

ACCESS TO
NUTRITION
INITIATIVE

Viet Nam country study

Marketing of Breast-milk
Substitutes and
Commercial Foods

March 2024



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Abbreviations

ATNI	Access to Nutrition Initiative
BMS	Breast-milk substitutes
CF	Complementary foods (commercially produced)
COMMIT	Consortium for Improving Complementary Foods in Southeast Asia
EAPRO	East Asia and the Pacific Regional Office
FUF	Follow-up formula
GNI	Gross national income
GUM	Growing-up milk
IBFAN	International Baby Foods Action Network
IF	Infant formula
NGO	Non-governmental organization
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization



About the Access to Nutrition Initiative

The Access to Nutrition Initiative (ATNI) is a global nonprofit established in 2013 to transform markets so they provide more nutritious, affordable, and sustainable foods for all. ATNI empowers key actors in the global food system and at national levels – especially industry and investors – to accelerate access to nutritious, affordable, and sustainable foods for all.

ATNI – which is funded by governments and philanthropies – is dedicated to objectively assessing and improving the contribution made by the private sector to addressing global nutrition challenges. ATNI does this by designing and regularly publishing various indexes and other private sector accountability tools. These indexes and tools measure and track, over time, the extent to which companies are working to increase consumers' access to healthy foods and responsibly exercising their influence on consumer choice and behavior.

More about ATNI can be found on our website:
<https://accesstonutrition.org/mission-vision-values/>.



Executive summary

ATNI periodically assesses the extent to which companies that make formulas and foods for infants and young children market their products in line with the prevailing international gold standard: the 1981 International Code of Marketing of Breast-milk Substitutes.^a The Code lays provisions on the responsible marketing of breast-milk substitutes (BMS) and complementary foods (CF).^b

ATNI's BMS and CF Marketing Indexes 2024 assess the 20 largest baby food companies globally.^c In addition to these global results, five country markets have been assessed, including Viet Nam. This report summarizes the context of the BMS and CF market in Viet Nam and presents the country findings. Seven companies were included in this assessment: Abbott, FrieslandCampina, HiPP, Morinaga, Nestlé, Reckitt, and Vinamilk. Together, they comprise more than 70% of Viet Nam's baby food market.^d Three of these companies – HiPP, Nestlé, and Vinamilk – produce both BMS and CF.

The number of incidences of non-compliance for both BMS and CF varied between the companies. However, none of the seven companies assessed during the research period of January 2023 to July 2023 market their BMS and CF products in Viet Nam fully in line with the Code.

For this research ATNI assessed compliance with the International Code of Marketing of Breast-milk Substitutes, relevant subsequent WHA resolutions and WHO Guidance on Ending the Inappropriate Promotion of Foods for

Infants and Young Children. ATNI did not assess compliance with local regulations or laws.

For BMS products, a total of 208 incidences of non-compliant marketing practices were found during the research period. Of these, 136 (65%) were attributed to BMS-related promotions on online retail or online media channels, and 68 (33%) were attributed to products with non-compliant labels.

For CF products, a total of 30 incidences of non-compliant marketing practices were found during the research period, of which 10 were from online media, one from television, and all 19 product labels assessed for the three companies were found to be non-compliant with the Code.

This report presents the key observations behind these incidences of non-compliance and provides recommendations for improvements.

It is worth noting that, of the seven companies assessed on their BMS marketing practices in this study, four were previously assessed by ATNI on BMS marketing in Viet Nam in 2015 as part of the country studies published in the BMS Chapter of the Global Index 2016. These were Abbott, FrieslandCampina, Nestlé, and Reckitt. Although the findings on point-of-sale promotions and product label non-compliances are relatively comparable, the number of observed BMS advertisements almost doubled, mainly on online media.

^a Here, we include all subsequent, relevant World Health Assembly (WHA) resolutions up to WHA 71.9, collectively referred to hereinafter as 'the Code'.

^b For the purpose of this report, when the term 'complementary foods' or the acronym CF is used, it refers to commercially or industrially produced complementary foods.

^c The selection is based on 2021 retail sales estimates from Euromonitor International.

^d *Euromonitor International Limited, Dairy Products and Alternatives Edition, 2022 data, © All rights reserved*



ATNI acknowledges and welcomes the corrective action already taken by some of the companies during the research phase on observed incidences of non-compliance. ATNI recommends that companies strengthen their marketing policies and ensure their marketing practices comply fully with the recommendations of the Code and all subsequent relevant resolutions, including the guidance supported by World Health Assembly (WHA) resolution 69.9.

Companies should play their part in contributing to optimal infant and young child nutrition, particularly those set by the World Health Organization (WHO) for 2025 and national governments, which combat growing levels of overweight and obesity and reduce deaths and illness from diet-related chronic diseases.¹



1. Introduction

The Access to Nutrition Initiative (ATNI) is dedicated to objectively assessing and improving the contribution made by the private sector to addressing global nutrition challenges. ATNI does this by designing and regularly publishing various indexes and other private sector accountability tools. These indexes and tools measure and track, over time, the extent to which companies are working to increase consumers' access to healthy foods and responsibly exercising their influence on consumer choice and behavior.

One of ATNI's core activities is assessing the extent to which companies that make formulas and foods for infants and young children market their products in line with the prevailing international gold standard: the 1981 International Code of Marketing of Breast-milk Substitutes, including all subsequent, relevant World Health Assembly (WHA) resolutions up to WHA 71.9, collectively referred to hereinafter as 'the Code'. The Code lays provisions on the responsible marketing of breast-milk substitutes (BMS) and complementary foods (CF). For the purpose of this report, focused on the assessment of industrial food products, when the term complementary foods or the acronym CF is used, it refers to commercially or industrially produced complementary foods.

Companies are expected to play their part in contributing to optimal infant and young child nutrition and achieving nutrition goals – particularly those set by the World Health Organization (WHO) for 2025 and national governments to combat growing levels of overweight and obesity and reduce deaths and illness from diet-related chronic diseases² - by complying with the Code and relevant national legal measures.

This report summarizes the context of the BMS and CF market in Viet Nam and presents the country findings of the BMS Marketing and the CF Marketing Indexes 2024 for Viet Nam.

The importance of infant and young child nutrition and the Code

Adequate nutrition is particularly important within the first 1,000 days of a child's life (from conception to age two), a critical stage that shapes optimal growth and development.

The WHO recommends that infants everywhere be exclusively breastfed for the first six months, after which point safe, adequate, and nutrient-rich foods should be introduced when breastmilk or milk formula alone are no longer adequate to meet the nutritional requirements of growing infants. This period is also known as complementary feeding, which generally starts at the age of six months and lasts up to 23 months of age, although breastfeeding may continue beyond this period, as recommended by WHO³.

Optimal breastfeeding has myriad benefits for infants and young children and their mothers. Breastmilk is the most sustainable and nutritious source of food for infants, carrying protective factors that safeguard children's health and their future well-being.^{4 5} Studies estimate that, breastfeeding can help prevent around 823,000 deaths in children younger than five years and 20,000 deaths in mothers from breast cancer annually.⁶

Nevertheless, while breastfeeding up to the age of two years is encouraged, the importance of appropriate complementary foods from the age of six months onwards should not be overlooked. The complementary feeding period is critical to prevent all forms of childhood malnutrition, including stunting, wasting, micronutrient deficiencies, overweight, obesity and diet-related non-communicable diseases⁷. Complementary foods of poor nutritional quality, like those that are high in sugar and calories, can contribute to weight gain, while those of suitable nutritional quality have the potential to reduce stunting in young children.⁸ These foods should have appropriate energy density, macronutrient levels, and micronutrient levels, either



inherently or through fortification, to provide all of the vitamins and minerals essential for healthy development.⁹

Due to the sub-optimal rates of breastfeeding worldwide, and continuing infant mortality and poor health outcomes, in 2014, WHO set a global target for 2025 of achieving 50% exclusive breastfeeding in the first six months of age in all countries and regions.¹⁰ This target was extended in 2016 to at least 70% exclusive breastfeeding by 2030.¹¹ The latest United Nations Children's Fund (UNICEF) estimates of exclusive breastfeeding rates during the first six months of life show that, globally, as of 2022, exclusive breastfeeding is up to 48% and on track to reach the 2025 target – but remains far from the 2030 target. It is worth noting there are regional disparities, as six of the nine global UNICEF regions have rates below 50%, while Western Europe has no regional data on these practices; and only South Asia and Eastern and Southern Africa currently surpass the 2025 target.¹²

Latest UNICEF estimates show that, in 2021, only 18% of older infants and young children between 6-23 months of age globally consumed a minimum acceptable diet that is sufficient in diversity and frequency, as per complementary feeding recommendations.¹³

Following a rise in urbanization and income growth, coupled with inadequate parental work policies and insufficient healthcare advice, parents are faced with various challenges to practice optimal infant and young feeding.¹⁴ Furthermore, the baby food market, consisting of breast-milk substitutes and commercial complementary foods, is also growing,¹⁵ and studies show these products are increasingly becoming a part of infant and young children's diets.

