



IRRESPONSIBLE MARKETING OF FORMULA MILK

OVERVIEW OF CORPORATE PRACTICES



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INTRODUCTORY REMARKS

The data used in this advocacy report cover the last five years (2013-2018) and therefore take into account the recent policies and commitments of companies producing and distributing breastmilk substitutes.

The data in this report are based on the studies and reports¹ published by organisations monitoring the WHO Code on formula milk (*International Code of Marketing of Breast-milk Substitutes*, “the Code”) as well as case studies carried out by Action contre la Faim in three countries.

The data selected mostly concern countries where Action contre la Faim runs missions, as well as European countries and Danone’s head office.

Data gathered in countries where Action contre la Faim does not run any missions are based on reports and studies by international civil society organisations that also work on the problem of formula milk marketing and on promoting breastfeeding.²

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1 - Annual reports, press releases and public documents.

2 - Such as IBFAN, NetCode, ATNI and Save the Children.

SUMMARY

Breastfeeding, as the best feeding practice for infants, could save the lives of **over 800,000 children aged under five worldwide every year**. **Marketing of formula milk is one of the primary barriers to this practice**. National and international standards, particularly the International Code of Marketing of Breastmilk Substitutes, exist to regulate marketing activities and set out obligations that manufacturers and distributors of formula milk products are required to meet.

Yet despite their commitments, these companies continue to have problems complying with the Code. Examples include promotional offers for Blédilait in Cameroon, TV advertising in Indonesia, and health training for professionals in India sponsored by Nutricia, despite the fact that Danone has signed up to a more stringent set of commitments than its competitors.

These practices, which range from plain advertising to disinformation, affect decisions made by parents. Parents are the only people with a right to decide what is best for their children, and they must be able to exercise their right to freely choose how they feed their children.

Action contre la Faim is launching Let Them Choose, a campaign to encourage businesses in the formula milk industry to sign up to a pact in the form of an undertaking to civil society to accelerate the process of turning words into action. Danone, which was at the forefront of efforts to implement the undertakings set out in the Code, could act as an example and model for other companies by being the first to sign the pact.

OUR KEY MESSAGES

- 1 There continue to be compliance problems with the standards that exist to protect the health and feeding of infants and young children, 35 years after they were first adopted;
- 2 Formula milk companies are insufficiently committed to adopting appropriate in-house policies for marketing formula milk and are slow to implement measures for addressing problems;
- 3 Activities to combat undernutrition lack transparency, creating an environment which does not encourage compliance with the Code.

▶ These marketing techniques have a considerable influence on decisions taken by mothers, pushing them to use milk formula unnecessarily.

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INTRODUCTION

Every day, 15.000 children aged under five die from avoidable causes³, particularly malnutrition. Numerous studies⁴ stress the positive impact on infant survival and development of breastfeeding during the first hour of life, followed by six months of exclusive breastfeeding and as a supplement until the age of two.⁵ The United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO)⁶ have also issued numerous recommendations in favour of breastfeeding. And yet only 40% of infants worldwide are breastfed⁷, and, more importantly still, infants are being breastfed for an ever shorter period. This phenomenon is largely a result of the complete or partial replacement of breastfeeding by formula milk.⁸

Depending on family income and education and the local context, conditions for using formula milk are not always met. In instances where these products are unsuitable to the age of the child, or are diluted with too much water, or mixed with water that is not fit to drink, or fed to children using non-sterilised bottles, the children are highly exposed to the risks of undernutrition, disease and death. They are deprived of the [nutritional and immunological properties that only mothers' milk can provide and that ensures their physical and intellectual development](#).

Action contre la Faim (ACF) has made the fight against undernutrition one of its core objectives and seeks to ensure that international rules governing the marketing of formula milk are respected, based on the "International Code of Marketing of Breastmilk Substitutes" (see below). To this end, since September 2016 it has been running an advocacy project aimed at the major companies to combat aggressive marketing of formula milk. These aggressive marketing practices, which vary from plain advertising to disinformation, affect decisions made by parents. Parents are the only people with a right to decide what is best for their children.

As part of this project, ACF has undertaken a review of recent studies as well as its own field observations with case studies in Bangladesh, Burkina Faso and Cameroon in 2017.

3 - https://www.unicef.fr/sites/default/files/unicef_agir_15_web.pdf

4 - In particular, those published in 2016 in *The Lancet* - <http://www.thelancet.com/series/maternal-health-2016>

5 - [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30546-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30546-3/fulltext)

6 - In the form of subsequent revisions to the International Code of Marketing of Breastmilk Substitutes.

7 - WHO. Scorecard on breastfeeding. 2017 - <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017.pdf>

8 - UNICEF. Programming Guide for Infant and Young Child Feeding. 2012.

ADVOCACY GOAL

The goal of this advocacy report is to alert companies involved in the formula milk business, Danone in particular, to the lack of consistency between their stated commitments and their marketing practices. This lack of consistency hampers the fight against undernutrition.

ACF wants this advocacy report to be a tool that urges companies to sign up to a pact, offering them an opportunity to enact quick and meaningful changes to address inappropriate marketing of formula milk. The companies are responsible for ensuring the ethical marketing of formula milk. This means that the onus is on them to use in-house policies to strengthen their commitments and to change their practices for marketing formula milk. These actions will help the fight against undernutrition and reducing causes of death among children aged under five to make progress. For private sector businesses, this process involves actively seeking to change corporate culture and embrace a role as a responsible and supportive actor in society.

WHY THE SPECIAL FOCUS ON DANONE AND ITS PRACTICES?

This advocacy report analyses data on practices in the formula milk industry, and focuses on Danone in particular for two main reasons:

- 1 It is a French company that tops the worldwide market;
- 2 Danone has made the strongest commitments in terms of marketing formula milk and was an early adopter of CSR processes.

For these reasons, Danone has the power to incite the industry to put in place the best practices it is committed to adopting. This levelling up of practices will stop the lives of millions of children from being endangered, a goal the entire private nutrition sector claims to be working for.

MARKETING OF FORMULA MILK INFLUENCES FAMILIES' FREE AND INFORMED CHOICES

The 2017 case studies conducted by ACF in Bangladesh, Burkina Faso and Cameroon reflect the conclusions of previous reports by other organisations that have examined compliance with the Code, as well as scientific reviews of the issue, in terms of the influence the promotion of formula milk has on choices made by families, particularly mothers.

The simple fact of idealising a product, no matter the mechanism or degree of directness, will influence mothers' choices regarding infant feeding. And the most vulnerable families are often the first victims of this influence, for reasons such as illiteracy, lack of access to diversified sources of information and lack of education. ACF and other actors engaged with monitoring implementation of the Code are striving to re-establish a proper balance in the information given to these families so that they can make informed choices on how to feed their children.

MARKETING OF FORMULA MILK DRIVES DOWN BREASTFEEDING RATES

UNICEF, in its Infant and Young Child Feeding Programming Guide, demonstrates how frequently breastfeeding rates decrease in line with increases in the frequency of formula milk advertising and the distribution of free samples of infant formula to nursing mothers in hospital. Similarly, in 2013 in

Turkey, Danone launched an assessment campaign that could lead people to believe that breastmilk was insufficient for newborns and infants. The campaign boosted sales of formula preparations for newborns by over 15%.¹⁰

Sales of formula milk have soared over the past decade. Danone's baby nutrition business saw sales rise 3.5% in 2016, with revenues close to \$5bn.¹¹ Worldwide, the industry generates annual revenues of \$45bn. The six companies that dominate the formula milk industry¹² will achieve sales of \$70bn in 2019.¹³ If these companies reach their targets, the worldwide breastfeeding rate, currently 40%, will very likely fall still further as a consequence of the widespread proliferation and consumption of formula milk.

