

# Breaking The Code

International Code Violations on  
Digital Platforms and Social  
Media in Indonesia During the  
COVID-19 Pandemic  
(April 2020- April 2021)



# Breastmilk Substitute Companies' Code Violation

on Digital Platforms and Social Media in Indonesia  
During the COVID-19 Pandemic  
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## ACKNOWLEDGEMENTS

This report is a collective work prepared by Asosiasi Ibu Menyusui Indonesia (AIMI) – Indonesian Breastfeeding Mothers' Association. This report is also part of AIMI's International Code Monitoring Training conducted for AIMI volunteers from 18 provinces in October-November 2020.

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## DISCLAIMER

Asosiasi Ibu Menyusui Indonesia (AIMI) or Indonesian Breastfeeding Mothers Association is a non-profit organization established based on a mother-to-mother support group, to disseminate knowledge and information on breastfeeding and increase the percentage of breastfeeding mothers and breastfed babies in Indonesia.

AIMI and its activities DO NOT receive any financial support nor any forms of assistance from companies under the scope of the International Code, namely Breastmilk Substitutes Companies, Feeding Bottles and Teats Companies, as well as Complementary Baby Food Companies.

AIMI has no conflicts of interest to declare.



## ACRONYMS

AIMI	Asosiasi Ibu Menyusui Indonesia
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitute
BNPB	Badan Nasional Penanggulangan Bencana
BPOM	Badan Pengawas Obat dan Makanan
GUMs	Growing-Up Milks
IBFAN	International Baby Food Network Action
ICDC	International Code Documentation Centre
IYCF	Infant and Young Child Feeding
Kemendikbud	Kementerian Pendidikan dan Kebudayaan
Kemenkes	Kementerian Kesehatan
Kemenpppa	Kementerian Pemberdayaan Perempuan dan Perlindungan Anak
MOH	Ministry of Health
SDKI	Survei Demografi dan Kesehatan Indonesia
UNICEF	United Nations Children's Fund
WHO	World Health Assembly
WHO	World Health Organization

## EXECUTIVE SUMMARY

The International Code was developed by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and adopted in 1981 as a 'minimum' standard to help protect, promote and support breastfeeding in all countries and to ensure breastmilk substitutes are used safely when necessary. The Code is intended to protect all mothers and children, however they fed. When this report is published, it is marked by the 40th Anniversary of the Code itself. Since its adoption, the Code has been reaffirmed by the World Health Assembly (WHA) and the new resolutions have the same legal status as the code.

This report covers promotion for products under the scope of the International Code of Marketing of Breastmilk Substitutes. The scope covers all formula products including growing-up milk marketed for infants and young children (0-36 months) and complementary foods when marketed for babies below 6 months. Feeding bottles and teats are also covered in this report. It is a collection of evidence showing how the BMS companies being non-compliance with the International Code and subsequent WHA resolutions which endorsed by all Member States of the WHO. The widespread use of social media platforms has changed the dynamics of communication and also marketing techniques by BMS companies. Especially during the pandemic COVID-19, social media has been a useful channel for BMS companies to push their products by having a different marketing strategy to reach their target audience.

This report is intended to show the public how the BMS companies behave and keep ignoring the international

recommendations adopted to protect infants and young children in Indonesia. Some of the violations are even breaking Indonesian law that clearly stated in the Government Regulation No 69/1999 on Labels, Advertisement and Food that milk formula for baby 0-12 months cannot be promoted in any media.

Indonesia is a captive market by the industry with the high numbers for the high number of births. The market is so profitable in Indonesia and the high number of social media users in a way used by the companies to highly promote their products. The promotions of Growing Up Milks (GUMs) are not covered in the Indonesian regulations, this is a gap that is capitalized by the industry to aggressively promote their products. Using cross promotion tactics, many parents can't differentiate the difference of the type of formula for baby or older children. WHO stated clearly that GUMs is not a necessary product but somehow marketed as if it is compulsory to be consumed by children. In October 2013, the European Food Safety Authority even stated that "GUMs do not bring additional value to a balanced diet".

Social media booming nowadays also provides a new channel for the industry to leverage their promotional campaign. From microblogging apps like Twitter, Facebook, YouTube, Instagram and TikTok using behavioural and segmentation target audiences using their algorithm which gives the companies a wider opportunity to reach a specific target. Popular influencers, content creators and even health workers are used to endorse their product to influence their followers. Companies also invest in some apps to 'help' mothers starting from pregnancy and also giving special discounts, giveaways and any other promotions by the apps. Companies also highly endorsed their products on online marketplaces where they give special discounts, bundling, and even free deliveries.

The latest Indonesian Health and Demographic Survey - Survei Demografi dan Kesehatan Indonesia (SDKI) 2017 showed that the exclusive breastfeeding rates in Indonesia are 52%. Nearly half of children in Indonesia still cannot be exclusively breastfed by their mothers and this is partially due to the aggressive promotions from the BMS companies. This report only grasps some part of BMS companies strategy campaign by social media. There are many various channels that the companies use to reach their target and this is a big homework for the Indonesian government to start applying tighter regulations to protect the rights of every mothers and child in Indonesia.

# THE INTERNATIONAL CODE AND ITS SUBSEQUENT WORLD HEALTH ASSEMBLY (WHA) RESOLUTIONS

**“... In view of vulnerability on infants in the early months of life and the risks involved in inappropriate feeding practice, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes, requires special treatment, which makes usual marketing practices unsuitable for these products” - Code Preamble**

## Summary

The International Code was adopted by the World Health Assembly on 21 May 1981. It is intended to be adopted as a minimum requirement by all governments and aims to protect infant health by preventing inappropriate marketing of breastmilk substitutes.

Member States are urged to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind World Health Assembly resolutions to avoid conflict of interests.

WHA 61.20 [2008] reiterated in WHA 63.23 [2010]  
and WHA 65.60 [2012]

## 1. Scope

The Code covers the marketing of the following products:

- Infant formula, including special formulas such as soy formula, lactose-free formula, low-birth-weight/premature formula.
- Other milk products, food and beverages that are represented as suitable for use as a partial or total replacement for breastmilk such as bottle-fed complementary foods, therapeutic milks, follow-up milks and growing-up milks marketed for babies between six months to two years or beyond.
- Any other food or beverage that is represented as suitable to be fed to infants less than six months old such as cereals, jarred foods, infant teas, juices and bottled water
- Feeding bottles and teats

Articles 2, 3 & WHA 39.28 [1986], WHA 49.15 [1996],  
WHA 54.2 [2001] & WHA 63.23 [2010]

## 2. Provision on Clear Information

Information and educational materials on infant and young child feeding should include clear and consistent information on:

- a) the benefits and superiority of breastfeeding;
- b) maternal nutrition and the preparation for and maintenance of breastfeeding
- c) the negative effect on breastfeeding of introducing partial bottle feeding;
- d) the difficulty of reversing the decision not to breastfeed; and
- e) where needed, the proper use of infant formula.

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;
- the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes.
- No pictures or text which may idealise the use of breastmilk substitutes.

Article 4.2 and 7.2

- Health workers, parents, and other caregivers must be provided with information that powdered infant formula may contain pathogenic microorganism and must be prepared and used properly
- Government must avoid conflicts of interest in infant and young child health programmes, so infant and young child feeding materials sponsored by baby food companies should not be approved

WHA 49.15 [1996] and WHA 58.31 [2005]

## 3. No Promotion To The Public

There should be no advertising or no other form of promotion of products including including point-of-sale advertising, giving of samples or any other promotional device to induce sales directly to the consumer at the retail level. Marketing personnel should not seek direct or indirect contact with pregnant women or with mothers of infants and young children

Article 5

There should be an end to appropriate promotion of food for infants and young children

WHA 63.23 [2010]

## 4. No Gift To Mothers And Health Workers

Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts which may promote the use of products. No financial or material inducements to promote products should be offered to health workers or members of their families.

Article 5.4 and 7.3

Financial support and other incentives for programmes and health professionals working in infant and young child health should not create conflicts of interest. Research on infant and young child feeding which may form the basis for public policies should contain a declaration relating to conflicts of interest and be subjected to independent peer review.

WHA 49.15 [1996], WHA 58.32 [2005]



## 5. No Promotion In Health Care Facilities

Facilities of health care systems should not be used to promote products. Nor should they be used for product displays or placards or posters concerning such products, or the distribution of materials bearing the brand names of products.

Articles 6.2, 6.3, and 4.3

## 6. No Promotion To Health Workers

Information provided to health professionals by manufacturers and distributors should be restricted to scientific and factual matters, and should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding. Samples of products or equipment or utensils for their preparation or use, should only be provided to health workers for professional evaluation or research at the institutional level.

Articles 7.2, 7.4, and WHA 49.15 [1996]

## 7. No Free Samples Or Supplies

Product samples should not be given to pregnant women or mothers of infants and young children. Free or low-cost supplies of products are not allowed in any part of the health care system.

In emergency relief operations, donated supplies should only be given for infants who have to be fed on breastmilk substitutes. Such supplies should continue for as long as the infants concerned need them and not be used as a sales inducement.

Note: Articles 6.6 and 6.7 of the Code have been superseded by WHA 39.28 [1986], WHA 45.34 [1992] & WHA 47.5 [1994]

National and international preparedness plans and emergency responses need to minimise the risks of artificial feeding, by ensuring that any required breastmilk substitutes are purchased, distributed and used according to strict criteria.

WHA 63.23 [2010]

## 8. No Promotion Of Complementary Foods Before They Are Needed

It is important that infants be exclusively breastfed for 6 months and only receive safe and appropriate complementary foods thereafter. Every effort should be made to use locally available and sustainable foods.

The marketing of complementary foods should not undermine exclusive and sustained breastfeeding. Breastfeeding should continue for up to two years and beyond.

Code Preamble, WHA 39.28 [1986], WHA 45.34 [1992], WHA 47.5 [1994], WHA 49.15 [1996], WHA 54.2 [2001], WHA 58.32 [2005] & WHA 63.23 [2010]

## 9. Adequate Labels: Clear Information, No Promotion, No Baby Pictures

Labels should provide information about the appropriate use of the product, and not discourage breastfeeding. Infant formula containers should carry a clear, conspicuous and easily readable message in an appropriate language, which includes all the following points:

- the words "Important Notice" or their equivalent;
- a statement about the superiority of breastfeeding;
- a statement that the product should only be used on the advice of a health worker as to the need for its use and the proper method of use; and
- instructions for appropriate preparation, and a warning of the health hazards of inappropriate preparation.

Neither the container nor the label should have pictures of infants, or other pictures or text which may idealise the use of infant formula. The terms 'humanised', 'maternalised' or similar terms should not be used.

Articles 9.1 and 9.2

Nutrition and health claims are not permitted for foods for infants and young children, except where specifically provided for, in relevant Codex Alimentarius standards or national legislation.

WHA 58.32 [2005] and WHA 63.23 [2010]

Where applicable, information is to be conveyed through an explicit warning on the packaging that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately.

WHA 58.32 [2005]

## 10. Food Safety And Quality

The Member States, as a matter of urgency should: ensure that the introduction of micronutrient interventions and the marketing of nutritional supplements do not replace or undermine support for the sustainable practice of exclusive breastfeeding and optimal complementary feeding.

WHA 55.25 [2002]

WHO/FAO guidelines on safe preparation, storage and handling of powdered infant formula should be applied and widely disseminated in order to minimise the risk of bacterial infection and, in particular, ensure that the labelling of powdered formula conforms with the standards, guidelines and recommendations of the Codex Alimentarius Commission.

Member States to take food safety measures including regulatory measures to reduce the risk of intrinsic contamination.

WHA 61.20 [2008]

Note: FAO/WHO Guidelines for the safe preparation, storage and handling of powdered infant formula are obtainable from <http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html>

## 11. Companies Must Comply With The International Code

Independently of any other measures taken for implementation of the Code, manufacturers and distributors should be responsible for monitoring their marketing practices according to the principles and aim of the Code and take steps to ensure that their conduct at every level conforms to all provisions above.

Article 11.3

Monitoring the application of the International Code and subsequent Resolutions should be carried out in a transparent, independent manner, free from commercial influence.

WHA 49.15 [1996]

Manufacturers and distributors to comply fully with their responsibilities under the Code and resolutions.

