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In-Country Assessments of Breast-milk Substitute (BMS) Companies' Compliance with the International Code of Marketing of Breast-milk Substitutes

Final Vietnam Report

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Executive Summary

In the spring of 2015, the Access to Nutrition Foundation (ATNF) commissioned pilot population based surveys in Hanoi, Vietnam and in Jakarta, Indonesia to systematically assess breast-milk substitutes (BMS) manufacturers' compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly Resolutions (The Code). The purpose of these studies was to provide analysis for the Access to Nutrition Index 2016. The definition of covered BMS products is derived from both The Code and subsequent guidance issued by WHO in July 2013.[1] The Code is considered applicable to any product when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk. Products considered to be breast-milk substitutes and included in this study include infant formula (a BMS that can satisfy the normal nutritional requirements of infants up to 6 months of age); follow-on formula (for infants from the six months of age); growing-up milk (milk products generally marketed for use by infants and young children from 12 months-24 months); and complementary foods recommended for infants less than 6 months of age. The Code also applies to the marketing of bottles and teats.

This report presents findings from the Vietnam pilot study. This pilot study was restricted to only 12 urban boroughs of Hanoi. The results should be representative for this area, but they should not be interpreted to apply to all of Vietnam.

The design of the survey was based, with permission from the United Nations Children's Fund (UNICEF) in New York, on a Protocol developed by the Interagency Group on Breastfeeding Monitoring (IGBM) entitled Estimating the Prevalence of Violations of The Code and National Measures. This Protocol was last updated in August 2007, and ownership of the protocol currently rests with UNICEF.[2] The IGBM Protocol calls for data collection at multiple levels to examine different aspects of Code compliance, including interviews with pregnant women and mothers of infants in health facilities, interviews with healthcare workers in health facilities, identification of informational materials produced by BMS manufacturers available in health facilities and retail stores, identification of sales promotions by BMS manufacturers in retail stores, analysis of product labels and inserts of all available products on the local market, and monitoring of media advertising. These channels of promotion were fully examined in the conduct of the survey.

[1] http://www.who.int/nutrition/topics/WHO_brief_fufandcode_post_17July.pdf.

[2] Permission to base the survey on the IGBM protocol does not imply any endorsement of the resulting report by UNICEF.

The IGBM Protocol also requires that compliance with local measures be assessed, if they go beyond the requirements of The Code. Two Vietnamese national regulations, Decree 21 (2006) and Decree 100 (2015) control the marketing of BMS in Vietnam. There were minor differences between the two decrees and the Protocol in requirements for labels, but the new Decree 100 requirements were not enforced as of the time of our survey. The only country-specific items that were added to the data collection was the inclusion of pacifiers and the requirement the lettering by at least 2 millimeters tall.

The methodology and procedures that were followed include the following:

- Field-level training of 14 interviewers and their supervisors was conducted in June 2015;
- Field data collection of interviews with 814 women and 131 healthcare workers in 38 health facilities was conducted from July 14-August 8;
- Monitoring of advertising in various media was conducted during June and July;
- Monitoring of 114 retail outlets for observation of product promotion was performed in July and August; and
- Purchase and systematic analysis of the labels and inserts of 334 covered products was completed from June through August.

The major findings of the study are:

- **Sub-article 4.2. Required content of informational and educational materials dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children.** The study identified a total of 23 items in the 38 health facilities and 114 retail outlets that appeared to be informational or educational materials about infant feeding. They were produced by 10 BMS manufacturers. Eighteen (18) unique items pertained to one or more formula products. All of the 18 items had observed non-compliance, usually with almost every recommendation of Sub-article 4.2.
- **Sub-article 5.1. No advertising or other form of promotion to the general public of products within the scope of this Code.**[3] Overall, the media monitoring identified 97 unique advertisements from 18 of the 96 companies during the monitored time period. Only 16 unique TV advertisements, aired by 5 companies, for products intended for infants up to 24 months of age were identified, but they ran many different times.

[3] Covered products are those for children 0-24 months of age, except for complementary food, which is for 0-6 months of age.

The most frequently identified sources of advertising for covered products were the Internet and Facebook.

The women most frequently recalled seeing ads for covered products on television (52.9%), internet (45.5%), shop or pharmacy (23.3%), and social media (21.9%). We are uncertain about the reliability of the women's reports on television advertising, since the media monitoring identified few television advertisements, although these ads did run multiple times. We also observed advertisements for formula products for children of 2 years or older. It is possible that some women were recalling those advertisements, and it is also possible that they recalled advertisements from an earlier period of time.

- **Sub-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.** Of the 814 women interviewed, 70 (8.6%) said that they had received free samples of a BMS product from a manufacturer since the pregnancy began or the baby was born. Ten (10) of the 96 companies were mentioned.

- **Sub-article 5.3. For products within the scope of this Code, 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.** Of 114 retail outlets visited, promotions were identified in 51 (44.7%). The outlets where promotions were found most often were supermarkets/hypermarkets (73.5%), followed by chain stores (50.0%). For 12 different companies, at least 4 promotions were found for their products.