ACTION CONTRE LA FAIM'S EXPERIENCE

Thanks to its experience and expertise, Action contre la Faim can confirm that factors of influence, including direct and indirect promotion of a product to mothers, have a major impact on child nutrition. Programmes to promote care practices that ACF runs aim in part to re-establish a supply of balanced information and training for mothers so that they can, should they choose, breastfeed their children in an optimal manner. This work forms part of ACF's commitment to helping to empower women by freeing them from the influence of irresponsible techniques for marketing formula milk.

9 - UNICEF. *Programming Guide for Infant and Young Child Feeding*. 2012.

10 - <http://journals.sagepub.com/doi/pdf/10.1177/0890334415607816>

11 - <http://www.danone.com/pour-tous/activites/nutrition-infantile/strategie-et-chiffres-cles/>

12 - Ranked in order of merit according to the 2016 ATNI: 1. Nestlé, 2. Danone, 3. FrieslandCampina, 4. Heinz, 5. Abbott and 6. Mead Johnson.

13 - <http://www.who.int/mediacentre/news/releases/2016/breastfeeding/en/>

THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES ADOPTED OVER 35 YEARS AGO

GOALS

- Encourage breastfeeding
- Regulate marketing of BMS*
- Provide a minimum standard for BMS marketing regulations

PRODUCTS CONCERNED

ANY food that can totally or partially replace breastmilk:

- preparations for newborns (0-6mois);
- follow-on milk (6-12 months);
- vitamin-enhanced milk (+12 months);
- all milk products for children < 36 months;
- all food for children < 6 months;
- complementary food for children < 6 months**;
- teats and bottles.

THE CODE + subsequent RESOLUTIONS

10 KEY POINTS

- 1 No promotion to the general public (television advertising, special displays, reductions in pharmacies, etc.)
- 2 No samples to be given away to the general public
- 3 No promotion in health facilities
- 4 No gifts or samples for health workers
- 5 No direct distribution of BMS by companies in emergency or crisis situations
- 6 No texts or images idealising BMS on packaging/labels
- 7 Obligatory statement of the superiority of breastfeeding on packaging
- 8 Information provided by companies to health workers: exclusively scientific and factual
- 9 No cross-promotion (e.g. similar packaging for sweetened condensed milk and BMS displayed side by side to cause confusion)
- 10 No partnerships between companies and health facilities/ministries which would create conflicts of interest

WHO IS CONCERNED?

- Governments: implement the Code nationally
- Companies manufacturing BMS: adopt policies and practices that comply with the Code
- Health workers and health facilities in general: remain vigilant since they are frequently targeted by BMS promotion
- Distributors and retailers (including pharmacies)
- NGOs : ensure the Code is properly implemented by states and companies

* BMS: breastmilk substitutes

** If complementary food for babies under six months is cross-promoted, then it is also covered by the scope of the Code

The International Code of Marketing of Breast-Milk Substitutes was adopted in 1981 by the WHO member states. Even though it is not binding, the Code expresses a collective desire to regulate the marketing of formula milk which states and companies alike have committed to respect.

It is worth pointing out that the discussions preceding adoption of the Code included governments and civil society organisations as well as formula milk companies. The states committed to implement the Code on their national territories by incorporating it in a legislative or statutory framework.

In addition to reviewing recent studies on the irresponsible marketing practices adopted by formula milk businesses, ACF also carried out case studies in Bangladesh, Burkina Faso and Cameroon in 2017. The case studies were designed to provide qualitative data showing the character of Code violations in three different contexts where ACF is active. The data and study review demonstrate the systematic nature of Code violations and adverse effects of irresponsible marketing of formula milk on families' ability to freely choose how to feed their children.

01. THE RULES BANNING IRRESPONSIBLE MARKETING OF FORMULA MILK ARE STILL NOT RESPECTED

In line with its stated desire to respect the Code, Danone has made public, serious commitments to do so¹⁴, including in its internal policies.¹⁵

Danone believes that “as a leader in the early life nutrition industry, we have a key role to play in both promoting and initiating change, including the area of responsible and ethical Marketing practices towards mothers, caregivers and Health Workers.”

Danone is aware of “poor infant feeding practices that negatively affected the growth, health and development of children.”

Danone also recognises that “infant formula should be available when needed, but should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding.”

Nevertheless, over 35 years after the Code was adopted, practices that violate the rules governing the marketing of formula milk are still being recorded. Certain violations, such as the presence of items or posters promoting formula milk, date back several years. However, the effect remains the same over the years, and their presence continues to influence mothers' choices. Infant nutrition companies, including Danone, have a duty to rectify this situation.

1. DISTRIBUTION OF SAMPLES OR GIFTS TO FAMILIES AND PREGNANT WOMEN

In Thailand, ATNI¹⁶ ranks Danone second among the six biggest infant nutrition companies distributing the most samples.¹⁷ Danone is also one of the three companies known to have communicated directly with mothers in health centres about formula milk, and Dumex is one of the three brands most often cited by mothers.¹⁸

- Giving away samples is more than simply an incentive for changing behaviours. Once the child has been fed on formula milk and is full, s/he will ask for breastmilk less often. This will result in a drop in the quantity of breastmilk until production stops entirely.¹⁹
- Distributing samples creates a vicious circle, since one of the reasons why mothers resort to formula milk is that they think they are not producing enough breastmilk.²⁰

14 - <http://ftse.com/products/downloads/response-letter-from-mrfarber-to-mrmakepeace.pdf>

<https://www.savethechildren.org.uk/content/dam/gb/reports/health/danones-response>

15 - Danone's policy on the marketing of breastmilk substitutes (or Green Book).

16 - Access to Nutrition Index (ATNI) is a global initiative which assesses leading food and drinks manufacturers by reviewing their policies and practices. ATNI defines performance criteria which it then uses to rank the companies.

17 - ATNI contribution to the case study in Thailand in 2018. https://www.accessstonutrition.org/sites/in16.atnindex.org/files/resources/westat_thailand_report.pdf

NB: the Access to Nutrition Index (ATNI) is one of the evaluations recognised by Danone.

18 - ATNI report for the case study in Thailand in 2018.

19 - The distribution of samples or gifts is prohibited in articles 5.2 and 5.4 of the Code.

20 - Save the Children. Don't Push It, 2018.

2. ADVERTISEMENTS FOR FORMULA MILK IN RETAIL OUTLETS AND PHARMACIES²¹



Hospital pharmacy, Ouagadougou

Two years after the violations observed by other organisations working on monitoring application of the Code,²² we found Blédina mascots telling consumers about pharmacy opening hours in our [Burkina Faso](#) case study.



In [Cameroon](#), special promotions for winning very appealing prizes of Blédina toddler formula milk were seen at the entrance to a pharmacy, on a large poster in a supermarket, directly on the product, and on a poster.

- The fact that consumers regularly see advertising and posters for formula milk, especially in pharmacies, reassures them and thus encourages them to use the formula milk.
- According to the latest IBFAN report in 2017 on Danone and the 2016 ATNI report, promotion of formula milk in retail outlets seems to be the most frequent violation. This frequency is likely to have a major impact on families' choices.