WHA 63.23 [2010]

## 12. Ending Inappropriate Promotion Of Products For Babies And Young Children 0-36 Month

Reaffirming the need to promote exclusive breastfeeding practices in the first 6 months of life, and the continuation of breastfeeding up to 2 years and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months based on WHO and FAO dietary guidelines and following national dietary guidelines.

WHA 69.9 [2016]

Note: For the full text of Code and resolutions, see: <http://whqlibdoc.who.int/publications/9241541601.pdf> [http://www.who.int/nutrition/topics/wha\\_nutrition\\_1jcn/en/index.html](http://www.who.int/nutrition/topics/wha_nutrition_1jcn/en/index.html)

# INTRODUCTION

The use of internet and digital platforms has increased worldwide, with no exception in low and middle-income countries including Indonesia. Internet marketing channels including social media are prominent avenues for Breastmilk Substitute (BMS) companies because it is more complex to regulate. Unfortunately, these new areas are non-compliance<sup>2</sup>. Therefore, it also becomes more difficult to monitor.

**“... Indonesia needs to invest more on developing a comprehensive system to regulate and monitor BMS marketing practices in the digital platforms”.**

Indonesia needs to invest more on developing a comprehensive system to regulate and monitor BMS marketing practices in the digital platforms. The digital platform is a new heyday from BMS marketing. Digital marketing could reach both current and future parents and caregivers as well as children and adolescents who are increasingly accessing digital platforms. If the government does not regulate this practice, it potentially will have intergenerational negative impacts on Infant and Young Child Feeding (IYCF) practices.

This situation is even more intricate due to the rise of COVID-19 pandemic. The COVID-19 has also impacted the right to food and nutrition of infants and young children. The fear of COVID-19 transmission has cast a shadow over the importance of breastfeeding. Meanwhile, the baby food industry is exploring this fear by promoting, donating and distributing free BMS and misleading advice, claiming that the donations are humanitarian and that they are trustworthy partners. This situation is aggravated by the fact that health professionals whom parents trust for nutrition and health advice are the ones becoming the promotional face of the BMS companies.



During the COVID-19 pandemic, on the one hand, most offline events organized by BMS companies have been switched to digital platforms. In addition, BMS companies have exposed to new opportunities to violate the International Code as well as national legislation in the form of providing donations to government, healthcare centers, and certain groups of the population that is heavily affected by the pandemic. On the other hand, the government's capacity to monitor the International Code as well as other basic health services related to child health and nutrition has been weakened in many countries including Indonesia. With the economic impact of the COVID-19, it is of utmost importance to protect, promote, and support breastfeeding and homemade complementary baby food as two key components of optimal IYCF.

To date, there is no published comprehensive research of how BMS companies in Indonesia use digital platforms to promote their brand/product. To fill this void, this report attempts to provide relevant examples on how BMS companies in Indonesia use digital platforms to market and promote their products. This report focuses on four main platforms commonly used by BMS companies in Indonesia: website, Instagram, and online marketplaces (Tokopedia dan JD ID). It also covers violation by several major feeding bottle companies as this product is also covered by the International Code. This report highlights common International Code violation practices conducted by major BMS brands and feeding bottle brands in Indonesia to provide concise information on how they engage in this new era of digital marketing. This report is ultimately also aimed to become an advocacy instrument for promoting changes to close the loopholes left by the national regulation.

This report is composed based on the final assignments as part of internal training conducted by Asosiasi Ibu Menyusui Indonesia (AIMI) – Indonesian Breastfeeding Mothers Association, in October-November 2020. The observation period of the assignment covers April 2020 until October 2020. AIMI has prolonged the observation until the first trimester of 2021 to provide more sustainable data. The assignment is a qualitative one, by observing marketing activities of major BMS companies as well as feeding bottle companies in several popular digital platforms in Indonesia, namely: website, Instagram, and two leading digital marketplaces (Tokopedia and JD ID).

The BMS companies and brands being observed are the following (in alphabetical order):

1. Abbott (brand: Pediasure)
2. Danone (brand: SGM, Nutrilon Royal, Bebelac)
3. Frisian Flag
4. Friso
5. Mead Johnson (brand: Enfagrow)
6. Morinaga
7. Nestlé (brand: Lactogrow and Dancow)
8. Arla (brand: Puregrow)
9. Wyeth (brand: S-26)

The feeding bottle companies being observed are the following (in alphabetical order):

1. Baby Huki
2. Comotomo
3. Dr Brown
4. Nuby
5. Nuk
6. Philips Avent
7. Pigeon

To provide additional information on how the violation of the International Code still takes place in healthcare facilities and maternity care systems, this report provides data on how BMS companies still target pregnant women and new mothers in healthcare facilities in Indonesia. In addition, the report also covers the most recent development on the collaboration between BMS companies and several government bodies which has undermined the adoption of the International Code in the country.



# FINDINGS AND DISCUSSION

The COVID-19 pandemic has posed bigger challenges in implementing the International Code of Breastmilk Substitute in Indonesia. Formula companies in Indonesia since April 2020 have switched most of their offline events to online activities conducted through social media, websites, webinars, and digital marketplaces. In this context, the scope of the Code must be further strengthened in order to adapt to the changing marketing patterns, particularly during the pandemic.

The following part of this report highlights how these online activities have violated many articles of the International Code as well as WHA resolutions.



## **PROMOTION TO GENERAL PUBLIC, MAINLY TO EXPECTING AND NEW MOTHERS AS WELL AS PROMOTION AT RETAIL LEVEL FOR THE PRODUCTS WITHIN THE SCOPE OF THE CODE**

### **ARTICLES 5.1, 5.2, 5.3, 5.4, AND 5.5**

**Article 5.1 of the International Code prohibits advertising and all other forms of promotion of products under the scope of the Code, as the following:**

- Infant formula for babies between 0-6 months, including soy formula, lactose-free formula, low birth weight/premature formula.
- Other milk products, food and beverages that are represented as suitable for use as a partial or total replacement for breastmilk such as bottle-fed complementary foods, therapeutical milks, follow up-milks and growing-up milks marketed from babies between 6 months to 36 months.
- Any other food and beverages that are represented as suitable to be fed to infants less than 6 month old, such as jarred, infant teas, juices and bottled water, and baby cereals.
- Feeding bottle and teats

**Article 5.2: BMS companies should not provide samples of products, directly and indirectly to expecting mothers, new mothers and their family members.**

**Article 5.3: 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 products within the scope of this Code.**

**Article 5.4: prohibits BMS companies to distribute any gifts or utensils to mothers.**

**Article 5.5: bans marketing personnel to seek direct or indirect contact with expecting mothers and mothers of infant young children.**

This part is dedicated to showing how the promotion of the BMS and bottle feeding has massively expanded into the use of digital platforms. Despite maintaining a conventional advertising approach, digital platforms and social media provide new avenues for breaking the rules as well as seeking both direct and indirect contacts with expecting women and new mothers. The following findings provide evidences on how BMS companies and bottle feeding companies consistently violate Article 5 of the International Code.

## **PART I: THE VIOLATION OF ARTICLES 5.1 AND 5.3**

### **A. Direct Selling and Promotion in the Digital Marketplace**

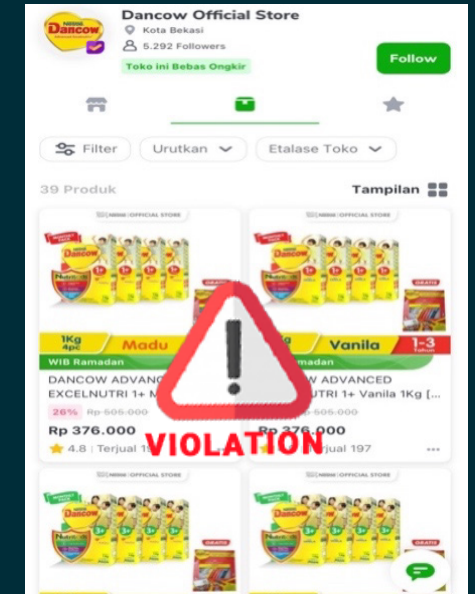
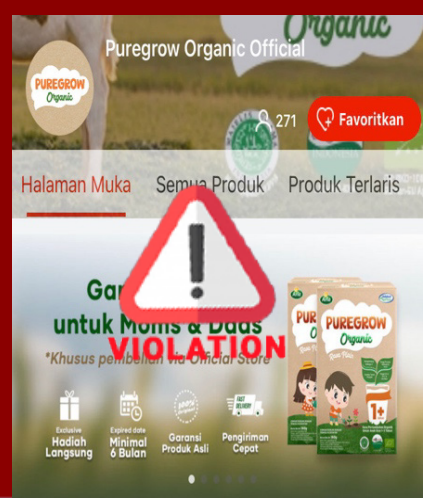
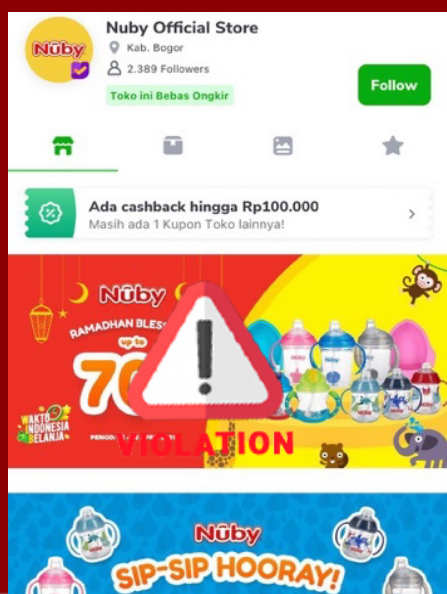
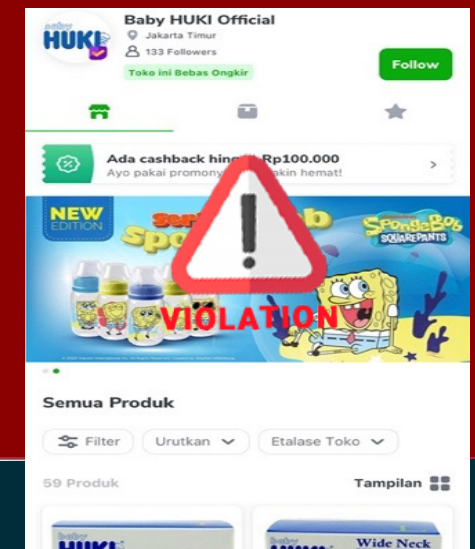
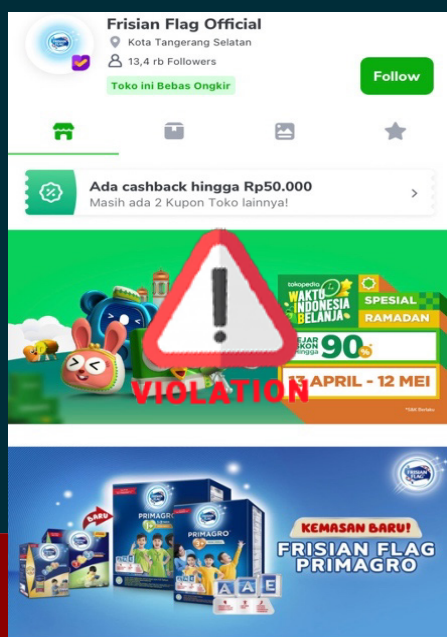
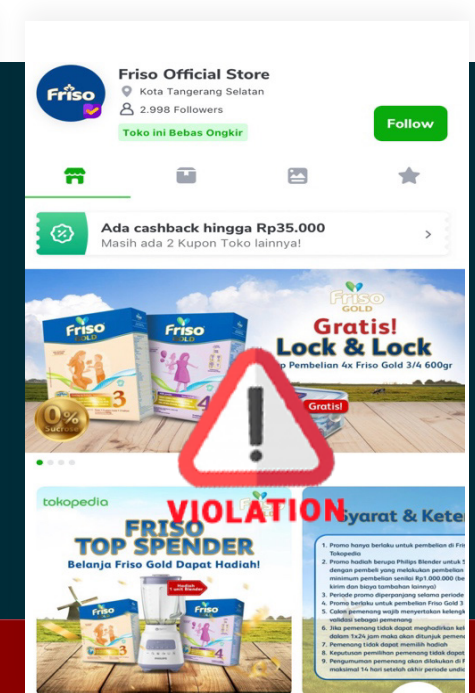
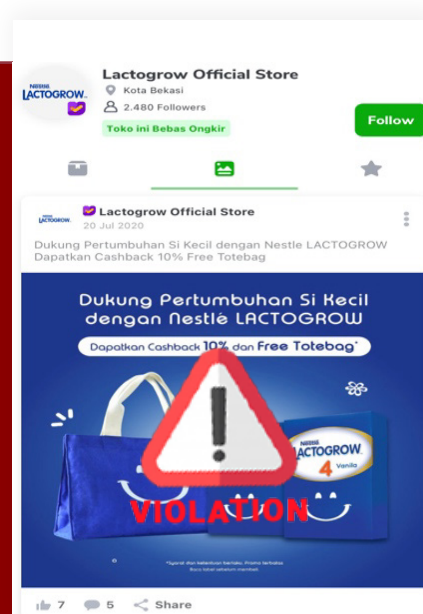
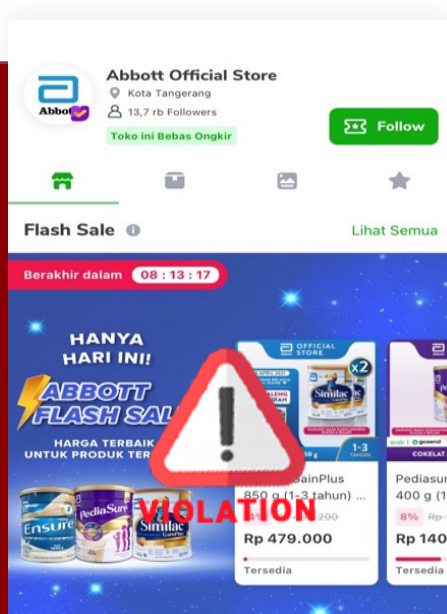
The partnership between formula manufactures and Indonesia's major digital platforms and social media are now a new heyday for BMS' promotion as they provide new opportunities to connect with wider potential consumers beyond new parents. Special offers, contests, product launches and campaigns are now getting easier available for tech-savvy consumers. Some major feeding bottle manufacturers have established their official stores in at least one major digital marketplace.

