

ACCESS TO
NUTRITION
INITIATIVE

Indonesia country study

Marketing of Breast-milk
Substitutes and Commercial
Complementary Foods

May 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
DHS	Demographic and Health Survey
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** and **complementary foods**^b.

ATNI's breast-milk substitutes and complementary foods 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 Indonesia. The baby food market in Indonesia is worth approximately USD 2.6 billion (2022), showing an increase from approximately USD 2.4 billion in 2018. Seven companies were included in this assessment: Abbott, Danone, FrieslandCampina, Kraft Heinz, Morinaga Milk, Nestlé, and Reckitt. Together, they comprise more than 85% of the Indonesian baby food market^d. Of the seven companies, six sell BMS in Indonesia while Kraft Heinz only sells complementary foods. Nestlé sells both breast-milk substitutes and complementary foods in Indonesia. This report summarizes the context of the breast-milk substitutes and complementary foods market in Indonesia and presents the country's findings.

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

^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 that 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.

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

The number of incidences of non-compliance for both breast-milk substitutes and complementary foods varied between the companies. However, **none of the seven companies assessed between January 2023 and July 2023 market all their breast-milk substitutes and/or complementary foods products in Indonesia in line with the Code.**

For BMS products, a total of 459 incidences of non-compliant marketing practices were found during the research period. Of these, 309 were attributed to breast-milk substitutes -related promotions on online retail or online media channels, 104 were breast-milk substitutes -related promotions on traditional media channels, and 46 were attributed to products with non-compliant labels. However, it is notable that four products – two infant formulas and two follow-up formulas – were the only ones found to be in full compliance with the Code requirements on breast-milk substitutes product labels.

For complementary foods products, a total of 43 incidences of non-compliant marketing practices were found during the research period, of which 33 were from online media and 10 were from product labels. None of the marketing

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

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



practices of complementary foods observed during the research are fully compliant with the Code.

It is worth noting that the six companies assessed on their breast-milk substitute marketing practices in this study were also previously assessed by ATNI on breast-milk substitute marketing in Indonesia in 2015 as part of the country studies published in the breast-milk substitutes Chapter of the Global Index 2016¹. These were Abbott, Danone, FrieslandCampina, Morinaga Milk, Nestlé, and Reckitt. Notable differences in the findings are mainly due to a larger number of breast-milk substitute advertisements observed during the media monitoring this time. The number of breast-milk substitute promotions identified on online media almost tripled, and more than doubled on traditional media with more advertisements found on television.

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. without exception, in all markets.

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.²

Incidences of non-compliance with the Code in Indonesia



BMS 459

Incidences of non-compliance with the Code in Indonesia



CF 43



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 that 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 diseases³ - by complying with the Code and relevant national legal measures.

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

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 WHO⁴.

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.^{5 6} 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.⁷

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 diseases⁸. 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.⁹ 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.¹⁰

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.¹¹ This target was extended in 2016 to at least 70% exclusive breastfeeding by 2030.¹² 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.¹³

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.¹⁴

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.¹⁵ Furthermore, the baby food market, consisting of breast-milk substitutes and commercial complementary foods, is also growing,¹⁶ 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 countries. 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 the 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 the Indonesia study

Infant and young child feeding practices in Indonesia

According to the Indonesia Demographic and Health Survey (DHS) 2017, a little over half of all infants aged less than six months (52%) are exclusively breastfed, which is higher than the latest regional (46%) and global (48%) average rates of exclusive breastfeeding within this age group²³. Based on the 2017 DHS data, the country has achieved the WHA target of at least 50% exclusive breastfeeding by 2025²⁴.

Although the percentage of infants under six months of age who are exclusively breastfed has increased since 2012, from 42% to 52% in 2017, the percentage of infants in this age group who are *not* breastfed has also increased in this period, from 8% to 12%²⁵.

Around 20% of infants between birth up to one month of age are breastfed and given infant formula and 55% of children are breastfed up to two years of age²⁶. The duration of breastfeeding tends to be longer in rural areas (22.4 months) than in urban areas (20.7 months). Duration of breastfeeding is also negatively correlated with increases in mother's educational level and household wealth quintile²⁷.

In terms of diets and feeding practices of infants aged over six months, the Indonesia DHS 2017 reveals that around 86% of older infants aged six to eight months received solid, semi-solid or soft foods during the previous day and that 40% of children are fed a minimum acceptable diet benefiting from

diets sufficient in minimum diversity and frequency as per complementary feeding recommendations²⁸.

