

ACCESS TO  
**NUTRITION**  
INITIATIVE

# The BMS and CF Marketing Indexes 2024

Methodology assessing baby food companies' compliance with the International Code of Marketing of Breast-Milk Substitutes and all subsequent relevant World Health Assembly resolutions

*Updated methodology as of April 2024*





# Contents

<b>Contents</b>	<b>2</b>
<b>Context</b>	<b>3</b>
The importance of optimal breastfeeding and appropriate complementary feeding	3
International recommendations on breastfeeding and complementary feeding	4
<b>ATNI's approach to assessing baby food companies' BMS and CF marketing</b>	<b>5</b>
Basis for company assessment	5
Objectives	6
Company selection	7
<b>Methodology</b>	<b>9</b>
Development and methodology revision	9
Methodology structure	9
<b>1. Corporate Profile: BMS and CF</b>	<b>12</b>
Approach	12
BMS Corporate Profile	12
CF Corporate Profile	13
Corporate Profile scoring	15
<b>2. Country studies: BMS and CF</b>	<b>19</b>
Underlying methodology	19
Data verification process	24
Country assessments scoring	25
<b>Final scoring and reporting of results</b>	<b>27</b>
<b>Annex I Corporate Profile BMS</b>	<b>28</b>
<b>Annex II Corporate Profile CF</b>	<b>49</b>
<b>Annex III Elements of the BMS Marketing Index 2024</b>	<b>61</b>
<b>Annex IV Elements of the CF Marketing Index 2024</b>	<b>62</b>
<b>Endnotes</b>	<b>63</b>



## Context

### The importance of optimal breastfeeding and appropriate complementary feeding

Nutrition is particularly important within the first 1,000 days of a child's life (from conception to age two). Optimal breastfeeding is a crucial element of infant and young child nutrition. The World Health Organization (WHO) recommends that infants everywhere be exclusively breastfed for the first six months, at which point safe, appropriate complementary foods (CF) should be introduced to meet their evolving nutritional requirements. The WHO also notes that CF should not be used as a breast-milk substitute (BMS), and that infants and young children should continue to be breastfed until they are aged two or older.<sup>1</sup> Any product that potentially replaces the consumption of breastmilk before the age of 36 months is considered to be a BMS. Nevertheless, while breastfeeding up to the age of two years is encouraged, the importance of appropriate CF from the age of six months onwards should not be undermined. CF of poor nutritional quality, particularly those that are high in sugar and calories, can contribute to weight gain, while CF of appropriate nutritional quality has the potential to reduce stunting in young children.<sup>2</sup> These foods should have appropriate levels of micronutrients, either inherently or through fortification, to provide all of the vitamins and minerals essential to healthy development.<sup>3</sup>

Breastfeeding has long been proven to provide a myriad of significant health benefits compared to BMS. These benefits are unique to breastfeeding and help both mother and infant.<sup>4,5</sup> Positive long-term benefits for infants include protection against becoming overweight or obese, as well as against certain non-communicable diseases such as diabetes mellitus.<sup>6,7</sup> Furthermore, in areas of the world where hygiene is poor and the availability of, and access to, food is sub-optimal, breastfeeding is key to lowering infants' risk of undernutrition and infectious diseases.<sup>8</sup> Evidence from a systematic review and meta-analysis found that babies that continued to be breastfed after 12 months of age exhibited a two-fold lesser risk of mortality than those not breastfed.<sup>9</sup>

For mothers, breastfeeding can reduce the risk of certain types of cancer, such as ovarian and breast cancer,<sup>10</sup> and prolonged breastfeeding reduces post-partum weight retention.<sup>11</sup> Continued breastfeeding, rather than simply breastfeeding for a short period, can also reduce the risk of type 2 diabetes as well as cardiovascular diseases for the mother.<sup>12,13</sup> The 2019 *Cost of Not Breastfeeding* tool has shown that optimal breastfeeding has the potential to prevent an additional 98,243 deaths of mothers annually from cancer and type 2 diabetes.<sup>14</sup>

In the lowest-income countries particularly, breastfeeding is vital to many children's survival and development. In 2019, the *Cost of Not Breastfeeding* tool showed that 595,379 childhood deaths (0 to 23 months) from diarrhea and pneumonia were attributable to not breastfeeding according to the global WHO and United Nations Children's Fund (UNICEF) recommendations, with 64% occurring in lower middle-income countries.<sup>15</sup>

Due to the sub-optimal rates of breastfeeding worldwide, and continuing infant mortality and poor health outcomes, in 2014, WHO set the global target for 2025 of achieving 50% exclusive breastfeeding in the first six months of age in all countries and regions.<sup>16</sup> This target was extended in 2016 to at least 70% exclusive breastfeeding by 2030<sup>17</sup>. UNICEF estimates of exclusive breastfeeding rates during the first six months of life show that they improved from 33% in 1995, to 44% in 2020. A significant effort needs to be made to reach the global target, as four of the eight global regions have rates well below 40%, with only South Asia and Eastern and Southern Africa having levels slightly above 50%.<sup>18</sup>

Optimal infant and young child nutrition is also an essential component of achieving the global nutrition goals set by the WHO for 2025 to combat growing levels of overweight and obesity and reduce deaths and illness from diet-related chronic diseases.<sup>19</sup> Substantially improving the diets of infants and young child nutrition is also a critical element in delivering Sustainable Development Goal (SDG) 2 (Ending Hunger) and SDG 3 (Good Health and Well-being), and will contribute to achieving many other SDGs.



## International recommendations on breastfeeding and complementary feeding

In 1981, The International Code of Marketing of Breast-milk Substitutes was adopted by the World Health Assembly (WHA) as a minimum requirement to protect and promote appropriate infant and young child feeding.<sup>20</sup> Since 1981, several WHA resolutions have been passed that augment or reinforce the original Code.<sup>21</sup> ('The Code', used throughout this document, collectively refers to the 1981 WHO Code and all subsequent and relevant WHA resolutions, up to and including WHA 71.9). The resolution adopted in May 2016, WHA Resolution 69.9, further clarifies the scope of BMS products covered by the Code, i.e., all formulas intended for infants from birth to three years of age, including infant formula (IF), follow-up formula (FUF), and growing-up milk (GUM). It is important to note that formulas for special medical purposes have always been included within the Code's scope. WHA resolution 69.9 also introduces recommendations for the appropriate marketing of CF marketed as suitable for older infants and young children aged between 6 and 36 months.<sup>22</sup> Technical guidance on the implementation of WHA resolution 69.9 was developed by the WHO in 2017.<sup>23</sup>

The Code is the recommended basis for action for member states to regulate and monitor the marketing of BMS and CF. Article 11 of the Code also states that manufacturers and distributors of products within the scope of the Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of the Code, and for taking steps to ensure that their conduct at every level conforms to them.

To give legal effect to the Code, countries need to enact laws and regulations and rigorously monitor compliance. Over 40 years since the Code was released, efforts to encourage all countries to incorporate the Code into national legislation have persisted globally, yet 50 of the 194 member state countries still have none of the Code's provisions in their law and only 32 countries have legal measures that are substantially aligned with the Code.<sup>24</sup> The significant gaps in national legislation is one of the reasons that companies selling BMS and CF products for infants and young children must commit to complying with the Code, to demonstrate their commitment to protecting breastfeeding and supporting optimal nutrition among young children.

Scaling up exclusive and continued breastfeeding is not only essential for individual health and wellbeing, but also for optimal human capital development and strengthened individual and national economic outcomes.<sup>25</sup> While the vast majority of women can breastfeed their infants, and most infants are able to be breastfed, in low-, middle- and high-income countries, breastfeeding rates are falling and a marked transition in global infant and young child feeding has occurred, with higher use of commercial milk formulas.<sup>26</sup> The transition is linked with rising rates of female participation in the labor force in many developing markets, urbanization, and increasing incomes and aspirations, which have encouraged the adoption of convenience-oriented lifestyles and made formulas and prepared infant foods more desirable.

Structural factors such as inadequate maternity protection, workplace breastfeeding policies and hospital and antenatal clinic policies that are not supportive of breastfeeding strongly shape a mother's feeding preference even before birth.<sup>27</sup> Socio-cultural factors further play a role where breastfeeding and complementary feeding practices are largely based on cultural customs and significantly influenced by grandmothers and the elderly in the community. Marketing of BMS and CF, which includes advertising, promotions and information presented on labels, significantly shapes the perceptions of caregivers by acting as an influential source of information – this has been demonstrated to contribute to decreasing rates of breastfeeding.<sup>28, 29</sup> Baby food companies can play a critical role in supporting optimal breastfeeding and the timely introduction of CF by marketing their products in line with the Code. In doing so they can also contribute to achieving global nutrition targets and the SDGs.



# ATNI's approach to assessing baby food companies' BMS and CF marketing

## Basis for company assessment

The BMS and CF marketing methodology is based on the following key international guidelines, recommendations and standards:

- The International Code of Marketing of Breast-milk Substitutes developed in 1981, including all subsequent WHA resolutions that make significant additions or provide clarifications to the original provisions outlined in 1981 - these are collectively referred to hereafter as the Code<sup>a</sup>
- Codex Alimentarius Standards<sup>b</sup>
- Relevant local regulations in the countries in which ATNI conducts in-country studies.
- NetCode Toolkit: Monitoring the Marketing of Breast-milk Substitutes: Protocol for Periodic Assessment (2017)<sup>c</sup>

In the BMS/CF Marketing Index 2021, the recommendations of the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children supported by the 2016 WHA resolution 69.9 were incorporated for the first time in the methodology and will continue to be incorporated in the methodology for the BMS and CF Marketing Indexes 2024. These recommendations expanded on and strengthened various elements of the Code; however, the findings of the BMS/CF Marketing Index 2021 showed that the companies have not yet fully adopted and implemented the WHA 69.9 recommendations. ATNI, with the technical support of the World Health Organization, the United Nations Children's Fund, Helen Keller International, and Save the Children, has developed a model company policy that consolidates the Code provisions to date (up to and including WHA 69.9 recommendations) to guide companies in responsibly marketing their BMS products.<sup>d</sup>

WHA 69.9 recommendations also included guidance on the responsible marketing of commercial CF products. Although a primary requirement for CF marketing is that the products are of appropriate nutritional quality, ATNI could not assess the nutritional composition of CF products for the BMS/CF Marketing Index 2021 and therefore the assessment was limited to labeling/messaging, promotional and other marketing practices. ATNI did however conduct a pilot study assessing the nutritional composition and labeling practices of commercial CF in the Philippines against WHO Europe's draft nutrient profiling model for commercially available CF.<sup>e</sup> For the BMS and CF Marketing Indexes 2024, ATNI has received additional funding to assess the nutritional composition and labeling of commercial CF against WHO Europe's nutrient and promotion profile model (NPPM) for food products for infants and young children 6-36 months<sup>f</sup> (see page 14 for more details).

---

<sup>a</sup> For more information about the Code: [WHO | Code and subsequent resolutions](#)

<sup>b</sup> Codex Standard 72-198 for infant formula and formulas for special medical purposes intended for infants  
Codex Standard 156-1987 for follow-up formula

CAC/RCP 66-2008 Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children

<sup>c</sup> For more information about the NetCode Toolkit: <https://apps.who.int/nutrition/publications/infantfeeding/netcode-toolkit-periodic-assessment/en/index.html>

<sup>d</sup> ATNI's model company policy on BMS marketing (March 2022): [Model-policy-on-BMS-marketing-ATNI.pdf \(accessstonutrition.org\)](#)

<sup>e</sup> For more information about ATNI's study on CF in the Philippines: [https://accessstonutrition.org/app/uploads/2021/05/ATNI\\_PH-CPCF-landscape-study.pdf](https://accessstonutrition.org/app/uploads/2021/05/ATNI_PH-CPCF-landscape-study.pdf)

<sup>f</sup> For more information about WHO Europe's NPPM: [Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region](#)



## Product scope

The **BMS Marketing Index 2024** assesses whether companies market the following products in line with the recommendations of the Code:

**Formula milk** (in liquid or powdered form, including all formulas for special medical purposes 'FSMPs' intended for infants and young children aged 0-36 months irrespective of their classification in national legislation)<sup>9</sup>

- IF: infant formula, also referred to as Stage 1 formula (intended for infants aged 0-6 months)
- FUF: follow-up formula, also referred to as Stage 2 formula (intended for older infants between 6 and 12 months)
- GUM: growing-up milk, also called toddler milk or referred to as Stage 3 formula (milks or milk replacements intended for young children between 12 and 36 months of age)

*Note: In line with the definition of breast-milk substitutes, as set out by the World Health Assembly (WHA), BMS products include any food or milk that is marketed as partially or fully replacing breast milk. Although the Code also applies to the marketing of feeding bottles and teats, ATNI does not cover the marketing of these products in the assessments as these are generally not manufactured by food and beverage companies.*

The **CF Marketing Index 2024** assesses whether companies market the following products in line with the recommendations of the Code:

**Complementary foods** (including baby porridge and cereals, dairy/fruit/vegetable-based baby purées, savory meals and snack foods for infants and young children, as well as baby teas, juices and water)

- CF marketed as suitable for infants aged 0-6 months (CF < 6).

*Note: In line with the World Health Assembly definition, CF marketed to infants aged under six months are breast-milk substitutes, as these products interfere with exclusive breastfeeding in the first six months. However, ATNI will assess these products in the CF Marketing Index rather than the BMS Marketing Index to emphasize that CF products should only be intended for older infants and young children aged from 6 to 36 months and not be introduced to infants aged under six months who should be exclusively breastfed.*

- CF marketed as suitable for older infants and young children between six and 36 months of age (CF 6-36).

## Objectives

ATNI's principal objective in assessing the selected major baby food companies is to determine the extent to which they market their BMS and CF in line with the Code. ATNI's ultimate goal is to encourage all baby food companies to market their products in line with this international standard and/or national legal measures, whichever are stricter.

ATNI undertakes its assessments using the methodology set out here. The methodology is again based on the recommendations and guidance of organizations such as WHO and UNICEF, and relevant resolutions passed by the WHA.

---

<sup>9</sup> There are various types of infant formula. As noted in the 2017 NetCode Protocol for Periodic Monitoring, the upper age indication on the product label varies from country to country but is usually between 6 and 12 months. These include "special" formulas such as soy formula, lactose-free formula, low-birthweight/premature formula and therapeutic milks. According to Codex (STAN 72-1981) Standard for infant formula and formulas for special medical purposes intended for infants (revision 2007), formula for special medical purposes intended for infants means a substitute for human milk or infant formula that is specially manufactured to satisfy, by itself, the special nutritional requirements of infants with specific disorders, diseases or medical conditions during the first months of life up to the introduction of appropriate complementary feeding.



The assessment is designed to enable stakeholders to track changes over time in the selected baby food companies' policies, practices and disclosure and to compare:

- The alignment of their marketing policies with the Code and subsequent relevant WHA resolutions
- The markets and products to which companies uphold their policies
- How robust the companies' related management systems are and how consistently they apply them in different markets
- The completeness of the companies' disclosure
- Their approach to lobbying on BMS and CF marketing topics
- The effectiveness of the companies' policies and management systems in key markets in ensuring their marketing of BMS and CF products complies with their policies and/or the Code and local regulations.

A score is generated for all companies. Previously, in 2016 and 2018, ATNI published the results of these assessments within each Global Index report. For the first time in 2021, ATNI published the results in a separate Index, called the BMS/CF Marketing Index 2021, and the findings were also included in the Global Index 2021 report. This methodology describes the assessments that will be conducted for the second iteration of the BMS and CF Marketing Index(es), published in 2024.

The report on the consultations for the BMS and CF Marketing Indexes 2024<sup>h</sup> details the suggested changes discussed on adjusting final Global Index scores based on the BMS and CF Marketing Index scores (for those companies that are also constituents of the Global Index 2024). The Global Index adjustment will be further discussed during the consultations and preparations for the Global Index 2024.

Additional background and material on ATNI's approach to assessing BMS and CF marketing can be found on [ATNI's website](#), including previous Index reports, scorecards for each BMS/CF company and previous methodologies.

## Company selection

The BMS and CF Marketing Indexes 2024 will collectively assess the 20 largest baby food companies globally, based on 2021 retail sales. ATNI estimates these companies hold >70% of the global baby food (BMS and CF) market share.<sup>i</sup> The previous assessment included only the nine largest baby food companies. ATNI was provided with additional funding to expand the company scope in response to stakeholder input.

Six out of the 20 companies are constituents of the Global Index 2024, which assesses 25 of the world's largest food and beverage companies. The remaining 14 companies are not assessed on the Global Index 2024 either because they are not classified as food and beverage sector companies (for example, Abbott and Reckitt), or if they do classify as food and beverage companies, they are not among the 25 largest globally.

