



## **RB's Policy and Procedures on the Marketing of Breast-Milk Substitutes**





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<b>Applicability</b>	All RB Employees and authorised third parties acting under the direction of RB plc
<b>Approver</b>	Executive Board of Reckitt Benckiser (RB) Group plc
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# Introduction

At RB, we believe we have a significant role to play during the first 1000 days – a period from conception up to two years of age. Firstly, we are committed to marketing our Breast-Milk Substitutes (BMS) ethically and responsibly at all times, and in supporting a mother's decision to continue to breastfeed her Infant, for as long as she chooses. Secondly, if a mother is not able to, or does not wish to breastfeed, our role is to provide the highest quality and most nutritious products possible, which we develop through investment in science-led research and development programmes.

## Our core beliefs:

- Optimal nutrition in the first 1000 days determines cognitive development and is key to ensuring children have the best possible start in life;
- Families have the right to quality and science-led information to make informed choices about the best source of nutrition for their Infants.

We recognise that breast-milk provides the best source of nutrition for an Infant, transmitting vital proteins, vitamins and key antibodies that help babies fight off viruses and bacteria. Breastfeeding plays a critical role in a baby's growth and development, and also fosters a strong bond between mother and baby.

RB supports and promotes the recommendation of the World Health Organisation (WHO) for exclusive breastfeeding during the first six months and the introduction of safe, age-appropriate, nutritious Complementary Foods thereafter. We advocate continued breastfeeding up to two years of age and beyond.

We acknowledge the importance of the principles and aims of the 1981 WHO Code and subsequent relevant World Health Assembly (WHA) resolutions, as implemented by governments. We commit to fully complying with all laws, regulations and our own BMS Marketing Policy (whichever is the stricter) in relation to the manufacturing, distribution and marketing of all our Infant and nutrition products.

We also recognise that in today's world, not all mothers want to, or are able to breastfeed. Decisions by mothers about feeding their Infants are highly complex, and influenced by a range of factors. We believe all families have the right to make the most appropriate choice based on their individual, and often complex, living and working circumstances.

The WHO recognises the role of Breast-Milk Substitutes (BMS) as the only safe and nutritious alternative to breast-milk.

Industry has the key responsibility to adopt, implement, enforce and monitor appropriate policies and procedures to ensure marketing practices do not undermine the

choice and ability of mothers to breastfeed in line with the recommendations outlined by the WHO. At RB, with the introduction of our first Policy and Procedures on the Marketing of Breast-Milk Substitutes (BMS Marketing Policy), we are publicly establishing our mandatory marketing practices, in support of the aims and principles of the WHO Code. Our BMS Marketing Policy is based on the WHO Code and has a particular focus on Higher-Risk countries. Additionally, we have introduced three further Articles that go beyond the scope of the WHO Code.

Compliance with our BMS Marketing Policy is essential for maintaining the highest marketing standards and ethical behaviour at all times. It applies to all Employees in the RB group and to authorised third parties acting under RB's direction.

We will work across industry and with governments to promote engagement, transparency and accountability. We look forward to continuing to engage with key stakeholders and other interested parties to initiate positive change, contributing to healthier lives and happier homes.

**Rakesh Kapoor**  
Chief Executive Officer and  
President of Health Business, RB



# Background Information

## Why we introduced the BMS Marketing Policy

### World Health Organisation

In 1981, the World Health Organisation (WHO) adopted the International Code of Marketing of Breast-Milk Substitutes. It is commonly referred to as the 'WHO Code'. It is a set of recommendations for the WHO Member States to regulate the marketing of Breast-Milk Substitutes (BMS), feeding bottles and teats. The WHO Code states that

governments should take action to implement the recommendations via legislation and/or other means. The WHO recognised that inappropriate feeding practices lead to Infant malnutrition, morbidity and mortality in many countries, and that improper practices in the marketing of BMS and related products, contributed to these major public health problems.

The aim of the WHO 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."

### A Joint and Collective Responsibility

National governments play a pivotal role in promoting legislative change that provides a supportive environment for breastfeeding mothers, and in developing and/or strengthening legislative, regulatory and other measures to control the marketing of BMS.

**At RB**, we will continue to support governments in the development and implementation of appropriate industry standards via our collaborative actions with both [local and international trade associations](#). We strive to strengthen partnerships and to continue to deliver innovative and appropriate solutions for healthier lives and happier homes.

Industry has a role via investment in research and development programmes that produce and market the highest standard and safest products that meet the nutritional needs of Infants.

**At RB**, we are committed to advancing the science of nutrition. Through a continual process of research, innovation and development we work to innovate safe, nutritious and scientifically advanced foods to meet the needs of our most important consumers – Infants.

Healthcare Professionals (HCPs) play an essential role in guiding and influencing Infant feeding practices and providing objective, science-based advice regarding appropriate feeding options. Such advice should be independent of undue influence from BMS manufacturers and other parties with a commercial interest involved in the process of bringing a product to the consumer.

**At RB**, we commit to having appropriate marketing and distribution practices in place, ensuring HCPs have access to truthful, science-based, well-balanced information, and that our interactions with HCPs are free from financial or other forms of inducements.



## The Importance and Protection of Breastfeeding

Breastfeeding provides Infants with the best and most complete source of nutrition, and plays a key role in an Infant's growth and development, building not only a strong immune system but also fostering a strong bond between mother and baby.

RB supports and promotes the recommendation of the WHO for exclusive breastfeeding during the first six months and the introduction of safe, age-appropriate, nutritious Complementary Foods thereafter. We advocate continued breastfeeding up to two years of age and beyond.

Decisions by parents are highly complex and influenced by many factors. We believe all families have the right to make the most appropriate choice based on their individual circumstances. Parents should be supported in their feeding decisions.

