

# The Nestlé Policy and Procedures for the Implementation of the WHO International Code of Marketing of Breast Milk Substitutes



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Policy  
Mandatory

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**Issuing department**

Global Public Affairs

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All employees, interested members of the public

**Approver**

Executive Board of Nestlé S.A.

**Repository**

All Nestlé Principles and Policies, Standards and Guidelines can be found in *NestléDocs*, on the Nest

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**Note:**

The «Management Responsibilities» section has been updated in March 2019 to reflect internal organizational changes.

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# Table of Contents

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<b>2</b>	Introduction
<b>3</b>	The importance of breastfeeding
<b>3</b>	Supporting & protecting breastfeeding
<b>4</b>	The evolution of our policy
<b>5</b>	The scope of the Policy & Procedures
<b>6</b>	5 Principles of our WHO Code Management System
<b>7</b>	Compliance
<b>8</b>	Good Governance
<b>9</b>	Transparency
<b>9</b>	Constructive Engagement
<b>10</b>	Continuous Improvement
<b>11</b>	Going forward: working together
<b>13</b>	Annex A Nestlé Procedures for the Implementation of the WHO Code in higher-risk Countries
<b>25</b>	Annex B WHO International Code of Marketing of Breast Milk Substitutes (Article 3) – Definitions

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# Introduction

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Nestlé's purpose is to enhance quality of life and contribute to a healthier future. Supporting the first 1000 days of life is fundamental to this purpose. It is a privilege to accompany many millions of parents, babies and caregivers all over the world on this journey, and to do all we can to make sure children have the best possible nutritional start in life.

We value the trust our consumers place in us, and it is our responsibility to respect this trust by acting in their best interests at all times.

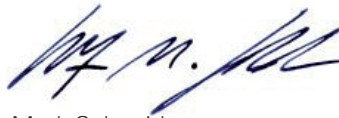
In 1867, our founder Henri Nestlé invented 'farine lactée' to save the life of a child suffering from malnutrition. Today, we are inspired by his example to enhance the wellbeing and health of babies, by empowering their parents, caregivers and healthcare providers.

We believe breast milk is the best nutritional choice for an infant. Breastfeeding plays a critical role in a baby's growth and development during the first 1000 days. It is the ideal source of nutrition, helps to build a strong immune system and fosters a strong bond between mother and baby.

That is why we promote and support the World Health Organization (WHO) infant feeding recommendations, and why we are committed to supporting and protecting breastfeeding. Healthcare professionals play a key role in providing parents with objective nutrition advice for feeding their infants and young children. When in consultation with their healthcare professionals, mothers and families have determined that optimal breastfeeding is not possible, it is vital their babies are fed with the highest quality, scientifically proven breast milk substitutes to help them thrive. 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.

Securing healthy and prosperous futures for children around the world is an aspiration that unites all concerned stakeholders, including Nestlé. To achieve this, we will continue to play a leading role through constructive engagement with parents, governments, healthcare providers, civil society and others, to do all we can to contribute to a healthier future together.



Mark Schneider  
*Chief Executive Officer Nestlé S.A*

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# The importance of breastfeeding

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The nutrition babies receive during their first 1000 days has an important influence on their lifelong health. We believe that breast milk is the ideal source of nutrition for babies.

That is why we support and promote the WHO recommendation of six months' exclusive breastfeeding, followed by the introduction of adequate nutritious complementary foods, along with sustained breastfeeding up to two years of age and beyond.

Breastfeeding plays a key role for the health and development of infants by:

- Providing ideal nutrition for healthy growth and development;
- Helping to build up a strong immune system;
- Encouraging a strong bond between mother and baby.

It is also beneficial for the mother's health:

- Enabling her to recover faster after childbirth;
- Protecting her against certain diseases.

In cases where breastfeeding is not an option for babies, it is critical that they are fed with the highest quality, scientifically-proven alternative to help them grow, thrive and stay healthy.

When seeking an alternative to breast milk, it is essential that families and caregivers make informed decisions. We recommend that they speak with a healthcare professional (HCP) when considering how and what to feed their infants.

**We are committed to supporting and protecting breastfeeding by continuing to implement an industry-leading policy to market breast milk substitutes responsibly.**

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## Supporting & protecting breastfeeding

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### Supporting breastfeeding

We have a responsibility to support breastfeeding and we do so through a range of activities, including:

- Educating parents and caregivers on optimal nutrition and appropriate feeding practices in the first 1000 days of life – including breastfeeding as the best nutritional start in life.
- Supporting a conducive environment to breastfeed:
  - Our *Global Maternity Protection Policy* gives female employees up to six months' maternity leave, as well as providing flexible work arrangements, and hundreds of breastfeeding rooms in our facilities.
  - We partner with governments and civil society around the world to make breastfeeding rooms available.

### Protecting breastfeeding

We also have a responsibility to protect breastfeeding, which we do by continuing to implement an industry-leading policy to market breast milk substitutes responsibly.

As a minimum, globally, this means complying with the WHO International Code of Marketing of Breast Milk Substitutes (WHO Code), and all relevant subsequent World Health Assembly (WHA) resolutions as implemented by governments all over the world.

In addition to this, in '*higher risk' countries*<sup>1</sup>, we apply the provisions of Annex A when they are stricter than local legislation implementing the WHO Code, unless otherwise mandatorily required by local legislation.

