



	Weight	Score	
		2018	2016
BMS 1: Corporate Profile	50%	35%	14%
BMS 2: In-country assessment	50%	33%	0%
<b>Total</b>	<b>100%</b>	<b>34%</b>	<b>7%</b>
Impact on the Global Index score		N/A	N/A

## BMS 1: Corporate Profile analysis

### Application of policy

Product type	Product made	Policy scope	Geographic coverage	Stance on local regulations
<b>Infant formula: 0-6 months</b>	✓	✓	All markets	Where local regulations are weaker than its own policy, the company follows local regulations.
<b>Complementary foods: 0-6 months</b>	N/A	N/A	N/A	
<b>Follow-on formula: 6-12 months</b>	✓	✓	Higher-risk countries	
<b>Growing-up milks: 12-24 months</b>	✓	✗	Out of scope	Out of scope

N/A: Abbott derives less than 5% of its total baby food sales from complementary foods.

### Initial Corporate Profile score

Section	Article	Topic	2018	Score 2016
1	Intro	Overarching commitments	100%	58%
2	4	Information & education	25%	9%
3	5	The general public and mothers	67%	28%
4	6	Healthcare systems	39%	28%
5	7	Healthcare workers	50%	34%
6	8	Persons employed by manufacturers and distributors	83%	4%
7	9	Labeling	57%	11%
8	10	Quality	83%	54%
9	11	Implementation	72%	35%
10		Lobbying (policy and objectives)	0%	0%
11		Disclosure	35%	13%
<b>Initial Corporate Profile score</b>			<b>56%</b>	<b>25%</b>

### About the company<sup>1</sup>

<b>Baby food global market share (2016)</b>	<10%
<b>Percentage of baby food revenues out of total F&amp;B revenues (2016)</b>	>90%
<b>Key global brands</b>	Similac, PediaSure, Elevea, Alimentum, Isomil, Gain, Grow

<sup>1</sup> Source: Derived from Euromonitor International: Packaged Food, 2017 Edition

## Analysis

### Overarching commitments

In May 2017, Abbott published its new policy which strengthened the company's overarching commitments and it now scores 100% on this section of the methodology. Abbott now explicitly acknowledges the importance of The International Code of Marketing of Breast-milk Substitutes (The Code) and the subsequent World Health Assembly (WHA) resolutions. The company states explicit support for exclusive breastfeeding for the first six months and continued breastfeeding for two years or more, and for introduction of appropriate CF from the age of six months (although it does not make these products).

### Policy commitments on marketing

Abbott's updated policy is, unlike the previous one, available in full in the public domain. The setup of the policy remains the same. Abbott has a global overarching policy, its 'minimal standard' and for each market in which it operates it has a policy adapted to local regulations. The products covered by Abbott's global policy are limited and differ by country. Abbott should adopt and publish a more comprehensive policy that extends to all products for children up to 36 months of age<sup>2</sup> and apply the revised policy consistently globally. This would then align with the company's support for the WHO recommendation that infants are breastfed up to two years of age or beyond and given appropriate CF from six months of age and not before. It should also commit to following this new policy where it is stricter than local regulations.

The updated policy is slightly better aligned to The Code. For example, Abbott now commits:

- Not to use any pictures or text that may idealize the use of breast-milk substitutes (Article 4.2).
- Not to 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 (Article 5.4) and to 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 (Article 5.5).
- Not to promote products within the scope of The Code through healthcare systems (Article 6.2) and not to provide healthcare workers with samples of products covered by The Code, CF, utensils for preparation of products covered by The Code or equipment, except for the purposes of professional evaluation or research at the institutional level (Article 7.4).
- Not to include within its bonus calculations for sales representatives the volume nor value of sales. Not to set quotas for the sales of products covered by The Code and not to allow staff involved in marketing BMS products to perform educational functions in relation to pregnant women or mothers of infants and young children (Article 8).