Evidence shows that inappropriate marketing of breast-milk substitutes undermines breastfeeding. The analyses revealed that BMS sales were inversely associated with breastfeeding at one year of age in 126 countries¹⁶.

In addition, many commercial complementary foods are marketed as suitable from four months of age, potentially displacing breastmilk in the first six months of life as recommended by WHO¹⁷.

A recent study (2023) of mothers surveyed in five Southeast Asian countries revealed that more than one-third of them gave commercial complementary foods to their 6–23-month-old child at least once a day, and almost half of mothers fed their child such products at every or most feedings or meals. While factors such as convenience and affordability influenced the purchase of these products, the mothers reported that the perceived nutritional benefits of commercial complementary foods were a primary reason in resorting to these foods.¹⁸

The responsible marketing of breast-milk substitutes and commercial complementary foods is imperative to ensure they are not promoted in any way that would influence caregivers' decisions in feeding their infants and young children.

The WHO has been responding to concerns about irresponsible marketing of foods for infants and young children since 1981, when the International Code of Marketing of Breast-milk Substitutes was adopted by the WHA as a minimum requirement to protect and promote appropriate infant and young child feeding. It sets out, inter alia, provisions on the appropriate labeling of breast-milk substitutes and restrictions on the promotion of these products in public settings and within the healthcare system.¹⁹ Since 1981, several WHA resolutions have been passed that augment or reinforce the original Code given evolving marketing challenges.²⁰ Adopted in May 2016, WHA resolution 69.9 extended the scope of products covered by the Code to include any milks (or products that could be used to replace milk, such as fortified soya milk alternatives), in either liquid or powdered form, that are specifically marketed for feeding older infants and young children up to the age of three years.²¹ This resolution also supported the WHO's Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children,



which introduced recommendations for the appropriate marketing of commercial complementary foods marketed as suitable for older infants and young children aged between 6 and 36 months.²²



2. Context for Viet Nam study

Infant and young child feeding practices in Viet Nam

According to the survey measuring Sustainable Development Goal (SDG) indicators on Children and Women in Viet Nam between 2020 and 2021, the proportion of infants under six months of age who are exclusively breastfed has risen to 45.4%²³ – but this remains below regional (46%) and global (48%) average rates of exclusive breastfeeding within this age group in the same year.²⁴ However, the country is on track to achieving the WHA target of at least 50% exclusive breastfeeding by 2025²⁵.

In terms of diets and feeding practices for children aged over six months, the 2020-21 survey measuring Viet Nam SDG indicators on children and women reveals:

- Around 86% of infants aged six to eight months received solid, semi-solid, or soft foods during the previous day²⁶
- Around 56% of children aged 6-23 months meet the minimum dietary diversity, and 46% meet a minimum acceptable diet²⁷
- Around 44% of children aged 12-23 months continued breastfeeding²⁸
- The median duration for breastfeeding among children under three years was 15.8 months, with 2.1 months for exclusive breastfeeding and 3.5 months for predominant breastfeeding²⁹
- The duration of breastfeeding tends to be longer in rural areas than urban areas³⁰

As of December 2022, the Cost of Not Breastfeeding tool showed that an estimated 424,249 deaths globally of children between birth and 23 months

can be attributed each year to inadequate breastfeeding, according to WHO recommendations.³¹ Based on the current breastfeeding rates in Viet Nam, it is estimated that:³²

- 1,041 annual child deaths in Viet Nam from diarrhea and acute respiratory illness could be prevented if breastfeeding practices were in line with public health guidance
- Over 19,000 cases of child obesity per year can be attributed to suboptimal breastfeeding rates in Viet Nam
- For mothers in Viet Nam, inadequate breastfeeding leads to around 200,496 cases of type II diabetes and 2,895 cases of breast and ovarian cancer each year
- The total annual health-related costs in Vietnam of not breastfeeding (including mortality, morbidity, and health system costs) are estimated to amount to USD 2.3 billion, or 0.66% of gross national income (GNI)
- Inadequate breastfeeding has human capital costs, leading up to an annual loss of 1,049,502 school years in Viet Nam
- Estimated costs of the use of BMS amounts to 25.8% of a caretaker's average wage in Viet Nam each year to feed a child with these products.

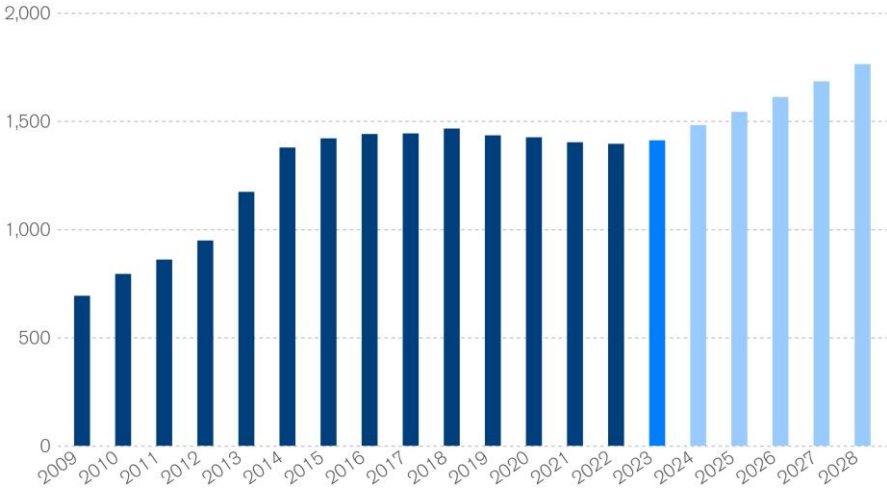
The Vietnamese infant and young child food market

Globally, the baby food market is growing, reaching up to over USD 71 billion in 2022, an increase from over USD 68 billion in 2018. Meanwhile, the baby food market in Viet Nam is worth approximately USD 1.4 billion (2022), remaining steady with a slight decrease over time from almost USD 1.5 billion in 2018, possibly influenced by economic concerns and a declining birth rate in the country. As shown in Figure 1, below, the market is forecast to see



continued growth in the future, according to Euromonitor International, reaching a market value of over USD 1.7 billion by 2028.³³

Figure 1. Sales of baby foods in Viet Nam (USD million)

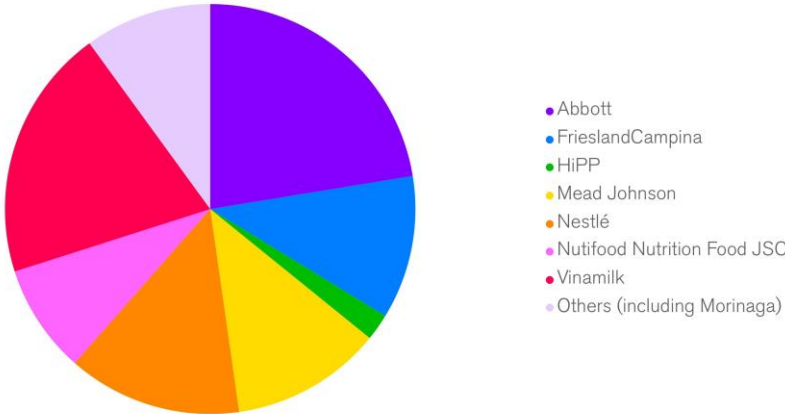


Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2021 data, © All rights reserved.