Digital marketplaces have given consumers various of privileges including: a wide range of products availability, discounted price for growing-up milk (GUM) as well as for formula milk for pregnant and breastfeeding mothers, free delivery service, instalment payment, bundle selling, giveaway programs, and many more. Live promotional programs are also available from time to time in this emerging platform. All prominent BMS companies in Indonesia have set up official stores in at least one major digital marketplace. **The existence of these official stores and their wide range of promotional strategies have violated Articles 5.1 and 5.3 of the Code.**

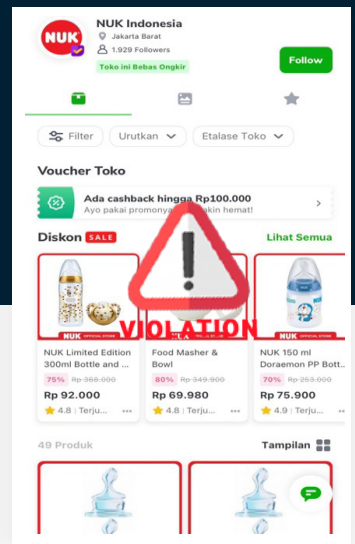
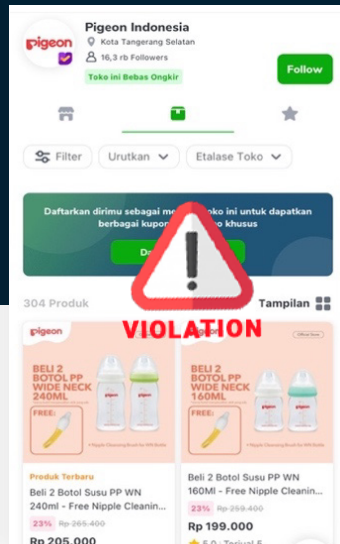


... The existence of these official stores and their wide range of promotional strategies have violated Articles 5.1 and 5.3 of the Code.

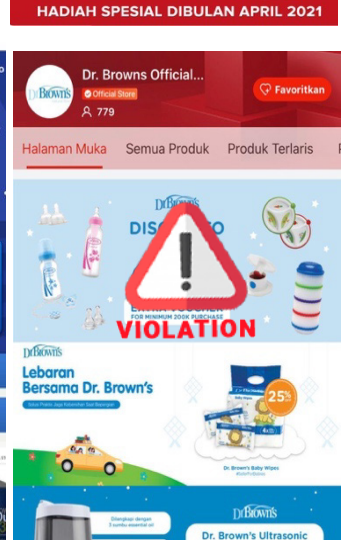
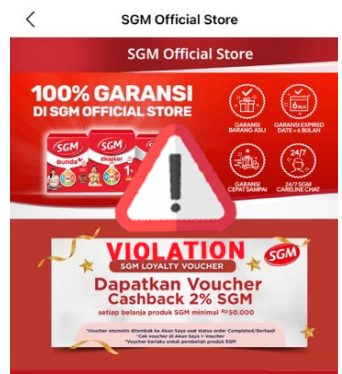
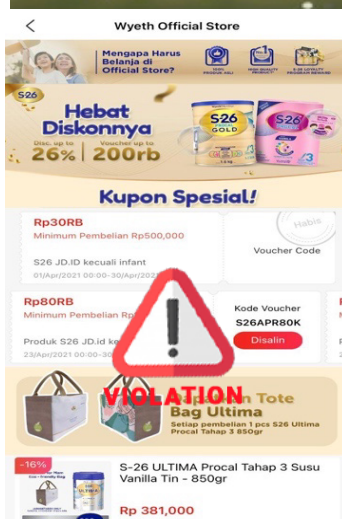
## BMS and Feeding Bottle Official Stores and Their Promotional Features at Tokopedia Marketplace







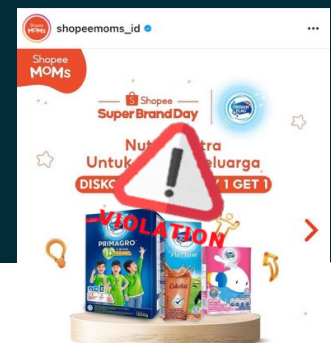
## BMS and Feeding bottle Official Stores and Their Promotional features at JD ID Marketplace





Some local digital market places such as Shopee, Orami and JD ID also have created parenting support communities under the labels of Shopeemoms, Orami Parenting, JD ID Mums, respectively. In cooperation with various BMS and feeding bottle companies, they have provided a new playground for marketing through activities such as online parenting education, giveaway programs, live shopping, product reviews, family challenge and competition, and many more.

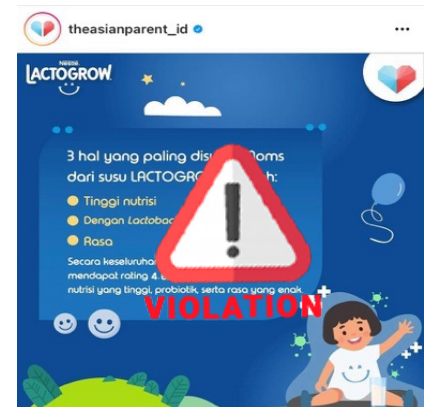
Some digital marketplaces have collaborative programs with major BMS companies to have special promotion day under the labels of “Danone Special”, “Friesland Festivals”, “Belanja Bulanan Nestlé” (Nestlé’s Monthly Shopping) where consumers who purchase products from certain companies during those special days will obtain various rewards.



This promotional strategy is also applied to feeding bottle products such as Baby Huki with its “Baby Huki Brand Day”

BMS companies also cooperate with major parenting media platforms such as the Asian Parents Indonesia (IG: theasianparent\_id ) and Ibupedia (IG: and ibupedia\_id). Both have massive followers, between 600K to 1 M followers. BMS companies also publish both promotional and educational infographics on these platforms. Nestlé’s Lactogrow, for instance, published the result of its public survey on how the consumers appreciate the product on the Instagram account of the asianparent\_id.

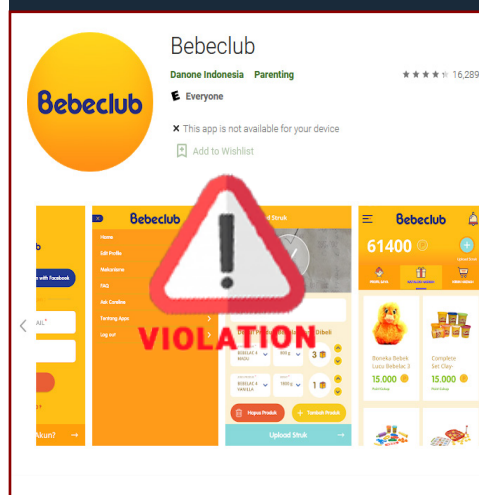
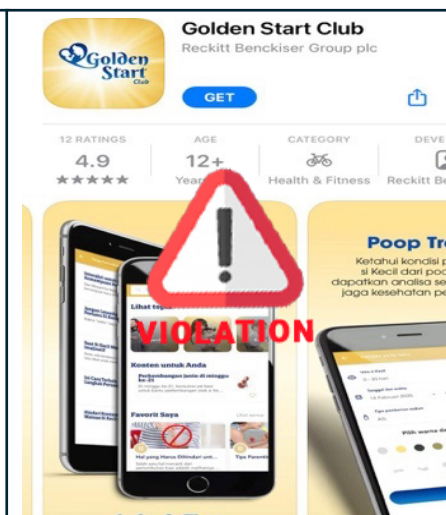
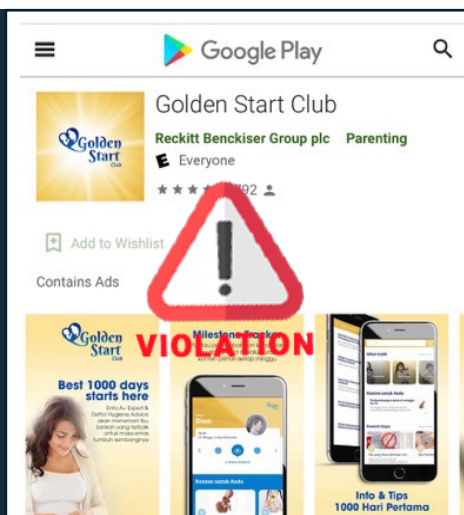
The above strategy of collaboration is violating almost all parts of Article 5 of the Code, especially regarding the scope of promotion, point-of-sale advertising, promotion via gimmick and gifts, and direct/indirect contacts with expecting women and new mothers.



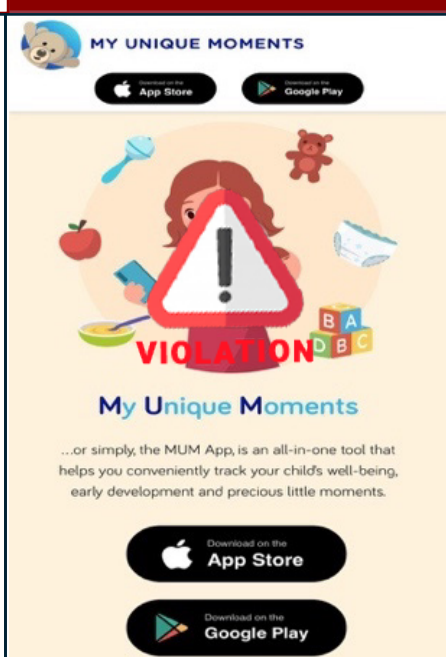
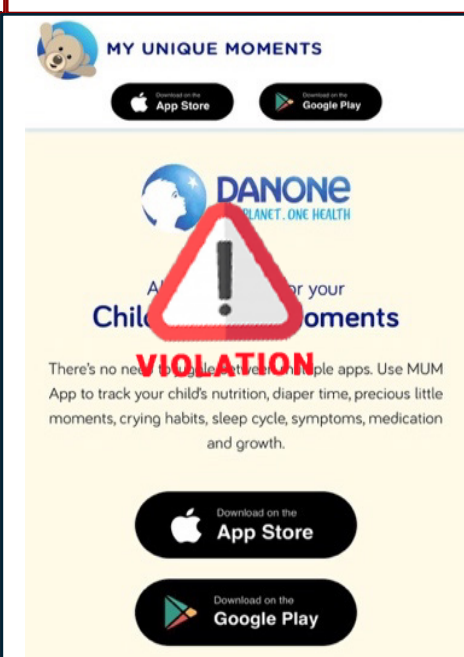
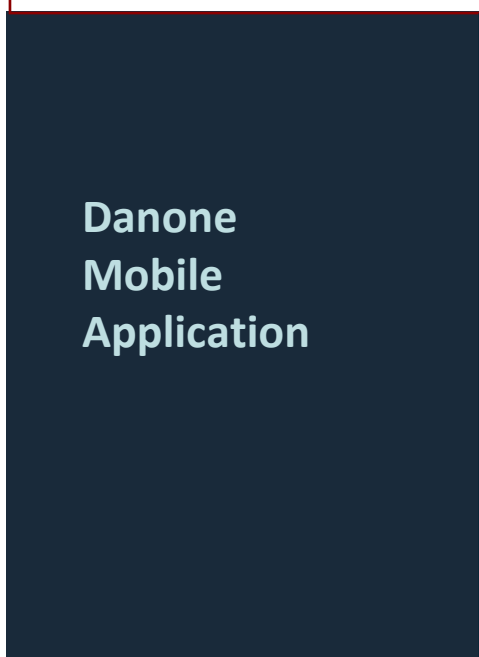
## B. Mobile Application

