

Danone Nutricia: Why do they want to be your partner?

Why breastmilk substitute companies seek partnerships with organisations that support pregnant women, infants and young children, and a review of how Danone Nutricia breastmilk substitute marketing has been globally evaluated.

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This evidence summary has been put together to challenge the view that there is benefit to pregnant women, infants and young children, their families, the health professionals that support them and wider society by an organisation going into partnership with a breastmilk substitute company. This applies to all organisations that work in the education, health and social care of pregnant women, infants and young children.

The aim of the evidence presented here is to help NGO, charities, health professional and other advocacy groups make policy decisions about working with Danone Nutricia with **full knowledge of their activities nationally and globally which influence family feeding choices and advice that health professionals may give to families.**

Why have we compiled this information?

It is unequivocally accepted globally that breastfeeding is nutritionally, immunologically, neurologically, endocrinologically, economically and ecologically superior to breastmilk substitutes (BMS). It is against the law in many countries to promote infant formula, so innovative strategies are needed by BMS companies to ensure that their brands and logos remain in the public eye.

With a rise in breastfeeding promotion, to sell more product BMS companies need to gain infant feeds from breastfeeds and/or market products for older children and segment the market (for example by producing infant milks which they claim support common infant feeding problems or more heavily promoting specialist products). The aim of marketing is to persuade parents, families, health professionals and wider society that a product is superior, has special properties or is the aspirational choice. Undermining breastfeeding supports sales growth. This has been known and accepted by the global health community for over 35 years, but companies continue to grow as inappropriate marketing practices of BMS companies damage global breastfeeding rates, and infant and young child health.

Multinational food companies have departments of external affairs, PR support, company representatives, trade organisations and considerable funds which they can use to persuade charities, NGOs, health professional and advocacy groups and those working more widely in education, health and social care that they are a suitable partner for their activities. They will promote the idea that partnership working is the best way forward for greater progress, that their interests are purely philanthropic and that their information can be trusted. They will argue that they will have no direct impact on how the organisation works or on the information produced - they simply want to support what they believe is a good cause to increase its reach and capacity. These arguments can all be tempting to organisations seeking additional funding to expand their activities. **It is important that anyone making a decision about corporate partnerships is aware of the risks of doing so and the independent evidence available.** It is unwise to take assurances from any profit making enterprise at face value.

Why might Danone Nutricia want to partner with organisations and individuals that work to support pregnant women, infants and young children?

- **They want to be accepted as a reputable company:**

There are multiple reasons why a for-profit company will choose to support a particular organisation – the primary one is always, ultimately, to maximize profit – its legal duty. Companies know that, as human beings, our purchasing decisions are based on how a product or service makes us feel. Linking their brand name with a reputable organisation buys them a halo of goodness and enhanced reputation. This is often achieved much more cheaply through partnerships than the mass advertising campaigns needed to get the same emotional response. Collaborations with reputable organisations burnish the company's reputation in a way they cannot achieve through marketing alone. Partnering with an organisation that is well respected will allow companies an increase in sales, loyalty and an improvement in their corporate image.

- **They want to be accepted as a trusted partner:**

When a company chooses an organisation to fund they will ensure that the objective of that organisation resonates with the different audiences for their products. If you are marketing infant formula you will choose organisations that are trusted by parents for the support and advice they provide. If an organisation is trusted by parents, then they are also likely to trust the products and services the organisation partners with.

- **They want access to the health professionals who may support or work with that organisation**

Many organisations that work to support pregnant women, infants and young children will also have health professionals who work with them and support them. Partnering with an organisation provides access and the opportunity to win trust with health professionals outside of the healthcare system.

- **They want to gain a market advantage through the information the partner can provide (Intelligence gathering)**

Collaborating with a charity also gives brands the ability to tap into knowledge about communities, gain new insights into what appeals to the people you work with, be they from a particular locality, a specific demographic, a specific population group or a disadvantaged community. Brands can also learn from how charities work with their target audiences and engage communities. This information will help plan marketing activities to promote sales.

- **It can divert attention from practices elsewhere**

It has also been shown that companies can sponsor good causes to divert attention from malpractice elsewhere. They may use their activities in one country as an example of their good practice and fail to mention activities elsewhere in the world which are damaging.

What does the Charities Commission say about partnerships?

The Charities Commission emphasises that Trustees have a responsibility to do what's in the best interest of the charity, including maintaining its independence. *Trustees need to demonstrate to their potential supporters or donors that their decision making processes and that the decisions they're taking are in the charity's best interests.* This means looking at the impact of a partnership, at the potential reputational risks, and at being transparent about the process.

Danone Nutricia

In this briefing we use both the terms **Danone Nutricia and Danone** to talk about the company to ensure that it is understood that despite the fact that divisional names are sometimes used separately, Danone is the parent company. Other names that appear on websites and in the literature include **Danone Nutricia Early Life Nutrition (ELN), Nutricia Early Life Nutrition, Numico and Milupa.**

Danone

Danone is the largest global dairy company. In 2016 Danone generated worldwide revenues of \$6.9billion from baby food products, accounting for 26% of its total revenues. Danone are the world's second largest breastmilk substitute producer after Nestlé with 12.3% global market share in baby food. Baby milk accounts for more than 80% of Danone's ELN division. The main market focus for Danone is Western Europe and Asia Pacific and it is the leading BMS producer in Western and Eastern Europe. Nutricia products have the biggest market share of any baby food brand in the world and the brand Dumex is the number one brand sold in Asia Pacific.

Globally Danone brands include: *Almiron, Aptamil, Blédina, Bebelac, Bebecare, Bebiko, Cow & Gate, Dumex, Gallia, Happy Family, Karicare, Malyutka, Mlish, Milupa, Nursie, Nutri Baby, Nutrilon, Sarihusada, SGM*

In the UK Danone own the **Aptamil** and **Cow & Gate** brands, both of which are the brand names on infant formula, follow on formula, toddler milks, specialist milks (foods for special medical purpose) and breastmilk fortifiers. For a summary of all infant milks on the UK market, both those that can be bought over the counter and those for use in hospital or on prescription see http://www.firststepsnutrition.org/newpages/Infant_Milks/infant_milks.html.

