



Abbott

U.S.



About the company^a



Baby food global market share (2019)	6%
Percentage of baby food revenues out of total revenues (2019)	13%
Key global baby food brands	Similac; PediaSure; Elecare; Isomil

	Weight	Score		
		2021	2018	2016
BMS/CF 1: Corporate Profile	50%	24%	35%	14%
BMS/CF 2: In-country assessment	50%	33%	33%	0%
Total	100%	28%	34%	7%
Impact on Global Index 2021 score		N/A	N/A	N/A

All figures presented in the scorecard are rounded. The underlying figures are calculated using values of multiple decimal places.

BMS/CF 1: Corporate Profile

Index purpose:

The BMS/CF Marketing Index 2021 scores the constituent companies on the extent to which they market their breast-milk substitutes (BMS) and complementary foods (CF) in line with the recommendations of the 1981 Code and all subsequent relevant WHA resolutions (together known as The Code).

Research:

The Corporate Profile research was undertaken by ATNI between May and September 2020, based on documents available in the public domain or provided by the company under NDA by the beginning of June. Any documents published since are not reflected in the score. Abbott engaged actively with ATNI in the research process.

The findings of this Index regarding companies' performance rely to a large extent on information shared by companies, in addition to information that is available in the public domain. Several factors beyond the companies' control may impact the availability of information such as differences in disclosure requirements among countries or capacity constraints within companies due to, among other factors, the Covid-19 pandemic. Therefore, in the case of limited or no engagement by such companies, this Index may not represent the full extent of their efforts.

Methodology:

The [BMS/CF Marketing Index 2021 methodology](#) was used to undertake this assessment, adapted from the methodology used in 2018, developed with input from ATNI stakeholders' and ATNI's BMS Expert Group. For the first time, this Index includes an assessment of whether complementary foods marketed as being suitable for infants from six to 36 months of age, are marketed in line with the guidance associated with WHA 69.9. Accordingly, the BMS/CF 1 Corporate Profile methodology includes two modules which assess companies' policies, management systems, procedures and disclosure in relation to both BMS marketing (BMS Module) and CF marketing (CF Module).

Product definitions and scope:

ATNI uses the definitions for BMS, for foods for infants and young children, and CF established by the World Health Organization (WHO). These are set out in the 1981 International Code of Marketing of Breast-milk Substitutes and in the WHO document, published in 2016, A69/7 Add 1, 13th May 2016, entitled 'Guidance on ending the inappropriate promotion of foods for infants and young children', referenced in WHA Resolution 69.9 adopted at the 69th World Health Assembly. Hereafter this document is referred to as the guidance associated with WHA 69.9.^b

^a Sources: Euromonitor International; Packaged Food, 2021 Industry Edition; Abbott, [2019 Annual Report \(2020\)](#)

^b A BMS product is one that is marketed or otherwise presented as a partial or total replacement for breastmilk, whether or not suitable for that purpose, for infants and young children from birth to 36 months of age. BMS include: foods and beverages identified as being suitable for infants up to six months of age (CF 0-6), any type of milk-based infant formula (IF) or follow-on formula (FOF, also called follow-up formula) or growing-up milk (GUM, also called toddler milk). A complementary food is any food (whether manufactured or locally prepared) suitable as a complement to breastmilk or formula, when either become insufficient to satisfy the nutritional requirements of the infant.





Initial Corporate Profile score

As explained in ATNI's BMS/CF Marketing Index 2021 methodology, this Initial Corporate Profile score shown in Table 1 indicates: i) the extent to which the wording of the company's policy is fully aligned with The Code; ii) whether the management systems the company uses to implement its policy are comprehensive and consistently applied, and; iii) how extensive its disclosure is.

As Abbott derives more than 5% of its baby food revenues from BMS, it is assessed on the BMS Module.

