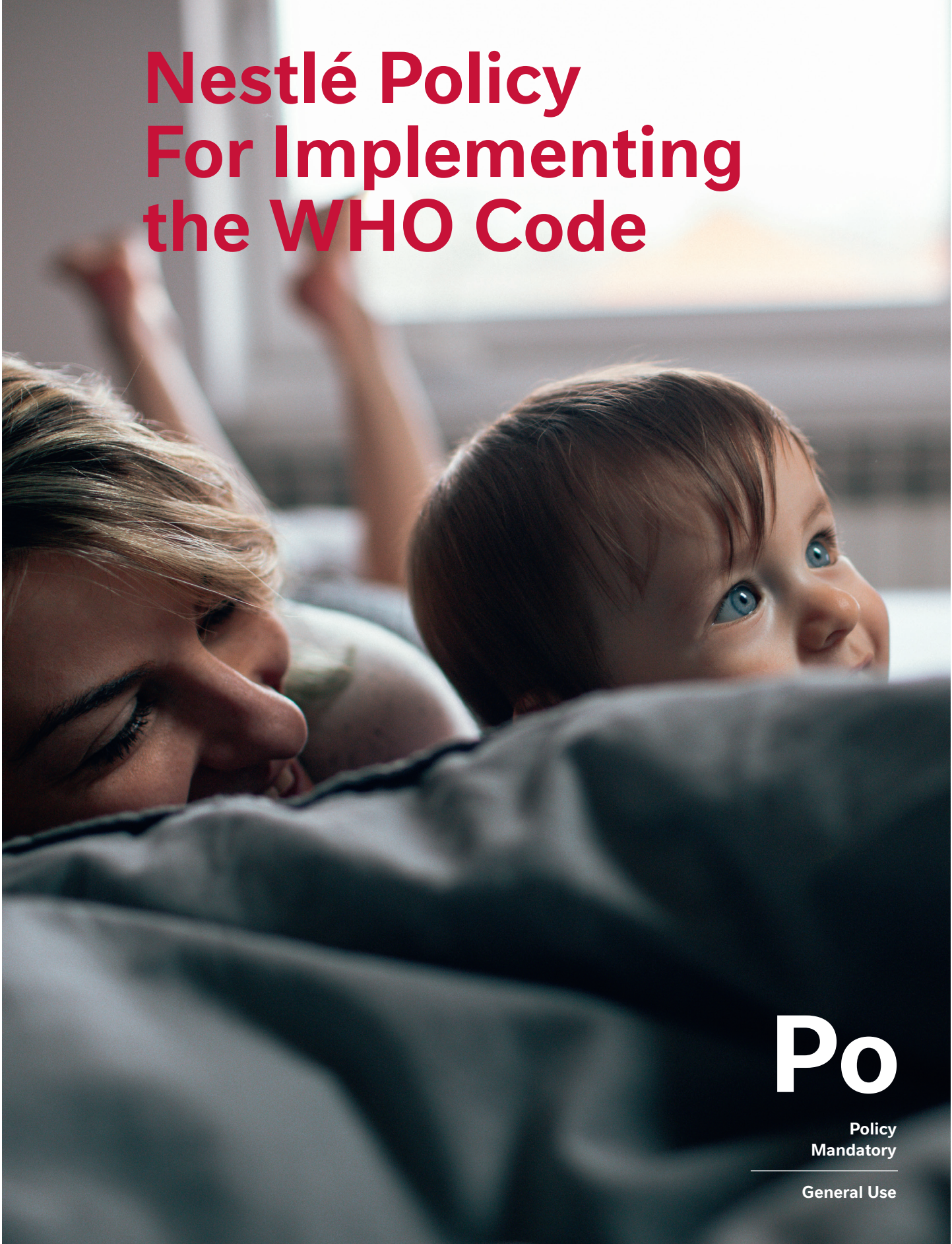




Good food, Good life

Nestlé Policy For Implementing the WHO Code



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Policy
Mandatory

General Use

Issuing department

Global Public Affairs

Target audience

All employees, interested members of the public

Approver

Executive Board of Nestlé S.A.

Date of approval

December 2021

Repository

All Nestlé Principles and Policies, Standards and Guidelines can be found in [NestleDocs](#), on the Nest

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Design

Société des Produits Nestlé S.A., Corporate Identity & Design,
Vevey, Switzerland

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1. Introduction

Nestlé's purpose is to unlock the power of food to enhance quality of life for everyone, today and for generations to come. Supporting the best possible nutrition for parents and babies in the first 1000 days of life and beyond, is fundamental to this purpose.

Breast milk is the best nutritional choice for babies. 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's why, at Nestlé, we fully support and promote the World Health Organization (WHO) Infant feeding recommendations, and why we are committed to protecting and supporting breastfeeding.

We believe that 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, parents and caregivers have determined that optimal breastfeeding is not possible, and in situations when breast milk is not available, it is vital their babies are fed with the highest quality, scientifically proven Breast Milk Substitutes to help them thrive.