The UK is one of the largest markets for Danone early life nutrition products and they fund a number of organisations and initiatives including the *Early Years Nutrition Partnership*, *The Infant and Toddler Forum* and a range of other websites and projects for both health professionals and the general public. A summary of organisations and projects funded by Danone in the UK can be found here

http://www.firststepsnutrition.org/newpages/Infants/websites_and_organisation.html.

How are the activities of BMS companies monitored?

Like all global infant milk manufacturers Danone Nutricia are monitored by international organisations such as IBFAN (the International Baby Food Action Network) and other NGO such as Save the Children and Changing Markets, as well as external bodies such as Access to Nutrition Index (ANTI) to measure how they align with the WHO Code of Marketing of Breastmilk Substitutes (the WHO Code) and the subsequent relevant WHA resolutions. For an up to date summary of the WHO Code and resolutions see <http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf>.

Why do the WHO Code and relevant WHA resolutions matter?

‘As long as the Code is being violated, protection of breastfeeding is impossible’

The WHO Code and subsequent relevant WHA resolutions aim to protect appropriate infant and young child feeding and provide a framework of good practice for governments, health professionals and companies to abide by to ensure that breastfeeding is not undermined by inappropriate marketing.

The WHO Code and subsequent relevant WHA resolutions were adopted by the World Health Assembly, the world’s highest health policy setting body. They have been supported by the UK and all global health organisations. They are integral to the **UN Convention of the Rights of Child**. The WHO Code and resolutions cover all milk products or foods marketed as breastmilk substitutes for infants and young children under 3 years of age, bottles and teats and has strict rules for how products fed to infants and young children should be marketed, forbidding cross-branding and idealising claims. The WHA Resolutions also forbid sponsorship by the baby feeding industry. A summary of **World Health Assembly Resolutions that call for Conflict of Interest Safeguards** are shown in Appendix 1.

There are undeniable violations of the WHO Code and resolutions by Danone and all breastmilk substitute manufacturers and the global public health community are clear that this undermines breastfeeding and optimal infant and young child feeding. The influential Lancet Series on Breastfeeding in 2016 included a paper by McFadden et al ¹ which highlighted the enormity of company product promotion. They highlight in their paper that ***‘the active and aggressive promotion of BMS by their manufacture’s and distributors continues to be a substantial global barrier to breastfeeding’***

¹ [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)00103-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00103-3.pdf)

Where can I find information about how Danone violates the WHO Code and relevant WHA resolutions?

IBFAN produce a global monitoring report which outlines how companies violate the Code, and the most recent iteration was in 2017. Their report '*Breaking the Rules, Stretching the Rules*² highlights how BMS company marketing practices violate the WHO Code and subsequent relevant resolutions through a range of techniques including:

- Promotion and advertising of products.
- Discounts and gifts to parents and health workers.
- Portraying themselves as ambassadors of breastfeeding and infant nutrition through finance deals with hospitals, professional associations, community organisations and NGO, academic institutions and public health programmes.
- Hijacking public health campaigns and building a public health expert image to gain trust and goodwill from the public. For example Unicef's 1000 Days Campaign has been adopted by a number of BMS companies as a strapline and promotional tool.
- Claiming Code compliance for some limited aspects of the WHO Code and resolutions.
- Distorting public health recommendations. For example by naming products in a way which confuses product categories or by using one aspect of clinical guidance in association with their product such as has been done for products for infants with reflux and regurgitation.
- Making unfounded health claims about ingredients which have often been shown to have no proven efficacy. This includes logos and made up names for ingredient groups such as 'pronutra' and icons linking products through graphics and names to particular health benefits or uses even when these have not been recommended by the health community e.g. 'comfort milks' 'post-discharge formula'
- Using technological advances and innovation to influence consumers through social media, phone apps and a wide range of social media platforms. This includes using 'mummy bloggers', per to peer promotion from recruited parents, celebrity endorsements linked to social media, youtube films and endorsements by influencers. Parents can easily become unwitting 'brand ambassadors' for products.
- Extending the market of products inappropriately promoted using cross-promotion across products for older children to get round local regulation on promoting infant formula where this has been brought in.
- Aggressive marketing in economies where breastfeeding rates have been historically good, particularly focusing on the middle classes using aspirational ideas about products.



² This report is not available as a free download but can be purchased from IBFAN <https://www.ibfan-icdc.org/product/breaking-the-rules-stretching-the-rules-2017-single-copy/>

The 2017 'Breaking the Rules, Stretching the Rules' provides 41 pages of examples of how Danone undermines breastfeeding and appropriate infant and young child feeding globally.



For examples of how Danone violate the Code here in the UK, a 2017 report was produced by Baby Milk Action and this can be accessed here:

<http://www.babymilkaction.org/wp-content/uploads/2017/02/lwtduk17danone.pdf>

How do Danone mislead health professionals?



In 2016 First Steps Nutrition Trust produced a report showing how companies failed to provide appropriate 'scientific and factual information' in adverts for their products:

http://www.firststepsnutrition.org/pdfs/Scientific_and_Factual_booklet_for_web.pdf

The bombardment of health professionals with advertising for infant milk products in a wide range of journals and magazines will influence both which products they might promote, as well as influencing opinions about products that may be incompatible with public health guidelines. Adverts are similarly misleading for all forms of infant milks including specialised milk products.

Advert for Aptamil Profutura Follow On milk (Danone Nutricia Early Life Nutrition)
Advert seen in: Journal of Family Health, February 2016

The advertisement for Aptamil Profutura Follow On milk features a baby's face and the text "INSPIRED BY BREASTMILK RESEARCH". It highlights the product's composition and its similarity to breastmilk. The text includes: "NEW Aptamil Profutura Follow On milk has a composition structure closer to that of breastmilk." and "OUR MOST ADVANCED FORMULATION YET."

