

ACCESS TO NUTRITION INDEX

INDIA
BMS 2016



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INDIA SPOTLIGHT INDEX 2016

December 2016

Preface

I am very pleased to introduce the first edition of the India Spotlight Index. This is a groundbreaking publication. It provides the first fully independent national assessment of the contribution by India's largest food and beverage (F&B) manufacturers to better health outcomes through good nutrition.

The double burden of malnutrition poses daunting challenges for India: it has both a large undernourished population with the highest number of stunted children in the world – 48 million under the age of 5 are wasted – and a growing pandemic of overweight and obese people suffering from chronic diet-related diseases such as diabetes. Today, the prevalence of overweight and obese children and adolescents between 5 and 19 stands at a staggering 22%. Given the growth in consumption of packaged foods in India and increasing demand in urban areas for healthy food, the nation's F&B manufacturers have the potential to play a pivotal role in tackling the double burden of malnutrition.

Of the 10 largest F&B manufacturers in the country, seven engaged fully in the research for the Index, suggesting widespread awareness of this potential. These seven companies shared confidential data with the Access to Nutrition Foundation (ATNF) in addition to the information they publish.

The 2016 Index reflects extensive consultations conducted between 2013 and 2016. It furnishes a comprehensive and objective assessment of India's major F&B manufacturers' nutrition and undernutrition-related policies and practices in nutrition governance, product formulation, accessibility, marketing, lifestyles, labeling and stakeholder engagement. The Index identifies and highlights a number of best practices that all companies can learn from. It also presents an in-depth analysis of the nutritional quality of the products these companies sell based on the Health Star Rating system. Moreover, the critical importance of advancing and protecting breastfeeding in India is addressed by assessing compliance with India's IMS Act and the International Code of Marketing of Breast-milk Substitutes.

A principal conclusion of our extensive research is that F&B manufacturers in India are falling far short of what they need to do if they are to fulfil their potential in helping to fight the mounting double burden of malnutrition in India. There are also, however, some positive signs: ATNF has identified many good nutrition practices that could be adopted across the industry and several valuable initiatives run by NGOs.

The Government of India, too, has taken important steps towards better nutrition – by, for instance, strengthened food labeling regulations, technical standards for fortification and by having adopted and successfully enforced strong regulations with respect to breast-milk substitute marketing.

To what extent will India's F&B industry rise to the challenge of confronting the double burden of malnutrition? The potential for the industry to be a central actor in meeting the challenge is self-evident. I hope when we publish the second India Spotlight Index in 2018 we will be able to show that the industry has made great strides to address this most critical issue.

I would like to thank the Bill & Melinda Gates Foundation, the Children's Investment Fund Foundation and the Wellcome Trust for supporting ATNF's work. I would also like to thank the members of the Access to Nutrition Foundation Board, the Independent Advisory Panel and the Expert Group, and many Indian experts, our research partners Sustainalytics, Westat and The George Institute, and the ATNF team for their enormous efforts and support in producing the first India Spotlight Index.

Inge Kauer
Executive Director Access to Nutrition Foundation





Marketing of breast-milk substitutes (BMS) in India

The following section explains the scope of the assessment of marketing of breast-milk substitutes for the India Spotlight Index, how the research was carried out and sets out the results, conclusions and recommendations.

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BMS: Marketing of breast-milk substitutes

The WHO recommends that to achieve optimal growth, development and health, babies everywhere should be breastfed exclusively for the first six months, at which point safe, appropriate complementary foods should be introduced to meet their evolving nutritional requirements. It notes that complementary foods should not be used as breast-milk substitutes (BMS), and infants and young children should continue to be breastfed until they are two or older.¹

Global recommendations for infant and young child feeding are set out in WHO and UNICEF's joint 2003 Global Strategy for Infant and Young Child Feeding.² In addition, due to the sub-optimal rates of breastfeeding worldwide, and continuing poor infant mortality and health, the WHO has set several global targets for 2025 which are highly relevant to India: to reduce wasting to less than 5%, reduce stunting by 40%, increase the rate of exclusive breastfeeding in the first six months to at least 50% and curb levels of overweight children.

