systems indicators), each type carries 50% of the weight within that section.
- For Section 9, which assesses companies' implementation of The Code (governance and global management systems), there are only a few policy commitment indicators but many management system indicators.
- Overall, the policy commitment indicators carry 20% of the weight, and the management system indicators carry 80%.

Initial BMS Module score: This score is based on an initial analysis of the extent to which companies' policies are aligned with The Code, the strength of their management systems and extent of disclosure (but not yet taking into account the product scope). If the company does not publish a policy or any other relevant information it scores zero.

Weighted BMS Module score: The initial Corporate Profile score is adjusted according to:

- which types of countries the policy applies to
- whether companies commit only to comply with local regulations or to go beyond legal compliance.

Ideally, companies should commit to applying their policies globally (i.e. in both higher and lower-risk countries) and upholding them where local regulations are weaker than their policies, in which case their score is not adjusted downwards. However, penalties are applied if this is not the case, in a two-stage process.

- If companies apply their policy globally, no penalty is applied.
- If companies commit only to apply their policy in higher risk countries, then a 25% penalty is applied, (e.g. an initial score of 60% would be reduced to 45%: $60\% \times (100\% - 25\%) = 45\%$).

- If companies apply their policies only in higher risk countries and commit to go beyond legal compliance where their policies are stronger than local regulation, no additional penalty is applied.
- If companies apply their policies only in higher-risk countries and commit *only* to comply with local regulations (rather than their own policies where stricter) both penalties are applied, in sequence (e.g. an initial score of 60% is reduced by 25%, to 45%, and then the additional 15% penalty reduces it to 38.25% ($45\% \times (100-15\%)$)).

Final BMS Module score: This is the final score weighted according to whether the companies' policy applies to each type of BMS product. The weightings for each product type were agreed with the Expert Group. The infant formula (0-6 months) score is weighted 35% and complementary foods (0-6 months) at 25% (so that together products designed for infants' first six months of life carry 60% of the overall weight); follow-on formula (6 months plus) is weighted at 20% and growing-up milks (12 months and older) at 20% to provide a substantial incentive to companies to improve their policies and practices in respect of those products.

How compliance with WHA 69.9 will be assessed in the next Global Index

In the next Global Index, an additional 'CF module' will be introduced to the BMS 1 methodology to extend the assessment to encompass the recommendations of WHA 69.9, i.e. to assess companies' marketing of CF for infants and young children between six and 36 months of age. This module is not designed to penalise companies for marketing CFs intended for infants older than 6 months of age given the importance that children are fed safe, appropriate nutritious complementary foods from this age. Rather, the intent is to ensure that the marketing of these products does not undermine exclusive breastfeeding up to six months of age nor supplant continued breastfeeding up to 2 years and beyond.

The methodology will reflect the following recommendations:

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.

Recommendation 4: All types of advertising and promotion in all media used to market these foods should include in their messages wording to support optimal feeding, i.e. include a statement on the importance of continued breastfeeding for up to two years or beyond, should specify the appropriate age of introduction of the food (not before six months), be easily understood by parents and other caregivers, with all required label information being visible and legible, should not suggest use for infants under the age of six months, should not make a comparison to breastmilk nor recommend or promote bottle feeding nor convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless it has been specifically approved by relevant national, regional or international regulatory authorities.

Recommendation 5: Promotion of these foods should not be used to cross-promote breastmilk substitutes indirectly.

Recommendation 6: Companies should not create conflicts of interest in health facilities or throughout health systems by providing free products, samples or reduced-price foods to families through health workers or health facilities, donate or distribute equipment or services, give gifts or incentives to health care staff (which includes any form of support to attend conferences and professional meetings), use health facilities to host events, contests or campaigns, give any gifts or coupons to parents or caregivers, directly or indirectly provide education to parents or other caregivers in health facilities, provide any information for health workers other than that which is scientific and factual nor sponsor meetings of health professionals and scientific meetings.

Only those companies that derive 5% or more of their baby food revenues from complementary foods intended for infants and young children between 6 and 36 months of age will be assessed on this module, i.e. Nestle, Danone and Kraft Heinz.

All sections will carry equal weight, i.e. 16.67% each. The total scores relating to the separate commitment and management systems indicators within the sections will carry equal weight (as in the BMS 1 methodology.) However, there is no internal weighting of section 1 or 6 (Disclosure) as these sections have only one type of indicator. The initial score for this module will then also be weighted in the same way as the BMS module according to which types of countries the companies' commitments apply in and whether companies commit to comply with their own policies where they are stronger than local regulations.

The final step will be to combine the scores for each module to generate the total BMS/CF 1 Corporate Profile score: *the BMS module will carry 95% of the weight of BMS 1 and the CF module will carry 5% of the weight.* The BMS module will carry most weight because marketing of BMS products has the greatest potential to undermine and/or displace breastfeeding.

BMS 2 In-country assessment scoring

For the 2016 Global Index, ATNF based the BMS 2 score on two in-country assessments commissioned and managed by ATNF. ATNF will again conduct studies in two countries. (In future, now that NetCode studies are being carried out by national governments, ATNF may also include, if feasible, the results of such studies.)

The total percentage score for the in-country assessments will remain the average of the scores of each study used, which is then converted into the number of points to be deducted from the Global Index score, out of a total maximum of -0.75 (half of the total possible -1.5 adjustment to the Global Index score).

Each company's score will be based on results from the countries in which it is present. If a company sells products in only one of the countries, its results will be based solely on the results in that country assessment. If a company is not present in any of the countries, then its score will be based solely on the results from BMS 1. However, ATNF will attempt to select countries so that each company is present in at least one.

How the BMS 2 score is calculated

The companies' aggregate score for in-country marketing practices is calculated as follows:

- Aggregating the total number of observations of non-compliance with the methodology in each country. (Note, however, that data based on mothers' and health care workers' recall are not included in these calculations. This is because recall can be biased in several ways. However, the recalled information can be used in conjunction with the actual findings data to corroborate them).
- Calculating the number of incidences of non-compliance, normalised by dividing this figure by the total number of each company's products assessed in each country, which provides a relative measure of the scale of non-compliance.
- Assigning a rating in each country to reflect the level of compliance: complete (0 incidences of non-compliance), high (less than 1 incidence of non-compliance, normalised), medium (between 1.1 & 2 incidences) or low (more than 2.1 incidences). The same ranges for high, medium and low are used for all countries.
- Each rating corresponds to a percentage score indicating the level of compliance with the methodology:
 - Complete compliance = 100%
 - High relative level of compliance = 66%
 - Medium relative level of compliance = 33%
 - Low relative level of compliance = 0%
- The total percentage score for the in-country assessments is the average of the scores from the country studies, which is then converted into the number of points to be deducted from the Global Index score, out of a total maximum of -0.75 (half of the total possible -1.5 adjustment to the Global Index score).