Nestlé offers high quality, scientifically proven Infant Formulas, specially designed to meet the unique nutritional needs of growing babies. Marketing such products responsibly is central to our purpose as a company. We are committed to respecting the trust that parents, caregivers, and healthcare professionals place in us, and we are guided by the WHO International Code of Marketing of Breast Milk Substitutes ("WHO Code") as to how to market our Infant Formulas responsibly.

Alongside compliance with national regulations implementing the WHO Code, this Policy explains how we protect and support breastfeeding across our business and within our sphere of influence. It makes clear and transparent the conduct and standards of behaviour we expect from every person working at Nestlé, and from any third party acting with our authorisation.

In 1867, Henri Nestlé invented 'Farine Lactée' to save the life of a child suffering from malnutrition. Today, Nestlé and all other concerned stakeholders are united in the desire to secure healthy, prosperous futures for children around the world. This new Policy reflects our continuing ambition to demonstrate constructive engagement as a company and show leadership at an industry level. We are committed to working constructively with

parents, governments, healthcare providers, civil society and others, to make this shared vision a reality, and contribute to a healthier future together.

The principles underpinning our Policy

Our aim is to make a positive impact on the lives of babies, parents and caregivers through the ways we create and market our Infant nutrition products, and engage with other stakeholders in this space.

To help us do this consistently, we adhere to a set of principles that express our fundamental convictions about what is best for babies, parents and caregivers. We hold ourselves accountable to these principles, and we will always defend them:

1. We are committed to supporting breastfeeding as the ideal nutrition for babies.
2. We recommend breastfeeding over all other feeding alternatives.
3. Every child has the right to the best possible first 1000 days of life.
4. Caregivers should have access to the highest quality solutions for the choices they may make.
5. All solutions must be rooted in current, high-quality nutritional and behavioral science.
6. All caregivers should feel respected and at peace with their decision about how to feed their baby.
7. Achieving the best possible nutritional outcomes requires responsible engagement and advocacy with all stakeholders.

These principles should guide and inspire all our behavior, and this Policy should be understood as an expression of these principles in action.



U. Mark Schneider
Chief Executive Officer

2. The importance of breastfeeding

It is broadly recognized that good nutrition in the first 1000 Days – from conception through pregnancy and up to a child’s second birthday – can have a profound impact on their long-term health, growth, and development.

We believe that breast milk provides the best nutritional start in life and is the ideal source of nutrition for babies, as part of their first 1000 Days.

Breastfeeding plays a key role in the health and development of Infants by:

- Providing ideal nutrition for healthy growth and development;
- Helping to build up a strong immune system;
- Protecting against gastrointestinal infections;
- Reducing the likelihood of obesity later in life.

Breastfeeding has also been found to benefit mothers, and is associated with a reduced risk of ovarian and breast cancers, and improved mental health.

We fully support the World Health Organization’s recommendation of exclusive breastfeeding for the first six months of life, followed by sustained breastfeeding alongside adequate nutritious Complementary Foods, up to two years of age and beyond.

In cases where breast milk is not available for all a baby’s needs, then it is critical they are fed with the highest quality, scientifically proven alternative to help them grow, and stay healthy. Infant Formula is the only suitable breast milk substitute, according to the World Health Organisation.

Unfortunately, in many places it remains common that Infants and young children are exposed to inappropriate Breast Milk Substitutes, such as water, cow’s milk, juices and other sugary drinks. Such practices are dangerous, and every effort should be made to eliminate them.

Mothers who cannot, or choose not to, breastfeed exclusively should be supported to ensure their children get the best possible nutrition – and when seeking an alternative to breast milk, it is essential that families make informed decisions. We recommend that they speak with a healthcare professional (HCP) when considering how and what to feed their Infants.



3. Protecting & supporting breastfeeding

It is a fundamental expression of Nestlé's purpose to help protect and support breastfeeding. To do so is to act in the best interests of babies, parents, caregivers, and wider society, as well as the best interests of our company and shareholders.

Nestlé **protects** breastfeeding by continuing to implement and uphold an industry-leading Policy in the responsible Marketing of Breast Milk Substitutes. We apply the provisions of this Policy globally.

In addition, we comply with the WHO Code and subsequent relevant World Health Assembly (WHA) resolutions¹ as implemented by regulation all over the world, to the extent that they are stricter than this Policy. The most effective way to secure WHO Code Compliance is through well-drafted and well-implemented legislation. Nestlé will not undermine efforts to implement the WHO Code into national law. On the contrary, Nestlé positively advocates for adequate WHO Code adoption by Member States. In addition, we will continue to provide constructive and science-based support to government policy efforts to improve nutrition and health within their population.

To **support** breastfeeding means working to ensure that parents and caregivers have access to the best quality, scientifically grounded education on optimal nutrition and appropriate feeding practices during the first 1000 days. This includes breastfeeding as the best nutritional start in life. Supporting breastfeeding also means working to create and maintain conducive environments for breastfeeding around the world.