The companies Abbott, Vinamilk, Nestlé, and FrieslandCampina each hold more than 10% of the baby food market in Viet Nam, while Nutifood Nutrition Food and Mead Johnson Viet Nam (globally known as Reckitt) hold over 5% of the market (Figure 2).

^e Euromonitor categories of milk formula include standard milk formula, follow-on milk formula, and growing-up milk formula. These correspond to infant formula, follow-up formula, and growing-up milks, respectively, which are the terms used throughout this report.

Figure 2. Company shares of the Vietnamese baby food market (2022)



Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2021 data, © All rights reserved.

The commercial baby food market constitutes two distinct markets: Breast-Milk Substitutes (BMS), which includes milk formula products^e, and commercial complementary foods (CF), which includes different types of foods for older infants and young children^f.

- Globally, the BMS market is worth over USD 50 billion (2022). The BMS market in Viet Nam is worth over USD 1 billion (2022), showing

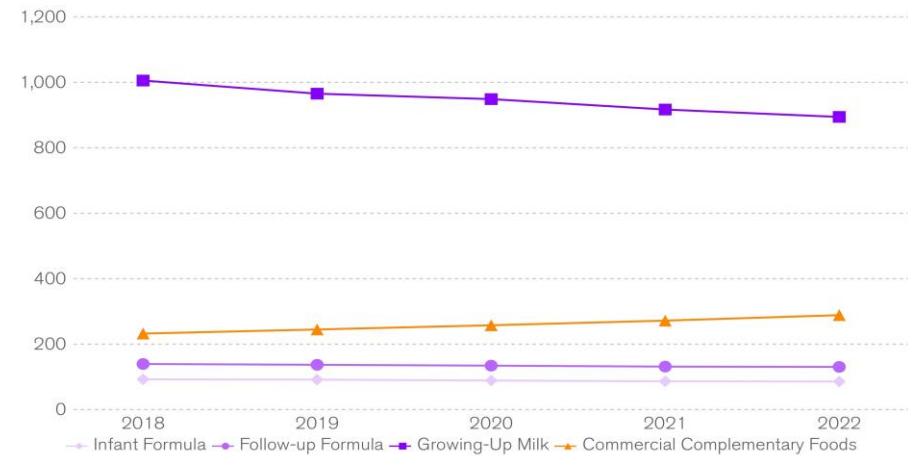
^f Euromonitor categories of commercial complementary foods include: dried, prepared and other snack baby foods.



a gradual decrease over time from 2018, likely due to a declining birth rate. Growing-up milk formula continues to dominate the market, representing more than 80% of the BMS market, and a little under 65% of the total baby food market in Viet Nam (based on 2022 Euromonitor retail sales estimates). Infant formula, follow-up milk formula, and growing-up milk formula all show a gradual decrease from 2018 to 2022 (as shown in Figure 3): with the infant formula market size reducing from over USD 90 million to around USD 85 million; follow-up milk formula reducing from over USD 135 million to under USD 130 million; and growing-up milk formula reducing from around USD 1 billion to over USD 890 million.³⁴

- Globally, the commercial CF market is worth over USD 18 billion (2022). The CF market in Viet Nam is worth over USD 280 million (2022), an increase from around USD 230 million in 2018 (as seen in Figure 3), resulting in an increasing share of the baby food market. Within this category, dried baby food shows an increase in Viet Nam, from over USD 215 million in 2018 to more than USD 260 million in 2022. Meanwhile, prepared baby food shows an increase from over USD 12 million to almost USD 19 million, and there was a slight increase in other snack baby food over the same time period.³⁵

Figure 3. Trends in baby food product sales in Viet Nam (USD million)



Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2021 data, © All rights reserved.



Vietnamese laws and regulations regulating the marketing of foods for infant and young children

According to a 2022 Status Report by the WHO, UNICEF, and International Baby Foods Action Network, Viet Nam's national legal measures are 'Substantially aligned with the Code' following strengthened regulatory revisions in 2020.³⁶ The measures are closely aligned with the Code in the areas of promotion to the general public and in health care facilities, as well as monitoring and enforcement, but are less aligned in terms of industry engagement with healthcare workers, company contact with caregivers, and the provision of informational/educational materials by industry. In regard to labeling, Viet Nam has a broad range of provisions in place, including required warnings and instructions on the appropriate preparation and use of BMS products and statements supporting breastfeeding. However, provisions are lacking with regard to prohibiting the use of nutrition and health claims and professional endorsements. Currently, Breast-milk substitute products up to 24 months, bottles and teats, and commercial complementary foods up to six months, are covered by regulation in Viet Nam. However, breast-milk substitutes intended for children from one year of age and commercial complementary foods for older infants aged six months and older are not covered by Vietnamese Code regulations.³⁷

A recent review of policies and regulations relating to commercial complementary foods in Viet Nam, led by UNICEF's East Asia and Pacific Regional Office, also concluded that binding legal measures are in partial alignment with the WHO Guidance on Ending Inappropriate Promotion of Foods for Infants and Young Children, as some mandatory messages and labeling requirements to protect, promote, and support breastfeeding are part of the country's regulatory framework.³⁸



3. Methodology

Country assessments in ATNI's BMS and CF Marketing Indexes

ATNI's BMS and CF Marketing Indexes 2024 collectively assessed the 20 largest baby food companies globally, based on 2021 retail sales estimates. ATNI estimates these companies hold >70% of the global baby food market share of breast-milk substitutes and commercial complementary foods³⁹.

Both the BMS and CF Marketing Indexes consist of two main types of assessment:

- The **Corporate Profile** assessment, which examines global corporate policies and procedures
- The **Country Studies** assessment, which measures companies' marketing practices in selected countries

The Corporate Profile and Country Studies evaluate the extent to which company policies and practices align with the various provisions of the Code. While the Corporate Profile assesses company policies and commitments on all aspects of the Code, the Country Studies assess marketing practices against specific provisions of the Code.

The [methodology](#) for the BMS and CF Marketing Indexes 2024 includes additional information about the companies selected and the respective Index(es) they are assessed in, as well as the basis and nature of the assessments for each component and how they feed into the overall Indexes. For further details specifically on the Country Studies, refer to the section on 'In-country assessments' on pages 19-26 of the methodology. Annex I and Annex II of the methodology include a list of all the indicators against which companies are assessed for the Corporate Profile of the BMS Marketing

Index and CF Marketing Index, respectively. Indicators with this symbol are those that are also used in the Country Studies to assess companies' practices against the specific Code requirement. More details on which Code requirements are assessed, and how, are explained in the section in this report on [Assessment methods and scoring](#).

ATNI's assessments are based on the standards of the Code and its definitions. The following products are assessed in each of the respective Indexes:

- The **BMS Marketing Index** assesses company standards on the marketing of breast-milk substitutes, hereinafter referred to as BMS products. These include any milks (or products that could be used to replace milk, such as fortified soya milk alternatives), in either liquid or powdered form, that are specifically marketed for feeding older infants and young children up to the age of three years; namely:
 - **IF:** infant formula (intended for infants younger than six months of age)
 - **FUF:** follow-up formula (intended for older infants between six months up to one year of age)
 - **GUM:** growing-up milks or toddler milks (intended for young children between one to three years of age)

It is important to note that the Code never made exceptions for formulas for special medical purposes; therefore, these products are also included within the scope of ATNI's studies. However, bottles and teats are not included in ATNI's assessments as these products generally would not be manufactured by food and beverage companies.