Figure 1 shows how the BMS1 and BMS2 scored are combined and feed into the Global Index.

Figure 1: How the BMS marketing scoring works and links to the Global Index score



BMS 1

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



BMS 2

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

BMS 1 Corporate Profile methodology

Approach

Overall, the BMS 1 Corporate Profile methodology remains consistent with the 2016 methodology. A few changes have been. For example, an indicator on coverage of audits has been removed, as companies do not influence the country selection for the audits by third parties. A few other answer options or indicators were removed that were unnecessarily detailed or redundant. The only other changes to the BMS module are small changes to wording to improve the specificity of indicators. One notable difference between the way the research was conducted for the 2016 and 2018 Indexes is that the bar was raised in terms of the level of evidence required to demonstrate the global applicability of procedures and/or instructions to staff for the 2018 Index.

The scoring weights assigned to each product type to which companies' marketing policies are applied have not changed, as shown below. Given the importance of protecting and encouraging breastfeeding between birth and six months, 60% of the weighting will apply to products intended for this age group, as in 2016. The remaining 40% will be spread across the other products, in the same proportion as 2016.

BMS type by age group	Index weighting
IF (0-6 months)	35%
CF (0-6 months)	25%
FOF (6+ months)	20%
GUM (12-24 months)	20%

Note that for the next Index, the definition of growing-up milks will be extended to cover formulas intended for young children between 12 and 36 months.

Areas not covered by methodology

While the BMS 1 Corporate Profile methodology aims to assess many important areas of companies' commitments and management practices, some key issues are not assessed, principally because they lie outside the scope of The Code. These include, for example, corporate funding of research and advocacy bodies and companies' programs or support for other organizations' programs to promote breastfeeding, or programs that address nutritional deficiencies among children under two and women of childbearing age. The cross-marketing of formula products within the formula category also does not fall within the scope at present (nor is this is not addressed by The Code or WHA 69.9.).

The full methodology is available in the Annex. [Proposed changes linked to WHA 69.9 are shown in blue.](#)

BMS 2 In-country assessment methodology

Approach

Westat will again undertake the in-country assessments. Westat was first appointed in 2015 following an international tender process. Westat is an employee-owned health and social sciences research organization based in Rockville, Maryland. Westat identifies and contracts a specialist in-country partner for each country assessment.

Changes to the methodology

The BMS 2 In-country Assessment methodology of the 2018 Index is based on the first edition of the Periodic Monitoring NetCode Protocol (NetCode Protocol) from 2015. This Protocol supersedes the Interagency Group on Breastfeeding Monitoring (IGBM) Protocol, which ATNF used in previous assessments. The full summary of the NetCode Protocol is available [here](#).

The types of research required by NetCode are the same as those required by the IGBM Protocol. The goal is to assess companies' compliance with five Articles of The Code (Articles 4, 5, 6, 7 and 9), subsequent WHA resolutions and any local regulations that have provisions additional to these documents. It does not extend to assessing the conduct of people employed by manufacturers and distributors (Article 8) nor the quality of products (Article 10).

NetCode monitoring covers:

- Media advertisements (TV, radio and print materials, as well as a wide range of digital media)
- Promotion in shops and pharmacies
- Promotion in health care facilities
- Promotion to health workers
- Free samples provided to health care facilities and directly to consumers
- Donations or subsidized provision of products to health care facilities
- Scholarships for health workers
- Sponsorships of organizations and events
- Gifts of any sort for health workers, including financial or other support related to attending conferences, meetings etc, and for health associations and mothers
- Information from the manufacturer for health professionals
- Labels
- Promotion in communities and public places
- Company/manufacturer/distributor representative contact with mothers
- Any other marketing, promotional materials and activities that may undermine breastfeeding in the country.

The four main groups and settings covered by the assessment are:

- Mothers of children under 24 months of age
- Health care facilities
- Retailers
- A wide range of traditional and digital media

NetCode recommends undertaking the assessments in the capital or largest city of the chosen country.

Specifically, the NetCode Protocol recommends the following scope:

- **A sample of 33 health facilities** that provide well-baby care. Facilities that only care for sick children (e.g. hospitalized children, emergency rooms, or sick clinics) are not included. The sample is drawn using a simple 'proportionate to size' model combined with a list frame for facilities that offer well-baby/child clinics, in the largest city. (Note this is fewer than the 40 facilities assessed using the IGBM Protocol.)
- Five mothers with children under six months of age and five mothers with children between six and 23 months of age are sampled by stratification from each selected health facility, giving a **total sample size of 330 mothers**. (Note this is fewer than the 800 women required by the IGBM Protocol.)
- **3 health facility representatives are interviewed in each health facility** (i.e. head of the clinic, doctor, nurse/midwife). A total of 99 health workers will therefore be interviewed. (Note this is fewer in total than the 120 health workers interviewed under the IGBM Protocol. Although the number of representatives interviewed in each facility remains the same, a smaller number of facilities are visited.)
- **43 retail outlets selling covered products**: One small store and one large store near each of the 33 health facilities, as well as ten large stores that sell a high volume and variety of products under the scope. (Note that the IGBM Protocol did not stipulate how retailers should be selected, nor how many.)
- **6 months of media monitoring**, including traditional and some digital media. (Note that the IGBM Protocol mentions billboard/ posters, printed publications, TV, radio, internet and other (not further specified).)
- **All BMS/CF products for sale in the study area**, i.e. all products encountered in store visits. These are purposively sampled based on local knowledge. (Note that the IGBM Protocol did not specify how products should be identified.) While BMS products and CF 6-36 months were purchased and their labels and inserts analysed, the results for the latter products are not included in the results for this Index).

As the NetCode Protocol was completed prior to the approval of WHA 69.9 it does not encompass the recommendations this resolution makes. To pilot how the NetCode Protocol should be extended to address WHA 69.9, ATNF added elements to the in-country assessment methodology to identify areas of non-compliance related to CF intended for infants and young children up to 36 months of age. For the next Index, the study, results and companies' scores will include assessment of these products.