We support breastfeeding at Nestlé through a range of activities, including:

- Our own *Global Parental Support Policy*, which embraces the key principles set out by the International Labour Organisation Maternity Protection Convention (Convention C183), to foster breastfeeding friendly workplaces, and give families the time they need with their babies. This includes provisions for paid parental leave for both primary and secondary caregivers, employment protection and non-discrimination, flexible work arrangements, and a conducive work environment to breastfeed.

- External collaboration with governments and other organizations to support breastfeeding by setting up breastfeeding rooms, where women can feed their babies or express milk privately. To date, Nestlé has collaborated to set up thousands of such rooms in communities around the world.

Supporting today's parents & caregivers:

We believe breast milk is the ideal nutrition for babies. At the same time, we recognize that breastfeeding – or exclusive breastfeeding – is not always an option for every family.

Every parent, baby and family has unique circumstances. Communities, support systems, access to healthcare services, maternal health, birth stories, and many other factors contribute to parenting decisions, including what to feed our babies.

In some cases, grandparents, fathers, adoptive or foster parents or other family or community members take on the primary caregiver role. In other cases, mothers face barriers, such as the need to return to work or lack of private and sanitary spaces to feed their baby or pump.

This means that families' Infant feeding circumstances and options will vary, and may include nourishing their babies through breastfeeding, with expressed breast milk, donor breast milk, Infant Formula, or a combination of these.

In every case, we consider it vital that parents and caregivers are informed, empowered and supported to make the best possible nutritional choices for their babies. This includes having access to advice from healthcare professionals, access to the best scientifically grounded guidance and information – and, where exclusive breastfeeding is not possible, or breast milk is not available – to the safe use of high quality science based Infant Formula products.

¹ We implement resolutions in alignment with FTSE4Good criteria: WHA 39.28 (1986), WHA 45.34 (1992), WHA 47.5 (1994) WHA 49.15 (1996), WHA 54.2 (2001), WHA 55.25 (2002)

Evolution of our Policy

In the 1970s, civil society organizations raised concerns about the Marketing of Infant Formula in low-income countries with little access to clean water. Some accused Infant Formula Manufacturers, including Nestlé, of undermining breastfeeding through inappropriate Marketing practices, and of placing commercial interests ahead of Infant health. This led to boycotts and calls to end the promotion of Infant Formula.

In 1981, responding to such concerns about Nestlé and other BMS Manufacturers, the World Health Assembly adopted the International Code of Marketing of Breast Milk Substitutes, commonly known as the 'WHO Code'. This makes a set of recommendations for WHO Member States to regulate the Marketing of Breast Milk Substitutes, feeding bottles and teats.

Recognising the importance of these recommendations to protecting maternal and Infant health and maintaining high standards of public trust, in February 1982 Nestlé became the first Infant Formula company to publish a Policy for the implementation of the WHO Code into Infant Formula sales and Marketing practices. These were revised later that same year, after consultation with stakeholders including the WHO and UNICEF.

Since then, Nestlé has continually evolved its Policy, based on an ever-growing understanding of the needs of families, constructive feedback from governments and civil society, and further WHA Resolutions in relation to the WHO Code. Subsequent Policy revisions happened in 1996 and 2004.

In 2010, Nestlé completely revised its Policy to meet the FTSE4Good Inclusion Criteria for the Marketing of Breast Milk Substitutes, and in 2011, Nestlé was the first BMS Manufacturer to be included in the FTSE4Good index.

Our most recent previous Policy, released in 2017, further enhanced our transparency: we provided a clear description of our WHO Code Compliance Management system, which eased external assessments (e.g. by FTSE4Good or ATNI).

Today's Policy comes into force on the 40th anniversary year of Nestlé's first set of instructions. It marks an important expansion to a global scope and many countries which have not fully implemented the WHO Code into local regulation. This expansion has been made in response to a constructive 2020 Call to Action from Civil Society Organizations. This new Policy reflects our continuing ambition to demonstrate constructive engagement as a company and show leadership at an industry level.



4. The scope of the Policy

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 and social media.

Covered Products

The provisions of this Policy apply globally to:

- All Infant Formulas designed to satisfy the nutritional requirements of healthy Infants from birth to 6 months;
- Bottles and teats.

In Higher Risk countries, the provisions of this Policy additionally apply to:

- All Follow-on Formulas designed to satisfy the nutritional requirements of healthy Infants from 6 to 12 months;
- Complementary Foods and drinks for Infants younger than 6 months.

The above products will be collectively referred to as Covered Products throughout this document, except where otherwise specified.

In all countries, we comply with local regulation implementing the WHO Code to the extent it is stricter than the provisions of this Policy. As minimum, we apply all local regulation on other Infant and baby food products.

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 based on annual data from UNICEF's State of the World's Children Report, which is available on the *UNICEF website*:

- More than 10 per 1000 mortality rate under the age of five
 - More than 2% acute malnutrition (moderate and severe wasting) in children under the age of five
- All other countries are categorised as "lower risk".