<sup>1</sup> The term "Higher-risk countries" is defined under the section Geographical scope



# The evolution of our policy

In 1981, the World Health Organization (WHO) adopted the WHO International Code of Marketing of Breast Milk Substitutes. It is more commonly known as the 'WHO Code'. It is a set of recommendations for WHO's Member States to regulate the marketing of breast milk substitutes, feeding bottles and teats. It states that governments should take action to give effect to its aim and principles, through legislation or other means.

In February 1982, Nestlé first issued a set of instructions on how to implement the WHO Code into our infant formula sales and marketing practices. In October 1982 these instructions were revised after consultation with many parties, including the WHO and the United Nations International Children's Emergency Fund (UNICEF).

Subsequent revisions of the Policy took place in 1996, and 2004, based on practical experience and the issuance of WHA Resolutions in relation to the WHO Code.

In 2010 we completely revised our Policy and Procedures to meet the **FTSE4Good** Inclusion Criteria for the Marketing of Breast Milk Substitutes.

As a result, in 2011 Nestlé became the first BMS manufacturer to be included in the FTSE4Good index. For several years, we remained the only manufacturer that met their strict 104 BMS marketing criteria.

Over the years, we have continuously evolved our Policy, based on close attention to the needs of families, feedback from governments and civil society as well as our own experience. The improvements we have made include:

- Global implementation of our internal and external grievance mechanisms;
- Increased transparency of our HCP sponsorship process;
- Enhanced internal audit procedures to include interviews with HCPs;
- The publication of our Standard for Donations or Low-Cost Supplies for use in Emergencies and for Social Purposes;
- Amplification of our communication of our policy concerning Code compliance with our distributors and customers;
- Strengthening our internal reporting mechanisms: results of our internal compliance monitoring are now reported annually to our Board of Directors.



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# The scope of the Policy & Procedures

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## Organisational scope

This Policy applies to the entire Nestlé Group. Compliance with the Policy is mandatory for all Nestlé employees and third parties acting under Nestlé's authorisation.

Nestlé respects the limitations set by local regulations and anti-trust laws.

We have no direct influence on third party businesses with no direct-service relationship with Nestlé.

Wherever this Policy refers to the provision of information, it applies to all tangible and electronic forms of communication, including digital platforms such as e-commerce.

## Product scope

This Policy applies to the marketing of all products specified in local legislation implementing the WHO Code.

In higher-risk countries, this Policy applies to all infant and follow-up formulas designed to satisfy the nutritional requirements of infants from birth to 12 months, including infant and follow-up formulas classified as Food for Special Medical Purposes (iFSMPs) under local legislation and which fall within the product range listed on [Nestlé's corporate website \(Ask Nestlé – What is the WHO Code?\)](#)

## Geographical scope

This Policy applies globally in all countries where Nestlé operates.

In all countries, we comply with government legislation implementing the WHO Code.

In addition, in 'higher-risk' countries, many of which have not yet fully implemented the WHO Code, we will apply the provisions of the Nestlé Procedures (Annex A), which give Nestlé and relevant third parties clear guidance on marketing procedures.

In *higher-risk countries*, we follow the Nestlé Procedures when they are stricter than the local legislation, unless otherwise mandatorily required by the government.

Higher-risk countries are countries where the health and nutrition of children are under greater risk. They are defined within the FTSE4Good BMS Marketing Criteria as those which meet either of these two criteria<sup>2</sup>:

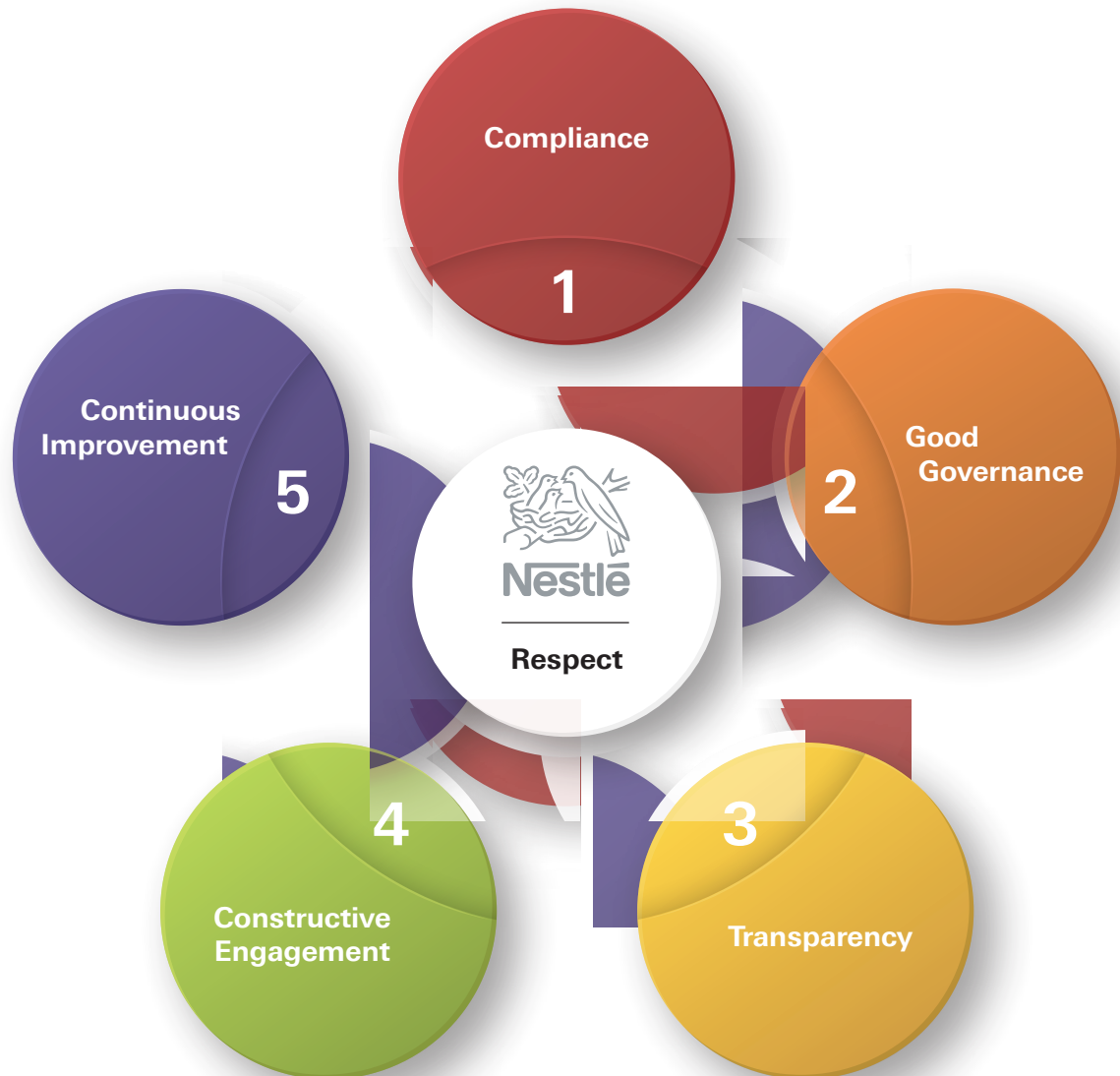
- More than ten per 1000 mortality rate under the age of five;
- More than 2% acute malnutrition (moderate and severe wasting) in children under five years of age.

All other countries are categorised as "lower risk".

<sup>2</sup> Based on annual data from UNICEF's State of the World's Children Report, which is available on the UNICEF website: <http://www.unicef.org/sowc/>.

# 5 Principles of our WHO Code Management System

Our commitment to **support breastfeeding and protect it by continuing to implement an industry-leading policy to market breast milk substitutes responsibly** is driven by five key principles. Respect is at the core of each of these principles.





# 1. Compliance

The first and most fundamental expression of our respect for mothers, babies and society is **compliance** with the law and our Policy and Procedures.

We have put in place a set of mechanisms to ensure compliance, and to quickly detect and address any instances of non-compliance that do occur.

## a. Training

- All employees in our infant nutrition business are trained on the importance of supporting and protecting breastfeeding, including the WHO Code.
- In higher-risk countries, we also provide regular training to help third parties, with whom we have a direct service relationship, to comply with our Policy and Procedures and national legislation implementing the WHO Code.

## b. Verifications

- We voluntarily submit our practices for verification to ensure compliance with the Policy and Procedures, as well as all local measures implementing the WHO Code, regardless of whether or not a governmental monitoring system is in place. Our monitoring system includes:
  - **Routine internal monitoring** which is performed by our staff at country level during routine work activities (e.g. visits to retailers, reviews, etc.).
  - **Internal Audits** which are conducted each year in a number of lower and higher-risk countries in which we operate to verify our adherence to our policies, procedures and national legislations implementing the WHO Code.
  - **External verifications commissioned by Nestlé** take place each year. An internationally recognised certification agency verifies our infant formula marketing practices in two to three higher risk countries. Assurance Statements concerning these verifications are published on our *global corporate website*.
  - **External verifications commissioned by independent stakeholders.** Our practices are externally assessed every 18 months by the audit firm selected by FTSE Russell as part of its *FTSE4Good BMS Verification Process*. The Access to Nutrition Foundation (ATNF) also regularly assesses our marketing practices in several countries. We collaborate with external stakeholders who conduct independent verifications of our practices.

- We investigate allegations of non-compliance with the WHO Code by benchmarking them against our Policy and Procedures, and promptly take corrective action as required.

## c. Contractual provisions

- We include WHO Code compliance clauses in our formal agreements with third parties involved in BMS marketing or sales activities, and in higher-risk countries where it is permitted under local legislation.

## d. Disciplinary measures

- Our employees are fully aware that the ultimate sanction for non-compliance is dismissal.
- We will take disciplinary measures against our employees who deliberately violate this Policy or the local legislation implementing the WHO Code, when appropriate and where it is permitted under local legislation.
- When third parties with whom we have a direct service relationship violate the Policy and Procedures or the local legislation implementing the WHO Code, we will require them to take appropriate corrective actions where permitted under local legislation.
- Where we have no direct service relationship with a third party our ability to influence their behaviour is limited. However, we will inform them of the violation in writing and ask them to take appropriate corrective action where permitted under local legislation.

## 2. Good Governance

A respectful approach requires a comprehensive set of **good governance** mechanisms. These ensure that we have robust processes in place for making and implementing decisions relating to the WHO Code.