---

<sup>h</sup> For more information on ATNI's 2022 multi-stakeholder consultations for the BMS/CF Marketing Index 2023:

[BMS CF consultation report December2022.pdf \(accessnutrition.org\)](#)

<sup>i</sup> ATNI estimates derived from Euromonitor International



**Table 1: Companies assessed in the BMS and CF Marketing Indexes 2024 and Global Index 2024**

Company	Short name used in Index	HQ	New to this Index?	Part of Global Index 2024?
<b>A2 Milk Co Ltd.</b>	a2 Milk	New Zealand	Yes	No
<b>Abbott Laboratories Inc.</b>	Abbott	United States	No	No
<b>Danone Group</b>	Danone	France	No	Yes
<b>Feihe International Inc</b>	Feihe	China	No	No
<b>Hain Celestial Group Inc</b>	Hain Celestial	United States	Yes	No
<b>Hangzhou Beingmate Group Co Ltd</b>	Beingmate	China	Yes	No
<b>Health &amp; Happiness (H&amp;H)</b>	H&H	China	Yes	No
<b>Hero Group GmbH</b>	Hero	Switzerland	Yes	No
<b>Hipp GmbH &amp; Co Vertrieb KG</b>	HiPP	Germany	Yes	No
<b>Inner Mongolia Yili Industrial Group</b>	Yili	China	No	Yes
<b>Kraft Heinz Co</b>	Kraft Heinz	United States	No	Yes
<b>Lactalis, Groupe</b>	Lactalis	France	Yes	Yes
<b>Mead Johnson (Guangzhou) Ltd</b>	Mead Johnson	China	Yes	No
<b>Morinaga Milk Industry Co</b>	Morinaga Milk	Japan	Yes	No
<b>Nestlé S.A.</b>	Nestlé	Switzerland	No	Yes
<b>Progress OAO</b>	Progress	Russia	Yes	No
<b>Reckitt Benckiser Group Plc (RB)</b>	Reckitt	United Kingdom	No	No
<b>Royal FrieslandCampina NV</b>	FrieslandCampina	Netherlands	No	Yes
<b>Shijiazhuang Junlebao Milk Co Ltd</b>	Junlebao	China	Yes	No
<b>Vietnam Dairy Products JSC (Vinamilk)</b>	Vinamilk	Vietnam	Yes	No



# Methodology

## Development and methodology revision

ATNI organizes multi-stakeholder consultations for companies, investors, public health experts and other interested parties after each iteration of its Indexes. Consistent with this approach, ATNI conducted a series of consultations with various stakeholders mid-2022 to discuss proposed changes and revisions to the BMS/CF Marketing methodology.<sup>1</sup> After the completion of the consultative process, ATNI finalized the methodology revisions for the BMS and CF Marketing Indexes 2024. The key changes in the methodology are described throughout this document.

## Methodology structure

### The BMS Marketing Index and CF Marketing Index 2024

The 2024 Index consists of a BMS Index and a CF Index. Following the methodology criteria of the BMS/CF Marketing Index 2021:

- companies that derived 5% or more of their total baby food (BMS and CF) revenues in 2021 from BMS products will be assessed on BMS marketing and therefore be part of the BMS Marketing Index 2024

*Note: In the BMS Marketing Index 2024, BMS products constitute formula milk (see page 6).*

- companies that derived 5% or more of their total baby food (BMS and CF) revenues in 2021 from CF products will be assessed on CF marketing and therefore be part of the CF Marketing Index 2024

*Note: In the CF Marketing Index 2024, CF products include both categories of CF: CF for older infants and young children 6-36 months as well as CF for infants under six months (CF < 6).*

Some companies may be assessed on both BMS and CF marketing and therefore be part of both Indexes; however, the BMS and CF assessments will **not** be combined to yield a final total score.

---

<sup>1</sup> For more information on ATNI's 2022 multi-stakeholder consultations for the BMS/CF Marketing Index 2023: [BMS\\_CF\\_consultation\\_report\\_December2022.pdf \(accessnutrition.org\)](https://www.accessnutrition.org/BMS_CF_consultation_report_December2022.pdf)



**Table 2: Companies assessed in the BMS and CF Marketing Indexes 2024**

Company name	2021 global retail sales of baby foods (BMS+CF), USD million	% BMS sales (2021)	% CF sales (2021)	Applicable Index
Nestlé	~13,400	69.2%	30.8%	BMS and CF
Danone	~8,550	85.7%	14.3%	BMS and CF
Feihe	~5,070	99.8%	0.2%	BMS
Abbott	~4,670	99.9%	< 0.1%	BMS
Reckitt	~3,800	100%	No CF sales	BMS
Yili	~3,500	100%	No CF sales	BMS
FrieslandCampina	~2,200	98.4%	1.6%	BMS
Junlebao	~1,860	100%	No CF sales	BMS
Mead Johnson	~1,400	100%	No CF sales	BMS
HiPP	~1,020	28.9%	71.1%	BMS and CF
Kraft Heinz	~1,000	3.6%	96.4%	CF
H&H	~980	99.6%	0.4%	BMS
Hero	~700	17.8%	82.2%	BMS and CF
Vinamilk	~700	85.5%	14.5%	BMS and CF
Progress	~690	No BMS sales	100%	CF
Hain Celestial	~600	10.5%	89.5%	BMS and CF
Morinaga Milk	~590	96.9%	3.1%	BMS
Lactalis	~520	87.9%	12.1%	BMS and CF
Beingmate	~510	86.5%	13.5%	BMS and CF
a2 Milk	~500	100%	No CF sales	BMS

*Companies are presented by decreasing estimated global retail sales of BMS and/or CF in 2021 (final data was retrieved from Euromonitor International in the end of December 2022)*



## Corporate Profile and the Country Studies

The methodology retains the same overall structure as in the BMS/CF Marketing Index 2021. It assesses whether BMS/CF companies take a responsible approach to marketing their products using two separate tools:

**Corporate Profile assessment:** in the methodology for the BMS/CF Marketing Index 2021, this element was also known as BMS/CF 1. However, as the methodology for the BMS and CF Marketing Indexes 2024 introduces two separate Indexes - one for BMS marketing and one for CF marketing – it consists of two forms of Corporate Profile assessments, one for each Index. The Corporate Profile assessments aim to evaluate companies' policies, management systems and disclosure in relation to BMS and CF marketing, as applicable to a company.

**Country studies:** in the methodology for the BMS/CF Marketing Index 2021, this element was also known as BMS/CF 2. However, as the methodology for the BMS and CF Marketing Indexes 2024 introduces two separate Indexes - one for BMS marketing and one for CF marketing – it consists of two forms of country assessments, one for each Index. Country studies are designed to measure companies' on-the-ground BMS and CF marketing practices in selected countries by assessing their compliance with provisions of the Code.

The subsequent sections describe those two main elements of the BMS/CF Marketing methodology in further detail.

*This document was updated in April 2024. Key updates include additional details describing the Country Study methods, as well as revisions to the Corporate Profile indicators that were applied during the research process.*



# 1. Corporate Profile: BMS and CF

## Approach

The Corporate Profile component of the BMS and CF Marketing Indexes 2024 evaluates the extent to which a company's policies align with various provisions of the Code and whether it has related management systems in place to ensure its implementation, as well as the company's level of disclosure on commitments relating to BMS/ CF marketing. The main types of indicators in the Corporate Profile for both the BMS and CF Marketing Indexes are:

- **policy commitment indicators:** these assess companies' commitments on responsible BMS/CF marketing in company policies or other relevant documentation, and the extent to which they align with the Code.
- **management system indicators:** these assess the guidance and procedures provided by companies to their employees to ensure the implementation of the commitments on responsible BMS/CF marketing.
- **disclosure indicators:** these assess the companies' level of disclosure relating to responsible BMS/CF marketing.
- **lobbying indicators:** these assess the companies' approach to lobbying in relation to BMS/CF marketing.

Both the BMS and CF corporate profiles also include a series of 'Basic Company Information' questions which are not part of the indicators which companies are scored on, but rather serve to collect information to assess the scope of the companies' BMS/CF marketing commitments, in terms of the products and markets covered. The section below [Corporate Profile scoring](#) describes in further detail how the scope of the commitments affects the *final* Corporate Profile score.

Consistent with the usual approach of conducting Corporate Profile assessments, for both BMS and CF corporate profile, ATNI researchers compile publicly available information (such as BMS marketing policies and company reports) to assess companies. Companies are then invited to review preliminary assessments and provide feedback and additional supporting material (first round of engagement) via the data collection platform used by ATNI, *Probench*. Companies are also given the opportunity to provide information under a non-disclosure agreement, should a company wish to sign one. After the first round of engagement, ATNI carefully evaluates the comments and evidence (if provided) and adjusts the assessment, if applicable. Companies then get a second opportunity (second round of engagement) to review their assessment and/or answer clarification questions raised by ATNI analysts. ATNI then evaluates comments to finalize the assessment.

## BMS Corporate Profile

Only those companies which in 2021 derived 5% or more of their baby food (BMS and CF) revenues from BMS products (specifically formula milk) will be assessed on the BMS Corporate Profile.

The indicators in BMS are revised from the BMS module of the BMS/CF Marketing Index 2021 – the revisions were mainly based on ATNI's model company policy (see page 5). The BMS survey consists of a total of 11 sections: one section covers overarching commitments related to the Code, nine sections reflect the key Code provisions, one section covers lobbying and public policy influence, and another separate section covers disclosure. The full list of indicators for BMS can be found in [Annex I](#), where the relevant Code provision is indicated next to each question.



## Key changes

Compared to the previous methodology, an indicator has been incorporated in the first 'overarching' section to assess and score on whether a company applies its BMS marketing commitments to formulas for special medical purposes. This indicator will also carry heavier weighting compared to the remaining indicators in that section and contribute to 50% of the score on that section.

Other changes include removing one section on 'Information and Education' and adding one on 'Donations'. Indicators from the 'Information and Education' section have been moved across other sections, where relevant, whereas a total of ten indicators have been added to better capture companies' commitments relating to donations. Compared to the previous single indicator on donations, the indicators in this revised methodology are more specific, covering commitments on donations in the healthcare system, in emergencies and humanitarian settings, and in social and welfare institutions.

Additionally, the management systems indicator assessing if a company's system, to ensure it upholds commitments relating to the different Code provisions, is comprehensive and applied globally has been removed from this assessment and it is covered across the remaining management systems indicators addressing corporate guidance and procedures on these issues. Other changes throughout the BMS survey include minor variations to the wording of some indicators, slightly modified answer options, some additional indicators along with other adjustments that have been made to improve the clarity and specificity of the indicators and enhance the overall assessment.

## CF Corporate Profile

Only those companies that in 2021 derived 5% or more of their baby food (BMS and CF) revenues from CF products will be assessed on the CF Corporate Profile. The CF corporate profile survey is not designed to penalize companies for marketing CF intended for older infants and young children aged 6-36 months given the importance of giving children safe, appropriate, and nutritious CF from this age. The intent is rather to ensure that the marketing of these products is in accordance with the recommendations of the guidance supported by WHA resolution 69.9, i.e., that it does not undermine exclusive breastfeeding up to six months of age nor supplant continued breastfeeding up to two years or beyond.

The indicators in CF are revised from the CF module of the BMS/CF Marketing Index 2021. The CF corporate profile survey consists of a total of nine topics. Compared to the methodology for the BMS/CF Marketing Index 2021, the CF corporate profile assessment has three additional sections to ensure consistency with the BMS Corporate Profile: one section covers donations, one addresses implementation and monitoring, and one section is on lobbying and public policy influence. The remaining six sections reflect the key recommendations of the guidance supported by WHA 69.9, including one section that covers the companies' disclosure in relation to responsible CF marketing.

The full list of indicators for CF corporate profile can be found in [Annex II](#), where the relevant WHA 69.9 recommendation is indicated next to each question.

## Key changes

CF marketed as suitable for infants under six months of age (CF < 6) are effectively BMS products as they interfere with exclusive breastfeeding in the first six months; therefore, in previous ATNI BMS/CF Marketing methodologies, CF < 6 was part of the BMS product category and consequently part of the BMS assessments. In this revised methodology however, CF < 6 are now part of the CF product category – which entails CF < 6 and CF 6-36 – to emphasize that CF products should be limited to CF designated for older infants and young children between six months and three years of age and should not be marketed to infants under six months who should be exclusively breastfed based on WHO guidance on optimal infant and young child feeding practices.



In addition to the changes described above regarding the sections added to the CF corporate profile survey, other modifications across the sections include minor variations to the wording of some indicators, slightly adjusted answer options, as well as the addition of some indicators to ensure consistency with the BMS corporate profile survey. These revisions aim to improve the clarity and specificity of the indicators and enhance the overall assessment.

### **Areas not covered by methodology**

While the Corporate Profile methodology aims to assess many important areas of companies' commitments and management practices, some key issues are not assessed, principally because they lie outside the scope of the Code. These include, for example, corporate funding of research and advocacy bodies and companies' programs or support for other organizations' programs to promote breastfeeding; or programs that address nutritional deficiencies among children under two, and women of childbearing age.

While the CF Corporate Profile methodology aims to assess many important areas of companies' commitments and management practices, other key areas - particularly relating to [WHO Europe's NPPM](#) – have not yet been incorporated into the methodology for the CF Marketing Index 2024 (see Box 1 below).

#### **Box 1. Pilot assessment of commercial CF products using WHO Europe's Nutrient and Promotion Profile Model (2022)**

In November 2022, WHO's Regional Office for Europe published the Nutrient and Promotion Profile Model (NPPM). Currently, this is the only existing official model that sets out nutrient and promotion requirements across different CF product categories to support various stakeholders, including industry, in ensuring commercial CF products are suitable and appropriately promoted for older infants and young children aged six months up to three years. The NPPM follows Recommendation 3 of the WHO Guidance supported by WHA 69.9, which advises that "Nutrient profile models should be developed and utilized to guide decisions on which foods are inappropriate for promotion".

Using an adapted version of the WHO Europe's NPPM, ATNI conducted an [assessment](#) of CF as part of a series of research activities conducted by the Consortium for Improving Complementary Foods in Southeast Asia (COMMIT)<sup>k</sup> initiative in seven Southeast Asian countries. Additionally, to complement this research in other geographies, ATNI assessed CF products sold in 10 other countries by the six largest CF companies, using WHO Europe's 2022 NPPM (the report can be found [here](#)).

Although this assessment and its results are not directly included in the assessment and scoring of this CF Marketing Index 2024, the results are released in the same period and considered when updating the CF methodology for new Indexes.

---

<sup>k</sup> COMMIT partners include ATNI; Alive & Thrive; Helen Keller International; JB Consultancy; School of Food Science, University of Leeds; UNICEF East Asia and the Pacific Regional Office; and World Food Programme Asia Pacific Regional Office.



# Corporate Profile scoring

## Indicator level

All sections in both the BMS and CF Corporate Profile surveys continue to be equally weighted because the Code does not suggest differential importance or application of any of the recommendations (for more information on this topic, refer to [ATNI's multi-stakeholder consultations report on the BMS and CF Marketing Indexes 2024](#)).

For the BMS Corporate Profile, the topics 'Overarching Commitments' and 'Disclosure' consist of only one type of indicator, policy commitment indicators and disclosure indicators, respectively. The remaining topics consist of both policy commitment indicators and management system indicators (see previous section on '[Approach](#)' on page 12), where each type of indicator carries 50% of the weight within the applicable topics. The 'Implementation and Monitoring' topic, however, consists of more management system indicators and only a few policy commitment indicators. For this section only, the policy commitment indicators carry 20% of the weight, and the management system indicators carry 80%.

Regarding the CF Corporate Profile, most topics include both policy commitments and management systems indicators, except for the topic 'Guiding principles of infant and young child feeding' which only considers policy commitments, 'Implementation and Monitoring' which only considers management systems, and 'Disclosure' which only considers the level of disclosure of identified commitments. 'Lobbying and Policy Influence' is the only topic that includes policy commitments, management systems and disclosure.

At the indicator level, indicators have a number of scoring options and a fixed maximum score worth 10 points (scoring at the indicator level is shown in [Annex I](#) and [Annex II](#) for the BMS and CF Corporate Profile, respectively). The aggregated indicator score, which is out of 10 points, is converted to a percentage score.

The aforementioned scoring criteria are consistent with the previous BMS/CF Marketing Index methodologies.

## Key indicator changes

- **How Formulas for Special Medical Purposes are incorporated in the BMS Marketing Index 2024 scoring**

A main issue identified in the BMS/CF Marketing Index 2021 was the exclusion of some or all formulas for special medical purposes (FSMPs) from companies' BMS marketing policies. All provisions of the Code apply to FSMPs, and therefore there is no basis for their exclusion from companies' BMS marketing policies.

ATNI has revised the methodology for the BMS Marketing Index 2024 to now score companies on this element to ensure BMS marketing commitments are adopted across companies' full range of formula, including FSMPs.

An indicator has been incorporated in the first 'overarching commitments' section to assess and score on whether a company applies its BMS marketing commitments to formulas for special medical purposes. This indicator (indicator 5) will also carry heavier weighting compared to the remaining indicators in that section and contribute to 50% of the score on that section (section 1 of the BMS survey – see [Annex I](#)).



- **How Complementary Foods for infants under six months are incorporated in the CF Marketing Index 2024 scoring**

A main issue identified in previous BMS/CF marketing assessments was that CF continue to be marketed as suitable for infants under six months of age, which is against global recommended guidance on exclusive breastfeeding in the first six months and introduction of appropriate complementary foods from six months onwards.