Summary of Nestlé Policy by country type and product categories

Product type	Higher risk countries	Lower risk countries
Standard Infant Formula (0-6 months)	Nestlé Policy or National regulation, whichever is stricter	
Standard Follow on Formula (6-12 months)	Nestlé Policy or National regulation, whichever is stricter	National regulation
Complementary Foods < 6 months	Nestlé Policy or National regulation, whichever is stricter	National regulation
Complementary Foods >6 months	National regulation	
Growing Up Milks (GUM) 12-36 months	National regulation	
Products that are classified as Foods for Special Medical Purposes (FSMPs) or their equivalent in a country, and that are designed for Infants and young children with medical conditions who are unable to absorb, digest or metabolise breast milk or standard formulas as a sole source of nutrition, who are under medical supervision and who are at risk of death or compromised growth and developmental potential without access to these products. 0-36 months	National regulation	

5. The five principles of our WHO Code management system

This section explains the principles and practices that guide the implementation of our commitment to market Breast Milk Substitutes responsibly. These five principles are interdependent and mutually supportive.

We believe that together, they represent a robust and holistic approach to WHO Code management that reflects our continuing ambition to lead the industry in this area.



1. Compliance

Compliance with the law and with our Policy is obligatory, and fundamental to our approach and our values as a company. We have put in place a set of mechanisms to ensure compliance and to quickly detect and address any instances of non-compliance that may occur.

a. Training

- As a minimum, all Nestlé employees are required to be trained on *Nestlé's Corporate Business Principles*, which include specific Consumer Communication principles that apply to the Infant nutrition business and on *Nestlé's Code of Business Conduct*.
- All employees in our Infant nutrition business are required to be trained on the importance of protecting and supporting breastfeeding, including the WHO Code.
- Across all countries where we operate, we also provide regular training to help third parties with whom we have a direct-service relationship comply with our Policy and all national regulation implementing the WHO Code.
- Nestlé Leaders undergo mandatory training on leadership in compliance to foster the appropriate behaviours among our managers, and to emphasise the importance of this compliance culture to Nestlé Group.

b. Monitoring system, auditing and verifications

We often, and voluntarily, go through thorough assessments of our practices against this Policy, and the local regulation implementing the WHO Code and subsequent WHA resolutions.

These assessments happen whether or not a governmental monitoring system is in place.

- Our monitoring system includes:
 - **Internal monitoring:** this consists of routine monitoring activities performed by our staff, at country level, during their work and daily tasks, including (but not limited to) visits to retailers, detection of instances of non-compliance on Nestlé products and their competitors'.
 - **Auditing:** each year, the adherence to our Policy as well as the regulation implementing the WHO Code is assessed by Nestlé Internal Audit. Audits are conducted independently in a number of lower- and higher-risk countries in which we operate, following the audit procedures described in a dedicated Internal Audit Manual. Nestlé may commission specific WHO Code compliance audits to an internationally recognized certification agency every year. These audits are

sanctioned by Assurance Statements accessible on [nestle.com](https://www.nestle.com).

- **External verifications by independent stakeholders:** our Policy, management systems and practices are assessed every two to three years by independent stakeholders. The *Access to Nutrition Initiative* (ATNI) assesses the largest Breast Milk Substitutes Manufacturers against the WHO Code and its subsequent relevant WHA resolutions, and rank them in the BMS / CF Index. As a member of the FTSE4Good BMS index, we also go through verification assessments to maintain our inclusion. Accountability mechanisms such as ATNI and FTSE4Good BMS indices rely on in-country assessments, focused on two selected countries. We collaborate with these external stakeholders as they conduct independent verifications of our practices.

c. 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 to alert the company to potential instances of non-compliance with our Policy and local regulation, and seek advice or raise concerns with regards to the Marketing of Infant nutrition products. They can do this anonymously and confidentially, outside the line management structure via our '*Speak-Up*' system, or directly to the relevant WHO Code Ombudsperson:
 - **The Market WHO Code Ombudsperson**, who often is the Head of Legal and Compliance in the Market, is empowered to lead investigations, and decide corrective actions as well as sanctions, in consultation with the General Counsel Nutrition SBU and Global Public Affairs.
 - **The Group WHO Code Ombudsperson**, who is a member of the Nestlé Executive Board, coordinates the network of Market WHO Code Ombudspersons, and oversees each investigation on cases that are investigated under the WHO Code Ombudsperson System.
 - Neither the Market nor the Group WHO Code Ombudsperson are involved in the day-to-day management of our Infant nutrition business.

Internal and External:

- The “*Speak Up*” system provides all our internal and 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 on our global and all Markets’ corporate websites 24 hours a day, 7 days a week. External stakeholders may file an electronic report through a web form or by calling a toll-free number. Reporters may choose to remain anonymous.

External:

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

We investigate allegations of non-compliance with our Policy, and we promptly take corrective action as required. When conducting investigations the following principles are applied:

- o Confidentiality
- o Non retaliation
- o Presumption of innocence
- o No conflict of interest
- o Adherence to applicable privacy and labor and employment law and policies as well as collective bargaining agreements.