3. FORMULA MILK ADVERTISING IN THE MEDIA

According to the analyses in the 2016 ATNI report, although media-based advertisements for formula milk have diminished, in [Indonesia](#) around 109 ads for Danone's formula milk were seen in the media and 68% of women questioned for the ATNI stated they had seen advertising for Danone formula milk on television.²³

4. FORMULA MILK PROMOTIONAL ACTIVITIES IN HEALTH CENTRES

REGULAR VISITS FROM COMPANY REPRESENTATIVES

34% of health facilities in [Indonesia](#) receive regular visits from Danone. It is the second most-frequently cited brand by mothers who have received recommendations on formula milk from health professionals.^{24, 25}

- Families and pregnant women who talk to company representatives, or who often see them in health facilities, are far more likely to consider using formula milk. The regular presence of company representatives in these places gives the impression that they play the same role as health professionals, or at least that they work with the health professionals for the good of the patients. This makes it impossible for families and mothers to correctly identify the different roles and interpret the information provided properly.

21 - Article 5.3 of the Code.

22 - IBFAN. *Breaking the Rules Stretching the Rules, Evidence of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions*, compiled from June 2014 to June 2017. 2018

23 - Prohibition of promoting via the media as set out in article 5 of the Code.

24 - Promotional activities in health centres prohibited by article 6 of the Code.

25 - ATNI report on the case study in Indonesia in 2016 - https://www.accesstonutrition.org/sites/in16.atnindex.org/files/atnf_activity_report_2016_0.pdf

POSTERS, BROCHURES AND ADVERTISING LEAFLETS

In **Niger**, brochures for Nursie 1 (0-6 months) and Nursie 2 (6-12 months) were spotted in health facilities.²⁶ Advertising leaflets for Blédine products are present in health workers' consulting rooms almost everywhere in the country.²⁷ In **Thailand**, gadgets such as pens, clocks and notebooks along with booklets on Danone products are accessible to everyone in waiting rooms.²⁸

- These visual clues and, especially, their systematic appearance in health facilities can mislead consumers, giving them the false impression that the formula milk products are therapeutic and essential to the baby's development.

5. REGULAR CONTACT BETWEEN THE COMPANY AND HEALTH PROFESSIONALS

GIFTS FOR HEALTH PROFESSIONALS



Maroua hospital, paediatrician's consulting room.

In **Pakistan**, 20% of health workers say they have received gifts from companies. The gifts tend to be note pads, pens and calendars with a highly visible logo. In **Cameroon**, ACF observed a great many supplies used by health professionals bearing the Blédina logo.

- Leaving aside the value of these gifts, they can create attachment to the brand and a desire to work with it. The problem also lies in the fact that the gifts may have different definitions, values and perceptions in different cultures.
- Health professionals sometimes do not even realise that these gifts and supplies are marketing techniques employed by the companies.

FUNDING TRAINING AND SPONSORING EVENTS FOR HEALTH PROFESSIONALS

In **India**, an external audit of Nutricia revealed a series of payments targeting doctors.²⁹ In **Iraq**, health professionals received valuable gifts such as laptop computers, invitations to prestigious venues and research grants.³⁰

- This form of formula milk promotion is often flagged; it has a huge impact, since the targeted health professionals feel accountable to the patients.
- Countries where little funding is made available for education, training and research are flooded with offers from private companies targeting health professionals. These offers by the companies **explicitly or implicitly create a sense of obligation among health workers** to promote the companies' products in return. Health workers feel obligated to recommend formula milk to their patients, inevitably leading to a change in families' behaviour. These practices can be seen as creating the expectation of a return on investment.

AS A RESULT

In **Pakistan**, where the mortality rate linked to malnutrition in children under five is very high, 40% of mothers with babies under six months say they have previously been advised by a health worker to use formula milk.³¹ In Kathmandu in **Nepal**, 36% of mothers questioned say that formula milk is recommended by health professionals even when they can breastfeed.³²

26 - IBFAN. *Breaking the Rules Stretching the Rules, Evidence of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions*, compiled from June 2014 to June 2017. 2018

27 - IBFAN report on Niger in 2015 - http://www.ibfan-icdc.org/files/LWTD_Niger.pdf

28 - FTSE4Good report on Danone in 2016 - <http://www.ftse.com/products/downloads/f4g-bms-pwc-2017-danone.pdf>

29 - The information was then picked up by the paper *Dairyreporter.com*. IBFAN report on Danone, 2017.

30 - IBFAN. *Breaking the Rules 2014 Evidence of Violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions* compiled from January 2011 to December 2013. 2014

31 - Save the Children. *Don't Push It*, 2018.

32 - Save the Children. *Breastfeeding and IGBM Code Violations Survey*. Londres, 2013.

6. NON-COMPLIANCE WITH FORMULA MILK LABELLING RULES

TEXT OR IMAGES IDEALISING FORMULA MILK

In Vietnam and Indonesia, Danone is ranked last on the ATNI³³ labelling classification. Out of the 39 evaluated products, 33 do not comply with Code articles since they feature images or text that idealise formula milk.³⁴ Most of these products laud the benefits of formula milk for infant health. Images and text that idealise formula milk were also seen during the ACF case study in Cameroon.³⁵



Mahima supermarket, Yaoundé: toddler formula milk with the words "des petits futés" [clever little things], creating the impression that the product makes the children who drink it more intelligent.

- Despite the message conveyed by the text and illustrations manufacturers use to idealise formula milk, these products do not have the same nutritional components as breastmilk: breastmilk is a complex nutritional fluid containing antibodies, enzymes, long-chain fatty acids and hormones, which cannot be added to artificial milk. It especially difficult in the first months of life for babies' intestines to absorb any food other than breastmilk.³⁶
- In October 2013, the European Food Safety Authority was unequivocal in stating that toddler formula milk does not provide any additional nutritional value. It explains that these products are no more effective than other food for children from 1 to 3 who follow a normal diet. All promotions claiming otherwise are misleading.

INFORMATION IN A FOREIGN LANGUAGE

National legislation in Bangladesh governing the marketing of formula milk requires them to be labelled in Bangla. In this domain, Danone believes that "the Marketing of Breast-milk Substitutes is subject to relevant local laws and regulations or government-issued codes; this Policy is not a substitute for such laws and regulations. Where local laws and regulations for implementing the WHO code are more stringent than our Danone Policy, Danone follows the national measures in addition to this Policy. [...] We comply with all applicable local laws and regulations in the countries where we do business."

33 - ATNI report on Indonesia in 2016.

34 - ATNI report for Indonesia and Vietnam, 2016.

35 - Labelling rules are set out in article 9 of the Code.

36 - https://www.unicef.org/french/nutrition/index_24824.html

Nevertheless, ACF demonstrated during its case study that not only are formula milk products labelled in a foreign language, but that they also feature illustrations idealising the products, despite the ban enacted by the country's BMS Act in articles 6, 6.2a and 6.b.



- Since certain foreign products often benefit from a good reputation, families tend to think that these products are better for their children, without necessarily understanding the instructions or knowing whether they are exposing their child to danger.
- This problem is compounded by the risk of families not using the product properly, since even if they can read, they will not be able to understand the instructions detailing, for example, the quantities they need to use. The risk of over- or under-diluting the product and an insufficient number of bottles is directly linked to formula milk labelling.

