

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 evaluated globally.

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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, focusing on Danone Nutricia. 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 NGOs, charities, health professionals 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 the advice they may receive health professionals.**

Why have we compiled this information?

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

To sell more products in a context of increasing breastfeeding promotion, BMS companies need to gain infant feeds from breastfeeds, and/or market products for older children, and/or segment the market (for example, by producing infant milks which they claim support common infant feeding problems, or more heavily promote their 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 their inappropriate marketing practices damage global breastfeeding rates, and thereby infant and young child health.

Multinational food companies have departments of external affairs, PR support, company representatives, trade organisations and considerable funds which they use to persuade charities, NGOs, health professionals and advocacy groups, and those working more widely in education, health and social care, that they are a suitable partner for their activities. They promote partnership working as necessary for progress and try to convince prospective partners that their interests are purely philanthropic and that their information can be trusted. They argue that they have no direct impact on how their partner organisations work or on co-produced information; they simply want to support a good cause to increase its reach and impact. These arguments are tempting to organisations trying to fundraise. **It is important that anyone working in corporate partnerships is aware of the risks of creating such a partnership with Danone, as highlighted by the independent evidence shared in this document.** It is unwise to take at face value assurances from any profit-making enterprise that partnership presents no reputational risk.

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1. Who are 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 even though divisional names are sometimes used, Danone is the parent company. Other names Danone may use include **Danone Nutricia Early Life Nutrition (ELN)**, **Nutricia Early Life Nutrition**, **Numico** and **Milupa**.

Danone is the largest dairy company globally. In 2016 Danone generated worldwide revenues of \$6.9 billion from baby food products, accounting for 26% of its total revenues. Danone are the world's second largest breastmilk substitute (BMS)¹ producer after Nestlé, with 12.3% of the global market share in baby food, and the UK is their second biggest customer for baby milks after China. Baby milk accounts for more than 80% of Danone's ELN division. The main market focus for Danone are the Western Europe and Asia Pacific regions, and it is the leading BMS producer in Western and Eastern Europe. Danone Nutricia products have the biggest market share of any baby food brand in the world, and their *Dumex* brand is the number one brand sold in Asia Pacific.

Globally Danone Nutricia brands include: *Almiron*, *Aptamil*, *Blédina*, *Bebelac*, *Bebecare*, *Bebiko*, *Cow & Gate*, *Dumex*, *Gallia*, *Happy Family*, *Karicare*, *Malyutka*, *Mlish*, *Milupa*, *Nursie*, *Nutri Baby*, *Nutrilon*, *Sarihusada*, *SGM* as well as several specialised infant milk brands such as *Neocate*.

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 (classified as 'foods for special medical purposes') and breastmilk fortifiers. For a summary of all infant milks on the UK market, including those that can be bought over the counter and those for use in hospital or on prescription see <https://www.firststepsnutrition.org/composition-claims-and-costs>.

The UK is one of the largest markets for Danone ELN 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.

¹ Breastmilk substitutes include infant formula and any milks (or products that could be used to replace milks) that are specifically marketed for feeding infants and young children up to the age of 3 years, including follow-up milks, specialist milks and growing up milks. It also covers other foods and beverages promoted to be suitable for feeding a baby during the first 6 months of life when exclusive breastfeeding is recommended. This includes baby teas, juices and waters as well as foods. In the context of the WHO International Code of Marketing of Breastmilk Substitutes, the term BMS also covers bottles and teats.

2. What do Danone Nutricia partnerships aim to achieve?

2.1 Danone's goals

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 a central 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 widely promoted and for people to see their products as a key 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 minimally processed, unpackaged foods to support young children to eat well.

2.2 How do partnerships with organisations and individuals that work to support pregnant women, infants and young children help them achieve their goals?

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 maximise 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 enhances their 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 to increase their sales and consumer loyalty and improve their corporate image.