### a. Separation of duty

- At Corporate level, policy setting, verification and external reporting functions are overseen by departments that are separate from the infant nutrition business.

### b. Management responsibility

- The **Chief Executive Officer (CEO) of Nestlé S.A.** is ultimately responsible for ensuring compliance with the Policy and Procedures. A yearly report on the substantiated instances of non-compliance with the Nestlé Policy and Procedures for the Implementation of the WHO Code, and national legislation implementing the WHO Code, is submitted to the CEO of Nestlé S.A.
- The **Zone CEOs**, who are members of the Nestlé S.A. Executive Board, are delegated by the CEO of Nestlé S.A. to be responsible for implementing and monitoring the Policy and Procedures in their respective geographies.
- The **Head of Nutrition Strategic Business Unit (SBU)** is responsible for guiding the Zones in the implementation and monitoring of the Policy and Procedures, in their respective geographies; he oversees the compliance management systems in the zones and the implementation of the decisions from the Global WHO Code Compliance Committee.
- The **Nestlé Market Head**, who remains accountable in his/her geography for compliance with all policies related to the Nestlé Corporate Business Principles across all our businesses, has joint oversight of the Policy and Procedures.
- The **Nestlé Nutrition Business Executive Officer** is responsible for implementing, monitoring and overseeing this Policy and Procedures in his or her geography.
- The **Market WHO Code Compliance Manager** ensures that national measures implementing the WHO Code and the Policy and Procedures are implemented in each higher-risk country, including translating those into a local WHO Code policies and procedures manual. He/she makes sure that any non-compliance at country level is quickly addressed and reported in the central

monitoring system. In lower risk countries, this responsibility is under the scope of the Market Compliance Manager.

### c. Corporate WHO Code Compliance Committees

- The Global and Local WHO Code Compliance Committees oversee compliance with the Policy and Procedures, the national regulations implementing the WHO Code, and the FTSE4Good BMS criteria.
- The Global Code Compliance Committee includes three Executive Board members and Global Public Affairs manages its administration.
- In all higher-risk countries, the local WHO Code Compliance Committees, which are composed of relevant members of the local management, advise and oversee compliance of activities with the Policy and Procedures and local legislation, as well as manage instances of non-compliance.

### d. Grievance Mechanisms

- Internal and external grievance mechanisms are widely accessible, so that both our employees and external stakeholders can raise concerns about our business practices:
  - **Internal:** The WHO Code Ombudsperson System allows all employees of the Nestlé Group, in both lower and higher risk countries, to alert the company of potential instances of non-compliance inline with our Policy and Procedure and/ or local legislation, and seek advice or raise concerns with regards to the marketing of Infant Nutrition products. They can do this in an anonymous and confidential way outside the line management structure. The Group WHO Code Ombudsperson is the Head of Group HR & Business Services, who is a member of the Executive Board and who chairs the Global Code Compliance Committee. The Country WHO Code Ombudsperson and the Group WHO Code Ombudsperson are not involved in the day-to-day management of our infant nutrition business.
  - **External:** The “Tell Us” system provides all our external stakeholders with a dedicated communication tool for reporting potential instances of non-compliance with our Corporate Business Principles, policies and applicable laws, including WHO Code-related matters. It is available worldwide 24 hours a day, 7 days a week, on our global and all markets’ corporate websites.

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External stakeholders may file an electronic report through a web form or by calling a toll-free number. Messengers may choose to remain anonymous.

- **Direct correspondence:** External stakeholders can also share their concerns via email or letters.

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## 3. Transparency

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Transparency with consumers and stakeholders is also an important principle to demonstrate accountability and build trust, both internally and externally.

We make the following information publicly available:

- **Our 2020 commitments** relating to the first 1000 days.
- **Our policies and procedures** on a range of topics, including:
  - The Nestlé Corporate Business Principles;
  - The Nestlé Code of Business Conduct;
  - The *Nestlé Policy on Transparent Interactions with Public Authorities*;
  - The *Nestlé Standard for Donations or Low Cost Supplies for use in Emergencies and for Social Purposes*.

- **Compliance reports:**
  - **Annual external reports** summarising all instances of non-compliance with our Policy and Procedures and national legislation implementing the WHO Code, as identified through all internal and external monitoring mechanisms, and the corrective actions taken.
  - **FTSE4Good Verification reports** and Nestlé's responses.
  - **Assurance statements** by external auditors.
- **Position papers** on maternal, infant and young child nutrition
- **Responses to formal allegations of non-compliance with the WHO Code**
- **Ask Nestlé**, a set of answers to important questions that we have received regarding our practices is available on our corporate website.

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## 4. Constructive Engagement

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Securing healthy and prosperous futures for mothers and children around the world is an aspiration that unites all concerned stakeholders, including Nestlé. Achieving this requires **constructive engagement** and collaboration by all parties. Hence, we will continue to lead the industry towards higher responsible marketing standards and to work closely with governments, public institutions and civil society, to carry out the actions needed to benefit future generations.

When engaging with policy makers, we follow the *Nestlé Policy on Transparent Interactions with Public Authorities*.

### a. Stakeholder collaboration

Our regular stakeholder convenings provide crucial opportunities for us to listen and to build a better understanding of our role in addressing critical societal issues. The interaction facilitates collective action and promotes trust and mutual respect. Feedback or comments on our practices are taken to senior management, and we follow up as appropriate. Nestlé stakeholder convenings are hosted and organised by external experts to ensure we receive independent opinions and feedback.