SIMILAR LABELLING FOR DIFFERENT CATEGORIES OF FORMULA MILK (CROSS-PROMOTION)

Formula milk special promotions and cross-promotion with complementary food.



Mahima supermarket, Yaoundé

Cross-promotion is defined in resolution 69/7 as the indirect promotion of formula milk thanks to the promotion of other products with similar labelling or packaging.³⁷

Even though cross-promotion is not currently mentioned in its Green Book, Danone recognises the problem and seems to want to rectify it.³⁸ However, cross-promotion techniques were also identified during the ACF case study in [Cameroon](#). The study revealed both a special promotion for toddler formula milk, and cross-promotion of these toddler formula products with complementary food products for babies over six months old.

- The packaging of the two products is so similar that even families who read have trouble distinguishing between product categories being promoted and those that are not.³⁹ [This practice also exposes babies to the risk of ingesting products that are not always appropriate for their age.](#) A six-month-old, for example, risks drinking formula milk for older children that does not correspond to the specific nutritional requirements for that age.
- Using this method, [advertising for a single product which the companies claim is not covered by the scope of the Code serves to effectively promote all the others.](#) WHO denounces this practice and [points out that cross-promotion confuses mothers and has a negative impact on breastfeeding.](#)⁴⁰

ACF identified numerous violations in each of the three case studies; what results would be produced by a study covering the 36 countries⁴¹ affected by undernutrition? Danone has committed to complying with the Code as a minimum requirement. However, it needs to improve in terms of strengthening both its commitments and the measures it needs to take to put an end to the violations of the Code that have been observed.

37 - Resolution 69/7 recommendation n°5. "no cross-promotion to promote breast-milk substitutes indirectly via the promotion of foods for infants and young children. The packaging design, labelling and materials used for the promotion of complementary foods must be different from those used for breast-milk substitutes so that they cannot be used in a way that also promotes breast-milk substitutes (for example, different colour schemes, designs, names, slogans and mascots other than company name and logo should be used)."

38 - Statements by Bridgette Heller, president of Danone's infant nutrition division.

39 - Save the Children. Don't Push It, 2018

40 - 69th World Health Assembly, Guidance on ending the inappropriate promotion of foods for infants and young children Report by the Secretariat, http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf

41 - http://www.who.int/nutrition/topics/Map_36_countries.pdf

02. THE QUESTION OF THE ROLE OF COMPANIES IN THE FIGHT AGAINST UNDERNUTRITION

Danone regularly points out that it complies with the Code and leads the way in the adoption of internal policies based on the text.⁴²

Danone “commits to the principles of the WHO International Code of Marketing of Breast-Milk Substitutes and subsequent relevant WHA resolutions.”

Danone recognises “the International Code of Marketing of Breast-Milk Substitutes of 21 May 1981 as a minimum requirement to protect and promote appropriate infant and young child feeding.”

Danone has declared that “all our messages concerning breastfeeding are clear and in line with the requirements of the WHO Code.”

Danone recognises “the importance of the International Code of Marketing of Breast-Milk Substitutes and subsequent WHA resolutions.”

Danone produced a Green Book designed not to replace the Code, but to help employees respect it.

However, every study undertaken, regardless of the author, country or year, reveals violations. In response to the systematic nature of this situation, arguing that other local actors are responsible for it is no longer acceptable.⁴³ The problem is far more deep-reaching and requires a global and institutional response.

1. MINIMISED OBLIGATIONS BY CHALLENGES TO LEGAL REGULATIONS

Even though it is not binding, the 191 WHO member states have confirmed their support for the Code and for implementing it and its subsequent resolutions.⁴⁴ The Code and its subsequent resolutions have been adopted by 135 countries. The Code is also mentioned in the International Convention on the Rights of the Child. These elements show that all the actors are committed to promoting the application and respect of the letter and the spirit of the Code.

DANONE’S COMMITMENT TO COMPLY WITH THE CODE SEEMS TO BE LIMITED TO RESPECTING THE 1981 TEXT, PARTIALLY REPRODUCED IN ITS GREEN BOOK

The spirit of the Code is about preventing promotion of these products having any influence at all on breastfeeding. The idea is not to focus on the formulation of each article in the Code, but to grasp the overall meaning, i.e. putting an end to any influence tending to discourage breastfeeding. The issue at stake here is not only whether an article in the Code has been violated or not, but if the marketing technique encourages the use of formula milk to the detriment of breastfeeding. Since the vulnerability of the person targeted by the promotion can clearly not be systematically evaluated, the person should be seen as extremely easy to influence, and that the promotion must therefore have as little influence as possible. The goal should no longer be promoting a product but providing information on its components and how to use it, not selling it at any price but making it available if needed and in compliance with the regulations.

42 - <http://www.danone.com/fr/pour-tous/developpement-durable/pour-une-alimentation-plus-saine/sengager-sur-des-pratiques-responsables/> and <https://www.savethechildren.org.uk/content/dam/gb/reports/health/danones-response>

43 - Danone’s report on alleged non-compliance with The WHO Code (The Green Book): For the Period 1 January to 31 December 2014: “98% of substantiated complaints reported in 2014 relate to Interactions with the General Public. The majority of these are attributable to actions undertaken by Third Parties (actions by Third Parties are responsible for 86% of total substantiated complaints).”

44 - BMJ. 1998 Apr 11; 316(7138): 1117-1122. Violations of the international code of marketing of breast milk substitutes: prevalence in four countries, Anna Taylor.

SUBSEQUENT RESOLUTIONS HAVE NOT BEEN INCORPORATED IN INTERNAL POLICIES

In the same way as all legal regulations, the Code does not stand still, adapting to changing techniques, contexts and needs. The Code's content is updated and expanded with resolutions WHO member states have adopted since 1981. Just like any other legal text, the 1981 Code tackled a problem as it presented itself at that precise moment. But, naturally enough, the context has changed, particularly the private sector's marketing practices. The problem of non-compliance with the Code thus goes beyond the simple violation of the measures set out in the 1981 version of the Code, which is a concern in itself. By regulating the marketing of breastmilk substitutes, the goal of the text is to curb all forms of influence on the choice to breastfeed. The subsequent resolutions make it possible to achieve this goal by adapting to new elements without reopening negotiations on the founding text. However, formula milk manufacturers do not necessarily recognise the subsequent resolutions. For example, Danone plans to introduce a ban on cross-promotion, but none of the companies recognises the inclusion of products for infants from 24 to 36 months in the category of breastmilk substitutes. Danone also claims to recognise the resolutions, but its internal policies have not yet been altered to incorporate the content of the various resolutions.

2. UNSATISFACTORY OR INSUFFICIENTLY TRANSPARENT MONITORING PROCEDURES

THE ASSESSMENT CRITERIA USED IN AUDITS COULD BE IMPROVED

Danone recognises the Code as a minimum requirement in terms of formula milk marketing in its public undertakings. However, the criteria applied during its external audits (FTSE4Good index and Bureau Veritas external audit) are less stringent than those included in the Code.