Advert for Cow & Gate Comfort milk (Danone Nutricia Early Life Nutrition)
Advert seen in: Journal of Health Visiting, March 2016

The advertisement for Cow & Gate Comfort milk shows a woman sitting on a staircase. The text includes: "BABIES who've got COLIC" and "95% of Paediatricians reported an improvement in colic symptoms following problems with formula milk." It also features the Cow & Gate logo and the text "Comfort for babies, stability for you."

Advert for Cow & Gate Comfort milk (Danone Nutricia Early Life Nutrition)

This advertisement for Cow & Gate Comfort milk features a baby's face and the text "What does your baby's colic tell you?". It includes a "Summary of advert" section and a "What does your baby's colic tell you?" section. The text discusses the benefits of the milk and its suitability for babies with colic.



Claims made about products on health professional websites have also been reviewed in the report *Infant Formula: An overview*:

http://www.firststepsnutrition.org/pdfs/Infant_formula_an_overview_December2017.pdf.

Many of the claims made on websites for efficacy of ingredients and the superiority of particular formula are not substantiated by the evidence they provide or by independent expert committees. Companies make claims for the use of ingredients which have been shown by independent experts **to be unnecessary** in infant formula such as:

Arachidonic acid (ARA), Eicosapentaenoic acid (EPA), Non-digestible oligosaccharides (prebiotics. GOS/FOS mixtures), Probiotics, Synbiotics (a mix of prebiotics and probiotics), Chromium, Fluoride, Taurine, Nucleotides, Phospholipids as a source of long-chain polyunsaturated fatty acids instead of triacylglycerols and Triacylglycerols with palmitic acid predominantly esterified in the sn-2 position

Other evidence about how Danone works to undermine breastfeeding

A number of other organisations have looked at the operations of BMS companies and reached similar conclusions. This includes:



Save the Children (2012 and 2018)

<https://www.savethechildren.org.uk/content/dam/global/reports/health-and-nutrition/superfood-for-babies-UK-version.pdf> and

<https://resourcecentre.savethechildren.net/library/dont-push-it-why-formula-milk-industry-must-clean-its-act>

Changing Markets (2017)

<https://changingmarkets.org/portfolio/milking-it/>

In 2013 the Bureau of Investigative Journalists reported on **Danone activity in Turkey** and the systematic undermining of local breastfeeding practices through a marketing campaign that urged mothers to consider whether they were ‘producing enough breastmilk.’ The company claimed both WHO and UNICEF endorsement for their campaign, but these had not been given. This really brings home how women’s and society’s confidence in breastfeeding can be damaged, and this was reported on the front page of The Independent.

<http://www.independent.co.uk/news/uk/home-news/after-nestl-aptamil-manufacturer-danone-is-now-hit-by-breast-milk-scandal-8679226.html>.

There is also a wealth of **academic papers** which provide a commentary on the undermining of appropriate infant and young child feeding through the inappropriate promotion of infant and young child feeding products including by Danone. This includes a paper published in December 2017 **which showed that BMS companies use the same interference tactics as ‘Big Tobacco’ to undermine public health goals to promote breastfeeding and to influence policy making.**

<https://worldnutritionjournal.org/index.php/wn/article/view/155>.

Should we think differently about products marketed as ‘foods for special medical purposes’?

Danone Nutricia markets its products under a range of brand names and divisions globally. In the UK they use the name **Nutricia Early Life Nutrition** to promote products that are foods for special medical purposes as well as breastmilk fortifiers and sterile water, but the brand names for these products remain the same as those in the infant formula, follow on formula and toddler milk categories. The use of cross-promotion of products with the same brand names across categories is an established marketing method which was highlighted as an ‘inappropriate marketing practice’ in WHA resolution 69.9 in 2016

<http://www.who.int/nutrition/netcode/WHA-Policy-brief.pdf>.

Companies will argue that specialist products require them to have relationships with health professionals and others, that these are outside the scope of the WHO Code and resolutions, that these are vital life-saving products that need to be advertised to health professionals so that they can be given ‘scientific and factual’ information about them.

No-one is suggesting that health professionals cannot obtain information from companies about their specialist products, the objection is to the *marketing* of the product to health professionals. Whilst companies are legally allowed to provide scientific and factual information to health professionals, there is no system for scrutinising or evaluating the evidence, and no method of complaint should adverts fail to be accurate or support agreed health policy.

As an example of this we show the latest advert from **Cow & Gate nutriprem** which is a specialist **Nutricia ELN** product range that covers premature formula, post-discharge formula and breastmilk fortifiers. We include a critique of all the evidence provided by the company in the advert to support the claims in Appendix 2.

The advert for 'nutriprem' has recently appeared in the health professional literature (for example in: *Dietetics Today February 2018, Complete Nutrition magazine January 2018, Infant, November 2017*). It is unequivocally accepted that there is no health advantage for any artificial milk product over breastfeeding, so there is no sound rationale for a promotional claim of any kind on any formula. Premature baby survival is strongly related to human milk intake and the promotion of breastfeeding post-discharge is seen as the optimal strategy for infants to thrive.

The advert shows the *nutriprem* brand post-discharge formula most prominently, it also shows nutriprem 1, hydrolysed nutriprem and breastmilk fortifiers.

The branding to Cow & Gate nutriprem links this advert to *all products* in this range, and there is a strong implication in the advert that the use of a specialised infant formula for premature babies supports survival, and ensures a baby will thrive. You can see an analysis of why we do not believe these implied claims are true and the references that support our analysis in Appendix 2.

The advert also states that this specialised formula is '*nutritionally closer to breastmilk than ever before*' for which two references are provided. The first reference (Ballard & Morrow, 2013) is to a paper that discusses human milk composition and this does not provide any evidence related to this formula.