We will take disciplinary measures against our employees who deliberately violate this Policy or the local regulation implementing the WHO Code, when appropriate and where it is permitted under local regulation. Our employees are fully aware that the ultimate sanction for non-compliance is dismissal.

The range of sanctions, depending on the seriousness of the case, includes refresher training, verbal warnings, written warnings, payroll suspension and dismissal.

We transparently report the number of disciplinary measures in our *annual report on WHO Code Compliance*, published on our website.

d. Contractual relationships

We include WHO Code compliance clauses in our formal agreements with third parties involved in BMS Marketing or sales activities of Covered Products where it is permitted under local regulation.

When third parties with whom we have a direct service relationship violate the Policy or the local regulation implementing the WHO Code, we will require them to take appropriate corrective actions where permitted under local regulation (in particular competition law).

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 regulation.

2. Good governance

A respectful approach requires a comprehensive set of good governance mechanisms, based on an efficient set of checks and balances. 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. WHO Code Compliance implementation responsibilities

Business management:

- The **Chief Executive Officer (CEO)** of Nestlé S.A. is ultimately accountable for ensuring compliance with this Policy. A yearly report on the substantiated instances of non-compliance with the Nestlé Policy for the Implementation of the WHO Code, and national regulation 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 ensuring compliance with the Policy of the operations in their respective Zones. They rely on the Nutrition managers to implement the Policy in their operations.
- The **Head of Nutrition Strategic Business Unit (SBU)** is the guardian of Nestlé’s Policy in the business, and is responsible for guiding

the Zones in its implementation, and the implementation of the decisions of the Global WHO Code Compliance Committee.

- The **Nestlé Market Head**, is accountable in his/her geography for compliance with all policies across all our businesses, including this Policy.
- The **Nutrition Business Executive Officer (BEO, business manager for the Infant Nutrition category in the Market)** is responsible for implementing this Policy in his or her geography.

Compliance Management:

A functional organization supports the business leaders at all levels and geographies for the proper implementation and monitoring of WHO Code Compliance across the Group:

- The **Head of Group Legal, Corporate Governance, Compliance** who is a member of the Nestlé S.A. Executive Board, oversees all compliance matters across the Group including WHO Code Compliance.
- The **General Counsel Nutrition SBU** oversees the WHO Code Compliance Management system in the Zones and Markets, guides the Zone WHO Code Compliance Managers in the implementation of the Policy, and aligns with Global Public Affairs for the setting of the Policy. He/she oversees the investigations and is the primary contact for the Group WHO Code Ombudsperson. He/she reports to the **Head of Group Legal, Corporate Governance, Compliance**.
- The **Zone WHO Code Compliance Managers** monitor the implementation of the Policy in their respective Zones, and guide and train the Market WHO Code Compliance Managers.
- The **Market WHO Code Compliance Managers** guide the Markets on the implementation of the Nestlé Policy, and translate the Nestlé Policy and local regulation into a local WHO Code Policy manual. He/she monitors the compliance of the local operations and addresses any non-compliance and reports in the central monitoring system.

Segregation of responsibilities:

- The **Global Head of Public Affairs** and its **Policy and Compliance Manager** are responsible for Policy setting, based on engagement with external stakeholders, and for overseeing the WHO Code compliance mechanisms with respect to Nestlé's external commitments. Global Public Affairs has no business responsibility in relation to breastmilk substitutes.

c. WHO Code Compliance Committees

The Global and Local WHO Code Compliance Committees oversee the compliance management system, and adherence to our Policy, the national regulations implementing the WHO Code, and the FTSE4Good BMS criteria.

The **Global WHO Code Compliance Committee** includes:

- The Executive Board members responsible for Compliance and for Human Resources;
- The Global Head of Public Affairs;
- Representatives of the Nutrition Business (including the Head of Nutrition SBU);
- The General Counsel Nutrition SBU

Global Public Affairs manages its administration.

The **local WHO Code Compliance Committees** advise and oversee the compliance management system with the Nestlé Policy and local regulation in the Markets. Markets can choose to handle WHO Code Compliance as a standing item of the Market Compliance Committee or they put in place a separate local WHO Code Compliance Committee.

The local WHO Code Compliance Committee includes the Nutrition BEO, the Market WHO Code Ombudsperson (who is often the Market General Counsel or the Market Compliance Officer), representatives of the local corporate functions (Human Resources, Legal and Compliance and Finance) and the Market WHO Code Compliance Manager.

3. Transparency

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 policies, standards and guidelines** on a range of topics, including:

- *Nestlé Corporate Business Principles;*
- *Nestlé Code of Business Conduct;*
- *Nestlé Policy on Transparent Interaction with Public Authorities;*
- *Nestlé Standard for Donations or Low Cost Supplies for use in Emergencies and for Social Purposes;*
- *Nestlé Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units* (the HCP Code)

- **Compliance reports:**
 - **Annual external reports** summarising all instances of non-compliance with our Policy on the WHO Code and national regulation implementing the WHO Code, as identified through all internal and external monitoring mechanisms, and the corrective actions taken. This report is widely shared externally and subject to review and approval by the Nestlé Executive Board and the Audit Committee of the Board of Directors. All reports since 2009 are available on nestle.com.
 - **External assessments (such as FTSE4Good Verification reports or ATNI BMS / Complementary Foods Marketing reports)** and Nestlé's responses.
- **Assurance statements** by an internationally recognised certification agency (see 1.b Monitoring system, auditing and verifications).
- **Advocacy 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.