To protect and encourage breastfeeding and appropriate complementary feeding, the International Code of Marketing of Breast-milk Substitutes (The Code) was adopted in 1981. It sets out 'a recommended basis for action' for member states to regulate and monitor the marketing of breast-milk substitutes. Several World Health Assembly (WHA) resolutions were subsequently passed that augment The Code, clarifying and/or extending its scope and application. The Code's articles relate to different entities including governments, BMS manufacturers, healthcare systems, workers and others.

To give legal effect to The Code, countries need to enact laws and regulations. India first enacted the Infant Milk Substitutes Act in 1992 and strengthened it through an Amendment Act in 2003.³

Assessment

This assessment of BMS marketing conducted for the 2016 India Spotlight Index is intended to determine whether BMS manufacturers in India comply with The Code and the IMS Act. It was conducted for ATNF by health and social sciences research organization Westat, in partnership with the Centre for Media Studies (CMS), a not-for-profit research agency and think-tank based in New Delhi. The assessment included eight companies whose products were found in the study area (Greater Mumbai) during the summer of 2016. The same approach was used as for the 2016 Global Index, i.e. using the IGBM Protocol, adapted to the Indian context.

To perform well, companies need to demonstrate full compliance with the provisions of the IMS Act and The Code, as assessed using the IGBM Protocol.

Companies were not given notice of the study being conducted; they were only informed of the location when the study was complete. The results should be representative of the study area but cannot necessarily be extrapolated to other cities or areas of India.



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Results

Company	Level of compliance	Normalized level of non-compliances	No. of products evaluated	Total incidences of non-compliance identified
Abbott	HIGH	1.0	7	7
Amul	HIGH	1.0	1	1
Danone	HIGH	0.1	13	1
Hain Celestial	HIGH	1.0	1	1
Heinz	HIGH	1.0	2	2
Mead Johnson	HIGH	0.6	5	3
Nestlé India	HIGH	1.0	11	11
Raptakos Brett	COMPLETE	0.0	4	0
Total			44	26

Of the eight companies assessed, only Nestlé India and Amul are included in the 2016 India Spotlight Index. Thus, only these two companies' overall Index scores are adjusted based on their BMS score. The total possible adjustment is -0.75. Nestlé India's Corporate Profile score was reduced by -0.25. Amul's Corporate Profile score was reduced by -0.25.

How the level of compliance and ATNI score is calculated.

- The companies' overall score is calculated as follows, drawn from the figures presented later in this section:
- Aggregating the total number of observations of non-compliance with the methodology. However, the data based on mothers' and healthcare workers' recall are not included in these calculations for several reasons outlined in the Westat report. In short, this is because recall is subjective and can be biased in several ways. The recalled data can, however, be used to corroborate the objective information collected in the study.
- Calculating the number of incidences of non-compliance, normalized by the total number of each company's products assessed in each country, to provide a relative measure of the scale of non-compliance. Assigning a rating to reflect the level of normalized compliance: Complete (0 incidences of non-compliance, normalised), high (1 or fewer incidences), medium (between 1.1 and 2 incidences) or low (more than 2.1 incidences).
- An adjustment is made to India Spotlight Index companies' Corporate Profile scores based on the level of compliance.