The second is to a paper from 1994 by Innis et al, which suggests that palmitic acid esterified in the *sn-2* position in human milk is related to absorption efficiency, but suggests no metabolic significance for this. This paper again provides no evidence relevant to this infant formula. The fat content of breastmilk is highly variable; depending on stage of lactation, time of day and the mother's diet, and is highly complex, providing the primary energy source and having a range of metabolic and physiological functions important for growth and development. It is not possible to artificially recreate the fat profile of human milk. The European Food Safety Authority in their comprehensive review of the composition of infant formula and follow on formula (EFSA, 2014) reviewed all the evidence on potential benefit of altered fatty acid conjugation and concluded there was no convincing evidence for a beneficial effect of the use of palmitic acid predominantly esterified in the *sn-2*



position. No evidence is given in the advert that which would substantiate a claim that these milks are 'nutritionally closer' to breastmilk. This term would be disallowed on infant formula but manufacturers use the weaker advertising restrictions for foods for special medical purposes to promote this idea associated with their brand.

Two other claims are made. Firstly that the addition of milk fat aids calcium and fat absorption, eases digestion and softens stools. An evidence review shows that these claims are not justified by the evidence provided and are not accepted by expert committees, and the review of the evidence given can again be found in Appendix 2.

This provides an example of how Danone Nutricia misleadingly market products to health professionals. The need for specialist products by some premature infants is not disputed, but the marketing of the product in this case clearly undermines the use of human milk and breastfeeding. **Supporting one brand of formula** is a conflict of interest in health settings, taking sponsorship from Danone Nutricia is likely to suggest to health care professionals and families that the recipient organisation believes their products are superior to other products.

What do Danone Nutricia partnerships aim to achieve?

The quotes below are taken from the Danone website (our bold)

<http://corporate.danone.co.uk/en/discover/sustainability/unique-business-approach/steering-with-partners/our-uk-partnerships/>

*'Danone is a collaborative partner, working with politicians and government officials and offering **input and submission to public health policy and legislation**'.*

*'Projects range from small community initiatives to nationwide health campaigns, but they all work towards one goal: **ensuring everyone, at every age, has access to the right nutritional support**'*

*'...fostering relationships with communities, government, NGOs and academics in order to help address common challenges and **fulfill Danone's mission to bring health through food to as many people as possible**'.*

The company is clear that its goal is to influence policy through working with Governments, and this may be, for example, to achieve a less restrictive marketing environment. They aim to ensure that their products are promoted widely and for people to see their products as a solution to good health. It could be argued that these aims are not compatible with global health recommendations to promote and support breastfeeding or human milk feeding, or the use of simple unpackaged food to support eating well in young children.

What might Danone tell you about their activities when encouraging partnerships?

1. We are compliant with marketing codes

Danone acknowledges the importance of, and commits to the principles of, the WHO International Code of Marketing of Breastmilk Substitutes (WHO Code) and subsequent relevant World Health Assembly (WHA) resolutions. To ensure it fulfils its commitments to the WHO Code Danone has developed and implemented the Danone Policy for the Marketing of Breastmilk Substitutes. The policy applies equally to Danone employees, joint ventures and subsidiaries. This policy is available at: http://danone-danonecom-prod.s3.amazonaws.com/PUBLICATIONS/Danone_Policy_for_the_Marketing_of_BMS.pdf

Is the Danone Policy the same as the WHO Code and WHA resolutions?

Danone has produced a policy for how employees and partners are expected to behave which they say shows their commitment to responsible and ethical marketing and which is often called the Danone code. However this document misguides employees and partners on the WHO International Code and creates opportunities for continued promotion of products through rewording and omissions from the WHO Code and resolutions.

The analysis on the next few pages is based on work reported by IBFAN as part of its report '*Breaking the Rules, Stretching the Rules*', 2017.³

³ This report is not available as a free download but can be purchased from IBFAN <https://www.ibfan-icdc.org/product/breaking-the-rules-stretching-the-rules-2017-single-copy/>

International Code and subsequent WHA resolutions	Danone Policy (Version 4: May 2016)
<p>1. <i>Applicability or aim (WHA 34.22 [1981] Article 1)</i></p> <ul style="list-style-type: none"> • Applies to all countries as a minimum standard • Aims to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. 	<ul style="list-style-type: none"> • Ignores the fact that the Code is the minimum standards and makes an unwarranted distinction between higher risk and lower risk countries to guide its marketing code. • The Code is twisted to lend support to Danone's stated mission '<i>to bring health through food to as many people as possible</i>'
<p>2. <i>Scope (article 2) and WHA 69.9 [2016]</i></p> <p>Applies to:</p> <ul style="list-style-type: none"> • All breastmilk substitutes including infant formula, follow on formula, toddler milks, specialist milks and other milk products marketed for feeding infants and young children up to 3 years of age. • Foods and beverages including bottle-fed complementary foods that are marketed or represented as suitable to be fed to infants less than 6 months old • Cross-branding and certain promotions of foods for infants over 6-36months are forbidden. • Feeding bottles and teats. 	<p>Covered products include:</p> <ul style="list-style-type: none"> • Infant formula, food and beverages for infants up to 6 months of age. • In higher risk countries the Danone code is extended to cover follow on formula but does not restrict promotion of complementary foods and beverages for infants under 6 months. • The Danone code excludes milks for older babies and specialised products from their scope.
<p>3. <i>Information and Education (Article 4, WHA 58.32 [2005] & Guidance 69.7, Add 1).</i></p> <ul style="list-style-type: none"> • Requires inclusions of all necessary messages in information and education materials as specified under article 4.2 of the Code. • Article 4.3 read together with <i>WHA 58.32 & Guidance 69.7 Add 1</i> call for avoidance of conflict of interest in infant and young child health programmes so information and educational materials sponsored by baby food companies should not be allowed. • WHA 58.32 requires information to be given that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately 	<ul style="list-style-type: none"> • Commitment related to information and educations materials does not fully cover all requirements listed in Article 4.2, particularly in relation to use of other products covered by the scope of the Code, other than infant formula. • Ignores call for avoidance of conflict of interest and continues to allow the distributions of information and education materials bearing the company logo to pregnant women and mothers through healthcare organisations. • Omits any mention about the need for health care personnel, parents and other care givers to be warned about the known public health risk as described in WHA 58.32.