4. Constructive engagement

At Nestlé, we embrace our responsibilities. Furthermore, we understand that protecting and supporting breastfeeding, and securing the best possible nutrition for children around the world, is a shared goal that requires the commitment and action of industry, healthcare professionals, civil society organizations, WHO Member States, and many others.

We believe these actions need to be taken in a series of complementary steps to ensure progress is made across the board, and we are committed to working constructively with all relevant stakeholders to advance this agenda.

Doing this will include continuing to both listen and contribute:

Listening

Our regular stakeholder convenings provide crucial opportunities for us to listen. These interactions help us to build a better understanding of our role in addressing critical societal issues, as well as facilitating collective action. 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.

Further to these, we welcome the constructive scrutiny and feedback that comes from civil society organizations, health care professionals, consumer groups, academia, governments, and partners, that help us improve our practices.

Contributing

We stand ready to actively engage with stakeholders to find ways to advance industry commitments on the promotion of Infant Formula for babies aged 0-12 months, while ensuring compliance with antitrust laws.

We commit to offering our technical expertise on request to any BMS company who would like to learn from our many years of experience in creating a robust, WHO Code-aligned Policy and governance system.

We also stand ready to support, alongside civil society organizations, advocacy for the effective implementation of the WHO Code and subsequent relevant resolutions, into national laws, as the most effective way to secure Code compliance. As part of this, we make a clear commitment that we will only lobby in favor of regulation that meets at least a minimum threshold of Code alignment on BMS aimed at Infants aged 0-12 months of age.

We further offer our support to stakeholder coalitions on their request to advocate for:

- Environments conducive to parenting, such as parental support policies and programs;
- Raising awareness and eliminating the use of inappropriate Breast Milk Substitutes.

Whenever engaging with policy makers, we follow the *Nestlé Policy on Transparent Interactions with Public Authorities*, according to a basic principle: we support government efforts, and only engage with them to implement efficient policy frameworks to improve nutrition and health. We collaborate with WHO, Governments and other intergovernmental health agencies in their efforts to develop regulations to implement health and nutrition measures.

In these commitments, and in any such advocacy activities, we will further be guided by the principles of Legitimacy, Transparency, Consistency, Accountability, and Opportunity, of the Responsible Lobbying Framework (RLF), to strengthen and improve our policies and practices.

5. Continuous improvement

We believe our systems have become progressively more effective and robust over the years, thanks to an ethic and structures that enable continuous improvement.

In practical terms, we integrate the learnings from the findings of numerous verifications and audits, the implementation of the Policy at country level, and changes in local regulation to improve our practices relating to the responsible Marketing of BMS.

Over the years we have built a deep collaboration with a group of civil society organizations and external stakeholders that we regularly invite for stakeholder convenings. The outcome of these bilateral discussions are also reflected in the Policy and guidelines updates.

When needed, we make swift improvements to our procedures and in our operations worldwide and the substantial changes are reviewed and approved by our Group WHO Code Compliance Committee.

In recent years, we have improved and upgraded our approach, including:

- Expanding the geographic scope of our Policy globally, to both higher and lower risk markets;
- Adopting a Standard on donations or low-cost supply for use in emergencies and for social purposes;
- Amplifying communication of our Policy concerning Code compliance with our Distributors and customers;

- Releasing the HCP Code increasing transparency of our HCP sponsorship process;
- Enhancing internal audit procedures within a dedicated WHO Code Compliance audit manual for Nestlé Internal Audit;
- Strengthening internal reporting mechanisms: results of our internal compliance monitoring are now reported annually to our Executive Board and the Audit Committee of Board of Directors;
- Launching the “*Speak Up*” reporting system for internal and external grievances, merging the existing Internal Reporting System (IRS) and Tell Us, implementing globally our grievance mechanisms

The same principle of continuous improvement that has helped us to make progress in these areas, tells us that there is still further we can go, and we commit to continued learning and improvement.



Moving forward

Over decades of work in the field of Infant nutrition, we have been continuously inspired by the deep commitment to the nutritional health of young children which is shared across all its sectors and stakeholders.

Advances in science have helped us all come to a deeper understanding of the importance of the first 1000 days in influencing a child's lifelong health, prosperity and wellbeing. It is no exaggeration to say that the quality of life of future generations depends on getting this right, at scale.

However, despite substantial progress over recent decades, the sad reality is that almost half of all deaths in children under age five today are linked to undernutrition. 149 million children under age five suffer from stunting, and almost 50 million, wasting. The scourge of hidden hunger afflicts millions, creating an array of health and development problems.