Industry has a responsibility to not only implement and monitor appropriate policies to ensure their marketing practices support (and do not undermine) a mother's choice and ability to breastfeed her Infant for as long as possible, but to also ensure families are provided with factual, science-based information regarding the proper preparation and use of any products intended for Infant consumption.

We acknowledge that independent of any measures taken by governments in implementing the WHO Code, RB has the responsibility to implement and monitor its own marketing practices according to the principles and aim of the WHO Code.

RB commits to complying with the WHO Code and all subsequent relevant World Health Assembly (WHA) resolutions, as implemented by local governments worldwide. In addition, our Policy and Procedures on the Marketing of Breast-Milk Substitutes (BMS Marketing Policy), as outlined on pages 4 to 16, further restrict marketing practices in the 0 to 12 months of age category, in all Higher-Risk countries.

We also commit to ensuring that our business conduct, at every level and by every RB Employee, conforms to the BMS Marketing Policy and the [RB Code of Conduct](#).

Our aim is to support and protect both mother and baby well-being during the pregnancy, and maternal periods.

**RB's Global Maternity Policy** includes:

- 16 weeks of paid maternity leave, supplemented by up to 36 weeks of unpaid leave – allowing a full year of employment protection;
- A 'Stay in Touch Programme' and maternity webinars, to maintain contact, support and provide guidance.

We are also committed to provide the following wherever we operate by the end of 2018:

- A private, wellness space in all RB workplaces for breastfeeding mothers;
- Additional time off for antenatal and prenatal classes;
- Continuation of employment related benefits during the maternity period;
- Risk assessments of working conditions and support from the company's occupational health provider.







# RB's Policies on the Marketing of Breast-Milk Substitutes

## Articles 1 to 11 Based on the WHO Code of 1981

### ARTICLE

#### 1 Aim

##### WHO ARTICLE 1

RB acknowledges the importance and supports the aim and principles of the World Health Organisation's 1981 International Code of Marketing of Breast-Milk Substitutes (WHO Code) 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 (BMS), when these are necessary, on the basis of adequate information and through appropriate Marketing and distribution.

### ARTICLE

#### 2 Scope of this Policy

##### WHO ARTICLE 2

##### Organisational Scope

This BMS Marketing Policy applies to all Employees in the RB group involved in the distribution, Marketing and/or selling of Covered Products (collectively referred to hereinafter as 'Relevant Employees'). Compliance with the BMS Marketing Policy is mandatory for all Relevant Employees and authorised third parties acting under the direction of RB.

##### Geographical Scope

In all countries where RB operates, we commit to complying at a minimum with the national government laws and regulations for implementing the WHO Code. We acknowledge that the adoption and adherence to the WHO Code as implemented by local governments is a minimum requirement for Higher-Risk countries.

In Higher-Risk countries, RB's BMS Marketing Policy applies to the Marketing and practices related thereto, quality and availability, and to information concerning the use of Covered Products.

Additionally, in all Higher-Risk countries, we will respect whichever are the stricter requirements relating to the Marketing of Covered Products – be that national laws and/or regulations implementing the WHO Code or our BMS Marketing Policy. This commitment applies unequivocally to both scope of product and/or the age period of marketing restrictions.

Higher-Risk countries are defined within the FTSE4Good BMS Marketing Criteria, as those which meet either of the following criteria:

- More than 10 per 1000 mortality rate under five years of age; or
- More than 2% acute malnutrition (moderate and severe wasting) in children under five years of age.

A full list of Higher-Risk countries is included in Annex 1.

All other countries are classified as 'lower-risk'.

##### Product Scope

In Higher-Risk countries, the BMS Marketing Policy applies to:

- a) Infant Formulas;
- b) Follow-on Formulas;
- c) Delivery Products, and;
- d) Complementary Foods and Beverages for Infants under six months of age.

Collectively, this product grouping is referred to as 'Covered Product' or 'Covered Products' throughout this BMS Marketing Policy.

This BMS Marketing Policy does not apply to Excluded Products.

Excluded Products are those distinctly formulated and intended for use under medical supervision by Infants with special medical conditions who are not able to take, absorb, digest, metabolise and excrete breast-milk or standard Infant Formula or Follow-on Formula, formulated for healthy Infants. Excluded Products include, but are not limited to: (i) Foods for Special Medical Purposes, commonly referred to as FSMPs, including, but not limited to products to address metabolic conditions, or products for inborn errors of metabolism, such as Phenylketonuria (PKU) or Maple Syrup Urine disease; (ii) human milk fortifiers; (iii) formulas for prematurely born Infants; and (iv) hypoallergenic protein hydrolysate formulas.



ARTICLE

### 3 Definitions

WHO  
ARTICLE  
3

Please refer to Annex 2 for a full list of definitions appearing in this BMS Marketing Policy.

ARTICLE

### 4 Information and Education

WHO  
ARTICLE  
4.1

**4.1** RB supports governments and recognised health and nutrition experts to promote objective and consistent information, science-based policies, regulations, and standards governing Infant feeding for the benefit of families and those involved in the field of Infant nutrition.

WHO  
ARTICLE  
4.2

**4.2** All Infant feeding information and educational materials, intended for pregnant women and mothers of Infants, will include statements regarding each of the points (a) to (e) contained in Article 4.2 of the WHO Code. These materials should also contain the additional information specified in Article 4.2 of the WHO Code.

Such materials should not use any pictures or text elements, which idealise the use of Covered

Products. RB considers idealisation to be statements/communications that imply that Infant Formula is superior or equivalent to breast-milk.

WHO  
ARTICLE  
4.3

**4.3** Informational, educational materials, and/or practice-related items provided for use in Healthcare Entities (HCEs), and intended for pregnant women and mothers of Infants in relation to maternal and Infant health, will not contain Covered Product brand names and/or logos. Such materials or equipment may bear the Company's name or Company logo.