Key findings

- **Regulation, monitoring and enforcement appears to be broadly effective:** Local experts noted in consultations prior to this BMS study that the Indian IMS Act is fully aligned with, and in some areas, more demanding than The Code, and that its enforcement by the Indian government was strong. This assessment reinforces that view, at least in the limited area covered by this study (although it may not be the case elsewhere in the city or across India.) Advertising of BMS products monitored appeared to be virtually non-existent in Greater Mumbai on the media assessed. Likewise, no point-of-sale promotions were found in any of the 'bricks and mortar' retail establishments visited. Company representatives appear to have little direct contact with women or healthcare workers. There were no incidences of non-compliance found on labels of any products other than one relating to Amulspray and seven relating to parallel imports. This is a credit to the strength of the IMS Act, and to diligent application by healthcare workers and vigilant monitoring by local stakeholders such as BPNI.
- **Further consideration should be given to wording allowed on product labels:** While none of the labels included the specific phrases designed to increase the saleability of products precluded by labeling regulations, many other statements were found on products that seem intended to have this effect.
- **Online product promotions are a concern:** As Westat noted in its conclusions, three online retailers, of the 12 monitored, offered promotions and price discounts. It is not possible to determine whether these online stores procure the products they sell from the manufacturers directly, or whether they initiate the promotions and discounts themselves, with or without the agreement of the manufacturers. Nevertheless, these findings have been included in the results, logged against each company whose products were being promoted or discounted. How such promotional activity might be curtailed is an area that requires more investigation.
- **Marketing websites and online magazines need to be carefully monitored:** Various websites aimed at mothers and pregnant women were found to invite mothers to "sign-up" to access information and engage in exchanges with other members. Although Westat did not find any adverts or promotions on such sites, they are, potentially, routes through which brand profile and loyalty could be established which may, in turn, lead to purchases of BMS products.
- **More focus is needed on informational and educational materials:** Some printed informational or educational materials were found in healthcare facilities. Companies should ensure that any such materials intended for healthcare workers are not left in common areas.

Key recommendations

BMS companies

- All BMS companies in India should look at whether they could take steps to exercise more control or influence over online retailers and to pre-empt marketing sites from initiating any promotions or activities that might contravene the IMS Act.

The Government of India

- While the IMS Act is strong and compliance is relatively good, the Government of India could consider acting to restrict both parallel imports and online sales promotions. It should also monitor the efforts of marketing websites to engage with pregnant woman and mothers and deter them from any activity that contravenes the letter or the spirit of the IMS Act. Further, it should consider whether it should further restrict wording on packages designed to improve saleability.

State Governments

- State Governments may also find it valuable to undertake or commission regular, comprehensive studies of compliance with the IMS Act in their areas especially in states where sales of BMS are increasing and/or where breastfeeding rates are low or falling.

Stakeholders concerned with BMS marketing

- There is ample scope for other organizations to conduct similar monitoring studies in other localities in India, ideally using the IGBM Protocol. ATNF would welcome such studies to draw upon for future Indexes.

Context

The impact of poor infant and young child nutrition in India

In India, around 1.7 million children under five die every year. Half of these deaths occur in the first 28 days of life.⁴ The WHO estimates that nutrition-related factors contribute to about 45% of deaths in children under 5 years.⁵ Moreover, poor feeding practices during the first six months of life are estimated to contribute to 53% of pneumonia and 55% of diarrheal deaths.⁶

In 2011, India had the highest number of underweight children under five in the world (around 54 million, 37% of the world's underweight children).⁷ Around 70% of these children were anemic⁸, 15% were wasted and 39% were stunted.⁹ More recent data from the Rapid Survey on Children 2015 shows that some progress is being made with the proportion of underweight children declining from 45% in 2005-2006 to a historic low of 31%.

The importance of breastfeeding

Optimal infant and young child feeding is recognized as one of the most important factors in preventing infant deaths and addressing undernutrition.

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

- 1 Dying
- 2 Gastroenteritis
- 3 Respiratory infections
- 4 Obesity
- 5 Type 1 & 2 diabetes¹⁰

A recent, systematic review and meta-analysis found that babies that continued to be breastfed 12 months of age exhibited two-fold lesser risk of mortality than those that weren't breastfed.¹¹ Research also shows that initiation of breastfeeding within one hour of birth can reduce neonatal mortality by up to 22% by averting deaths related to sepsis, pneumonia, diarrhea and hypothermia.¹¹

Mothers also benefit from breastfeeding by deriving greater protection against breast cancer, and may be better protected against ovarian cancer and type 2 diabetes in later life.¹² Recent evidence has demonstrated an association between prolonged breastfeeding and postmenopausal risk factors for cardiovascular disease. These illnesses all represent the greatest threats to women's health across all ages.¹³ By reducing the incidence of infants' and mothers' illness, extensive breastfeeding can, therefore, reduce the burden on health systems.

