

Nestlé:

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 Nestlé's marketing of breastmilk substitutes has been evaluated globally.

March 2021



This document aims to challenge the view that there are benefits 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 Nestlé. The same principles apply to other breastmilk substitute (BMS)¹ companies. This applies to organisations that work in education, health, social care and those who provide practical support for pregnant women and families with infants and young children.

The evidence we present is intended to help NGOs, health professionals and other support and advocacy groups make policy decisions about working with Nestlé with **full knowledge of their activities, nationally and globally, which influence family feeding choices and the advice they may receive from health professionals.**

Why have we compiled this information?

It is unequivocally accepted at a global level, that breastfeeding is superior to the use of BMS, nutritionally, immunologically, neurologically, endocrinologically, economically and ecologically. It is therefore against the law in many countries (including the UK) to promote infant formula. Consequently, companies use innovative strategies to ensure that their brands and logos remain in the public eye. To sell more products in the face of breastfeeding promotion, companies need to ‘gain infant feeds from breastfeeds’, and/or market products for older children, and/or segment the market. Segmentation may involve producing infant milks which they claim address common infant feeding problems, or more heavily promote their specialist products. The aim of marketing is to persuade consumers and those that support them that a product is superior, has special properties or is an aspirational choice. Undermining breastfeeding supports sales growth. This has been known and accepted by the global health community for at least 40 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. They use these to persuade charities, health professional, advocacy and practical support 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, 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 seeking additional funds to expand their activities.

It is important that anyone making a decision about corporate partnerships is aware of the risks of entering in to such a partnership with Nestlé, as highlighted by the independent evidence we present here. It is unwise to take at face value assurances from a profit-making enterprise that partnership presents no reputational risk.

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-on 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 Code, the term BMS also covers bottles and teats.

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1. Who are Nestlé

In this briefing we use the term **Nestlé** to talk about a number of UK companies producing breastmilk substitutes. **Nestlé Nutrition** is the company responsible for producing its most widely available products under the brand name **SMA-nutrition**. **Nestlé Health Science** deals in therapeutic nutrition products which includes specialised infant formulas. **Vitaflo** produces prescription-only specialist formulas for infants with metabolic diseases.

Nestlé is the largest dairy company globally and the world's largest BMS producer, with 20-30% of the global market share in baby formula and food. In 2016, Nestlé sold more than \$10.5 billion worth of baby food and formula globally, including in the UK.

Globally Nestlé brands include: Beba, Bona, Cérélac, Dancow, Farinha Láctea, Gerber, Good Start/Bon Départ, Illume, Lactogen, Nan, Nido, Nidal, Nidina, Wyeth, Lactogen, Lactokids, NanKid, BearBrand, Good Care, Nestum and Nestogen, Progress Gold, S-26, as well as several specialised infant milk brands such as Alfaré/Althéra/Alfamino and SMA Gold-prem.

In the UK, Nestlé own the SMA brand which is used on all their different ranges of infant formula, follow-on formula, toddler milks, specialist milks (classified as 'foods for special medical purposes') and breastmilk fortifiers. For information on infant milks on the UK market see www.infantmilkinfo.org.

2. What do Nestlé hope to achieve by partnering with you?

2.1 Nestlé's goals

The quotes below are taken from Nestlé's website (<https://www.nestle.co.uk/en-gb/aboutus> and <https://www.nestle.com/csv/what-is-csv>), with our emphases in bold:

*"We benefit from engaging with diverse stakeholders, and, by working together, we maximize what can be achieved. These **stakeholders include** multilateral agencies, international organizations, **governments**, academia, **non-governmental organizations** (NGOs) and industry bodies".*

*"At Nestlé, we constantly explore and push the boundaries of what is possible with foods, beverages, and nutritional health solutions **to enhance quality of life and contribute to a healthier future**".*

*"We believe that our company can only be successful in the long term by creating value both for our shareholders and for society. **Our activities and products should make a positive difference to society** while contributing to Nestlé's ongoing success".*

The company is clear that one of its goals is to contribute to societal change 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 diets based on simple unpackaged foods to ensure young children 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?

Partnership makes them appear more reputable

There are multiple reasons why a for-profit company will choose to support a particular organisation, but 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 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.

Partnership makes them appear more trustworthy

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 of any partners of that organisation.

Partnership may give them access to health professionals

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 these organisations provides access and the opportunity to win trust with their associated health professionals, outside of the healthcare system.

Partnership may allow them to gather intelligence and to gain market advantage

Collaboration gives industry the ability to tap into your organisation's 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. Companies can also learn how their collaborators work with their target audiences and engage communities, which will help them plan their marketing activities to promote sales.