International Code and subsequent WHA resolutions	Danone Policy (Version 4: May 2016)
<p>4. Promotion (articles 5 & 6, WHA 58.32 [2008] & WHA 63.2 [2010])</p> <ul style="list-style-type: none"> Advertising and other forms of promotion to the general public including contact with pregnant women and mothers are explicitly prohibited. This would include gifts and incentives offered via mum and baby clubs, promotion through the internet, social media and other electronic means of communication, as well as within the healthy system. WHA 58.32 & WHA 63.23 read together prohibit nutrition and health claims for breastmilk substitutes and foods for infants and young children, except where specifically provided for in Codex Alimentarius standards and national legislation. 	<ul style="list-style-type: none"> Trained staff are allowed to respond to queries from members of Danone's mums and baby clubs via phones, helplines, websites and social media. The Danone code contains no acknowledgement that communication with and promotion to parents through these channels should be prohibited. Product logos, idealising images of young babies and direct promotion of other products covered by the scope of the Code other than infant formula are allowed. The Danone code contains no reference to restricting claims about product formulations.
<p>5. Free supplies (articles 6.6 & 6.7; WHA 47.5 [1994] & WHA 63.23 [2010]).</p> <ul style="list-style-type: none"> No free or low cost supplies of breastmilk substitutes to any part of the health care system. Any breastmilk substitutes required during emergency situations need to be purchased, distributed and used according to strict criteria. 	<ul style="list-style-type: none"> On the basis of a written request supplies of covered products may be made for use in or outside a health care organisation. Danone may donate covered products in emergency and disaster situations through government channels or internationally recognised aid agencies.
<p>6. Financial or material inducements (article 7.3, WHA 69.9 [2016])</p> <ul style="list-style-type: none"> No financial or material inducement to promote products taking into consideration resolutions WHA 49.15 & WHA 58.32 to ensure avoidance of conflict of interest. Recognition that any donations to the healthcare system (including health workers and professional associations) from companies selling foods for infants and young children represent a conflict of interest and shouldn't be allowed. 	<ul style="list-style-type: none"> If allowed under local laws inexpensive gifts and practice-related equipment may be given. Inexpensive gifts unrelated to health workers practice in acknowledgement of significant national cultural or religious events may also be provided.

International Code and subsequent WHA resolutions	Danone Policy (Version 4: May 2016)
<p>7. Sponsorship (Article 7.5; WHA 49.15; WHA 58.32 [2005] & Guidance 69/7. Add 1, WHA 69.9 [2016])</p> <ul style="list-style-type: none"> • Sponsorship, financial support and other incentives for programmes and health professionals working in infant and young child health should not create conflict of interest. • Recognition that sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed. <p>Note: This funding undermines the work of health professionals. Company involvement provides a way to gather health worker contact details and to promote products with information that is not scientific and factual</p>	<ul style="list-style-type: none"> • Sponsorship of events such as symposia, congresses or other scientific or professional meetings organised by Danone or by third parties are allowed. Health workers may be reimbursed for travel, meals, accommodation and registration fees. • If allowed under local laws, bona fide consulting arrangements with health workers may be entered into for reimbursement of their service. • Funds are also allowed to support research, advancement of science and education or patient and public education.
<p>8. Marketing Personnel (Article 8)</p> <ul style="list-style-type: none"> • In systems of sales incentives for marketing personal the volume of sales of products within the scope should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on overall sales by a company of other products marketed by it. • Marketing personal may not perform educational functions in relation to pregnant women and mothers of infants and young children. 	<ul style="list-style-type: none"> • No restrictions on quotas for product sales • Employees such as healthcare nutrition representatives and partners may provide education and support in cooperation with health care organisations at the request and with the written approval of the appropriate authority.
<p>9. Labelling (article 9 & WHA 58.32 [2015])</p> <ul style="list-style-type: none"> • Where applicable WHA 58.32 requires explicit warning on the packaging that powdered infant formula may contain pathogenic micro-organisms. 	<ul style="list-style-type: none"> • There is no mention of the need to warn about reference to this known public health risk on the label of infant formula in any setting.
<p>10. Monitoring Code compliance (article 11.3)</p> <ul style="list-style-type: none"> • Independent of any measures taken for implementation of the Code, manufacturers and distributors to take steps to ensure that their conduct at every level conforms to principles and aim of the Code. 	<ul style="list-style-type: none"> • Danone will only take steps to confirm that their conduct at every level conforms to its own policy, and not the WHO Code and resolutions.

Is it just IBFAN that challenge Danone's WHO Code compliance?

Danone is likely to provide information to organisations which they say show that their policies and procedures have been externally evaluated. One example they may give is the evaluation by the **Access to Nutrition Index (ATNI)** in 2016. ATNI works closely with corporations and even so it found Danone seriously wanting. ATNI also compared the Danone 'code' with the WHO Code and resolutions and highlighted a number of areas where it needed to address its own policy.

<https://www.accesstonutrition.org/bms/context-0> and
<https://www.accesstonutrition.org/danone>

Overall Danone were judged to be:

- *Less than 50% compliant* with the WHO Code and resolutions 'on paper.'
- When their activities were judged in practice (in Vietnam and Indonesia) they were only found to be *17% compliant*.
- Danone came *5th out of the 6 largest global BMS* companies included in the index in both countries for its Code compliance, with 330 observed incidences of non-compliance noted during the field work.
- Danone was ranked *6th out of 6 companies* on labelling with 33 out of 39 assessed products being non-compliant.

