



Slough, United Kingdom
7 December 2020

RB's response to Breast Milk Substitute Call to Action

RB exists to protect, heal and nurture in the relentless pursuit of a cleaner and healthier world. We fight to make access to the highest quality hygiene, wellness and nourishment a right and not a privilege. Mead Johnson Nutrition (MJN) acquired by RB in June 2017, has been helping nourish infants and children for more than 100 years, and their commitment to quality nutrition for babies and young children is respected and trusted by healthcare providers and parents throughout the world. At RB, we continue to invest in scientific and medical research to provide the highest quality infant and child nutrition products, and we commit to marketing our products responsibly and ethically. We recognise the weight of the responsibility of providing optimum nutrition during the first 1000 days and support the ambition to improve the health and nutrition of mothers and babies everywhere, so that children can achieve their full potential.

We acknowledge that breastfeeding provides infants with the best and most complete source of nutrition and plays a key role in an infant's growth and development, building not only a strong immune system, but also fostering a strong bond between mother and baby. We recognise that breastfeeding is a personal choice, and not all mothers want to, or are able to breastfeed. Decisions by parents and carers are complex and influenced by a range of factors including maternal and infant health, income and employment factors. We believe all families have the right to make the most appropriate choice based on their individual circumstances, and parents should be fully supported in their feeding choices.

The World Health Organisation (WHO) recognises that Breast-Milk Substitutes (BMS) are the only safe and appropriate alternatives to breastmilk. For parents and carers who are not able to, or choose not to breastfeed, or for infants who cannot breastfeed our role is to provide the highest quality products that meet the nutritional needs of infants and children, and to ensure these products are formulated to meet the rigorous international standards and regulations. RB's portfolio of routine, solution and speciality products are marketed responsibly and ethically, and coupled with our commitment to research and innovation, are fundamental to improving child survival rates, reducing stunting and malnutrition and promoting healthy growth and overall development.

We actively engage with all stakeholders in the BMS dialogue to improve transparency, accountability and industry practices. We recognise the importance of the BMS Call to Action ('CTA') as issued by the WHO, UNICEF and a group of Civil Society Organizations (CSOs) on 25 June 2020 and welcome the opportunity to respond.



RB |



Our Progress to Date

RB acknowledges the importance of the principles of the World Health Organisation International Code of Marketing of Breast-Milk Substitutes of 1981 (WHO Code of 1981) and subsequent relevant World Health Assembly ('WHA') resolutions as implemented by governments.

In the three years since entering the field of infant and child nutrition, RB has taken significant steps in strengthening policies, processes and procedures, demonstrating accountability and transparency both internally and externally. Our progress to date is highlighted in our recently issued [BMS Progress report](#), and specifically we note:

- The Infant and Nutrition Pledge ([The Pledge](#)) and the Policy and Procedures on the Marketing of Breast-Milk Substitutes ("[BMS Marketing Policy](#)") outline our key commitments and principles. The BMS Marketing Policy is based on the WHO Code of 1981, and acknowledges the importance of the principles of the WHO Code and subsequent relevant WHA resolutions as implemented by governments.
- We support and promote the recommendations of the WHO for exclusive breastfeeding in the first six months of life, and the introduction of safe, age-appropriate and nutritious complementary foods thereafter. Further, we advocate continued breastfeeding up to two years of age and beyond.
- All employees and third parties acting on our behalf are held accountable for upholding the Pledge and BMS Marketing Policy in the markets we operate in. To that end, we provide ongoing training to ensure all of our employees are respecting and upholding the principles and restrictions as outlined in the BMS Marketing Policy.
- We have put in place a speak-up line to capture any allegations of non-compliances in relation to BMS marketing practices from both internal and external sources, and report on annual progress. In addition, we regularly conduct external verifications, and all reports, corrective actions and follow-ups are published on RB's corporate website, without exception.
- We have been a member of FTSE4Good since 2003. In December 2018, following the acquisition of Mead Johnson Nutrition (MJN) in June 2017, RB satisfied the additional mandatory BMS criteria and secured continued accreditation.
- We have made significant progress in the Access to Nutrition Initiative (ATNI), and we are optimistic that further improvement will be recognised in the 2021 index.
- We have implemented in excess of 100 'Wellness Suites' across RB, offering nursing mothers a private and restful space to breastfeed or to pump/express breastmilk.
- In December 2019, RB introduced a supportive and inclusive [Global Parental Leave Policy](#), increasing fully paid maternity leave from 16 to 26 weeks. This policy places RB in the top tier of all FMCG companies.



Response to the BMS Call to Action

This is the first-time that industry, NGOs and key CSOs have come together with the specific remit of advancing industry-wide progress towards compliance with the WHO Code of 1981 and subsequent WHA Resolutions. We fully endorse and support the approach that enables key stakeholders to come together in a constructive and collaborative environment and hope that we can widen the scope for further collaboration. Continual dialogue is essential to meaningful and sustainable progress. Our response to the four requests of the BMS Call to Action issued on 25 June 2020 is as follows:

1. Roadmap 2030 full compliance

RB is willing to commit to a roadmap of full compliance at the point in time that local governments have adopted all provisions of the WHO Code of 1981 and subsequent relevant WHA resolutions into national legislation. In the intervening period, RB will continue to acknowledge the importance of the principles of the WHO Code of 1981 and subsequent relevant WHA resolutions as outlined in our BMS Marketing Policy.

