



The International Baby Food Action Network (IBFAN) 'Breaking the Rules, Stretching the Rules – 2017' Response and Action Plan

International Baby Food Action Network (IBFAN) has released a report – ‘Breaking the Rules, Stretching the Rules – 2017’ (BTR 2017), covering alleged violations of the World Health Organisation (WHO) International Code of Marketing of Breast-Milk Substitutes and subsequent World Health Assembly (WHA) resolutions, by a number of breast-milk substitute (BMS) manufacturers, including Reckitt Benckiser (RB/Mead Johnson Nutrition). The BTR 2017 report outlines IBFAN’s findings during the period June 2014 to June 2017 inclusive.

As a responsible company, RB is committed to market BMS products ethically. We also commit to being transparent in our marketing practices, engaging within the BMS industry and continually improve our practices along with the industry.

RB’s recently published Policy and Procedures on the Marketing of Breast-Milk Substitutes (BMS), builds upon our longstanding commitment to market our BMS portfolio of products both responsible and ethically – so as to support a mothers decision to continue to breastfeed her infant for as long as she chooses. For those mothers who cannot, or choose not to breast feed, we commit to providing the highest quality infant and follow-up formula available, and to market these responsibly.

We take any allegations of non-compliance very seriously and have committed to follow up all reports of alleged non-compliance. In addition, we commit to issuing a formal response to the complainant organisation, including corrective actions, as appropriate. We commit substantial resources to ensure that our global policy & practices, are implemented with the same rigour and attention in all of our markets. However, no matter how vigilant we are we accept that as a global organisation, there is always a possibility that local practices can inadvertently differ from our global standards and our BMS policy.

During the period June 2014 to June 2016, Mead Johnson Nutrition (MJN) was part of the International Association of Infant Food Manufacturers (IFM) organisation and was bound by the IFM’s self-regulatory Code of Conduct the “Rules of Responsible Conduct” (RRC). Following the dissolution of the IFM association, MJN remained compliant with the RRC – and it was available up to April 2018 on MJN.com. Hence, during the investigative period of the BTR 2017 report, MJN adhered to the obligations set out in the RRC and, in addition had in place a

number of internal policies giving effect and detail to the IFM's RRC procedures and training materials for employees involved in the sales, marketing and distribution of BMS and related products, all based on the WHO International Code of Marketing of Breast-Milk Substitutes of 1981 ("WHO Code of 1981").

Reckitt Benckiser Group plc (RB) is the global leading consumer health and hygiene company, among the top 15 companies listed on the London Stock Exchange, with headquarters in Slough, United Kingdom. RB announced its intention to acquire Mead Johnson Nutrition Company in February 2017, and the transaction was finalised on June 15th 2017. MJN is part of RB Health portfolio and although new to the nutrition category, we accept our role as a significant player in the Breast-Milk Substitute (BMS) industry.

RB's Commitment to Early Life Nutrition, Breastfeeding & Acting Responsibly:

RB's purpose is to deliver innovative solutions for healthier lives and happier homes. We aim to support consumers across all of life's stages, especially during the first 1000 days. Acting responsibly is core to our purpose. Following the acquisition of MJN and with our entrance into the BMS category, we commit to providing the highest quality infant and nutritional products, and to market these responsibly and ethically, at all times. We will respect not only our own high standards, but also act according to a set of marketing recommendations as outlined in the WHO Code of 1981 and as implemented by national governments around the world.

RB supports and promotes the recommendation of the WHO Code of 1981 for exclusive breastfeeding during the first six months and the introduction of safe, age appropriate, nutritious Complementary Foods thereafter. We advocate continued breastfeeding up to two years of age and beyond.

Industry has a key responsibility to adopt, implement, enforce and monitor appropriate policies and procedures to ensure marketing practices operate in line with the recommendations outlined by the WHO Code of 1981. The WHO recognises the role of Breast-Milk Substitutes (BMS) as the only safe and nutritious alternative to breast-milk.

We will communicate in a responsible and ethical way at all times, so as to create clarity – not confusion – for mothers who are making informed choices about their infant's nutrition. We will work with others in our industry, customers, partners, policymakers and other relevant stakeholders to help promote best practice in this area.

RB's Commitment to BMS Marketing Standards, Compliance & Transparency:

In February 2018, RB introduced its first Infant and Child Nutrition Pledge ('Pledge') our overarching commitment to market our infant and nutrition products responsibly and ethically, and to also support the WHO Code of 1981 recommendation for exclusive breastfeeding in the first six months.

In April 2018, RB introduced its first Policy and Procedures on the Marketing of Breast-Milk Substitutes ('BMS Marketing Policy'), an important milestone and a firm illustration of our commitment to acknowledging the importance of the principles of the WHO Code of 1981 and subsequent relevant WHA resolutions. The BMS Marketing Policy also addresses governance, management systems and procedures that will be applied to all relevant employees and authorised third parties acting under the direction of RB.

RB has also implemented a number of compliance mechanisms as outlined in the BMS Marketing Policy, and has activated a *Speak Up* service <http://www.rb.ethicspoint.com>, which is available to all employees, suppliers, and other stakeholders should they wish to report or raise any concerns on alleged non-compliance with our BMS Marketing Policy.

A recently established BMS Steering Committee has responsibility for the day-to-day implementation, management, communication and monitoring compliance with the BMS Marketing Policy, throughout the RB organisation.