The Cost of Not Breastfeeding tool showed that, as of December 2022, an estimated 424,249 deaths globally of children between birth and 23 months can be attributed each year to inadequate breastfeeding according to WHO recommendations²⁹. In Indonesia in particular, based on the current breastfeeding rates it is estimated that³⁰:

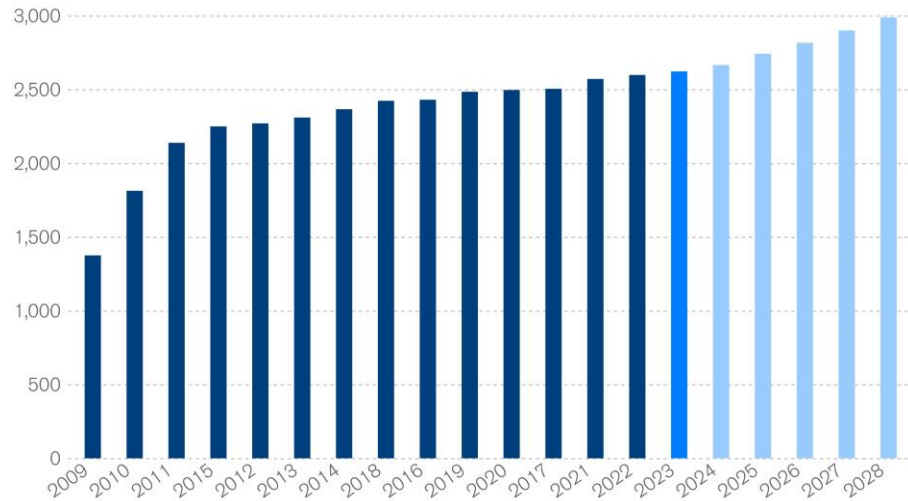
- 8,039 annual child deaths from diarrhea and acute respiratory illness could be prevented if breastfeeding practices were in line with public health guidance.
- Over 61,736 cases of child obesity per year could be attributable to suboptimal breastfeeding rates in Indonesia.
- For mothers in Indonesia, inadequate breastfeeding leads to around 242,309 cases of type II diabetes, and 3,399 cases of breast and ovarian cancer each year.
- The total annual health-related costs in Indonesia of not breastfeeding (including mortality, morbidity, and health system costs) are estimated to amount to USD 5 billion, or 0.43% of the Gross National Income (GNI).
- Inadequate breastfeeding has human capital costs, leading up to an annual loss of 2,018,795 school years in Indonesia.
- The data also estimates costs of the use of breast-milk substitutes amounting to USD 598.6 million per year to feed children with these products.



The Indonesian 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. As seen in Figure 1, the baby food market in Indonesia is worth approximately USD 2.6 billion (2022), showing an increase from approximately USD 1.3 billion in 2009. The market is forecast to see continued growth in the future, according to Euromonitor, reaching a market value of almost USD 3 billion by 2028 ³¹.

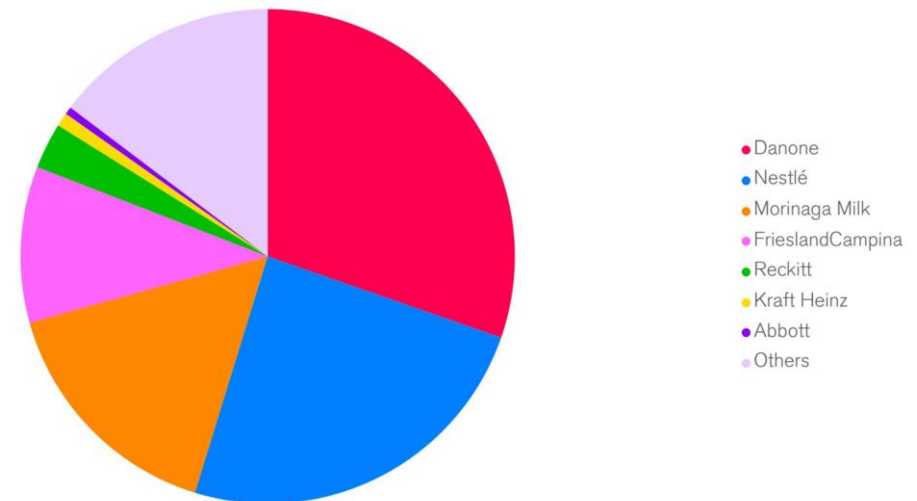
Figure 1. Sales of baby foods in Indonesia (USD million)



Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2022 data, © All rights reserved.

The companies Danone, Nestlé, Morinaga Milk and FrieslandCampina each hold more than 10% of the baby food market in Indonesia, collectively accounting for almost 80% of this market. Reckitt, Indofood Sukses Makmur, and Kalbe Farma each hold less than 5% of the baby food market in Indonesia, while the remaining companies, including Abbott and Kraft Heinz, each hold less than 1% of this market.