Sections 2-10 of the BMS module all include analysis of policy commitments and management systems. Section 11 of the BMS Module measures disclosure. The initial 2021 Corporate Profile score does not reflect which products and geographies the policy applies to, or the company's application of the policy in relation to the status of local regulation in different markets. That score is the Final Corporate Profile shown in Table 3, with appropriate weightings and penalties applied.

Table 1: Initial Corporate Profile score

Section	Article ^c	Topic	2021 score	2018 score	2016 score
Breast-milk substitute Module					
1	Introduction	Overarching commitments	92%	100%	58%
2	4	Information and education	0%	25%	9%
3	5	The general public and mothers	0%	67%	28%
4	6	Healthcare systems	13%	39%	28%
5	7	Healthcare workers	18%	50%	34%
6	8	Persons employed by manufacturers & distributors	33%	83%	4%
7	9	Labelling	33%	57%	11%
8	10	Quality	75%	83%	54%
9	11	Implementation	62%	72%	35%
10		Lobbying (policy and objectives)	0%	0%	0%
11		Disclosure	26%	35%	13%
Initial Corporate Profile score (BMS module only)			32%	56%	25%

^c In addition to alignment with each article of the 1981 Code, this assessment includes consideration of any WHA resolutions that augment or relate to the article. For further detail, see the ATNI methodology for the BMS/CF Marketing Index 2021.



Corporate Profile: Analysis

Overarching commitments

In May 2020, Abbott revised its policy. It has not made any changes to its overarching commitments. It had strengthened these commitments compared to the previous policy when the new policy was published in 2017 - as reflected in Abbott's score of 100% in this section in the 2018 Index. However, the company's overarching commitments fall short of The Code as assessed in this Index, as it does not acknowledge WHA 69.9 and the associated guidance.

Policy commitments on marketing

Abbott's updated 2020 policy continues to apply to infant formula (0-6 months) in all markets in which the company operates, and to follow-on formula (for infants over 6 months of age) solely in higher risk markets. However, Abbott now upholds this policy where national regulations are absent or weaker than its own policy. The updated policy still excludes Formulas for Special Medical Purposes (FSMPs) and growing-up milk, thereby falling short of the scope of The Code and the guidance associated with WHA 69.9 which define these products as breast-milk substitutes (BMS).

In 2017, Abbott set out new, stronger policy commitments with the adoption of its new 'minimum standard' policy, as reflected in its improved 2018 Index score. However, the 2021 assessment shows that the revised policy, published in 2020, is less well aligned to The Code than the previous version.

No changes were made in its policy commitments to bring it into closer alignment with the recommendations of The Code, including all subsequent relevant WHA resolutions. The company's score increased only in relation to one indicator because ATNI re-worded it for this assessment based on input from WHO. The requirement to explicitly warn consumers that powdered formulas might contain 'pathogenic micro-organisms' was removed; WHO clarified that companies' policies instead only needed to commit to provide information that these products may cause illness if not properly prepared. (This relates to WHA 58.32 and WHA 61.20).

However, compared to the 2018 Index, Abbott's scores have fallen due to the revision of its policy in the following areas:

- Abbott's updated policy has no commitments in relation to Article 5 of The Code, which relates to all forms of advertising and promotion, including point-of-sale advertising, and communication with the general public and mothers.
- Commitments in relation to healthcare systems (Article 6) fall short of The Code, the only commitment being that it will not promote its infant and follow-on formula products through healthcare facilities. However, Abbott does not extend this commitment in alignment with recommendation 6 of the guidance associated with WHA 69.9, that healthcare facilities will also not be used to host events, contests or campaigns. Similarly, Abbott's only clear commitment in relation to Article 7 is that no financial or material inducements are to be offered to health care professionals. Although Abbott's policy states that products may be provided to health care professionals only for the purposes of professional evaluation and institutional research, it does not explicitly state what these products are and whether this includes equipment or utensils for the preparation and use of these products, as is clearly stated in other companies' BMS policies.
- No commitments are made in the revised policy regarding the system of sales incentives for Abbott's marketing personnel in relation to Article 8.1 of The Code. The policy does however explicitly state that its employees are not allowed to deliver educational to pregnant women or mothers of infants and young children.
- As Abbott's revised policy does not incorporate commitments to implement the guidance associated with WHA 69.9, the company does not meet Recommendation 4 requirements in relation to follow-on formula and growing-up milk products in terms of the information that should or should not be included on the products' labels. These include having a statement on the importance of exclusive breastfeeding for the first six months and continued breastfeeding for up to two years and beyond and omitting any image or text that might suggest product use for under six months of age, or any form of endorsements by professionals.