Partnership with a reputable organisation diverts attention from poor practices elsewhere

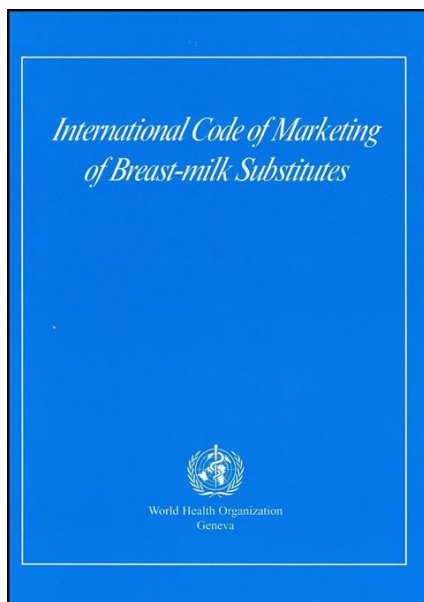
Companies sponsorship of good causes can divert attention from malpractice elsewhere. Companies may use their activities in one country as an example of their good practice and fail to mention activities elsewhere in the world which are damaging (for example, related to use of child labour, illegal extraction of water etc.).

What does the Charities Commission say about partnerships?

Trustees have a legal responsibility to do what's in the best interest of the charity, to make sure they are sufficiently informed (i.e. making decisions on sufficient and appropriate evidence) and to manage conflicts of interest. They are responsible to uphold the reputation and independence of the charity. This means looking at the potential impact of any new partnerships and any controversies and being transparent.

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

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



The 'WHO Code' is an internationally agreed voluntary code of practice designed to protect breastfeeding and to ensure that parents and carers using formula can make decisions on full and impartial information rather than misleading, inaccurate and biased marketing claims. It provides a framework of good practice for governments, health professionals and companies to abide by, providing the ultimate benchmark of what constitutes inappropriate marketing of breastmilk substitutes. It was adopted by WHO member states, including the UK, in 1981 and is updated approximately every two years, 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. It is supported by all global health organisations and is integral to the UN Convention of the Rights of Child.

The WHO Code provides strict rules for how products fed to infants and young children should be marketed. It forbids advertising to the public, free samples or gifts to mothers, industry contact with mothers, pictures idealising formula and cross-branding as well as sponsorship by the baby feeding industry in order to avoid conflicts of interest. 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 are not misled by biased marketing.

More information can be found here: <https://www.bflg-uk.org/the-code>

3.2 Nestlé's violations of the WHO Code

Like all global BMS manufacturers, Nestlé's compliance with the WHO Code is monitored and periodically reported on by various international NGOs such as IBFAN (the International Baby Food Action Network), Save the Children and Changing Markets, as well as external bodies such as the Access to Nutrition Index (ANTI). These and other monitoring exercises and academic studies consistently show undeniable violations of the Code by Nestlé and all BMS manufacturers. The global public health community are clear that these violations undermine breastfeeding and optimal infant and young child feeding.

Below are some recent examples of Nestlé's Code-violating, inappropriate marketing practices in the UK and globally.

Cross-promotion, advertising to the public, and contacting and gifting to mothers in the UK

Data collected in the UK in late 2020 by First Steps Nutrition Trust, in the middle of the coronavirus pandemic, highlights ongoing and pervasive online marketing by Nestlé of its SMA branded products; see: [Online marketing report final.pdf \(squarespace.com\)](#). In particular the monitoring exercise indicated concerted promotion of their follow-on formula in ways that suggest it is not a BMS, via websites and on social media. Follow-on formula is marketed for 6-12 month olds and is a breastmilk substitute which can circumvent Code-informed regulations which prevent infant formula marketing in certain countries, including the UK. Nestlé seek direct contact with pregnant women and parents via their SMA baby club and through their 'careline', in the guise of providing support and advice on all aspects of parenting, and they offer free, branded gifts.

Sponsorship of UK medical institutions

A recent study exposing how formula marketing works reported that two BMS companies in the UK have made use of their specialised formulas to provide funding to and thereby create important, powerful alliances with two royal colleges, against WHA resolution 69.9 of the Code which prohibits industry sponsorship; see: [Selling second best: how infant formula marketing works \(biomedcentral.com\)](#).

Misleading health care professionals in the UK



In 2016 and in 2019 First Steps Nutrition Trust produced two reports showing how companies including Nestlé fail to provide appropriate 'scientific and factual information', as required by both the Code and UK law, in adverts for their products in the UK, aimed at health care professionals, see:

[Scientific and Factual booklet June 2019 for web.pdf \(squarespace.com\)](#) and [Scientific and Factual booklet for web.pdf \(squarespace.com\)](#).