They want to be accepted as a trusted partner:

When a company chooses to fund an organisation they will ensure that the objective of that organisation resonates with their targeted markets. 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 support pregnant women and those caring for infants and young children will also have health professionals who work with them and support them. Partnering with these organisations provides access and the opportunity to win trust with their associated health professionals, outside of the healthcare system.

They want to gain a market advantage through the information the partner can provide (i.e. intelligence gathering):

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

They want to divert attention from their poor practices elsewhere:

Companies sponsorship of good causes can divert attention from their 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 and at potential reputational risks and being transparent about this process.

3. What is the evidence that Danone markets its breastmilk substitutes inappropriately?

3.1 The WHO/UNICEF International Code of Marketing of Breastmilk Substitutes

The WHO/UNICEF International Code of Marketing of Breastmilk Substitutes is an internationally agreed voluntary code of practice designed 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. It was adopted by WHO member states, including the UK, in 1981 and is updated every two years or so, through the adoption of resolutions at the World Health Assembly, the world's highest health policy setting body. The Resolutions strengthen and clarify the Code; they have the same status as the Code and should be read with it. The Code and subsequent resolutions together are often known as 'the WHO Code'. It is supported by all global health organisations and is integral to the UN Convention of the Rights of Child. More information can be found here: <https://www.bflg-uk.org/the-code>.

The WHO Code provides strict rules for how products fed to infants and young children should be marketed, forbidding cross-branding and idealising claims as well as sponsorship by the baby feeding industry, in order to avoid conflicts of interest. A summary of World Health Assembly Resolutions that call for Conflict of Interest Safeguards is provided in Appendix 1. Abiding by the WHO Code and thereby restricting marketing of BMS does not mean that such products cannot be sold, or that scientific and factual information about them cannot be made available. It simply aims to make sure that parents' decisions are based on full, impartial information, rather than misleading, inaccurate or biased marketing claims.

3.2 Danone's violations of the WHO Code

Like all global infant milk manufacturers, Danone Nutricia's compliance with the WHO Code is monitored by international organisations such as IBFAN (the International Baby Food Action Network) and other NGOs such as Save the Children and Changing Markets, as well as by external bodies such as the Access to Nutrition Index (ANTI). These monitoring exercises consistently show undeniable violations of the WHO Code by Danone and all BMS manufacturers. The global public health community are clear that these violations undermine breastfeeding and other aspects of optimal infant and young child feeding. The influential 2016 Lancet Series on Breastfeeding included a paper by McFadden et al ²

² [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)

which highlighted the enormity of company product promotion, stating: ***‘the active and aggressive promotion of BMS by their manufacturers and distributors continues to be a substantial global barrier to breastfeeding’***.

Global violations: *‘Breaking the Rules, Stretching the Rules’*

IBFAN produce a global monitoring report which outlines how companies violate the WHO Code, and the most recent iteration *‘Breaking the Rules, Stretching the Rules’*³ was published in 2017. **This provides 41 pages of examples of how Danone undermines breastfeeding and appropriate infant and young child feeding globally.**

The WHO Code-violating techniques documented include:

- 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, NGOs, 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, as has been done for products for infants with reflux and regurgitation.
- Making unfounded health claims about products and ingredients which have often been shown to have no proven efficacy. This includes using logos and made up names for ingredient groups, and implicating specific products for the treatment of ‘feeding issues’ even when these have not been recommended by the health community e.g. ‘comfort milks’ ‘post-discharge formula’
- Using technological advances and innovations to influence consumers through social media and phone apps. For example, using ‘mummy bloggers’, peer to peer promotion through the recruitment of parents, celebrity endorsements, and you tube films and endorsements by influencers. Parents can easily become unwitting ‘brand ambassadors’ for products.
- Where local regulation prohibits infant formula promotion, marketing infant formula products through cross-promotion of products for older children.
- Aggressive marketing in economies where breastfeeding rates have historically been good, focusing on the middle classes using aspirational ideas about products.