A key scoring change at the indicator level has been applied to the CF survey. Section 1 of the CF survey on the 'guiding principles underpinning infant and young child feeding' consists of an additional indicator (indicator 4) that determines whether companies market CF for infants under six months of age. This indicator weighs 50% of the total CF survey score such that:

- If a company markets CF < 6
  - > the score on this indicator is 0
  - > therefore the *maximum possible* CF total corporate profile score is 50%
- If a company does not sell CF < 6 in any market
  - > the score on this indicator is 10
  - > therefore the *maximum possible* CF total corporate profile score is 100% dependent on the company's marketing of CF 6-36 products
  - > and the *minimum* CF total corporate profile score is automatically 50% for complying with responsibly marketing CF products only to older infants and young children from six months of age.

*Note: all remaining indicators of the CF survey address marketing of CF 6-36 products and collectively weigh the remaining 50% of the total CF corporate profile survey.*

## Product weightings

To fully comply with the Code, companies should apply their BMS/CF marketing commitments to all BMS/CF products.

With regards to **BMS marketing**, commitments should apply to all types of formula (refer to page 6): Weightings are assigned to each product category, and these have been revised for the BMS Marketing Index 2024 as follows:

- **Infant formula (IF) “45%”:** Inappropriate BMS marketing poses the highest risk on the health of the youngest and most vulnerable age group (infants from birth up to six months of age), so it is important that the infant formula product category is the most heavily weighted, which is consistent with the previous BMS/CF Marketing methodologies.
- **Follow-up formula (FUF) “35%”:** The aim of the BMS/CF Marketing Index methodology is to drive industry towards responsibly marketing all products defined by WHO as BMS, so increased weight has been placed on the follow-up formula category. The scoring system of the previous BMS/CF Marketing methodologies did not credit companies in a sufficiently balanced way, particularly with regards to applying responsible marketing commitments for follow-up formula in all markets.
- **Growing-up milk (GUM) “20%”:** There has been no change to the weighting of this product category. ATNI has not reduced the weighting of this product category because of its importance, but it has also not been possible to increase its weighting without affecting other elements of the scoring.

With regards to **CF marketing**, the weightings assigned to the product categories are as follows:



- Complementary foods marketed to infants under six months (CF < 6) “50%” (see page 16 for the implications of marketing CF < 6 on the CF survey score).
- Complementary foods marketed to older infants and young children between six months and three years of age (CF 6-36) “50%”

Compared to the previous BMS/CF Marketing methodologies, the weightings for both CF < 6 and CF 6-36 have increased to further emphasize the importance of both not marketing CF to infants under six months and responsibly marketing CF products to older infants and young children 6-36 months to ensure optimal infant and young child feeding practices.

### **Geographic penalty (applied to each product category)**

An additional requirement to fully comply with the Code is that companies should not only apply their BMS/CF marketing commitments to all BMS/CF products, but also ensure that for each product type they uphold these commitments in all the markets they sell their BMS/CF products in.

As observed throughout ATNI's assessments on industry commitments to BMS marketing, companies may have relatively strong commitments in their policies but do not uphold those commitments for all (or any) BMS products where national Code regulation is non-existent or is weaker than a company's policy. The aim of ATNI's BMS and CF Marketing Indexes is to incentivize action towards achieving full Code compliance, so upholding company marketing commitments for all BMS/CF products in all markets, where national Code regulation is absent or weaker, is a key requirement against which every company is assessed.

For the BMS and CF Marketing Indexes 2024 a single geographic penalty is introduced ranging from 0% up to 90% depending on whether a company fully upholds its BMS/CF marketing commitments in all or none of the countries in which it operates, respectively, where national Code regulations are absent or less stringent than the company's policies and standards. This is a considerably higher penalty compared to the previous BMS/CF Marketing methodology to emphasize the need for companies to uphold their commitments in all their markets because otherwise it means that the company is not taking any additional steps beyond legal compliance to fully comply with the Code. The penalty is however gradually reduced from 90% relative to the global BMS/CF sales representing the markets where companies uphold their BMS/CF marketing commitments i.e. if the markets where a company upholds its commitments beyond legal compliance contribute to a relatively higher proportion of the company's global BMS/CF sales, the geographic penalty will be relatively lower such that with every ‘+’ one percentage point of sales, the penalty is reduced by ‘-’ (0.9). Refer to **Figure 1** for more details on how the geographic penalty would be applied.

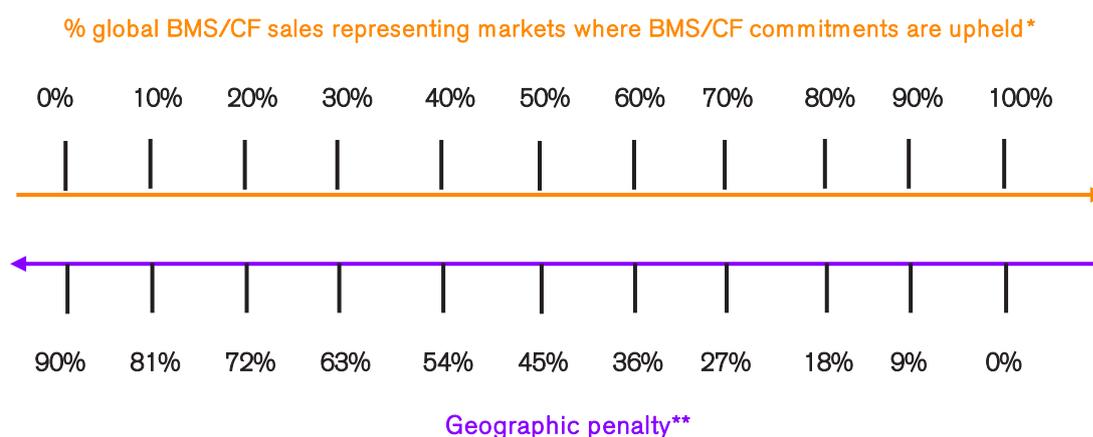
Euromonitor retail sales estimates<sup>1</sup> are used to calculate the proportion of companies' global product sales covered per product type. It is important to note however that the underlying data used for the calculations may not be fully representative of the company's markets.

---

<sup>1</sup> *Euromonitor International intelligence is used under license. Although Euromonitor aims to correct inaccuracies of which it is aware, it does not warrant that the data 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 content will vary depending on the availability and quality of sources on which each part is based. Furthermore, Euromonitor does not warrant that the data will be fit for any particular purpose(s) for which they are used as Euromonitor does not have any knowledge of, nor control over, those purposes.*



**Figure 1: Graduated geographic penalty (per product category: IF, FUF, GUM, CF 6-36)**



\* Based on rounded sales values

\*\* Value of the penalty applied will be of up to two decimal places

The graduated geographic penalty is applied in both BMS and CF to each product category to which the companies' commitments apply, and therefore the global sales of each applicable product type is considered in determining the relative penalty. The geographic penalty is however not applied to CF <6 as this product should not be marketed, neither to FSMPs which are scored as described in the previous section.

With this new penalty, ATNI also no longer distinguishes countries based on [FTSE4Good's categorization](#) of 'higher-risk'<sup>m</sup> and 'lower-risk', but rather intends to capture the impact of those commitments as the Code applies universally and all children have the right to protected breastfeeding. ATNI will however continue to use FTSE4Good's country classification alongside the following sources of information to assess how companies uphold their BMS/CF marketing commitments, and therefore determine the appropriate geographic penalty:

- Euromonitor International data
- Information retrieved from the 'Basic Company Information' questions in the BMS and CF Corporate Profile surveys
- The [2022 Status Report](#) on the National Implementation of the International Code by WHO, UNICEF and IBFAN.

### Overarching remarks

As previously mentioned, the 'Basic Company Information' questions of both the BMS and CF survey aim to gather the information required to determine the appropriate *product weightings* and *geographic penalty* (per product) to be applied to each survey score and calculate the Corporate Profile scores for the BMS and CF Indexes. Where this information is missing or not provided by the companies, ATNI will use Euromonitor International sales data or data from Innova Market Insight's product database. [Annex III](#) and [Annex IV](#) each provides an overview of how the final Corporate Profile score is obtained for the BMS Marketing Index 2024 (BMS) and the CF Marketing Index 2024 (CF), respectively.

<sup>m</sup> Countries were considered 'higher-risk' based on whether either of the following criteria applied to it: mortality rate of more than 10 per 1000 children under-5 or more than 2% acute malnutrition (moderate and severe wasting) in children under-5



## 2. Country studies: BMS and CF

### Underlying methodology

The Country Studies component of the BMS and CF Marketing Indexes 2024 evaluates the extent to which a company's marketing practices align with specific provisions of the WHO Code (not against local Code-related regulations).

The methodology for the country studies is guided by the second edition of the [NetCode protocol for periodic assessment](#) published in 2017, which was also used as a basis for the BMS/CF Marketing Index 2021 methodology and which ATNI had expanded in scope to ensure that relevant elements of the guidance supported by WHA 69.9 were incorporated.<sup>n</sup> As noted on their website, "WHO, in consultation with UNICEF, has created NetCode, the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly Resolutions."<sup>30</sup>

The main areas of marketing assessed in the country studies for the BMS and CF Marketing Indexes 2024 are online points-of-sale, traditional and online media outlets, and product labels. Data collection is conducted using forms adapted from the 2017 edition of the NetCode toolkit, namely:

- Form 5: List of relevant products sold at point-of-sale
- Form 6: Promotions at retail outlets and pharmacies
- Form 7: Desk review of labels
- Form 8: Desk review of promotions on the media

Due to the increased number of companies and countries assessed compared to the previous ATNI country studies, data collection methods were adapted by using online tools to capture marketing practices.

The three main forms of assessment are described below:

#### I. Social listening<sup>o</sup>

**Purpose of the assessment:** Monitor companies' online marketing activities to determine level of compliance with Article 5 of the Code and the guidance supported by WHA resolution 69.9 (see Box 2).

---

<sup>n</sup> Earlier methodologies for ATNI's in-country studies on BMS marketing were based on the first edition of the NetCode protocol, and previously the IGBM protocol.

<sup>o</sup> Social listening involves monitoring the web and social media for mentions of defined key words or phrases, which can be gathered, organized, and analyzed.

**Box 2:**

Article 5 of the Code includes provisions on advertising BMS to the general public, especially to caregivers. It stipulates that companies should not advertise or promote their BMS products on any form of media nor in retail environments (both physical and online). WHA 69.9 recommendations further prohibit companies that sell BMS from establishing contact with caregivers, providing them information on infant and young child feeding, and cross-promoting their BMS products in digital environments.

WHA 69.9 recommendations also include provisions on CF promotions. While these are not prohibited, certain requirements must be met to ensure the products are appropriately promoted. These specifically pertain to recommendation 4.

It is important to note that the Code recommends the introduction of CF products no earlier than six months of age to protect exclusive breastfeeding in this period. As those products should not be available on the market, they were counted as observations of non-compliance and not assessed on any further indicators that evaluate appropriate marketing practices.

**Objectives:**

1. Identify the number of company paid advertisements<sup>p</sup> of BMS/CF or related company sponsored content, if any.
2. Identify the number of promotions<sup>q</sup> on BMS/CF products, if any.

Each identified advertisement and promotion of BMS is counted as an observation of non-compliance. Meanwhile, they are counted as such for CF if the advertisement or promotion is of a CF product intended for infants younger than six months of age (CF < 6), otherwise if it is of a CF product intended for older infants and young children between six months and three years of age (CF 6-36), the advertisement/promotion would be counted as an observation of non-compliance if it does not meet recommendations 4 and 5 of WHA 69.9.

Each observed incidence of non-compliance is counted and used to calculate a company's country score.

3. Record additional incidences of non-compliance associated to an observed advertisement or promotion.

These are not counted towards the country score but provide context of the extent and nature of non-compliances. Examples include claims or solicited contact.

**Note:** Multiple forms of non-compliance may be attributed to a single BMS/CF product or brand advertisement or promotion; these would be considered collectively as a single incidence of a non-compliant observation. If the same advertisement is found on more than one social media platform, each instance would be counted as a separate observation of non-compliance.

---

<sup>p</sup> An advertisement can be any audiovisual material meant to promote relevant products.

<sup>q</sup> Promotions include any incentives for product purchase, such as discounts, offers, and giveaways, as well as information posts on infant and young child feeding, or they can be in the form of company contact via sign-up to baby clubs or contests



**Methods:** Online platforms were monitored for mentions of a combined set of keywords across three main channels: web, social media and retail<sup>†</sup>.

The keywords, which are based on desk research in consideration of similar studies conducted, included:

- Names of the companies and BMS and CF brands assessed in a country, including the local company and brand names

- Wording related to infant and young child feeding, specifically breastfeeding, complementary feeding, baby formula, and commercial baby foods (e.g., baby formula, first milk, weaning food)

- Wording relating to promotions and claims (e.g., sale, discount, and immunity and comfort)

The service provider translated the keywords to the local language to ensure that local content was monitored and collected. In addition, ATNI worked closely with the service provider to revise and refine the list of keywords until relevant content was being delivered by the tool.

The platforms monitored were:

- Companies' local websites and social media channels

- Parenting websites: Up to 10 of the most popular websites and social media platforms (based on popularity and number of mentions), as captured by the social listening tool, that provide information to parents and caregivers on infant and young child feeding

- Retail websites: Up to five of the most popular local retail websites (based on popularity and number of mentions), as captured by the social listening tool, that sell BMS and CF products

**Time frame:** monitoring spanned for eight weeks between May 12, 2023 – July 6, 2023

## II. Traditional media monitoring

**Purpose of the assessment:** monitor companies' marketing activities on traditional media to determine level of compliance with Article 5 of the Code and the guidance supported by WHA resolution 69.9 (see Box 2 above).

### Objectives:

1. Identify the number of company paid advertisements<sup>§</sup> of BMS/CF or related company sponsored content, if any.

Each identified advertisement of BMS is counted as an observation of non-compliance. For CF, advertisements of CF < 6 are counted as an observation of non-compliance, as well as advertisements of CF 6-36 products that do not meet recommendations 4 and 5 of WHA 69.9.

Each observed incidence of non-compliance is counted and used to calculate a company's country score.

2. Record additional incidences of non-compliance associated with an observed advertisement.

These are not counted towards the country score, but provide context of the extent and nature of non-compliances. Examples include promotions, claims, or solicited contact.

Note: Multiple forms of non-compliance may be attributed to a single BMS/CF product or brand advertisement; these would be considered collectively as a single incidence of a non-compliant

---

<sup>†</sup> ATNI contracted Digimind to conduct the social listening and collect relevant mentions.

<sup>§</sup> An advertisement can be any audiovisual material meant to promote relevant products.



observation. If the same advertisement is found on more than one channel, each instance would be counted as a separate observation of non-compliance.

**Methods:** creatives by advertisers of the companies assessed were monitored on television channels for content related to BMS and CF products and brands<sup>†</sup>.

The sources monitored have a reach of > 70% of the population in the country.

**Time frame:** Monitoring spanned a total of six months, between January 1 2023 and June 30 2023. Across all channels, live monitoring took place between May 4 2023 and June 30 2023 (two months), while historical content was obtained for the period between January 1 2023 and May 3 2023. The monitoring was continuous and not limited to a specific time interval during the day.

### III. Review of product labels:

**Purpose of the assessment:** evaluate companies' product labels to determine their level of compliance with Article 9 of the Code and guidance supported by WHA resolution 69.9 (see Box 3).

#### Box 3:

Article 9 of the Code includes provisions on labelling requirements for BMS which are further augmented by recommendation 4 of WHA 69.9. Labelling requirements for CF products are specified in recommendation 4 of WHA 69.9.

Labels of CF < 6 products are counted as observations of non-compliance as those products should not be available on the market, thus they were not assessed on any further indicators that evaluate appropriate marketing practices.

#### Objectives:

1. Identify the number of non-compliant product labels, if any.

Each identified non-compliant label is counted as an observation of non-compliance, contributing to the country score.

2. Record additional non-compliances associated to an observation.

A non-compliant label may have more than one type of non-compliance. The various non-compliances identified per label are not added up to the country score, but provide context of the extent and nature of non-compliances. Examples include inappropriate use of pictures and images, claims, or missing instructions of appropriate preparation.

**Methods:** BMS and CF product information was obtained from a third-party product database<sup>‡</sup> that also included images of the product labels.

**Time frame:** Products selected for the assessment included those launched between March 2020 and February 2023. The aim was to include BMS and CF products that were on the markets in the first half of 2023.

---

<sup>†</sup> ATNI contracted Nielsen Ad Intel International to monitor traditional media channels and collect relevant creative advertisements.

<sup>‡</sup> ATNI contracted Innova Market Insights to access the product database and obtain information on BMS and CF products in the markets of interest.



## Changes in the assessment approach

As noted in the earlier section on [company selection](#), the BMS and CF Marketing Indexes 2024 will collectively assess the 20 leading BMS/CF companies globally – 11 additional companies compared to the 2021 assessment. The expanded company scope results in the following key changes in the methodology:

1) As the company scope has expanded for the BMS and CF Marketing Indexes 2024, the geographic variability of the companies' markets would require the selection of **a minimum of five countries**, to ensure each of the 20 companies is assessed on BMS/CF marketing in at least one country. Many of the companies sell BMS/CF products in more than one of the countries, while some are only present in one.<sup>v</sup>

One of the main criteria in previous BMS/CF Marketing methodologies was the selection of 'higher-risk' countries<sup>w</sup> to conduct the on-the-ground assessments in. However, as noted in an earlier [section](#), the BMS and CF Marketing Indexes 2024 will not distinguish between 'higher-risk' and 'lower-risk' countries in any of the elements of the methodology.<sup>x</sup> Other considerations in country selection include a balanced representation of countries in terms of their levels of exclusive breastfeeding and the status of national Code implementation, as well as practical factors such as safety.<sup>y</sup>

To ensure comparability across the companies' country assessments in the BMS and CF Marketing Indexes 2024, ATNI's country selection is also based on ensuring that the companies are assessed in their main BMS/CF markets that represent over 10% up to 100% of their global BMS/CF market.