In the most recent **February 2018 ATNI** report from Thailand Danone were found to have a total of 612 incidences of non-compliance for their products.

https://www.accesstonutrition.org/sites/in16.atnindex.org/files/resources/bms_thailand_release_statement_pdf.pdf

What about the fact that Danone are now included in the FTSE4Good?

Danone may also quote the fact that they are included in the **FTSE4Good** as meaning their practices have been independently evaluated. FTSE4Good has criteria by which it judges company activities around the marketing of BMS, but companies can take a phased approach to implementing the WHO Code based criteria. *Not being compliant with the WHO Code does not preclude a company from appearing on the index.*

http://www.ftse.com/products/downloads/FTSE4Good_BMS_Criteria_and_the_WHO_Code.pdf.

When Danone were evaluated by FTSE4Good in 2017 they were challenged on a number of findings relating to how they **currently do not meet the requirements of the BMS marketing criteria outlined by FTSE4Good** in terms of how they were found to: *market their products; use promotional items; offer limited guidance to retailers; allow inappropriate promotion of products; market products for young children; offer sales incentives; fail to distinguish brand and corporate names; market specialised products and issues related to staff training amongst other findings.*

<http://www.ftse.com/products/downloads/f4g-bms-pwc-2017-danone.pdf>.

What companies say to organisations that challenge their sponsorship of infant and young child health initiatives?

'You are anti-formula'

There is no dispute that breastmilk substitutes are needed by some infants and there has never been any suggestion that there should not be products to support infants who cannot be breastfed or who require specialist feeding. The international health community have solely campaigned for an end to the inappropriate marketing of products, with clearly agreed criteria for what this means. It is also important to remember that the costs of marketing products are passed on to parents and health services through higher prices for their products.

'You will stop funds being spent on vital help for vulnerable babies'

It is estimated that over 800,000 babies die each year as a result of not being breastfed and the undermining of breastfeeding by BMS companies is acknowledged as a major component in this global challenge. There are clear public health guidelines on supporting infant feeding in ways which will protect lives. Unicef UK Baby Friendly accredits the majority of maternity and health visitor services and also accredits neonatal units, children's centres and midwife and health visitor educational courses throughout the UK. Any partnership which undermines the work of Unicef BFI (which requires complete WHO Code compliance) will not protect babies or support the health professionals who look after their families. It is not the job of BMS companies to support training, and accepting funding from them to do this does not encourage consistent and fairly given statutory training.

'An inclusive approach to infant and neonatal nutrition needs to incorporate a dialogue with companies'

Health professionals can request information about products from companies and should challenge them on issues relating to composition and safety. Companies should be transparent about their products, where they are made, how they are safety tested, how the composition is monitored and what their findings are. This information however is not provided by companies who do not appear to want to enter into dialogue on these issues. We do not need to enter into dialogue with BMS companies about infant feeding as they should not be providing information to families or health professionals on anything that does not relate to their products. We have clear expert guidance that can be followed on breastfeeding and BMS companies can undermine this.

'Sponsorship strengthens an organisations ability to achieve their goals through enabling organisations to reach more health professionals'

Health professionals have access to a wide range of expert free resources to support their work. Information provided by BMS companies about their products is not always scientific and factual in nature, and health professionals are likely to be misled by the advertising of products. Allowing training to be sponsored provides BMS companies with an opportunity to influence brand awareness by health professionals and get a seal of approval for their brand. The majority of health professionals working to support infant feeding in the UK work in areas that are, or are working towards Unicef UK Baby Friendly accreditation and cannot therefore take part in any training that is funded by a BMS company.

‘ Companies don’t have any influence on the content of our educational programmes, are not allowed to provide speakers at our training events or to have their logo on our materials - so what is the problem?’

Any association with an organisation will be made public by the company: they do not go into partnerships silently and will use a range of opportunities to link themselves with the work of the organisation. Just by having the company associated with an organisation through a press release or website content announcing the partnership gives them a platform and credibility. This knowledge can sway the opinion of health professionals and families.

Conclusion

The WHO Code summary of 2017⁴ notes that:

‘donations to the health care service (including health workers and professional associations) from companies selling foods for infants and young children represent a conflict of interest and should not be allowed’

And that

‘sponsorship of meetings of health professionals and scientific meetings by companies selling foods for infants and young children should not be allowed’

The Code and subsequent relevant WHA resolutions call upon governments to ensure that objective and consistent information on infant and young child feeding is provided and ***calls upon NGO, professional groups and other relevant actors to take manufacturers and distributors of BMS to account for actions that are in violation of the Code.***

Taking funding from a BMS company for any activities relating to infant and young child feeding is in breach of the Codes set up to protect infants and young children. We believe that working in partnership, and taking funds, from Danone Nutricia damages child rights, and infant and young child health, and an organisation’s reputation and standing as a trusted partner in promoting optimal infant and young child feeding.

⁴ <http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf?ua=1>

Appendix 1

World Health Assembly Resolutions that call for Conflict of Interest Safeguards.