In addition, Abbott provided further evidence of commitments related to labeling such as not to use pictures or text that may idealize the use of infant formula and aligned the required wording on containers and/or labels with The Code.

Despite these improvements, the company's policy still lacks many commitments. The wording of the policy is only fully aligned to Article 8 (persons employed by manufacturers and distributors) and to Article 10 (Quality). Abbott could strengthen its policy commitments by adjusting and expanding its global policy in the following areas so that it is better aligned with The Code:

- Strengthen the standards and requirements of the global policy so that country-specific policies are stronger and more consistent.
- Broaden its policy commitments relating to WHA resolutions, 39.28, 45.34, 47.5, 49.15, 58.32, 63.23 and to 69.9.
- Specify the detailed wording required for all Informational and educational materials encompassing Articles 4.2 and 4.3.
- Strengthen commitments relating to marketing within healthcare systems by covering Articles 6.3 and 6.4.
- Commit to disclose to any organization to which a healthcare worker is affiliated any contribution made by the company to a healthcare worker or on his/her behalf in support of fellowships, study tours, research grants, attendance at conferences.
- Strengthen commitments related to information regarding products within the scope of The Code and samples of these products supplied to general public and healthcare workers. Make a commitment to collaborate with governments in their efforts to monitor the application of The Code.

### Management systems

Abbott's overarching management systems appear to be strong, comprehensive and applied consistently across all markets to which the policy applies. Compared with the 2016 assessment, the company shared more evidence about its management systems which contributed positively to its score. Abbott provided strong evidence of a comprehensive and effective system, and training, to ensure relevant executives and marketing personnel are aware of their responsibilities under The Code and of the company's own policies. Abbott was also able to 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. As in 2016, it also has a company-wide whistleblowing system that extends to third-parties and enables employees to anonymously and confidentially report a concern outside traditional reporting lines.

Abbott could strengthen its management systems by:

- Ensuring that clear instructions to staff on how to interpret Abbott's policy are available for all topics, particularly grey areas.
- The company should conduct annual independent third-party audits covering both higher-risk and lower-risk countries.
- Ensuring that its policy covers all commitments embodied within The Code and developing related approval procedures.

### Policy commitments on lobbying

Abbott does not disclose a policy to guide its lobbying on BMS issues, nor does it score on any of the other indicators relating to this topic.

### Disclosure

Abbott now publishes its 'Policy on the marketing of infant formula' which includes overarching commitments and provides information on who is responsible for implementing the policy on BMS Marketing. In addition, the company discloses its membership in associations on its website. As in 2016, Abbott submitted a number of published documents as well as unpublished documents, which ATNF evaluated. The company therefore has significant scope to improve its transparency by publishing more information such as auditors' reports, its response to IBFAN's Breaking the Rules, Stretching the Rules reports on alleged violations, complaints made by stakeholders and corrective actions taken, and to share more information about its lobbying activities.

<sup>2</sup> This age threshold is to align with the clarified definition in the WHA resolution 69.9, now covering products up to 36 months of age.

## Final Corporate Profile score

Product type weighting	60%	N/A	20%	20%
Product type	IF	CF	FOF	GUM
Initial score	56%	–	56%	0%
Score with geographic penalty (-25%)	56%	–	42%	0%
Score with regulatory penalty (-15%)	48%	–	36%	0%
<b>Final Corporate Profile score</b>	<b>35%</b>			

**Research:** The research was undertaken by ATNF between August – September 2017, based on documents available in the public domain or provided by the company by the end of October. Any documents published since are not reflected in the score. Abbott engaged actively in the research process.

**Methodology used:** The 2018 ATNI Global Index BMS Marketing Corporate Profile methodology was the basis for assessment, developed with extensive input from the ATNI Expert Group, and available at [www.accessstonutrition.org](http://www.accessstonutrition.org).