Abbott's policy is not fully inclusive of all provisions of The Code and relevant subsequent WHA resolutions (it only aligns fully to Article 10 of The Code on 'Quality').



Although Abbott now commits to uphold its policy in markets where regulations are less stringent or absent, the gaps in its updated policy compared to The Code have resulted in a lower final Corporate Profile score than in 2018.

The specific ways in which Abbott could strengthen its policy to bring it fully into line with The Code are in respect of:

- Article 4 on the distribution, use and wording of all informational and educational materials
- Article 5 on advertising and promotion of BMS products to caregivers and the general public
- Articles 6 and 7 on marketing within the healthcare system and to healthcare workers
- Article 9 on the appropriate labelling of BMS products ensuring full alignment with Article 9.2 criteria
- Commitments relating to relevant WHA resolutions including 39.28, 45.34, 47.5 and 69.9
- Extending the coverage of the policy to follow-on formulas and growing-up milks in all markets.

Management systems

Abbott's initial score in relation to its management systems also dropped significantly from 54% in 2018 to 22% in this assessment. This was largely due to the fact that its policy lacks many commitments and therefore the related management systems to implement them dropped. An additional reason for the decrease in these scores (in relation to commitments that haven't changed) was that less complete evidence was shared with ATNI than previously. This was the case in relation to implementation and monitoring (Article 11) in terms of demonstrating systems to raise awareness among retailers/distributors, overseeing how incentives are structured and internal reporting in relation to non-compliance incidents.

To improve its performance, Abbott needs to take several steps: i) extend its policy to cover all of the recommendations of The Code and all types of BMS; ii) put in place comprehensive procedures to ensure that all of those extended commitments are implemented consistently across all markets; iii) demonstrate that it provides clear instructions to all staff on how to interpret these commitments in practice.

Policy commitments on lobbying

Abbott has to date not published any BMS-specific information about its lobbying activities and therefore does not score on this section. To improve its performance, Abbott needs to make information on its lobbying activities publicly available.

(For a more comprehensive analysis of the company's policies, management systems and disclosure relating to lobbying undertaken after research for this Index, see ATNI's report Spotlight on Lobbying, published in June 2021).

Disclosure

Given the changes in Abbott's policy commitments with regard to BMS marketing, the company's disclosure score is lower than in the 2018 assessment in many areas.

Abbott has significant scope to improve its transparency by publishing more information about how it implements its policy, including independent audits and reports, internal compliance assessments and descriptions of lobbying its activities in all markets.



Final Corporate Profile score

The table below shows to which products the company's policy apply, in which geographies, and its stance in relation to local regulations. This information is used to calculate the final Corporate Profile score, as shown in Table 3.

Table 2: Application of company policy

Product type	Product made	Policy scope	Geographic coverage of policy	Stance on application of policy in relation to local regulations
Infant formula: 0-6 months	✓	✓	All markets	In respect of the products covered by the company's policy, Abbott follows national regulations where they are stricter than its policy, in addition to its own policy. In countries where national regulations are weaker than its policy, or absent, Abbott follows its own policy.
Complementary foods: 0-6 months	-	-	-	
Follow-on formula: 6-12 months	✓	✓	High-risk countries ^d	
Growing-up milks: 12-36 months	✓	✗	Out of scope	-
Complementary foods: 6-36 months	-	-	-	-

How the Final Corporate Profile score is calculated

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 company applies the policy only in higher-risk countries for a particular product type); ii) the company's stance in relation to local regulation in countries where regulations are weaker than its policy, or absent. If it does not uphold its own policy in full, the score is reduced by a further 15%.