- The **CF Marketing Index** assesses the marketing of commercial complementary foods, hereinafter referred to as CF products. These include baby porridge and cereals, dairy/fruit/vegetable-based baby



purées, savory meals, and snack foods, as well as baby teas, juices, and water for infants and young children aged 6-36 months.

CF products marketed to infants aged under six months are considered unwanted 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 are intended for older infants and young children aged 6-36 months and should not be introduced to infants aged under six months who should be exclusively breastfed.

The BMS Marketing and CF Marketing Indexes 2024 can be found here for the [BMS Marketing Index 2024](#) and the [CF Marketing Index 2024](#). Individual company scorecards are also available, whereby company performance is compared across the selected markets.

Country selection: Viet Nam

As part of the Country Studies component of the BMS Marketing and the CF Marketing Indexes 2024, five countries were selected for assessment. This report focuses on the findings from Viet Nam. Similar [in-country reports](#) are published for the other four countries selected: China, Germany, Indonesia and the US.

As the company scope has expanded for the BMS and CF Marketing Indexes 2024 (from nine companies in 2021 to 20 companies for this assessment), the geographic variability of the companies' markets warranted 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. Viet Nam was one of the five countries⁹ selected for assessment for several reasons, all of which are linked to the country selection criteria as described on page 20 of the [methodology](#). One of the 20 companies selected, Vinamilk, only sells baby foods in Viet Nam, while Viet Nam is one of the largest baby food markets for two other companies, Abbott and FrieslandCampina. Additionally, HiPP, Morinaga, Nestlé, and Reckitt also sell baby foods in Viet Nam. Collectively, the seven companies constitute over 70% of Viet Nam's baby food market (*Euromonitor International Limited, Dairy Products and Alternatives Edition, 2021 data, © All rights reserved*).⁴⁰

While all seven companies sell BMS products, three – HiPP, Nestlé, and Vinamilk – also sell CF products. This report presents the findings on the marketing practices of BMS products for all seven companies and, separately, the findings on CF products for the three companies.

This is the second time ATNI has conducted an assessment of companies' BMS marketing practices in Viet Nam. The first assessment was conducted in 2015 and published as part of ATNI's Global Index 2016, BMS Chapter.^h The companies assessed by ATNI in 2015 were Abbott, Danone, FrieslandCampina, Heinz, Mead Johnson (now Reckitt), and Nestlé.

⁹ The five countries in which ATNI conducted assessments of marketing practices for the BMS and CF Marketing Indexes 2024 are: China, Germany, Indonesia, United States, and Viet Nam.

^h ATNI did not assess the marketing of CF 6-36 products in 2015 in Viet Nam.



Assessment methods and scoring

The methodology for the in-country assessments is guided by the second edition of the NetCode protocol for periodic assessment, published in 2017.⁴¹ ATNI has adapted the scope to ensure that relevant elements of the guidance supported by WHA resolution 69.9 are incorporated.

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

The aim is to assess compliance with the Code. This is not an assessment against local regulations.

In addition, 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 listeningⁱ

ⁱ 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 1:

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.

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 1).



Objectives:

1. Identify the number of company paid advertisements^j of BMS/CF or related company sponsored content, if any.
2. Identify the number of promotions^k 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.

Methods: Online platforms were monitored for mentions of a combined set of keywords across three main channels: web, social media and retail.^l

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.

^j An advertisement can be any audiovisual material meant to promote relevant products.

^k 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.

^l ATNI contracted Digimind to conduct the social listening and collect relevant mentions.



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

See [Annex I](#) for a complete list of the websites and social media platforms monitored in Viet Nam, which was developed based on initial scoping and desk research, as well as based on the platforms that the tool could monitor and collect relevant content from.

Time frame: Monitoring spanned for eight weeks between May 12 2023 and 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 1, above).

Objectives:

1. Identify the number of company paid advertisements^m of BMS/CF or related company sponsored content, if any.

^m An advertisement can be any audiovisual material meant to promote relevant products.

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 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 traditional media platforms (broadcast media and print) for content related to BMS and CF products and brands.ⁿ

The platforms monitored in Viet Nam were:

- Television: A total of 88 government, private, and cable channels
- Radio: A total of five channels

ⁿ ATNI contracted Nielsen Ad Intel International to monitor traditional media channels and collect relevant creative advertisements.



- Print: A total of 58 print materials, including 27 newspapers and 31 magazines

See [Annex II](#) for a complete list of the broadcast channels and print media monitored in Viet Nam.

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 2).

Box 2:

Article 9 of the Code includes provisions on labelling requirements for BMS, which are further augmented by recommendation 4 of WHA 69.9. Labeling 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^o 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.

For each company, the sum of all incidences of non-compliance with the Code identified from the social listening, traditional media monitoring, and product label review corresponds to a country score that feeds into the Index score (see Table 1 below). In this study, 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 1. 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%

^o ATNI contracted Innova Market Insights to access the product database and obtain information on BMS and CF products in the markets of interest.

Data verification for Viet Nam

Once data collection was completed, ATNI informed all 20 companies separately about the assessments and the countries they took place in, Viet Nam being one of them. As part of ATNI's fact-checking process, each company was 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 were 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 were missing or when the images available to ATNI were not clear enough to extract the information needed to complete the assessments.

In regard to the online findings, companies were asked to confirm whether they had contractual relationships with parenting websites (targeting parents/caregivers of infants and young children) in situations where company-related incidences of non-compliance were found, and with online retailers where point-of-sale promotions were 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.



If companies did not respond to ATNI's requests, all identified incidences of non-compliance were included in the assessments, and where clear images were missing, the label assessments remained incomplete and are noted as such. See Table 2, below, for information on the companies' level of engagement in relation to the Viet Nam findings.

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.



Table 2. Level of company engagement on the Viet Nam findings

Company	If company engaged with ATNI on country findings	Label Assessment			Online Assessment		
		Excluded products	Reason for exclusion	Additional requested material provided	Excluded findings from online retailers	Excluded findings from parenting websites	Reason for exclusion
Abbott	Yes	0	-	Yes	0 BMS	6 BMS	No contractual relationship
Friesland Campina	Yes	1	Discontinued BMS product	Yes	Not applicable	4 BMS	No contractual relationship
HiPP	Yes	0	-	No	Not applicable for BMS and CF	Not applicable for BMS and CF	-
Morinaga	No						
Nestlé	Yes	3	BMS Parallel imports**	Incomplete for BMS and CF	0 BMS Not applicable for CF	2	No contractual relationship
Reckitt	Yes*	0	-	Yes	0	0	-
Vinamilk	No						

* Reckitt did not engage with ATNI on the Viet Nam findings during the verification phase. The company contacted ATNI at a later stage and was given the opportunity to share images of product labels to allow for the completion of the label assessments.

** Parallel imports are branded goods that are imported into a market and sold there without the consent of the owner of the trademark in that market.

Note: "Not applicable" indicates there was no observation of this company's BMS/CF products on the retailer or parenting websites monitored.



4. Marketing practices in Viet Nam for BMS

The findings on the extent to which seven selected companies market their BMS products in Viet Nam in line with the Code are presented in Table 3. A total of 208 incidences of non-compliant marketing practices for BMS products were found during the research period. As seen in Table 3, non-compliant marketing practices were found for all seven companies. In total, 136 (65%) of the total incidences of non-compliances found in this study (208) were attributed to BMS-related promotions on online retail or online

media channels. Sixty-eight (33%) of the total incidences of non-compliances found in this study (208) were attributed to products with non-compliant labels, with all labels assessed from the seven companies having at least one incidence of non-compliance with the Code. However, no promotions were found for HiPP and Morinaga on online or in traditional media during the research period – which could be related to a number of factors considering the companies' relatively lower market shares in Viet Nam but also possible limitations in the extent of products, brands, and channels assessed.

[Annex III](#) provides an overview of the brands captured for each company during the monitoring and across the different marketing channels.