For example, FTSE4Good has reduced its criteria by only assessing countries classified as "high risk". Furthermore, the assessment is only based on formula milk for infants between 0 and 12 months. This significant dilution of criteria has been strongly criticised by civil society organisations. Even if the criteria are scheduled to be revised in late 2019, there is currently no change in their definition.⁴⁵

The assessment criteria used in these audits distinguish between "high risk countries" and "low risk countries", in the same way as in the Green Book. The need for this distinction needs to be questioned, since it is not in any way imposed by the Code. The distinction risks causing problems, since it creates a double standard in formula milk marketing, whereas the Code demands that the rules be implemented uniformly in ALL countries. The fact is that the effects on children's development and immunisation of the use of breastmilk substitutes are the same everywhere, even if other risk factors come into play in countries where, for example, drinking water is not easily accessible. There is therefore no justification for making such a distinction. Moreover, if the products are widely used in developed countries, the cultural influence of these countries on developing countries will act to promote them. And if regulations are more lenient in certain countries, the risk of seeing products benefiting from more enticing labelling on the shelves of unofficial distributors in other countries is very high. Since it is impossible to control these supply networks, it is far better to have the same regulations everywhere.

Another concrete manifestation of the audit issue is the fairly problematic nature of the criteria adopted by Bureau Veritas in selecting which countries to audit. In 2015, the audit agency decided to carry out the audit in India, Saudi Arabia, Kazakhstan, the United Arab Emirates and Spain.⁴⁶ This selection of countries is not nearly diverse enough, if only from the viewpoint of geographical spread. It does not seem to have taken account of gross domestic product or malnutrition rates. Despite these limitations, the audits still managed to identify violations.

During its audit in Brazil in 2014, Bureau Veritas claimed that it also based its assessment on national legislation. However, the results do not include any mention of compliance or otherwise of Danone's practices with national regulations. Many facts of this kind cast doubt over the audits' results.

45 - Save the Children. *Don't Push It*, 2018.

46 - http://danone-danonecom-prod.s3.amazonaws.com/PUBLICATIONS/FTSE4GOOD/3_External_Evaluations/2015_Danone_External_Audit_Summary_Report.pdf

RESTRICTED ACCESS TO INFORMATION ON MEASURES TAKEN FOLLOWING AUDIT REPORTS

Danone undertook to publish a report every year to evaluate the compliance of its practices with the policies adopted to regulate the marketing of formula milk. It claims that *“a clear procedure is in place for defining the processing of allegations of potential non-conformity by Danone employees. Each allegation of potential non-conformity is centralised and monitored until it has been resolved.”* However, this information is not always accessible and the most recent compliance report on its website dates from 2014.⁴⁷

For example, information on the financial and human resources used to correct compliance problems - information that is important in verifying the extent of the Danone’s genuine desire to comply with the Code - is hard to find.

WHEN INFORMATION IS ACCESSIBLE, IT LACKS DETAIL

If we refer to the most recent compliance report, from 2014, the measures taken to rectify violations are not explained in much detail. The report lists the measures adopted by month, which is positive, but does not specify the countries where violations were identified, only mentioning the continent. Consequently, external actors such as Action contre la Faim or the public cannot retrace the measures and establish how effective they have been.

On the issue of bringing promotions of formula milk in retail outlets to a halt, Danone points to the importance of the Green Book and vendors’ and distributors’ obligation to comply with it.⁴⁸ While the measure represents progress and is useful in alerting distributors, it is not effective enough to bring a definitive solution to the problem of promotions.

It is also worth pointing out at this point that the promotion of preparations for newborns (formula milk for babies aged 0-6 months) in retail outlets is the most frequent violation in the 2014 compliance report. For Danone to be able to really put a stop to all forms of promotion of preparations for newborns, it will have to make more effort to investigate the origins of the violation and find a more appropriate solution to the problem that encourages distributors and subsidiaries to run these promotional activities for the products.

Danone has committed to recognising the Code’s subsequent resolutions, which include formula milk for infants from 6-12 months and 12 to 36 months in the Code’s scope. Nevertheless, its compliance report seems to show that advertising for these categories of formula milk in the media or at retail outlets is not seen as a violation because they do not lie within the scope of the Green Book. The conformity between Danone’s words and these actions is problematic in this area.

When responding to the violations observed during the external audits in 2014, Danone claimed that the labels on the formula milk considered to be non-compliant were validated by the country’s nutrition institute and therefore did not constitute a violation. However, it is important to remember that the company’s Green Book clearly indicates that it will apply its internal policy in the event of less stringent national law.

These findings indicate that there is still some way to go before infant nutrition companies bring their practices into compliance with the Code and their own commitments.

47 - http://danone-danonecom-prod.s3.amazonaws.com/PUBLICATIONS/FTSE4GOOD/4_Reporting_Compliance/2014_Allegation_Report.pdf

48 - http://danone-danonecom-prod.s3.amazonaws.com/PUBLICATIONS/FTSE4GOOD/4_Reporting_Compliance/2014_Allegation_Report.pdf

3. AN ENVIRONMENT THAT DOES LITTLE TO ENCOURAGE COMPLIANCE WITH THE CODE

It is vital to create an environment that encourages compliance with the Code in several ways.⁴⁹ Firstly, by establishing a strong legislative framework that has a major impact on breastfeeding. For example, Kenya saw its breastfeeding rate soar two years after adopting a fairly restrictive law on the promotion of breastmilk substitutes in 2012.⁵⁰ Secondly, by clarifying the roles of all the parties involved and ensuring a high degree of transparency regarding their actions, thus avoiding all risk of a conflict of interest.

The problem of conflicts of interest when it comes to infant nutrition was raised in the 1990s.⁵¹ The term “conflicts of interest” is explicitly mentioned by the WHO member states in the 2005 resolution.⁵² References to conflicts of interest are becoming more frequent and more pointed, directly targeting sponsorship and other forms of financial support as well as training for health workers. WHO member states are asking for nutrition-focused research activities to include a declaration of absence of conflicts of interest. The 2016 resolution 69.9 is the most explicitly critical, reminding infant nutrition companies that they must not cause conflicts of interest in healthcare systems via health professionals.

- These increasingly forceful warnings from states show that the risks of conflicts of interest are real. The need for transparency benefits states and companies alike.

PARTNERSHIPS WITH GOVERNMENTS AND HEALTH PROFESSIONALS

The risks of conflicts of interests are increased by the lack of transparency in terms of the content of partnerships between the companies and governments or health professionals in the nutrition domain.

By sponsoring medical conferences and offering grants to health workers as part of their training, companies are positioning themselves as leaders in the health and infant nutrition field. However, the written content of these partnerships is rarely known and accessible to the public. It is therefore difficult for an organisation monitoring the Code to establish an external viewpoint and, especially, assess the risks of conflicts of interest.

For example, the companies appropriated the “1,000 days” campaign launched by UNICEF, WHO and several NGOs to promote breastfeeding. The original intention may have been good, but it can blur the line between civil society and the private sector involved in the campaign. By making use of the 1,000 first days campaign via its Nutricia division, and via Milnutri in Brazil, Danone risks creating confusion among governments and families over the role of the private sector and international organisations in the infant nutrition sector. The messages conveyed are not clear enough about the role of Danone products during the 1,000 first days, giving the impression that the various actors are saying the same thing and that they share exactly the same goals.

Activities for promoting breastfeeding, such as setting up mother-and-baby areas in health centres, sponsoring and managing research into milk, and partnerships with public and governmental institutions as part of nutrition programmes, can cause confusion about nutrition actors and run a high risk of conflicts of interest when these partnerships do not have a well-defined framework and a high degree of transparency.

49 - Six resolutions concerning conflicts of interest have been adopted between 1996 and the present day.