Such materials and/or practice-related items will only be made available to the HCE and/or Healthcare Professionals (HCPs) upon their request, with the written approval of the relevant authority, and in accordance with any government-issued guidelines/requirements specific for this purpose.

ARTICLE

### 5 The General Public and Mothers

WHO  
ARTICLE  
5.1

**5.1** RB does not engage in advertising or any form of promotion of Covered Products directly to the general public.

Where we have no direct service and/or contractual relationship with a third party, our ability to influence their advertising and promotion of Covered Products is limited. Where permitted under local legislation, we will work with these third parties to establish awareness of our Policy with particular focus on advertising and promotional activities.

WHO  
ARTICLE  
5.2

**5.2** Samples of Covered Products are not given directly or indirectly to pregnant women, mothers of Infants or members of their families.

WHO  
ARTICLE  
5.3

**5.3** RB does not use point-of-sale advertising, sampling or any other promotional devices to induce sales of Covered Products directly to the consumer, at retail level.

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

WHO  
ARTICLE  
5.4

**5.4** Gifts or articles or utensils promoting the use of Covered Products or bottle-feeding are not distributed to pregnant women or mothers of Infants.

WHO  
ARTICLE  
5.5

**5.5** RB Employees do not solicit direct or indirect contact with pregnant women or mothers of Infants, in order to market Covered Products. This is not intended to prevent RB Company personnel from responding directly to unsolicited questions from consumers about Covered Products including but not limited to questions via telephone helplines, websites and/or social media.





ARTICLE

## 6 Healthcare Systems

WHO  
ARTICLE  
6.1

**6.1** WHO Code Article 6.1 is addressed to the healthcare authorities.

WHO  
ARTICLE  
6.2

**6.2** RB does not use HCEs for the purpose of promoting Covered Products. This does not, however, preclude the dissemination of scientific or technical product information directly to HCPs, as outlined in Article 7.2 of this BMS Marketing Policy.

WHO  
ARTICLE  
6.3

**6.3** Displays, placards or posters of Covered Products, should not be used within HCEs. Distribution of Covered Product materials, within the HCE is also prohibited, other than that specified in Articles 4.2 and 4.3 of this BMS Marketing Policy.

WHO  
ARTICLE  
6.4

**6.4** The Company does not provide, nor pay for 'professional services representatives', 'mothercraft nurses' or similar personnel directly or indirectly to HCEs.

WHO  
ARTICLE  
6.5

**6.5** RB Employees are not involved in providing Infant Formula feeding demonstrations directly to mothers or family members. Only Health Workers or other community workers should provide such demonstrations. Company personnel may provide relevant educational and instructional material to assist the Health Workers in fulfilling their responsibilities.

WHO  
ARTICLE  
6.6

**6.6** Supply of Covered Products may be donated or provided at a reduced price solely on the basis of a written request of a HCE, and in accordance with the HCE's and RB's transparent procurement, invoicing and, if applicable, payment process. In Article 14 of this BMS Marketing Policy, we have outlined our approach to providing Humanitarian Aid.

Such supplies are provided in reasonable quantities and intended only for primary use at the requesting HCE, and only by Infants who, pursuant to a HCP recommendation are required to be fed with Covered Products during their stay.

Covered Products are not provided as an incentive to Health Workers or HCEs.

WHO  
ARTICLE  
6.7

**6.7** RB, as a donor, is aware of its responsibilities according to Article 6.7 of the WHO Code.

WHO  
ARTICLE  
6.8

**6.8** Materials and/or practice-related items donated to a HCE, in addition to those referred to in Article 4.3, may bear the Company name and/or logo but may not include any Covered Product brand name or logo.

The supply of materials and/or practice-related items is made only to, and on the basis of a written request of a HCE, and in accordance with the HCE's and RB's transparent, established and *bona fide* procurement, invoicing and, if applicable, payment processes.

In addition, where RB's internal standards are stricter than the WHO Code, RB's higher standard will then apply.



ARTICLE

## 7 Health Workers

WHO  
ARTICLE  
7.1

**7.1** RB will make every effort to ensure Health Workers are familiar with their responsibilities under the WHO Code.

WHO  
ARTICLE  
7.2

**7.2** In their contact with HCPs, RB Marketing Personnel ensure that only factual, objective, and scientific information related to Covered Products is provided.

Marketing, informational and/or educational materials intended for HCPs should always emphasise the importance of breastfeeding, and should not imply or create belief that bottle-feeding of Infant Formula is superior or equivalent to breastfeeding. Such Marketing, informational and/or educational materials are clearly labelled as 'For HCP Only – not for distribution to the general public' and should also include all information noted in Article 4.2 of this BMS Marketing Policy.

WHO  
ARTICLE  
7.3

**7.3** RB does not offer financial or material inducements to Health Workers or members of their families to promote Covered Products.

If (i) permitted according to local law and regulations, and (ii) consistent with and permitted by the Company's internal policies and procedures – a small, inexpensive cultural/social/courtesy gift may be given on an occasional basis to HCPs, in recognition of significant national, cultural or religious events. Such gifts are not an inducement for Covered Product recommendations, are unrelated to the Health Workers' practice, and do not bear Covered Product brand names or logos.

In addition, where RB's internal standards are stricter than the WHO Code, then RB's higher standard will apply.

WHO  
ARTICLE  
7.4

**7.4** RB 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 professional evaluation, or research at the institutional level. Distribution of Products for Professional Evaluation (PPE) of Covered Products is strictly limited in regularity and quantity to avoid excessive allocation of PPE to individual HCPs.