- **Sub-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.** Of the 814 women interviewed, 49 (6.0%) reported having been spoken to by a company representative about BMS products. Only 26 (3.2%) reported having such a conversation with a person at a shop or pharmacy. Seven (7) companies were named by at least three different women.

- **Sub-article 6.2. No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code.** Overall, 27 (3.3%) of the 814 women reported being spoken to by a health professional about using BMS products. At least one worker at 13 of the 38 facilities (34.2%) reported that a company representative had visited with the intent of talking to women, obtaining contact information for women, or providing materials for women.

- **Sub-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 on a label which cannot readily become separated from it, in an appropriate language, which includes all the points in Sub-article 9.2.** This sub-article addresses five requirements for labeling. Overall, the labeling of 189 formula and complementary food products marketed by 43 companies were analyzed. Observed non-compliance with the recommendations of

The Code were common, with the most frequent observations being (1) lack of instructions on appropriate preparation and health hazards of inappropriate preparation and (2) pictures that idealize use of infant formula. Of the 105 products that were found to have pictures idealizing BMS, approximately 80 percent had pictures of animals or other characters (generally looking happy, enjoying themselves, or being cute) and 20 percent had pictures of humans.

- **Sub-article 9.4. The label of food products within the scope of this Code should also state all of the points in Sub-article 9.4.** This sub-article addresses 5 additional requirements for labelling, and we added two items that are only mentioned at the beginning of The Code's labelling article (easy to read and appropriate language). The labeling of 189 formula and complementary food products were analyzed. The most common observations of non-compliance were for: (1) easily readable and (2) written in appropriate language.

A summary of observed non-compliance for the top 10 producers of covered formula and complementary food products found in Vietnam is presented below. This is presented for descriptive purposes only.

Executive Summary Table

Company	Number of Formula and Complementary Food Products in Study	Total Observations	Relevant Sub-article			
			4.2 Facility/ Store Observation	5.1 Media Monitoring	5.3 Store Observation	9.2 and 9.4 Label Analysis
Nuti Food	10	56	4	16	26	10
Nestle	22	24	0	2	10	12
Mead Johnson	8	35	1	12	16	6
Abbott	13	27	0	15	7	5
Danone	12	21	0	2	9	10
Vinamilk	13	25	0	0	14	11
Nam Yang	10	19	0	3	6	10
HiPP	11	28	0	12	7	9
Heinz	5	12	0	9	0	3
Friesland Campina	9	13	0	3	4	6
All others (33)	76	136	13	21	28	74
Total	189	396	18	95	127	156

Important conclusions and recommendations include:

- We were not able to clearly interpret the women's reports of television advertising, but this is of concern, since it appears that many women may be familiar with the names of the BMS manufacturers through TV advertisements for products that are related to covered products. A review of a number of brands with products for children 0-24 months of age as well as products for older children showed that the design of packaging, colors and fonts used, was very similar across all the products in a brand.

This could cause confusion among mothers, and possible changes in packaging that might highlight the difference in products by recommended age range should be examined.

- Very notable was the substantial proportion of advertisements for covered products appearing on the Internet, Facebook, or YouTube. These sources were not a focus of the IGBM protocol, but they should receive much more attention in the future.
- The second most frequent type of observed non-compliance was in promotions at point-of-sale retail outlets. Our information does not allow us to identify the extent of the role of each manufacturer in these promotions, but companies should take all reasonable steps to ensure that distributors and retailers are aware of their responsibilities under The Code.
- The most substantial aspect of labelling relates to pictures that might idealize the use of BMS. There is no definition in The Code or elsewhere for what constitutes idealization. The use of pictures of animals and other characters is extensive, and it may be a marketing approach to aim to achieve compliance with The Code.
- Another area of concern is the interview-reported continuing efforts by some company representatives to make contact with pregnant women and mothers of infants.
- Closely related to this is the reported provision of samples to pregnant women and women with young infants. Nearly 9 percent of the women interviewed reported having received a free sample of at least one product. This issue should receive considerably more attention.

Limitations of this pilot study include:

- Much of the information needed to assess compliance comes from interviews with women and with health care workers. Self-reported events or information can be misreported for various reasons, as described in Chapter 7.
- Health care workers were randomly selected within each health facility, but they might not have been the best workers to interview with respect to facility-related issues. The facility-level questions might best be answered by a facility manager or a financial manager.
- The selection of retail outlets to observe point-of-sale promotions was purposive, not representative. The objective was to select stores that should be most likely to have such promotions (based on probable volume of sales) so that promotions could be documented if they were occurring.
- There were no precise definitions for what should be considered non-compliance in some cases. A number of situations were noted as "gray areas", where it was not clear if something should be considered non-compliance. The most prominent example is that of what type of picture on a label should be considered as idealizing the use of a BMS.