Companies advertise their products to healthcare professionals in magazines, through company representatives' information, healthcare professional websites, at study days and via helplines. Many of the claims made by Nestlé and others are, however, not accepted by scientific bodies, the evidence may be weak or non-existent and it may relate to a product other than that being advertised. The ads therefore provide misleading information intended to promote their products and boost their sales.



Many of the claims BMS companies including Nestlé have made for infant formula, ingredients and formulations in the UK between 2017 and 2020 have also been reviewed by First Steps Nutrition Trust in this report:

[Claims made for infant formula and ingredients May2020 final.pdf \(squarespace.com\)](#).



New legislations which came in to force in 2021 restrict the claims that companies can make for most of their infant formula products but not for follow-on formula, and 'growing up milks' marketed for older children are not subject to any regulations. This means that companies continue to break the Code using unsubstantiated health and nutrition claims for many of their products.

A snapshot of Code violations in the UK in 2016

For Baby Milk Action's compilation of violations by Nestlé and others in the UK in 2016 see: <http://www.babymilkaction.org/wp-content/uploads/2016/08/monitoringuk070916.pdf>

Obstructing the strengthening of legislation towards the Code: successful intimidation of the UK government with litigation in 2008

Another academic paper: [Interference in public health policy: examples of how the baby food industry uses tobacco industry tactics | World Nutrition \(worldnutritionjournal.org\)](#) shows how Nestlé and others use similar interference tactics as the tobacco industry to influence policy, promote their products and expand their markets, including in the UK. In

this study the authors report that in 2008, the trade body that included BMS companies initiated and won a lawsuit against the Government, resulting in a delay of several years of new stronger laws on labelling and advertising of BMS coming in to force.

Using misleading claims and excessive pricing globally

Changing Markets published three reports on the inappropriate marketing by BMS companies between 2017 and 2019; see: [Milking it | Changing Markets](#).

The first highlighted how Nestlé, Danone, Mead Johnson and Abbott are all guilty of creating and marketing overpriced infant milks based on unsubstantiated claims related to unnecessary added ingredients.

The second investigated the claims on over 70 Nestlé infant milk products sold in 40 countries and found that Nestlé used different claims on the same or similar products for sale in different countries all over the world depending on what local legislations would allow.

Their last investigation found that that in the Asian market Nestlé continued to compare its products to human milk and to pursue a strategy of premiumisation and excessive pricing of their products, misleading caregivers to purchase increasingly expensive products with little or no proven nutritional benefit.



Global Code violations as assessed by the 'Access to Nutrition Index' 2018

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 BMS manufacturers. In 2018 it assessed Nestlé and five other 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 while Nestlé were second only to Danone, out of six companies, they were given a score of only 45%, see: [Nestle.pdf \(accesstonutrition.org\)](#).

The in country assessments findings included the following:

‘All of Nestlé’s 43 products assessed in both countries (Thailand and Nigeria) had labels or inserts that were not compliant with The Code. For example, many carried a health or nutrition claim and none included a warning that the product might contain pathogenic micro-organisms. Others included a photograph, drawing or other graphic representation that idealized or promoted the use of breast-milk substitutes and some lacked instructions in the appropriate language’

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

“The products covered by Nestlé’s policy are limited, extending only to products for children up to 12 months of age in higher-risk countries. In low-risk countries, Nestlé follow national legislation for all products covered. Nestlé should extend its own policy to products for children up to 36 months of age and apply that policy globally, rather than only in higher-risk countries. This would more clearly demonstrate the company’s support for the WHO recommendation that infants continue to be breastfed up to two years of age or beyond while also being fed with appropriate complementary foods from six months of age”.

“Broaden and specify standards related to providing information to healthcare workers, parents and other caregivers that powdered infant formula may contain pathogenic micro-organisms. This standard should also be expanded to labels, which should include an explicit warning that the product may contain pathogenic micro-organisms”.

‘Breaking the rules, stretching the rules’: Code violations globally between 2014 and 2017

This IBFAN report² provides **58 pages** of examples of how Nestlé violates the Code and undermined breastfeeding and appropriate infant and young child feeding globally between 2014 and 2017.

The Code-violating techniques documented include:

- **Advertising and promotion to the public**, for example: provision of information and educational materials containing pictures and text idealising BMS use to pregnant women and mothers; using social media and influencers as brand ambassadors; use of unsubstantiated health and nutrition claims, many focused on normal infant behaviours (colic, poor sleep etc); price promotions and other sales inducements on infant formula, follow-on formula, growing up milks and complementary foods; promotional devices at retail level like special displays; baby clubs and other means of ensuring access by marketing personnel to pregnant women and new mothers.