50 - Rundall P., 2015. *The 'Business of malnutrition': the perfect public relations coverage for big food.*

51 - With WHA resolution 49.15 in 1996.

52 - With WHA resolution 58.32 in 2005.

- Article 7.1 of the Code does not mention the need for formula milk companies to undertake activities to promote breastfeeding. It simply prohibits the marketing of formula milk. Even if the private sector is keen to take part in promoting breastfeeding, this activity is likely to be incompatible with the fact of continuing to massively promote formula milk.
- The many warnings issued by states concerning the risks of conflicts of interest in the Code's subsequent resolutions illustrate that the problem of conflicts of interest between health professionals, the government and formula milk companies is real and requires all parties involved to remain vigilant.
- Research into infant nutrition should include an explicit declaration of absence of conflicts of interest in the terms of reference.

Messages conveyed by the promotion of breastfeeding may be misleading

Danone positions itself as an actor in the nutrition field via its activities promoting breastfeeding. However, the messages conveyed should not focus exclusively on the "advantages of breastfeeding", but should also set out the risks of formula milk products when they are not essential or not used correctly. [These messages could lead to an interpretation whereby breastfeeding \("the best way of feeding your baby"\) is seen as an "IDEAL" and therefore not always accessible, and formula milk therefore represents a "normal" and "suitable" feeding practice.](#) [Sociological studies⁵³ show that "normal" behaviour is more reassuring whereas "ideal" behaviour is seen as inaccessible.](#)

- As a better way of contributing to the optimal implementation of infant and young child feeding and the promotion of breastfeeding without creating risks of conflicts of interest, Danone and the other formula milk companies should modify their messages on the importance of breastfeeding by also specifying the risks involved in artificial food.

PARTNERSHIPS WITH NATIONAL INFANT NUTRITION ASSOCIATIONS

Danone's infant nutrition division has teamed up with national associations working on infant and young child feeding, including in Cameroon, India, Senegal and Malaysia.⁵⁴ The list of over forty local associations working on infant nutrition with which it has partnerships appears on its website. The list's publication no doubt represents a step forward on the road to transparency regarding partnerships in the infant nutrition field. However, Danone would do better to describe the content of these partnerships with national associations, as organisations which can have significant influence over mothers, pregnant women and families.

PARTNERSHIPS WITH OTHER NON-STATE ACTORS (INCLUDING NGOS)

Formula milk companies also develop partnerships with international organisations, foundations and academic institutions linked to infant nutrition. This approach can prove effective in the fight against undernutrition, but only where great care is taken to define each party's role and remain totally transparent concerning the content and activities linked to partnerships. The risk lies in these partnerships being seen as simply a means of obtaining an ethical, and possibly scientific, stamp of approval for the companies' activities.

53 - *Save the Children. Don't Push it. 2018*, p.19.

54 - http://danone-danonecom-prod.s3.amazonaws.com/danonepublications_publications/150812_-_ELN_Association.pdf

- Without a detailed demarcation of each actor's roles and responsibilities (between the private sector and the other non-state actors in the partnership), the reputation of the other non-state actors may well suffer. While the goal all the actors share may well be to combat undernutrition, the means for achieving it are not the same. On this point, the companies need to define the role of each actor and clarify their messages.
- In the same way as other organisations and networks,⁵⁵ Action contre la Faim prohibits all forms of partnership with companies that do not respect the Code, as set out in the policy adopted by its ethical committee.

A PROJECT CURRENTLY BEING FORMULATED FOR SUBMISSION TO THE WORLD HEALTH ASSEMBLY⁵⁶

A guidance paper designed to regulate and prevent conflict of interest situations is currently being discussed for submission to the next World Health Assembly. It addresses non-state actors, also called external actors,⁵⁷ thus covering the private sector as well as NGOs (including ACF) with expertise or operations in the nutrition domain.

It highlights private sector activities and interventions likely to create conflicts of interest, using concrete examples. It also describes the uneven balance of power when an actor has the capacity to influence decision-taking thanks to the financial support it offers.

Examples include supplying medical equipment or information brochures featuring the logo of formula milk brands. ACF has encountered this practice in Cameroon where Danone distributes supplies to health workers.⁵⁸

⁵⁵ - Such as IBFAN and Save the Children.

⁵⁶ - http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_23-en.pdf?ua=1

⁵⁷ - NGOs, philanthropic foundations, academic institutions and the private sector.

⁵⁸ - See the section on promoting formula milk to health workers.

CONCLUSION AND RECOMMENDATIONS

Violations of the Code by private companies continue to prevent parents being able to freely choose how they feed their children. The responsibility of monitoring violations should not lie with states and civil society alone. Danone, and other companies producing and distributing formula milk, must introduce mechanisms which ensure that no violations take place. Their progress will be assessed based on the recommendations presented below and as part of the Let Them Choose campaign. A timetable and assessment will be available on the campaign page so that information on the progress made by the companies is accessible. Civil society will thus have easy access to information on the private sector's compliance with the Code.

The recommendations below address companies as a legal entity and not the individual staff members of the company and its subsidiaries. Furthermore, since the goal is to obtain full compliance with the Code, it is only reasonable to require companies to implement the means necessary to achieve it.

ALL FORMULA MILK MANUFACTURERS AND DISTRIBUTORS ARE STRONGLY ADVISED TO SIGN THE PACT AS A WAY TO COMMIT TO CIVIL SOCIETY AND TAKE RAPID ACTION IN TERMS OF COMPLYING WITH THE CODE.

It is therefore recommended that companies:

1 To ensure they comply with the Code, publish a timetable on their website for adopting/revising internal regulations that establish the Code and its subsequent revisions as the minimum standard to be respected. The timetable should be validated by the managing director (or equivalent) responsible for implementing the regulations. Progress made in terms of Code compliance must be recorded in an annual report presented at the annual general meeting and published on the Let Them Choose campaign site.

Modify messages conveyed by material providing information on breastfeeding by including, for example:⁵⁹

- breastfeeding is linked to health. The benefits of breastfeeding have been proved scientifically” or, in contrast, “babies fed artificially risk more frequent exposure to diseases”;
- on the subject of mixed feeding during the first six months, rather than limiting themselves to advising mothers to “breastfeed exclusively”, messages could include the reality that “swapping between breastfeeding and formula milk significantly reduces breastmilk production”.

2 To boost in-house efforts to comply with the Code, promptly publish the following on their website:

- the content of standard training courses provided to each child nutrition subsidiary for the marketing and sales teams in all countries where they are present;
- the timetable for in-house inspections scheduled by their board of directors (or equivalent);
- disciplinary procedures and monitoring of measures taken following audits, based on procedures set out in company regulations;
- proof of transparency with more detailed information concerning all measures taken in response to audits or studies revealing Code violations, including by publishing the most recent compliance reports.

Companies must also ensure that all the conditions are in place for a neutral and impartial audit by appointing an independent external auditor and using the ATNI assessment grid.

3 To create an environment which encourages compliance with the Code, publish on their websites:

- all public-private partnership agreements in the infant nutrition sector;
- all funding for training, seminars and other events linked to infant nutrition, particularly for health workers.

⁵⁹ - See in the annex for illustration, in particular in countries with a low alphabetization rate.

AS AN EARLY ADOPTER OF POSITIVE MEASURES, IT IS RECOMMENDED THAT DANONE POSITIONS ITSELF AS A DRIVING FORCE IN ENCOURAGING RAPID COMPLIANCE WITH THE CODE BY BEING THE FIRST COMPANY TO SIGN THE PACT AND COMPLY WITH IT.