Table 3. Number of non-compliant marketing practices for BMS products by company and marketing channel

Company (Estimated BMS market share in Viet Nam ⁴²)	Example of brands assessed	TOTAL number of incidences of non-compliance (n)	Promotions							Non-compliant labels out of number of product labels assessed (Of products launched between March 2020 and February 2023)
			Online (May 12 2023 – July 6 2023)			Traditional (January 1 2023 – June 30 2023)				
			Retail	Media	Total	TV	Radio	Print	Total	
Abbott (26%)	Similac	50	4	28	32	2	0	0	2	16/16
FrieslandCampina (14%)	Friso Gold/Prestige	23	0	14	14	0	0	1	1	8/8
HiPP (<5%)	HiPP	6	0	0	0	0	0	0	0	6/6
Morinaga (<5%)	Hagukumi Chilmil	2	0	0	0	0	0	0	0	2/2
Nestlé (10%)	NAN	42	4	25	29	0	0	0	0	13/13
Reckitt (14%)	Enfamil Enfagrow	41	11	25	36	0	0	0	0	5/5
Vinamilk (18%)	Dielac Optimum Gold	44	10	15	25	1	0	0	1	18/18
TOTAL		208	29	107	136	3	0	1	4	68/68



Online retail

Of the 29 point-of-sale promotions for products covered by the Code that were observed on the websites of the five most popular online retailers in Viet Nam, four were for Abbott products, four for Nestlé products, 10 for Vinamilk products, and 11 for Reckitt products. No online retail promotions were found for products from FrieslandCampina, HiPP, or Morinaga in the eight-week period the channels were monitored.

With each of the 29 point-of-sale promotions, advertisements of BMS products were also observed. The most common form of promotion found on online retailer sites were price-related discounts or gifts (for 28 of the 29 promotions). Promotions of growing-up milk products were most common on online retail websites (24 in total); however, three product promotions for follow-up formula and two infant formula promotions were also found for products belonging to Reckitt and Vinamilk.

Online media

For five companies, Abbott, FrieslandCampina, Nestlé, Reckitt and Vinamilk, a total of 107 advertisements and promotions related to BMS brands were found online during the research period. Of these, 89 appeared on local company or brand associated social media pages, whereas 18 appeared on local parenting websites. All five companies had promotions through Facebook (58 found in total), and YouTube (31 found in total). For HiPP and Morinaga no online advertisements or promotions were found on the selected media channels in the specific monitoring period.

Along with the advertisements identified, which are non-compliances with Article 5.1 of the Code, additional non-compliances were observed pertaining to Article 5 of the Code, such as offers of gifts, prizes, and coupons. Some advertisements had further incidences of non-compliance with recommendations 5 and 6 of the guidance supported by WHA resolution 69.9, by allowing company contact through solicited sign-ups to baby clubs and contests, and by sharing information on infant and young child feeding.

Ninety-three of the 107 advertisements (87%) contained a nutrition, health, or marketing claim,^p such as “providing 38 nutrients to support growth, ensuring your baby a complete and balanced source of nutrition” or “...giving the best to your child”. While advertisements with claims were found for all five companies, Abbott and Vinamilk had a claim in every advertisement assessed.

The majority of the online adverts promoted growing-up milk products (78 of all incidences observed online), while nine adverts promoted infant formula (two from Nestlé, one from Vinamilk, and six from Reckitt) and two adverts promoted follow-up formula (also by Reckitt). It is worth noting that upon review of the findings during the fact-checking process, Nestlé confirmed its contractual relationship with the parenting site where the infant formula adverts were identified and took immediate action to remove those advertisements. Although the advertisements were removed upon reassessment, ATNI has still included those findings as they were observed during the research period. All infant and follow-up formula adverts for Reckitt were also found on parenting websites, but since the company did not engage during the fact-checking phase, its contractual relationship with the parenting websites was not confirmed nor contested and the assessments were maintained.

^p In this study, ATNI referred to WHO Europe's Nutrient and Promotion Profile Model for the definition of the different types of claims.



In total, 18 online adverts were not related to specific BMS products, but rather advertised brands associated with products within the scope of the study. The guidance on ending inappropriate promotion of foods for infants and young children, supported by WHA resolution 69.9, states that there does not have to be a reference to a brand name of a product for an activity to be considered as advertising or promotion, thus these findings are included in the assessment.

Traditional media

During the research period, a total of four BMS advertisements were found on traditional media channels in Viet Nam, a non-compliance with Article 5 of the Code. For the Abbott BMS brand, PediaSure, two televised advertisements and promotions were found. One growing-up milk televised advertisement was found for Vinamilk and one printed advertisement of growing-up milk was found for FrieslandCampina. All of the advertisements from these companies contained a health claim, such as “healthy and strong” or “support comprehensive growth”. No findings were reported for HiPP, Morinaga, Nestlé, or Reckitt.

BMS product labels

Of the 68 BMS labels assessed for the seven companies, **all 68 labels** contained one or more instances of non-compliance, with an average of five non-compliances per label.⁹ All of the labels contained one or several claims: health claims (68 out of 68 labels); nutritional claims (67 out of 68 labels);

⁹ It should be noted there were in total 16 products with missing images (most notably 10 out of 18 for Vinamilk and three out of six for HiPP), so for these products it was not possible to do the full assessment.

and/or marketing claims (50 out of 64 labels^r), for example, “supports easier digestion and absorption” (a health claim) or “is the #1 brand recommended by pediatricians in the U.S.” (a marketing claim).

Furthermore, 60 of 68 labels did not include a statement on the importance of exclusive breastfeeding in the first six months of life and continued breastfeeding for up to two years or beyond, as per recommendation 4 of the guidance on inappropriate promotion of foods for infants and young children supported by WHA resolution 69.9. For the remaining eight labels, clear images were unavailable, and therefore it could not be confirmed if the labels included this statement or not.

Of the labels, 72% (49 out of 68) did not contain a statement that the product should be used only on the advice of a health worker, in a font size that is easily visible, and in bold and on a contrasting background, as required by Article 9.2 of the Code. Further, 39% (25 out of 63^s labels) included text that compared the characteristics of the products to that of breastmilk, such as “prebiotic with a similar structure to nutrients found in breastmilk”.

See Table 4 for an overview of the number of product labels assessed per company and the respective non-compliances, including the most frequently identified ones.

Some instances of non-compliance were mostly found on growing-up milk products. These related to missing wording required by Article 9.2 of the Code, such as not including the words “Important notice” or their equivalent and stating the superiority of breastfeeding, and/or not having a warning

^r Four products had missing images, resulting in incomplete assessments for these products on this requirement.

^s Five products had missing images, resulting in incomplete assessments for these products on this requirement.



against the health hazards of inappropriate preparation and usage. A full list on BMS product label results can be found in [Annex IV](#).

The product category promoted inappropriately most often in Viet Nam was growing-up milks (65%), followed by infant formulas (17%). The growing-up milk products from the companies are presented in different ways, being targeted at children from age one year, two years, one to two years, two to six years, or one to 10 years old.

Table 4. Overview of product label assessment

	Number of (n)			Average number of non-compliances per non-compliant label (n)	Most common non-compliances on product labels			
	Products assessed	Products for which clear images were not available	Non-compliant labels		Contain claims	No statement on the importance of breastfeeding in	No clear statement on the use of BMS on the advice of health workers	Contain text or images that may discourage or undermine breastfeeding or makes a comparison to breast milk
Abbott	16	0	16	6	16	16	16	4
Friesland Campina	8	0	8	4	8	8	5	0
HiPP	6	3	6	7	6	3	2	2
Morinaga	2	0	2	5	2	2	0	1
Nestlé	13	3	13	5	13	13	12	6
Reckitt	5	0	5	3	5	5	5	0
Vinamilk	18	10	18	5	18	13	9	12
TOTAL	68	16	68		68	60	49	25

Note: Shaded values indicate images were missing or unclear to complete the assessment on the respective indicators.