PPE and/or equipment or utensils associated with the preparation of PPE may be supplied to HCPs in the following circumstances:

- To introduce a new Covered Product or Covered Product packaging/Label;
- To introduce a new formulation/recipe of an existing product;
- To introduce the range of RB's Covered Products to new or recently qualified HCPs;
- To gain experience of the efficacy of the Covered Product, including evaluating tolerance and suitability.

The Label or Container of PPE should be marked with a statement at a minimum that states 'For Professional Evaluation Only – Not for Resale', or bears an alternative statement where expressly required by local law or regulation, and meets such other labelling requirements as specified in RB's internal policies and procedures.

Distribution of PPE of Covered Products is only provided in response to an authorised, written request from the HCP, clearly stating at a minimum, the following:

- The requested PPE is solely for the purposes of professional evaluation;
- The PPE is required;
- The HCP is aware of the obligations set forth under the relevant local laws and regulations of the country where he/she is based and he/she agrees to respect them;
- The PPE is not being provided as an incentive to purchase, resell or recommend RB's Covered Products;
- The PPE will not be resold or taken for personal use by the HCP or any staff members.



WHO  
ARTICLE  
7.5

**7.5** In order to facilitate continuing professional development and training, and subject to relevant laws and regulations, RB may make a contribution to/ or on behalf of a HCP for fellowships, study tours, research grants, attendance at professional conferences and symposia. Such contributions shall only occur where permitted by (i) local laws and regulations, and (ii) applicable internal policies and procedures. Such contributions should be communicated to the institute to which the HCP is affiliated.

If allowed under local laws and regulations, RB may enter into *bona fide* written fee-for-service arrangements, engaging HCPs as speakers and consultants to provide services to RB. HCPs who provide services under *bona fide* fee-for-service

arrangements, may be compensated an amount that does not exceed fair-market value for those services as determined pursuant to RB's internal policies and procedures. They may be reimbursed for transportation, lodging and meal expenses incurred as part of providing those services that are reasonable and consistent with the requirements of the internal policies and procedures.

HCPs may never be reimbursed for personal expenses associated with a fee-for-service engagement such as entertainment, expenses associated with a spouse or other guest travelling with the HCP, or any expenses attributable to the HCP's attendance being longer than necessary to meet the business needs of the Company.

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ARTICLE

**8 Persons Employed by Manufacturers and Distributors**

WHO  
ARTICLE  
8.1

**8.1** Bonus or sales incentives for RB Marketing Personnel must not be based on specific volume targets and/or achieving predetermined quotas of Covered Products.

This does not prevent the payment of bonuses based on sales of products marketed by RB, provided the bonus is not exclusively related to sales of Covered Products.

WHO  
ARTICLE  
8.2

**8.2** RB Marketing Personnel may not perform educational functions on Covered Products directly to pregnant women or mothers of Infants in HCEs. This however, does not prevent Marketing Personnel from performing other functions at HCEs, provided it is requested and approved in writing by the appropriate authority.



ARTICLE

## 9 Labelling

WHO  
ARTICLE  
9.1

**9.1** Labels of Covered Products are designed to provide all necessary information regarding their safe and appropriate use and should not discourage breastfeeding, in accordance with national laws, regulations, and applicable provisions (including those contained in Codex Alimentarius, where applicable).

WHO  
ARTICLE  
9.2

**9.2** Unless otherwise required by law, Labels for Covered Products should be printed on the package or on a Label which cannot readily become separated from the product. It should be clear, conspicuous, easily readable and understandable, and in an appropriate language, which includes all of the following points:

- (a) the words 'Important Notice' or their equivalent;
- (b) the statement of the superiority of breastfeeding;
- (c) a statement that the product should be used only on the advice of a Health 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.

The requirement of, '*and in an appropriate language*' is subject to the decision of the relevant authorities.

Neither the Container nor the Label of Infant Formula, should have pictures of Infants, nor should

they have other pictures or text, which idealise the use of Infant Formula. They may, however, have graphics for easy identification of the product and for illustrating methods of preparation. The terms 'humanised' and 'maternalised' or similar terms should not be used.

WHO  
ARTICLE  
9.3

**9.3** Food products, within the scope of this BMS Marketing Policy, marketed for Infant feeding, but which do not meet all the requirements for Infant feeding, but which can be modified to do so, should carry an appropriate warning that the unmodified product should not be the sole source of nourishment of an Infant.

WHO  
ARTICLE  
9.4

**9.4** Unless otherwise required by law, the Labels of Covered Products should include a clear age indication, and also the following points:

- (a) the ingredients used;
- (b) the composition/analysis of the product;
- (c) the storage conditions required; and
- (d) 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 Standards

The provisions of Article 10 apply to all Infant nutrition products, manufactured for consumption by Infants, under 12 months of age. For the purposes of Article 10 only, these products are collectively referred to as INFANT NUTRITION products.

WHO  
ARTICLE  
10.1

**10.1** The quality of products is an essential element for the protection of the health of Infants, and therefore RB follows strict hygienic and quality control procedures to ensure INFANT NUTRITION products are manufactured according to the highest recognised industry standards.

WHO  
ARTICLE  
10.2

**10.2** INFANT NUTRITION products, when sold or otherwise distributed, must meet applicable quality and hygienic standards (for example, as recommended by the Codex Alimentarius Commission), local laws and regulations. If RB's global quality standards are stricter than local regulations, then RB's global quality standards should be followed.



ARTICLE

## 11 Implementation and Monitoring

WHO  
ARTICLE  
11.1

**11.1** Implementation and interpretation of the WHO Code is the responsibility of governments in each country. In all countries where RB operates, we cooperate with governments and other interested stakeholders in their efforts to implement and monitor the WHO Code.

WHO  
ARTICLE  
11.2

**11.2** RB will collaborate with national governments and other stakeholders in their efforts of monitoring the application of the WHO Code.