Some major BMS companies also have developed a mobile application available on Google Play and App Store that enable parents to monitor many aspects of their babies and children's daily life such as feeding schedule, bowel movement pattern, wet diapers counter, growth and milestone chart, complementary feeding menu, and more. Nutricia, Mead Johnson and Danone are among three companies that become pioneers in such digital technology in Indonesia. This application also provides wide access for product shopping, points reward and product reviews. **These applications are undeniably violating Article 5 of the International Code which specifically prohibits any forms of direct and indirect marketing for expecting mothers and new parents.**

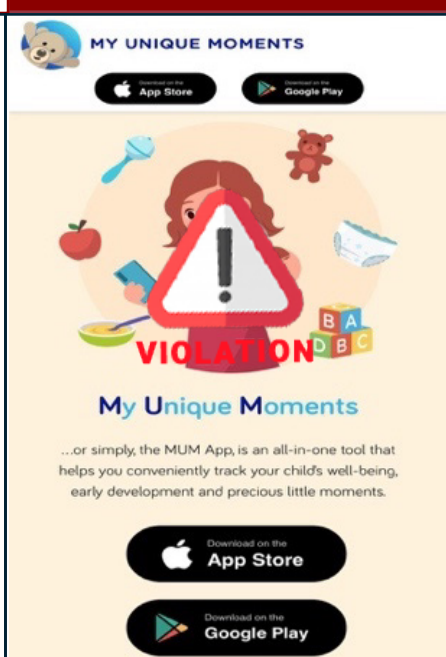
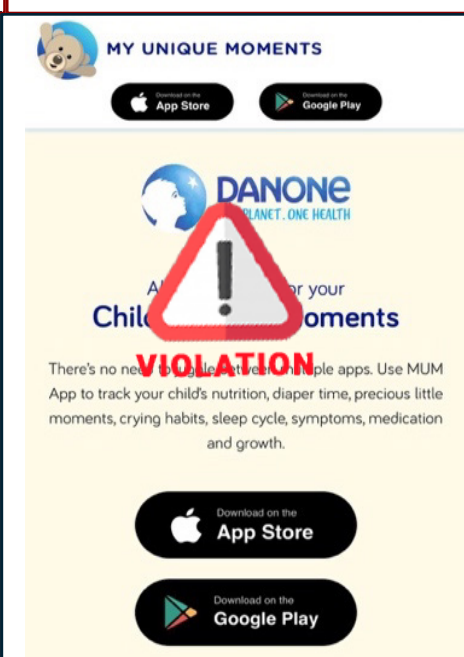
### Mead Johnson Mobile Application



### Bebelac Mobile Application



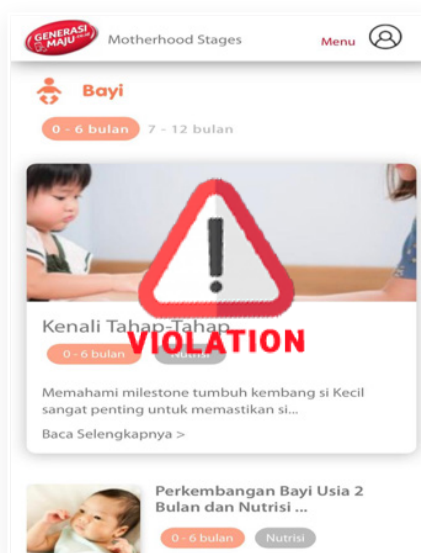
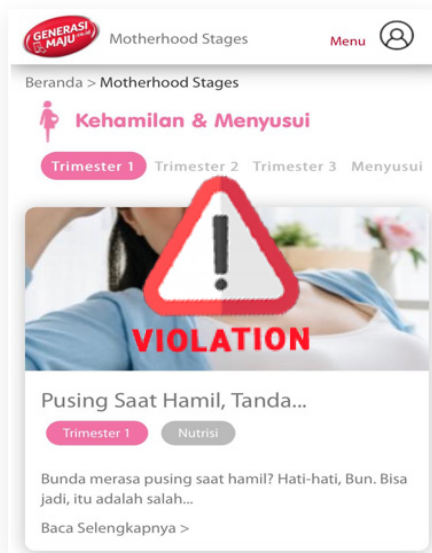
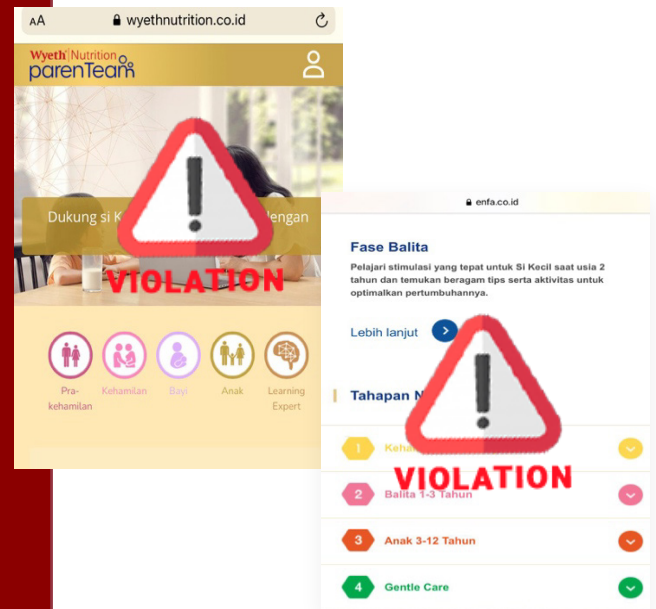
### Danone Mobile Application





## C. Web Articles and E-Books

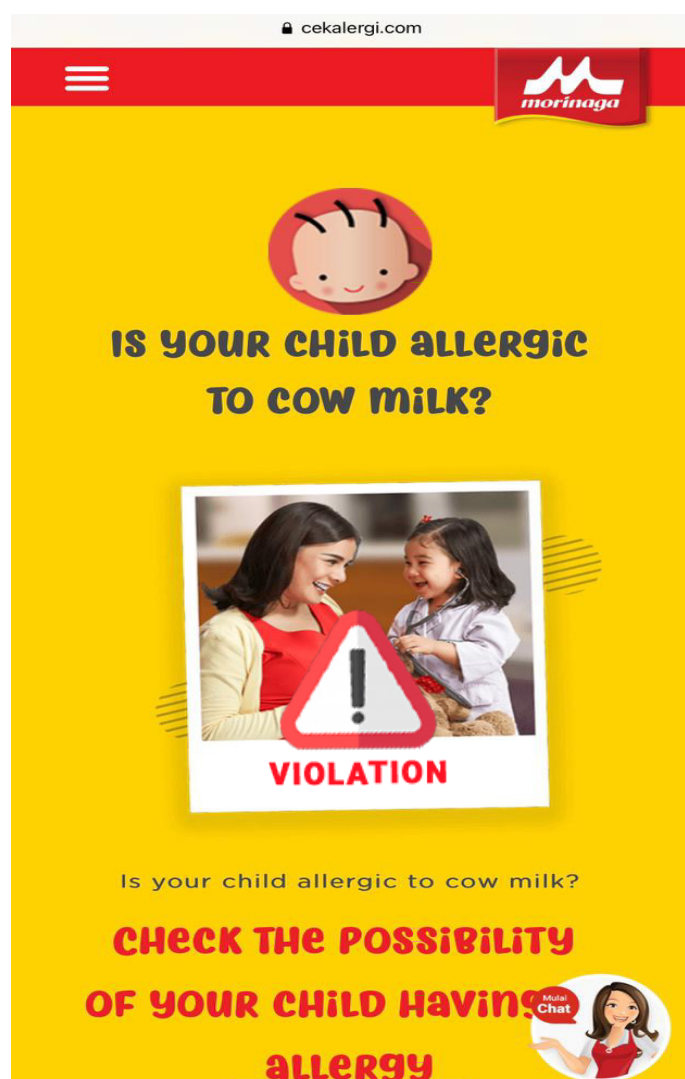
Most BMS companies provide educational articles on their websites. These articles are ranged from ones on pregnancy, infant health, breastfeeding, and young children health, and many more which depends on the product range that they provide. For example, Danone SGM provides articles on all stages from pregnancy to 10 years-old children since their products cover those different needs. The way the web has arranged the articles in a certain developmental stage indirectly leads their readers to choose BMS products that suit their needs which violates Article 5 of the Code.



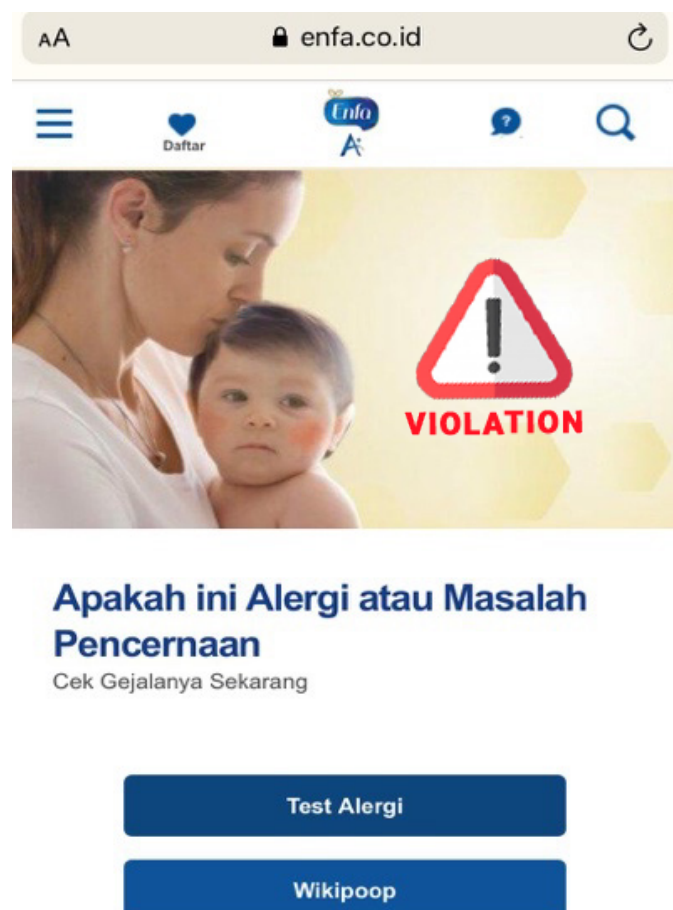
Some BMS brands have developed various online screening tools in their website available for the public. Nutriclub has preterm risk screener and C-section potential screening and also a tool for calculating family financial needs. These screening tools are designed to 'assist' expecting women and new mothers which at the end may lead them to the products that suit their needs.



A similar application is developed by Danone's SGM with its Iron Check Tools which can also suggest the recommended amount of SGM milk consumed daily based on a child's need. It supports the brand's claim that SGM milk has the-so-called Iron C to support iron sufficiency in a child's dietary system.



Meanwhile both Morinaga and ENFA share the same interest in creating screening tools for child allergy as one of their products are promoted as allergy-friendly.