Changes to the in-country assessments and variations with NetCode

Promotions on online retail sites: Any non-compliances that relate to promotions found on online retail sites will be included in companies' scores only if they confirm that they or their distributors have a contractual relationship with the online retailers. This is because such contracts should include provisions precluding the promotion of products covered by The Code. However, online retailers sometimes procure and/or sell products through suppliers that don't have formal contracts with the manufacturers. Companies will be asked to confirm whether they have contractual relationships at the end of the research process. If they do not reply it will be assumed that they do have such contracts in place.

Parallel imports: Non-compliant elements of the labels and inserts of parallel imports will not be counted in companies' scores for this Index as manufacturers are not responsible for these products being available for sale in the countries being studied and due to the difficulty of determining whether they are labelled appropriately for the country for which they were intended. ATNF will continue to explore this complex area and may change this approach in future.

The total number of parallel imports found per company and the total number of promotions on online retail sites will be flagged in the BMS marketing chapter of the 2018 Global Index report to encourage companies to raise these issues with distributors and online retailers, as well as to encourage local authorities, to take the necessary action.

Timeline and research process

ATNF is moving to a rolling publication schedule for the in-country assessments. Westat's reports will be published in full along with an ATNF summary report. These results will continue to be used in the Global Indexes and discussed in detail in the BMS marketing chapter of the Global Index report.

As previously, companies will not be informed of the location or timing of these studies before they begin. However, ATNF will check the accuracy of key information with companies once the research and preliminary analysis is complete. For example, companies will be asked to confirm that the products identified as theirs are indeed made by them, as well as whether they have contractual relationships with any of the online retailers where promotions are found. Companies will be alerted one month before this fact-checking exercise is due to take place and will be given three weeks to respond.

Annex 1 BMS 1 Corporate Profile methodology

BMS Marketing module

Section	International Code of Marketing of Breast-milk Substitutes Article	Criteria
1	OVERARCHING COMMITMENTS: Commitments Relating to the Introduction of the International Code	Policy commitment indicators
2	ARTICLE 4: Information and Education	Policy commitment indicators
		Management systems indicators
3	ARTICLE 5: The General Public and Mothers	Policy commitment indicators
		Management systems indicators
4	ARTICLE 6: Health Care Systems	Policy commitment indicators
		Management systems indicators
5	ARTICLE 7: Health Workers	Policy commitment indicators
		Management systems indicators
6	ARTICLE 8: Persons Employed by Manufacturers and Distributors	Policy commitment indicators
		Management systems indicators
7	ARTICLE 9: Labeling	Policy commitment indicators
		Management systems indicators
8	ARTICLE 10: Quality	Policy commitment indicators
		Management systems indicators
9	ARTICLE 11: Implementation and Monitoring	Policy commitment indicators
		Management systems indicators
10	Lobbying and Influencing Governments and Policymakers	Policy commitment indicators
		Management systems indicators
11	Disclosure	

Basic company data

This data is used to cross-check data found in the in-country studies and to determine whether any penalties are applied in scoring (see earlier section on scoring BMS1).

- Company name
- Full list of all infant and child nutrition brands intended for infants and children from birth to 24 months of age (36 months for the next Index)
- Which types of products are covered by your BMS marketing policy (IF, FoF, GUMS, CF0-6, FSMP). (including CF 6-36 months for the next Index)
- What is your definition of Formulas for Special Medical Purposes (FSMPs)?
- In which types of countries does the policy apply (higher risk / lower risk countries), for each product type?
- Full list of countries where products are sold
- When national regulations are absent or weaker than the provisions of the International Code, does your BMS policy state that the national regulations or your policy take precedence?

Section 1

OVERARCHING COMMITMENTS: Commitments Relating to the Introduction of the International Code		
No.	Policy commitments	
1	Support for breastfeeding	The company's policy explicitly states support for:
		Exclusive breastfeeding for the first 6 months, and continued breastfeeding for two years or more
		Exclusive breastfeeding for the first 6 months
		Exclusive breastfeeding for the first 4-6 months
		Breastfeeding generally with no mention of specific age ranges
	No such commitment	
2	Support for appropriate introduction of complementary foods	The company's policy explicitly states support for the introduction of appropriate complementary foods from the age of six months: Yes
		No such commitment
3	Acknowledgement of The Code and WHA resolutions	The company's policy explicitly acknowledges the importance of The International Code of Marketing of Breast-milk Substitutes and all subsequent WHA resolutions
		No acknowledgement in full
4	Application to joint ventures (JV) and subsidiaries	The company's policy explicitly applies to joint ventures and subsidiaries:
		Where the company has a holding of up to 49%
		Where the company has a holding of greater than 50%
	No such commitments	

Section 2

ARTICLE 4: Information and Education		
No.	Policy commitments	
1	Materials intended to reach pregnant women or mothers of infants and young children	<p>The company's policy explicitly states that any informational or educational materials intended to reach pregnant women or mothers of infants and young children (4.2) will include clear information on:</p> <ul style="list-style-type: none"> a. the benefits and superiority of breastfeeding b. maternal nutrition, and the preparation for and maintenance of breastfeeding c. the negative effect on breastfeeding of introducing partial bottle feeding d. the difficulty of reversing the decision not to breastfeed e. the proper use of formula, whether manufactured industrially or home-prepared <p>No explicit commitment/commitment not made in full</p>
2	Implications and hazards	<p>The company's policy explicitly states that when such materials contain information about the use of formula (4.2) they will include clear information on:</p> <ul style="list-style-type: none"> a. the social and financial implications of the use of formula b. the health hazards of inappropriate foods or feeding methods c. the health hazards of improper use of formula and other breast-milk substitutes. <p>The company does not make such commitments in full</p>
3	Provision of materials and equipment	<p>The company's policy explicitly states that informational and educational materials and equipment covered by Articles 4.2 and 4.3 should not be given to mothers or pregnant women by company representatives, only to healthcare professionals</p> <p>The company does not make this commitment in full</p>
4	Idealizing the use of breast-milk substitutes	<p>The company's policy explicitly states that it will not use any pictures or text that may idealize the use of breast-milk substitutes (4.2)</p> <p>The company does not make such commitments</p>
5	Donations of informational or educational equipment or materials	<p>The company's policy explicitly states that donations of informational or educational equipment or materials are made only at the request of and with the written approval of appropriate government authorities and these materials will not refer to a proprietary product (4.3)</p> <p>The company does not make such commitments in full</p>
6	Information on pathogenic micro-organisms contents	<p>The company's policy explicitly states that health workers, parents and other caregivers are provided with information that powdered formula may contain pathogenic micro-organisms and must be prepared for use appropriately (WHA 58.32)</p> <p>The company does not commit to providing this type of information</p>
No.	Management systems	
7	Extent and geographic application of management systems	<p>The systems and procedures the company uses to ensure that it upholds its commitments and practices relating to informational and educational materials are:</p> <ul style="list-style-type: none"> Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence

ARTICLE 4: Information and Education

No.	Policy commitments	
8	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply the policy relating to all points in Articles 4.2 and 4.3 and WHA 58.32
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Articles 4.2 and/or 4.3 and WHA 58.32
		The company does not provide such guidance
9	Procedures	The company can demonstrate procedures to implement commitments made relating to 4.2 and 4.3 and WHA 58.32
		The company cannot demonstrate such procedures for all points in Article 4.2
		The company cannot demonstrate such procedures for all points in Article 4.3
		The company cannot demonstrate such procedures for all relevant points per WHA 58.32 resolution

Section 3

ARTICLE 5: The General Public and Mothers

No.	Policy commitments	
1	Advertising and other forms of promotion	The company's policy explicitly states that it will not use advertising or other forms of promotion to reach the general public (5.1) The company does not make such a commitment in full
2	Samples of products	The company's policy explicitly states that it will not provide directly or indirectly, to pregnant women, mothers or members of their families, samples of products (5.2) The company does not make such a commitment in full
3	Promotion	The company's policy explicitly states that it will not to use point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales (5.3) The company does not make such a commitment in full
4	Distribution of gifts	The company's policy explicitly states that it will not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils that may promote the use of breast-milk substitutes or bottle feeding (5.4) The company does not make such a commitment in full
5	Marketing personnel	The company's policy explicitly states that it will ensure that its marketing personnel do not seek direct or indirect contact of any kind with pregnant women or with mothers of infants or young children (5.5) The company does not make such a commitment in full
No.	Management systems	
6	Extent and geographic application of management systems	The systems and procedures the company uses to ensure it upholds its commitments relating to the general public and mothers are:
		Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence

ARTICLE 5: The General Public and Mothers

No.	Policy commitments	
7	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 5
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 5
		The company does not provide such guidance
8	Procedures	The company can demonstrate procedures to implement commitments made relating to Articles 5.1 – 5.5
		The company cannot demonstrate such procedures for all points in Article 5.1
		The company cannot demonstrate such procedures for all points in Article 5.2
		The company cannot demonstrate such procedures for all points in Article 5.3
		The company cannot demonstrate such procedures for all points in Article 5.4
		The company cannot demonstrate such procedures for all points in Article 5.5

Section 4

ARTICLE 6: Health Care Systems

No.	Policy commitments	
1	Promotion	The company's policy explicitly states that it will not: a. promote products within the scope of the Code through health care systems. (6.2) b. use health facilities to host events, contests or campaigns (WHA 69.9)
		The company does not make such a commitment
2	Display of products	The company's policy explicitly states that it will not display products within the scope of the Code, nor complementary foods or supplements, or distribute materials such as posters or placards relating to such products in health care systems' facilities (except those allowed in Article 4.3) (6.3)
		The company does not make such a commitment
3	Work in the health care system	The company's policy explicitly states that it will not provide or pay for 'professional service representatives', 'mothercraft nurses' or similar personnel to work in the health care system (6.4)
		The company does not make such a commitment
4	Demonstrations of feeding	The company's policy explicitly states that none of its staff or representatives will demonstrate feeding with formula. (6.5)
		The company does not make such a commitment
5	Donations	The company's policy explicitly states that it will not make any donations of products within the scope of The Code to organizations within health care systems that bear the name or logos of propriety products within the scope of the Code (per WHA 39.28, 45.34, 47.5)
		The company does not make such a commitment
6	Donations of equipment and materials	The company's policy explicitly states that it will not donate any equipment, materials or services to the health care system (per WHA 69.9).
		The company does not make such a commitment
No.	Management systems	
7	Extent and geographic application of management systems	The systems and procedures the company uses to ensure it upholds its commitments relating to health care systems are:

ARTICLE 6: Health Care Systems

		Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
8	Clear instructions to staff	<p>The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 6 and WHA resolutions 39.28, 45.34, 47.5, 69.9</p> <p>The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 6 and WHA resolutions 39.28, 45.34, 47.5, 69.9</p> <p>The company does not provide such guidance</p>
9	Procedures	<p>The company can demonstrate procedures to implement commitments made relating to relevant elements of Article 6 and WHA resolutions 39.28, 45.34, 47.5, 69.9.</p> <p>The company cannot demonstrate such procedures for all points in Article 6.2</p> <p>The company cannot demonstrate such procedures for all points in Article 6.3</p> <p>The company cannot demonstrate such procedures for all points in Article 6.4</p> <p>The company cannot demonstrate such procedures for all points in Article 6.5</p> <p>The company cannot demonstrate such procedures for all points in Article 6.7</p> <p>The company cannot demonstrate such procedures for all points in Article 6.8</p> <p>The company cannot demonstrate such procedures for all points per WHA resolutions 39.28, 45.34, 47.5, 69.9</p>

Section 5

ARTICLE 7: Health Workers

No.	Policy commitments	
1	Supplies to health professionals	<p>The company's policy explicitly states that scientific and factual matters and will not imply or aim to create a belief that bottle-feeding is equivalent or superior to breastfeeding (7.2) and also include information specified in Article 4.2</p> <p>The company does not make this full commitment</p>
2	Financial or material inducements	<p>The company's policy explicitly states that it will not offer any financial or material inducements to health workers or members of their families (7.3, WHA 69.9)</p> <p>The company does not make this full commitment</p>
3	Samples	<p>The company's policy explicitly states that it will not provide health workers with samples of products covered by The Code, complementary foods, utensils for preparation of products covered by The Code or equipment, except for the purposes of professional evaluation or research at the institutional level (7.4)</p> <p>The company does not make this full commitment</p>