More specifically, it is recommended that Danone take the actions below:

- 1 **Modify the Green Book and Blue Book so that they comply with the Code and subsequent resolutions, after validation by the MD for implementing them, and the EVP of the infant nutrition division in charge of management, implementation and daily monitoring, by:**
 - referring to the importance of avoiding all risk of conflicts of interest with the authorities, civil society and health workers;
 - including the obligation to fully describe the risks of formula milk on product packaging;
 - adding the ban on sales teams giving out in-kind and cash benefits, particularly to health workers;
 - including the obligation for transparency as regards sponsorship of events/training involving health workers and government members linked to young child nutrition;
 - including a procedure for external auditing of application of the Green Book;
 - applying the entire Code and the subsequent resolutions, particularly resolution 69 .9 from 2016, to ALL products in ALL countries.
- 2 **Respect the rules in the Green Book and Blue Book:**
 - ensure that measures for monitoring the Blue Book are respected;
 - prevent violations by organising regular training in all departments involved in infant nutrition, both at head office and in the subsidiaries and at every level, rather than waiting until case studies or audits expose them.
- 3 **Ensure that all the necessary conditions for responsible marketing are in place:**
 - stop positioning itself as an actor in the undernutrition field with the same role as civil society;
 - stop presenting BMS products as the solution to newborns' medical problems;
 - regulate and publicise all funding, support and partnerships with governments and health workers as well as local associations working on infant nutrition to avoid any risk of conflicts of interest;
 - ensure transparency and provide detailed information on any measures taken in response to audits or studies exposing Code violations, including by publishing the latest compliance reports.

ACRONYMS AND ABBREVIATIONS

ACF: Action contre la Faim

ATNI: Access To Nutrition Index

BMS: breastmilk substitutes

CSR: Corporate Social Responsibility

EVP: Executive Vice-President

HKI: Helen Keller International

IBFAN: International Baby Food Action Network

IYCF: Infant and Young Child Feeding

MD: managing director

MHCP: Mental Health and Care Practices

NetCode: network for global monitoring and support of implementation of the Code and subsequent resolutions

NGO: Non-Governmental Organisation

RDD: Regional Deputy Director

The Code: International Code of Marketing of Breast-milk Substitutes

UNICEF: United Nations International Children's Fund

WHA: World Health Assembly

WHO: World Health Organization

APPENDICES

APPENDIX 1: LIST OF THE MOST RECURRENT VIOLATIONS BY CATEGORY

VIOLATION CATEGORY	VIOLATION SUBCATEGORY	EXAMPLES
<p>Promotions targeting the general public and health professionals</p> <p>Frequency: very often</p> <p>Impact: fairly major</p>	<ul style="list-style-type: none"> ▶ Promotions to retailers ▶ Distribution of samples or gifts ▶ Media promotions ▶ Direct contact between companies and mothers and mothers-to-be ▶ Promotions on social media ▶ Distribution in emergency situations 	<ul style="list-style-type: none"> - Ethiopia: Blédina BMS shelf displays in pharmacies; - Thailand: 490 promotions of Danone BMS noted in stores and online (ATNI 2018); - Cameroon during ACF case studies: special promotion offering chance to win very attractive prizes of Blédina formula; - Burkina Faso during ACF case study: Blédina mascot at entrance to pharmacies; - Indonesia: 210 Danone BMS promotions noted at 111 sales outlets, including formula for infants <6 months; - Vietnam: 7% of Danone BMS on promotion in sales outlets; - Laos: samples of Dulac Dumex-Danone for mothers; - Singapore and Malaysia: special promotions of Aptamil by Nutricia-Danone and gifts of Mamil Gold by Dumex-Danone; - Indonesia: 68% of women interviewed for ATNI in Indonesia in 2016 stated they had seen Danone BMS advertising on TV; 109 advertisements for Danone BMS noted by ATNI; - Indonesia: Danone is the first brand cited by mothers who say they have talked directly with representatives from BMS manufacturers; - Thailand: Danone is one of the brands most commonly cited by mothers for having distributed samples and/or gifts and coupons (ATNI 2018); - Thailand: Danone is the second most commonly cited brand for promotion of toddler formula in the media and on posters (ATNI 2018); - Thailand: Danone (Dumex more precisely) is the second most commonly cited brand for promotion of BMS on TV and social media (ATNI 2018); - On social media: organisation of competitions, promotional offers and coupons. 66% of tweets about BMS are promotions; promotion by blogger-mothers: BMS promoted in 66% of sponsored blogs; - Thailand: Danone is the leading (33%) brand to promote BMS on Facebook (ATNI 2018); - Thailand: 443 advertisements and other forms of promotions observed online for Danone BMS, including 17 for preparations for newborns and 424 for toddler formula milk (ATNI 2018); - China: distribution of BMS by Dumex-Danone following 2014 earthquake and direct contact with mothers.

APPENDIX 1: LIST OF THE MOST RECURRENT VIOLATIONS BY CATEGORY

VIOLATION CATEGORY	VIOLATION SUBCATEGORY	EXAMPLES
<p>Promotions in health facilities</p> <p>Frequency: often</p> <p>Impact: fairly major</p>	<ul style="list-style-type: none"> ▶ Visits by company representatives ▶ Distribution of samples or gifts to health professionals ▶ Brochure displays and leaflets 	<ul style="list-style-type: none"> - Cameroon: posters and brochures from Blédina, Blédilait and Nursie-Danone in hospitals; - Cameroon during the case study: distribution of free supplies bearing the Blédina logo at a hospital in Maroua; - Indonesia: Danone heads the list of companies that visit health facilities with the aim of promoting BMS; - Samples and gifts from Dumex-Danone in Cambodia and Singapore, and in Guatemala from Nutrilon and Bebelac-Danone; - Visual cues in health facilities in Niger (Nursie and Blédine-Danone), Thailand and Brazil (Milnutri-Danone); - Thailand: of 38 donations of supplies and equipment noted, 24 (67%) of the items identified were from Danone (ATNI 2018); - Costa Rica, El Salvador, Paraguay: promotional documentation for Bebelac, Neocate and Nutrilon-Danone in health facilities; - Thailand: almost half the promotional posters and brochures found were from Danone: 7 out of 17 in 8 facilities (ATNI 2018).
<p>Promotions to health professionals</p> <p>Frequency: very often</p> <p>Impact: very major</p>	<ul style="list-style-type: none"> ▶ Gifts and free samples ▶ Sponsorship ▶ Advice 	<ul style="list-style-type: none"> - India: series of payments discovered during an external audit of Nutricia. This news was picked up by the press (dairyreporter.com); - India: distribution of samples of Nutricia and small gifts to health workers (BPNI 2015 https://www.bpni.org/IMS-ACT/BTL-6.pdf); - India: representatives from Nutricia persuaded paediatricians to prescribe Nutricia supplements (BPNI 2015 https://www.bpni.org/IMS-ACT/BTL-6.pdf); - Small gifts in Afghanistan (Bebelac-Danone) and Ecuador; - Sponsorship in India (Nutricia), Turkey (Danone) and Indonesia (Sari Husada-Danone); - Egypt: Danone sponsored a paediatricians' conference; - Indonesia: <u>Danone is the second-most cited brand by mothers who received recommendations about BMS from health professionals;</u> - Thailand: Danone is the second-most cited brand by health workers as having contacted them (ATNI 2018).