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



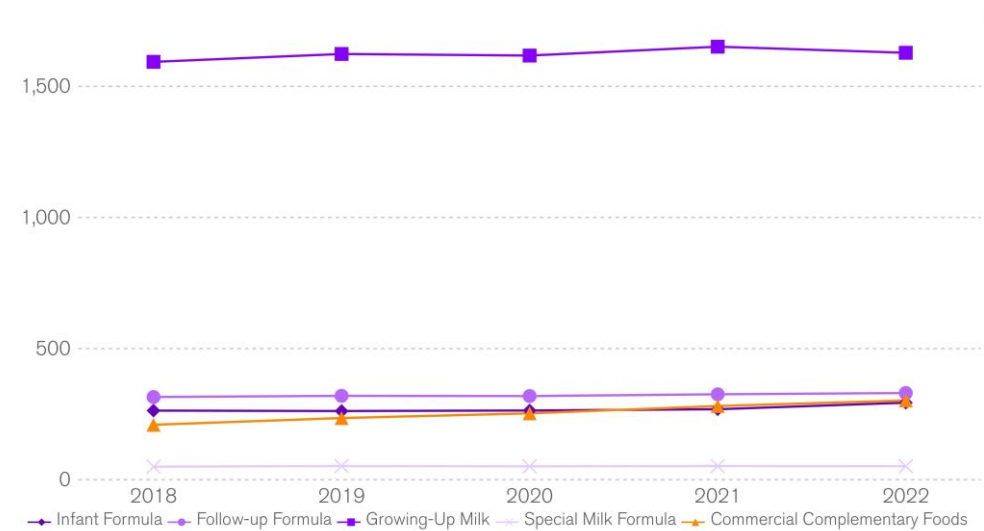
Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2022 data, © All rights reserved.



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 infants and young children.^f

- Globally the BMS market is worth approximately USD 53 billion (2022). The BMS market in Indonesia is worth approximately USD 2.3 billion (2022), showing an increase overtime from approximately USD 2.2 billion in 2018. Growing-up milk formula continues to dominate the market, representing over 70% of the BMS market, and over 60% of the total baby food market in Indonesia³². Infant formula, follow-up milk formula, growing-up milk formula and special milk formula all show an increase from 2018 to 2022 (as shown in Figure 3), with the highest increase in infant formula sales growing by 11% in this period, while the market for follow-up milk formula increased by 5%, for growing-up milk formula by almost 3%, and for special baby milk formula by 4%.
- Globally, the commercial CF market is worth over USD 18 billion (2022), while the CF market in Indonesia is worth approximately USD 300 million (as shown in Figure 3), marking a roughly 45% increase in size since 2018. Dried baby food continues to dominate the market, representing approximately 55% of the CF market (and approximately 6% of the total baby food market in Indonesia). Meanwhile, the sales of prepared baby foods increased by approximately 22% between 2018 and 2022, while the sales of other baby foods rose by 84% in the same period.

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



Source: Euromonitor International Limited, Dairy Products and Alternatives Edition, 2022 data, © All rights reserved.

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

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



Indonesian laws and regulations restricting the marketing of foods for infant and young children

In Indonesia, the Minister of Health Decree 2004 endorses exclusive breastfeeding in Indonesia for 6 (six) months, with a possibility of continuing until the age of 2 (two) years together with complementary foods³³.

According to a 2024 Status Report by the WHO, UNICEF and International Baby Foods Action Network, Indonesia's national legal measures are 'Moderately aligned with the Code' and these were last revised in 2013³⁴. Current regulations in Indonesia cover infant and follow-up formula milk for infants 0-12 months and other baby products, which include all forms of milk and other baby food, baby bottles, teats and pacifiers³⁵.

In regard to labelling, Indonesia has a broad range of provisions in place for infant formula, including required warnings and instructions on the appropriate preparation and use of products and statements supporting breastfeeding; however, the regulations do not cover required information and prohibited content for follow-up formula. In addition, Indonesia's regulations do not prohibit the use of nutrition and health claims on BMS products³⁶.

Although Indonesia has some provisions in place regarding the marketing of BMS in healthcare systems and to healthcare workers, such as prohibiting the provision of free or low-cost supplies of BMS in any part of the healthcare system, many of the relevant provisions of the Code are not covered by regulations in Indonesia. These include restricting various forms of promotion of BMS in healthcare systems and prohibiting BMS companies from providing gifts and incentives to healthcare workers³⁷.

Other gaps include a lack of regulation around the marketing of BMS at the retail level where the majority of BMS marketing occurs^{38,39}.

A recent review of policies and regulations relating to commercial complementary foods in Indonesia, 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 labelling requirements are part of the country's regulatory framework such as prohibiting the use of images and text that suggest suitability for infants under six months of age. In addition, regulations include that complementary foods before six months should be provided only with a doctor's prescription⁴⁰. Further, the binding legal measures on the use of nutrition and health claims in Indonesia were found to be in line with Codex but not fully in line with the WHO Guidance supported by WHA resolution 69.9. The majority of messaging for the protection, promotion and support of breastfeeding as per the WHO Guidance were not found to be included in Indonesian regulations⁴¹.

However, the 'Guidelines for the Implementation of Regulation of Complementary Foods for Breastfeeding (MP-ASI) for Micro, Small and Medium Enterprises' were published in 2021 as a tool to help SMEs interpret the relevant regulations related to CF. The guidelines interpret how the different relevant regulations come together to regulate the nutrient composition and labelling practices of CF. Of note, the guidelines provide a step-by-step calculation of minimum micronutrient content and include examples of nutrition information table reporting⁴².



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 foods⁴³.

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. It is worth noting that 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 on 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 to 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 between six up to 36 months of age.