1996 WHA Res 49.15

Preambular paragraph: “Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health”...urged Member States:....(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative; (3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence; http://www.who.int/nutrition/topics/WHA49.15_ycn_en.pdf?ua=1

2001 WHA Res 54.2

2. REQUESTS the Director-General: (2) to foster, with all relevant sectors of society, a constructive and transparent dialogue in order to monitor progress towards implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions, in an independent manner and free from commercial influence, and to provide support to Member States in their efforts to monitor implementation of the Code;

2002 WHA Res 55.25

“CALLS UPON other international organizations and bodies, in particular ILO, FAO, UNICEF, UNHCR, UNFPA and UNAIDS, to give high priority, within their respective mandates and programmes and consistent with guidelines on conflict of interest.....”http://www.who.int/nutrition/topics/WHA55.25_ycn_en.pdf?ua=1

2004 WHA Res 57.17

Global Strategy on Diet, Physical Activity and Health 5. REQUESTS the Director-General: **(6)** to cooperate with civil society and with public and private stakeholders committed to reducing the risks of noncommunicable diseases in implementing the Strategy and promoting healthy diet and physical activity, **while ensuring avoidance of potential conflicts of interest;**

2005 WHA Res 58.32

Urged Member States: “to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest”

http://www.who.int/nutrition/topics/WHA58.32_icycn_en.pdf?ua=1

2012 WHA Res 65.6

Urged Member States to implement a plan “*establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest*” http://www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf?ua=1

2014 WHA Res 67(9)

Requested the Director-General to convene informal consultations with Member States² to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States at the Sixty-ninth World Health Assembly; http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_DIV3-en.pdf?ua=1&ua=1

2016 WHA Res 69.9

Recommendation 6 stated that: ‘*Companies that market foods for infants and young children should not create conflicts of interest in health facilities or throughout health systems. Health workers, health systems, health professional associations and nongovernmental organizations should likewise avoid such conflicts of interest.*’

Such companies, or their representatives, should not:

- provide any information for health workers other than that which is scientific and factual;
- sponsor meetings of health professionals and scientific
- provide free products, samples or reduced-price foods for infants or young children to families through health workers or health facilities, except:
 - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;
- donate or distribute equipment or services to health facilities;
- give gifts or incentives to health care staff;
- use health facilities to host events, contests or campaigns;
- give any gifts or coupons to parents, caregivers and families;
- directly or indirectly provide education to parents and other caregivers on infant and young child feeding in health facilities; meetings.

17. Likewise, health workers, health systems, health professional associations and nongovernmental organizations should not:

- accept free products, samples or reduced-price foods for infants or young children from companies, except:
 - as supplies distributed through officially sanctioned health programmes. Products distributed in such programmes should not display company brands;

- accept equipment or services from companies that market foods for infants and young children
- accept gifts or incentives from such companies;
- allow health facilities to be used for commercial events, contests or campaigns;
- allow companies that market foods for infants and young children to distribute any gifts or coupons to parents, caregivers and families through health facilities;
- allow such companies to directly or indirectly provide education in health facilities to parents and other caregivers;
- allow such companies to sponsor meetings of health professionals and scientific meetings.

Appendix 2

Information explaining how the 'nutriprem' advert for milks for premature infants is not 'scientific and factual' and misleads health professionals.

There is considerable evidence for the risks associated with the use of any formula for premature and low birthweight babies requiring specialist care, and evidence for the importance of human milk in preventing illness and infection in vulnerable low-birthweight infants is well established. A review of human milk feeding in premature infants and necrotizing enterocolitis (NEC) reported that an exclusive human diet provides protection against NEC and that risk is particularly decreased if more than 50% of feeds are human milk (Cacho, Parker and Neu, 2017). Pre-term infants are susceptible to NEC due to the immaturity of their gastrointestinal and immune systems. An exclusive human milk diet compensates for these immature systems in a number of ways: lowering gastric pH, enhancing intestinal motility, decreasing epithelial permeability and altering the composition of bacterial flora (Maffei and Schanler, 2017). The use of human donor milk is the first line of support should breastmilk from the baby's mother not be available for any reason. A Cochrane review reported that the use of formula in premature babies significantly increases the risk of NEC (Quigley & McGuire, 2014). The suggestion that a formula is linked to survival is therefore misleading, and goes against all the current evidence that supports the importance of human milk for premature and low birthweight infants.

A Cochrane review in 2016 (Young et al, 2016) reviewed 16 eligible trials involving 1251 infants and concluded that there is no evidence to support the use of post-discharge formula for preterm infants after hospital discharge to improve growth and development. A separate Cochrane review investigating growth and development of infants given a nutrient- and energy-dense post-discharge infant milk found little evidence of efficacy at up to 18 months post term compared with infants given a term infant milk (Henderson et al, 2007).

The advert also claims that the product is '*nutritionally closer to breastmilk than ever before*' for which two references are provided. The first reference (Ballard & Morrow, 2013) is to a paper that discusses human milk composition and this does not provide any evidence related to this formula.

The second is to a paper from 1994 by Innis et al, which suggests that palmitic acid esterified in the *sn-2* position in human milk is related to absorption efficiency, but suggests no metabolic significance for this. This paper again provides no evidence relevant to this infant formula. The fat content of breastmilk is highly variable; depending on stage of lactation, time of day and the mother's diet, and is highly complex, providing the primary energy source and having a range of

metabolic and physiological functions important for growth and development. It is not possible to artificially recreate the fat profile of human milk. The European Food Safety Authority in their comprehensive review of the composition of infant formula and follow on formula (EFSA, 2014) reviewed all the evidence on potential benefit of altered fatty acid conjugation and concluded there was no convincing evidence for a beneficial effect of the use of palmitic acid predominantly esterified in the *sn-2* position. No evidence is presented here which would substantiate a claim that these milks are 'nutritionally closer' to breastmilk.

Two other claims are made . Firstly that the addition of milk fat aids calcium and fat absorption, eases digestion and softens stools.

The first reference given (Bar-Yoseph et al, 2013) is a review written by staff of 'Enzymotec' in Israel – a company that supplies lipid based biofunctional ingredients and therefore there is conflict of interest in the reporting of positive evidence on the potential use of structured triglycerides in formula. EFSA (2014) in their expert independent review found no evidence of benefit for the addition of these ingredients to infant formula.

Two other references relate to studies looking at the use of palmitate esterified in the *sn-2* position in infant formula and these were both reviewed by EFSA (2014). Interestingly, these studies by Carnielli et al (1996) and Kennedy et al (1999) have previously been used to support claims by Danone Nutricia that the use of *synthetic* triglycerides made from vegetable fats with a higher proportion of palmitate in the *sn-2* position improves fat and calcium absorption. They are now being used to support the same claims for the use of milk fat.