Rates of obesity among young children are rising, especially among some of the poorest, driving early onset of type 2 diabetes, stigmatization, and lifelong, and even intergenerational, negative health impacts.

It is a source of great hope to see global rates of breastfeeding steadily increasing from 39% in 2010 to 44% in 2021. This is one of the most powerful changes that can happen for child health - hence the focus of this document on the responsible Marketing of Breast Milk Substitutes, and its importance to all of us working at Nestlé. However, these rates are still too low, and further, indicate the widespread use of inappropriate alternatives to breast milk, such as cows' milk fruit juices and other sugary drinks that cannot provide the nutrition growing babies need.

Though the causes of these problems are numerous and complex, one thing is clear: this situation is unacceptable and intolerable to anybody involved in the field of child health. Our most important duty is to work together and do what we can to address it.

To keep increasing breastfeeding rates will require stable and enabling economic, regulatory, physical and cultural environments. It requires access to education and hands-on support for mothers. And it requires access to sufficient, safe, varied, and affordable diets for themselves, and later for their babies, as they are weaned and transition to complementary feeding.

Achieving this requires first, all stakeholders to build a clear-sighted and empathetic understanding of the realities of parenting around the world today, the actual feeding

choices and necessities these realities generate, and how these choices can be steadily improved to produce better outcomes for mothers and babies. Second, it requires continued and effective cross-sectoral collaboration to shape environments that enable the best possible feeding choices.

No single actor can achieve such things alone. We believe that through deeper, good faith cooperation between stakeholder groups we could achieve more, faster. And we believe that we at Nestlé, and certain others in industry, have a great deal to offer to such collaborations. But we have a vision that goes much further – of a future where every child enjoys the best possible nutritional health, thanks to the concerted collaborative action of civil society organizations, governments, healthcare professionals, and industry.

We understand that there are barriers to such collaboration today, but we believe that this is a prize worth fighting for, and welcome any opportunity to engage more deeply on this most important of missions.

Nestlé's implementation of the WHO Code on Covered Products

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.

Article 1 Aim of the Code

Nestlé fully supports the aim of the WHO Code.

Article 2 Scope of the Code

Products and geographical scope:

- i. The provisions of this Policy apply globally to:
 - All Infant Formulas designed to satisfy the nutritional requirements of healthy Infants from birth to 6 months;
 - Bottles and teats.
- ii. In Higher Risk countries, the provisions of this Policy additionally apply to:
 - All Follow-on Formulas designed to satisfy the nutritional requirements of healthy Infants from 6 to 12 months;
 - Complementary Foods and drinks for Infants younger than 6 months.

The above products will be collectively referred to as Covered Products throughout this document, except where otherwise specified.

The provisions of this Policy do not apply to the below products:

- i. Complementary Foods and drinks for Infants in Lower Risk countries, and, in Higher Risk countries, 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 Covered Products (particularly those that are classified as Foods for Special Medical Purposes – FSMPs – or their equivalent in a country, and that are designed for Infants and young children with medical conditions who are unable to absorb, digest or metabolise breast milk or standard formulas as a sole source of nutrition, who are under medical supervision and who are at risk of death or compromised growth and

developmental potential without access to these products).

- iii. Milk products not adapted for Infants feeding. (See Article 9.3).

For the above uncovered products, Nestlé Policy is to abide by the local legislation implementing the WHO code.

Article 3 Definitions

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”.

“Covered Products” means: products as defined in Article 2 of this Policy.

“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.

“Health 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 between four and six months of age, and adapted 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.

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 Information and Education

Article 4.1 Nestlé is ready to support governments' efforts to fulfil their responsibilities under the WHO Code.

In particular, Nestlé is committed to actively engage with stakeholders to encourage implementation of the WHO Code and subsequent relevant resolutions into national

- 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:
- the benefits and superiority of breastfeeding;
 - maternal nutrition, and the preparation for and maintenance of breastfeeding;
 - the negative effect on breastfeeding of introducing partial bottle-feeding;
 - the difficulty of reversing the decision not to breastfeed; and
 - 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.

laws. Nestlé supports regulating promotion of Infant Formula for babies aged 0-12 months globally. The most effective way to secure WHO Code Compliance is through well-drafted and well implemented legislation. To achieve this, we would like to engage with WHO, UNICEF and the other signatories of the Call to Action to advocate for adequate WHO Code adoption by member states.

Nestlé will not undermine efforts to implement the WHO Code into national law, on the contrary, Nestlé positively advocates for adequate WHO Code adoption by Member States. In addition, we will continue to provide constructive and science-based support to government policy efforts to improve nutrition and health within their population.

- Article 4.2** All informational and/or educational materials, whether written, audio, or visual, dealing with the feeding of Infants and intended to reach 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.

These materials must contain the additional information specified under Article 4.2 of the WHO Code, i.e. 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.

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 Covered Products are superior or equal to breast milk.