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/>

UK violations: 'Look what they're doing 2017'



For examples of how Danone violate the WHO Code in the UK, see the Baby Milk Action report 'Look what they're doing 2017' which can be accessed here:

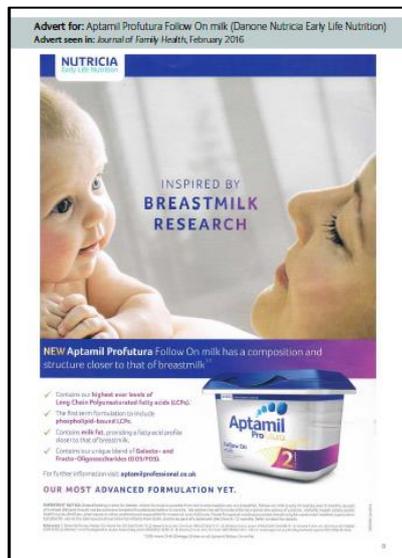
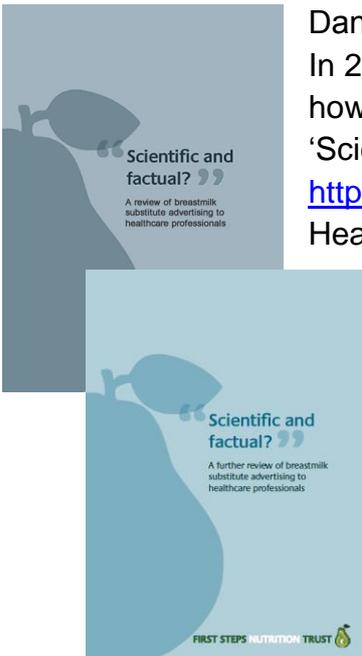
<http://www.babymilkaction.org/wp-content/uploads/2017/02/lwtduk17danone.pdf>

Misleading health care professionals: 'Scientific and Factual' and 'Infant Formula: An overview'

Danone's WHO Code violations also involve misleading health professionals. In 2016 and in 2019 First Steps Nutrition Trust produced reports showing how, in their opinion, companies including Danone fail to provide appropriate 'Scientific and factual' information in adverts for their products in the UK.

<https://www.firststepsnutrition.org/working-within-the-who-code>.

Health professionals see advertising for all forms of infant milks including specialised milk products, in journals and magazines, at conferences and study days and through websites and social media. This advertising influences both which products they might promote, as well as their opinions about which products might be compatible with public health guidelines.





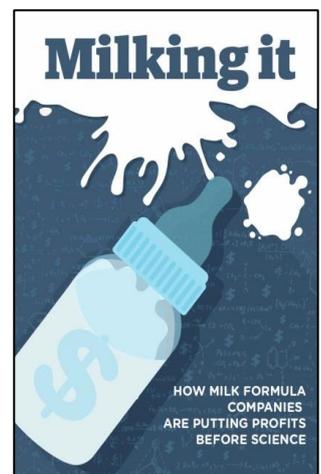
Claims made about products on health professional websites have also been reviewed in the report *Infant Formula: An overview*:

<https://www.firststepsnutrition.org/composition-claims-and-costs>

Many of the claims for efficacy of ingredients and the superiority of particular formula made on websites are not, in the opinion of First Steps Nutrition Trust, substantiated by the evidence they provide or by independent expert committees. Companies make claims for the use of added ingredients in infant formula which have been shown by independent experts to be unnecessary, such as arachidonic acid, prebiotics, probiotics and nucleotides, to name but a few.

Other evidence on how Danone works to undermine breastfeeding:

Several other organisations have looked at the operations of BMS companies and reached similar conclusions. These include:



Save the Children (2012 and 2018)

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

<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/>

Bureau of Investigative Journalists (2013)

In 2013 the Bureau of Investigative Journalists reported on the systematic undermining of local breastfeeding practices through a Danone marketing campaign in Turkey, which 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** providing commentary on how inappropriate promotion of breastmilk substitutes, including by Danone, undermine appropriate infant and young child feeding practices. For example, one paper published in December 2017 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>.