### b. Government support

Nestlé works closely with all concerned stakeholders, including governments, industry and civil society organisations, to promote responsible business conduct and establish

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accepted standards for assessing the marketing of BMS.

We are also ready to play a leading role to support national efforts to: a) promote a conducive environment for breastfeeding; b)

develop national regulations and other suitable measures aiming to enact the WHO Code; and c) oversee the application of national measures implementing the WHO Code.

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## 5. Continuous Improvement

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No matter how effective our systems become, there is always room for **improvement**.

### **Integrating learnings**

- We integrate the learnings from the findings of numerous verifications and audits, the implementation of the Policy and Procedures at country level, changes in local legislation, and our engagement with stakeholders to improve our practices relating to the responsible marketing of BMS. When needed, we make swift improvements to our procedures and in our operations worldwide.





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# Going forward: working together

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Working together, we can make a huge impact on the health of future generations. Coordinated action on key areas of focus could make a real difference, and Nestlé will continue to play a leading role to create positive change.

## **Help mothers breastfeed**

Unquestionably, breastfeeding is the natural way to feed an infant. Though breastfeeding rates have steadily increased over the past few decades and most mothers initiate breastfeeding, only slightly more than a third of infants are exclusively breastfed up to the age of six months. Women returning to work is the leading cause for early cessation and numerous women state that they do not receive sufficient support to continue to breastfeed. We believe women need a conducive environment to breastfeed, including maternity protection and paid leave, widely available breastfeeding rooms and counselling as well as access to fact-based information adapted to their individual context. We will continue to help promote the availability of these services.

## **Support countries as they translate the recommendations of the WHO Code into national regulations**

More than 35 years after its adoption, only 39 countries have implemented all the recommendations of the WHO Code. To rapidly accelerate progress, all countries that are yet to do so could pass regulations aligned with the minimum standards set by the FTSE4Good BMS Criteria, taking into account their specific national context. The FTSE4Good BMS Criteria have been adopted by two of the largest BMS manufacturers and have been effective in improving company marketing practices. Focusing resources on creating a world-wide level playing field would be a decisive step toward global efforts to protect breastfeeding which could be followed by incremental progress on other child nutrition issues requiring attention.

## **Promote healthy diets for women and children**

Every mother and child deserves the best nutrition. However, parents, caregivers and healthcare professionals often lack the necessary knowledge about appropriate nutrition and eating practices.

At Nestlé, we believe that breast milk is the ideal nutrition for babies. This is why we support and promote the World Health Organization's recommendation of six months' exclusive breastfeeding followed by the introduction of adequate nutritious complementary food. We

are committed to invest in research to provide innovative and science-based nutrition solutions for mothers and children. Where breastfeeding is not possible, we provide breast milk substitutes. We also provide a wide range of complementary foods which are specifically formulated to meet the nutrition needs of a growing child.

We also invest in research to obtain a deep understanding of the actual eating habits of mothers and infants in the first 1000 days. This serves as input for our innovations and our education programmes to support parents and caregivers so that they can make informed nutritional choices for their families. We share the results of our wide-ranging research on nutrition with healthcare professionals to keep them up-to-date with the latest scientific developments in maternal, infant and young nutrition.

At Nestlé, we are committed to enhancing the quality of life of mothers and children and to contributing to a healthier future, and we welcome opportunities to work with others to make this happen.





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# Annex A

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**Nestlé Procedures for the Implementation of  
the WHO Code in higher-risk Countries**

## Article 1 Aim of the Code

The aim of this Code is 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 breast milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

## Article 2 Scope of the Code

The Code applies to the marketing and practices related thereto, of the following products: breast milk substitutes, including infant formula; other milk products, food and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use.

<sup>1</sup> Healthy infants are categorised as those with no special medical needs and who do not require medical supervision.

## Article 1 Aim of the Code

Nestlé fully supports the aim of the WHO Code.

## Article 2 Scope of the Code

These Procedures apply to “higher-risk” countries as defined in the Policy Section of this document.

### Product Scope

- i. All infant and follow-up formulas designed to satisfy the nutritional requirements of healthy infants from birth<sup>1</sup> to 12 months;
- ii. The scope of products also includes infant and follow-up formulas for infants from birth to 12 months that are classified as Food for Special Medical Purposes (iFSMPs) under local legislation in a country and which fall within the product range listed on [Nestlé’s Corporate website](#) ([Ask Nestlé – What is the WHO Code?](#));
- iii. Bottles and teats.

Products mentioned under (i) and (ii) above will be collectively referred to as INFANT FORMULAS throughout this document, except where otherwise specified.

These Procedures do not apply to:

- i. Complementary food and drinks for infants, when labelled for use after six months of age or such a lower age as may be mandatorily required by local legislation, provided they do not contain instructions for modification for use as a BMS;
- ii. Products which do not fall within the definition of INFANT FORMULA above, particularly those classified as iFSMPs or their equivalent in a country (other than the product range mentioned under (ii) above), that are designed for infants with medical conditions who are unable to absorb, digest or metabolise breast milk or standard infant formula as a sole source of nutrition, are under medical supervision and are at risk of death or compromised growth and developmental potential without access to these products.
- iii. Milk products not adapted for infant feeding. (*See Article 9.3*)

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### Article 3 Definitions

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### Article 4 Information and Education

**Article 4.1** Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover the planning, provision, design and dissemination of information, or their control.