Consistent with previous BMS/CF Marketing methodologies, companies are not informed of the location or timing of the country studies prior to their commencement. Companies are informed of the selected countries only once data collection is completed in a country.

2) In the past BMS/CF Marketing country studies, ATNI commissioned a research organization to undertake on-the-ground assessments in *two* countries per iteration. The research organization would also identify and contract a specialist in-country partner to conduct the assessments in the capital or largest city in each of the two countries. However, the changes of the BMS and CF Marketing Indexes 2024 warranted a modified approach. After examining alternative ways of conducting the country assessments in an efficient and feasible manner within the bounds of the projected work, ATNI has identified three companies (Digimind, Innova Market Insights, and Nielsen Ad Intel International), each providing a form of service that covers the scope and objectives of the monitoring studies in each country as described earlier. This centralized approach results in standardized data collection processes for each form of monitoring across the different countries. All collected data is cleaned, processed, and analyzed by ATNI's researchers. ATNI will also continue to consult and work with local stakeholders in each country who, being familiar with the context and the language, can provide valuable knowledge and support to improve the research processes.

3) The increased number of companies assessed may **limit the capacity to assess and report on other companies** which are not part of the BMS and CF Marketing Indexes 2024 but which were found in the selected countries not complying with the Code, as done in previous BMS and CF Marketing assessments.

4) The expanded company scope results in increased variability among companies in terms of their product portfolios, warranting a **separation of the assessments into BMS and CF country assessments**. The BMS and CF country studies' data collection surveys reflect those of the BMS and

---

<sup>v</sup> Market presence was determined using Euromonitor International 2021 data.

<sup>w</sup> Countries were considered 'higher-risk', based on a risk rating system used by FTSE4Good, when either of the following criteria applied: mortality rate of more than 10 per 1000 children under-5 or more than 2% acute malnutrition (moderate and severe wasting) in children under-5.

<sup>x</sup> For more information read ATNI's report on the multi-stakeholder consultations for the BMS and CF Marketing Indexes 2023 [BMS\\_Cf\\_consultation\\_report\\_December2022.pdf \(accessnutrition.org\)](#)

<sup>y</sup> If it is not possible to assess a company in its major baby food market due to a country's conditions, the company's BMS/CF marketing assessment would then solely be based on its Corporate Profile assessment.



CF Corporate Profile surveys, respectively, where BMS marketing *practices* are assessed against the Articles of the Code and relevant WHA resolutions and CF marketing *practices* are assessed against the recommendations of the WHO Guidance supported by WHA resolution 69.9 – this is consistent with the 2021 BMS/CF Marketing methodology. Unless specified otherwise, all elements of the country assessments are applicable to both BMS and CF.

### Areas not covered by the methodology

Although commitments in the following areas are assessed to a certain extent within the Corporate Profile component of the BMS and CF Marketing Indexes 2024, ATNI recognizes the limitation in not capturing how companies' commitments are reflected in practice on these issues:

- Articles 1-3 (the aim, scope and definitions of the Code), including recommendations 1 and 2 of the WHO Guidance supported by WHA resolution 69.9, provide the context and structure for the country studies but are not monitored per se.
- **Methodology change:** In relation to Article 5 of the Code, point-of-sale promotions are not monitored in physical retail stores given limitations in conducting this form of assessment on-the-ground. Point-of-sale promotions however continue to be monitored on online retail platforms.
- **Methodology change:** Due to a number of limitations, Articles 6 and 7 of the Code and recommendation 6 of the WHO Guidance supported by WHA resolution 69.9, which address marketing within healthcare systems and to healthcare workers are not within the scope of the country studies for the BMS and CF Marketing Indexes 2024.
  - ATNI's [report](#) on the consultations for the BMS and CF Marketing Indexes 2024 includes further details on the discussions around this proposed change.
- Article 10 of the Code requires special inspection of manufacturing processes, which is not covered by the NetCode protocol and, therefore, not within the scope of the on-the-ground assessments.
- Similarly, Article 11 of the Code primarily targets governmental responsibilities which the NetCode protocol did not address and is also therefore not within the scope of the country studies. Furthermore, corporate lobbying is not monitored as part of the on-the-ground studies, however this topic may be explored in future iterations, as noted in ATNI's [consultation report](#).



This icon, found in the BMS and CF corporate profile surveys (see [Annex I](#) and [Annex II](#), respectively) indicates Code provisions assessed in practice in the country studies (in addition to being assessed on the Corporate Profile).

### Data verification process

Once the research and preliminary analysis is complete, ATNI asks companies to confirm certain factual elements of the research – this is consistent with the verification process followed during the research for the BMS/CF Marketing Index 2021. As part of ATNI's fact-checking process, each company is requested to confirm if the brands captured correctly represent the markets studied during the research timeframe. As the verification process entails fact-checks and requests for additional information, it has no influence on the assessments and findings.

For the label assessment, companies are specifically requested in some cases to share additional product information and materials that could not be found in the public domain if images of the product packages are missing or when the images available to ATNI are not clear enough to extract the information needed to complete the assessments. Companies are also asked to confirm if the products are officially intended for sale in the assessed countries. This step is taken because findings attributed to parallel imports – branded goods that are imported into a market and sold there without the consent of the owner of the trademark in that market - are excluded from companies' scoring calculations.



In regard to the online findings, companies are asked to confirm whether they have contractual relationships with parenting websites (targeting parents/caregivers of infants and young children) in situations where company-related incidences of non-compliance are found, and with online retailers where point-of-sale promotions are monitored. As this is an assessment of company practices, ATNI verifies if companies have any agreements with parenting websites and online retailers or influence on their marketing practices, to determine whether the companies are responsible in any way for the findings and thus if they should be attributed to the company or excluded from the assessments.

For each country assessment, ATNI's online research platform *Probench* would be open for a few weeks for companies to review the uploaded findings. If companies do not respond to ATNI's requests, all identified incidences of non-compliance are included in the assessments, and where clear images are missing, the label assessments remain incomplete and are noted as such.

During this process, companies can review their findings, along with the evidence of all observed incidences of non-compliance in the form of images and screenshots, videos, and links. ATNI follows an independent and transparent approach with the companies to confirm to them ATNI's observations of non-compliance and where they were identified. These details also serve to provide the companies with the information they need to take corrective action.

## Country assessments scoring

Each company's score will be based on the findings from the countries in which it sells its BMS/CF products:

- If a company sells its BMS/CF products in only one of the five countries, its score will be based solely on the results of that country assessment.
- If a company sells its BMS/CF products in more than one of the five countries, its score will be based on the average of each country score. See [Annex III](#) and [Annex IV](#).
- The increased number of countries assessed (from two countries in previous BMS/CF Marketing studies) aims to provide more representative findings of companies' BMS/CF marketing practices on-the-ground.

### Calculation of scores per country and relevant changes

Each country score is calculated by aggregating the total number of incidences of non-compliance with the Code identified in each country from the social listening, traditional media monitoring, and product label review. All instances of non-compliance attributed to BMS (formula) products/brands are added to determine the country BMS score, and similarly all counts of non-compliance attributed to CF products/brands are combined to determine the country CF score. In this iteration any CF < 6 found during the research is directly counted as an observation of non-compliance with the Code, consistent with the Corporate Profile CF methodology. Also similar to the Corporate Profile (BMS and CF) assessment, no differential weighting is applied to the findings across different forms of marketing. This first step in the scoring calculations follows the same initial step applied in calculating country study scores in previous BMS/CF Marketing country studies, except that the BMS and CF findings are processed separately for the BMS and CF Marketing Indexes 2024, respectively.

However, in previous methodologies, for each company, the number of incidences of non-compliance found in each country was normalized by dividing that value by the total number of the company's BMS/CF products found in each country, which provides a relative measure of the scale of Code non-compliance in a country that was then translated to a percentage country score.

For the BMS and CF Marketing Indexes 2024 country studies, the levels of non-compliance and their corresponding percentage scores remain the same as in previous BMS/CF Marketing methodologies (as shown in Table 3 below). Levels of non-compliance however are determined solely by the number of



incidences of non-compliance<sup>z</sup> rather than by the normalized score, as calculated in previous methodologies. The higher the number of observed incidences of non-compliance for a company, the less compliant it is to the Code, whereas a company would be considered fully compliant with the Code if no incidences of non-compliance are found across online and traditional media and for product labels.

**Table 3: Company country scores based on observed incidences of non-compliance with the Code**

Observed incidences of non-compliance with the Code in a country	BMS or CF country score
0	100%
1-10	66%
11-20	33%
>20	0%

### Overarching remarks

Separate country reports are published presenting the findings from each country assessment. These results will also be discussed in the reports on the BMS and CF Marketing Indexes and included in each company's BMS and/or CF Marketing Index Scorecard.

---

<sup>z</sup> ATNI has already conducted seven in-country studies in total since 2016, the findings from which provide a good basis to define this change i.e. determining respective levels of non-compliance with the Code (complete-high-medium-low) and percentage scores based on the number of non-compliances with the Code.

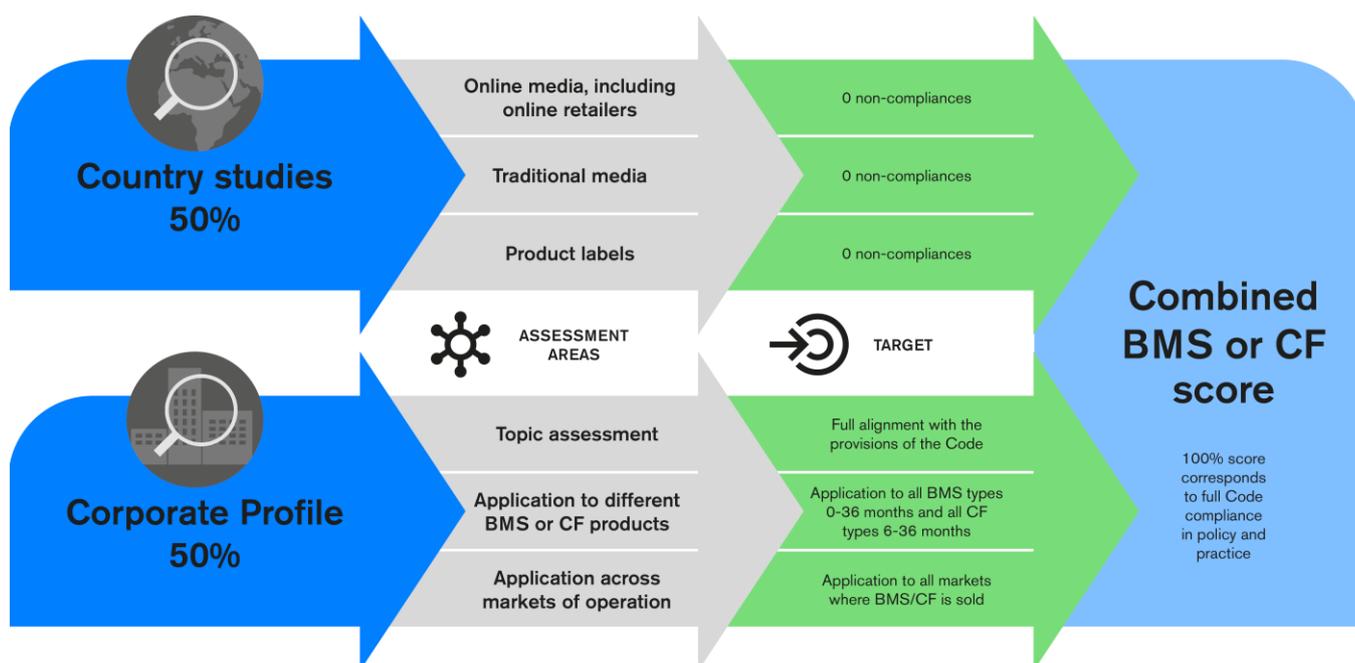


## Final scoring and reporting of results

For each of the BMS and CF Indexes, a company's Corporate Profile score and Country Studies score are averaged to obtain a company's total BMS score or CF score, respectively *i.e.*, the total BMS score is the average of the BMS Corporate Profile score and BMS Country Studies score and the total CF score is the average of the CF Corporate Profile score and CF Country Studies score. The total possible score for each of the Corporate Profile and Country Studies is 100% and the total possible combined score is 100%. The higher that score, the closer a company has come to achieving full compliance with the recommendations of the Code, as assessed using the ATNI methodology.

As shown in [Table 2](#), some companies (Beingmate, Danone, Hain Celestial, Hero, HiPP, Lactalis, Nestlé, Vinamilk) are assessed on both the BMS and CF Indexes. Compared to the BMS/CF Marketing Index 2021, these companies' BMS and CF scores are not combined to yield one final score for the BMS and CF Marketing Indexes 2024. For companies assessed on both BMS and CF marketing, the respective results are presented in separate reports and scorecards for the BMS Marketing Index 2024 and CF Marketing Index 2024, respectively.

Figure 2: Methodology for the BMS and CF Marketing Indexes 2024





# Annex I Corporate Profile BMS

## Note:



This icon indicates Code provisions assessed in practice in the country studies (in addition to being assessed on the Corporate Profile).

*Newly introduced sections and indicators are denoted as 'NEW' while 'ADAPTED' denoted indicators that have been modified.*

## Basic Company Data

- Full list of all formula brands specified by age intended for infants and young children from birth to 36 months of age
- Full list of BMS marketing policies or relevant documents that cover this topic.
- Types of products covered by BMS marketing policy and related policies (IF, FUF, GUM, including Formulas for Special Medical Purposes (FSMP), and CF 0-6)
- The company's definition of FSMPs
- List of FSMPs covered by the company's BMS marketing policy
- Full list of countries where the company sells one or more of its BMS products (IF, FUF, GUM) and the respective sales of each product type in each of those countries
- For each type of product, full list of countries where the company upholds its policy and standards on BMS marketing (i.e., company fully applies its policy provisions where local Code regulations are absent/weaker than the company's BMS marketing policy or related policies), or full list of countries where the company only follows national regulations on BMS marketing

## Section 1

OVERARCHING COMMITMENTS: Commitments relating to the introduction of the International Code			
#	Policy commitments <small>Indicators 1-4 collectively contribute to 50% of section 1's score and indicator 5 contributes to the remaining 50% of this section's score.</small>	Score	
1	<b>Support for breastfeeding</b>		
	Does the company explicitly state support for the following?	Exclusive breastfeeding for the first six months, and continued breastfeeding for two years or more	10
		Exclusive breastfeeding for the first six months	7.5
		Breastfeeding generally with no mention of specific age ranges	2.5
		The company does not make such commitments	0
2	<b>Support for appropriate introduction of complementary foods</b>		
	Does the company explicitly state support for the introduction of appropriate complementary foods <sup>aa</sup>	Yes, explicitly	10
		The company does not make such commitments	0

<sup>aa</sup> According to WHO, complementary foods should be adequate in nutritional composition to provide sufficient energy, protein, and micronutrients to meet a growing child's needs, avoiding added sugar and salt, and they should be hygienically stored and prepared, and fed with clean hands using clean utensils.



	from the age of six months?		
<b>3</b> <b>ADAPTED</b>	<b>Acknowledgement of the Code and WHA resolutions</b>		
	Does the company acknowledge The International Code of Marketing of Breast-milk Substitutes and all subsequent WHA resolutions (including WHA 71.9)?	Yes, explicitly	10
		Yes, but not explicitly acknowledging resolutions up to WHA 71.9	7.5
		Yes, but only acknowledging the original Code (of 1981)	5
		The company does not acknowledge the Code	0
<b>Additional information:</b> Follow this link to see the full list of WHA resolutions <a href="#">WHO   Code and subsequent resolutions</a>			
<b>4</b>	<b>Application to joint ventures (JV) and subsidiaries</b>		
	Do the company's commitments apply to:	All joint ventures and subsidiaries where the company has a holding	10
		Joint ventures and subsidiaries where the company has a holding of greater than 50%	7.5
		The company does not make such commitments	0
		Not applicable	N/A
<b>5</b> <b>NEW</b> 	<b>Application to Formulas for Special Medical Purposes</b>		
	Does the company's BMS marketing commitments apply to formulas for special medical purposes?	Yes, to all special formulas and formulas for special medical purposes	10
		No	0