WHO  
ARTICLE  
11.3

**11.3** Independent of any other measures taken by governments for the implementation of the WHO Code, RB commits to monitoring its marketing practices, in accordance with this BMS Marketing Policy. We take steps to ensure that our conduct conforms to not only our BMS Marketing Policy, but also to the [RB Code of Conduct](#).

To aid in the monitoring of RB Marketing practices, we have outlined our approach to monitoring compliance in the Procedures section of this BMS Marketing Policy.

WHO  
ARTICLE  
11.4

**11.4** RB encourages Employees and other stakeholders to share any concerns regarding the Company's BMS marketing practices, so that, where necessary, appropriate corrective actions can be taken.

WHO  
ARTICLE  
11.5

**11.5** RB trains its Marketing Personnel and third parties acting on its behalf, involved in the Marketing of Covered Products, to comply with the BMS Marketing Policy and all relevant local laws and regulations governing the Marketing, distribution and sale of Covered Products. We have outlined our approach to training in the Procedures section of this BMS Marketing Policy.

WHO  
ARTICLE  
11.6

**11.6** WHO Code Article 11.6 is addressed to governments.

WHO  
ARTICLE  
11.7

**11.7** WHO Code Article 11.7 is addressed to the WHO Director-General.



## Additional RB Articles 12 to 14

In addition to the WHO Code Articles 1 through to 11, RB imposes additional BMS marketing practice restrictions, which go beyond that specified by the WHO Code. These additional restrictions are further outlined in Articles 12, 13 and 14 below.

### ARTICLE

## 12 Events for Healthcare Professionals

The provisions of Article 12 apply to all Events for HCPs, that address maternal/paediatric care or nutrition topics, and regardless of the country where the Event is organised and/or held.

### 12.1 Scientific and Educational Objectives

The purpose and focus of all symposia, congresses and other scientific or professional meetings (collectively referred to hereinafter as 'Events') organised or sponsored by RB, shall be to further scientific exchange or promote medical or disease state education about paediatric care or nutrition, or provide education or training about our maternal/paediatric and/or nutrition products to HCPs.

RB only organises or sponsors Events that have a scientific or educational component.

RB does not organise or sponsor Events for HCPs or provide sponsorship of a HCP to attend such Events, unless the following conditions are satisfied:

- The organisation or sponsorship of the Event is in accordance with applicable laws, regulations and code of conduct in the country where the HCP and HCE operates;
- Sponsorship is limited to the payment of transportation, modest meals, modest accommodation, registration fees and other necessary and reasonable trip-related costs (for example, parking fees, visa fees and travel insurance);
- The Event complies with the hospitality requirements as described in 12.4 below;
- No payments are made to compensate HCPs for time spent in attending the Event; and
- HCP attendance at an Event is not as an inducement to use, prescribe, purchase, influence, or recommend RB Covered Products or reward past purchases.

### 12.2 Guests

RB may not provide financial support towards attendance by an invited/sponsored HCP's spouse/partner or other guest unless they themselves are HCPs and their credentials have qualified them independently for financial support from RB to attend.

### 12.3 Payments for Speakers and Presenters

Payments of reasonable fees for a HCP's *bona fide* service, shall not exceed fair-market value (as considered in the context of the HCP's home market). Reimbursement of out-of-pocket expenses, including transportation, lodging and meals (which must be reasonable, necessary and consistent with RB's internal policies and procedures) may be provided to HCPs who are providing genuine *bona fide* services as speakers pursuant to a written contract with RB. Such HCPs are never reimbursed for personal expenses such as for entertainment, expenses associated with a spouse/partner or guest or any expense attributable to the HCP's attendance being longer than that which is necessary to meet the business needs of the Company.

### 12.4 Hospitality

All Events shall be held in an appropriate venue that is modest and conducive to the scientific or educational objectives and the purpose of the Event or meeting. RB avoids using extravagant or otherwise inappropriate venues. In addition, the following conditions apply:

- Hospitality shall be limited to refreshments and/or meals incidental to the main purpose of the Event;
- Hospitality shall only be provided to participants of the Event and not their spouse/partner or guests;
- All hospitality provided is modest and reasonable according to local standards, and is consistent with the Company's internal policies and procedures;
- No stand-alone entertainment (or other leisure, recreational or social activities) shall be provided or paid for by RB.





ARTICLE

## 13 Research Grants

**13.1** RB may provide funds to support genuine independent research for the advancement of science, or patient and public education in relation to Covered Products, regardless of the country where the research grant is provided. Collectively this is further referred to in Article 13 as 'Research Grants'.

**13.2** Such grants are not meant as: a price concession, reward to favoured HCPs, or an inducement to recommend, prescribe or purchase RB products or services or influence research results. RB maintains appropriate documentation in respect of all Research Grants made in relation to Covered Products, consistent with internal policies and procedures.

**13.3** Research Grants shall not be tied in any way to past, present or potential future use of RB Covered Products.

**13.4** Research Grants comply with all relevant applicable laws, regulations, professional requirements, and industry codes of conduct or practice. Potential recipients of Research Grants are screened pursuant to the Company's risk assessment and due diligence procedures to ensure they are *bona fide* individuals and/or organisations, and satisfy the Company's criteria for receiving such support.

**13.5** Research Grants are only made to institutions, organisations or associations permitted to receive them under applicable laws and regulations and are not made to individual HCPs.

ARTICLE

## 14 Humanitarian Aid

The provisions of Article 14 apply to Infant Formula and Follow-On Formula provided for consumption by Infants, under 12 months of age, regardless of the country where the requested product will be delivered. For the purposes of Article 14 only, these products are collectively referred to as 'Humanitarian Aid products'.