Rates of breastfeeding in India

The rate of breastfeeding of the 26 million babies born each year in India has been improving and is now better than the global average, as shown in Table 1. Rates of timely introduction of complementary feeding have declined recently though, and average national rates of all measures disguise significant variation by state. However, advances are being made. For example, in the seven northern states of India – where over 50% of infants are born and 72% of infant deaths occur – rates of early initiation of breastfeeding within one hour of birth increased from 12.4% in 2006 to 42.1% in 2011.¹⁴

TABLE 1 Levels of infant and child feeding globally and in India

Measure	Global %	India %
Source	UNICEF	RSC 2013-14
Infants that are initiated into breastfeeding in the first hour	43%	45%
Infants exclusively breastfed for first six months	38%	65%
Infants to whom complementary foods are introduced at 6-8 months	55%	51%

These rates need to increase if the rate of infant mortality is to fall substantially and if the health of India's children is to improve significantly. This requires more priority being placed on, and investment directed towards, achieving optimal infant feeding by national and state governments, international and national non-governmental organizations and their funders. The focus needs to be on: i) educating women – and those that influence their choices – about the importance of breastfeeding; ii) providing women, healthcare workers and healthcare facilities with the necessary support systems and tools, and; iii) continuing efforts to limit BMS companies' marketing of formula and prepared baby foods for infants under six months and to curtail their influence on women, healthcare workers and healthcare facilities.

India's regulation and monitoring of marketing of breast-milk substitutes

India first enacted the Infant Milk Substitutes Act in 1992 and strengthened it through an Amendment Act in 2003.¹⁵ (Hereafter, the term IMS Act is used to mean the two documents together). According to an analysis by the Breastfeeding Promotion Network of India (BPNI), the Act complies or exceeds The Code in all aspects, and also incorporates the additional provisions of three of the four relevant WHA resolutions. The only element it omits is that companies place a statement on the labels of BMS products, and in any informational and educational material, that they may contain pathogenic micro-organisms, a requirement of WHA resolution 58.32.¹⁶

A notable difference between The Code and the IMS Act is its scope: the latter extends to the marketing of complementary foods intended for infants up to two years, whereas The Code's scope extends only to foods intended for infants up to six months of age.¹⁷ While some experts see this as an important positive departure from The Code, encouraging mothers to prepare complementary foods at home, others see it as a problem. They argue that poor sanitation and hygiene conditions in much of India, and the lack of access of many families to nutritious local foods, means that many mothers feed their children unsafe weaning foods, of poor nutritional quality. If the marketing of manufactured complementary foods were not so restricted, they believe that more companies would make foods that would be safer and more nutritious.¹⁸

Other areas in which the IMS Act is more demanding than The Code include restrictions on informational and educational materials and labeling (explained later in this chapter).

Importantly, the IMS Act also provides for regular monitoring of The Act and for any company found to be in breach of it to be prosecuted. The Breastfeeding Promotion Network of India (BPNI) is the only non-governmental organization in India formally tasked with monitoring companies' compliance with The Act. When it identifies breaches of the Act, by companies or other entities, it writes to the appropriate ministries to request they take action. Examples of the types of concerns it has raised in recent years relate to adverts in professional journals, pamphlets produced and distributed to hospitals, sponsorship of conferences and quizzes by BMS companies, and adverts and promotions of BMS products on online retail sites.¹⁹ See Annex 4 for further detail.

The breast-milk substitute market in India

According to Euromonitor, baby foods sales increased from US\$271 million in 2010 to US\$775 million in 2015, a 24.3% compound annual growth rate.²⁰

TABLE 2 Baby food sales in India in 2015

	Total 2015 sales baby food in India, INR mn	Market share
Nestlé India	INR 23,192.6 mn	45%
Amul	INR 16,021.0 mn	31%
Danone	INR 2,050.5 mn	4%
Abbott	INR 297.7mn	0.6%
Others	INR 10,321.7 mn	20%
Total	INR 51,833.5 mn	100%

Bold denotes the company is included in the 2016 India Spotlight Index.

In 2015, Nestlé India was the biggest company in the Indian market, with a market share of 45%. Amul (the brand name under which the Gujarat Cooperative Milk Marketing Federation sells its products) commanded 31% of the market, though it only sells one infant formula product - Amulspray. Danone was a distant third, with around 4% of the market, all the other producers garner much smaller shares.