5. Marketing practices in Viet Nam for commercial CF

None of the marketing practices observed are fully compliant with the Code. The findings on the extent to which three companies (HiPP, Nestlé, and Vinamilk) market their complementary food (CF) products in Viet Nam in line with the Code are presented in Table 5. A total of 30 incidences of non-compliant marketing practices for CF products were found during the research period, of which 10 were from online media and one from television,

and 19 were found on all the product labels assessed for the three companies.

[Annex V](#) provides an overview of the brands captured for each company during monitoring and across the different marketing channels.

Table 5. Number of non-compliant marketing practices for commercial CF products by company and marketing channel

Company (Estimated CF market share in Viet Nam)	Example of brands assessed	TOTAL number of incidences of non-compliance (n)	Promotions							Non-compliant labels out of number of product labels assessed (Of products launched between March 2020 and February 2023)
			Online (May 12 2023 – July 6 2023)			Traditional (January 1 2023 – June 30 2023)				
			Retail	Media	Total	TV	Radio	Print	Total	
HiPP (10%)	HiPP	7/7	0	4/4	4/4	0	0	0	0	3/3
Nestlé (24%)	Cerelac Gerber	12/12	0	1/1	1/1	0	0	0	0	11/11
Vinamilk (37%)	Ridielac Optimum Gold	11/11	0	5/5	5/5	1/1	0	0	1/1	5/5
TOTAL		30/30	0	10/10	10/10	1/1	0	0	1/1	19/19

[†] Euromonitor International Limited, Dairy Products and Alternatives Edition, 2021 data, © All rights reserved.



Online media

For CF products, there were no point-of-sale promotions found on the online retail channels monitored during the research period. On the other hand, a total of 10 non-compliant advertisements or promotions were found on online media channels: four from HiPP, one from Nestlé, and five from Vinamilk. All of these appeared on company or brand-associated social media pages on Facebook (6) and YouTube (4).

For HiPP, two out of the four advertisements promoted a commercial complementary food or liquid product as suitable for infants under six months of age. 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 non-compliances and not assessed on any further indicators that evaluate appropriate marketing practices. The Nestlé CF product advertised was aimed at children above six months of age. None of the seven other advertisements (for HiPP and Vinamilk products) had a clear age specified for the CF product.

All of the eight advertisements assessed contained three to four non-compliances each. The company advertisements included incidences of non-compliance with recommendations 5 and 6 of the guidance supported by WHA resolution 69.9, by allowing company contact through solicited sign-ups to baby clubs and contests, and by sharing information on infant and young child feeding. The three companies also market BMS products, thus posing an unwanted risk of cross-promotion and conflicts of interest.

From the eight advertisements assessed, seven contained a nutrition, health, or marketing claim, such as "...improve digestive health and strengthen the body's immune system" (a health claim) or "The world's No. 1 brand of organic food for children" (a marketing claim).

Further, none of the eight CF advertisements assessed included a statement on the importance of exclusive breastfeeding in the first six months of life and continued breastfeeding for up to two years or beyond, as per recommendation 4 of the guidance supported by WHA resolution 69.9.

Traditional media

During the research period, one CF television advertisement from Vinamilk was found in Viet Nam. This advertisement did not clearly specify the recommended age of introduction. It contained a health claim, a nutrition claim, and a marketing claim. Furthermore, it includes an image of a baby, suggesting the use for infants under the age of six months. It did not include a statement on the importance of exclusive breastfeeding in the first six months of life and continued breastfeeding for up to two years or beyond. It also suggests an endorsement from a professional or other body, as the advertisement was presented by an expert in a research center. These non-compliances all link to specifications under recommendation 4 of the guidance supported by WHA resolution 69.9.

No findings of CF advertisements on traditional media channels (radio, television, or print) were reported for HiPP or Nestlé.

Commercial CF product labels

All 19 product labels assessed from the three companies were found to be non-compliant. One CF product from HiPP was found to be marketed as suitable for infants under six months of age, indicating it is suitable from four months of age. As this product should not be available on the market, it was counted as a non-compliant label but not assessed on any further indicators that evaluate appropriate labeling practices. For the remaining labels assessed, **all 18 labels** contained one or more instances of non-compliance,



with an average of three observed incidences of non-compliance per label.^u All 18 labels assessed contained at least one claim, with all having nutritional claims and 17 of the 18 having marketing claims. Meanwhile, health claims were found on 12 CF products,^v such as “helps strengthen the baby’s immune system” or “to help your baby eat well and grow healthy during the weaning period”.

Furthermore, 13 of the 18 labels assessed did not include a statement on the importance of exclusive breastfeeding in the first six months of life and

continued breastfeeding for up to two years or beyond, as per recommendation 4 of the guidance supported by WHA resolution 69.9.

Other incidences of non-compliance against recommendation 4 were identified for seven of the 18 assessed labels which contained text, image, or other elements that undermine or discourage appropriate complementary feeding or may suggest the product is inherently superior to home prepared foods.

Table 6. Overview of product label assessment

	No. of (n)			Average number of non-compliances per non-compliant label (n)	Most common non-compliances on product labels			
	Products assessed	Products for which clear images were not available	Non-compliant labels		Contains claims	No statement on the importance of breastfeeding in line with WHO recommendations	Contain any text, image or other element that may undermine appropriate complementary feeding	Include any image, text or other representation that might suggest use for infants under 6 months (including references to milestones and stages)
HiPP	3	0	3*	3	2	2	2	0
Nestlé	11	2	11	4	11	9	4	8
Vinamilk	5	3	5	2	5	2	1	0
TOTAL	19	5	19		18	13	7	8

* Of the three non-compliant CF labels, one belongs to a product intended for infants under six months. Only the two other products were assessed on the indicators that evaluate appropriate labeling practices, as CF should not be marketed to infants under six months.

Note: Shaded values indicate images were missing or unclear to complete the assessment on the respective indicators.

^u It should be noted there were five products in total with missing images (two for Nestlé and three for Vinamilk), so for these products it was not possible to do the full assessment.

^v One product had missing images, resulting in an incomplete assessment.



Furthermore, eight of the 11 CF products assessed from Nestlé included an image or logo with a baby, which might suggest use for infants under the age of six months.

See Table 6 for an overview of the number of product labels assessed per company and the respective non-compliances, including the most frequently identified ones. A full list on CF product label results can be found in [Annex VI](#).



6. Conclusions and recommendations

This study was guided by the NetCode protocol with the Code as a benchmark. Although the number of incidences of non-compliance varied between the companies, none of the seven companies assessed in Viet Nam during the research period between January 2023 and July 2023 marketed their BMS and CF products fully in line with the Code. All the labels assessed for BMS (68 products) and CF (19) contained several non-compliances each. A total of 140 BMS product promotions and 5 CF product promotions were observed on online or traditional media during the time of research, and all advertisements assessed contained one or more incidences non-compliances (mostly claims).

For the BMS products, the majority of the observed incidences of non-compliance were concerning growing-up milks (135 out of 208). It is worth noting that of the 30 observed incidences of non-compliance observations of CF products and brands, three were of products marketed as suitable for under six months, whereas seven had no clear recommended age of introduction. This could be explained by gaps in current monitoring and enforcement of existing national policies⁴³ and by the fact that local regulations are not fully aligned to the Code. In Viet Nam, for example, it is currently not prohibited to use nutrition and health claims or professional endorsements. Furthermore, only BMS products intended for children up to 24 months, bottles and teats, and complementary foods intended for children up to six months, are in scope of the Vietnamese legal measures in place. For CF products, legal measures in Viet Nam are in partial alignment with WHO guidance on commercial CF for children up to 36 months of age, mainly in regard to the inclusion of mandatory messages and labeling requirements to protect, promote, and support breastfeeding.