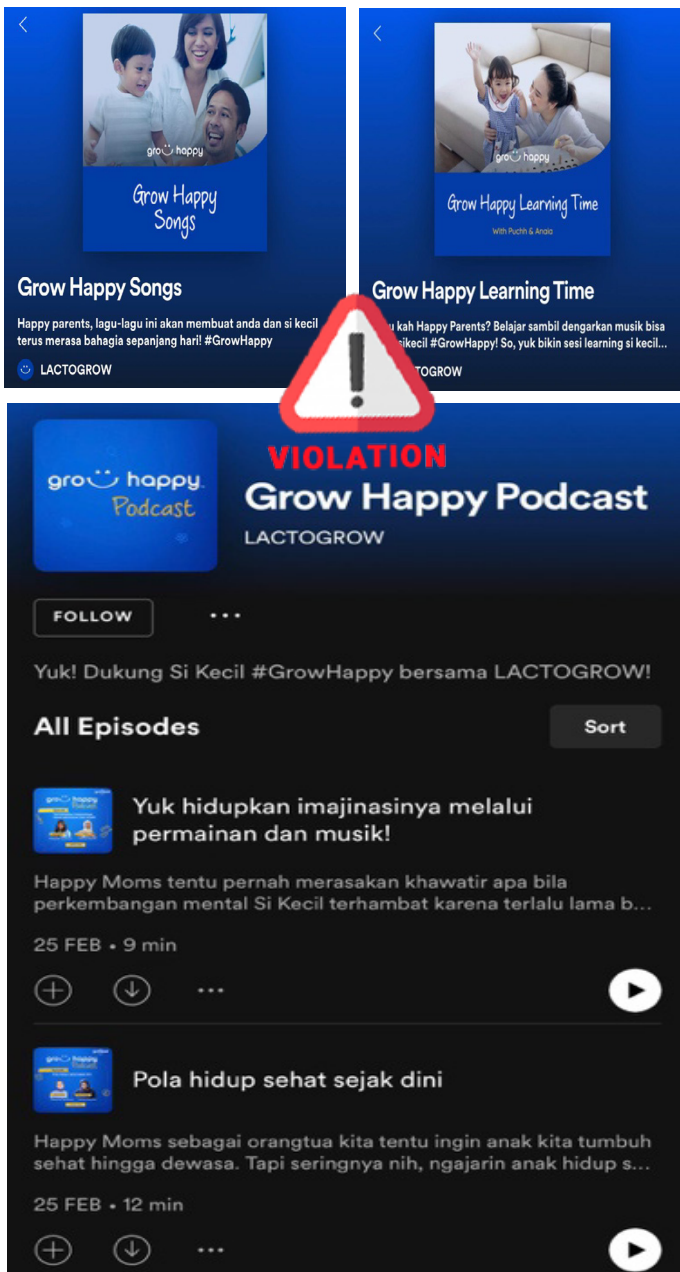




## D. Podcast Promotion

Main BMS companies have introduced podcasts as one of their education instruments. The content covers child health and nutrition, a healthy lifestyle, early childhood education, as well as the story of parenthood life. **Similar to the articles on the websites, podcast promotion is also a tool that allows BMS companies to increase engagement between the public and the brand promoted under the scope of the International Code.**

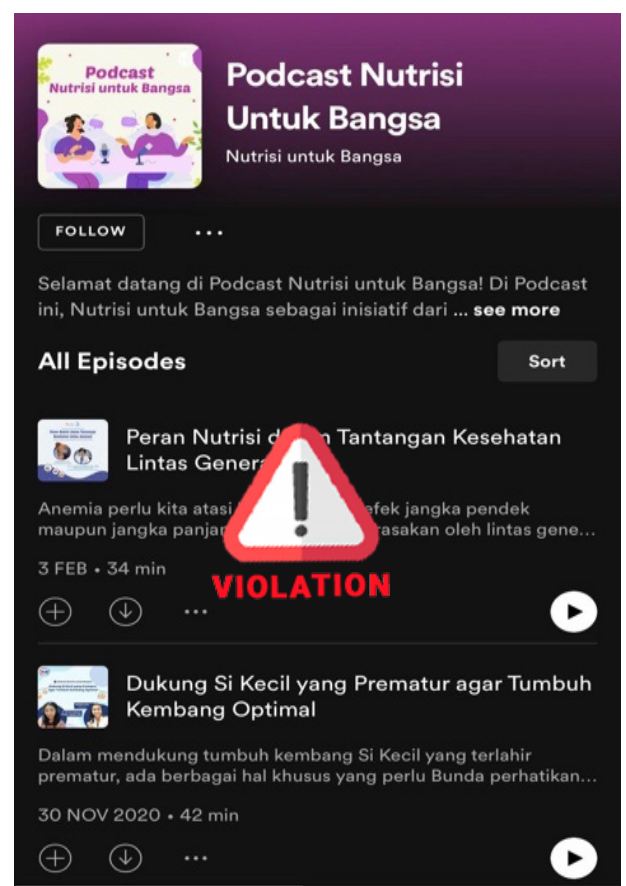
### Grow Happy Podcast by Nestlé Lactogrow



### Parenthood story podcast by Nutriclub Nutricia



### Danone's Podcast "Nutrisi Untuk Bangsa"



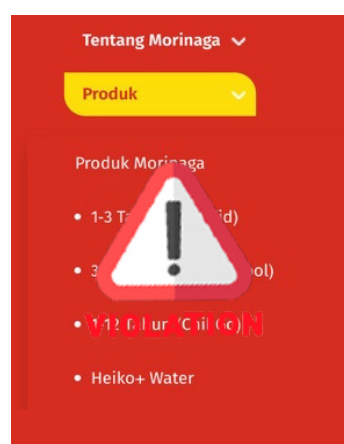


## SPECIAL FEATURE

### Brand Under Spotlight: “Morinaga Heiko + Water”

Although the product can be used for any age, Morinaga Heiko+ Water uses certain claims as a special mineral water product suitable for dissolving baby's food (powder milk, porridge, biscuits). This claim is based on the fact that the water will not affect the number of minerals in the baby products. Morinaga Heiko+ Water is available in the Morinaga Official Store where Morinaga's infant and toddler milk are also sold. This mineral water is also promoted side by side with all Morinaga's BMS products on its website.

The marketing and promotion of this product have violated Article 5.1 of the International Code which also covers any beverages that are represented as suitable to be fed to infants less than 6 month old, such as bottled water.



## SPECIAL FEATURE

### Brand Under Spotlight: “Holle Organic”

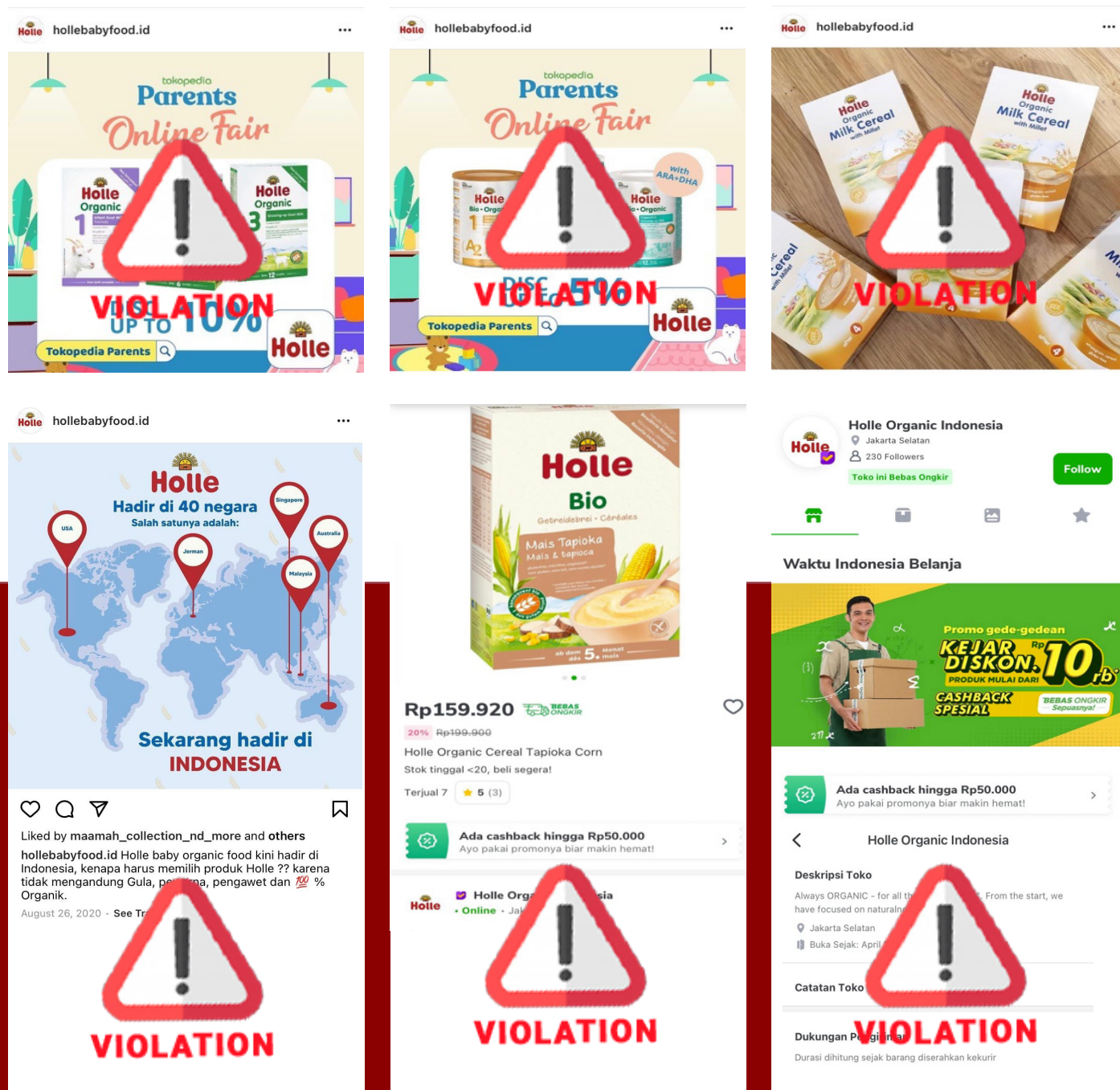
In 2020, Holle Organic, an Austrian-based BMS company has started to market its products in Indonesia via an Official Store in the digital marketplace of Tokopedia<sup>2</sup>. It also maintains an official Instagram named **hollebabyfood.id** which is connected to the above Official Store. It is mentioned on Instagram that Holle Organic has officially marketed its products since August 2020, while the Official Store itself has been operating even earlier in April 2020.

Holle Organic has failed to comply with the International Code as well as with national regulations by promoting formula milk for infants under 12 months old (both cow milk-based and goat milk-based formulas) and complementary baby food aimed for babies under 6 months old. Holle Organic's packaging does not provide information in Bahasa Indonesia. The leaflets being sent to buyers are also written in English.

Marketing of complementary baby food should not undermine the WHO recommendation of 6-month exclusive breastfeeding. **The promotion of Holle Organic Milk Cereal for babies aged 4 month old and Holle Organic Mais and Tapioca for babies aged 5 month old both have violated the International Code Articles 5.1, 5.3, WHA Resolutions 39.28 [1986], WHA 45.34 [1992], WHA 47.5 [1994], WHA 49.15 [1996], WHA 54.2 [2001], WHA 58.32 [2005] and WHA 63.23 [2010].**

The promotion of Holle Organic in Indonesia is one strong evidence that the Indonesian government does not take any serious course on monitoring and enforcing the International Code as well as national legislations on BMS promotion. In fact, in Indonesia, BMS and baby food are considered high risk product which requires extra measurements. The government need to set up a new strategy in surveillance and enforcement, that includes surveillance in the digital platforms, including social media and digital marketplaces. The government also needs to monitor imported BMS which circulated through online merchants without any restraints, especially products for special medical purposes such as Human Milk Fortifier, premature milk, therapeutic milk, and many more.

This promotion is also strong evidence of violating Indonesian Government Regulations no 69/1999 on Food Labels and Advertisements on at least two articles. The first violation in the writing of the labels should be in Indonesian as stated in Article 15. The second violation is related to Article 47 (4) that stated advertisements for babies up to one year old are forbidden in mass media. AIMI did write an official letter at the end of March 2021 to the Indonesian Food and Drug Authority or Badan Pengawas Obat dan Makanan (BPOM). Unfortunately until this report is published we haven't received any response from the BPOM.