The scores for each product type in Table 3 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 for that category. This is also the case if the company does not disclose how it applies its policy to a particular product type. If a company does not make a type of product, N/A is shown in Table 3.

Final Corporate Profile score: This is the final score weighted as described above and applying the weightings for each module of the methodology. The BMS module carries 95% of the weight and the CF module carries 5% of the weight. That final score is arrived at by applying all relevant penalties and weightings. $(IF \text{ score} * IF \text{ weighting} * 0.95) + (CF \text{ 0-6 score} * CF \text{ weighting} * 0.95) + (FOF \text{ score} * FOF \text{ weighting} * 0.95) + (GUM \text{ score} * GUM \text{ weighting} * 0.95) + (CF \text{ 6-36 score} * CF \text{ weighting} * 0.05)$. If a company derives less than 5% of its baby food revenues from CF, the CF module is not applied and it is not scored for that product type. The BMS module then contributes 100% to the company's score.

^d Higher-risk country: Country that meets either of the following criteria: a) more than 10 per 1000 under 5 mortality rate, b) more than 2% acute malnutrition (moderate and severe wasting) in children under five. ATNI uses the same definition for these countries as FTSE4Good.



Table 3: Calculation of the Final Corporate Profile score, with product type and module weightings applied

Product type weighting		BMS				CF
		IF 0-6	CF 0-6	FOF 6-12	GUM 12-36	CF 6-36
Step 1	Does the policy apply to this product type?	Yes	N/A	Yes	No	N/A
Initial Corporate Profile score (Table 1)		32%				
Product type weighting of Initial Corporate Profile score (100% BMS Module)		60% ^e	N/A	20%	20%	N/A
Step 2	Initial score for each product type with product type weighting applied	19%	N/A	6%	6%	N/A
Step 3	Score after product weight applied based on policy coverage	19%	N/A	6%	0%	N/A
Step 4	Score after geographic penalty applied if any (x 25%)	19%	N/A	5%	0%	N/A
Step 5	Score with regulatory penalty applied if any (x additional 15%)	19%	N/A	5%	0%	N/A
Step 6	Final score by product type	19%	N/A	5%	0%	N/A
Final Corporate Profile score (sum of product type final scores)		24%				
Adjustment to Global Index 2021 score (out of -0.75)		N/A				

Box 1: Analysis of compliance excluding findings related to the guidance associated with WHA 69.9 to provide like-for-like analysis with 2018 Corporate Profile score

The purpose of this section is to provide a like-for-like comparison between the company's 2018 and 2021 results to illustrate the impact of the inclusion of the guidance associated with WHA 69.9 and assessment of CF marketing on changed scores versus the impact of other factors on the 2021 scores such as changes to a company's policies, practices and disclosure. It is provided purely for comparison purposes. This score is not used by ATNI. It is important to note that this score does not provide an indication of the company's compliance with The Code as it should now be interpreted.

Abbott's Corporate Profile score presented below is based solely on the BMS Module (100% weighting) because the company does not make CF. Further, the analysis excludes indicators related to the guidance associated with WHA 69.9 for the purpose of the comparison.

2018 final BMS 1 score excluding WHA Resolution 69.9	2021 final BMS /CF 1 score excluding WHA Resolution 69.9	2021 final BMS/CF 1 score including WHA Resolution 69.9
35%	26%	24%

Abbott's final 2021 Corporate Profile score would have been 2% higher if ATNI had not incorporated changes in relation to the guidance associated with WHA 69.9 within the BMS module assessment.