These materials may only show the brands of Covered Products in case they contain information about the use of this specific Covered Product and may include the image of a Label of the specific Covered Products in order to avoid confusion with other formula products or milk products inappropriate for use as Covered Products.

Materials on the use of Covered Products must only be distributed in healthcare facilities and given or shown to mothers only by healthcare professionals and this must be indicated on

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 be distributed only through the Healthcare System.

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

the material. It may not be given to mothers by company personnel.

Article 4.3 Donations of 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, may only be made available to healthcare institutions and professionals upon their request and in accordance with any applicable government requirements or guidelines.

Such materials must not contain illustrations of Covered Products or mention the names of individual Covered Products brands. The Corporate name or logo can be depicted on the donated informational or educational material or equipment.

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.

Please also refer to the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

Article 5 **The General Public and Mothers**

Article 5.1 There must be no advertising or other form of promotion of Covered Products 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 Covered Products 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 Covered Products directly to the consumer at the retail level are not permitted.

This provision should not restrict the establishment of pricing policies and practices

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.

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

intended to provide products at lower prices on a long-term basis.

Article 5.4 Gifts of articles or utensils promoting the use of Covered Products 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 Covered Products. This is not intended to prevent trained staff from responding to questions from consumers about the use of Covered Products and other foods intended for Infants via, for instance, telephone helplines, websites and social media.

Article 6 Healthcare Systems

Article 6.1 Addressed to the healthcare authorities.

Article 6.2 Nestlé Policy provisions 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 Covered Products, 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 provision.

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

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 6.7 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.

System for advising mothers or similar duties related to Covered Products. 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 Covered Products, 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 Covered Products may not be donated nor sold at a price merely token in nature to healthcare facilities for any reason.

The amounts of Covered Products needed for the Infants who require them in maternity wards and hospitals are made available through the normal procurement channels.

Where national rulings allow, the company may respond to written requests for free or low-price Supplies of Covered Products 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 As per provisions 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 Covered Products. Such material or equipment may bear the company name and logo, but may not bear any Covered Products 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 Covered Products brand or logo.

Please also refer to the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

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 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 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.

All such informational materials should conspicuously mention that they are destined for Healthcare Workers only.

Please also refer to the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

Article 7.3 No financial or material inducements to promote Covered Products 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 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.

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

Please also refer to the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

Article 7.4 Nestlé does not provide Samples of Covered Products and/or equipment or utensils associated with the preparation of Covered Products to HCPs, except when necessary for the purpose of product professional evaluation (PPE).

PPE may be provided to HCPs only in the following instances:

- To introduce a new Covered Product or new product packaging/Labelling;
- To introduce a new formulation/recipe of an existing Covered Product;
- To introduce the range of products to new, or recently qualified, healthcare professionals;
- To gain experience of the efficacy of the Covered Product, including evaluating suitability and tolerance.

PPE may be provided to HCPs for short-term use and in small quantities. Distribution of PPE is strictly limited in regularity and quantity to avoid excessive allocation of PPE to individual HCPs.

Covered Products 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.

Please also refer to the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

Article 7.5 Nestlé can provide sponsorship to Healthcare Workers in accordance with the provisions of the *Code of Interaction with Healthcare Professionals and Institutions for Nestlé Nutrition Business Units*.

Article 8 **Persons employed by Manufacturers and Distributors**

Article 8.1 Bonuses or incentives aimed at encouraging increased volume of sales of Covered Products must not be paid to sales staff, medical delegates, and other Marketing Personnel. Remuneration for sales staff and medical

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.

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:

- a. the words "Important Notice" or the equivalent;
- b. a statement of the superiority of breastfeeding;
- c. 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;
- d. 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 substitute and for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Inserts giving

delegates must be examined on a country-by-country basis in order to determine the criteria to be established for appropriate compensation. Sales staff, medical delegates, and other Marketing Personnel are paid incentives / compensation to reward compliance with the requirements of this Policy.

Article 8.2 Company personnel involved in the Marketing of Covered Products 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.

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 Covered Products 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.

Labels of Covered Products also include a statement on the importance of exclusive breastfeeding for the first 6 months and continued breastfeeding for up to two years.

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.

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 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

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.

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 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

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

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.

Nestlé will not undermine efforts to implement the WHO Code into national law, on the contrary, Nestlé positively advocates for adequate WHO Code adoption by Member States. In addition, we will continue to provide constructive and science-based support to government policy efforts to improve nutrition and health within their population.

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.

Nestlé will not undermine efforts to implement the WHO Code into national law, on the contrary, Nestlé positively advocates for adequate WHO Code adoption by Member States. In addition, we will continue to provide constructive and science-based support to government policy efforts to improve nutrition and health within their population.

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 "Management Responsibility" section in the Policy.

Article 11.4 Employees and all others 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

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should apprise each member of their Marketing Personnel of the Code and of their responsibilities under it.

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.

Nestlé Policy provisions

parties involved in the Marketing of Covered Products, to fully understand the importance of promoting, supporting and protecting breastfeeding, as well as complying with Nestlé Policy and local legislation 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.