Commentators expect the market to continue to grow quickly, driven by the growth of the middle and upper classes (which now account for a quarter of India's total population), more women entering the workforce and increased urbanization and adoption of a western lifestyle.

Approach to assessment

The BMS component of the 2016 India Spotlight Index is based solely on an in-country assessment of marketing and does not include an assessment of the companies' policies, management systems and disclosure, as was the case for the 2016 Global Index. The quality and completeness of the policies and management systems of Nestlé India, Danone, Abbott, Heinz and Mead Johnson was assessed for the 2016 Global Index and the results can be found in that report.

Greater Mumbai was chosen as the geographical location for the study on the advice of ATNF's Expert Group. It has one the highest population densities in India and high GDP per capita, likely making it an appealing market for infant foods companies. Moreover, a similar study had previously been carried out in Delhi by PWC on behalf of FTSE4Good; ATNF, therefore, wished to conduct its study in a different location. Prior to conducting the study, the support of the Public Health Department of the Municipal Corporation of Greater Mumbai was sought and obtained.

As for the 2016 Global Index, ATNF contracted Westat, a US-based global health research organization, to undertake the study, building on its experience of the similar studies carried out for ATNF in Vietnam and Indonesia in 2015. Westat appointed The Centre For Media Studies (CMS) Research House as its local partner through a competitive process. CMS is an Indian-owned and managed not-for-profit, non-partisan agency based in New Delhi, India. It is a leading research organization in India with established facilities and 25 years of experience in training, interviewing and data management and media monitoring as well as other areas.

Prior to selecting CMS, Westat verified that CMS had no commercial links to the BMS companies being assessed and that the staff of the professional media monitoring service, TVADINDEX (iBankLIVE) to which media monitoring was sub-contracted, had no personal links to representatives of BMS companies.

The same methodology was used as for the Vietnam and Indonesia studies undertaken in 2015 – the IGBM Protocol (the Protocol) – on the advice of stakeholders. The Interagency Group on Breastfeeding Monitoring (IGBM) was a UK-based coalition of international NGOs, churches, academic institutions and interested individuals which originally developed and tested the Protocol between 1998-2007. Its use is now controlled by UNICEF New York.

The Protocol requires several types of research to be undertaken to assess companies' compliance with five Articles of The Code (Articles 4,5,6,7 and 9) and/or related local regulatory requirements. The research, following the requirements of The Protocol, includes interviews with pregnant women and mothers of infants in healthcare facilities, interviews with healthcare workers in healthcare facilities, identification of informational materials produced by BMS manufacturers available in healthcare facilities and retail stores, identification of sales promotions by BMS manufacturers in retail stores, analysis of product labels and inserts of products found in the study area, and monitoring of media advertising.

A full explanation of how healthcare facilities and retail outlets were selected, and how women and healthcare workers were selected and interviewed, as well as how products were identified, procured and assessed is available in the Westat report available at www.accestonutrition.org. Table 3 summarizes the scope of the study.

TABLE 3 Summary of the study's scope

Metric	Number
No. of women interviewed	808
No. of health workers interviewed	120
No. of health facilities visited	40
No. of retail outlets visited	120
No. of online retailers monitored	12
No. of products assessed	44
No. of companies assessed	8

An Indian expert reviewed Westat's analysis of the differences between The Code and the IMS Act to ensure that such differences were picked up by the research, particularly in areas where the IMS Act is stronger than The Code. The forms used for interviews and to capture information throughout the study were then adapted to account for these differences. They included, for example, the definition used in the IMS Act of the term 'advertisement', the Act's strict restrictions on informational and educational materials, and its requirements with respect to product labels and inserts.

It is important to note that while the IMS Act covers both BMS (i.e. infant formulas for infants up to 24 months and complementary foods for infants up to six months) and complementary foods for infants from six to 24 months, the latter category of products were not included in the study as ATNF's scope currently extends only to BMS.

Detailed results

Overall findings

A total of 44 products made by the eight companies were found in Greater Mumbai. Table 4 summarizes how many of each type of BMS product were found for each company. Table 5 shows which types of incidences of non-compliance were found for each company.