The study quoted from Quinlan et al (1995) considers factors relating to stool hardness in breastfed and formula fed infants and does not provide any evidence for your product. The study quoted from Carnielli et al (1995) is a small cross over study of 12 formula fed premature infants. Whilst this study reported improvements in absorption of some fatty acids, the study was subject to several methodological limitations including small sample size, lack of wash out period between the test and control formulas and lack of power calculations which means it may have been underpowered in relation to some of the outcome measures tested.

A claim for a benefit of adding prebiotic oligosaccharides to infant formula is made for all the formula in the range, but hydrolysed nutriprem has no prebiotics present. EFSA (2014) state that there is no evidence for health benefits from the addition of prebiotic oligosaccharides (GOS/FOS) to infant or follow-on formula. It is claimed that the beneficial effects of prebiotics for gut health are 'proven', but evidence is only provided from small, single study references which do not link to health outcomes and which are inadequate evidence to support this claim.

The study by Mihatsch et al (2006) was a small study which showed changes to stool viscosity and transit time, but provided no evidence of a benefit to the addition of prebiotic oligosaccharides at 1mg/100ml to a feed. The studies by Boehm et al (2002) and Knol et al (2005) which were funded by Numico, also used a test formula supplemented with 1g/100ml oligosaccharides and looked at faecal bifidobacterial and pathogen levels. Based on the fibre content stated on your formula datacards, which we believe represents the level of prebiotics present, nutriprem 1 and 2 contain 0.6mg prebiotic oligosaccharides/100ml. Showing an increase in bifidobacteria does not prove a health benefit. A systematic review and meta-analysis of the safety and efficacy of oligosaccharide supplementation of preterm infant milk (which included the studies by Mihatsch et al 2006 and

Boehm et al, 2002) found no decrease in NEC, late onset sepsis or quicker establishment of full enteral feeds (Srinivasjois et al, 2013).

References:

Ballard O, Morrow AL (2013). Human milk composition: nutrients and bioactive factors. *Pediatric Clinics of North America*, 60, 49-74

Bar-Yoseph F, Lifshitz Y, Cohen T (2013) Review of sn-2 palmitate oil implications for infant health. *Prostaglandins, Leukotrienes & Essential Fatty Acids (PLEFA)*, **89**, 139-143.

Boehm G, Lidestri M, Casetta P, Jelinck J et al (2002) Supplementation of a bovine milk formula with an oligosaccharide mixture increases adverse counts of faecal bifidobacteria in preterm infants. *ADC Fetal & Neonatal*, **86**, F178-F181

Cacho NT, Parker LA, Neu J (2-17) Necrotizing enterocolitis and human milk feeding. *Clinics in Perinatology*, **44**, 49-61.

Carnielli VP, Luijendijk IH, Van Godoever J et al (1996). Structural position and amount of palmitic acid in infant formulas: effects on fat, fatty acid, and mineral balance. *Journal of Pediatric Gastroenterology and Nutrition*; 23: 533-60.

Carnielli VP, Luijendijk IH, Van Godoever J et al (1995) Feeding premature newborn infants palmitic acid in amounts and stereoisomeric position similar to that of human milk: effects on fat and mineral balance. *Am J Clin Nutr*, **61**, 1037-1042.

European Food Safety Authority (2014). Scientific opinion on the essential composition of infant and follow-on formulae. *EFSA Journal*, 12 (7), 3760. Available at <http://www.efsa.europa.eu/en/efsajournal/doc/3760.pdf>

Henderson G, Fahey T, McGuire W (2007). *Nutrient-enriched infant milk versus standard term infant milk for preterm infants following hospital discharge*. Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD004696. DOI: 10.1002/14651858.CD004696.pub3.

Innis SM, Dyer R, Nelson CM (1994) Evidence that palmitic acid is absorbed as sn-2 monoacylglycerol from human milk by breastfed infants. *Lipids*, **29**, 541-545

Kennedy K, Fewtrell MS, Morley R et al (1999). Double-blind, randomized trial of a synthetic triacylglycerol in formula-fed term infants: effects on stool biochemistry, stool characteristics, and bone mineralization. *American Journal of Clinical Nutrition*; 70: 920-27.

Knol J, Boehm G, Lidestri M, Negretti F et al (2005). Increase of faecal bifidobacteria due to dietary oligosaccharides induces a reduction of clinically relevant pathogen germs in the faeces of formula fed preterm infants. *Acta Paediatrica*, **94**, 31-33.

Maffei D, Schanler RJ (2017). Human milk is the feeding strategy to prevent necrotizing enterocolitis. *Seminars in Perinatology*, **41**, 35-40.

Mihatsch WA, HOegel J, Pohlandt F (2006). Prebiotic oligosaccharides reduce stool viscosity and accelerate gastrointestinal transit in preterm infants. *Acta Paediatrica*, **95**, 843-848.

Quigley M, McGuire W (2014). Formula versus donor milk for feeding preterm or low birthweight infants. *Cochrane Database Systematic Review*. 4, CD002871.

Quinlan PT, Lockton S, Irwin J, et al (1995). The relationship between stool hardness and stool composition in breast-fed and formula-fed infants. *J Perinatal Gastro Nutrition*; **20**: 81-90

Srinivasjois R, Rao S, Patole S (2013). Prebiotic supplementation in preterm neonates: updated systematic review and meta-analysis of randomised controlled trials. *Clinical Nutrition*, **32**, 958-65.

Young L, Embleton ND, McGuire W (2016). *Nutrient-enriched infant milk versus standard term infant milk for preterm infants following hospital discharge*. Cochrane Database of Systematic Reviews 2016, Issue 12. Art. No.: CD004696. DOI: 10.1002/14651858.CD004696.pub5.

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