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 from 6 to 36 months and 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 where company performance is compared across the selected markets.

Country selection: Indonesia

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 Indonesia. Similar [in-country reports](#) are published for the other four countries selected: China, Germany, the US and Viet Nam.

As the company scope has expanded for the BMS and CF Marketing Indexes 2024 (from nine companies assessed in 2021 to 20 companies for this

^g 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.

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. Indonesia was one of the five countries^g selected for assessment for several reasons, all of which are linked to the country selection criteria as described on page 20 of the [methodology](#). Indonesia is one of the largest baby food markets for Morinaga Milk and two other companies, Danone and FrieslandCampina. Additionally, Abbott, Kraft Heinz, Nestlé, and Reckitt also sell baby foods in Indonesia. Collectively, the seven companies constitute over 85% of Indonesia's baby food market⁴⁴.

Six of the seven companies sell BMS products, except for Kraft Heinz that only sells CF products in Indonesia. Nestlé also sells CF products in Indonesia. This report presents the companies' findings on the marketing practices of BMS products for all six companies, and the findings on CF products for the two companies, separately.

This is the second time ATNI has conducted an assessment of companies' BMS marketing practices in Indonesia. 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, Kraft Heinz, Mead Johnson (now Reckitt), and Nestlé.

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



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 2017⁴⁵. 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.

ⁱ Social listening is monitoring the web and social media for mentions of defined key words or phrases, which can be gathered, organized, and analyzed.

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

The three main forms of assessment are described below:

I. Social listeningⁱ

Purpose of the assessment: monitor companies' marketing activities online 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 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.

^k Promotions include any incentives for product purchase, such as discounts, offers, and give-aways, 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.



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.

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.

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.

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

¹ ATNI contracted Digimind to conduct the social listening and collect relevant mentions.



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 Indonesia 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 – July 6 2023

II. Traditional media monitoring

Purpose of the assessment: monitor companies' marketing activities on traditional media to determine the 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 paid advertisements^m of BMS/CF or related 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 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 brandsⁿ.

The platforms monitored in the Indonesia are:

- Television: a total of 17 government, private, and cable channels
- Radio: a total of 100 channels
- Print: a total of 115 print materials, including 97 newspapers and 18 magazines

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

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

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



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 – June 30 2023. Across all channels, live monitoring took place between May 4 2023 – June 30 2023 (two months), whereas historical content was retrieved for the period between January 1 2023 – 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. 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.

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

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 they 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[°] 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 assessed in the first half of 2023.

Overall country score

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%

Data verification for Indonesia

Once data collection was completed, ATNI informed all 20 companies separately about the assessments and the countries they took place in, Indonesia 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 findings in Indonesia.

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 findings in Indonesia

Company	Has the company engaged with ATNI on the country findings?	Changes to label findings			Changes to online findings		
		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	-	No material requested	4 for BMS	2 for BMS	No contractual relationship
Danone	Yes	5	3 BMS discontinued 1 BMS parallel import** 1 BMS duplicate (same product, different flavor)	Yes	1 for BMS	16 for BMS	No contractual relationship
FrieslandCampina	Yes	0	-	Yes	0 for BMS	6 for BMS	No contractual relationship
Kraft Heinz	Yes	0	-	No material requested	Not applicable	Not applicable	Not applicable
Morinaga Milk	No						
Nestlé	Yes	9	1 BMS discontinued 8 CF parallel import**	No material requested	0 for BMS Not applicable for CF	7 for BMS 2 for CF	No contractual relationship
Reckitt	No*						

* Reckitt did not respond to ATNI during the verification phase and communicated with ATNI at a later stage when the assessments were being finalized, at which point ATNI could not consider the company's feedback.

** 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 Indonesia for BMS

The findings on the extent to which six selected companies market their Breast-milk Substitutes (BMS) products in Indonesia in line with the Code are presented in Table 3. A total of 459 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 six companies.

In total, 309 (67%) of the total incidences of non-compliance found in this study (459) were attributed to BMS-related promotions on online retail or online media channels.

A total of 104 (23%) of the 459 incidences of non-compliances found in this study were attributed to traditional media promotions (on TV and print). FrieslandCampina had relatively fewer incidences of non-compliance found on online or in traditional media during the research period.

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

Company (Estimated BMS market share in Indonesia ^a)	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 (<5%)	PediaSure	42	0	35	35	6	0	0	6	1/1
Danone (35%)	Bebelac, Bebelove, Nutrilon Royal, SGM	148	9	66	75	53	0	0	53	20/20
FrieslandCampina (12%)	Frisian Baby Primamil, Frisian Flag Primagro,	13	3	1	4	6	0	0	6	3/3
Morinaga Milk (18%)	Chil Go, Chil Kid, Chil Mil	118	9	91	100	7	0	2	9	9/9
Nestlé (25%)	Dancow, Lactogen, Nankid, S-26	84	1	53	54	21	0	0	21	9/13
Reckitt (<5%)	Enfagrow, Enfamil	54	15	26	41	9	0	0	9	4/4
TOTAL		459	37	271	309	102	0	2	104	46/50



Of the 50 labels assessed from the six companies, 46 had at least one incidence of non-compliance with the Code. Only four BMS products by Nestlé had labels that fully comply with the relevant Code requirements.