TABLE 4 How many of each type of BMS product were found

Company	Total no. of products found in Mumbai	Infant formula (from birth)	Follow-on formula (from 6 months on)	Growing-up milks (From 12 months on)	Complementary foods (0 - 6 months)
Abbott	7	4	2	1	
Amul*	1	1			
Danone	13	7	3	3	
Hain Celestial	1				1
Heinz	2				2
Mead Johnson	5	2	2	1	
Nestlé India	11	4	3	4	
Raptakos Brett	4	3	1		
Total	44	21	11	9	3

* No age of introduction indicated on pack. Counted as an infant formula here, though the product may be used by consumers as a follow-on formula and/or a growing-up milk.

The number of products assessed is the number bought by the research teams from a wide range of retailers. Their labels were then assessed for compliance with the methodology. However, this was not necessarily the total number of products for sale; more could have been available in stores that the researchers did not visit. Note also that products made specifically for sale in India, as well as parallel import products (designed for sale in other countries but imported by retailers or others) were also included. In one case, this meant that two versions of the same product (in terms of ingredients and branding) were assessed, as consumers are able to buy both versions.

TABLE 5 All incidences of non-compliance by company.

Company	No. of products evaluated	Total non-compliances identified	No. of unique informational and educational materials	No. of adverts found on assessed media	No. of point of sales promotions*	No. of labels with at least one non-compliance
Abbott	7	7	3	0	4	0
Amul	1	1	0	0	0	1
Danone	13	1	0	0	1	0
Hain Celestial	1	1	0	0	0	1
Heinz	2	2	0	0	0	2
Mead Johnson	5	3	0	0	1	2
Nestlé India	11	11	2	0	7	2
Raptakos Brett	4	0	0	0	0	0
Total	44	26	5	0	13	8

Note that the Westat report record the total number of non-compliances on all labels.

Here the labels with one or more non-compliance are counted as one labeling non-compliance.

Findings by company

The incidences of non-compliance identified related to each companies' products were as follows:

Abbott: A total of 7 incidences of non-compliance were found relating to Abbott's seven products. These included three informational and educational materials found in healthcare facilities. The labels of all of Abbott's seven products complied with Indian regulatory requirements. No adverts or other forms of promotion were found in 'bricks and mortar' retail stores, but four were identified on an online store.

Amul: One incidence of non-compliance was found relating to Amul's one infant formula product, Amulspray. This product's label was missing directions about how to store it. No adverts or other forms of promotion in 'bricks and mortar' retail or online stores were found.

Danone: One incidence of non-compliance was found among Danone's 13 products. No examples of informational or educational materials produced by the company were found nor any adverts or other forms of promotion in 'bricks and mortar' retail stores. All of the company's product labels complied with labeling requirements. One promotion was found on an online store.

Hain Celestial: One incidence of non-compliance was found relating to one Ella's Kitchen product which appears to be a parallel import. As a result, its label does not comply with Indian regulations in several respects (e.g. the age of introduction is listed as 'from 4 months' and required wording was missing). However, no examples of informational or educational materials produced by the company were found nor any forms of promotion in 'bricks and mortar' retail or online stores.

Heinz: Two incidences of non-compliance were found relating to Heinz's two products, both of which appeared to be parallel imports. Their labels lacked a number of elements required by the Indian regulation (e.g. the age of introduction was listed as 'from 4 months' and required wording was missing). No examples of informational or educational materials produced by the company were found, nor any forms of promotion in 'bricks and mortar' retail or online stores.

Mead Johnson: A total of three incidences of non-compliance were found relating to Mead Johnson's five products. Three of these products appeared to be intended for the Indian market and two appeared to be parallel imports. The labels of the parallel import products were not compliant with Indian regulatory requirements because they lacked several items of required information. However, no examples of informational or educational materials produced by the company were found and no adverts or other forms of promotion in 'bricks and mortar' retail stores. One promotion was found in an online store.