**Product scope:** In line with the WHO definitions set out in The Code and its statement of July 2013, the 2018 Global Index scores are based on whether companies restrict marketing of their BMS products in line with the recommendations of The Code and relevant WHA resolutions. These include complementary foods and beverages identified as being suitable for infants up to six months of age, any type of milk-based formula or follow-on formula (also called follow-up formula) or growing-up milk (also called toddler milk) identified as being suitable for infants and young children up to 24 months of age. ATNF also calculated, for BMS 1, what each company's score would have been had their compliance with WHA 69.9 also been included, i.e. including formulas marketed as suitable for infants up to 36 months age and complementary foods for young children from 6-36 months of age. Companies' scores in the next Global Index will be based on these scores.

**Initial Corporate Profile score:** This score is based on an initial analysis of the company's policy, management systems and disclosure, as set out in the ATNI 2018 BMS Marketing methodology. It reflects the extent to which its policies are aligned with The Code and subsequent WHA resolutions (up to but not including WHA 69.9), its policy commitments on lobbying, the scope and strength of its

management systems, and extent of its disclosure (but not yet taking into account the product scope).

**Weighted scores:** The initial Corporate Profile score is adjusted according to: i) which types of countries the policy applies to (the score is reduced by 25% if the policy applies only in higher-risk countries for a particular product type); ii) where local regulations are weaker than its policy, whether the company complies with local regulations or its own policy (the score is reduced by a further 15% if it does not commit to following its own policy in these circumstances). The scores under each product type show the level of compliance each company achieves for that product type. If the company does not apply its policy to any product category it scores zero. This is also the case if it does not disclose its policy.

**Final Corporate Profile score:** This is the final score weighted according to whether the company's policy applies to each type of BMS product being assessed for the 2018 Global Index. That is, using the scores after the relevant penalties have been applied: (IF score \* IF weighting) + (CF score \* CF weighting) + (FOF score \* FOF weighting) + (GUM score \* GUM weighting). If a company derives less than 5% of its baby food revenues from CF, it is not scored for that product type. The 25% weighting for CFs is re-allocated to IF, i.e. its score for IF is multiplied by a weighting of 60%.

**Adjustment to Global Index score:** For those companies included in the 2018 Global Index, the total possible adjustment relating to the Corporate Profile is 0.75, 50% of the maximum possible adjustment of 1.5. The final Corporate Profile score represents the level of compliance with the ATNI methodology; the adjustment is based on the level of non-compliance. Therefore, the calculation for the adjustment is:  $0.75 \times (100\% - \text{final CP score})$ .

## Preliminary analysis of compliance with WHA 69.9

For the assessment of compliance with WHA 69.9, the BMS 1 Corporate Profile will comprise two parts: the first part - the BMS module will retain the same structure as the current methodology but indicators that relate to the new recommendations will be adjusted to reflect them. A second module will then be added – the CF module – to assess companies' marketing of CF for infants and young children between 6-36 months of age. This module will only be applied to companies that derive more than 5% of their total baby food sales from CF for children 6-36 months. The new module will also assess companies' policies and management systems that relate to CF for infants and young children between 6-36 months of age. All sections will carry equal weight, i.e. 16.67% each. The final BMS 1 score will combine the scores for each module: the BMS module will carry 95% of the weight and the CF 6-36 module will carry 5% of the weight. This reflects the fact that whereas The Code is designed to protect breastfeeding and deter inappropriate marketing of BMS products that might discourage breastfeeding, WHA 69.9 is not designed to deter marketing of CF 6-36 in general but rather to ensure that they are not marketed in such a way as to discourage breastfeeding or raise brand awareness for BMS products made by the same company

via cross-marketing. Moreover, it is intended to prevent conflicts of interest in health facilities all throughout health systems.

**Initial assessment of the company's application of WHA 69.9**

For the 2018 Global Index, the BMS 1 assessment does not include analysis of companies' compliance with the provisions of WHA 69.9. However, analysis has been conducted to determine companies' progress in implementing this resolution. Abbott has very few commitments in place which relate to the provisions of WHA 69.9 that apply to formulas. The company is strongly encouraged to adopt a policy which reflects the relevant adjustments introduced by WHA 69.9. The company does not meet the criteria for inclusion concerning CF, and, accordingly it has not been assessed on related indicators.