ARTICLE 7: Health Workers

4	Disclosure of contributions	The company's policy explicitly states that it will disclose to any organization to which a health worker is affiliated any contribution made by the company to a health worker or on his/her behalf in support of fellowships, study tours, research grants, attendance at conferences etc. (7.5 and WHA 49.15, 58.32 and 69.9) The company does not make this full commitment
New 5 (future Indexes)	Sponsorship of meetings	The company's policy explicitly states that it will not sponsor meetings of health care professionals or scientific meetings (WHA 69.9) The company does not make this full commitment
No.	Management systems	
5	Extent and geographic application of management systems	The systems and procedures the company uses to ensure it upholds its commitments relating to health workers are: Comprehensive and applied globally Comprehensive but not applied globally Limited and applied globally Limited but not applied globally No evidence
6	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 7 and WHA 49.15, 58.32 and 69.9 The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 7 and WHA resolutions 49.15, 58.32 and 69.9 The company does not provide such guidance
7	Procedures	The company can demonstrate procedures to implement commitments made relating to relevant elements of all points in Article 7 and 49.15, 58.32 and 69.9 The company cannot demonstrate such procedures for all points in Article 7.2 The company cannot demonstrate such procedures for all points in Article 7.3 The company cannot demonstrate such procedures for all points in Article 7.4 The company cannot demonstrate such procedures for all points in Article 7.5, and WHA 49.15, 58.32 and 69.9

Section 6

ARTICLE 8: Persons Employed by Manufacturers and Distributors

No.	Policy commitments	
1	Bonus calculations	The company's policy explicitly states that: It will not include within its bonus calculations for sales representatives the volume nor value of sales of products covered by The Code. (8.1) The company does not make such a commitment It does not set quotas for the sales of products covered by The Code. (8.1) The company does not make such a commitment
2	Educational functions	The company's policy explicitly states that it will not allow staff involved in marketing BMS products to deliver educational functions to pregnant women or mothers of infants and young children (8.2)

ARTICLE 8: Persons Employed by Manufacturers and Distributors

No.	Policy commitments	
		The company does not make such a commitment
No.	Management systems	
3	Extent and geographic application of management systems	The systems and procedures the company uses to ensure it upholds its commitments relating to persons employed by manufacturers and distributors are:
		Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
4	Clear instructions to staff	No evidence
		The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 8
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 8. The company does not provide such guidance
5	Procedures	The company can demonstrate procedures to implement commitments made relating to relevant elements of Article 8
		The company cannot demonstrate such procedures for all points in Article 8.1
		The company cannot demonstrate such procedures for all points in Article 8.2

Section 7

ARTICLE 9: Labeling

No.	Policy commitments	
1	Labeling	The company's policy explicitly states that the labels of infant formula will (9.1 and 9.2): a. provide necessary information about the appropriate use of the product b. be clear and conspicuous c. be easy to read d. be in all relevant local languages e. be printed on the container or a label that cannot readily become separated from the container The company does not make such commitments in full
2	Containers and labels (information required)	The company's policy explicitly states that its containers and/or labels for infant formula will contain (9.2): a. the words "Important Notice" b. a conspicuous 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 The company does not make such commitments in full
3	Containers and labels (prohibited information)	The company's policy explicitly states that its containers and/or labels for infant formula will not use (9.2): a. the words "Important Notice" b. a conspicuous statement of the superiority of breastfeeding

ARTICLE 9: Labeling

No.	Policy commitments	
		<p>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,</p> <p>d. instructions for appropriate preparation and a warning against the health hazards of inappropriate preparation</p> <p>The company does not make such commitments in full</p>
4	Warning label	<p>The company's policy explicitly states that its containers and labels of products other than infant formula marketed for infant formula will not use (9.2):</p> <p>a. pictures of infants</p> <p>b. other pictures or text that can be modified to make an infant formula carry a warning label that the unmodified product should not be the terms 'humanized', 'materialized' or similar terms</p> <p>The company does not make such commitments in full</p>
5	Labels (information)	<p>The company's policy explicitly states that for all types of products other than infant formula and complementary foods labelled as suitable for less than 6 months, labels include (9.4):</p> <p>a. ingredients used</p> <p>b. composition/analysis of the unmodified product</p> <p>c. storage conditions required</p> <p>d. batch number and date before which the product is due to be consumed, taking into account local conditions</p> <p>The company does not make such commitments in full</p>
5	Labels (information)	<p>The company's policy explicitly states that for all types of formula and complementary foods labelled as suitable for less than 6 months, labels include (9.4):</p> <p>a. ingredients used</p> <p>b. composition/analysis of the product</p> <p>c. storage conditions required</p> <p>d. batch number and date before which the product is due to be consumed, taking into account local conditions</p> <p>The company does not make such commitments in full</p>
6	Labels (information required)	<p>The company's policy explicitly states that labels on follow-on formula and growing-up milks will include:</p> <p>a. statement on the importance of exclusive breastfeeding for the first 6 months and continued breastfeeding for up to two years and beyond (69.9)</p> <p>b. appropriate age of introduction (not to be less than 6 months) (69.9)</p> <p>The company does not make such commitments in full</p>
7	Labels (information prohibited)	<p>The company's policy explicitly states that labels on follow-on formula and growing up milks will not:</p> <p>a. include any image, text or other representation that might suggest use for infants under 6 months</p> <p>b. include an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk (69.9)</p> <p>c. recommend feeding the product in a bottle or otherwise promoting bottle feeding (69.9)</p> <p>d. 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 the national or international regulatory authorities (69.9)</p> <p>The company does not make such commitments in full</p>