However, in a like-for-like comparison between the 2018 and 2021 final Corporate Profile results there is a 9% difference which indicates that Abbott's lower score is primarily attributed to the revision of its policy, which also makes no references to the new recommendations in the guidance associated with WHA 69.9.

^e Given that the company derives ≥5% of its baby food revenues from BMS sales but not from CF sales, the Corporate Profile assessment and score is solely based on the BMS module. In this case, because Abbott does not manufacture CF 0-6, the 25% weighting for CF 0-6 is re-allocated to IF so that a weighting of 60% is applied to IF.



BMS/CF 2: In-country assessments

Market share and BMS/CF brands available in each market^f

Country	Market share ^g	BMS /CF brands sold
Philippines	<5%	Isomil, Similac
Mexico	5%-10%	Alimentum, Elecare, Isomil, Neosure, Similac

Findings

Table 4 sets out a summary of key findings in the Philippines and Mexico. Additional detail is available in ATNI's Summary Reports for each country and in Westat's reports. It is important to note that in each market ATNI assesses companies' compliance with The Code and any local regulations that go beyond The Code. ATNI does not assess companies' compliance with local regulations that are in line with or less stringent than The Code.

Table 4: Summary of key findings in the Philippines and Mexico

	Philippines	Mexico	Total
Total number of legitimate BMS/CF products found in the market	8	15	23
Infant formula	5	10	15
Complementary foods < 6 months	-	-	-
Follow-on formula	1	1	2
Growing-up milks	2	4	6
Complementary foods 6-36 months	-	-	-
Total observed incidences of non-compliance identified	6	42	48
Infant formula	4	9	13
Complementary foods < 6 months	-	-	-
Follow-on formula	0	1	1
Growing-up milks	2	32	34
Complementary foods 6-36 months	-	-	-
Non-specified products*	0	0	0
Ratio of incidences of observed non-compliance to products assessed	0.75	2.80	
Level of compliance	High	Low	
Aggregate score (Philippines and Mexico)	66%	0%	33%
Adjustment to Global Index 2021 score (out of -0.75)	N/A		

Key to level of compliance

Complete:

No incidence of non-compliance found.

High:

Fewer than or equal to 1 incidence of non-compliance by number of products found in the market.

Medium:

Between 1.1 and 2 incidences of non-compliance by number of products found in the market.

Low:

More than 2.1 incidences of non-compliance by number of products found in the market. number of products assessed

*Non-specified products do not relate to a specific product but rather relate to company or brand marketing attributed to its BMS/CF products

^f Other brands may be available for sale in the market – as ATNI found – but these are parallel (unofficial) products, which ATNI does not include in the assessments or scores.

^g Source: Euromonitor International; Packaged Food, 2021 Industry Edition



In-country assessments: Analysis

Article 4: Information and education material, including donations of equipment

- No information, educational material or equipment was found in the Philippines or in Mexico demonstrating good compliance with this article of The Code. (Compliance with Article 4.2 was only assessed in Mexico at the physical retail outlets visited as no data collection could be conducted in healthcare facilities due to COVID-19 restrictions).

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

- No contraventions of The Code were found related to advertising and promotions to the public, mothers and/or caregivers in the Philippines.
- A total of 32 incidences of non-compliance with this article of The Code were observed in Mexico. Twenty (20) related to promotions observed in the retail environment, both online and in physical stores (Article 5.3). Of those, 14 were online promotions, most of which were price-related, and all for growing-up milks whereas in the physical retailers, four related to growing-up milk and two were for infant formula products.
- The remaining 12 incidences were advertising on various media (Article 5.1); eight were found online and four were found on traditional media, all of which related to growing-up milk products.
- None of the caregivers interviewed in the Philippines reported receiving free gifts or being encouraged to use Abbott's BMS products by retail personnel or company representatives, demonstrating good compliance with this article of The Code.

Article 6: Marketing within healthcare systems (Philippines only)

- No marketing was observed in healthcare systems in the Philippines.