4. What might Danone tell you when they're seeking your partnership?

“We are compliant with the WHO Code”

In 2011, Danone produced a marketing policy to guide the behaviours of their employees and partners, which they say shows their commitment to responsible and ethical marketing and which they refer to as their BMS marketing policy. It was last updated in 2018. In it, they state:

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 (June 2018 update) is available at:

<https://www.danone.com/content/dam/danone-corp/about-us-impact/policies-and-commitments/en/2018/Danone%20Policy%20for%20the%20Marketing%20of%20Breast-Milk%20Substitutes%202018.pdf>

However, this document provides misleading guidance on the WHO Code and creates opportunities for continued promotion of products through rewording and omissions from the WHO Code and resolutions. The ‘Danone policy’ for developed countries such as the UK only applies to infant formula, bottles and teats, and excludes follow-on formula and toddler milks as well as specialised milks and foods, including those marketed for infants less than 6 months of age. The WHO Code covers all products specifically marketed for infants and young children up to the age of 3 years that could act as a breastmilk substitute. The ‘Danone policy’ fails to challenge issues relating to cross-promotion of products, for example the use of follow-on formula advertising to promote infant formula using almost identical product packaging. It also allows significant interaction between the company and health workers, free product distribution and the provision of information to families via helplines, websites and social media. See Appendix 2 for analysis of Danone’s policy based on work reported by IBFAN in its report ‘*Breaking the Rules, Stretching the Rules*’, 2017⁴ and updated in line with the Danone document update in 2018.

⁴ 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/>

“We have been ranked top out of 6 BMS companies by the Access to Nutrition Index”

The Access to Nutrition Index (ATNI) is a global initiative which rates food and beverage manufacturers nutrition-related policies, practices and disclosures worldwide on a recurring basis, including providing specific assessment of certain global breastmilk substitute manufacturers. While the ratings are informed by the WHO Code, unfortunately they do not currently consider company compliance with WHA resolution 69.9.

In 2018 the ATNI assessed six BMS companies global-level marketing policies and management systems and their level of transparency and considered their marketing activities in Thailand and Nigeria. Its headline finding was that:

The world's six largest baby food companies continue to market BMS using marketing practices that fall considerably below the standards of The Code.

And indeed, while Danone were ranked first out of six companies, they were given a score of only 46%.

The ATNI also compared the Danone policy with the WHO Code and resolutions and highlighted a number of areas where it needed to address its own policy, as follows:

Danone is encouraged to extend its BMS marketing policy to include growing-up milks and to all markets for all products. It should further revise its policy to encompass all of the recommendations of The Code and subsequent World Health Assembly resolutions and make sure it has a full suite of management tools, such as procedures and instructions to staff, to implement each of its commitments.

Danone has very few commitments in place which relate to the provisions of WHA 69.9 that apply to formulas and complementary foods. The company should adopt a policy which reflects the relevant adjustments introduced by WHA 69.9.

<https://www.accesstonutrition.org/sites/g118.atnindex.org/files/scorecards/global.2018/BMS/Danone.pdf>

“We are on the FTSE4Good index”

The FTSE4Good Index is a series of ethical investment stock market indices launched in 2001 by the FTSE Group. Inclusion is based on a range of corporate social responsibility criteria. It 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. In addition, the criteria on the marketing of BMS currently focus on high risk countries

(which have the highest rates of child malnutrition and child mortality). Whereas in lower risk countries such as the UK, a company must currently follow national policies and regulations. UK regulations reflect only a few provisions of the WHO Code and are poorly enforced.

When Danone were evaluated by FTSE4Good in 2017 they were found to fall short of the BMS marketing criteria. 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 have issues related to staff training.*

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

“But if you don’t partner with us....”