**14.1** RB may provide aid donations of Humanitarian Aid products in emergency and disaster situations only through government channels or internationally recognised aid agencies, and only in response to a specific written request by the government or appropriate aid agency that clearly documents the medical and social grounds for the request.

**14.2** RB delivers shipments of Humanitarian Aid products directly to the requesting government or aid agency for distribution to Infants who, pursuant to medical advice, are required to be fed with Humanitarian Aid products. RB does not deliver Humanitarian Aid products directly to caregivers or mothers.

**14.3** RB may respond to written requests from orphanages or other social welfare institutions for free or low-priced supplies for feeding Infants who are required to be fed with Humanitarian Aid products in order to serve humanitarian purposes.

**14.4** RB only responds to requests for either Humanitarian Aid or supplies to orphanages or other social welfare institutions, if such requests are in writing, and with a signature from an appropriate (senior) official from within the requesting organisation/institution. Each request will be assessed on a case-by-case basis, and any products supplied will match exactly with the amount of product requested. In the supply of Humanitarian Aid products, we will use reasonable efforts to ensure the availability (where necessary) of safe and potable water. All Humanitarian Aid products supplied are accompanied by instructions for safe use and preparation. All Humanitarian Aid products supplied must occur in accordance with local laws and regulations of where the products requested will be delivered.

**14.5** The Label or Container of Humanitarian Aid products distributed as either Humanitarian Aid or supplies to orphanages/other social welfare institutions, must clearly indicate that the specific Humanitarian Aid products are a donation only and for use at the discretion of the receiving government, agency or institution, and only for Infants who, pursuant to medical advice, are required to be fed with Humanitarian Aid products.



# RB's Procedures on the Marketing of Breast-Milk Substitutes

The following sections are dedicated to the Procedures and management systems in relation to RB's implementation of its BMS Marketing Policy throughout the Company. In addition, particular Procedures are also applicable to authorised third parties acting under the direction of RB, and these have been indicated below where appropriate.

The Procedures and management systems as outlined below, are applicable to all RB Employees involved in the Marketing of Covered Products operating in both lower-risk and Higher-Risk countries, and clarify the minimum standards of behaviour that are expected for these Employees in the performance of their duties.

Compliance with all relevant local laws and regulations governing the Marketing of Covered Products is fundamental. RB commits to following the stricter of either this BMS Marketing Policy, as outlined in Articles 1 to 14, or the WHO Code related regulations as implemented by governments.

We acknowledge that, independent of any measures taken by governments in implementing the WHO Code, RB also has responsibility for monitoring its own Covered Product marketing practices according to the principles and aims of the WHO Code. We also commit to ensuring that our business conduct conforms to RB's BMS Marketing Policy, and every Employee understands the BMS

Marketing Policy and their obligation to abide by it.

We recognise that as a key industry participant, we must ensure compliance with our policies, local laws and regulations.

Effective governance requires not only the establishment of policies and procedures but also the monitoring of their proper implementation by senior members of the RB organisation. Accordingly, our governance approach as outlined below is designed to increase the accountability of the organisation as a whole, honour RB's core values and ensure transparency and continuous improvement.

## 1. Appropriate Policies and Procedures

We commit to establishing written policies and procedures that aid RB Employees, and authorised third parties acting under the direction of RB, in understanding: the WHO Code, local laws and regulations concerning the Marketing of BMS, our BMS Marketing Policy and the standards of behaviour that are expected and required of all in the performance of their duties in relation to the Marketing of Covered Products.

The Company will ensure that supporting policies, procedures and internal guidelines are periodically reviewed and updated, based on changes to local laws, regulations and/or our BMS Marketing Policy.

In all written agreements with authorised third parties performing Marketing activities on behalf of and under the direction of RB (which includes for example, but is

not limited to, Distributor Agents), we include clauses in our written agreement that address compliance with local laws and regulations implementing the WHO Code and compliance with our BMS Marketing Policy.



## 2. Training and Communications

All RB health Employees involved in the Marketing, regulatory, compliance, general management (and others as appropriate) of Covered Products receive ongoing training, which includes: the aims and principles of the WHO Code, including the importance of supporting and protecting breastfeeding, local laws

and regulations and the BMS Marketing Policy.

For authorised Distributor Agents acting under the direction of RB in Higher-Risk countries, involved in the Marketing of Covered Products, training is provided which includes: the aims and principles of the WHO

Code, including the importance of supporting and protecting breastfeeding, local laws and regulations and the BMS Marketing Policy.

Training records are documented and available for internal review and verification.

## 3. Responsibilities

Having clear roles and responsibilities is critical to support an effective governance and compliance process. To ensure proper oversight, RB has assigned processes and responsibilities to specific individuals/groups of individuals as follows:

The Chief Executive Officer (CEO) of RB is ultimately accountable for the BMS Marketing Policy and ensuring compliance herewith. All reporting on compliance with the BMS Marketing Policy, is submitted to the CEO for final review and approval.

The responsibility for the day-to-day management, implementation, communications and monitoring of compliance with the BMS Marketing Policy is delegated by the CEO to a

newly established BMS Steering Committee. The membership of the BMS Steering Committee comprises senior management from the Health Business Unit as well as functional and compliance expertise, and oversees the development of all BMS related policies, procedures as well as external monitoring, grievance and reporting functions. Operationally, the Compliance team will be responsible for monitoring compliance with the BMS Marketing Policy and ensuring appropriate remedial actions are implemented.

All policy establishment within the domain of this BMS Marketing Policy occurs at the RB corporate level, to ensure consistency in approach and segregation from the Health Business

Unit. However, RB recognises that country specific legislation, guidelines and/or local practices must also be respected and adhered to. Therefore, the RB General Manager/Business Unit Leader of each Health Business Unit has responsibility for the local implementation of the BMS Marketing Policy, and to ensure full compliance across his/her respective geographical area.