Nestlé India: A total of 11 incidences of non-compliance were found relating to Nestlé India's 11 products. Two of the products assessed appeared to be parallel imports. Therefore, these products' labels did not comply with Indian regulatory requirements; they omitted the words on the front of the packs in capital letters in 5mm letters saying "Important Notice: Mother's milk is best for your baby". Two examples of informational or educational materials produced by the company were found in a healthcare facility. While no adverts or other forms of promotion were found in 'bricks and mortar' retail stores, promotions were found in one online store for each of Nestlé India's Lactogen products (Stage 1,2,3 and 4) and its NanPro 1, 2 and 3 products. However, it is not possible to determine whether Nestlé India or the retailer initiated these promotions. Moreover, when the researchers clicked on the products, they were all indicated to be 'out of stock'.

Raptakos Brett: No incidences of non-compliance were found relating to Raptakos Brett's four products.

Further detail about the nature of the incidences of non-compliance is presented in the Westat report.

BOX 32 INTERPRETATION OF THE IMS ACT IN TERMS OF PHRASES 'INTENDED TO INCREASE SALEABILITY'

The IMS Act prohibits graphic material or phrases designed to increase products' saleability. It states that such phrases include the term "humanized" or "maternalised" or any other similar words and the words "full protein food, energy food, complete food or health food" or any other similar expression. However, the following examples of text were found on packages that describe their contents and in some cases how that supports babies' growth and development, which could also be considered as designed to increase saleability.

'Contains B. lactis. B.lactis is a probiotic culture that helps in increasing the number of bifidobacteria in gut flora of infants.'

'Delivers the right nutrients to support growth and development. Contains ingredients that support: Immune system, Digestive Health, Brain Development, Strong Bones.'

'Entamil Stage 2 Infant Formula is scientifically formulated with precursors of DHA & ARA, Sialic Acid, Choline, Iron and all important vitamins and minerals, and an appropriate protein level to match the nutritional needs of the rapidly growing baby's mental and physical development.'

'Unlock your child's amazing potential to learn' Smart 10' and goes on to describe role of each of the Smart 10 key brain building nutrients.

'A specialised Infant Milk Substitute containing a blend of Milk Fat and Vegetable Oils rich in ESSENTIAL FATTY ACIDS'

Additional findings

The study also included interviews with women attending the selected healthcare facilities to determine whether they i) recalled seeing adverts or promotions for any BMS products made by particular manufacturers; ii) had been provided with product samples or gifts; iii) any marketing personnel had had contact with them, and; iv) had been advised to use formula and/or a specific product. In total, 61 such instances were identified by Westat. Thirty-three women reported being spoken to by a healthcare worker about using formula, with 23 having been recommended a particular product. It may be beneficial for the Government to remind healthcare workers of their responsibilities under the IMS Act, and when it is and is not appropriate to make product recommendations (i.e. only when an infant has a particular health condition that means it cannot be breastfed).

Similarly, healthcare workers were asked whether: i) any equipment or materials bearing product names had been donated by the companies; ii) they had been offered any material contributions or pecuniary benefits by the companies; iii) any product samples (other than those for professional evaluation or research) or equipment or utensils had been donated to their facilities, and iv) whether company representatives had visited to give product information to healthcare workers. At least one worker at 14 of the 40 facilities (35%) reported that a company representative had visited the facility within the last 6 months. However, none said that the visits were with the intent of talking to women, obtaining their contact information or providing materials to them nor to distribute samples. Twenty-one workers said that the purpose was to give product information to health professionals. These observations are not included in companies' final scores.

The reasons for not including either type of recall data in the companies' scores is outlined fully in the Westat report. In short, it is because recall is subjective and can be biased in several ways. The recalled data can, however, be used to corroborate the objective information collected in the study.

Note that the challenges and further limitations of the BMS assessment are set out in the Methodology chapter of the report and in the Westat report.

Future opportunities

ATNF intends to publish an India Spotlight Index every two years. The next Index, due at the end of 2018, will include a follow-up BMS marketing study. The geographic scope of that study will be determined by available resources: a complete picture could be painted were the study to be conducted in multiple states or cities, and/or extended to rural areas. It is hoped that no incidences of non-compliance will be found at that time and that the emerging areas of concern highlighted here will have been addressed by the eight companies studied and others, and by the Government and other stakeholders, as appropriate.

