



	Weight	Score	
		2018	2016
BMS 1: Corporate Profile	50%	19%	10%
BMS 2: In-country assessment	50%	0%	0%
Total	100%	10%	5%
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
Infant formula: 0-6 months	✓	✓	Higher-risk counties	In respect of product scope and commitments the company follows local regulations where they exist. If there are no local regulations, the company's policy applies.
Complementary foods: 0-6 months	N/A	N/A	N/A	
Follow-on formula: 6-12 months	✓	✓	Higher-risk counties	Out of policy scope
Growing-up milks: 12-24 months	✓	✗	Out of policy scope	

N/A: RB/MJN 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	69%	44%
2	4	Information & education	25%	9%
3	5	The general public and mothers	67%	30%
4	6	Healthcare systems	20%	11%
5	7	Healthcare workers	29%	25%
6	8	Persons employed by manufacturers and distributors	50%	0%
7	9	Labeling	28%	7%
8	10	Quality	83%	50%
9	11	Implementation	42%	22%
10		Lobbying (policy and objectives)	0%	0%
11		Disclosure	0%	13%
Initial Corporate Profile score			38%	19%

About the company¹

Baby food global market share, 2016	<10%
Percentage of baby food revenues out of total F&B revenues (2016)	>90%
Key global brands	Enfamil, Enfagrow, Enfapro, Enfakid, Enfitas, Lactum

¹ Source: Derived from Euromonitor International: Packaged Food, 2017 Edition

Analysis

Note

RB/MJN used to be a member of IFM and supported that organization's Rules of Responsible Conduct (RRC). Although this organization no longer exists, the company continues to use the RRC as the basis of its own policy. RB, MJN's new owner, as of the summer of 2017, is developing a new BMS marketing policy. However, this analysis is based on the MJN RRC-based policy in effect during the research period.

Overarching commitments

In its RRC-based policy, RB/MJN explicitly acknowledges the importance of The International Code of Marketing of Breast-milk Substitutes (The Code) but not subsequent World Health Assembly (WHA) resolutions. The company also states its support for exclusive breastfeeding for the first six months but not for continued breastfeeding for two years or more) and the introduction of appropriate complementary foods (CF) from the age of six months.

Policy commitments on marketing

RB/MJN is in the process of finalising a new policy on BMS Marketing. This research is based on the earlier documentation (for example the RRC) and other information, all shared under NDA. That policy sets broad minimum baseline standards for BMS marketing. It extends only to formulas for infants up to 12 months of age unless local regulation stipulates a different product scope) and applies only in higher-risk countries. It also states that CF should not be marketed as BMS or as suitable for infants up to six months of age.

RB/MJN should ensure that when it develops its new policy it extends that policy to formulas for children up to 36 months of age², and applies it globally, rather than only in higher-risk countries. This would demonstrate the company's support for the WHO recommendation that infants continue to be breastfed up to two years of age or beyond while also being fed with appropriate CF from six months on.

Overall, because the RRC-based policy does not fully mirror all the requirements of all Articles of The Code and due to its limited product and geographic scope, RB/MJN scores poorly on its policy commitments. The policy covers some aspects of Articles 4, 5, 7, 8, 9, 10 and 11 of The Code. The RRC-based policy commitments related to quality (Article 10) are fully in line with The Code. However, it does not include any commitments regarding marketing within healthcare systems (Article 6 of The Code).

RB/MJN's new policy should expand in the following areas to align the company's policy more closely with The Code:

- Broaden policy commitments relating to WHA resolutions, 39.28, 45.34, 47.5, 49.15, 58.32, 63.23 and 69.9.
- Strengthen its commitment related to informational and educational materials by specifying more fully the wording that must be included in all these materials.
- Include commitments to marketing within healthcare systems and expand them as they relate to interaction with healthcare workers.
- Set stricter rules in terms of how sales incentives are designed for its employees.
- Include all points mentioned in Articles 9.2, 9.3 and 9.4 of The Code on product labeling.
- Improve disclosure and provide more information publicly.