**Abbott analysis**

Score Including WHA 69.9	55%
BMS score (95% weight)	55%
CF score (5% weight)	NA

## BMS 2: In-country assessments in Thailand and Nigeria

	Thailand	Nigeria	Total
<b>Total number of BMS products assessed</b>	<b>15</b>	<b>4</b>	<b>19</b>
Infant formula	8	2	10
Complementary foods	–	–	–
Follow-on formula	3	2	5
Growing-up milks	4	0	4
<b>Total incidences of non-compliance identified</b>	<b>286</b>	<b>4</b>	<b>290</b>
Infant formula	62	2	64
Complementary foods	–	–	–
Follow-on formula	25	2	27
Growing-up milks	197	0	197
Formula, age not specified	2	0	2
<b>Ratio of incidences of non-compliance by products assessed</b>	19.1	1.0	
<b>Level of compliance</b>	Low	High	
<b>Aggregate score (Thailand and Nigeria)</b>	0%	66%	33%
<b>Adjustment to Global Index score (out of 0.75)</b>			N/A

Note that the final adjustment to the Global Index score based on the in-country assessments is calculated as follows:  
 $0.75 \times (100\% - \text{aggregate in-country score})$ .

### Key to levels of compliance

*Complete:* No incidences of non-compliance found

*High:* Fewer than or equal to 1 incidence of non-compliance by number of products assessed

*Medium:* Between 1.1 and 2 incidences of non-compliance by number of products assessed

*Low:* More than 2.1 incidences of non-compliance by number of products assessed.

## Product brands

<b>Thailand</b>	Isomil, Similac
<b>Nigeria</b>	Isomil, Similac

### Article 4: Information and educational materials, including donations of equipment

- Only one item of equipment donated to a healthcare facility was found in Thailand in contravention of Article 4. None were found in Nigeria.

### Article 5: Advertising and promotion to the general public and mothers

- Overall, 269 incidences of non-compliance with Article 5 were observed, all in Thailand. (Note that data based on recall is not included in the score).
- No incidences of non-compliance were observed on any of the monitored traditional media channels in either country. In addition, no mothers reported having seen advertisements on any media channel from Abbott.
- In Thailand, 22 incidences of non-compliance were found on Abbott's own websites, all of which related to growing-up milk which fall outside the scope of Thai regulations in force at the time of the study and the new Milk Act. They also fall outside the scope of Abbott's policy but are within the scope of The Code.
- There were no reports from mothers of having received any free samples of BMS products from Abbott.

- A total of 247 point-of-sale promotions were found, all in Thailand, with the majority (93.1%) on online retailer websites, which Abbott confirmed to ATNF it had a commercial relationship with. The majority of these promotions were for growing-up milk – 171. A further 54 were found for infant formula and 22 for follow-on formula.
- By contrast, no promotions or adverts for Abbott products were identified in the assessment in Nigeria.

### Article 6: Healthcare systems (promotion within)

- Only one incidence of non-compliance was found for Abbott – one item of promotional material within a healthcare facility.
- Only one healthcare worker reported contact by Abbott.

### Article 9: Labeling

Overall, all 19 Abbott product labels and inserts were non-compliant with The Code and/or local regulations. They included, for example, a nutrition and/or health claim on labels or inserts, (Thailand and Nigeria), no warning that powdered baby milk products may contain pathogenic micro-organisms (Thailand and Nigeria), and omitted instructions bearing directions for use in English and three main Nigerian languages.

## In-country assessment: Summary of methodology & scoring

**Research:** The research was undertaken by Westat, a U.S.-based health and social science research company, under contract to ATNF, working with a local partner in each country.

**Methodology used:** The methodology is based on the first edition of the NetCode protocol: Research Protocol for Periodic Surveys to Assess the Level of Compliance with The Code and Relevant National Measures. Full details of the methodology are available in the Westat reports for each country.