## Section 2

Advertising to the general public and mothers			
#	Policy commitments		Score
	Indicators 1-7 contribute to 50% of section 2's score		
<b>1</b> <b>ADAPTED</b> 	<b>Advertising and other forms of promotion</b>		
	Does the company state that it will not use <b>advertising or other forms of promotion</b> of its BMS products to reach the <b>general public</b> (Code article 5.1)?	Yes, and covering the following forms of media: a. TV, radio, print and outdoor media b. Digital, internet and social media	10 Option A – 5 points Option B – 5 points
		Yes, but not stating which forms of media are covered by this commitment	2.5
		The company does not make such commitments	0
<b>2</b> 	<b>Samples of products</b>		
	Does the company explicitly state that it will not provide <b>directly or indirectly samples of products</b> to <b>caregivers of infants and young children</b> (Code article 5.2)?	Yes, explicitly	10
		The company does not make such commitments	0
<b>3</b> <b>ADAPTED</b>	<b>Point-of-sale promotion</b>		
	Does the company	Yes, explicitly and states that this is applicable to:	10



	explicitly state that it will not use <b>point-of-sale advertising, giving of samples, or any other promotion device<sup>bb</sup></b> to induce sales of BMS products directly to the <b>consumer at the retail level</b> (Code article 5.3)?	a. physical retail stores b. online retail stores	Option A – 5 points Option B – 5 points
		Yes, but not stating which forms of media are covered by this commitment	2.5
		The company does not make such commitments	0
<b>Distribution of gifts</b>			
4  	Does the company explicitly state that it will not distribute in any setting or via any means to <b>caregivers of infants and young children, any coupons, gifts of articles or utensils</b> that may promote the use of BMS or bottle feeding (Code article 5.4, recommendation 6 of WHA 69.9)?	Yes, explicitly	10
		The company does not make such commitments	0
<b>Company contact</b>			
5  <b>ADAPTED</b>  	Does the company commit that its staff, particularly its marketing personnel, will not engage in <b>direct or indirect contact</b> of any kind by <b>establishing relationships with caregivers of infants and young children</b> , including through baby clubs, social media groups, childcare classes and contests? (Code article 5.5, recommendation 5 of WHA 69.9)?	Yes, explicitly	10
		The company does not make this commitment in full	5
		The company does not make such commitments	0
<b>Informational and educational materials intended for caregivers of infants and young children</b>			
6  <b>ADAPTED</b>  	Does the company explicitly state that it will <b>not directly nor indirectly provide education on infant and young child feeding</b> to caregivers of infants and young children (recommendation 6 WHA 69.9). This should cover informational and educational material in	Yes, and explicitly stating this is applicable in all settings	10
		Yes but educational and informational materials may be provided in some settings	5
		The company does not make such commitments/commitments are not made in full	0

<sup>bb</sup> These include special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales



	all forms including verbal, written, audio, visual or any other tangible or digital form of communication.		
	<b>Additional information:</b> Recommendation 6 of the WHO Guidance supported by WHA resolution 69.9 supersedes Article 4 of the 1981 Code and WHA resolutions 58.32 and 61.20		
<b>7</b> <b>NEW</b> 	<b>Cross-promotion</b>		
	Does the company state that it will not <b>cross-promote the different types of BMS products (including FSMPs)</b> by ensuring different packaging designs and labels are used that clearly distinguish the different products (recommendation 5 of WHA 69.9)?	Yes, explicitly The company does not make such commitments	10 0
<b>#</b>	<b>Management systems</b> <small>Indicators 8-9 contribute to 50% of section 2's score</small>		<b>Score</b>
<b>8</b> <b>ADAPTED</b>	<b>Clear instructions to staff (Do's and Don'ts)</b>		
	In relation to <b>advertising to the general public and mothers</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments to <b>advertising and public promotion</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on all provisions on <b>product samples</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>point-of-sale promotion</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>gift distribution</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>company contact</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>informational and educational materials</b>	10/7
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>cross-promotion</b>	10/7
<b>9</b> <b>ADAPTED</b>	<b>Procedures</b>		
	Can the company demonstrate procedures to implement commitments made relating to all Code provisions on <b>advertising to the general public and mothers?</b> (tick all that apply)	The company can demonstrate such procedures for all provisions on <b>advertising and public promotion</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>product samples</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>point-of-sale promotion</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>gift distribution</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>company contact</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>informational and educational materials</b>	10/7
		The company can demonstrate such procedures for all provisions on <b>cross-promotion</b>	10/7



## Section 3

Healthcare systems			
#	Policy commitments <small>Indicators 1-7 contribute to 50% of section 3's score</small>		Score
1 ADAPTED  📖	<b>Hosting events, contests and campaigns</b>		
	Does the company explicitly state that it will <b>not use health facilities to host events, contests or campaigns</b> (recommendation 6 of WHA 69.9):	Yes, explicitly	10
		The company does not make such commitments	0
2	<b>Display of products and materials</b>		
	Does the company explicitly state that it will <b>not display products</b> within the scope of the Code (that are covered by its BMS marketing policy), or <b>materials</b> such as <b>placards</b> or <b>posters</b> concerning such products throughout health facilities (Code article 6.3)?	Yes, explicitly	10
		The company does not make such commitments	0
3	<b>Gifts and coupons</b>		
	Does the company explicitly state that it will <b>not give any gifts or coupons to caregivers of infants and young children throughout the health system</b> (recommendation 6 of WHA 69.9)?	Yes, explicitly	10
		The company does not make such commitments	0
4	<b>Work in the health care system</b>		
	Does the company explicitly state that it will <b>not provide or pay for 'professional service representatives', 'mothercraft nurses' or similar personnel to work in the health care system</b> (Code article 6.4)?	Yes, explicitly	10
		The company does not make such commitments	0
5	<b>Demonstrations of feeding</b>		
	Does the company explicitly state that <b>none of its staff or representatives will demonstrate feeding with formula</b> , whether manufactured or home-	Yes, explicitly	10
		The company does not make such commitments	0



	prepared <sup>cc</sup> (Code article 6.5)?		
#	<b>Management systems</b> Indicators 8-9 contribute to 50% of section 3's score		Score
6	<b>Clear instructions to staff (do's and don'ts)</b>		
	In relation to <b>health care systems</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on hosting events, contests, and campaigns within health facilities	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to displaying products and materials within health facilities	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to provision of gifts/coupons to caregivers within health facilities	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to providing or paying for work (e.g. professional service representatives/mothercraft nurses) in the healthcare system	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to demonstrating formula feeding in health facilities	2

## Section 4 [NEW SECTION]

Donations			
#	Policy commitments Indicators 1-7 contribute to 50% of section 4's score		Score
1	Does the company explicitly state that it will not provide to caregivers through health workers or health facilities any of the following products within the scope of the Code that are covered by the company's policy (recommendation 6 of WHA 69.9)? (tick all that apply):	<b>Donations within the healthcare system</b>	
		Free products	10/3
		Samples of products	10/3
		Reduced-price products <sup>dd</sup>	10/3
2	Does the company explicitly state that it will not donate or distribute any equipment, materials (including educational materials), or services to any part of the health care	Yes, explicitly	10
		The company does not make such commitments	0

<sup>cc</sup> Formula feeding should only be demonstrated by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it.

<sup>dd</sup> According to the Baby-Friendly Hospital Initiative guidance, "low-cost", "low-price" or "reduced-price" sales are sales at prices below the wholesale price, or lower than 80% of the retail price in the absence of a standard wholesale price.



	system (recommendation 6 of WHA 69.9)?		
<b>Donations in humanitarian settings and emergencies</b>			
3	Does the company explicitly state that it will not provide donations of its products within the scope of the Code (that are covered by the company's BMS marketing policy) in humanitarian and emergency settings (unless officially requested by responsible government authorities and/or national humanitarian coordination structure)?	Yes, explicitly	10
		The company does not make such commitments	0
4	Does the company explicitly state that if any products within the scope of the Code are required in emergencies, the following criteria must be ensured (WHA 47.5, WHA 63.23, WHA 69.9 and the Operational Guidance for Infant and Young Child Feeding in Emergencies): (tick all that apply)	Supplies are based on identified need	10/6
		Distribution is targeted and through officially sanctioned health programs (supplies are not distributed for use outside these programs)	10/6
		The supply is continued for as long as the infants concerned need it	10/6
		No expired products or products which are close to expiry are donated (supplies should have a 6-month shelf life from point of delivery)	10/6
		The products will not display company brands	10/6
		Use donations or low-price sales as a sales inducement	10/6
<b>Donations in social welfare institutions</b>			
5	If the company explicitly states that it only donates or sells low-price products within the scope of the Code (that are covered by the company's BMS marketing policy) to infants and young children who require these products within social welfare institutions, e.g. orphanages and food banks, does the company explicitly state that it will not (Code article 6.6 and 6.7)? (tick all that apply)	Use such donations or low-price sales as a sales inducement	5
		Distribute these supplies for use outside these institutions	5
		Not applicable	N/A
#	<b>Management systems</b> Indicators 8-9 contribute to 50% of section 4's score		<b>Score</b>
<b>Clear instructions to staff (Do's and Don'ts)</b>			



6	In relation to donations, does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on product donations to caregivers through health workers or health facilities	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to donating or distributing any equipment, materials, or services to any part of the healthcare system	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to BMS product donations in humanitarian and emergency settings	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to donating or selling low-price BMS products to infants and young children who require them (in social welfare institutions, including orphanages and food banks)	2.5
<b>Procedures</b>			
7	Can the company demonstrate procedures to implement commitments made relating to all Code provisions on donations? (tick all that apply)	It can demonstrate such procedures for all provisions on BMS product donations in humanitarian and emergency settings	5
		It can demonstrate such procedures for all provisions related to donating or selling low-price BMS products to infants and young children who require them (in social welfare institutions, including orphanages and food banks)	5

## Section 5

Health Care Workers			
#	Policy commitments <small>Indicators 1-6 contribute to 50% of section 5's score</small>		Score
<b>Information to health workers</b>			
1	Does the company explicitly state that information provided to <b>health workers</b> regarding the products within the scope of the Code (that are covered by the company's BMS marketing policy) will be restricted to <b>scientific and factual matters</b> (Code article 7.2 and recommendation 6 of WHA 69.9)?	Yes, explicitly	10
		The company does not make such commitments	0
2	Does the company state that any information it provides to <b>health workers</b> will	<b>a.</b> not imply or aim to create a belief that bottle-feeding is equivalent or superior to breastfeeding <b>b.</b> include information on the benefits and superiority of breastfeeding	10



	(Code article 7.2 referencing article 4.2 which is augmented by WHA 58.32 and WHA 61.20):	<ul style="list-style-type: none"> <li>c. include information on maternal nutrition, and the preparation for and maintenance of breastfeeding</li> <li>d. include information on the negative effect of introducing partial bottle-feeding on breastfeeding</li> <li>e. include information on the difficulty of reversing the decision not to breastfeed</li> <li>f. include information on the proper use of formula when being used, whether manufactured industrially or home-prepared</li> </ul>	
		The company does not make such commitments	0
3	Does the company explicitly state that any material which contains <b>information about formula use provided to health workers</b> will include (Code article 7.2 referencing article 4.2 which is augmented by WHA 58.32 and WHA 61.20):	<ul style="list-style-type: none"> <li>a. the social and financial implications of formula use</li> <li>b. the health hazards of inappropriate foods or feeding methods</li> <li>c. the health hazards of unnecessary or improper use of formula and other breast-milk substitutes</li> <li>d. the health hazards of improper preparation of powdered formula</li> </ul>	10
		The company does not make such commitments	0
4 NEW	Does the company explicitly state that health workers will be provided with the following <b>instructions about the appropriate preparation of powdered formulas</b> (WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula 2007 and the Codex Alimentarius Code of Hygienic Practice for Powdered Formulae for Infants and Young Children CAC/RCP 66-2008 as referenced in WHA 58.32 and WHA 61.20) which:	<ul style="list-style-type: none"> <li>a. graphically illustrate the method of preparation</li> <li>b. show the use of hygienic practices, e.g. clean hands and preparation surfaces</li> <li>c. show the need to boil water and sterilize utensils</li> <li>d. show that feeds from powdered formula must be prepared fresh each time</li> <li>e. show the necessity of using water at or above 70°C in order to minimize micro-organisms contamination during preparation</li> <li>f. show the need to cool the formula before feeding if using hot water for reconstitution</li> <li>g. show that left-overs of the product need to be discarded immediately</li> </ul>	10
		The company does not make such commitments	0
<b>Financial or material inducements</b>			
5	Does the company explicitly state that it will <b>not offer any financial or material inducements (no gifts or incentives)</b> to promote the products within the scope of the Code (that are covered by the company's BMS	Yes, explicitly	10
		The company does not make such commitments	0



	marketing policy) to <b>health workers or members of their families</b> (Code article 7.3, WHA 49.15, WHA 58.32, recommendation 6 of WHA 69.9)?		
6 	<b>Sponsorship</b>		
	Does the company state that it will not sponsor any scientific meetings, fellowships, study tours, and research grants for health professionals (recommendation 6 of WHA 69.9)?	Yes, explicitly	10
The company does not make such commitments		0	
#	<b>Management systems</b> <small>Indicators 7-8 contribute to 50% of section 5's score</small>		Score
7 ADAPTED	<b>Clear instructions to staff (Do's and Don'ts)</b>		
	In relation to <b>marketing to health workers</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>information provided to health workers</b>	10/3
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>financial or material inducements</b>	10/3
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>sponsorship</b>	10/3
8 ADAPTED	<b>Procedures</b>		
	Can the company demonstrate procedures to implement commitments made relating to all Code provisions related to <b>marketing to health workers</b> ? (tick all that apply)	It can demonstrate such procedures for all provisions related to <b>information provided to health workers</b>	10/3
		It can demonstrate such procedures for all provisions related to <b>financial or material inducements</b>	10/3
		It can demonstrate such procedures for all provisions related to <b>sponsorship</b>	10/3

## Section 6

Persons employed by manufacturers and distributors			
#	Policy commitments <small>Indicator 1 contributes to 50% of section 6's score</small>		Score
1	<b>Bonus calculations</b>		
	Does the company	Bonus calculations for its sales representatives will not	5



	explicitly state that (Code article 8.1):	include the volume nor value of sales <sup>ee</sup> of products within the scope of the Code (that are covered by the company's BMS marketing policy)	
		It does not set quotas for the sales of products within the scope of the Code (that are covered by the company's BMS marketing policy)	5
		The company does not make such commitments	0
<b>#</b>	<b>Management systems</b> <small>Indicators 2 and 3 contribute to 50% of section 6's score</small>		<b>Score</b>
	<b>Clear instructions to staff (Do's and Don'ts)</b>		
<b>2 ADAPTED</b>	In relation to <b>persons employed by manufacturers and distributors</b> , does the company demonstrate that:	It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>bonus calculations</b>	10
		The company does not provide such guidance	0
	<b>Procedures</b>		
<b>3 ADAPTED</b>	Can the company demonstrate procedures to implement commitments made relating to all Code provisions related to <b>persons employed by manufacturers and distributors</b> ?	It can demonstrate such procedures for all provisions related to <b>bonus calculations</b>	10
		The company does not demonstrate relevant procedures	0

## Section 7

<b>Labeling</b>			
<b>#</b>	<b>Policy commitments</b> <small>Indicators 1-9 contribute to 50% of section 7's score</small>		<b>Score</b>
	<b>Labeling &amp; inserts: specific requirements</b>		
<b>1</b> 	Does the company explicitly state that the labels/inserts <b>for all products</b> within the scope of the Code (that are covered by the company's BMS marketing policy) will (Code articles 9.1 and 9.2):	a. provide necessary information about the appropriate use of the product b. be clear and conspicuous c. be easy to read d. be in all relevant local languages e. be printed on the container or a label that cannot readily become separated from the container	10
		The company does not make such commitments	0
	<b>Labels and inserts: information required</b>		
<b>2</b> 	Does the company explicitly state that its containers' labels/inserts for <b>infant formula</b> will contain (Code article 9.2):	a. the words "Important Notice" or their equivalent b. a conspicuous statement of the superiority of breastfeeding c. a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use d. instructions for appropriate preparation	10

<sup>ee</sup> While The Code's Article 8.1 explicitly refers to "the volume of sales of products within the scope of this Code", ATNI has clarified with WHO that this implicitly includes consideration of all forms of sales values, including measures of market share



		e. warning against the health hazards of inappropriate preparation	
		The company does not make such commitments	0
3 	Does the company explicitly state that for <b>all products</b> within the scope of the Code (that are covered by the company's BMS marketing policy), the labels/inserts will include (Code article 9.4 and recommendation 4 of WHA 69.9):	a. ingredients used	10
		b. composition/analysis of the unmodified product	
		c. storage conditions required	
		d. batch number and date before which the product is due to be consumed, taking into account local storage conditions	
		e. a statement on the importance of exclusive breastfeeding in the first 6 months of life and continued breastfeeding for up to 2 years or beyond	
		f. the appropriate age range for consumption and for introduction - for FUF, labels should clearly state that the product should not be introduced to infants under 6 months of age - for GUM, labels should clearly state that the product should not be introduced to infants under 12 months of age	
		The company does not make such commitments	0
<b>Labels and inserts: specific requirements for safe preparation of powdered formula</b>			
4 <b>ADAPTED</b> 	Does the company explicitly state that labels/inserts of <b>powdered infant formula</b> include (WHA 58.32, WHA 61.20):	a. an explicit message that powdered formula may cause illness if not prepared properly	10
		b. instructions that graphically illustrate the appropriate method of preparing powdered formula instructions showing the use of hygienic practices e.g. clean hands and preparation surfaces when preparing formula	
		c. instructions showing the need to boil water and sterilize utensils when preparing formula	
		d. instructions showing the need for powdered formula to be prepared one feed at a time	
		e. instructions showing the necessity of using water at or above 70°C in order to minimize microorganisms contamination during formula preparation	
		f. instructions showing the need to cool the formula before feeding if using hot water for reconstitution	
		g. instructions showing that left-overs of the product need to be discarded immediately	
		The company does not make such commitments	0
<b>Labels and inserts: prohibited information</b>			
5 	Does the company explicitly state that its containers and labels/inserts for <b>infant formula</b> will not have (Code	a. pictures of infants	10
		b. other pictures or text which may idealize the use of infant formula <sup>ff</sup>	
		c. the terms 'humanized', 'maternalized' or similar	