APPENDICES

APPENDIX 1: LIST OF THE MOST RECURRENT VIOLATIONS BY CATEGORY

VIOLATION CATEGORY	VIOLATION SUBCATEGORY	EXAMPLES
<p data-bbox="150 656 252 685">Labelling</p> <p data-bbox="102 808 229 864">Frequency: often</p> <p data-bbox="102 887 229 943">Impact: fairly major</p>	<ul style="list-style-type: none"> <li data-bbox="352 580 624 609">▶ Information in a foreign <li data-bbox="352 629 691 658">▶ Text or images idealising BMS <li data-bbox="352 678 568 707">▶ Cross-promotions 	<ul style="list-style-type: none"> <li data-bbox="794 566 1485 658">- Bangladesh during the ACF case study: important information on the packaging of Cow and Gate and Aptamil in English only rather than in Bangla; <li data-bbox="794 678 1485 741">- Bangladesh during the ACF case study: images of newborns and graphics idealising Cow and Gate and Aptami BMS; <li data-bbox="794 761 1485 913">- Cameroon during the ACF case study: text “for clever little things” idealising Blédina toddler formula milk; image of a little bear cub idealising Blédina food supplements for babies aged 4 to 6 months; nutritional claims about treatment for digestive troubles using Nursie and Alma products in the pharmacy in Maroua; <li data-bbox="794 934 1485 1025">- Laos: several Danone BMS in foreign languages and use of coloured packaging for different categories of Dumex BMS to aid cross-promotion; <li data-bbox="794 1046 1485 1108">- Indonesia: of the 27 types of Danone BMS observed by ATNI, 25 fail to meet labelling regulations; <li data-bbox="794 1128 1485 1191">- Vietnam: Danone bottom of the list in terms of respecting BMS labelling criteria; <li data-bbox="794 1211 1485 1274">- Ethiopia: idealisation of BMS (Bebelac-Danone), Pakistan (Cow and Gate-Danone); <li data-bbox="794 1294 1485 1357">- Brazil: Milnutri-Danone BMS promoted without stating the suitable age for use; <li data-bbox="794 1377 1485 1440">- Cameroon during the ACF case study: cross-promotion with food supplements for > 6 months and other BMS; <li data-bbox="794 1460 1485 1523">- Gabon: cross-promotion (Nursie, Blédilait-Danone) ; <li data-bbox="794 1543 1485 1606">- Thailand: 81 labelling nonconformities noted on 39 BMS from Danone (ATNI 2018); <li data-bbox="794 1626 1485 1650">- Thailand: nutritional claims that Danone Nutricia formulations for newborns “aid regurgitation” and are “made from essential nutrients for proper child development” (ATNI 2018).

Information sources:

- IBFAN BTR-STR report, 2014
- IBFAN report on Danone, 2017
- ATNI report on Indonesia and Vietnam, 2016
- IBFAN report on Burkina Faso, 2015
- IBFAN report on Niger, 2015
- FTSE4Good report on Danone, 2016
- Save the Children briefing report on Nestlé and Danone, 2013
- ACF case studies in Bangladesh, Burkina Faso and Cameroon, May to November 2017
- ATNI report on Thailand, 2018

APPENDIX 2: TABLE COMPARING THE CODE WITH DANONE'S INTERNAL POLICY

The Code and subsequent resolutions	The Green Book, Danone's BMS marketing policy
APPLICABILITY	
Art. 1 The Code is a minimum standard	Policies and practices vary according to whether the country is "high risk" or "low risk". Nothing can justify this distinction
SCOPE	
<p>Art. 2</p> <ul style="list-style-type: none"> - All BMS: preparations for newborns, follow-on formula, toddler formula, all other formulas for children 0<36 months - Supplements for children <6 months (cross-promotion with foods for children >6 months is prohibited) - Bottles and teats 	<ul style="list-style-type: none"> • Preparations for newborns and all products for children <6 months • Bottles and teats <p>In high risk countries:</p> <ul style="list-style-type: none"> • Extended to include follow-on formula (excludes toddler formula and medically prescribed formulations) • Ban on advertising only extended to BMS for children <6 months
INFORMATION AND EDUCATION	
<p>Art. 4.2 Documents to include necessary information and messages only</p> <p>Art 4.3+WHA 58.32 No sponsorship of training for health professionals to avoid conflicts of interest</p> <p>Mention the risk of the presence of pathogen microorganisms in BMS and the need for appropriate preparation and consumption (WHA 58.32)</p>	<p>Commitments do not cover all aspects of Article 4.2.</p> <p>Indifferent in the face of risk of conflicts of interest</p> <p>Distribution of informative materials with the company logo in health facilities</p> <p>No mention of the risk BMS pose to public health</p>
ADVANTAGES TO HEALTH PROFESSIONALS	
Art. 7.3 No financial or material inducements	Donation of small gifts or supplies permitted, if allowed under national legislation
SPONSORS	
Art 7.5 (+WHA 49.15, 58.32, and Guide 69/7 Add.1) Avoid conflicts of interest occasioned by sponsoring health professionals	<p>Event sponsorship (symposiums, conferences and meetings for health professionals) possible</p> <p>Payment or reimbursement of health professionals' costs (travel, accommodation, etc.) possible</p>
COMPLIANCE WITH THE CODE	
Art.11.3 Companies are responsible for ensuring that their practices comply with the Code.	Danone evaluates whether its practices comply with its policies, not with the Code

APPENDICES

APPENDIX 3: IMAGES ABOUT THE BENEFITS OF MATERNAL BREASTFEEDING AND THE RISKS OF BMS

Taken from the Programming Guide for Infant and Young Child Feeding, UNICEF 2012

Figure 6: Risks of artificial feeding – an example from a training slide



FOR THE BABY		FOR THE MOTHER
<ul style="list-style-type: none"> • More likely to die • More diarrhoea and respiratory infections • Increased ear infections, GI disorders, skin conditions and SIDS • Interferes with bonding • Poorer growth and nutrition status • Increased risk of chronic diseases (diabetes, heart disease, asthma, some cancers) • Owerweight/obesity • Lower scores on intelligence tests 		<ul style="list-style-type: none"> • Mother may become pregnant sooner in early months • More post-partum depression • Slower maternal recovery and less weight loss post-partum • Increased risk of maternal cancers (ovarian and breast cancer)

Figure 5: Benefits of breastfeeding – an example from a training slide

FOR THE BABY		FOR THE MOTHER
<ul style="list-style-type: none"> • More likely to die • Less diarrhoea and respiratory infections • Less ear infections, GI disorders, skin conditions and SIDS • Increased bonding • Improved growth and nutrition status • Less risk of chronic diseases (diabetes, heart disease, asthma, some cancers) • Lower risk of owerweight/obesity • Improved cognitive et motor development 		<ul style="list-style-type: none"> • Mother less likely to become pregnant in early months • Less post-partum depression • Faster maternal recovery and weight loss post-partum • Lower risk of maternal cancers (ovarian and breast cancer)

**FOR FOOD.
FOR WATER.
FOR HEALTH.
FOR NUTRITION.
FOR KNOWLEDGE.
FOR CHILDREN.
FOR COMMUNITIES.
FOR EVERYONE.
FOR GOOD.
FOR ACTION.
AGAINST HUNGER.**



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