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## **RB 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 infant 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 choice, and not all mothers want to, or are able to breastfeed. Decisions by mothers and parents are complex and influenced by a range of factors including maternal and infant health conditions, as well as work commitments and other constraints. We believe all families have the right to make the most appropriate choice based on their individual circumstances, and parents should be supported in their feeding choices.

The World Health Organisation (WHO) recognises that Breast-Milk Substitutes (BMS) are the only safe alternative to breastmilk. For mothers, parents and carers who are not able to, or choose not to breastfeed, our role is to provide the highest quality products that help meet the nutritional needs of infants and children, formulated to meet the rigorous international standards and regulations. RB's portfolio of routine solutions and speciality products, and our commitment to research and innovation are fundamental to improving child survival rate, reducing stunting and malnutrition, and promoting healthy growth and 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.



## 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. For example:

- 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 2020 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 BMS Call to Action issued on 25 June 2020 is as follows:

### **1. Roadmap 2030 full compliance**

RB will continue to acknowledge the importance of the principles of the WHO Code of 1981 and subsequent relevant WHA resolutions as implemented by governments, and as outlined in our BMS Marketing Policy.

### **2. Extending RB's BMS Marketing Policy**

RB will continue to apply its BMS Marketing Policy in Higher-Risk countries, and respect whichever are the stricter requirements relating to the Marketing of our Covered Products<sup>1</sup>. 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 with national governments and other interested stakeholders in their efforts to implement and monitor the WHO Code of 1981.

### **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 be an active dialogue partner with ATNI and other key stakeholders to promote engagement, transparency and continuous improvement for the industry as a whole.

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



We are in support of 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 for up to two years and beyond, and also in ensuring mothers, infants and young children worldwide eat a nutritionally balanced and healthy diet.

We acknowledge the extraordinary and unprecedented challenges faced by mothers, families and carers in securing appropriate nutrition for themselves, their infants and young children during the Covid-19 pandemic. We appreciate the efforts by WHO and UNICEF, civil society, industry associations and other BMS manufacturers in making real progress and we remain committed to our shared goal and the ongoing dialogue.

While we share the goal and intent of improved breastfeeding and good nutrition, we do not support the position that further restrictions on marketing practices will have a material impact on achieving this objective. 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. Without the acknowledgement of these interconnected factors, marketing practices of BMS manufacturers are often cited as the reason for poor nutritional outcomes and low breastfeeding rates.

Instead of advancing progress towards our shared goal, introducing further marketing restrictions are likely to be counterproductive, and we have outlined our reasoning below:

The creation of a level playing field, applicable to all companies, CSO’s and governmental institutions, is paramount and a pre-requisite to progress being made. Without adopting appropriate national legislation that would apply to all; the collective responsibility required to advance industry-wide progress is lacking.

The Call to Action by its design and distribution to a limited number of BMS companies, does not advance the collectively responsibility required for true and meaningful progress. *All* companies that market infant formulas, toddler milks and any other food and beverage products that are marketed as suitable for consumption up to 36 months of age, must be held equally accountable and responsible.

As a consequence, we request that future ATNI global indexes are extended to all companies that market infant formulas, toddler milks and any other food and beverage products, marketed as suitable for consumption for infants and young children up to 36 months of age. We support high standards of operations for all and seek to eliminate any preferential treatment which goes against the creation of a level playing field for all.

Finally, it is vital that paediatricians and healthcare professionals have access to objective and the latest scientific research to properly advise mothers, parents and caregivers on the most appropriate feeding practices for their infants and young children. Imposing restrictions on how scientific information is disseminated would be counter-intuitive to progressing improvements in infant and young child nutrition practices.

## **Conclusion**

We are firmly committed to improving breastfeeding rates and feeding practices for infants and young children, and in improving optimal nutrition for mothers, infants and young children, worldwide. We do believe there is an opportunity to build upon the significant progress and dialogue created through the Call to Action process.

RB would welcome an industry-wide commitment to better understand the political, economic, societal, cultural and environmental factors that underpin the low rates of breastfeeding. Citing marketing practices of BMS manufacturers as the sole reason for poor nutritional outcomes and low breastfeeding rates overlooks the complexities that exists for mothers, parents and caregivers.

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.

Together we can address optimal nutrition and breastfeeding practices and make a real and lasting impact - globally.