<sup>ff</sup> Idealization is considered to be any pictures or text that imply that formula are superior or equal to breastmilk including pictures of infants and caregivers, pictures or text which imply that an infant's health and happiness is associated with these products, any references to infant or caregiver emotions, and any implication in text or graphics which directly or indirectly refers to "the best" or "ideal method" of feeding. Graphics however are allowed for easy identification of the product as a BMS and for illustrating methods of preparation.



	articles 9.1 and 9.2):	terms	
		The company does not make such commitments	0
6	The company explicitly states that labels on <b>all products</b> within the scope of the Code (that are covered by the company's BMS marketing policy) will not (recommendation 4 of WHA 69.9):	a. include any image, text or other representation that might suggest use for infants under six months for all products intended for older infants and young children 6-36 months of age (FUF and GUM)	10
		b. include any image, text or other representation that might suggest use for infants under 12 months for all products intended for young children 12-36 months of age	
		c. include an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk	
		d. recommend feeding the product in a bottle or otherwise promoting bottle feeding	
		e. convey an endorsement or anything that may be construed as an endorsement by a professional or other body, unless this has been specifically approved by the national or international regulatory authorities	
		The company does not make such commitments	0
<b>Labels and inserts: avoidance of health or nutrition claims</b>			
7	Does the company explicitly state that it will not make any <b>health or nutrition claims</b> on products for infants or young children except where specifically provided for in national legislation requirements set out by the national authorities (WHA 58.32, WHA 63.23 and WHA 69.9)?	Yes, explicitly	10
		The company does not make such commitments	0
<b>Information required on labels and inserts of products for infant feeding other than formula<sup>99</sup></b>			
8	Does the company explicitly state that its labels/inserts of products that are marketed for infant feeding <b>which do not meet all requirements of an infant formula</b> but that can be modified to do so, will carry a warning label that the unmodified product should not be the sole source of nourishment of an infant (Code article 9.3)?	Yes, explicitly	10
		The company does not make such commitments	0
		Not applicable	N/A
9	Does the company explicitly state that labels on <b>sweetened condensed milk products</b> will not contain any purported	Yes, explicitly	10
		The company does not make such commitments	0
		Not applicable	N/A

<sup>99</sup> These products include evaporated or condensed milk or milk creamers



	instructions on how to modify them for infant feeding or use them as the main ingredient for infant formula (Code article 9.3)?		
<b>#</b>	<b>Management systems</b> Indicators 10-11 contribute to 50% of section 7's score		<b>Score</b>
<b>10 ADAPTED</b>	<b>Clear instructions to staff (Do's and Don'ts)</b>		
	In relation to <b>labeling</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>BMS product label requirements</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>prohibited information on BMS product labels</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>health and nutrition claims</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>labeling of products used for infant feeding (other than formula)</b>	2.5
<b>11 ADAPTED</b>	<b>Procedures</b>		
	Can the company demonstrate procedures to implement commitments made relating to all Code provisions related to <b>labeling</b> ? (tick all that apply)	It can demonstrate such procedures for all provisions on <b>BMS product label requirements</b>	2.5
		It can demonstrate such procedures for all provisions on <b>prohibited information on BMS product labels</b>	2.5
		It can demonstrate such procedures for all provisions related to <b>health and nutrition claims</b>	2.5
		It can demonstrate such procedures for all provisions related to <b>labeling of products used for infant feeding (other than formula)</b>	2.5

## Section 8

Quality			
<b>#</b>	<b>Policy commitments</b> Indicator 1 contributes to 50% of section 8's score		<b>Score</b>
<b>1</b>	<b>Quality standards</b>		
	Does the company explicitly state that its products will meet the following standards at a minimum (Code articles 10.1 and 10.2):	Codex Alimentarius Standards for Infant Formula and Formulas for Special Medical Purposes Intended for Infants. Codex Stan 72-1981. FAO and WHO, 2007	10/3
		Codex Alimentarius Standard for Follow-Up Formula. Codex Stan 156 – 1987. FAO and WHO, 2017	10/3
		Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66-2008)	10/3
<b>#</b>	<b>Management systems</b> Indicator 2 contributes to 50% of section 8's score		<b>Score</b>
<b>2</b>	<b>Procedures</b>		
	Can the company demonstrate	Yes, in full	10



	procedures to implement commitments made relating to all Code provisions on <b>quality</b> and relevant Codex standards?	The company does not demonstrate relevant procedures	0
--	--	--	---

## Section 9

Implementation and Monitoring			
#	Policy commitments <small>Indicators 1-3 contribute to 20% of Section 9's score</small>		Score
<b>Supporting local governments and international bodies on Code compliance</b>			
1	Does the company explicitly state that the company will support and not undermine any efforts by governments and international bodies in the adoption of Code-aligned legal frameworks by not expressing any objections to the enactment, monitoring or enforcement of any Code-aligned provisions in national legislation, decrees, or regulations (Code article 11.1)?	Yes, explicitly	10
		The company does not make such commitments	0
<b>Responsibility of marketing practices</b>			
2	The company's policy explicitly states that (Code article 11.3) (tick all that apply):	It is responsible for its marketing practices according to the principles and aim of the International Code	5
		It is responsible for taking steps to ensure that its conduct at every level conforms to its BMS marketing policy, national legislation, and the Code in this regard	5
<b>Apprising of marketing personnel</b>			
3	Does the company explicitly state that it commits to apprising each member of its marketing personnel of its BMS marketing policy(ies) and their responsibilities relating to it (Code article 11.5)?	Yes, explicitly	10
		The company does not make such commitments	0
#	Management systems <small>Indicators 4-20 contribute to 80% of Section 9's score</small>		Score
<b>Responsibility for implementation of the company's BMS Marketing Policy/Commitments</b>			
4	The company assigns formal responsibility for the implementation of the BMS marketing policy/relevant commitments to (tick all that apply):	A Board member with responsibility for overseeing implementation of its commitments	5
		An Executive Manager (or function) with responsibility for the implementation of its commitments	5
<b>Accountability and responsibility</b>			
5	In addition to Board and Executive Management levels, assignment of accountability	All national business units	5
		Third parties (contractual terms and conditions)	5



	and responsibility is clearly specified as extending to (tick all that apply):		
<b>Communication</b>			
6	With regards to communicating BMS marketing commitments to its employees, does the company have:	An effective global system for communicating to all relevant employees	10
		A system for communicating to some relevant employees in some of its markets	5
		The company cannot demonstrate such a system	0
<b>Ensuring awareness and training</b>			
7	Can the company provide evidence of a system to ensure that relevant executives are aware of their responsibilities under the company's own policies/commitments on BMS marketing?	The company can provide evidence of making relevant executives aware of their responsibilities under the company's own policies	10
		The company cannot provide such evidence	0
<b>Ensuring implementation and awareness of other key parties</b>			
8	The company can demonstrate evidence of procedures relating to (tick all that apply):	Distributors	5
		Retailers	5
<b>Auditing compliance with its policy</b>			
9	The company conducts its external audits:	Annually	10
		Less frequently than annually, e.g. once every two years	5
		The company does not appear to conduct audits of its compliance with its policy(ies)	0
<b>Allegations procedures</b>			
10	The company has established a best practice <b>internal allegations system</b> that (tick all that apply):	Is accessible to all employees	2
		Enables employees to report outside their normal reporting line	2
		Protects employees from potential negative consequences of such reporting	2
		Offers employees a way to seek advice or guidance before making a formal complaint	2
		Raises awareness of the whistleblowing procedures among employees	2
11	The company can demonstrate that its <b>external allegations system</b> has (tick all that apply):	A procedure or communication channel through which organizations or individuals outside the company can report alleged non-compliances	2.5
		A procedure for recording external allegations of non-compliances	2.5
		Systems for investigating in a timely manner to alleged non-compliance with its BMS marketing commitments reported by organizations or individuals outside the company	2.5
		Systems for responding to alleged non-compliance with its BMS marketing commitments reported by organizations or individuals outside the company, in a timely manner	2.5
<b>Investigating alleged non-compliances</b>			
12		All countries	10
		Some countries	5



	The company investigates alleged non-compliance incidents in:	None	0
<b>Responding to non-compliance incidents</b>			
<b>13.1</b>	The company has (tick all that apply):	Clear guidelines on the process for taking corrective action in the event a non-compliance incident is confirmed	10/9
		Guidelines for employees on potential corrective actions that can be taken against them for non-compliance incidents	10/9
		Guidelines for all relevant third parties on potential corrective actions that can be taken against them for non-compliance incidents	10/9
<b>13.2</b>	The company tracks (tick all that apply):	Allegations of non-compliance incidents (nature of alleged non-compliance, location, date, complainant's details etc.)	10/9
		The findings of investigations	10/9
		Corrective actions taken	10/9
<b>13.3</b>	The company has a procedure to track corrective actions on all non-compliance incidents reported by (tick all that apply):	Employees	10/6
		Third parties	10/6
<b>Internal reporting systems in relation to non-compliance incidents</b>			
<b>14</b>	The company can demonstrate that (tick all that apply):	It produces management reviews and/or an annual summary for the Board on the effectiveness of the internal reporting and corrective action system	10/3
		The summary includes corrective actions taken	10/3
		The quality and accuracy of the internal reporting systems are independently verified	10/3
<b>Annual reporting to the Board</b>			
<b>15</b>	Can the company demonstrate that the Board considers annually a summary report of its compliance with its policies/relevant commitments and the effectiveness of its management systems?	Yes	10
		The company does not produce an annual Board summary	0
<b>Food safety &amp; quality management certification</b>			
<b>16</b>	Does the company use any of the following foods safety and quality management systems to certify its products: ISO 9001, FSSC22000 (ISO 22000 including ISO/TS 22001-1), HACCP, BRC, IFS?	Yes	10
		No	0
<b>Sanctions</b>			
<b>17</b>	Does the company have a clear set of sanctions/penalties for employees who do not comply with the requirements of its BMS marketing commitments?	Yes, the company has a clear set of sanctions/penalties	10
		The company does not have a clear set of sanctions/penalties	0



## Section 10

Lobbying and influencing governments and policy makers			
#	Policy commitments <small>Indicators 1-5 contribute to 50% of section 10's score</small>	Score	
<b>Lobbying and engagement policy</b>			
1	Does the company have a policy setting out under what circumstances and how it will lobby and engage with governments and policymakers on BMS issues?	Yes	10
		The company does not have such a policy	0
<b>Consideration of public interest</b>			
2	Does the company have:	A clear statement in lobbying policy that the purpose of all lobbying is to support the public interest as well as to meet the company's objectives	10
		Some recognition of the need for lobbying to serve the public interest	5
		The company does not make such statements	0
<b>Respect for public policy frameworks and relevant laws, standards, codes</b>			
3	Does the company have a (tick all that apply):	Commitment not to undermine existing public policy frameworks, the work of WHO or similar agencies, and Government efforts to develop regulations to implement the Code	5
		Commitment to support public policy frameworks, the work of the WHO or similar agencies and national governments' efforts to develop policy measures to implement the Code	5
<b>Controls over trade associations and industry policy groups</b>			
4	Does the company have (tick all that apply):	An explicit statement that it will periodically review the positions of trade associations and industry policy groups to which it belongs and assess the extent to which they align with the company's own policy positions	5
		An explicit statement that it will put in place controls over all lobbyists (in-house and intermediary, paid or unpaid) to ensure that they understand and adhere to organisational policies	5
<b>Conflicts of interest</b>			
5 NEW	Does the company policy include (tick all that apply – answer option 1 and 2 are mutually exclusive):	Any statement prohibiting Col which clearly apply to lobbying	5
		Commitment to disclose any Cols identified	5
#	Management systems <small>Indicator 6 contributes to 50% of section 10's score</small>	Score	



Accountability and responsibility for policy implementation			
6	Does the company give a clear description of its lobbying-related management system? (tick all that apply)	The company makes clear that the Board has oversight of the lobbying policy	2.5
		The company makes clear that the Board has oversight of lobbying positions and activities	2.5
		The company names an Executive / function with responsibility for implementing its policy on lobbying and engagement	2.5
		The company provides clarity on control mechanisms (e.g. regular reporting to the Board, internal audits)	2.5

## Section 11

Disclosure			
#	Overarching commitments		Score
1	Does the company publicly disclose (tick all that apply):	The nature of its support for breastfeeding	2.5
		Acknowledgement of the importance of The Code	2.5
		Scope of application of its policies regarding JVs and subsidiaries	2.5
		Statement about the appropriate introduction of complementary foods and beverages for infants being from six months of age	2.5
2 ADAPTED	<b>Policies</b>		
	Does the company publish its policies/commitments relating to the following Code provisions (articles and relevant WHA resolutions)? (tick all that apply)	The company publishes its policy relating to advertising to the general public and mothers	10/9
		The company publishes its policy relating to health care systems	10/9
		The company publishes its policy relating to donations	10/9
		The company publishes its policy relating to health care workers	10/9
		The company publishes its policy relating to persons employed by manufacturers and distributors	10/9
		The company publishes its policy relating to labeling	10/9
		The company publishes its policy relating to quality	10/9
		The company publishes its policy relating to implementation and monitoring	10/9
The company publishes its policy relating to lobbying and influencing governments and Policymakers		10/9	
3 ADAPTED	<b>Compliance assessment</b>		
	Does the company publish information about how it internally assesses compliance with the commitments made relating to all aspects of the assessment? (tick all that apply)	The company publishes such information regarding advertising to the general public and mothers	10/9
		The company publishes such information regarding health care systems	10/9
		The company publishes such information regarding donations	10/9
		The company publishes such information regarding health care workers	10/9
		The company publishes such information regarding persons employed by manufacturers and distributors	10/9
		The company publishes such information regarding labeling	10/9
		The company publishes such information regarding quality	10/9
The company publishes such information regarding implementation and monitoring		10/9	



		The company publishes such information regarding lobbying governments and policymakers on BMS marketing	10/9
<b>4</b>	<b>Independent audits</b>		
	Does the company disclose?	Full auditors' report(s)	10
		Only a summary of the auditors' report(s)	5
		No disclosure of auditors' reports	0
<b>5</b>	<b>Accountability mechanisms</b>		
	Regarding responsibility for implementing policy on BMS marketing, does the company disclose:	The name/function of the Executive manager with responsibility for implementing its policy and commitments	10
		The company does not publish such disclosure	0
<b>6</b>	Has the company published a response to any third-party reports on alleged cases of non-compliance with The Code published in the last two years (e.g. ATNI, WHO, IBFAN, Save the Children, etc.)?	Yes	10
		No	0
<b>7</b>	Regarding complaints made to the company by other stakeholders, what is the level of disclosure of the company?	The company discloses each complaint or criticism made by stakeholders and explains how it has responded to them	10
		The company makes a general statement about complaints or criticism received and how it has responded to them	5
		The company does not disclose any complaints or criticism or its response	0
<b>8</b>	Does the company publish a list of trade associations and industry groups it is a member of, relating to BMS/ Infant and Young Child Nutrition (IYCN)?	Yes, the company has published a list of all groups globally	10
		Yes, the company has published a list of some groups	5
		No	0
<b>9</b>	Does the company publish information with regards to BMS-related lobbying <sup>hh</sup> ?	Yes, extensive	10
		Yes, limited	5
		No	0
<b>10 NEW</b>	Does the company publish information on:	Lobbying positions on the Code and BMS	10/3
		Specific examples of bills and/or legislation where the company (/its trade associations) has been active on this topic	10/3

<sup>hh</sup> Extensive information refers to having more than one of the lobbying commitments publicly available; namely, lobbying policy, commitments to support and not undermine policy measures to implement the Code, reviews of trade association memberships.



		Relevant documents (e.g. consultation submissions related to the Code and BMS)	10/3
<b>12 NEW</b>	Does the company explicitly state if any of the following public policy frameworks and relevant laws, standards, and codes are respected when lobbying (tick all that apply) <sup>ii</sup> :	The International Code of Marketing of Breast-milk Substitutes, and subsequent World Health Assembly resolutions making significant additions or clarifications to the original Code	2.5
		The WHO Framework of Engagement with Non-State Actors	2.5
		The OECD Principles for Transparency and Integrity in Lobbying	1.25
		The Transparency International Standards for Lobbying Regulation	1.25
		Industry initiatives, such as the IFBA Guiding Principles for Stakeholder Engagement	1.25
		The Responsible Lobbying Framework	1.25

<sup>ii</sup> The indicator assesses if companies consider the principles of these frameworks, specifically in relation to private sector engagement



# Annex II Corporate Profile CF

## Note:



This icon indicates Code provisions assessed in practice in the country studies (in addition to being assessed on the Corporate Profile).