ATNI acknowledges and welcomes the corrective action already taken by some of the companies during the research phase on observed incidences of non-compliance (like removing advertisements that were found for infant formula). ATNI expects the companies whose marketing practices were assessed in this study to determine how the identified incidences of non-compliance occurred, and put in place necessary systems to eliminate them to ensure they do not recur. ATNI recommends that companies strengthen their marketing policies and ensure their marketing practices comply fully with the recommendations of the Code and all subsequent relevant resolutions, including the guidance supported by WHA resolution 69.9. ATNI has developed a [model company policy](#) on the responsible marketing of breast-milk substitutes which can guide companies on how to incorporate Code provisions and align with the latest public health requirements in practice.

Of the seven companies assessed on their BMS marketing practices in this study, four were also previously assessed by ATNI on BMS marketing in Viet Nam in 2015 as part of the country studies published in the BMS Chapter of the Global Index 2016. These were Abbott, FrieslandCampina, Nestlé, and Reckitt. Although the findings are relatively comparable on point-of-sale promotions and product label non-compliances, the number of observed BMS advertisements almost doubled, mainly on online media.

Recommendations to BMS and CF companies

Online media and traditional media channels

ATNI urges companies selling products within the scope of the Code to take responsibility for monitoring their marketing practices beyond local regulations, according to the principles and the aim of the Code and subsequent relevant resolutions, and to take steps to ensure this includes online media channels as well as traditional media channels. Given the extent of online media findings in this study, it is clear that companies need to set



stronger standards and create procedures and control mechanisms for responsibly marketing their products in digital environments that are in line with the latest guidance by the World Health Organization on restricting digital marketing of foods for infants and young children.⁴⁴

Promotion on online retailers' platforms

ATNI recognizes that not all promotions found within the selected online retail sites will have been initiated by, or agreed between, companies and retailers. Nevertheless, it is the responsibility of all market participants to monitor their marketing practices and take steps to ensure they conform to the Code. ATNI recognizes that companies must operate in compliance with anti-trust regulations which prevents, inter alia, any company influencing the pricing decisions of another. Within that context, companies are encouraged to look for ways to engage with their industry associations, retailers and/or regulators to ensure there are no promotions of BMS products in the retail environment, and see that CF products are appropriately promoted in line with the 2016 WHO Guidance on ending the inappropriate promotion of foods for infants and young children.

Product labeling

The companies that reviewed the initial label assessments by ATNI all indicated that product labels are reviewed and approved by the local authority and compliant to the country regulations. However, according to WHA resolution 63.23, nutrition and health claims shall not be permitted for foods for infants and young children, except where specifically provided for relevant Codex Alimentarius standards or national legislation; thus the labels were found to be non-compliant with the Code. BMS product labels for infants up to one year of age were generally found to be more compliant with the requirements of the Code compared to growing-up milks.

All companies are urged to adopt Code-compliant policies and practices so their products are labeled according to the Code and relevant elements of the guidance supported by WHA resolution 69.9. Based on this resolution, the scope of the Code has extended to growing-up milks, which companies should also cover in their policies and practices.

In addition, the WHA 69.9 guidance includes recommendations around which messages should be present on CF labels to support optimal infant and young child feeding, and which are inappropriate and could undermine recommended practices. Companies should incorporate these recommendations in their policies and practices and apply them to their CF products, as none of the CF products in this assessment fully met these requirements. These results are consistent with a similar assessment by ATNI of commercial complementary foods in Viet Nam, conducted as part of the Consortium for Improving Complementary Foods in Southeast Asia (COMMIT), where labeling practices were assessed against WHO requirements. Similar to the results of this study, while no products assessed made claims of superiority or equivalence to breast milk, and most did not recommend or promote bottle feeding, none of the products contained a message on the importance of continued breastfeeding for up to two years or beyond, and the majority had claims.⁴⁵

Recommendations to policy makers

Even though this country study confirms the assessment in the WHO/UNICEF 2022 Code Status report that Viet Nam's regulations are substantially aligned with the Code,⁴⁶ it has also identified several gaps as compared to the Code. While the current legal measures appear to be generally effective, the findings presented here illustrate which areas authorities could consider addressing when revising legal measures relating to the marketing and labeling of BMS and CF. It is important to fill the gaps between the current legal measures and the Code, as well as extending the scope of all of those measures to encompass formulas intended for older



infants and young children up to 36 months of age, and commercial CF for children up to three years of age – which, as shown earlier, are products that represent the largest and growing proportion of the baby food market in Viet Nam.

ATNI also advises the Vietnamese authorities and local stakeholders to continue regularly monitoring the marketing of BMS and CF marketed as suitable for infants and young children up to three years of age, and to design monitoring and enforcement mechanisms to drive improved compliance with local regulations and the Code. The results of this study indicate that monitoring and enforcement of advertising and promotion on all forms of media and the labeling of products should be strengthened.

Authorities are encouraged to do more to ensure that manufacturers, distributors, and retailers understand their obligations under local regulations and the Code, and that suitable penalties are in place to deter infraction of those obligations. Specifically, attention should be focused on price-related discounts or gifts, given the high number of such incentives that were found.

It is evident that digital marketing is now the primary means of promotion of BMS brands and products for national and multinational BMS companies, representing up to 70% of total advertising spend.⁴⁷ Based on the evolving digital marketing space, regulatory clarity, and possibly amended or additional laws and regulations, are needed to address newer digital strategies, such as: social media influencers, promoting and disseminating user-generated content, online social networks or “baby clubs”, professional advisory lines, and data harvesting for message targeting.⁴⁸

Recommendations to civil society and NGOs

Article 11.4 of the Code calls for non-government organizations (NGOs), professional groups, institutions, and individuals to draw the attention of manufacturers or distributors to activities that are non-compliant with the

principles and aim of the Code. In Viet Nam, there are reporting channels to relevant civil society organizations that work closely with relevant government agencies, which any member of the public can use to report on an observed non-compliance by a company for further actions.

It is worth acknowledging that NGOs, civil society, and academia also have a critical role in continuously developing tools and means to address current public health concerns. In light of the rise in digital marketing of BMS, an innovative tool was developed by Alive & Thrive and the FHI Solutions Innovation Incubator, called VIVID. This tool uses artificial intelligence to scan the internet for BMS Code violations, and it is hosted on the CATCH platform which acts as a virtual hub to disseminate, communicate, and connect the auto-detected findings. It is hoped this tool can be used by governments to support overall Code monitoring, enforcement, research, and adoption, or the strengthening of national legal measures to restrict inappropriate digital marketing.⁴⁹



7. Study limitations

The increased number of selected companies and countries assessed for the BMS and CF Marketing Indexes 2024 warranted a modified approach to conducting the assessments for the Country Studies, considering the resources available to ATNI. ATNI undertook an [extensive consultation process](#) in which these changes were discussed. Despite the modifications, the methods are still guided by the NetCode protocol.

- The increased number of selected companies and countries assessed for the BMS and CF Marketing Indexes 2024, versus the resources available to ATNI, limited the capacity to assess and report on other companies which are not part of the BMS and CF Marketing Indexes 2024 but which sell BMS and CF products in Viet Nam (as done in previous BMS and CF Marketing assessments).
- 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 guidance associated with WHA resolution 69.9, provide the context and structure for the in-country studies but are not monitored, per se.
 - While point-of-sale promotions were monitored online, they were not monitored in physical retail stores given limitations in conducting this form of on-the-ground assessment for the BMS and CF Marketing Indexes 2024.
- Due to a number of limitations, articles 6 and 7 of the Code and recommendation 6 of the guidance supported by WHA resolution 69.9, which address marketing within healthcare systems and to healthcare workers, were not within the scope of the in-country studies for the BMS and CF Marketing Indexes 2024.
- 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. However, the NetCode protocol did not address this, and is therefore not within the scope of the in-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.
- While ATNI's methodology in this study is based on the Code, including all WHA resolutions up to WHA 71.9, it is worth acknowledging that the provisions of the Code can be further clarified and updated in future resolutions by the World Health Assembly and/or other relevant international guidance and guidelines published by the World Health Organization and UNICEF.
- In this study, ATNI only assessed the marketing practices of CF products, without evaluating the nutritional quality of the products. However, as mentioned earlier, ATNI was part of COMMIT, where analyses were conducted on CF products in Viet Nam – including for HiPP, Nestlé, and Vinamilk – to assess both their nutritional quality and labeling practices against an adapted WHO nutrient and



promotion profile model for CF. The detailed findings can be found [here](#).