ARTICLE 9: Labeling

No.	Policy commitments	
8	Health or nutrition claims	<p>The company's policy explicitly states that it will not make any health or nutrition claims on products for infants or young children except where specifically provided for in relevant Codex standards or national legislation (Compliance with WHA 63.23, May 2010) requirements set out by the national authorities.</p> <p>The company does not make such commitments in full</p>
9	Warning about pathogenic microorganisms	<p>The company's policy explicitly states that labels of powdered infant formula include an explicit warning that the product may contain pathogenic microorganisms and must be prepared and used appropriately (WHA 58.32)</p> <p>The company does not make such commitments in full</p>
No.	Management systems	
10	Extent and geographic application of management systems:	<p>The systems and procedures the company uses to ensure it upholds its commitments relating to labelling:</p> <p>Comprehensive and applied globally</p> <p>Comprehensive but not applied globally</p> <p>Limited and applied globally</p> <p>Limited but not applied globally</p> <p>No evidence</p>
11	Clear instructions to staff	<p>The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 9 and WHA 63.23, 58.32 and 69.9</p> <p>The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 9 and WHA 63.23 and 58.32 and 69.9</p> <p>The company does not provide such guidance</p>
12	Procedures	<p>The company can demonstrate procedures to implement commitments made relating to relevant elements of all points in Article 9 and WHA 63.22, 58.32 and 69.9.</p> <p>The company cannot demonstrate such procedures for all points in Article 9.1</p> <p>The company cannot demonstrate such procedures for all points in Article 9.2</p> <p>The company cannot demonstrate such procedures for all points in Article 9.3</p> <p>The company cannot demonstrate such procedures for all points in Article 9.4</p> <p>The company cannot demonstrate such procedures for implementing commitments related to WHA 63.23</p> <p>The company cannot demonstrate such procedures for implementing commitments related to WHA 58.32</p> <p>The company cannot demonstrate such procedures for implementing commitments related to WHA 69.9</p>

Section 8

ARTICLE 10: Quality		
No.	Policy commitments	
1	Quality standards	The company's policy explicitly states that its products will meet high recognized standards (10.1)
		The company does not make such a commitment
2	Compliance with Codex Standards	Its products will meet all applicable standards of the Codex Alimentarius Commission and the Codex Code of Hygienic Practice for Foods for Infants and Children (10.2)
		The company does not make such a commitment
No.	Management systems	
3	Extent and geographic application of management systems	The systems and procedures the company uses to ensure it upholds its commitments relating to Article 10:
		Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
4	Clear instructions to staff	No evidence
		The company can demonstrate that it provides clear instructions to staff on how to interpret and apply its policy relating to all points in Article 10 and related Codex standards.
		The company can demonstrate that it provides instructions to staff on how to interpret and apply the policy, but omits some points in Article 10 and related Codex standards
5	Procedures	The company does not provide such guidance
		The company can demonstrate procedures to implement commitments made relating to relevant elements of Article 10 and relevant Codex standards
		The company cannot demonstrate such procedures for complying with Article 10 and relevant Codex standards

Section 9

No. 2018	Policy commitments	
1	Collaboration with governments	The company's policy explicitly states that it will collaborate with governments in their efforts to monitor the application of the Code (11.2)
		No such statement in full
2	Responsibility of marketing practices	The company's policy explicitly states that: It is responsible for its marketing practices according to the principles and aim of the International Code
		No such statement
		It is responsible for taking steps to ensure that its conduct at every level conforms to their Policy in this regard
3	Apprising of marketing personnel	No such statement
		The company's policy explicitly states that it commits to apprising each member of its marketing personnel of the International Code and their responsibilities relating to it (11.5)
		The company does not make such commitments in full

No. 2018	Management systems	
4	Responsibility for implementation of the company's BMS Policy	<p>The company names a Board member with responsibility for overseeing implementation of the policy</p> <p>The company names an Executive Manager (or function) with responsibility for overseeing the implementation of its commitments</p> <p>The company does not name a Board member or Executive Manager with responsibility for implementing its commitments</p>
5	<p>Accountability and responsibility</p> <p>In addition to Board and Executive Management levels, assignment of accountability and responsibility is clearly specified as extending to:</p> <p>All national business units</p> <p>Third parties (contractual terms and conditions)</p>	<p>Yes</p> <p>Yes</p>
6	Communication	<p>The company appears to have an effective global system for communicating to all relevant employees</p> <p>The company appears to have a weak system for communicating to all relevant employees</p> <p>The company cannot demonstrate such a system</p>
7	Ensuring awareness and training	<p>The company can provide evidence of a comprehensive and effective system to ensure relevant executives and marketing personnel are aware of their responsibilities under The Code and of the company's own policies</p> <p>The company can provide evidence of making relevant executives and marketing personnel aware of their responsibilities under The Code and of the company's own policies, but not through a comprehensive and systematic system</p> <p>The company cannot provide such evidence</p>
8	<p>Ensuring implementation and awareness of other key parties</p> <p>The company can demonstrate evidence of procedures relating to distributors:</p> <p>The company can demonstrate evidence of procedures relating to retailers:</p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>The company cannot provide evidence of procedures relating to retailers</p>
9	Monitoring compliance with its policy	<p>The company monitors compliance with its policy:</p> <p>Using external auditors</p> <p>Using its internal auditing system</p> <p>The company provides no evidence of monitoring compliance with its policy</p>
10	Auditing compliance with its policy	<p>The company conducts its audits:</p> <p>Annually</p> <p>Less frequently than annually, e.g. once every two years</p> <p>The company does not appear to conduct audits of its compliance with its policy</p>

11	Food safety & quality management certification	Does the company use any of the following foods safety and quality management systems to certify its products? ISO 9001, FSSC22000 (ISO 22000 including ISO/TS 22001-1), HACCP, BRC, IFS
		Yes No
12	Geographic focus of monitoring	Does the company commission audits of compliance with its policy 'on-the-ground'?
		Yes No
	If yes	In both higher- and lower-risk countries Only in higher-risk countries Types of countries not specified
13	Sanctions	The company has a clear set of sanctions/penalties for employees who do not comply with the requirements of the policy The company does not have a clear set of sanctions/penalties
14	Incentives	The company can demonstrate that it does not offer incentives or compensation to reward performance that could increase the risk of failing to meet the requirements of the policy
		The company cannot demonstrate this
		The company offers incentives/compensation to reward compliance with the policy
		The company cannot demonstrate this
15	Whistleblowing	
	The company has established best practice whistleblowing procedures that:	Yes No
	Are accessible to all employees:	
	The company has established best practice whistleblowing procedures that:	Yes No
	Enable employees to report outside their normal reporting line	
	The company has established best practice whistleblowing procedures that:	Yes
	Protect employees from potential negative consequences of such reporting	No
	The company has established best practice whistleblowing procedures that:	Yes
	Offer employees a way to seek advice or guidance before making a formal complaint	No
	The company has established best practice whistleblowing procedures that:	Yes
Raise awareness of the whistleblowing procedures among employees	No	
16	Investigating alleged non-compliances	
16.1	The company investigates alleged non-compliance incidents in:	All countries
		Higher-risk countries only
		None