An Executive RB Board of Directors Committee – the Corporate Responsibility, Sustainability, Ethics and Compliance Committee (CR SEC), is apprised on a regular basis of progress and developments in the BMS area, and receives reports as outlined in section 4.



## 4. Monitoring and Reporting

In order to provide reasonable assurance that policies, procedures and guidelines are appropriately implemented and operating effectively, continuous monitoring programmes are in place.

### Monitoring:

RB deploys a number of monitoring activities, designed to ensure our on-the-ground marketing practices are in accordance with our BMS Marketing Policy and also to identify deficiencies in controls, and/or areas for improvement, as follows:

#### a. Internal Certification of Compliance:

Following the conclusion of each fiscal year, each RB Employee involved in the Marketing, regulatory, compliance, general management (and others as appropriate) of Covered Products, will be required to sign a 'Statement of Compliance: with local laws and regulations implementing the WHO Code and the BMS Marketing Policy.'

The Human Resources department is responsible for ensuring timely completion of the internal certifications and reporting results to the Business Unit Leader.

In addition, in all contracts with Distributor Agents, RB includes an obligation, on a yearly basis, to certify compliance with the BMS Marketing Policy.

#### b. Internal Monitoring and/or Audits:

In order to ensure that local business units (in both lower and Higher-Risk countries) are operating according to this BMS Marketing Policy, procedures, and

local laws and regulations implementing the WHO Code – monitoring compliance with the policy will be conducted by front line business units and our Ethics & Compliance function. Internal audits are conducted by the independent Internal Audit Department. All monitoring and/or audits verifying adherence to the BMS Marketing Policy are conducted on an ongoing basis.

#### c. *Speak Up* service:

RB has an independent *Speak Up* hotline, which is available to all Employees, suppliers and interested stakeholders across all global operations/markets/time zones. Reports can be made anonymously. Please refer to the following link <http://www.rbspeakup.com/> for further details.

#### d. External audits:

RB engages suitably qualified, internationally-recognised and independent third-party organisations to undertake a review of our external marketing practices in Higher-Risk countries each year.

#### e. Allegations of non-compliance:

RB has clear processes and written procedures in place to register, collate, investigate, follow-up and report on allegations of non-compliance with the BMS Marketing Policy. Allegations from both within and outside the Company will be investigated and remediated (if necessary) promptly, with a target response that is reasonable and expeditious.

RB does not penalise management for any loss of business resulting from adherence to the BMS Marketing

Policy. In addition, RB guarantees that there will be no retaliation against any Employee who voices a concern in good faith of a known or suspected breach of the BMS Marketing Policy, nor will any Employee suffer any adverse employment decision for abiding by the BMS Marketing Policy.

Where we have no direct service relationship with a third party, our ability to influence their behaviour is limited. If we become aware of a violation of our BMS Marketing Policy, and that violation is attributable to a third party that we have no direct service relationship with, where permitted under local legislation, we will inform that party of the violation in writing and request them to take appropriate corrective action.

### Reporting:

Internal reporting ensures accountability, increases knowledge and raises awareness within the business. It helps to not only benchmark and improve compliance with our policies, but to gain consistency in approach and application. Our routine ongoing internal reporting on BMS related topics, is to the BMS Steering Committee and includes, but is not limited to:

- a. Substantiated instances of non-compliance;
- b. Summary of internal certifications of compliance;
- c. Progress reports and outcomes of internal monitoring/audits conducted;
- d. Progress reports and outcomes of external audits conducted;
- e. Recommendations for any corrective actions as a result of a), b), c) or d) above.



On a yearly basis, the Corporate Responsibility, Sustainability, Ethics and Compliance Committee (CR SEC), an Executive RB Board of Directors Committee, receives a summary report on compliance with the BMS Marketing Policy. Such report addresses, but is not limited to:

- a. Substantiated instances of non-compliance;
- b. Summary of internal certifications of compliance;
- c. Summary of internal and external monitoring and/or audits conducted and outcomes;
- d. Recommendations for any corrective actions as a result of a), b), or c) above, and timelines associated.

External reporting honours RB's commitment to transparency and engagement, and creates an opportunity for constructive engagement with key stakeholders. At a minimum, RB commits to making the following information publicly available, in relation to governments' implementation of the WHO Code, and compliance with our BMS marketing practices in all countries we operate in, as follows:

- a. Make company objectives and position papers publicly available to demonstrate consistency with the WHO Code;
- b. Seek to ensure that trade associations and industry policy groups operate to the same high standards and disclose membership of such organisations;

- c. Annual summary reports on substantiated instances of non-compliance and corrective actions implemented;
- d. Annual summary external audit reports on adherence to the BMS Marketing Policy and corrective actions implemented.

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## 5. Corrective Actions

Identifying and implementing corrective action plans are an important element of our governance approach. This ensures that any substantiated non-compliance with the BMS Marketing Policy, or local laws or regulations governing the Marketing of Covered Products are appropriately reported and remediated, as a result of the following monitoring activities:

- Internal monitoring or audits;
- External audits;
- Individual *Speak Up* (hotline) and;
- Other reporting on substantiated non-compliance.