² This age threshold is to align with the clarified definition by the WHA resolution 69.9, now covering products up to 36 months of age.

Management systems

Under non-disclosure agreement (NDA), RB/MJN provided more evidence than previously about its management systems. They appear to be consistently applied globally. The company has a comprehensive and effective system to ensure relevant executives and marketing personnel are aware of the company's own policies. The company also conducts extensive training for its employees to apprise each member of its marketing personnel of the International Code and their responsibilities relating to it. Furthermore, RB/MJN regularly monitors compliance with its policy. The company continues to have a whistleblowing system that enables employees to anonymously and confidentially report a concern outside traditional reporting lines, which also extends to third-parties.

However, given the fact that its policy lacked many commitments, consequently, approval procedures for these were absent. Instructions for staff on how to interpret and apply the policy do not seem to have a global character and vary from market to market. The company should strengthen its management systems by:

- Developing clearer and more structured instructions to staff on how to interpret the Code and RB/MJN policy.
- The company should strengthen its accountability and responsibility organizational structure for the implementation of its policy. Furthermore, it should also develop procedures to ensure implementation and awareness of the company policy by contracted distributors and retailers.
- The company should conduct annual independent third-party audits covering both higher-risk and lower-risk countries.
- The company's procedures relating to investigating alleged non-compliance incidents should be expanded to external stakeholders and third-parties. RB/MJN should also strengthen its approach to corrective action and report it to the Board.

Policy commitments on lobbying

RB/MJN does not disclose any policy to guide its lobbying on BMS issues nor does it score on any of the other indicators relating to this topic.

Disclosure

RB/MJN does not disclose any commitments, policy or information about its management systems related to BMS marketing. The company should increase its transparency and provide more information publicly.

Final Corporate Profile score

Product type weighting	60%	N/A	20%	20%
Product type	IF	CF	FOF	GUM
Initial score	38%	-	38%	0%
Score with geographic penalty (-25%)	29%	-	29%	0%
Score with regulatory penalty (-15%)	25%	-	25%	0%
Final Corporate Profile score	19%			

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. RB/MJN 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.

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).

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 in the next Global Index, the BMS 1 Corporate Profile will comprise two parts. In 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. Then a second module will 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 healthcare 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. RB/MJN does not make CF 6-36 and therefore is not assessed on that new module. It does not yet implement the provisions of WHA 69.9 as they relate to formulas intended for infants up to 36 months of age in its policy, thus it would score zero on all indicators introduced with the new resolution. The company is strongly encouraged to adopt a BMS marketing policy which reflects the recommendations of WHA 69.9.

RB/MJN analysis

Initial CP score including WHA 69.9	37%
BMS score (95% weight)	37%
CF score (5% weight) – not applicable	N/A

BMS 2: In-country assessment in Thailand

Note that RB/MJN does not sell its products in Nigeria. This company's assessment is based only on the Thai study. Although many of its products were found in Nigeria, the company confirmed to ATNF that they are parallel imports.

	Thailand	Nigeria	Total
Total number of BMS products assessed	18		18
Infant formula	8	N/A	8
Complementary foods	–	N/A	–
Follow-on formula	4	N/A	4
Growing-up milks	6	N/A	6
Total incidences of non-compliance identified	1,007		1,007
Infant formula	290	N/A	290
Complementary foods	–	N/A	–
Follow-on formula	306	N/A	306
Growing-up milks	395	N/A	395
Formula, age not specified	16	N/A	16
Ratio of incidences of non-compliance by products assessed	55.9		
Level of compliance	Low		
Aggregate score			0%
Adjustment to Global Index score (out of 0.75)			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

Thailand Enfa, Nutramigen

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

- Overall, 18 incidences of non-compliance with Article 4 were found.
- Nine products were referenced on informational or educational materials produced by RB/MJN in the sampled healthcare facilities and stores.
- Nine items of branded equipment were observed bearing an RB/MJN brand or logo in healthcare facilities.