16.2	The company can demonstrate that it has:	<p>Procedure or communication channel through which stakeholders (i.e. anyone outside the company) can report alleged compliances.</p> <p>The company cannot demonstrate such a procedure or communication channel</p> <p>Procedure for recording external stakeholder's allegations of non-compliances</p> <p>The company cannot demonstrate such a procedure</p> <p>Systems for investigating in a timely manner to alleged non-compliance with its policy reported by organizations or individuals outside the company.</p> <p>The company cannot demonstrate such systems</p> <p>Systems for responding to alleged non-compliance with its policy reported by organizations or individuals outside the company, in a timely manner</p> <p>The company cannot demonstrate such systems</p>
17	Responding to non-compliance incidents	
17.1	The company has: Clear guidelines on the process for taking corrective action in the event a non-compliance incident is confirmed:	Yes
		No
	The company has: Guidelines for employees on potential corrective actions for non-compliance incidents:	Yes
		No
	The company has: Guidelines for all relevant third parties on potential corrective actions for non-compliance incidents:	Yes
		No
17.2	The company has a procedure to track corrective actions on all non-compliance incidents that is:	Externally reported
		Internally reported
		No
17.3	The company tracks: Allegations of non-compliance incidents (nature of alleged non-compliance, location, date, complainant's details etc.):	Yes
		No
	The company tracks: The findings of investigations:	Yes
		No
	The company tracks: Corrective action taken:	Yes
		No
18	Independent verification of monitoring and compliance systems	<p>The company participates voluntarily in a third-party assessment of implementation of its monitoring and compliance systems (e.g. FTSE4Good or similar)</p> <p>Yes</p> <p>No</p> <p>The company does not participate in such an assessment</p>
19	Internal reporting systems	
	The company can demonstrate that:	Yes
	The company can demonstrate that it produces management	No

	reviews and/or an annual summary for the Board:	
	The company can demonstrate that:	Yes
	The summary including corrective actions taken	No
	The company can demonstrate that:	Yes
	The quality and accuracy of the internal reporting systems are independently verified:	No
21	Annual reporting to the Board	The company can demonstrate that the Board considers annually a summary report of its compliance with its policies and the effectiveness of its management systems The company does not produce an annual Board summary

Section 10

Lobbying and Influencing Governments and Policymakers

No.	Policy commitments	
1	Lobbying and engagement policy	The company has a policy setting out under what circumstances and how it will lobby and engage with governments and policymakers on BMS issues The company does not have such a policy
2	Lobbying and engagement objectives	The company sets out its objectives with respect to lobbying and engagement The company does not set out such objectives
3	Support for public policy frameworks, international agencies and governments	The company commits not to undermine public policy frameworks, the work of the WHO or similar agencies nor national governments' efforts to develop and implement The Code. The company does not make such a commitment
4	Standards among trade associations and industry policy groups	The company's policy explicitly states that the company commits to seek to ensure that trade associations and industry policy groups to which it belongs operate to the same standards. The company does not make such a commitment
No.	Management systems	
5	Responsibility for policy implementation	The company names an Executive/function with responsibility for implementing its policy on lobbying and engagement The company does not name an Executive or function

Section 11

Disclosure

No.		
1	Introduction to The Code	
	Does the company publish?	
	The nature of its support for breastfeeding	Yes No

Disclosure		
No.		
	Acknowledgement of the importance of The Code	Yes No
	Scope of application of its policies regarding JVs and subsidiaries	Yes No
	Statement about complementary foods and beverages for infants under 6 months of age	Yes No
2	Policies	
	The company publishes its policies relating to all aspects of the assessment	The company does not publish its policy relating to: Article 4 and relevant WHA resolutions inc WHA 69.9 Article 5 Article 6 and relevant WHA resolutions inc WHA 69.9 Article 7 and relevant WHA resolutions inc WHA 69.9 Article 8 Article 9 and relevant WHA resolutions inc WHA 69.9 Article 10 and relevant WHA resolutions inc WHA 69.9 Article 11 and relevant WHA resolutions inc WHA 69.9 Lobbying governments and policymakers on BMS marketing
3	Compliance assessment	
	The company publishes information about how it internally assesses compliance with the commitments made relating to all aspects of the assessment	The company does not publish information about how it assesses compliance internally with the commitments made regarding: Article 4 and relevant WHA resolutions inc WHA 69.9 Article 5 Article 6 and relevant WHA resolutions inc WHA 69.9 Article 7 and relevant WHA resolutions inc WHA 69.9 Article 8 Article 9 and relevant WHA resolutions inc WHA 69.9 Article 10 and relevant WHA resolutions inc WHA 69.9 Article 11 and relevant WHA resolutions inc WHA 69.9 Lobbying governments and policymakers on BMS marketing
	Independent audits	
4	Disclosure of audit reports. The company discloses:	Full auditors' report(s) Only a summary of the auditors' report(s) No disclosure of auditors' reports
	Accountability mechanisms	
5	Responsibility for implementing policy on BMS Marketing	The company publishes the name/function of the Board member with responsibility for implementing its policy and commitments The company does not disclose which Board member has this responsibility
6	Response to IBFAN reports	The company publishes a response to IBFAN's Breaking the Rules, Stretching the Rules reports on alleged violations, which are published every two years Yes No
7	Complaints	The company discloses whether complaints are made directly to the company and action is taken The company discloses each complaint or criticism made by stakeholders and explains how it has responded to them The company makes a general statement about complaints or criticism received and how it has responded to them

Disclosure		
No.		
		The company does not disclose any complaints or criticism or its response
8	Position papers	The company publishes position papers on BMS issues Yes
		No
9	Memberships	The company publishes a list of trade associations and industry groups it is a member of, relating to BMS/IYCN Yes
		No
10	Full list	The company certifies that the list it publishes is a full list of all such groups globally Yes
		No
11	Lobbying activities	The company publishes a description of its lobbying activities Yes, extensive
		Yes, limited

Complementary Foods 6- 36 module for future Global Indexes

Basic company data

- Company name
- Full list of complementary food brands intended for infants and children from 6 to 36 months of age
- Full list of countries where products are sold

Section 1: Guiding principles underpinning infant and young child feeding

Guiding principles underpinning infant and young child feeding		
No.	Policy commitments	
1	Does the company explicitly state its commitment to:	<p>Optimal infant and young child feeding based on WHO/UNICEF Global strategy for infant and young child feeding, 2003</p> <p>PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003</p> <p>WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005</p> <p>Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely.</p>