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

Online retail

There were 37 point-of-sale promotions found on the websites of the five most popular online retailers in Indonesia; 15 were for Reckitt products, nine for both Danone and Morinaga Milk, three for FrieslandCampina products and one for Nestlé. No online retail promotions were found for products from Abbott in the eight-week period the channels were monitored.

The most common form of promotion found on online retailer sites were price-related discounts (35 out of 37). Promotions of growing-up milk products were most common on online retail websites (35 in total); however, two product promotions for infant formula promotions were also found for products belonging to Morinaga Milk and Reckitt.

Online media

For all companies, a total of 272 advertisements and promotions related to BMS brands were found online during the research period. Of these, 93% (252) appeared on local company or brand associated social media pages, whereas 7% (20) appeared on local parenting websites. All six companies had promotions through Instagram (139 found in total), and for all companies except FrieslandCampina promotions were found on Facebook (97 in total).

Some promotions were also found on YouTube (14 in total) and three promotions for Nestlé products were found on Twitter.

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, discounts, and prizes. 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.

Out of the 272 advertisements, 220 (81%) contained a nutrition, health or marketing claim⁹, such as *“Come on, Mommy, continue to provide optimal nutrition such as growth milk equipped with Iron, DHA, Tuna Fish Oil, Omega 3&6 and other important nutrients”* (a nutrition claim).

Most of the online adverts promoted growing-up milk products (75%). In total, 22% of online adverts were not related to specific BMS products, but rather advertised brands associated with products within the scope of the study. For Morinaga Milk and Reckitt, product promotions for infant formula were found on a parenting website. Both companies did not engage during the fact-checking phase, therefore their contractual relationships with the parenting websites were not confirmed nor contested and the assessments were maintained. See Table 2 for more information on the companies' level of engagement on the findings in Indonesia.

Traditional media

During the research period, a total of 104 BMS advertisements were found on traditional media channels in Indonesia for all six companies, a non-

⁹ In this study, ATNI referred to WHO Europe's Nutrient and Promotion Profile Model for the definition of the different types of claims.



compliance with Article 5 of the Code. Of these, 102 advertisements were found on television channels, and two on print media both promoting Morinaga Milk BMS products.

The majority of advertisements concerned observations where no age is specified on a product or no specific product is promoted, but the observation is associated with a BMS brand (64%). The remaining were for growing-up milk products (36%). 102 out of 104 (98%) of all advertisements included a nutritional, health and/or promotional claim, such as “*fulfil their daily nutritional needs*” (nutrition claim) or “*higher IQ for A+ kids*” (health claim).

BMS product labels

Of the 50 BMS labels assessed for the six companies, 46 labels contained one or more instances of non-compliance per label^r, with an average of two up to 13 non-compliances per label.

It is notable that four products by Nestlé – 2 infant formulas and 2 follow-up formulas - were found to be in full compliance with the Code requirements on BMS product labels. On the other hand, the highest number of instances of non-compliance identified on a label belonged to a growing-up milk by Abbott (PediaSure), and these incidences of non-compliance mostly related to missing instructions on the appropriate preparation of powdered formula as per the requirements of Article 9 of the Code and WHA resolution 61.20.

In total, 96% of the labels assessed contained one or several claims: nutritional claims (31 out of 50 labels), health claims (26 out of 50 labels),

^r It should be noted there were in total two products with missing images (1 out of 9 for Morinaga Milk and 1 out of 4 for Reckitt), so for these products it was not possible to do the full assessment.

^s Two products had missing images, resulting in incomplete assessments for these products on this requirement (see Table 4).

and/or marketing claims (28 out of 50 labels), for example “Protein is an essential component in the growth and development of children” (a health claim) or “100 years of expertise in early life nutrition” (a marketing claim).

Furthermore, 21 out of 50 labels^s 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 29 labels, two products did not have clear images, therefore it could not be confirmed if the labels included this statement or not, whereas 27 labels from all companies except Abbott included the required statement. In addition, 54% (27 out of 50 labels^t) had text or images that imply that an infant’s health and happiness is associated with these products, for example images of a child or baby animal learning.

39% (18 out of 50 labels^u) 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, in bold and on a contrasting background, as required by Article 9.2 of the Code.

Of the BMS labels assessed for Indonesia, 30% were from infant formula, 24% were from follow-up formula, and 46% were from growing-up milk products. 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. A full list on BMS product label results can be found in [Annex IV](#).

^t Two products had missing images, resulting in incomplete assessments for these products on this requirement (see Table 4).

^u Two products had missing images, resulting in incomplete assessments for these products on this requirement (see Table 4).