**Article 4.2** Informational and educational materials, whether written, audio or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points:

- a. the benefits and superiority of breastfeeding;
- b. maternal nutrition, and the preparation for and maintenance of breastfeeding;
- c. the negative effect on breastfeeding of introducing partial bottle-feeding;
- d. the difficulty of reversing the decision not to breastfeed; and
- e. where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast milk substitutes.

Such materials should not use any pictures or text which may idealise the use of breast milk substitutes.

**Article 4.3** Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request, and with the written approval, of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should

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### Article 3 Definitions

See Annex B

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### Article 4 Information and Education

**Article 4.1** Nestlé is ready to support governments' efforts to fulfil their responsibilities under the WHO Code. Refer to section on Constructive Engagement in this Policy.

**Article 4.2** All infant feeding information intended for pregnant women and mothers of infants must contain a statement regarding each of the points (a) to (e) contained in this article of the WHO Code. Materials should not use any baby pictures, images or text which may idealise the use of breast milk substitutes. Nestlé considers *idealisation* to be any communication implying that INFANT FORMULAS are superior or equal to breast milk.

Only information intended for mothers that deals with the explanation and instructions for use of a specific INFANT FORMULA may bear corporate and product brands. These materials must contain the additional information specified under Article 4.2 of the WHO Code. These may include the image of a label of the specific INFANT FORMULA in order to avoid confusion with other formula products or milk products inappropriate for use as INFANT FORMULAS. Materials on the use of INFANT FORMULAS must only be distributed in healthcare facilities and given or shown to mothers only by healthcare professionals and this must be indicated on the material. It may not be given to mothers by company personnel.

**Article 4.3** Informational or educational materials or equipment for use in healthcare institutions and intended for pregnant women and mothers of infants related to maternal and child health, such as but not restricted to education charts, breastfeeding booklets, growth charts and videos, must not contain illustrations of INFANT FORMULA or mention the names of individual INFANT FORMULA brands. The Corporate name or logo may be used.

be distributed only through the healthcare system.

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## Article 5 The General Public and Mothers

**Article 5.1** There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

**Article 5.2** Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

**Article 5.3** In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

**Article 5.4** Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast milk substitutes or bottle-feeding.

**Article 5.5** Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Such material may only be made available to healthcare institutions and professionals upon their request and in accordance with any applicable government requirements or guidelines.

*Materials and equipment covered under Art. 4.3 must include the information required by Art. 4.2 of the WHO Code when dealing with infant feeding. Such material and equipment shall clearly indicate that the material may be given or shown to mothers by healthcare professionals only.*

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## Article 5 The General Public and Mothers

**Article 5.1** There must be no advertising or other form of promotion of INFANT FORMULAS directly to mothers and to the general public through any public media or by personal contact between company representatives and the public.

**Article 5.2** No samples of INFANT FORMULAS should be given directly or indirectly to pregnant women, mothers or members of their families and to the general public.

**Article 5.3** Point of sales advertising, sampling or other activities to induce sales of INFANT FORMULAS directly to the consumer at the retail level are not permitted.

This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

**Article 5.4** Gifts of articles or utensils promoting the use of INFANT FORMULA or bottle-feeding are not to be distributed to pregnant women or mothers of infants and young children.

**Article 5.5** Company personnel, may not solicit direct or indirect contact with pregnant women or mothers of infants and young children, either individually or in groups, in order to directly or indirectly promote INFANT FORMULA.



## Article 6 Healthcare Systems

**Article 6.1** The healthcare authorities in Member States should take appropriate measures to encourage and protect breastfeeding and promote the principles of this Code, and should give appropriate information and advice to healthcare workers in regard to their responsibilities, including the information specified in Art. 4.2.

**Article 6.2** No facility of a healthcare system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to healthcare professionals as provided in Art. 7.2.

**Article 6.3** Facilities of healthcare systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Art. 4.3.

**Article 6.4** The use by the healthcare system of “professional service representatives”, “mothercraft nurses”, or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

**Article 6.5** Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by healthcare workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

**Article 6.6** Donations or low-price sales to institutions or organisations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organisations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

## Article 6 Healthcare Systems

**Article 6.1** Addressed to the healthcare authorities.

**Article 6.2** Nestlé Procedures relating to Art. 5.1, 5.2, 5.4 and 5.5 also apply to Nestlé activities within the healthcare system. Scientific or technical product information, and instructions intended to assist healthcare workers in guiding mothers on the correct use of specific formula may only be provided by Nestlé to healthcare workers (see Art. 7.2).

**Article 6.3** Facilities of healthcare systems should not be used for the display of INFANT FORMULA, for placards or posters concerning such products, or for the distribution of materials other than those specified in Art. 4.2 and 4.3 of this Procedure.

**Article 6.4** The Company must not provide its own personnel or provide or pay for “professional service representatives”, “mothercraft nurses”, or similar personnel for use by the healthcare system for advising mothers or similar duties related to INFANT FORMULA. The role of company personnel is covered in Art. 8.2.