*Newly introduced sections and indicators are denoted as 'NEW' while 'ADAPTED' denoted indicators that have been modified.*

## Basic Company Data

- Full list of all brands of complementary foods intended for infants and young children from birth to 36 months of age (with an indication of the age range each product is intended for).
- Full list of CF marketing policies or relevant documents that cover this topic.
- Full list of countries where the company sells one or more of its CF products and the respective product sales in each of those countries.
- Full list of countries where the company upholds its policy and standards on CF marketing (i.e. company fully applies its policy provisions where local Code regulations are absent/weaker than the company's CF marketing policy or related policies), or full list of countries where the company only follows national regulations on CF marketing.

## Section 1

RECOMMENDATION 1: Guiding principles underpinning infant and young child feeding			
#	Policy commitments		Score
	Indicator 4 contributes to 50% of the total CF survey		
	<b>Infant and young child feeding principles</b>		
1	Does the company explicitly state its commitment to optimal infant and young child feeding based on (tick all that apply):	WHO/UNICEF Global strategy for infant and young child feeding, 2003	2.5
		PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003	2.5
		WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005	2.5
		Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely	2.5
	<b>Support for breastfeeding</b>		
2 ADAPTED	Does the company explicitly state support for any of the following?	Exclusive breastfeeding for the first six months, and continued breastfeeding for two years or more	10
		Exclusive breastfeeding for the first six months	7.5
		Breastfeeding generally with no mention of specific age ranges	2.5
		The company does not make such commitments	0
	<b>Support for appropriate introduction of complementary foods</b>		
3		Yes, explicitly	10



	Does the company explicitly state support for the introduction of appropriate complementary foods from the age of six months?	The company does not make such commitments	0
4 	Does the company explicitly commit <b>not to market complementary foods</b> for infants <b>under six months of age</b> in line with WHA 69.9 guidance?	Yes, explicitly	Total CF score $\geq$ 50%
		The company does not make such commitments	Total CF score $<$ 50%
<b>Acknowledgement of the Code and WHA resolutions up to WHA 71.9</b>			
5 <b>ADAPTED</b>	Does the company acknowledge The International Code of Marketing of Breast-milk Substitutes and all subsequent WHA resolutions up to WHA 71.9 (and including WHA 69.9 and all recommendations of its associated guidance)?	Yes, explicitly	10
		Yes, but not explicitly acknowledging resolutions up to WHA 71.9	7.5
		Yes, but only acknowledging the original Code (of 1981)	5
		The company does not acknowledge the Code	0
<b>Additional information:</b> Follow this link to see the full list of WHA resolutions <a href="#">WHO   Code and subsequent resolutions</a>			
<b>Application to joint ventures (JV) and subsidiaries</b>			
6 <b>NEW</b>	Do the company's commitments apply to joint ventures and subsidiaries:	All joint ventures and subsidiaries where the company has a holding	10
		Where the company has a holding of greater than 50%	7.5
		The company does not make such commitments	0
		Not applicable	N/A

## Section 2

<b>RECOMMENDATION 3: Product formulation</b>			
#	<b>Policy commitments</b> <small>Indicator 1 contributes to 50% of section 2's score</small>		Score
1	<b>Adherence to established standards and guidelines</b>		
	Does the company explicitly commit to formulating complementary foods (6-36 months) according to (tick all that apply):	Codex Guidelines on formulated complementary foods for older infants and young children (CAC/GL-8-1991, revised in 2013)	2
		Codex standard for processed cereal-based foods for infants and young children (Codex/STAN 074-1981, revised in 2006)	2
		Codex standard for canned baby foods (Codex/STAN 73-1981, revised in 1989)	2
		Codex advisory list of vitamin components for use in foods for infants and children (CAC/GL 10-1979, revised in 2009)	2



		Additional national, regional and global standards for composition, safety, quality and nutrient levels	2
#	<b>Management systems</b> Indicator 2 contributes to 50% of section 2's score		<b>Score</b>
2 NEW	<b>Procedures</b>		
	Can the company demonstrate procedures to implement all guidelines relating to product formulation (listed in indicator 1 of this section)?	Yes	10
		Only for some of the guidelines listed	5
		The company cannot demonstrate such procedures	0

## Section 3

RECOMMENDATION 4: Marketing messages			
#	Policy commitments Indicators 1-2 contribute to 50% of section 3's score		Score
1 	<b>Marketing messages: information required</b>		
	Does the company commit to ensuring that messages in all packaging and marketing/promotional materials <sup>ii</sup> of its complementary foods (6-36 months) (tick all that apply):	Will include a statement on the importance of continued breastfeeding for up to two years or beyond	2.5
		Will specify that the appropriate age of introduction of the food is not less than six months	2.5
		Will be written in language that is easily understood by parents or caregivers	2.5
		Will be visible and legible	2.5
2 	<b>Marketing messages: prohibited information</b>		
	Does the company commit, in all packaging and marketing/promotional materials <sup>ii</sup> of its complementary foods (6-36 months), not to (tick all that apply):	Use an image, text or other representation (including references to milestones and stages) that might suggest use for infants under the age of six months	10/6
		Use an image, text or other representation that is likely to undermine or discourage breastfeeding, make a comparison to breastmilk or suggest that the product is nearly equivalent to breastmilk or superior to breastmilk	10/6
		Recommend or promote bottle feeding	10/6
		Convey an endorsement or anything that may be construed as an endorsement by a professional or other body unless it has been explicitly approved by relevant national, regional or official authorities or health professional bodies	10/6
		Make any health or nutrition claims except where specifically provided for in national legislation requirements set out by the	10/6

<sup>ii</sup> Different forms of marketing include adverts, promotions, sponsorship (of any events or materials other than scientific or professional meetings), brochures and other printed material, online information and package labels and inserts.



		national authorities (in line with CAC/GL 23-1997 Codex guidelines for the use of nutrition and health claims)	
		Make any promotional claims that may imply that commercial foods are nutritionally superior to home-prepared foods	10/6
<b>#</b>	<b>Management systems</b> <small>Indicators 3-4 contribute to 50% of section 3's score</small>		<b>Score</b>
<b>3</b>	<b>Clear instructions to staff (Do's and Don'ts)</b>		
	In relation to <b>CF marketing messages</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>required information in marketing CF products</b>	5
		It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>prohibited information in marketing CF products</b>	5
<b>4</b>	<b>Procedures</b>		
	Can the company demonstrate procedures to implement commitments made relating to <b>CF marketing messages</b> (tick all that apply)?	The company can demonstrate such procedures for all provisions on <b>required information in marketing CF products</b>	5
		The company can demonstrate such procedures for all provisions on <b>prohibited information in marketing CF products</b>	5

## Section 4

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

This section is only applicable to companies that are **also assessed on BMS marketing**.

### RECOMMENDATION 5: Avoidance of cross-promotion

<b>#</b>	<b>Policy commitments</b> <small>Indicators 1-2 contribute to 50% of section 4's score</small>	<b>Score</b>	
<b>1</b> 	<b>Commitments not to cross-promote</b>		
	Does the company establish the following commitments not to cross-promote breast-milk substitutes through its complementary foods (6-36 months) <sup>kk</sup> ? (tick all that apply)	CF packaging design and labels will be different to those used for BMS	5
		Materials used to promote CF will be different to those used for BMS	5
<b>2</b> 	Does the company commit that its staff, particularly its marketing personnel, will not engage in direct or indirect	Yes, explicitly	10
		The company does not make this commitment in full	5
		The company does not make such commitments	0

<sup>kk</sup> differences entail different colour schemes, designs, names, slogans and mascots other than company name and logo should be used



	contact of any kind to promote their complementary foods (6-36 months) by establishing relationships with caregivers, including through baby clubs, social media groups, childcare classes and contests?		
#	<b>Management systems</b> <i>Indicators 3-4 contribute to 50% of section 4's score</i>		Score
3	<b>Clear instructions to staff (Do's and Don'ts)</b>		
	Does the company demonstrate that it provides clear instructions to staff on how to interpret and apply all commitments relating to <b>avoidance of cross-promotion:</b>	Yes, in full	10
		Yes, but only for some of its commitments listed	5
		The company does not provide such guidance	0
4	<b>Procedures</b>		
	Can the company demonstrate procedures to implement all commitments relating to <b>avoidance of cross-promotion?</b>	Yes	10
		Only for some of the commitments listed	5
		The company cannot demonstrate such procedures	0

## Section 5

<b>RECOMMENDATION 6: Conflict of Interest in health facilities and throughout the health care system</b>			
#	<b>Policy commitments</b> <i>Indicators 1-5 contribute to 50% of section 5's score</i>		Score
1	<b>Hosting events, contests, and campaigns</b>		
	The company explicitly states that it will not:	Use health facilities to host events, contests or campaigns	10
		The company does not make such commitments	0
2	<b>Gifts and coupons</b>		
	Does the company explicitly state that it will not give any gifts or coupons to caregivers of infants and young children throughout the health system?	Yes, explicitly	10
		The company does not make such commitments	0
3	<b>Informational and educational materials intended to reach caregivers of infants and young children</b>		
	The company's policy explicitly states that the company will not directly nor indirectly provide education on infant and young child feeding to caregivers in healthcare facilities. This	Yes, and explicitly stating this is applicable in all forms of communication	10
		Yes, but does not explicitly state to which forms of communication this is applicable to	5
		The company does not make such commitments	0



	should cover informational and educational material in all forms including verbal, written, audio, visual or any other tangible or digital form of communication.		
	<b>Information to health workers</b>		
4	Does the company explicitly state that information provided <b>to health workers</b> regarding complementary foods (6-36 months) will be restricted <b>to scientific and factual matters</b> ?	Yes explicitly	10
		The company does not make such commitments	0
5	<b>Sponsorships</b>		
	Does the company explicitly state that it will not (tick all that apply):	Provide any form of contribution <sup>II</sup> to health workers or members of their families	5
		Sponsor any meetings of health professionals and scientific meetings	5
#	<b>Management systems</b>		<b>Score</b>
	Indicator 6-7 contribute to 50% of section 5's score		
	<b>Clear instructions to staff (Do's and Don'ts)</b>		
6	In relation to health care systems and health workers, does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>hosting events, contests, and campaigns within health facilities</b>	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>provision of gifts/coupons to caregivers within health facilities</b>	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to providing <b>IYCF education to caregivers within health facilities</b>	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>information provided to health workers</b>	2
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>sponsorship</b>	2
	<b>Procedures</b>		
7	Can the company demonstrate procedures to implement commitments made relating to <b>marketing throughout the health care system and through health workers</b> ? (tick all that apply)	The company can demonstrate such procedures for all provisions on <b>hosting events, contests, and campaigns within health facilities</b>	5
		The company can demonstrate such procedures for <b>all provisions on sponsorship</b>	5

## Section 6 [NEW SECTION]

<sup>II</sup> contributions can be in the form of fellowships, study tours, research grants, gifts and any financial or material incentives



## RECOMMENDATION 6: Donations

#	Policy commitments <small>Indicators 1-6 contribute to 50% of section 6's score</small>	Score	
<b>Donations within the healthcare system</b>			
1	Does the company explicitly state that it will <b>not provide to caregivers through health workers or health facilities</b> any of the following products of its complementary foods? (tick all that apply)	Free products	10/3
		Samples of products	10/3
		Reduced-price products <sup>mm</sup>	10/3
2	Does the company explicitly state that it will <b>not donate or distribute</b> any equipment, materials (including educational materials), or <b>services to any part of the health care system</b> ?	Yes, explicitly	10
		The company does not make such commitments	0
<b>Donations in humanitarian settings and emergencies</b>			
3	Does the company explicitly state that it will not provide donations of its complementary foods in <b>humanitarian and emergency settings</b> (unless officially requested by responsible government authorities and/or national humanitarian coordination structure)?	Yes, explicitly	10
		The company does not make such commitments	0
4	Does the company explicitly state that if any products within the scope of the Code are required in emergencies, the following criteria must be ensured (WHA 47.5, WHA 63.23, WHA 69.9 and the Operational Guidance for Infant and Young Child Feeding in Emergencies): (tick all that apply)	Supplies are based on identified need	10/6
		Distribution is targeted and through officially sanctioned health programs (supplies are not distributed for use outside these programs)	10/6
		The supply is continued for as long as the infants concerned need it	10/6
		No expired products or products which are close to expiry are donated (supplies should have a 6-month shelf life from point of delivery)	10/6
		The products will not display company brands	10/6

<sup>mm</sup> According to the Baby-Friendly Hospital Initiative guidance, “low-cost”, “low-price” or “reduced-price” sales are sales at prices below the wholesale price, or lower than 80% of the retail price in the absence of a standard wholesale price.



		Use donations or low-price sales as a sales inducement	10/6
	<b>Additional information:</b> The Operational Guidance for Infant and Young Child Feeding in Emergencies was endorsed at the World Health Assembly in 2010 (WHA resolution 63.23)		
	<b>Donations in social welfare institutions</b>		
5	If the company donates or sells low-price complementary foods to older infants and young children (6-36 months) who require these products within social welfare institutions e.g. orphanages and food banks, does the company explicitly state that it will not? (tick all that apply)	Use such donations or low-price sales as a sales inducement	5
		Distribute these supplies for use outside these institutions	5
		Not applicable	N/A
#	<b>Management systems</b> <small>Indicators 7-8 contribute to 50% of section 6's score</small>		Score
	<b>Clear instructions to staff (Do's and Don'ts)</b>		
6	In relation to <b>donations</b> , does the company demonstrate that (tick all that apply):	It provides clear instructions to staff on how to interpret and apply relevant commitments on <b>product donations to caregivers through health workers or health facilities</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>donating or distributing any equipment, materials, or services to any part of the healthcare system</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>CF product donations in humanitarian and emergency settings</b>	2.5
		It provides clear instructions to staff on how to interpret and apply relevant commitments related to <b>donating or selling low-price CF products to infants and young children who require them (in social welfare institutions, including orphanages and food banks)</b>	2.5
	<b>Procedures</b>		
7	Can the company demonstrate procedures	It can demonstrate such procedures for all provisions on <b>CF product donations in humanitarian and emergency settings</b>	5



	to implement commitments made relating to <b>CF donations?</b> (tick all that apply)	It can demonstrate such procedures for all provisions related to <b>donating or selling low-price CF products to infants and young children who require them (in social welfare institutions, including orphanages and food banks)</b>	5
--	--	--	---

## Section 7 [NEW SECTION]

Implementation and monitoring			
#	Management systems		Score
<b>Responsibility for implementation of the company's CF Marketing Policy/relevant commitments</b>			
1	The company assigns formal responsibility for the implementation of the CF marketing policy/relevant commitments to (tick all that apply):	A Board member with responsibility for overseeing implementation of its commitments	5
		An Executive Manager (or function) with responsibility for the implementation of its commitments	5
<b>Accountability and responsibility</b>			
2	In addition to Board and Executive Management levels, assignment of accountability and responsibility is clearly specified as extending to (tick all that apply):	All national business units	5
		Third parties (contractual terms and conditions)	5
<b>Communication</b>			
3	With regards to communicating CF marketing commitments to its employees, does the company have:	An effective global system for communicating to all relevant employees	10
		A system for communicating to some relevant employees in some of its markets	5
		The company cannot demonstrate such a system	0
<b>Ensuring awareness and training</b>			
4	Can the company provide evidence of a system to ensure that relevant executives are aware of their responsibilities under the company's own policies/commitments on CF marketing?	The company can provide evidence of making relevant executives aware of their responsibilities under the company's own CF policies/commitments	10
		The company cannot provide such evidence	0
<b>Ensuring implementation and awareness of other key parties</b>			
5	The company can demonstrate evidence of procedures relating to (tick all that apply):	Distributors	5
		Retailers	5
<b>Food safety &amp; quality management certification</b>			
6	Does the company use any of the following foods	Yes	10
		No	0



	safety and quality management systems to certify its products: ISO 9001, FSSC22000 (ISO 22000 including ISO/TS 22001-1), HACCP, BRC, IFS?		
--	---	--	--