Table 4. Overview of BMS 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 with missing images	Non-compliant labels		Contain claims	Contain text or images that may idealize the use of BMS	No statement on the importance of breastfeeding in line with WHO recommendations	No clear statement on the use of BMS on the advice of health workers
Abbott	1	0	1	13	1	1	1	1
Danone	20	0	20	4	20	18	8	6
FrieslandCampina	3	0	3	4	3	2	1	1
Morinaga Milk	9	1	9	4	9	0	4	8
Nestlé	13	0	9	2	7	6	5	0
Reckitt	4	1	4	3	4	0	2	2
TOTAL	50	2	46		44	27	21	18

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



5. Marketing practices in Indonesia for CF

None of the marketing practices of commercial complementary foods observed during the research are fully compliant with the Code. The findings on the extent to which two companies (Kraft Heinz and Nestlé) market their complementary food (CF) products in Indonesia in line with the Code are presented in Table 5. A total of **43 incidences of non-compliant marketing practices for CF products** were found during the research period, of which 33 were from online media, and 10 were found on all the CF product labels assessed for these companies. There were no observations of CF marketing on traditional media during the research period.

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

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

Company (Estimated CF market share in Indonesia ^v)	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	
Kraft Heinz (8%)	Heinz Baby	36/36	0	29/29	29/29	0	0	0	0	7/7
Nestlé (22%)	Cerelac	7/7	0	4/4	4/4	0	0	0	0	3/3
	TOTAL	43/43	0	33/33	33/33	0	0	0	0	10/10

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



Online retail

For CF products, there were no point-of-sale promotions found on the online retail channels monitored in Indonesia during the research period.

Online media

A total of 33 non-compliant advertisements or promotions were found on online media channels: 29 from Kraft Heinz and four from Nestlé. All of these appeared on company or brand-associated websites or social media pages (Instagram and Facebook).

For Kraft Heinz, two advertisements found 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. From the remaining 27 advertisements found from Kraft Heinz, 25 did not have a clear age indicated. All four Nestlé CF products advertised were aimed at children above six months of age.

All of the advertisements assessed contained one to four non-compliances each. The company advertisements included incidences of non-compliance with recommendation 6 of the guidance supported by WHA resolution 69.9, by sharing information on infant and young child feeding. Nestlé also markets BMS products, thus posing an unwanted risk of cross-promotion and conflicts of interest.

None of the 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.

From the 33 advertisements assessed, 14 (12 from Kraft Heinz and 2 from Nestlé) contained a nutrition, health, or marketing claim, such as "...with specially formulated nutritional content, made with selected natural ingredients...can help meet the daily nutritional needs of the Little One" (a nutritional claim) or "the right choice for your little one" (a marketing claim).

Traditional media

No findings of CF advertisements on traditional media channels (radio, television or print) were reported for Kraft Heinz or Nestlé in the six-month period the selected channels were monitored.

Commercial CF product labels

All 10 product labels assessed from the two companies were found to be non-compliant.

Three CF products from Kraft Heinz were found to be marketed as suitable for infants under six months of age, indicating they are suitable from four months of age. As these products should not be available on the market, these were counted as non-compliant labels but not assessed on any further indicators that evaluate appropriate labeling practices. For the remaining labels assessed, all seven labels contained one or more instances of non-compliance, with an average of two observed incidences of non-compliance per label for Nestlé to three for Kraft Heinz. Of these labels, one product by Kraft Heinz did not contain a clear statement on the age of introduction, therefore they could not be classified as CF intended for infants below or above six months of age. The remaining six products were aimed at older infants aged six months and older.



All seven labels assessed on all requirements contained at least one claim, nutrition, health, and/or marketing claim, such as “...aids in the development and maintenance of bone and teeth density” (health claim).

None of the labels assessed from Kraft Heinz 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. All of Nestlé’s CF products assessed did include this statement.

Other incidences of non-compliance against recommendation 4 were identified for all three Nestlé CF product labels which contained text that undermines or discourages appropriate complementary feeding or that may suggest that the product is inherently superior to home prepared foods, for example “Nutritionists process selected ingredients into porridge like homemade”. Of the four Kraft Heinz products that are not intended for infants under six months of age, three CF products were labelled only in English with no information stated in the local language, which is contrary to WHO

guidance that products should be in the appropriate local language(s) to ensure consumers’ awareness of the product and its appropriate use.

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 of CF product label results can be found in [Annex VI](#).

Table 6. Overview of CF 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 line with WHO recommendations	No appropriate languages used	Contains any text, or image that might undermine or discourages appropriate complementary feeding
Kraft Heinz	7	0	7	3	4*	4*	3*	0
Nestlé	3	0	3	2	3	0	0	3
TOTAL	10	0	10		7	4	3	3

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



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 Indonesia during the research period between January 2023 to July 2023 market all their BMS and CF products fully in line with the Code.** A total of 413 BMS product promotions and 33 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). Of the labels assessed, 46 out of 50 BMS products and all 10 CF products contained several non-compliances each. It is notable that four products by Nestlé – 2 infant formulas and 2 follow-up formulas - were found to be in full compliance with the Code requirements on BMS product labels. ATNI encourages Nestlé and other companies to follow this example in Code compliance for all types of BMS products, without exception, in all markets.