# Annex 1.

## Listing of Higher-Risk Countries\*

Afghanistan	Comoros	Indonesia	Namibia	Solomon Islands
Albania	Cook Islands	Iran (Islamic Republic of)	Nauru	Somalia
Algeria	Costa Rica	Iraq	Nepal	South Africa
Angola	Democratic People's Republic of Korea	Ivory Coast	Nicaragua	South Sudan (Republic of)
Antigua and Barbuda	Democratic Republic of Congo	Jamaica	Niger	Sri Lanka
Argentina	Djibouti	Jordan	Nigeria	Sudan
Armenia	Dominica	Kazakhstan	Niue	Suriname
Azerbaijan	Dominican Republic	Kenya	Oman	Swaziland
Bahamas	East Timor	Kiribati	Pakistan	Syrian Arab Republic
Bahrain	Ecuador	Kuwait	Palau	Tajikistan
Bangladesh	Egypt	Kyrgyzstan	Palestine (State of)	Thailand
Barbados	El Salvador	Lao Peoples' Democratic Republic	Panama	Togo
Belarus	Equatorial Guinea	Lebanon	Papua New Guinea	Tonga
Belize	Eritrea	Lesotho	Paraguay	Trinidad and Tobago
Benin	Ethiopia	Liberia	Republic of Congo	Tunisia
Bhutan	Federated States of Micronesia	Libya	Peru	Turkey
Bolivia	Fiji	Madagascar	Philippines	Turkmenistan
Bosnia and Herzegovina	FYR Macedonia	Malawi	Qatar	Tuvalu
Botswana	Gabon	Malaysia	Romania	Uganda
Brazil	Gambia	Maldives	Russia	Ukraine
Bulgaria	Georgia	Mali	Rwanda	United Arab Emirates
Burkina Faso	Ghana	Marshall Islands	Saint Kitts and Nevis	United Republic of Tanzania
Burundi	Grenada	Mauritania	Saint Lucia	Uruguay
Cambodia	Guatemala	Mauritius	Saint Vincent and the Grenadines	Uzbekistan
Cameroon	Guinea	Mexico	Samoa	Vanuatu
Cape Verde	Guinea-Bissau	Moldova (Republic of)	Sao Tome and Principe	Venezuela (Republic of)
Central African Republic	Guyana	Mongolia	Saudi Arabia	Vietnam
Chad	Haiti	Montenegro	Senegal	Yemen
China	Honduras	Morocco	Serbia	Zambia
Colombia	India	Mozambique	Seychelles	Zimbabwe
		Myanmar	Sierra Leone	

\*As defined by the FTSE4Good Inclusion Criteria for the Marketing of Breast-Milk Substitutes. July 2017.





# Annex 2.

## Definitions

### **Breast-Milk Substitutes (BMS)**

means any food, being marketed, or otherwise presented as a partial or total replacement for breast-milk, for Infants up to 12 months, whether or not suitable for that purpose.

### **Company or RB**

means Reckitt Benckiser Group plc and its subsidiaries (where RB is a majority shareholder) involved in the manufacturing, Marketing, distribution and/or selling of Covered Products.

### **Complementary Food**

means any food whether manufactured or locally prepared, suitable as a complement to breast-milk, Infant Formula, or Follow-on Formula when either becomes insufficient to satisfy the nutritional requirements of the Infant.

### **Container**

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

### **Covered Product**

has the meaning as defined in Product Scope under Article 2 of the BMS Marketing Policy.

### **Delivery Product**

means bottles and teats, distributed or provided by RB, or any other item used to deliver Covered Products.

### **Distributor**

means a legal person, corporation or other entity in the public or private

section engaged in the business of Marketing, at the wholesale or retail level, a product that is considered a Covered Product for the purposes of this BMS Marketing Policy. A Distributor Agent is a Distributor that is contractually engaged by RB.

### **Employee**

means any person employed under a permanent or temporary contract or at-will employment with RB, or a joint venture over which RB has operational control. For purposes of this BMS Marketing Policy, an Employee does not include individuals providing services as a consultant or independent contractor, or individuals who are employed by another entity, such as agency workers.

### **Excluded Product**

has the meaning as defined in Product Scope under Article 2 of the BMS Marketing Policy.

### **Follow-on Formula**

is formula for older Infants, marketed as suitable to satisfy the nutritional requirements of Infants from six months up to twelve months of age, alongside the introduction of appropriate Complementary Foods.

### **Healthcare Entity (HCE)**

means any governmental, non-governmental or private institutions or organisations engaged in providing healthcare to pregnant women, mothers, or Infants.

This includes facilities where Health Workers provide healthcare in private practice but does not include private homes or pharmacies or other established sales outlets.

### **Healthcare Professional (HCP)**

is any person who provides healthcare services or who is otherwise in a position to administer, influence, or recommend the purchase or use of RB's Covered Products. This includes but is not limited to: physicians, nurses, dietitians, physician assistants, midwives, medical residents, licensed pharmacists, and members of the formulary committees. HCPs can work in a variety of settings, including: private offices; hospitals; clinics; universities; and other scientific institutions.

### **Health Worker**

means a person providing healthcare services in a HCE, whether professional or unprofessional, including voluntary unpaid workers.

### **Infant**

means a person from birth to 12 months of age.

### **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.



### **Label**

means any written or graphic material printed, marked, embossed or impressed upon, or attached to, a Container of a Covered Product, including wrappers.

### **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 controlled by or under contract with it) of manufacturing a product within the scope of this BMS Marketing Policy.

### **Marketing**

means product promotion, distribution, selling, advertising, product public relations and information services on a Covered Product.

### **Marketing Personnel**

means any Employee whose job responsibilities include the Marketing of Covered Products.

### **Product for Professional Evaluation (PPE)**

means a single container with a small quantity of Covered Products (maximum of 500 grams or the smallest container (excluding sachets), offered by RB in a particular market) provided at no cost to a HCP, for the purpose of professional evaluation.

### **Samples**

means single or small quantities of product provided at no cost. Samples are intended for trial use to provide individuals an opportunity to become more familiar with RB's products and are not intended as PPE.

### **Supplies**

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

### **WHO Code**

means the World Health Organisation of International Code of Marketing of Breast-Milk Substitutes of 1981.

### **WHA**

means the World Health Assembly.