The methodology and approach used in the next BMS assessment will reflect feedback provided by stakeholders and any developments related to the IGBM Protocol or other tools to monitor BMS companies' marketing. The next BMS assessment could also include an evaluation of BMS companies' policies, management systems and disclosure, to more closely mirror the approach taken for the ATNI Global Indexes, were stakeholders to indicate that they would find such additional analysis valuable.

NOTES

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All links accessed November 2016.



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Breast-milk substitutes

TABLE 6 Examples of incidences of non-compliance with the IMS Act reported by BPNI.

Date	Company	Letter(s) to	Issue raised
26/02/2016	British Life Sciences (and Indian Journal of Pediatrics)	GOI - MWCD & MHFW	Advert published in IJP for infant milk brand LF-100 and 'Mum's Care'
01/06/2015	Nestlé India	Health Minister, Govt of NCT of Delhi	Pamphlet for Cerelac distributed to Guru Gobind Singh Hospital staff in Delhi
15/05/2015	Nestlé India	GOI - MWCD & MHFW & Ethics Committee, Medical Council	Nestlé India organizing a symposium entitled "Emerging Trends in Infant Nutrition: Expert input meet for sharing best practices at institutional level" (sic) on 17th May 2015 in Pune.
12/05/2015	Various online shopping sites	GOI- MWCD and CEOs of shopping sites	Promotion of various products, and discounts, via snapdeal.com, shopping.rediff.com, flipkart.com, jungle.com and amazon.in
9+11/04/2015	Nestlé India	GOI - MWCD & MHFW & Secretary General of Trained Nurses Association of India	Nestlé Nutrition Institute organized National Nurses Quiz 2015, approaching pediatric and gynecology departments of medical colleges for nominations of nurses.
30/03/2015	Abbott	Honorary Secretary General, Indian Medical association	Proposed sponsorship of IMA conference by Abbott
13/08/2014	Nestlé India	Commissioner & Mission Director, Dept of Health and Family Welfare, Haryana	Link not posted to letter, so no information about content.
01/08/2014	Heinz and online shopping site	GOI - MWCD	Advertisement for Heinz breakfast fruit with yogurt cereal on shopclues.com as being suitable for 4+-month-old infants, and with a rebate of 8%.
25/08/2014	Nestlé India	Chairman, Railway Board	Avoid sale of Nestlé products like milk whitener in railway stations (but letter not published).
21/04/2014	Danone	GOI - MWCD	Link not posted to letter, so no information about content.
30/10/2012	Online shopping site flipkart.com	GOI - MWCD & CEO of flipkart.com	Advertising and promotion of infant feeding bottles.

Source: BPNI

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Note

Sustainalytics has produced the scoring and ranking of company performance for the Corporate Profile of the India Spotlight Index. Sustainalytics contributed to the report and company scorecards for the Index, and engaged with food and beverage companies as part of the data collection and analysis process.

Westat is responsible for the collection of data related to company compliance with the International Code of Marketing of Breast-milk Substitutes and any additional country-specific regulations related to marketing of these products in Mumbai. Westat is responsible for the analysis of the data related to compliance with the BMS marketing standards and for the preparation of its final study report, the results of which have been incorporated by ATNF into the 2016 India Spotlight Index report and the scoring of company performance for the same Index.

The George Institute (TGI) is responsible for the nutrition and labeling data collection for the Product Profile assessment in India. TGI is also responsible for the analysis of the nutrition and labeling data related to the Product Profile and the TGI Product Profile final report, the results of which have been incorporated by ATNF into the 2016 India Access to Nutrition report and the scoring of company performance for the same Index.

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Development

73bit Limited (www.73bit.com)

Probench a tool developed by 73bit, set up the online data platform used to collect and process company data. Probench was also used to develop automatic scoring sheets and reports that fed into the scorecards.

ontwerpwerk

Design & development

Ontwerpwerk Design and Development, a Dutch design agency in The Hague, designed and developed the report and website.

Language editor

Koan Communications: copywriting report and scorecards.