There was a total of **459 incidences of non-compliant marketing practices found for BMS products during the research period.** Most of these incidences were from BMS products from Danone (148), Moringa Milk (118) and Nestlé (84). These companies also have the biggest market share (35%, 18% and 25% respectively) for BMS products in Indonesia of the six companies with BMS products in this study.

A total of **43 incidences of non-compliant marketing practices for CF products** were found during the research period for the two companies assessed. The majority of the incidences of non-compliant marketing practices were found for Kraft Heinz CF products (36 of the 43 incidences). While Kraft Heinz has a relatively small market share of 8%, the remaining seven

observations were from Nestlé, which holds about 22% of the CF market share in Indonesia.

For the BMS products, the majority of the observed incidences of non-compliance were related to growing-up milks (298 out of 459). For the CF products, most of the incidences of non-compliance (26 out of 43) concerned CF products with no clear recommended age of introduction or CF brand promotions. Incidences of non-compliance were also related to a total of 12 CF products for older infants and young children above six months of age. However, there were in total five CF products by Kraft Heinz marketed as suitable for under six months during the time of research, while these products should not be available on the market as per the Code.

The high number of incidences of non-compliant marketing of BMS and CF products in Indonesia during the time of the research could be explained by gaps in current monitoring and enforcement of existing national policies and by the fact that local regulations are not fully aligned with the Code⁴⁶. In Indonesia, for example, it is currently not prohibited to use nutrition and health claims on BMS products. According to the Code, nutrition, health, and marketing claims are not permitted for foods for infants and young children, except where specifically provided for in relevant Codex Alimentarius standards or national legislation⁴⁷. Furthermore, only BMS and CF products intended for infants up to 12 months are in scope of the Indonesian legal measures in place⁴⁸. However, the regulations still do not cover required information and prohibited content for follow-up formula⁴⁹. For CF products, legal measures in Indonesia are in partial alignment with the WHO Guidance supported by WHA resolution 69.9, for example by requiring that the minimum age of introduction is stated on *some* CF products and that it should be no less than six months⁵⁰.

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.

The six companies assessed on their BMS marketing practices in this study were also previously assessed by ATNI on BMS marketing in Indonesia in 2015 as part of the country studies published in the BMS Chapter of the Global Index 2016⁵¹. These were Abbott, Danone, FrieslandCampina, Morinaga Milk, Nestlé, and Reckitt. Notable differences in the findings are mainly due to a larger number of BMS advertisements observed during the media monitoring. While both traditional and online media were monitored for three months in 2015, the monitoring duration was six months for traditional media and two months for online media in this study. In 2015, the monitoring included more media sources compared to the scope of this research. Still, during this study, it was found that the number of BMS promotions identified on online media almost tripled, and more than doubled on traditional media with more advertisements found on television.

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 children⁵².

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 labelling

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 supported 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 Indonesia, 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, several products were found marketed as suitable for infants under six months of age, the majority had claims, and not all contained a message on the importance of continued breastfeeding for up to two years or beyond⁵³.

Recommendations to policy makers

This country study confirms the assessment in the WHO/UNICEF 2024 Code Status report that Indonesia's regulations are moderately aligned with the Code, and it has 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 all types of 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 Indonesia.

ATNI also advises the Indonesia authorities and local stakeholders to implement regular monitoring of the marketing of BMS and CF marketed as

suitable for infants and young children up to three years of age, and to design control mechanisms to drive more 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 labelling of products should be strengthened.

Authorities are encouraged to ensure that 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 spend⁵⁴. 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 targeting⁵⁵.

In addition, the WHO Regional Office for South-East Asia developed the nutrient and promotion profile model, adapted for South East Asia, to provide an objective method of benchmarking foods in terms of their nutrient composition and promotions. The model provides nutrient composition thresholds across food product categories and promotional requirements that would support countries in South East Asia to end the inappropriate promotion of foods for older infants and young children. Countries may directly adopt the model and accompanying criteria or adapt it to guide national policies⁵⁶.

Recommendations to civil society and NGOs



Article 11.4 of the Code calls for non-governmental organizations (NGOs), professional groups, institutions and individuals, to draw the attention of manufacturers or distributors to activities that are incompatible with the principles and aim of the Code. Most of the companies assessed in this study for example have reporting channels which any member of the public can use to report on an observed non-compliance by a company, so that it can take any necessary action to rectify the non-compliant practice.

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 marketing⁵⁷.



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 Indonesia (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 Indonesia – including for Kraft Heinz and Nestlé – 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.

- 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 Indonesia, 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 this study.