- It is possible that some non-compliances may not have been captured by the social listening method. Limitations may be attributed to the keywords used or website access restrictions, for example. Also, the social listening tool was only able to capture newly published content during the research period, therefore it is possible that not all non-compliances from the websites and social media platforms monitored were captured. In addition, there are possible limitations in the scope of the websites and social media platforms selected for monitoring, depending on the sources the social listening tool was able to collect data from. Therefore, the channels monitored may not be representative of all local company/brand, retailer, and parenting websites and social media platforms. Based on stakeholder input, ATNI is aware of not having monitored some popular platforms, such as: Gerber's local Vietnamese webpage, the Similac Viet Nam Facebook page, and popular parenting websites including Lamchame.com, Meyeucon.org, eva.vn, phunuvagiadinh.vn, and Beyeu.com, as well as some online retailers like tuticare and bibomart.
- Due to the intricacies and various forms of contractual relationships that can exist between the companies and online retailers or parenting websites, the extent to which these relationships could be confirmed was limited. ATNI had limited capacity and resources in this research to perform additional and thorough external validation checks.
- Some products did not have images for every side of the package, or images were blurry, which limited the completion of the label assessments for these products and it was not possible to confirm if certain requirements were met or not.
- The extent of products and brands assessed may not be an exhaustive list of the products and brands covered by each company's BMS/CF market in Viet Nam, despite ATNI's efforts to ensure so. Although assessing more products would likely mean an increase in the number of incidences of non-compliance found, this is not a limitation as Code-compliant labels were found in the other country studies.



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Annex I List of websites and social media platforms monitored

Type of Source	Company						
	Abbott	Friesland Campina	HiPP	Morinaga	Nestlé	Reckitt	Vinamilk
Company / Brand website	similac.vn family.abbott/vn-vi/grow/home.html	dutchlady.com.vn friso.com.vn	hipp.vn	n/a	nestle.com.vn nestlemomandme.vn nestlehealthscience.vn	enfa.com.vn	vinamilk.com.vn/en
Company/ Brand Facebook site	PediaSure Việt Nam	Friso Vietnam Dutch Lady Vietnam	HiPP Việt Nam	Morinaga – Mẹ Vững Vàng Bé Khỏe Tự Tin	Nestlé Mom&Me Vietnam Gia Đình Nestlé GERBER Việt Nam (CF)	EnfaSmartClubVN	Vinamilk Baby Care vinamilkshop
Company/brand Instagram	n/a	n/a	hippvietnam	n/a	n/a	n/a	n/a
Company Youtube site	Abbott Nutrition Vietnam	Friso Việt Nam Dutch Lady Việt Nam	n/a	Morinaga Milk Industry Group ELOVI JSC	Nestlé Mom&Me Vietnam Nestlé Việt Nam@giadinhnestle Wyeth Nutrition - Nestlé Vietnam	n/a	Vinamilk
Parenting website	afamily.vn avakids.com chanhtuoi.com marrybaby.vn websosanh.vn webtretho.com Agiadinh.net bau.vn Webgiadinh.vn	afamily.vn avakids.com chanhtuoi.com marrybaby.vn websosanh.vn webtretho.com Agiadinh.net bau.vn Webgiadinh.vn	afamily.vn avakids.com chanhtuoi.com marrybaby.vn websosanh.vn webtretho.com Agiadinh.net bau.vn Webgiadinh.vn	afamily.vn avakids.com chanhtuoi.com marrybaby.vn websosanh.vn	afamily.vn avakids.com chanhtuoi.com marrybaby.vn webtretho.com Agiadinh.net bau.vn Webgiadinh.vn	chanhtuoi.com afamily.vn avakids.com marrybaby.vn websosanh.vn webtretho.com	chanhtuoi.com afamily.vn avakids.com marrybaby.vn websosanh.vn webtretho.com



	Mecuti.vn Blogmevabe.vn	Mecuti.vn Blogmevabe.vn	Mecuti.vn Blogmevabe.vn	webtretho.com Agiadinh.net bau.vn Webgiadinh.vn Mecuti.vn Blogmevabe.vn	Mecuti.vn Blogmevabe.vn	Agiadinh.net bau.vn Webgiadinh.vn Mecuti.vn Blogmevabe.vn	Agiadinh.net bau.vn Webgiadinh.vn Mecuti.vn Blogmevabe.vn
Parenting Facebook site	Ava Kids	Ava Kids	Ava Kids	Ava Kids	Ava Kids	Ava Kids	Ava Kids
Online retailer website	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn	1. Kids Plaza 2. Ava Kids 3. Lazada 4. Sendo 5. tiki.vn

* Highlighted are the platforms where the findings presented in this study were captured.
N/A indicates no relevant platform was identified to be monitored.

Annex II List of broadcast channels and print monitored

The full list is presented in the following [excel file](#).



Annex III BMS brands identified

Company	Brand	Number of non-compliant product labels out of number of products assessed			Product/brand promotion found during online monitoring?	Product/brand promotion found during traditional media monitoring?
		IF	FUF	GUM		
Abbott	Similac	4/4	2/2	5/5	Yes	No
	Pediasure	N/A	N/A	1/1	Yes	Yes
	Grow	N/A	1/1	3/3	Yes	No
HiPP	HiPP	2/2	2/2	2/2	No	No
Nestlé	NAN	6/6	2/2	5/5	Yes	No
	Nutren	0/0	0/0	0/0	Yes	No
Reckitt	Enfamil	1/1	1/1	N/A	No	No
	Enfamil A Plus	1/1	1/1	N/A	Yes	No
	Enfagrow A Plus	N/A	N/A	1/1	Yes	No
	Mead Johnson Nutramigen	0/0	0/0	0/0	Yes	No
Friesland Campina	Friso Gold	2/2	2/2	2/2	Yes	No
	Friso Prestige	1/1	0/0	1/1	No	No
	Dutch Lady	0/0	0/0	0/0	Yes	No
Vinamilk	Dielac	3/3	1/1	4/4	Yes	Yes
	Colos Gold	1/1	0/0	2/2	Yes	No
	Yoko Gold	N/A	N/A	2/2	Yes	No
	Optimum gold	2/2	1/1	1/1	Yes	No
	Pedia Kenji	0/0	0/0	1/1	No	No
	Vinamilk	0/0	0/0	0/0	Yes	No



Morinaga	Hagukumi	1/1	N/A	N/A	No	No
	Chilmil	N/A	1/1	N/A	No	No

* N/A indicates that this product type does not fall under the respective brand.



Annex IV Performance on BMS product label Code requirements

The full assessment is presented in the following [excel file](#).



Annex V Commercial CF brands identified

Company	Brand	Number of non-compliant product labels out of number of products assessed			Product/brand promotion found during online monitoring?	Product/brand promotion found during traditional media monitoring?
		CF <6	CF 6-36	No age		
HiPP	HiPP	1/1	2/2	0/0	Yes	No
Nestlé	Cerelac	0/0	2/2	0/0	No	No
	Gerber	0/0	8/8	0/0	Yes	No
	Ptit Gourmand	0/0	1/1	0/0	No	No
Vinamilk	ADM	0/0	1/1	0/0	No	No
	Optimum gold	0/0	1/1	0/0	No	No
	Ridielac	0/0	3/3	0/0	Yes	Yes
	Vinamilk	0/0	0/0	0/0	Yes	No



Annex VI Performance on commercial CF product label Code requirements

The full assessment is presented in the following [excel file](#).

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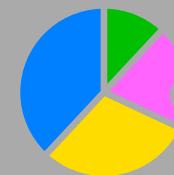
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