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/>

- **Gifts to pregnant women and mothers**, for example: hampers of branded baby supplies to mothers with newborns on the post-natal ward and newspaper coverage of the same; free bottles, baby clothing, booties and changing bags to pregnant women and mothers signing up to company baby clubs or entering competitions.
- **Promotion in health facilities and gifts to health workers**, for example: provision of branded educational materials, work aids (e.g. growth charts, pens), white coats, product samples etc to health care professionals; branded breastfeeding spaces in hospitals; unauthorised use of the name and logo of the WHO and local ministry of health to imply endorsement and partnership (also for promo to public); displays of BMS products, placards, posters, leaflets and other company materials including samples of infant formula in doctor's practice waiting rooms; posing as a health and nutrition advocate, co-opting slogans of key public health campaigns like the first 1000 days (also for promo to public)
- **Promotion of complementary foods before 6 months of age**: inappropriate product labelling ('4 months +' or 'stage 1' or no age range), inappropriate educational materials with the same issues
- **Sponsorship of meetings of health care professionals or scientific meetings by companies**
- **Inadequate labelling**, for example: use of logos to ensure brand recognition and aid cross promotion of the full product range; use of idealising images; text discouraging breastfeeding; inadequate provision of information to ensure safe preparation/lack of warning of risks of formula use.
- **Adherence to weaker national legislation in preference to the Code**

Global Code violations observed by Save the Children



Save the Children outline a large number of examples of Code violations by companies in the countries where they work in chapter 6 of this report published in 2012: [Superfood for babies: How overcoming barriers to breastfeeding will save children's lives | Resource Centre \(savethechildren.net\)](#) and this one published in 2018 which includes a profile on Nestlé [Don't Push It: Why the formula milk industry must clean up its act | Resource Centre \(savethechildren.net\)](#)

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

“We are compliant with the WHO Code”

Nestlé have a policy relating to the Code titled “The Nestlé Policy and Procedures for the Implementation of the WHO International Code of Marketing of Breast Milk Substitutes” (2018) which can be found here: [nestle_policy_who_code_en.pdf](#). In it, they state:

“We are guided by the WHO International Code of Marketing of Breast Milk Substitutes as to market our infant formulas responsibly. The Policy and Procedures in this document explain how we support and protect breastfeeding across our company and within our sphere of influence. Compliance with national legislation implementing the WHO Code, as well as this Policy and Procedures, is a central expression of our values, rooted in respect. It is mandatory for all Nestlé employees and any third party acting with our authorisation”.

A key problem as highlighted in this introductory text is that Nestlé are clear that they aim to comply first and foremost with national legislation, which nearly always falls far short of the Code (see: [Marketing of breast milk substitutes: national implementation of the international code, status report 2020 \(who.int\)](#)) and this in itself violates the Code.

In addition to this, Nestlé’s interpretation of the Code is heavily focused on formula for babies under 12 months only, suggests it is applicable only in developing nations, allows promotion of specific product brands, and allows gifts to and sponsorship of health professionals.

“We have been ranked 2nd out of 6 BMS companies by the Access to Nutrition Index”

As reported above, while Nestlé were second only to Danone, out of six companies, they were given a score of only 45%, see: [Nestle.pdf \(accesstonutrition.org\)](#)

“We are on the FTSE4Good index”

Nestlé were the first BMS company included in the FTSE4Good index in 2011. This 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 including activities around the marketing of BMS, but it allows companies to 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.*** 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; see: [Marketing of breast milk substitutes: national implementation of the international code, status report 2020 \(who.int\)](#).

When Nestlé were evaluated by FTSE4Good in 2017 they were found to fall short of the BMS marketing criteria; see: [Microsoft Word - FTSE4Good BMS PwC Verification](#)

[Assessment 2017 Nestle 28092017.docx \(ftserussell.com\)](#). They were found to: offer limited guidance to retailers and health care facilities to which they supply their products, resulting in promotion of products in retail and health care settings; allow inappropriate promotion of products by marketing personnel directly to mothers in health facilities; sponsor health workers including paying for personal entertainment; promote their brand in health facilities; and distribute free supplies to health professionals.

“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, see: <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.

“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 and appropriate infant milks are 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 products, 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. The All Party Parliamentary Group on Infant Feeding and Inequalities undertook an inquiry into the cost of infant formula in the UK in 2018 which highlights this issue, see: [News – All-Party Parliamentary Group on Infant Feeding \(infantfeedingappg.uk\)](#).

“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 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 generally 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.

“By stopping sponsorship you are undermining an organisation’s ability to reach 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 company advertising. Allowing training to be sponsored provides BMS companies with an opportunity to influence brand awareness among health professionals and to gain 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.

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 their partners. Just by having the company associated with your 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

Taking funding from Nestlé or any BMS company for any activities relating to infant and young child feeding is in breach of the WHO Code which was created to protect infants and young children.

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