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Annex I List of websites and social media platforms monitored

Type of Source	Company						
	Abbott	Danone	Friesland Campina	Kraft Heinz	Morinaga Milk	Nestlé	Reckitt
Company / Brand website	pediasure.co.id abbottfamily.co.id	sarihusada.co.id generasimaju.co.id nutriclub.co.id bebeclub.co.id nutricia.co.id	-	lynk.id/heinzfarleysid	-	cerelac.co.id dancow.co.id nestlehealthscience.co.id nestle.co.id loyaltyprogram.wyethnutrition.co.id	enfa.co.id sustagen.co.id
Company/ Brand Facebook account	AbbottFamilyIndonesia PediasureIndonesia	AkuAnakSGM Nutriclub Indonesia Nutrisi.untuk.Bangsa BebeclubIndonesia	ibudanbalita	Heinzbabiesid	ChiGo Indonesia Morinaga Milk platinum	DancowParentingCenter DancowIndonesia Nestlé Indonesia CerelacIndonesia NestleNutrenJuniorIndonesia NestleBATITA WyethNutritionID nestlehealthscience.co.id NestleBoostOptimumIndonesia	Enfasmartclub EnfaSmartCenter sustagenclub
Company/brand Instagram	PediaSure Indonesia	Bebeclub Indonesia Akuanaksgm Nutrisibangsa aptamil.id nutriclub_id	Susubendera Frisian Flag	Heinzfarleysid Heinzbabiesid	Morinaga Milk platinum chilgo_id	Dancow nankid.id nestlebatita wyethnutritionid CerelacIndonesia	enfaclub enfagrow A+ Indonesia sustagenclub



						boostoptimumindonesia	
Company Youtube account	abbottfamilyindonesia	nutriclubindonesia7955 NutrisiuntukBangsa AkuAnakSGM	SusuBendera		Morinaga Milk Platinum	CERELACIndonesia WyethNutritionIndonesia DANCOWIndonesia	EnfaSmartCenterD
Company Twitter account		Nutrisi Untuk Bangsa	Frisian Flag ID		Morinaga Milk ID	DANCOW NestleIndonesia	
Parenting websites	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom	haibunda.com popmama.com mamaschoice.id herstory.co.id id.theasianparent.com https://kumparan.com/channel/mom
Parenting Facebook account	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id
Parenting Instagram account	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id	Haibunda popmama.com herstory.co.id
Parenting Twitter account	haibunda	haibunda	haibunda	haibunda	haibunda	haibunda	haibunda
Parenting YouTube account	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia	MAMA ANIN Vlog keluarga kecilku Mom and Me Indonesia



Online retailer website	Lazada Blibli Orami Alfagift Alfamart	Lazada Blibli Orami Alfagift Alfamart	Lazada Blibli Orami Alfagift Alfamart	Lazada Blibli Orami Alfagift Alfamart	Lazada Blibli Orami Alfagift Alfamart	Lazada. Blibli Orami Alfagift Alfamart	Lazada Blibli Orami Alfagift Alfamart
Online retailer Facebook account	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift	LazadaIndonesia Alfamart Alfagift
Online retailer Twitter account	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart	Alfagift Lazada Alfamart

* Highlighted are the platforms where the findings presented in this study were captured.

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	PediaSure	N/A	N/A	1/1	Yes	Yes
Danone	Bebelove	3/3	3/3	N/A	Yes	No
	Bebelac	N/A	N/A	3	Yes	Yes
	Nutribaby Royal	1/1	1/1	N/A	No	No
	Nutrilon Royal	N/A	N/A	1/1	Yes	Yes
	SGM	3/3	2/2	3/3	Yes	Yes
	FrieslandCampina	Frisian Flag	-	-	-	Yes
Frisian Flag Primagro		N/A	N/A	1/1	Yes	Yes
Frisian Baby Primamil		1/1	1/1	N/A	Yes	Yes
Morinaga Milk	BMT	2/2	N/A	N/A	Yes	No
	Chil Kid	N/A	N/A	4/4	Yes	Yes
	Chil Go	N/A	N/A	1/1	Yes	Yes
	Chil Mil	N/A	2/2	N/A	Yes	No
Nestlé	Batita	-	-	1/1	No	No
	Dancow	-	-	1/1	Yes	Yes
	Lactogen	1/1	1/1	N/A	No	No
	Lactogrow	N/A	N/A	1/1	No	Yes
	NAN	-	-	-	Yes	No
	Nan Kid	N/A	N/A	1/1	Yes	No
	Nutren	-	-	-	Yes	No
	Peptamen	-	-	-	Yes	No
	S-26	0/2	0/2	3/3	Yes	No
Reckitt	Enfamil	2/2	-	N/A	Yes	No
	Enfagrow	N/A	N/A	2/2	Yes	Yes

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

Annex I Performance on BMS product label Code requirements

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

Annex II 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		
Kraft Heinz	Heinz	1/1	1/1	0/0	No	No
	Heinz by nature	1/1	0/0	0/0	Yes	No
	Heinz Farley's	0/0	1/1	0/0	Yes	No
	Heinz first steps	1/1	1/1	0/0	No	No
	Heinz so yummy	0/0	1/1	0/0	Yes	No
Nestlé	Cerelac	0/0	4/4	0/0	Yes	No

Annex III Performance on commercial CF product label Code requirements

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

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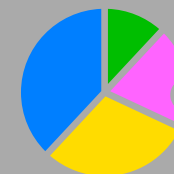
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