The aim of the WHO Code of 1981 is to 'contribute to the provision of safe and adequate nutrition for infants, by the protection and promoting of breastfeeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution'.¹

With the introduction of our first BMS Marketing Policy, we are publicly establishing our mandatory marketing practices, in support of the aims and principles of the WHO Code of 1981. We commit to fully complying with all laws, regulations and our own BMS Marketing Policy in relation to the manufacturing, distribution and marketing of all our infant and nutrition products. In Higher-Risk countries² we will respect whichever are the stricter requirements – local laws or our own BMS Marketing Policy. This commitment applies unequivocally to both scope of product and/or the age period of the marketing restrictions.

¹ <http://www.who.int/nutrition/netcode/resolutions/en/>

² Higher-Risk countries are as defined by the FTSE4Good Inclusion Criteria for the Marketing of Breast-Milk Substitutes – July 2017

We will be transparent in our positions and BMS marketing practices and will validate our commitments through independent internal and external verifications. We will investigate any allegations of RB non-compliance with national laws or for failing to comply with our BMS Marketing Policy. The substantiated allegations will be made public and will include details of corrective actions and timeframes for implementation. Our investigation and follow up of allegations of non-compliance as highlighted in the BTR 2017 is the first such public report.

RB's Investigation and Follow Up of Allegations of non-compliance – Process:

We have investigated all the allegations of non-compliance pertaining to MJN, which were raised in the BTR 2017 report. As noted above, during the period of the BTR 2017 Report (June 2014 to June 2017), MJN was not part of RB, and the RRC was in effect from June 2014 to June 2016, and maintained as the governing BMS code of conduct for MJN until the introduction of the RB BMS Marketing Policy in April 2018.

Each country where the BTR 2017 reported an alleged non-compliance has been investigated to closely review the specific allegation raised, taking into account national government regulations and laws, industry self-regulatory codes as well as MJN policies and procedures that were in place during this period. We have compiled a report on the status of each specific investigation. Our assessment of non-compliance was based on 3 basic principles:

1. Assessment versus the WHO Code of 1981 as implemented by national governments;
2. Assessment versus the Rules of Responsible Conduct (RRC) in place during the period of the BTR Report;
3. Assessment versus the BMS Marketing Policy – **AS IF** this Policy had been in place during the period of the BTR 2017 report.

Each country response has been reviewed and validated by an internal review committee – comprising key staff from External Affairs, Marketing, Regulatory and Compliance, who have assessed each country response, and validated their findings. Any corrective actions required and the associated timelines have been documented and agreed with the general manager/head of business unit of the country concerned. A BMS Steering Committee has reviewed and approved all corrective actions and associated timelines, and will regularly review progress of the corrective actions to ensure all substantiated allegations are appropriately followed up.

RB's Investigation and Follow Up of Allegations of non-compliance – Results:

We commit to actively investigate all allegations of non-compliance. It is imperative that the all allegations of non-compliance are supported by evidence and documentation which includes:

- Names or location of incidence
- Dates
- Photographic evidence
- Other supporting material and/or evidence.

Sufficient data and substantiation, is necessary in order to take any meaningful and corrective action where warranted.

The BTR 2017 report noted a total of 52 observations of alleged non-compliances, which have been reviewed and followed up. The results of our review are noted in the table below:

	Note	#
Observations reported but compliant with local legislation	1	34
Observations reported, compliant with local legislation but reviewing current practices	2	10
Sub total compliant with local legislation		44
Observation reported is unclear	3	1
Acknowledge observation reported, further review required	4	1
Observation reported, non-compliant activity attributable to non-contracted third party	5	1
Observation reported, non-compliant activity attributable to RB	6	5
Total Observations reported		52

Notes:

1. 34 observations were reported as non-compliant, whereas the marketing activity identified was either concerning products outside the scope of local legislation, or the WHO Code of 1981 has not been implemented locally.
2. Whilst 10 observations reported were compliant with local legislation, we recognised that that some of the marketing materials have the potential to cause confusion and we will look to review and update accordingly.
3. We were not clear on the allegation in relation to the MJN sponsorship of an Internet café as a service to conference delegates and would request further information from IBFAN in order to further analyse (reference IBFAN BTR 2017, page 122).
4. We acknowledge that the observation reported requires further investigation and discussion as to what would be appropriate.

5. This observation appears to be attributable to a retailer, which we have no contractual relationship with. We will follow up with all retailers in the country concerned, to reiterate our BMS standards.
6. Of the 5 non-compliant activities attributable to RB, this can broadly be attributable to:
 - a. Indirect promotion of infant formula products: we are in the process of reviewing all materials in market and updating as appropriate.
 - b. Material for the general public that used inappropriate imagery, text or a combination thereof, that could be construed as promotion/idealising infant formula. Some materials have already been removed/discontinued, and we are in the process of reviewing the imagery/text of materials in these markets, and will update as appropriate.

Conclusion:

We have carefully considered the findings cited in the BTR 2017 report, and recognise the opportunity it presents for an external view on our BMS marketing activities. Our response, is an illustration of our commitment on continued transparency and engagement, and we trust that our comments and observations will be taken in the spirit of nurturing a constructive dialogue, that benefits all parties.

We take all allegations of non-compliance seriously, and will actively follow up on all instances brought to our attention. We are committed to continually improve our own practices and those of the industry.

RB, following the acquisition of MJN, has made significant progress in a relatively short period of time. Whilst we recognise there are differing views within the industry, we look forward to the opportunity to continue engaging with key stakeholders and other interested parties to help initiate positive change in the BMS industry as a whole. We will work across industry, government and civil society to promote engagement, transparency and continuous improvement, recognising our joint and collective responsibility in this important area.

In closing, RB is unequivocal in its commitment to creating supportive environments for breastfeeding and encourages all women, should they choose, to exclusively breastfeed their infant in the first six months of life. We commit to ensure our BMS marketing practices support a mother's choice to breastfeed and look to continually improve our practices in this area.