**Article 6.5** Company personnel may not assist in this work but may provide relevant educational/instruction material to assist healthcare workers in guiding mothers. In case mothers request advice from company personnel on INFANT FORMULA, they should be referred to the medical profession or other healthcare workers (see Art. 5.5 – see also Instructions pertaining to Art. 6.2 above).

**Article 6.6** INFANT FORMULAS may not be donated nor sold at a price merely token in nature to healthcare facilities for any reason.

Where national rulings allow, the company may respond to written requests for free or low-price supplies of INFANT FORMULAS and/or Infant Formula for Special Medical Purposes, to serve social purposes or for usage in emergency/humanitarian situations. In such cases, the following instructions should be applied: *Standard for Donations or Low Costs Supplies for use in Emergencies and for Social Purposes.*

**Article 6.7** Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organisation should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organisations concerned, should bear in mind this responsibility.

**Article 6.8** Equipment and materials in addition to those referred to in Art. 4.3, donated to a healthcare system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

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## Article 7 Healthcare Workers

**Article 7.1** Healthcare workers should encourage and protect breastfeeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Art. 4.2.

**Article 7.2** Information provided by manufacturers and distributors to healthcare professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding. It should also include the information specified in Art. 4.2.

**Article 6.7** As per procedures set out in Article 6.6.

**Article 6.8** Donations of material or equipment to healthcare institutions may not be used as an inducement to sell or prescribe INFANT FORMULA. Such material or equipment may bear the company name and logo, but may not bear any INFANT FORMULA brand or logo.

In addition, if allowed by local regulations and consistent with company policies, items of professional utility may be provided to healthcare workers and other professionals working for healthcare institutions. These must be reasonable, modest and appropriate and must not create the appearance of improper influence or illegitimate advantage. Such items may not bear any INFANT FORMULA brand or logo.

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## Article 7 Healthcare Workers

**Article 7.1** Healthcare workers' responsibility. Whenever requested, company personnel will support healthcare workers to fulfil their responsibility.

**Article 7.2** In their contact with healthcare workers, company personnel have the responsibility to emphasise the superiority of breastfeeding, the WHO Code and to give objective information on scientific and factual matters pertaining to formula and its correct use. Information on formula intended for healthcare professionals should avoid promotional language and content, whether textual or pictorial, aiming at idealising formula feeding over breastfeeding. These informational materials may include pictures of the product and bear corporate and product brands in order to facilitate identification of the product. They must mention the information specified in Art. 4.2 of the Code.

**Article 7.3** No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to healthcare workers or members of their families, nor should these be accepted by healthcare workers or members of their families.

**Article 7.4** Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to healthcare workers except when necessary for the purpose of professional evaluation or research at the institutional level.

Healthcare workers should not give samples of infant formula to pregnant women, mothers of infants and young children or members of their families.

**Article 7.5** Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient healthcare worker is affiliated any contribution made to him/her or on his/her behalf for fellowships, study tours, research grants, attendance at professional conferences or the like. Similar disclosures should be made by the recipient.

All such informational materials should conspicuously mention that they are destined for healthcare workers only.

**Article 7.3** No financial or material inducements to promote INFANT FORMULAS may be offered to healthcare workers or members of their families. For guidance regarding low-cost items of professional utility, see Article 6.8. Token gifts of modest value may be given to healthcare workers on an occasional basis if culturally appropriate and not prohibited by law. No such donations should be used as a sales inducement. Those items may bear the Corporate logo.

Note: This should be read in conjunction to the Appendix to the Nestlé Code of Business Conduct.

**Article 7.4** Samples of INFANT FORMULAS or equipment or utensils for their preparation or use, may not be provided to healthcare workers except for the purpose of professional evaluation and only in the following instances:

- to introduce a new INFANT FORMULA product;
- to introduce a new formulation of an existing product;
- to introduce our INFANT FORMULA range to a new or recently certified healthcare professional.

In these cases, a maximum of two cans of INFANT FORMULA may be given to a healthcare worker for this purpose and one time only. INFANT FORMULAS may also be provided for research or clinical validation, subject to completion of a research protocol. Clinical validations are not to be used as a sales inducement and are subject to detailed internal rules.

**Article 7.5** Nestlé can provide sponsorship to healthcare workers in accordance with the provisions of *The Guidelines for Sponsorship of Health Workers and Institutions for Professional Development and Scientific Research.*

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## Article 8 Persons employed by Manufacturers

**Article 8.1** In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code 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 the overall sales by a company of other products marketed by it.

**Article 8.2** Personnel employed in marketing products within the scope of this Code, should not, as a part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing such personnel from being used for other functions by the healthcare system at the request and with the written approval of the appropriate authority of the government concerned.

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## Article 9 Labelling

**Article 9.1** Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breastfeeding.

**Article 9.2** Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or a label which cannot readily become separated from it, in an appropriate language, which includes all the following points:

- the words “Important Notice” or the equivalent;
- a statement of the superiority of breastfeeding;
- a statement that the product should be used only on the advice of a healthcare worker as to the need for its use and the proper method of use;
- instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealise the use of infant formula. They may, however, have graphics for easy identification of the product as a breast milk

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## Article 8 Persons employed by Manufacturers and Distributors

**Article 8.1** Bonuses or incentives aimed at encouraging increased volume of sales of INFANT FORMULAS must not be paid to sales staff, medical delegates, and other marketing personnel. Remuneration for sales staff and medical delegates must be examined on a country-by-country basis in order to determine the criteria to be established for appropriate compensation.