## SPECIAL FEATURE

### Brand Under Spotlight: “PediaComplete”

In early 2021, PediaSure Indonesia has launched a new product named “PediaComplete”, for children aged 1-10 years, declared as the better version of its predecessor “PediaSure Complete”. The product itself is claimed as a special nutrition for medical purposes for children with specific health issues, such as growth faltering and malnutrition. This makes the product to be only accessible by doctor’s prescription and available in pharmacies and hospitals. However, the products are sold without restraints in Abbott’s Official Store in the digital marketplace such as Tokopedia which can be purchased without a doctor’s prescription.

This product is also sold in a bundle system, where consumers pay cheaper when they buy more than one packaging. This type of promotion should not be applied to a product which requires a doctor’s prescription as the therapeutical milk category. It violates the International Code Articles 2, 3, 5.1, 5.3, WHA Resolution 39.28 [1986], WHA 49.15 [1996], WHA 54.2 [2001], and WHA 63.23 [2010].



## PART II: THE VIOLATION OF ARTICLES 5.2

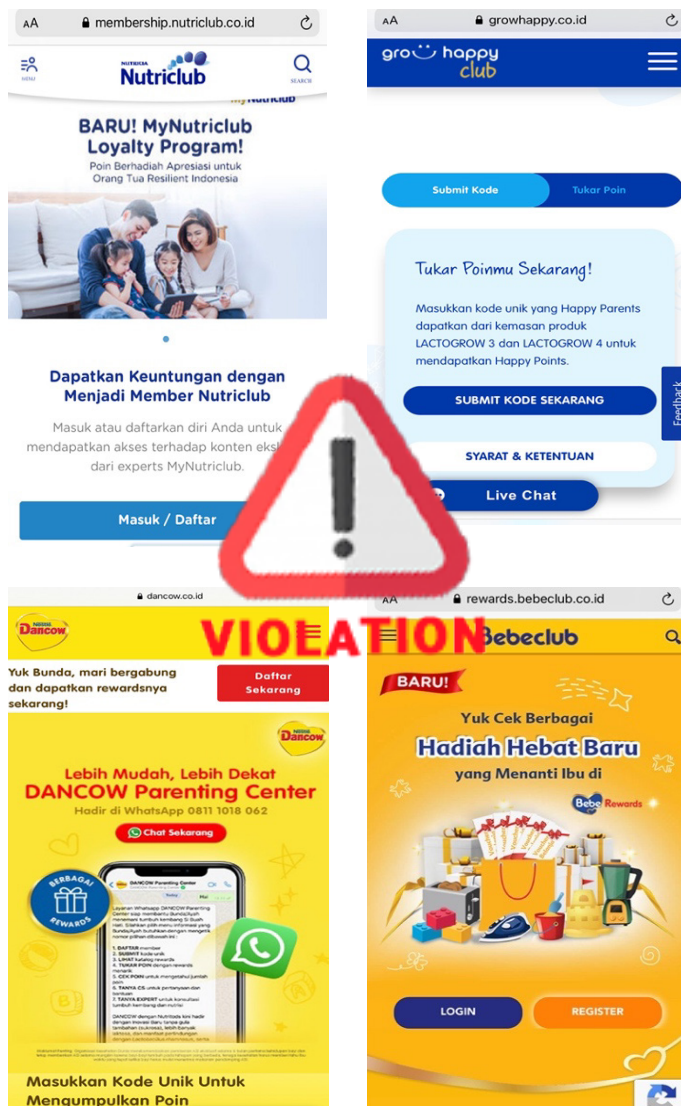
### A Free Spample to the Public

Arla’s Puregrow offers parents to get a free sample after filling certain forms on the website where parents can submit their personal data. Same goes to Nutricia’s Bebelac and Nestlé’s Lactogrow.

## PART III: THE VIOLATION OF ARTICLES 5.4

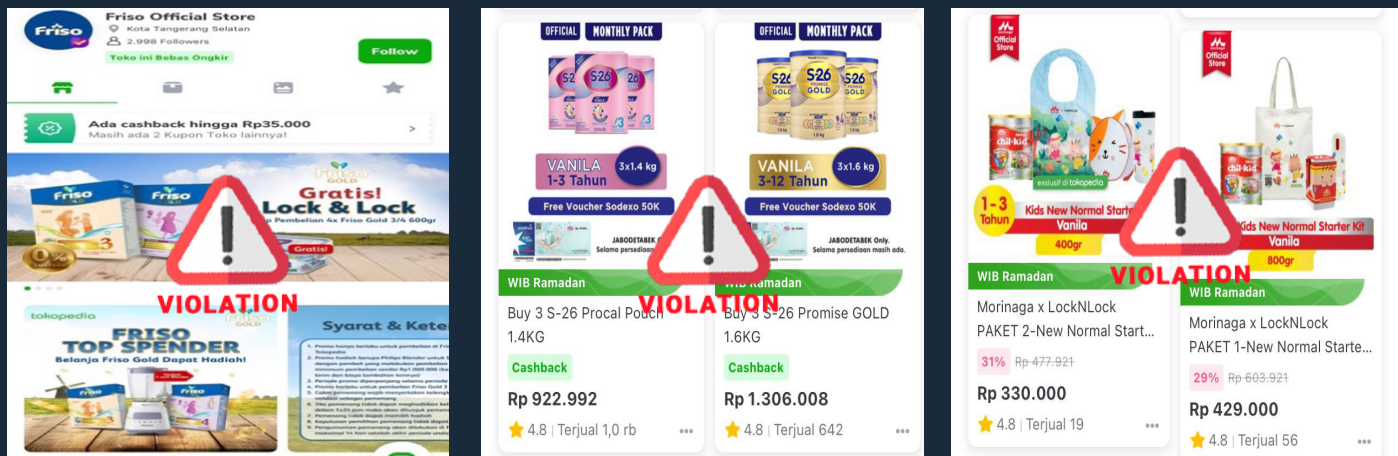
### Loyalty Program, Gift, and Gimmick

This promotional practice that violates Article 5.4 of the Code has been applied by most BMS companies in Indonesia. The direct approach to consumers is also getting more intense through loyalty and membership programs as well as purchase point system provided on their websites. The points collected by members can be redeemed into various products ranged from the kitchen and household equipment, children toy and book, prepaid cellular voucher, shopping voucher, and many more.





Direct gifts such as kids toys, kitchen utensils, and shopping vouchers are also awarded by BMS companies when consumers purchase certain bundle of products. This strategy is broadly applied in the digital marketplace system in Indonesia.



## PART IV: THE VIOLATION OF ARTICLE 5.5

This part shows some evidences on how the BMS companies seek direct or indirect contact with expecting mothers and mothers of infant young children which violates Article 5.5 of the Code.

### A. Targeting Mothers

BMS companies do everything they can to keep their products in the memory of pregnant women and new mothers. They use many strategies to include advertisements in mainstream media and now they are also doing it aggressively in social media. These tactics are used to influence mothers' decision to formula feed and their brand selection. **Companies are now increasingly using social media since it is an easy and inexpensive way to interact with their target audiences, which are mainly mothers. It violates all elements of Article 5 of the International Code.**

Most BMS companies have been targeting mothers as the central feature of their promotion. This mother-based advertisement appears in many promotional items, describing how mothers have a pivotal role in securing the nutrition and well-being of their children. Labelling such as “mother can” (“ibu bisa”), “proud mother” (“Bunda bangga”), “super mom” (“ibu hebat”), “strong mom” (“Ibu tangguh”), “smart mom” (“ibu pintar”), “mom’s choice” (“pilihan ibu”) are widely used to deliver this message.

For instance, Danone’s SGM has a tagline “We are SGM Moms, We are united, We are strong” (Kami Bunda SGM, Kami Bersatu, Kami Tangguh). This tagline is made to sustain the brand’s goal, namely to ‘Support Advanced Generation’ (Dukung Anak Generasi Maju).



## B. The Role of Marketing Personnel

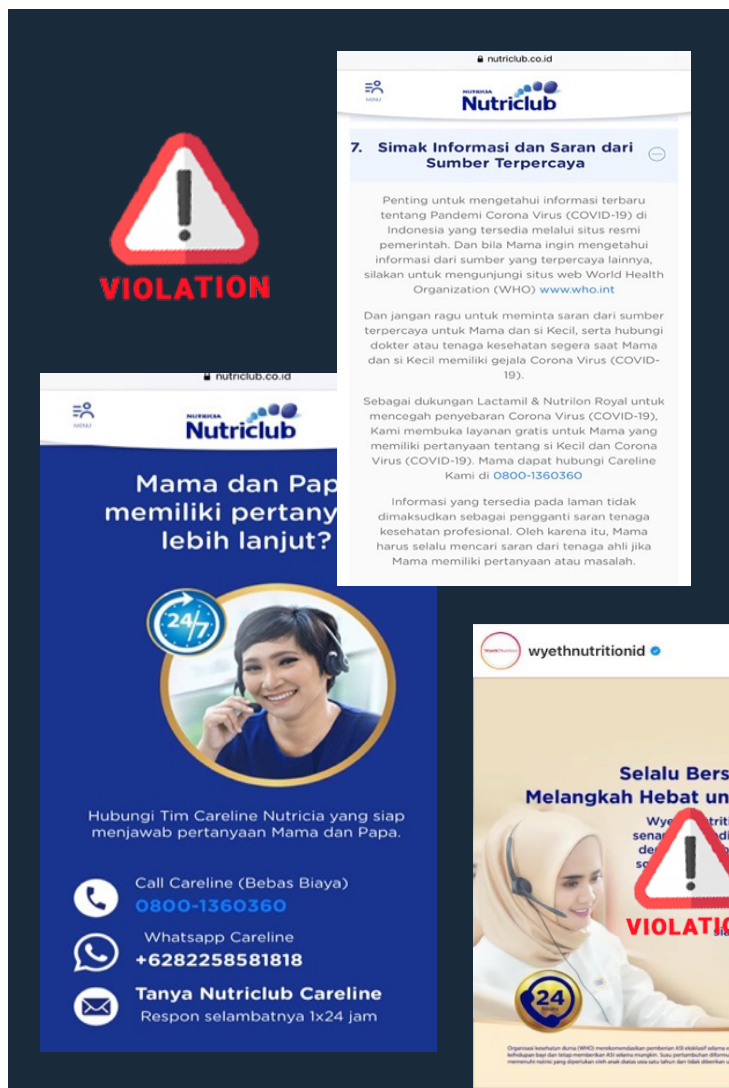
The role of marketing personnel in BMS promotion is not only prominent in the conventional marketing system by directly approaching mothers in supermarkets, healthcare facilities or other public spaces. In a digital marketing system, marketing personnel also appears on social media explaining the brand's promotional program. Bebelac for instance, has a special Q&A session on its Instagram explaining its reward program.

BMS companies such as Nutricia, Nestlé and Morinaga also had their in-house nutritionist and doctor, oftentimes appear side by side with resource persons during their online education programs. Apart from violating Article 5.5, this strategy also violates Article 8.2 of the International Code which prohibits personnel employed in marketing products within the scope of the Code to perform educational functions related to expecting mothers or mothers of infants and young children.



## C. Contact Centres

BMS companies have taken advantage of the pandemic by starting a contact centre to directly answer consumers' questions on COVID-19 as well as child health 24/7. Nutricia also promotes its contact centre as a reliable source of information of COVID-19, equals to the WHO website. BMS companies encourage parents to contact their contact centres whenever they have questions or problems regarding their children.





**“ the companies continue to violate the Code by contacting mothers directly which violate Article 5.5 of the International Code which bans marketing personnel to seek direct or indirect contact with expecting mothers and mothers of infant young children”.**

In addition to the observation in the digital platforms, AIMI also has conducted a simple survey with 273 respondents from 18 provinces in Indonesia. This survey aims to map out the implementation of the principles of the Breastfeeding Friendly Hospital Initiative (BFHI) as well as the implementation of the International Code during the pandemic. Survey respondents were mothers who gave birth in the period of April-October 2020.

35 out of 273 respondents were contacted, at least once, by BMS marketing who collecting information on the following:

1. Baby's age
2. Baby's growth status
3. Pregnancy's due date (if the mother was still pregnant)
4. Breastfeeding or formula feeding
5. If the baby is formula fed, which BMS brand has given to the baby
6. Any breastfeeding challenges encountered by the mother (if any)
7. Offering breastfeeding mother formula (if the mother is breastfeeding)
8. Offering pregnancy formula (if the mother is still pregnant)
9. Offering toddler milk if the baby is more than 1 year old
10. Some sales also provide information about giveaways, discounts, and any other benefits of certain BMS products they offered.