“You are anti-formula”

There is no dispute that BMS are needed by some carers and/or their infants. There has never been any suggestion that appropriate formula milks are not required for infants who cannot be breastfed or who require specialist feeding. By advocating for WHO Code compliance, the international health community are campaigning for an end to the *inappropriate marketing* of breastmilk substitutes, with clearly agreed criteria for what this means.

It is also important to remember that BMS companies pass on the considerable costs of marketing their products to parents and health services through the unnecessarily high prices they seek 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. The Unicef UK Baby Friendly Initiative accredits the majority of maternity and health visitor services, as well as neonatal units, children’s centres and midwife and health visitor educational courses throughout the UK. Baby Friendly accreditation is based on a set of interlinking evidence-based standards designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development (<https://www.unicef.org.uk/babyfriendly/accreditation/>). The Unicef UK Baby Friendly Initiative requires complete WHO Code compliance, and any partnership which undermines its work 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.

“You are preventing an inclusive approach to infant and neonatal nutrition, which needs to incorporate a dialogue with companies”

Health professionals can request information about products from companies and should challenge them on issues relating to claims, 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 be willing to share test results. 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 more broadly, 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 undermine this.

“You are stopping sponsorship and undermining an organisation’s ability to achieve their goals by reaching more health professionals”

Health professionals have access to a wide range of free expert 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 their advertising. Allowing training to be sponsored provides BMS companies with an opportunity to raise awareness of their brand among health professionals and to garner approval. Most 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.

Lastly... you may say

“BMS 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.

5. The take home message

The WHO Code summary of 2017⁵ 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 NGOs, professional groups and other relevant actors to hold 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 WHO Code set up to protect infants and young children.

We believe that working in partnership and taking funds from Danone Nutricia endangers children's rights, and infant and young child health, as well as damaging the organisation's reputation and standing as a trusted partner in protecting, promoting and supporting optimal infant and young child feeding.

⁵ <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_iycn_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_iycn_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_iycn_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

WHO Code (including subsequent WHA resolutions)	Danone Policy (Version 6: June 2018)
<p>1. Applicability or aim (WHA 34.22 [1981] Article 1)</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 standard and makes an unwarranted distinction between higher risk and lower risk countries to guide its marketing code (without defining these risk categories). • 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. Scope (Article 2) and WHA 69.9 [2016]</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 • Feeding bottles and teats. • Cross-branding and certain promotions of foods for infants over 6-36 months are forbidden. 	<p>Covered products include:</p> <ul style="list-style-type: none"> • Infant formula, food and beverages marketed as a breastmilk substitute (excluding complementary foods) for infants up to 6 months of age • Feeding bottles and teats. • In 'higher risk countries' only: follow on formula for infants 6-12 months of age and complementary foods marketed to infants under 6 months of age. <p>Excluded BMS:</p> <ul style="list-style-type: none"> • Milks for older babies and specialised products for babies of any age.
<p>3. Information and Education (Article 4, WHA 58.32 [2005] & Guidance 69.7, Add 1).</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 name and 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.

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<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 mother 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 mother and baby clubs via phones, helplines, websites and social media. The policy contains no acknowledgement that communication with and promotion to parents through these channels should be prohibited. The policy 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]. WHA 69.9.</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. Any donations to the health care system (including health workers) from companies selling foods for infants and children should not be allowed. 	<ul style="list-style-type: none"> On the basis of a written request supplies of covered products may be provided for use in or outside a health care organisation. Covered products can be donated in emergency and disaster situations through government channels or internationally recognised aid agencies. If allowed under local laws and regulations Danone may donate practice-related equipment or materials to HCOs for use by Health Workers Free products can be given to health workers as 'products for professional evaluation' (PPE)
<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 in acknowledgment of significant national, cultural or religious events, provided such items do not display Covered Products' (or Danone services') brand names or logos. This allows for brand names and logos of products not covered by the Danone policy. Danone can make a contribution on behalf of a Health Worker for fellowships, study tours, attendance at professional conferences and symposia and similar educational events.

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<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: Such 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.