## Section 8 [NEW SECTION]

Lobbying and influencing governments and policy makers			
#	Policy commitments		Score
	<b>Lobbying and engagement policy</b>		
1	Does the company have a policy setting out under what circumstances and how it will lobby and engage with governments and policymakers on CF issues?	Yes	10
		The company does not have such a policy	0
	<b>Consideration of public interest</b>		
2	Does the company have:	A clear statement in lobbying policy that the purpose of all lobbying is to support the public interest as well as to meet the company's objectives	10
		Some recognition of the need for lobbying to serve the public interest	5
		The company does not make such statements	0
	<b>Respect for public policy frameworks and relevant laws, standards, codes</b>		
3	Does the company have a (tick all that apply):	Commitment not to undermine existing public policy frameworks, the work of WHO or similar agencies, and Government efforts to develop regulations to implement the Code	5
		Commitment to support public policy frameworks, the work of the WHO or similar agencies and national governments' efforts to develop policy measures to implement the Code	5
	<b>Controls over trade associations and industry policy groups</b>		
4	Does the company have (tick all that apply):	An explicit statement that it will periodically review the positions of trade associations and industry policy groups to which it belongs and assess the extent to which they align with the company's own policy positions	5
		An explicit statement that it will put in place controls over all lobbyists (in-house and intermediary, paid or unpaid) to ensure that they understand and adhere to organisational policies	5
	<b>Conflicts of interest</b>		
5	Does the company policy include (tick all that apply –	Any statement prohibiting Col which clearly apply to lobbying	5
		Commitment to disclose any Col's identified	5



	answer option 1 and 2 are mutually exclusive):		
<b>Accountability and responsibility for policy implementation</b>			
6	Does the company give a clear description of its <b>lobbying-related</b> management system? (tick all that apply)	The company makes clear that the Board has oversight of the lobbying policy	2.5
		The company makes clear that the Board has oversight of lobbying positions and activities	2.5
		The company names an Executive / function with responsibility for implementing its policy on lobbying and engagement	2.5
		The company provides clarity on control mechanisms (e.g. regular reporting to the Board, internal audits)	2.5
<b>Disclosure</b>			
7	Does the company publish information on:	Lobbying positions on the Code and CF	10/3
		Specific examples of bills and/or legislation where the company (/its trade associations) has been active on this topic	10/3
		Relevant documents (e.g. consultation submissions related to the Code and CF)	10/3
8	Does the company explicitly state if any of the following public policy frameworks and relevant laws, standards, and codes are respected when lobbying (tick all that apply) <sup>nn</sup> :	The International Code of Marketing of Breast-milk Substitutes, and subsequent World Health Assembly resolutions making significant additions or clarifications to the original Code	5
		The WHO Framework of Engagement with Non-State Actors	5
		The OECD Principles for Transparency and Integrity in Lobbying	2.5
		The Transparency International Standards for Lobbying Regulation	2.5
		Industry initiatives, such as the IFBA Guiding Principles for Stakeholder Engagement	2.5
		The Responsible Lobbying Framework	2.5

## Section 9

Disclosure			
#	Overarching commitments		Score
1	Does the company disclose its commitments to infant and young child feeding according to <b>WHO and other guidelines?</b> (tick all that apply):	Optimal infant and young child feeding based on WHO/UNICEF Global strategy for infant and young child feeding, 2003	2.5
		PAHO and WHO Guiding principles for complementary feeding of the breastfed child, 2003	2.5
		WHO Guiding principles for feeding non-breastfed children 6 – 24 months of age, 2005	2.5
		Encouraging the use of suitable, nutrient-rich, home-prepared, and locally available foods that are prepared and fed safely	2.5

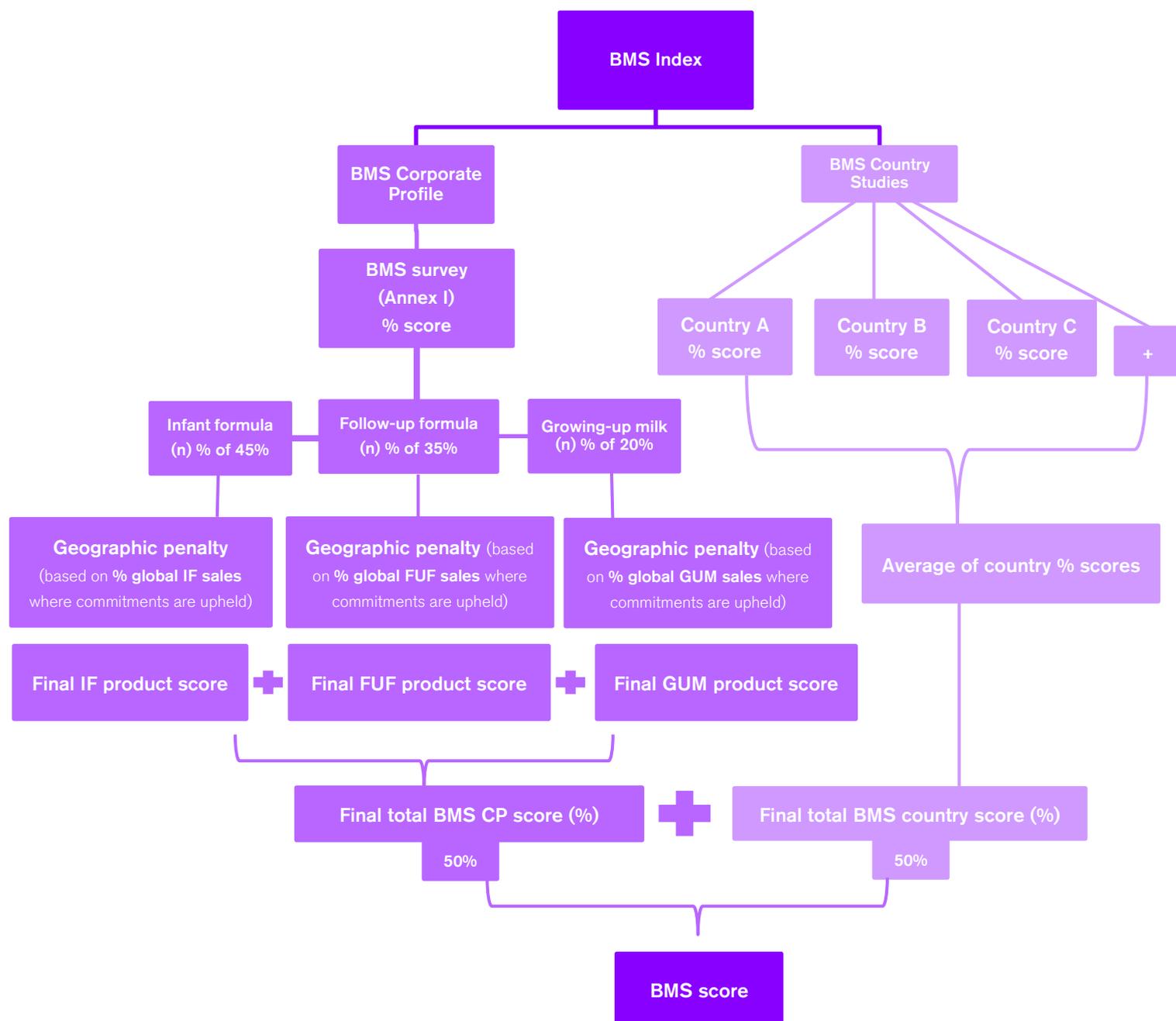
<sup>nn</sup> The indicator assesses if companies consider the principles of these frameworks, specifically in relation to private sector engagement.



<b>2</b>	Does the company publish its policies/commitments relating to the following recommendations of the guidance supported by WHA 69.9? (tick all that apply)	The company publishes its policy relating to product formulation	10/6
		The company publishes its policy relating to marketing messages	10/6
		The company publishes its policy relating to avoidance of cross-promotion	10/6
		The company publishes its policy relating to conflicts of interest in health facilities or throughout the health care system	10/6
		The company publishes its policy relating to donations	10/6
		The company publishes its policy relating to lobbying and influencing governments and Policymakers	10/6

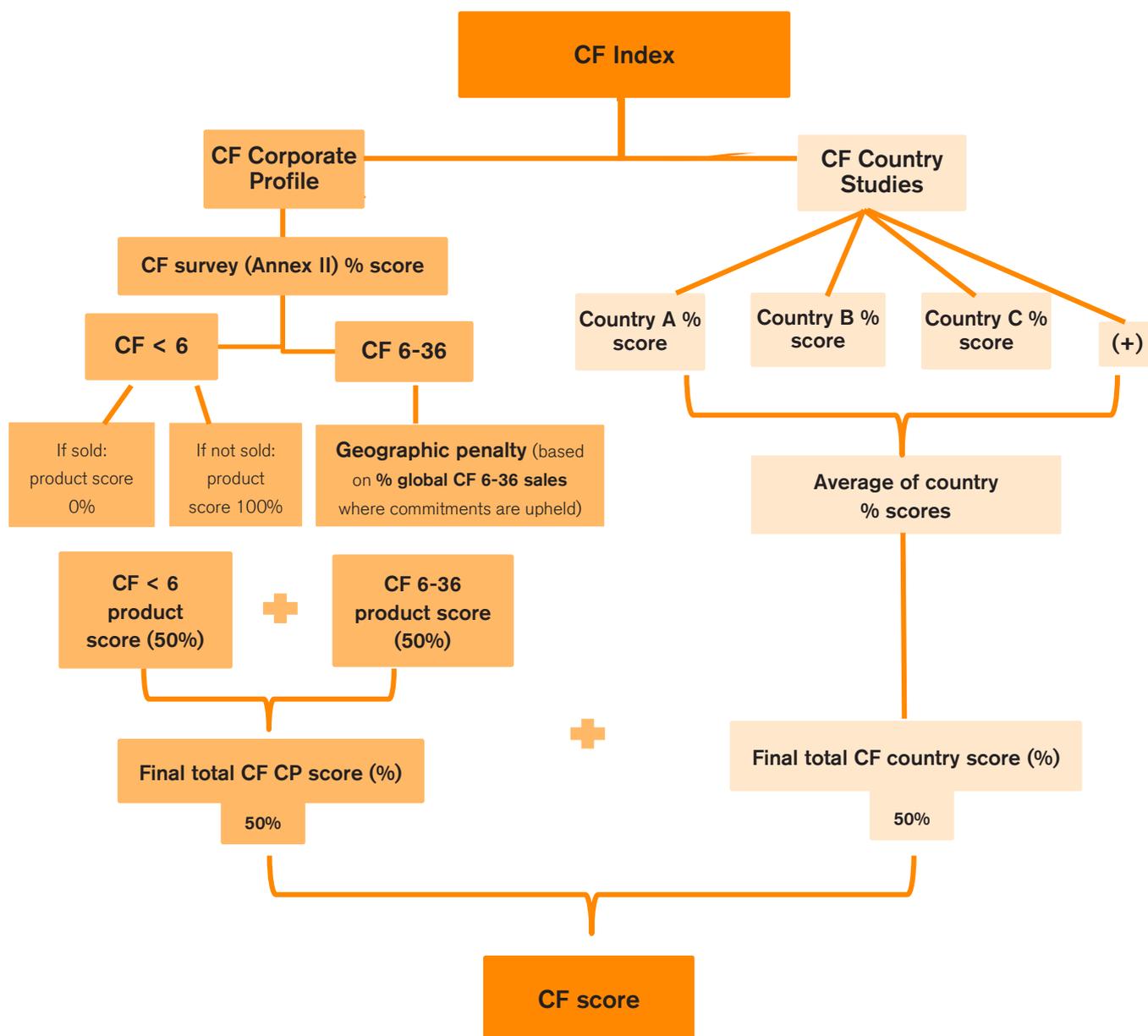


# Annex III Elements of the BMS Marketing Index 2024





# Annex IV Elements of the CF Marketing Index 2024





# Endnotes

- 
- <sup>1</sup> WHO. (2003) 'Global strategy on infant and young child feeding'. Available at: <https://www.who.int/publications/i/item/9241562218>
- <sup>2</sup> UNICEF. (2020) 'Improving Young Children's Diets During the Complementary Feeding Period. UNICEF Programming Guidance'. Available at: <https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming>
- <sup>3</sup> PAHO/WHO. (2003) 'Guiding principles for Complementary feeding of the breastfed child' Available at: <https://iris.paho.org/handle/10665.2/752>
- <sup>4</sup> R Chowdhury et al. (2015) 'Breastfeeding and maternal health outcomes: A systematic review and meta-analysis' *Acta Paediatrica* 467: 96-113 [10.1111/apa.13102](https://doi.org/10.1111/apa.13102)
- <sup>5</sup> M Sankar et al. (2015) 'Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis'. *Acta Paediatrica* 467: 3-13 [10.1111/apa.13147](https://doi.org/10.1111/apa.13147)
- <sup>6</sup> C Victora et al. (2016) 'Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect' *The Lancet* 10017: 465-490. <https://www.bpni.org/Article/Breastfeeding-in-the-21st-century-epidemiology-mechanisms.pdf>
- <sup>7</sup> B Horta et al. (2015) 'Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type 2 diabetes: A systematic review and meta-analysis' *Acta Paediatrica* 467: 30-37 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/apa.13133>
- <sup>8</sup> Duijts, L., Ramadhani, M., and Moll, H. (2009) 'Breastfeeding protects against infectious diseases during infancy in industrialized countries. A systematic review.' *Maternal & child nutrition*. 5: 199-210 <https://doi.org/10.1111/j.1740-8709.2008.00176.x>
- <sup>9</sup> Sankar MJ et al., (2015) 'Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis' *Acta Paediatrica* 104 (467): 3-13 <http://www.ncbi.nlm.nih.gov/pubmed/26249674>
- <sup>10</sup> C Victora et al., (2016) 'Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect.' *The Lancet* 10017: 475-490. <https://www.bpni.org/Article/Breastfeeding-in-the-21st-century-epidemiology-mechanisms.pdf>
- <sup>11</sup> J Baker et al., (2008) 'Breastfeeding reduces postpartum weight retention' *The American Journal of Clinical Nutrition* 6: 1543-1551 <https://doi.org/10.3945/ajcn.2008.26379>
- <sup>12</sup> D Aune et al., (2013) 'Breastfeeding and the maternal risk of type 2 diabetes: A systematic review and dose-response meta-analysis of cohort studies' *Nutrition, Metabolism and Cardiovascular Diseases*. 24. [10.1016/j.numecd.2013.10.028](https://doi.org/10.1016/j.numecd.2013.10.028)
- <sup>13</sup> Stuebe A. (2009) 'The risks of not breastfeeding for mothers and infants' *Reviews in obstetrics & gynecology* 4: 222-231. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/pdf/RIOG002004\\_0222.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812877/pdf/RIOG002004_0222.pdf)
- <sup>14</sup> D.Walters et al. (2019) 'The cost of not breastfeeding: global results from a new tool' *Health Policy and Planning* 34: 407-417 <https://pubmed.ncbi.nlm.nih.gov/31236559/>
- <sup>15</sup> Idem
- <sup>16</sup> WHO (2014) 'Global nutrition targets 2025: Policy brief series' Available at: [http://apps.who.int/iris/bitstream/handle/10665/149018/WHO\\_NMH\\_NHD\\_14.2\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/handle/10665/149018/WHO_NMH_NHD_14.2_eng.pdf?ua=1)
- <sup>17</sup> UNICEF (2019) 'The extension of the 2025 Maternal, Infant and Young Child nutrition targets to 2030'. Available at: <https://data.unicef.org/resources/who-unicef-discussion-paper-nutrition-targets/>
- <sup>18</sup> UNICEF (2020) *Breastfeeding - UNICEF DATA*. Available at: <https://data.unicef.org/topic/nutrition/breastfeeding/>
- <sup>19</sup> WHO (2011) 'NCD Global Monitoring Framework'. Available at: <https://www.who.int/publications/i/item/ncd-surveillance-global-monitoring-framework>
- <sup>20</sup> WHO (1981) 'International Code of Marketing of Breast-milk Substitutes' Available at: <https://www.who.int/publications/i/item/9241541601>
- <sup>21</sup> WHO (n.d.) 'Code and subsequent resolutions' Available at: [WHO | Code and subsequent resolutions](https://www.who.int/publications/i/item/9241541601)
- <sup>22</sup> Mandate from the World Health Assembly (2016) 'Guidance on ending the inappropriate promotion of foods for infants and young children' Available at: [EB Document Format \(who.int\)](https://www.who.int/publications/i/item/9241541601)
- <sup>23</sup> WHO (2017) 'Guidance on ending the inappropriate promotion of foods for infants and young children: Implementation Manual' Available at: <https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf>



- 
- <sup>24</sup> WHO (2022) 'Marketing of breast-milk substitutes: national implementation of the international code, status report 2022.' Available at: <https://www.who.int/publications/i/item/9789240048799>.
- <sup>25</sup> Global Breastfeeding Collective (2017) 'Nurturing the Health and Wealth of Nations: The Investment Case for Breastfeeding' Available at: <https://www.who.int/publications/m/item/nurturing-the-health-and-wealth-of-nations-the-investment-case-for-breastfeeding>
- <sup>26</sup> P.Baker et al (2020) 'First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption' *Maternal Child Nutrition*. e13097 . <https://doi.org/10.1111/mcn.13097>
- <sup>27</sup> WHO (2014) 'WHA Global Nutrition Target 2025: Breastfeeding Policy Brief' Available at: <https://apps.who.int/iris/handle/10665/149022>
- <sup>28</sup> P.Baker et al. (2020) 'First-food systems transformations and the ultra-processing of infant and young child diets: The determinants, dynamics and consequences of the global rise in commercial milk formula consumption' *Maternal Child Nutrition*. e13097. <https://doi.org/10.1111/mcn.13097>
- <sup>29</sup> Smith, J. et al., (2015) 'A rapid evidence assessment: Does marketing of commercially available complementary foods affect infant and young child feeding?' Australian National University, Canberra, A.C.T. Available at: <https://www.semanticscholar.org/paper/A-rapid-evidence-assessment%3A-Does-marketing-of-and-Smith-Sargent/2db7b87c85c03099046e90c74c0cff3003a720e2>
- <sup>30</sup> WHO (n.d.) 'Code and subsequent resolutions' Available at: [WHO | Code and subsequent resolutions](#)

© 2024 Access to Nutrition Foundation – All rights reserved

**Access to Nutrition Foundation**

Arthur van Schendelstraat 650  
3511 MJ Utrecht  
The Netherlands  
+31 (0)30 410 09 16  
info@accesstonutrition.org  
www.accesstonutrition.org



ACCESS TO  
**NUTRITION**  
INITIATIVE