12 out of 273 respondents attended education sessions organized or sponsored by BMS products and received various giveaways/gimmick from the sessions, such as:

1. Shopping voucher (BMS Company: Morinaga)
2. Product voucher (Brand: Prenagen Milk for pregnant and breastfeeding mother)
3. Product sample (Brand: Nestlé's Dancow GUMs and Nutricia's Lactamil Milk for pregnant and breastfeeding mother)
4. Certain amount of money once the respondent posted the session on her social media
5. Product's gimmick (Fonterra's Anmum Milk for pregnant and breastfeeding mother)

In summary, despite the percentage of those being contacted is relatively small, **the companies continue to violate the Code by contacting mothers directly which violate Article 5.5 of the International Code which bans marketing personnel to seek direct or indirect contact with expecting mothers and mothers of infant young children.**

## NO GIFTS OR FINANCIAL SUPPORT OR OTHER INCENTIVES FROM BMS COMPANIES FOR HEALTH PROFESSIONALS WORKING IN THE AREA OF INFANT AND YOUNG CHILD HEALTH

### ARTICLE 8.2

Article 8.2 of the International Code prohibits personnel employed in marketing products within the scope of this Code, should not, as part of their job responsibilities, perform educational function 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 health care system at the request and with the written approval of the appropriate authority of the government concerned

### WHA RESOLUTIONS: WHA 49.15 [1996] AND WHA 58.32 [2005]

Financial support and other incentives for programmes and health professionals working in infant and young child health should not create conflicts of interest. Research on infant and young child feeding which may form the basis for public policies should contain a declaration relating to conflicts of interest and be subjected to independent peer review.

This section focuses on providing evidences of the violation of the Article 8.2 of the Code and the WHA 49.15 [1996] and WHA 58.32 [2005] which revolves around the role of personnel or health professionals employed in marketing products within the scope of the International Code. In the field of IYCF, the primary responsibility of health professionals is to safeguard optimal health and development, which includes protection and support of breastfeeding. The primary concern of BMS companies is profit and their marketing strategy often targets direct and indirect endorsement by health professionals. The intersection of these two groups, therefore, leads to conflicts of interest. The government needs to have bold and proactive steps to eliminate this conflict of interest. Especially since Indonesia is one country with the largest growth in formula milk sales. These evidences below illustrate the urgent need to eliminate conflict of interest among health professionals focused on infant and young children's health.

## A. Key Issue: Expert Sessions in Digital Platforms

This strategy is not somewhat new for BMS companies. During the pandemic, almost all BMS companies have regularly organized online education sessions both open for the public as well as only for limited participants with resource persons such as health professionals (paediatricians, clinical nutritionists, gynaecologists, midwives, psychiatrist, etc).

Based on Indonesia's 2020 Status Report on Marketing of Breastmilk Substitutes: National Implementation of the International Code, launched by WHO, Unicef, and IBFAN, engagement with experts such as health workers has continued to be one of most strategic approaches that BMS companies have expanded intensively. The target is not only parents with infants and young children, but also expecting couples. Distance is no longer an issue since everything is conducted online. Webinars, Instagram Lives, Facebook Lives, WhatsApp Class, Podcast, and many more have become their new favourite avenues. The most favourite themes picked up by BMS companies are child immunity, child nutrition during the pandemic, and "new normal" lifestyle during the pandemic. Formula manufacturers also have developed a new interest in engaging with the issue of family financial management, particularly in amidst of economic crisis due to prolonged pandemic.

Expert education programs are also organized by feeding bottles companies by engaging paediatricians, nutritionist and gynaecologist. While most brands targeting the public, Baby Huki, one of the major brands in Indonesia, has education sessions provided only for midwives.

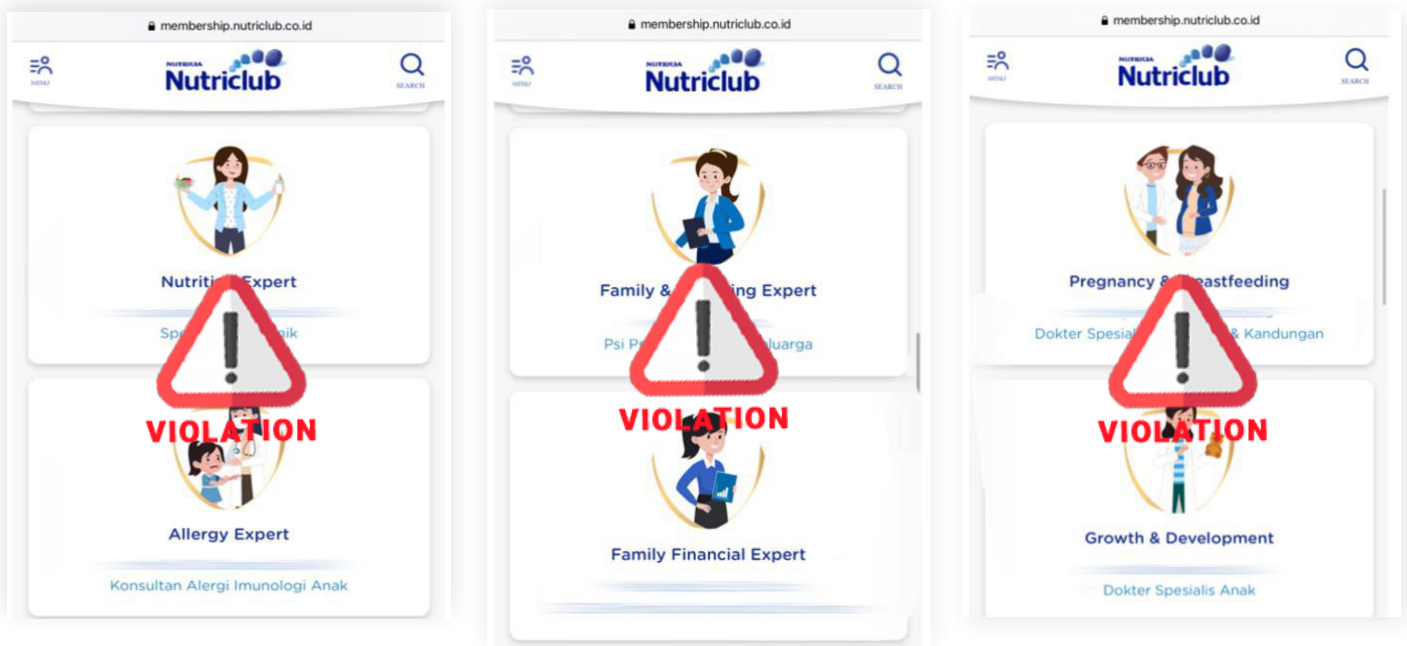


“During the pandemic, almost all BMS companies have regularly organized online education sessions both open for public as well as only for limited participants with resource persons such as health professionals (paediatricians, clinical nutritionists, gynaecologists, midwives, psychiatrist, etc)”.



## B. Professional Consultation Provided by BMS Companies

Brands such as Nutricia also create a team consisting of various healthcare professionals called “Board of Resilient” that are available for public consultation. Nutricia also does not hesitate to list the names of those professionals on its website.



## C. Tele-Medicine Service

Pandemic has opened new innovations in health consultations in the form of tele-medicine. Hospitals and digital platforms are developing online health consultation services that can be accessed by the public. This also opens up opportunities for BMS companies to set up an online health consultation system, through the WhatsApp Group, such as one developed by Morinaga under the name "WhatsApp Group Allergy Solution Smart Community". Morinaga is collaborating with an online-based health service platform to set up a 24-hour health consultation service named "Family Assistance Doctor" (Dokter Pendamping Keluarga).





## NO PROMOTION IN HEALTHCARE FACILITIES

### (ARTICLES 6.2, 6.3)

**Article 6.2:** No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

**Article 6.3** Facilities of health care 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 specific in Article 4.3.

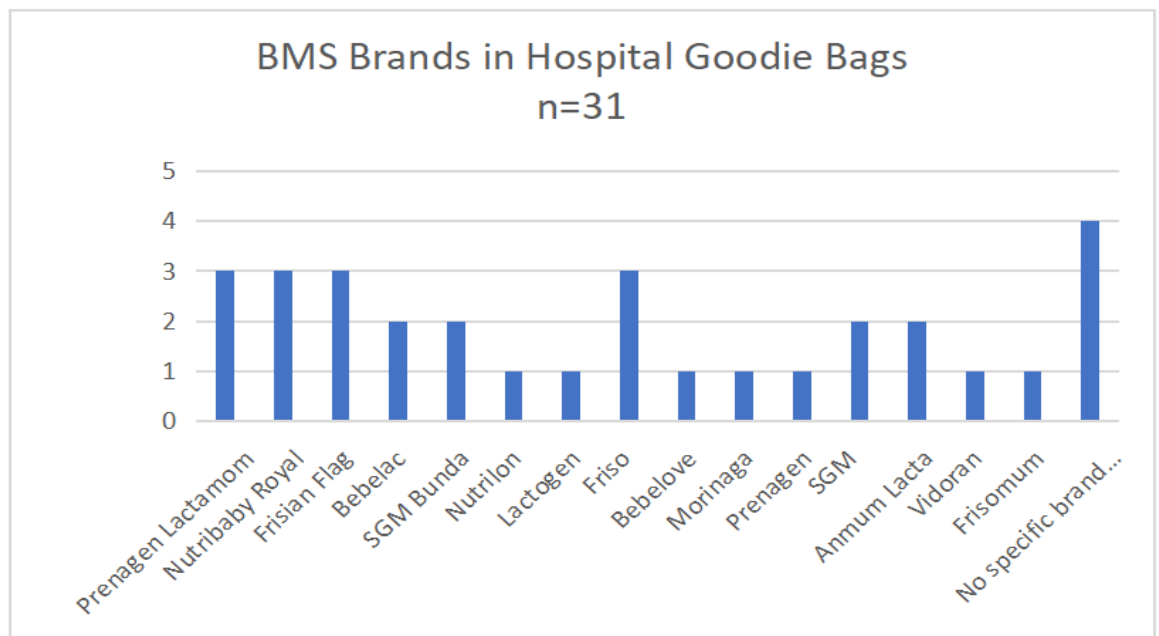
This part of the report is dedicated to highlighting evidences that BMS companies are still collaborating with healthcare facilities even in the form of digital activities by organizing free online education programs open for the public as revealed by the following posters published in Friso's Instagram account. **It undoubtedly violates the Article 6.2 of the International Code.**



In addition to the observation in the digital platforms, AIMI also has conducted a simple survey with 273 respondents from 18 provinces in Indonesia. This survey aims to map out the implementation of the principles of the Breastfeeding Friendly Hospital Initiative (BFHI) as well as the implementation of the International Code during the pandemic. Survey respondents were mothers who gave birth in the period of April-October 2020.