- Interviews with caregivers indicated four product promotions by a health professional within the healthcare system (Article 6.2). While these results are not included in the company's score (as they are considered subjective, prone to recall bias and cannot be verified), they provide additional insights into common marketing practices.
- Due to COVID-19, no healthcare facilities were visited in Mexico to undertake this type of assessment.

Article 7: Marketing to healthcare workers (Philippines only)

- There was one report by a healthcare worker in the Philippines of being contacted by Abbott representatives regarding payment to attend events or workshops outside the facility (Article 7.5, superseded by recommendation 6 of the guidance associated with WHA 69.9). While this result is not included in the company's score (as it is considered subjective, prone to recall bias and cannot be verified), it provides additional insights into common marketing practices.
- Due to COVID-19, no healthcare facilities were visited in Mexico to undertake this type of assessment.

Article 9: Labelling

- All 16 incidences of non-compliance with The Code were related to labels which omitted one instruction, assessed per the NetCode Protocol, that powdered formulas should be prepared one feed at a time, a recommendation that had been set out in the WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula referenced in WHA 61.20 (but which is not a requirement of local regulations in either the Philippines or Mexico).
- Six of the 16 findings were in the Philippines; four of these findings were observed on infant formula and two related to growing-up milks.
- The remaining 10 of the 16 findings were observed in Mexico; seven for infant formula, one for follow-on, and two for growing-up milk products.



In-Country Assessment

Research:

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

Methodology:

The methodology is based on the second edition of the NetCode toolkit published in 2017, Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessments. Full details of the methodology are available in the Westat reports for each country.

Data collection methods included:

- Interviews with pregnant women and mothers of infants in healthcare facilities (only in the Philippines).
- Interviews with healthcare workers in healthcare facilities (only in the Philippines).
- Identification of promotional, informational and educational materials produced by BMS/CF manufacturers in healthcare facilities (only in the Philippines) and retail stores.
- Identification of marketing and point-of-sale promotions by BMS/CF manufacturers in retail stores and on online retail sites.
- Analysis of product labels and inserts of all available BMS/CF products on the local market.
- Media monitoring, including various forms of traditional and digital media.

Definitions used:

Westat's studies included the following types of products, following the definitions used in The Code and the guidance associated with WHA Resolution 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.
- CF marketed as suitable for young children from 6-36 months of age.

Definitions of non-compliance with The Code: 2017 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:

National Capital Region, Philippines and Mexico City, Mexico.

Sampling and scope:

- **Healthcare facilities:** Selected with probability proportionate to size from a sample frame of eligible facilities.
- **Mothers and caregivers and healthcare workers:** Selected on a probability basis within each healthcare facility.

- **Retailers:** One small retailer or pharmacy in proximity to each healthcare facility is selected on a purposive basis as well as the 10 largest retail stores that sell a high volume and variety of the products within the study scope are identified in each country and visited. Additionally, the five major online retailers in each country were identified with the advice of the local partners. Given that the study in Mexico excluded healthcare facility assessments, small retailers and pharmacies were not visited.
- **Advertising:** Various traditional media were monitored, such as television, print and radio by a specialist agency in each country. Additional monitoring of online media was undertaken by local partners.
- **330 women and 126 healthcare workers** were interviewed in the Philippines, and none in Mexico due to Covid-19 restrictions.
- **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. The 2017 NetCode protocol required the purchase of a single item of every relevant product included in the study; for products sold in different sizes, those of a medium-size or the most commonly purchased size available are chosen in an effort to maximize the amount of information included on the label. Not all products shown on online retail sites were in fact available for sale.