2. Extending RB's BMS Marketing Policy

RB is willing to extend its BMS Marketing Policy to apply to lower risk countries at the point in time that local governments have adopted all provisions of the WHO Code of 1981 and relevant provisions of the WHA resolutions into national legislation. In the intervening period, RB will continue to apply its BMS Marketing Policy in Higher-Risk countries, and respect whichever are the more strict requirements relating to the Marketing of our Covered Products¹. In lower-risk countries we continue to commit to complying, at a minimum, with the national government laws and regulations in the implementation of the WHO Code of 1981.

3. Supporting implementation of national legislation

We will continue to engage national governments and other interested stakeholders in their efforts to implement and monitor the WHO Code of 1981 and subsequent relevant WHA resolutions.

4. Access to Nutrition Initiative (ATNI) as an independent actor

RB subscribes to a collaborative and transparent process and we welcome independent verification. We remain committed to promote an active dialogue with ATNI and other key stakeholders to promote engagement, transparency and continuous improvement for the industry as a whole.

We support the goal and intent of the Call to Action: 'in order to help ensure that all infants and young children worldwide are optimally breastfed and eat a healthy diet' and agree there is a further opportunity to build upon the progress and dialogue to date. We are steadfast in our commitment to exclusive breastfeeding in the first six months, and continued breastfeeding for up to two years and beyond, and also in ensuring mothers, infants and young children worldwide eat a nutritionally balanced, age appropriate and healthy diet.

¹ [See Article 2 of the BMS Marketing Policy for a definition of Covered Products](#)



The challenge of ensuring that infants and children are optimally fed and that they have access to a healthy diet is complex and subject to political, economic, societal, cultural and environmental factors, which vary dramatically across geographies. We believe that citing marketing practices of international BMS manufacturers as the sole reason for low breastfeeding rates and/or poor nutritional outcomes is too simplistic a view and overlooks the complexities that exists for mothers, parents and caregivers today.

RB would welcome an industry-wide commitment to better understand the political, economic, societal, cultural and environmental factors that underpin optimal feeding practices, including breastfeeding. Without this understanding, RB are unable to fully commit to the requests outlined in the Call to Action, and we have outlined our reasoning below:

1. It is of paramount importance to create a level legislative playing field, equally applicable to both local and international companies, including countries with limited or non-existent marketing restrictions. Without national legislation that applies to all; the collective responsibility required to advance industry-wide progress is lacking.
2. The Call to Action by its design focusses on a limited number of local and international *BMS* manufacturers. *All* companies that provide nutrition products that are marketed as *suitable for consumption* from birth up to 36 months of age, must be held to the same standards. Additionally, ATNI ratings and global indexes should apply to the wider and more inclusive group of *all* companies marketing nutrition products suitable for consumption up to thirty six months of age (i.e. yoghurts, cereals, ready to eat fruit and vegetables).
3. In relation to interactions with healthcare professionals ('HCPs') and paediatricians, our BMS Marketing Policy² goes beyond what has been outlined in the WHO Code of 1981, and we have a comprehensive [Interactions with Healthcare Professionals and Healthcare Entities Policy](#) that was introduced in June 2019. Further limitations on interactions with these key individuals and their organisations, effectively imposes restrictions on how scientific information is disseminated and is counter-productive to progressing improvements in maternal, infant and young child nutrition. Paediatricians and healthcare workers play a key role in providing education, recommendations and guidance to parents and carers, based on the latest factual research and scientific evidence. In addition, HCPs provide valuable feedback on medical needs (i.e., medical disorders, allergies) and nutrient requirements for specific groups (i.e., pre-term infants) and an ongoing dialogue is both helpful and necessary to advance science and solutions.
4. RB firmly upholds that follow-up formulas (FUFs), designed for the 12 to 36 month age group, are not breast-milk substitutes. We fully support the Codex Alimentarius Commission³ that FUFs are a complement to breast-milk along with other nutritious foods to be used during the period that the child transitions to a diversified, nutritionally balanced and age appropriate diet. FUFs do not cover all of the nutritional requirements of a child, and therefore cannot be defined as a breast-milk substitute; to do so would be misleading and could be harmful to the health of infants and young

² See Article 12 of the [BMS Marketing Policy](#)

³ [Codex Committee on Nutrition and Foods for Special Dietary Uses \(CCNFSDU\), REP20/NFSDU, 2019](#)



children if it were perceived by parents and caregivers as such. We welcome alignment on the definition of a BMS, and that such definition be universally applied.

Conclusion

We are firmly committed to improving breastfeeding rates and feeding practices for infants and young children, and to improving optimal nutrition for mothers, infants and young children, worldwide. We would welcome and opportunity for advancing progress towards our shared goal, rather than a singular focus of introducing further marketing restrictions, which we believe would not make a material impact on better health outcomes. RB would welcome an industry-wide commitment to better understand the political, economic, societal, cultural and environmental factors that underpin optimal feeding practices and low rates of breastfeeding.

We would like to acknowledge the extraordinary and unprecedented challenges faced by families, mothers and carers in securing appropriate nutrition for themselves, their infants and young children during the Covid-19 pandemic. The UN World Food Programme is estimating that an additional 130 million people could face acute food insecurity by the end of 2020, because of income and remittance losses. This is in addition to the 135 million people who were already acutely food insecure before the COVID-19 crisis⁴. We appreciate the efforts by WHO and UNICEF, civil society, industry associations and other BMS manufacturers who themselves are experiencing tough realities and significant headwinds during these difficult and challenging times, whilst working to support the most vulnerable in society. We remain committed to our shared goal and the ongoing dialogue.

We believe there is an opportunity to build upon the significant progress and dialogue created through the Call to Action process. Understanding the challenges, identifying the barriers and finding new solutions together would likely bring us closer to the purpose of the Call to Action: to ensure mothers, infants and young children worldwide are optimally breastfed and that they eat a nutritionally balanced and healthy diet.