Section 2: Product formulation

Product formulation		
No.	Policy commitments	
1	Does the company commit to formulating covered products according to:	<p>Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013)</p> <p>Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006)</p> <p>Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989)</p> <p>Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009)</p> <p>National, regional and global dietary guidelines.</p>
No.	Management systems	
2	The systems and procedures the company uses to ensure it upholds its commitments relating to points above:	<p>Comprehensive and applied globally</p> <p>Comprehensive but not applied globally</p> <p>Limited and applied globally</p> <p>Limited but not applied globally</p> <p>No evidence</p>
3	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above

Product formulation		
		The company can demonstrate that it provides instructions to staff on how to interpret and apply only some of its commitments listed above
		The company does not provide such guidance
4	Procedures	The company can demonstrate procedures to implement all commitments listed above
		The company can demonstrate procedures to implement some of its commitments listed above
		The company cannot demonstrate procedures to implement all commitments listed above

Section 3: Marketing messages

Marketing messages		
No.	Policy commitments	
1	Does the company commit to ensuring that messages in all forms of marketing:	Will include a statement on the importance of continued breastfeeding for up to two years or beyond (69.9)
		Will specify that the appropriate age of introduction of the food is not less than 6 months (69.9)
		Will be written in language that is easily understood by parents or caregivers (69.9)
		Will be visible and legible (69.9).
2	Does the company commit, in all forms of marketing, not to:	Suggest use for infants under the age of 6 months through images, text or other representation (69.9)
		Use an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk (69.9)
		Recommend or promote bottle feeding (69.9)
		Convey an endorsement or anything that may be construed as an endorsement by a professional or other body unless it has been explicitly approved by relevant national, regional or international regulatory authorities (69.9)
3	Does the company make these commitments in reference to:	Adverts
		Promotions
		Sponsorship (of any events or materials other than scientific or professional meetings)
		Brochures and other printed material
		Online information
		Package labels and inserts
No.	Management systems	
4	The systems and procedures the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally)
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
5	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above

Marketing messages

		The company can demonstrate that it provides instructions to staff on how to interpret and apply only some of its commitments listed above
		The company does not provide such guidance
6	Procedures	The company can demonstrate procedures to implement all commitments listed above
		The company can demonstrate procedures to implement some of its commitments listed above
		The company cannot demonstrate procedures to implement all commitments listed above

Section 4: Cross-promotion

Cross-promotion is a form of marketing where customers of one product or service are targeted with promotion of a related product.

*Section 4: Cross-promotion

No.	Policy commitments	
1	Does the company commit not to cross-promote covered products:	Packaging design will be different to those used for breastmilk substitutes
		Labelling will be different to those used for breastmilk substitutes
		Materials used will be different to those used for breastmilk substitutes
2	Does the company commit not to engage in direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents or other caregivers?	Yes
		No
No.	Management systems	
3	The systems and procedures the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally)
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
4	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above
		The company can demonstrate that it provides instructions to staff on how to interpret and apply only some of its commitments listed above
		The company does not provide such guidance
5	Procedures	The company can demonstrate procedures to implement all commitments listed above
		The company can demonstrate procedures to implement some of its commitments listed above
		The company cannot demonstrate procedures to implement all commitments listed above

Section 5: Conflicts of interest in health facilities or throughout health systems

Section 5: Conflicts of interest in health facilities or throughout health systems		
No.	Policy commitments	
1	Does the company commit not to use the following techniques with covered products in order to avoid the conflicts of interest:	Provide free products to families through health workers or health facilities (except as supplies officially distributed through officially sanctioned health programs, which should not display company brands)
		Donate or distribute equipment or services to health facilities
		Give gifts or incentives to health care staff (including any costs relating to attending conferences and meetings)
		Use health facilities to host events, contests or campaigns
		Give any gifts or coupons to parents, caregivers or families
		Directly or indirectly provide education to parents or 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
		Sponsor scientific meetings
		All of the above
No.	Management systems	
3	The systems and procedures the company uses to ensure it upholds its commitments relating to points above:	Comprehensive and applied globally
		Comprehensive but not applied globally
		Limited and applied globally
		Limited but not applied globally
		No evidence
4	Clear instructions to staff	The company can demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments listed above
		The company can demonstrate that it provides instructions to staff on how to interpret and apply only some of its commitments listed above
		The company does not provide such guidance
5	Procedures	The company can demonstrate procedures to implement all commitments listed above
		The company can demonstrate procedures to implement some of its commitments listed above
		The company cannot demonstrate procedures to implement all commitments listed above

Section 6: Disclosure

Disclosure		
No.		
1	Does the company disclose its commitments to infant and young child feeding	Optimal infant and young child feeding based on WHO/UNICEF Global strategy for infant and young child feeding, 2003 PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003

	according to WHO and other guidelines?	WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005 Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely
2	Does the company disclose its commitment to formulate products according to:	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)
3	Does the company disclose its commitments on marketing messages:	A statement on the importance of continued breastfeeding for up to two years or beyond Specify that the appropriate age of introduction of the food is not less than 6 months Written in language that is easily understood by parents or caregivers Visible and legible Not suggest use for infants under the age of 6 months through images, text or other representation Use images, text or other forms of representation that are likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent or superior to breastmilk Not recommend or promote bottle feeding Not convey an endorsement or anything that may be construed as an endorsement by a professional or other body unless it has been explicitly approved by relevant national, regional or international regulatory authorities
4	Does the company disclose its commitments on cross-promotion and not engaging parents or other caregivers:	Packaging design Labelling Materials Not to engage in direct or indirect promotion of their other food products for infants and young children by establishing relationships with parents or other caregivers
5	Does the company disclose its commitments on conflicts of interest on covered products relating to health facilities and throughout health systems:	Not to provide free products to families through health workers or health facilities (except as supplies officially distributed through officially sanctioned health programs, which should not display company brands) Not to donate or distribute equipment or services to health facilities Not to give gifts or incentives to health care staff (including any costs relating to attending conferences and meetings) Not use health facilities to host events, contests or campaigns Not to give any gifts or coupons to parents, caregivers or families Not to directly or indirectly provide education to parents or other caregivers on infant and young child feeding in health facilities Not to provide any information for health workers other than that which is scientific and factual Not to sponsor meetings of health professionals Not to sponsor scientific meetings All of the above



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