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

- Overall, 964 incidences of non-compliance with Article 5 were observed, the highest number for any company even though RB/MJN's results are only based on the Thailand study. (Note that data based on recall is not included in the score).
- Of 29 products referenced on adverts or in promotions, 16 were on traditional media. These included three infant formulas and another three follow-on-formulas, which are precluded by national regulations as well as The Code. There were an additional 10 growing-up-milks referenced. The other 13 products were advertised or promoted on the company's own social media, including 11 on its website and two on its Facebook page. Six were for follow-on formulas and seven were for growing-up milks.
- Nine women reported having seen an advertisement for what they believed to be an RB/MJN product on television or social media.

- 935 point-of-sale promotions were identified of which 888 (95%) were observed on online retailers which RB/MJN confirmed to ATNF it had a commercial relationship with. Of the total point-of-sale promotions found, both in traditional retailers and online retailers, the most were for growing-up milk (367) but there were also 291 for follow-on formulas and 277 for infant formulas.

Article 6: Healthcare systems (promotion within)

- Seven items of promotional materials were found in healthcare facilities.
- One mother reported having been advised to use an RB/MJN product and three health workers reported that a company representative had contacted them to provide samples for mothers.
- No healthcare workers reported being offered a gift by RB/MJN but one reported having had an offer of financial support or sponsorship of an event.

Article 9: Labeling

- All of RB/MJN's 18 products assessed in Thailand had product labels or inserts that were not compliant with The Code. For example, many carried a health or nutrition claim, and none included a warning that the product might contain pathogenic micro-organisms. Some were missing the statement that the product should only be used on the recommendation of a clinician.

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 24-36 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.

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 the results from these online retailers were included in the assessment.

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



ATNF disclaimer

As a multi-stakeholder and collaborative project, the findings, interpretations and conclusions expressed in the report may not necessarily reflect the views of all companies, members of the stakeholder groups or the organizations they represent or of the funders of the project. This report is intended to be for informational purposes only and is not intended as promotional material in any respect. This report is not intended to provide accounting, legal or tax advice or investment recommendations. While based on information believed to be reliable, no guarantee can be given that it is accurate or complete.

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.

The user of the report and the information in it assumes the entire risk of any use it may make or permit to be made of the information. NO EXPRESS OR IMPLIED WARRANTIES OR REPRESENTATIONS ARE MADE WITH RESPECT TO THE INFORMATION (OR THE RESULTS TO BE OBTAINED BY THE USE THEREOF), AND TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, ALL IMPLIED WARRANTIES (INCLUDING, WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OF ORIGINALITY, ACCURACY, TIMELINESS, NON-INFRINGEMENT, COMPLETENESS, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) WITH RESPECT TO ANY OF THE INFORMATION ARE EXPRESSLY EXCLUDED AND DISCLAIMED.

Without limiting any of the foregoing and to the maximum extent permitted by applicable law, in no event shall ATNF, Westat, Euromonitor International, nor any of their respective affiliates or contractors, have any liability regarding any of the information for any direct, indirect, special, punitive, consequential (including lost profits) or any other damages even if notified of the possibility of such damages. The foregoing shall not exclude or limit any liability that may not by applicable law be excluded or limited.

Euromonitor International Disclaimer

Although Euromonitor International makes every effort to ensure that it corrects faults in the Intelligence of which it is aware, it does not warrant that the Intelligence will be accurate, up-to-date or complete as the accuracy and completeness of the data and other content available in respect of different parts of the Intelligence will vary depending on the availability and quality of sources on which each part is based.

Euromonitor International does not take any responsibility nor is liable for any damage caused through the use of our data and holds no accountability of how it is interpreted or used by any third-party.