**Article 8.2** Company personnel involved in the marketing of INFANT FORMULA may not perform educational functions in relation to pregnant women or mothers of infants and young children.

This should not be understood as preventing such personnel from being used for other functions by the healthcare system at the request and with the written approval of the appropriate authority of the government concerned.

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## Article 9 Labelling

**Article 9.1** Individual country requirements, if any, must be respected in addition to the requirements under this WHO Code Article, which are recognised as the minimum requirement.

**Article 9.2** Nestlé INFANT FORMULA labels have to comply with each point contained in Article 9.2 of the WHO Code . It is important to note that the “appropriate language” will be subject to the decision of the relevant authorities.

substitute and for illustrating methods of preparation. The terms “humanized”, “maternalized” or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

**Article 9.3** Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed milk is not suitable for infant feeding, or for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

**Article 9.4** The label of food products within the scope of this Code should also state all the following points:

- the ingredients used;
- the composition/analysis of the product;
- the storage conditions required; and
- the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

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## Article 10 Quality

**Article 10.1** The quality of products is an essential element for the protection of the health of infants and therefore should be of a highly recognised standard.

**Article 10.2** Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

**Article 9.3** In the absence of specific national requirements, the labels of Nestlé milk products not adapted for infant feeding must bear a statement indicating that they are not suitable as a breast milk substitute. These products include milk powders (including growing-up milks), ready-to-drink milks, evaporated milk, condensed milk (sweetened and unsweetened) and creamers.

**Article 9.4** The requirements under this WHO Code Article are the minimum requirements to be implemented, unless otherwise mandatorily required by local legislation.

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## Article 10 Quality

**Article 10.1** The manufacture and distribution of all Nestlé products for infants is based on this principle.

**Article 10.2** In accordance with current standards except where otherwise specified by national regulations.



## Article 11 Implementation and Monitoring

**Article 11.1** Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the

United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

**Article 11.2** Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate non-governmental organisations, professional groups, and consumer organisations should collaborate with governments to this end.

**Article 11.3** Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

**Article 11.4** Non-governmental organisations, professional groups, institutions and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

**Article 11.5** Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

## Article 11 Implementation and Monitoring

**Article 11.1** Implementation and interpretation of the WHO Code in each country is the responsibility of the government. In countries where it operates, Nestlé should cooperate with governments and all other concerned stakeholders to encourage and support the development of clear national legislation, regulations or other evidence-based policy measures that support the principles and aim of the WHO Code.

**Article 11.2** See above. It is vital that impartial and effective monitoring procedures, under government responsibility, be included as part of the measures to implement the Code. Nestlé will support efforts by governments to implement the WHO Code through legislation, regulation, or other appropriate measures. Nestlé will also collaborate with governments in their efforts to monitor the application of the Code within their country.

**Article 11.3** Independently of any other measures taken for implementation of the WHO Code, Nestlé will monitor its marketing practices according to the principles of this Policy to ensure it conducts, at every level of the company, and conforms to it as described in the Compliance and Good Governance sections of this Policy.

Oversight of the monitoring mechanisms at country level is described under the section “Management Responsibility” in this Policy.

**Article 11.4** Employees and all other stakeholders are encouraged to share any concerns regarding Nestlé’s BMS marketing practices through the multiple channels in place for receiving complaints as described in the Compliance section of this Policy.

**Article 11.5** Nestlé trains its employees working in infant nutrition, and its contracted third parties involved in the marketing of INFANT FORMULA, to fully understand the importance of promoting, supporting and protecting breastfeeding, as

**Article 11.6** In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

**Article 11.7** The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation on regulations, or taking other appropriate measures implementing and furtherance of the principles and aim of this Code.

well as complying with the Nestlé Policy and local legislations implementing the WHO Code as described in the Compliance section of this Policy.

**Article 11.6** Addressed to governments.

**Article 11.7** Addressed to the WHO Director-General.



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# Annex B

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**WHO International Code of Marketing  
of Breast Milk Substitutes (Article 3) –  
Definitions**

### “Breast milk substitute”

means: any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.

### “Complementary food”

means: any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called “weaning food” or “breast milk supplement”.

### “Infant”

means: a person not more than 12 months of age.

### “Container”

means: any form of packaging of products for sale as a normal retail unit, including wrappers.

### “Distributor”

means: a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

### “Healthcare system”

means: governmental, non-governmental or private institutions or organisations engaged, directly or indirectly, in the healthcare of mothers, infants and pregnant women; and nurseries or childcare institutions. It also includes healthcare workers in private practice. For the purpose of this Code, the healthcare system does not include pharmacies or other established sales outlets.

### “Healthcare worker”

means: a person working in a component of such a healthcare system, whether professional or non-professional, including voluntary, unpaid workers.

### “Infant formula”

means: a breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to four-six months of age, and adapt to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as “home-prepared”.

### “Label”

means: any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.

### “Manufacturer”

means: a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.

### “Marketing”

means: product promotion, distribution, selling, advertising, product public relations and information services.

### “Marketing personnel”

means: any persons whose functions involve the marketing of a product or products coming within the scope of this Code.

### “Samples”

means: single or small quantities of a product provided without cost.

### “Supplies”

means: quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.