Fact-checking with companies:

Once data collection in healthcare facilities and retailers had been completed, ATNI undertook various fact-checks with the companies assessed in the BMS/CF Marketing Index 2021 (but not with the 'other' companies whose products were also found). ATNI confirmed which of the companies' products identified, through a wide-ranging search of online sites and physical stores, were in fact legitimate products. This was to exclude parallel imports, for which the companies were not responsible, from the assessment. The companies were also asked to confirm with which online retailers they had formal commercial contracts. Point-of-sale promotions on online retail websites were only included where the companies confirmed such commercial relationships. If companies did not respond to ATNI's request, observations made on these online retailers were included in the assessment. In an innovation to the research process for this Index, companies were also provided with evidence of all observed incidences of non-compliance, in the form of photographs or screenshots, during the final fact-checking step.

Scoring:

For an explanation of how the scores were calculated, see the [ATNI BMS/CF Marketing Index methodology](#).



Box 2: In-country assessment | Analysis of compliance excluding findings related to the guidance associated with WHA 69.9 to provide like-for-like analysis with 2018 in-country assessment and final combined score

The table below sets out Abbott's results if the findings related to the guidance associated with WHA 69.9 are excluded from the BMS/CF 2 results. This provides a direct like-for-like comparison of the findings in 2018 and in this iteration of the Index. It is important to note that these are not the results that provide the complete picture of Code compliance. They are provided for information only. They are not the basis of any scores or analysis presented elsewhere in any of the associated reports.

	Total number of BMS products	Relative level of compliance excluding WHA 69.9 results	Total number of incidences of non-compliance excluding WHA 69.9 results
The Philippines	8	0.75 (High)	6
Mexico	15	2.80 (Low)	42

Abbott's level of compliance in 2021 excluding the results related to the guidance associated with WHA 69.9 does not change for BMS/CF 2. This is because none of the incidences of non-compliance identified related to the guidance associated with WHA 69.9 and the company does not sell CF products. In a like-for-like comparison with the 2018 BMS 2 results, Abbott's overall level of compliance has not changed.

Accordingly, in a like-for-like comparison, the final combined score for Abbott of the BMS/CF 1 and BMS/CF 2 assessments excluding the findings in relation to the guidance associated with WHA 69.9 would be 29%, 1% higher than its 2021 final score.



Disclaimers

ATNI is an independent organization that bases its work on the input of many stakeholders. The findings, interpretations, and conclusions expressed in this 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. Whilst based on information believed to be reliable, no guarantee can be given that it is accurate or complete. The findings of this Index regarding companies' performance rely to a large extent on information shared by companies, in addition to information that is available in the public domain. Several factors beyond the companies' control may impact the availability of information such as differences in disclosure requirements among countries or capacity constraints within companies due to, among other factors, the Covid-19 pandemic. Therefore, in the case of limited or no engagement by such companies, this Index may not represent the full extent of their efforts.

Westat and the Nutrition Center of the Philippines (NCP), its local subcontractor, were responsible for the collection of data related to company compliance with the International Code of Marketing of Breast-milk Substitutes, all subsequent, relevant WHA resolutions, and any additional country-specific regulations related to marketing of these products in the Philippines. Similarly, Westat and Universidad Iberoamericana (IBERO) in collaboration with the Instituto Nacional de Salud Pública (INSP), IBERO/INSP being Westat's local subcontractor, were responsible for the same scope of data collection in Mexico. In the Philippines, Westat and NCP engaged with health facilities, mothers of infants who attended those facilities, health professionals at the facilities, and retailers as part of the data collection and analysis process. In Mexico, Westat and IBERO/INSP engaged with retailers as part of the data collection and analysis process. Westat is

responsible for the analysis of the data related to compliance with ATNI's methodology on which the Access to Nutrition Foundation (ATNF) will (in part) base the scoring of baby food companies in the ATNI BMS/CF Marketing Index 2021, which will in turn inform the companies' scores in the ATNI Global Index 2021.

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 page 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.

Euromonitor International statistics are used under license. While every attempt has been made to ensure accuracy and reliability, Euromonitor International cannot be held responsible for omissions or errors of historic figures or analyses.

Without limiting any of the foregoing and to the maximum extent permitted by applicable law, in no event shall ATNF, Westat, 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.