### Data collection methods:

- Interviews with pregnant women and mothers of infants in healthcare facilities.
- Interviews with healthcare workers in healthcare facilities.
- Identification of informational and educational materials produced by BMS manufacturers in healthcare facilities and retail stores.
- Identification of promotional materials produced by BMS manufacturers in healthcare facilities.
- Identification of adverts and point-of-sale promotions by BMS manufacturers in retail stores and on online retail sites.
- Analysis of product labels and inserts of all available BMS products on the local market, in a large and small size where available.
- Media monitoring, including various forms of traditional and new media.

### Definitions used:

Westat's studies included the following types of products, following the definitions used in The Code and WHA 69.9

- BMS products include: Infant formula (for infants less than six months of age); follow-on formula – sometimes called follow-up formula – (for infants 6-12 months of age); growing-up milk (for children 12-36 months of age); CF when recommended for infants less than six months of age and bottles and teats.
- CF marketed as suitable for young children from 6-36 months of age.

While Westat analyzed and presents data including CF 6-36 months, ATNF has only based companies' BMS 2 results on their scores relating to compliance with The Code and all resolutions up to but not including WHA 69.9, i.e. excluding results relating to CF 6-36 months and formulas marketed as suitable from 24 to 36 months of age.

- Definitions of non-compliance with The Code's recommendations: 2015 NetCode Protocol, WHO and other authoritative sources (such as the Helen Keller Institute) and local regulations in each country. Full list of definitions available as an Annex to the Westat reports.

**Location:** Bangkok, Thailand and Lagos, Nigeria.

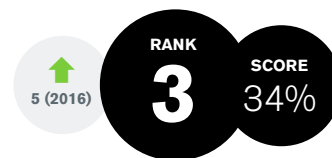
### Sampling:

- Healthcare facilities: Selected with probability proportionate to size from a sample frame of eligible facilities.
- Women and healthcare workers: Selected on a probability basis within each healthcare facility.
- Retailers: Three traditional retail stores near healthcare facilities selected on a purposive basis and major online retailers in each country identified with advice from local partners.
- Advertising: Various traditional media were monitored, such as television and print by a specialist agency in each country. Additional monitoring of online media undertaken by local partners.
- 330 women and 99 healthcare workers were interviewed in Thailand, and 315 women and 98 healthcare workers in Nigeria.
- Products: BMS and CF products were first identified through searches on online retailers and visits to 'brick and mortar' retailers. As many products as possible were purchased, in a large and small size pack where available. Not all products shown on online retail sites were in fact available for sale.

### Fact-checking with companies:

Once data collection was completed, each company was asked to confirm that the products assessed were products intended for each market (i.e. parallel imports were excluded). They were also asked to confirm which online retailers they have commercial relationships with. Point-of-sale promotions on online retail websites were only included where the companies confirmed they have commercial relationships. If companies did not respond to ATNF's request, these online retailers were considered for the assessment.

**Scoring:** For an explanation of how the scores were calculated, see the [ATNF BMS Marketing methodology](#).



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### Note

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. Westat is responsible for the analysis of the data related to compliance with the BMS marketing standards and for preparation of summary reports that have been incorporated by ATNF into the scoring of company performance for the Access to Nutrition Index.

### Westat disclaimer

Westat, with its local subcontractors in Thailand and Nigeria, was responsible for the collection of data related to company compliance with the International Code of Marketing of Breast-milk Substitutes and any additional country-specific regulations related to marketing of these products. Westat is responsible for the analysis of the data related to compliance with the BMS marketing standards and for preparation of summary reports that have been incorporated by Access to Nutrition Foundation (ATNF) into the scoring of company performance for the 2018 Access to Nutrition Global Index. Westat and its local subcontractor engaged with healthcare facilities, mothers of infants who attended those facilities, healthcare workers at the facilities, and retailers as part of the data collection and analysis process.

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