101 out of 273 respondents received goodie bags from their healthcare facilities. **31 out of these 101 respondents received goodie bags in the form of products/gifts from BMS companies** which consisted of infant formula, GUMs, or breastfeeding mother's milk or certain gimmick from the following brands/companies:

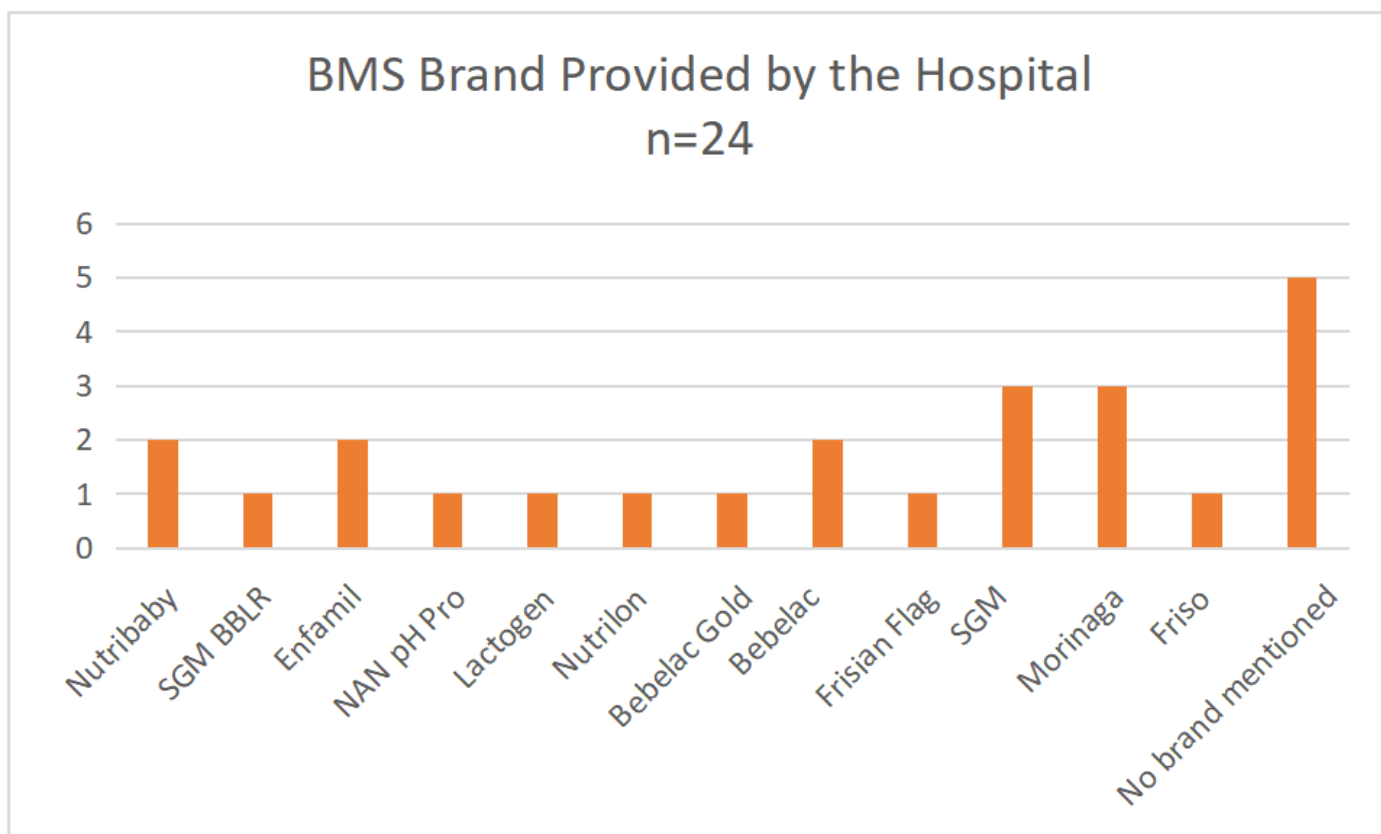
- |  |  |
|--|--|
| <b>1</b> Nutricia's Nutribaby Royal (this brand is aimed at babies aged 0-12 months) | <b>6</b> Nestlé's Lactogen (this brand aimed at babies aged 0-12 months)   |
| <b>2</b> Frisian Flag  | <b>7</b> Friso and Frisomum  |
| <b>3</b> Nutricia's Bebelac (this brand is aimed at young children from 1 year old)  | <b>8</b> Nutricia's Bebelove (this brand aimed at babies aged 0-12 months) |
| <b>4</b> Danone's SGM and SGM Bunda (milk from pregnant and breastfeeding mother)    | <b>9</b> Fonterra's Annum Lacta (milk for breastfeeding mother)            |
| <b>5</b> Nutricia's Nutrilon (this brand is aimed at young children from 1 year old) | <b>10</b> Morinaga   |
|  | <b>11</b> Prenagen (milk for pregnant and breastfeeding mother)            |



**24 out of 273 respondents were offered to have infant formula by the healthcare facilities and received certain BMS brand provided by the facilities from the following brands/companies:**

- |   |                              |
|---|------------------------------|
| <b>1</b> Morinaga   | <b>6</b> Nestlé's NAN pH Pro |
| <b>2</b> Nutricia's Nutribaby   | <b>7</b> Nestlé's Lactogen   |
| <b>3</b> Danone's SGM and SGM BBLR (the later is special formula for low birth weight infant) | <b>8</b> Nutricia's Nutrilon |
| <b>4</b> Mead Johnson's Enfamil   | <b>9</b> Frisian Flag        |
| <b>5</b> Nutricia's Bebelac and Bebelac Gold  | <b>10</b> Friso              |





Receiving BMS products or gift from BMS companies as goodie bags are prohibited by Articles 5.4 of the International Code. The article stipulates that manufacturers or distributors should not distribute to expectant women or mothers of infants and young children any gifts which may promote the use of products. It also violates Articles 6.2 and 6.3 where no facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code.



## PROVISION OF CLEAR INFORMATION

### ARTICLE 4.2 AND WHA 58.32 [2005]

#### Article 4.2

Information and educational materials dealing with the feeding of infants and intended to reach expectant mothers and mothers of infant and young children should include clear information of the following points:

- 1.The benefit and superiority of breastfeeding
- 2.Maternal nutrition and the preparation for and maintenance breastfeeding
- 3.The negative effect of introducing partial bottle-feeding
- 4.The difficulty of reversing the decision not to breastfeed
- 5.The proper use of infant formula, only when medically needed

WHA Resolution 58.32 [2005] states that nutrition and health claims are not permitted for breastmilk substitutes

This section provides some evidence where BMS products have consistently idealized their products. Even though most BMS companies have provided disclaimer on their websites that breastmilk is the best for babies' first six months and breastfeeding should be continued for a longer period, however, it is not sufficient to build an understanding that BMS products are not needed and should be used only under certain medical circumstances.

The BMS companies and feeding bottle companies in Indonesia have failed to show that they have provided adequate information on the risk of partial bottle-feeding. Feeding bottle companies even have attempted to promote the idea that the use of the bottle is safe for breastfed babies. It has violated Article 4.2 of the Code and the WHA resolution 58.32 [2005].

### A. The Superiority of the BMS Products

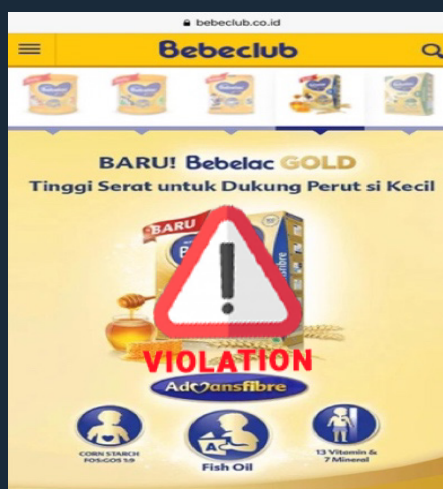
In all of their promotional materials, BMS companies idealize their products with various advantages that resemble the benefits and nutrition elements provided by breastmilk. Nutricia's Nutrilon Royal put emphasis on the role of FOS and GOS elements to strengthen child's immunity and Omega 3 and 6 for better critical thinking. While Nutricia's Bebelac Gold focuses its promotional item on building a better digestive system.

During COVID-19 pandemic, most BMS products emphasize the element of antibody provided by their products that keep children staying healthy. GUMs are indicated to complete young children's nutrition to be able to reach their growth potential. It indirectly implies that the nutritional adequacy of children over one year of age cannot be fulfilled only from breastmilk and a balanced diet. Only a few brands mention disclaimer that giving GUMs must be in consultation with





health workers under certain medical conditions. Most BMS promotional items lead public to believe that giving GUMs to their children is a necessary thing to do because nutritional elements provided by GUMs are unavailable in their children's daily dietary.



## B. The Superiority of Bottle-Feeding Products

Similar misleading information on breastfeeding provided by bottle feeding brand Philips Avent when their information encourages parents to provide mix feeding system: breastfeeding and giving breastmilk in a bottle. This brand does not provide any information regarding the risk of bottle feeding. In fact, Avent promotes the advantage of its product in avoiding nipple confusion.



Similar claim is also presented by Dr Brown and Comotomo



Dr Brown also claimed that its product can preserve certain elements of nutrition in the breastmilk such as Lipid as and Vitamins A, C, and E.



## C. Misleading Information on Breastfeeding

Holle Organic provided misleading information on breastfeeding and breastmilk, published in its Instagram account on 28th January 2021 under the title "The Risk of Breastfeeding that Mothers Might Not Know". It is stated, among others that breastfed babies will prone to malnutrition if their mothers do not eat sufficiently. Breastfed babies are also at the risk of gestational problems if their mothers do not pay attention to their meals.





Dr Brown, one of prominent feeding bottle companies in Indonesia published a misleading infographic about breastfeeding for mothers who are infected with COVID-19. The poster mentioned that mother who is not able to breastfeed still can give her baby expressed breastmilk in a feeding bottle.



## SPECIAL SECTION: BMS COMPANIES COOPERATION WITH GOVERNMENT BODIES

Major BMS companies operating in Indonesia have had a long history of engagement with the government. As the BMS market has grown in countries like Indonesia, the industry also becomes more important within the national economy as a supplier of jobs, exports, and tax revenue. Thus, the government become more reluctant to regulate the BMS companies' activities or can even directly support burgeoning industry<sup>3</sup>. The engagement between BMS companies and government bodies has been intensified in particular during the COVID-19 pandemic not only in supporting medical equipment and personal protective equipment for health workers, but also in social assistance for the wider community.

The following section of the report, is dedicated to highlighting several main collaboration between major BMS companies and some Indonesian ministries.

### Frisian Flag

Prior to the Pandemic, Frisian Flag Indonesia has established a program called "Kampung Anak Sejahtera" (Children's Prosperous Village) in collaboration with the Ministry of Woman's Empowerment and Child Protection – Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KemenPPPA) to prevent stunting by providing affordable milk for children aged 1-6 years and educating families on the issues of health and parenting. This so-called more affordable children milk is also being marketed in a vast network of minimarkets across the country. Frisian Flag also sets up a separated Official Store in the

digital marketplace called “Susu Bendera Store” that selling only this variant of more affordable milk, separated from the original Frisian Flag Official Store which selling more premium options.

In 2019-2021, Frisian Flag’s collaborative multi-stake holder program also has targeted provincial and municipal governments to collaborate in a program called “Indonesia Siap” (Indonesia Ready) which provides health and nutrition education to thousands of mothers and community educators.

**#IndonesiaSIAP**  
Sadar Gizi, Inovatif, Aktif & Peduli

Kolaborasi multistakeholders.  
Edukasi kesehatan dan gizi oleh pakar untuk ibu-ibu warga dan kader kesehatan / PKK  
• 2019/2020 jangkau 15 kota/kab. & 15.000 keluarga  
• 2020/2021 jangkau 27 kota/kab. & 10.000 keluarga

2019/2020:  
• Jakarta Barat  
• Jakarta Timur  
• Serang  
• Karawang  
• Cirebon  
• Semarang  
• Brebes  
• Grobogan

2020/2021: Provinsi Jawa Barat  
• Tasik  
• Depok  
• Maunung  
• Subhadi  
• Kadik  
• Jombang  
• Probolinggo

Bersama KPPPA dan FOI, FFI berkolaborasi pada program 'Kampung Anak Sejahtera' di 4 wilayah stunting tinggi:  
• Kab. Subang  
• Kab. Kulon Progo  
• Kab. Wonosobo  
• Kab. Grobogan

Bantu mengurangi stunting dan gizi melalui peningkatan peran keluarga tumbuh kembang anak yang optimal

Pemberian rutin susu bergizi dan terjangkau 'Susu Bendera' melalui keluarga oleh KPPPA.  
• Pendampingan relawan FOI.

Hasil:  
• Perubahan positif perilaku makan dan indikasi peningkatan BB/U & TB/U, serta penurunan jumlah balita stunting.

**KAMPUNG ANAK SEJAHTERA**

**Susu Bendera**  
Frisian Flag

**FOI**  
Foodbank of Indonesia

**VIOLATION**

In May 2020, Frisian Flag in cooperation with a prominent digital market place “Shopee” launched a program called “You Buy 1, We Donate 1” (Kamu Beli 1 Kami Sumbang 1). The program, which was held during the period 1-31 May 2020, succeeded in inviting the public to participate in efforts to fulfil nutrition for health workers and people in need. Donations in the form of products worth 1.6 billion rupiahs were successfully collected, which were then distributed through the Foodbank of Indonesia (FOI) in the form of Frisian Flag ready-to-drink milk products to medical personnel and people in need such as families of informal or daily sector workers.

**FRISIAN FLAG**

**Kamu Beli 1, Kami Sumbang 1**

Untuk Setiap Pembelian Produk Frisian Flag Apa Saja\*

1-31 May 2020

**VIOLATION**



In September 2020, Frisian Flag held a webinar of the Nusantara Movement – “Gerakan Nusantara” (Gernus) with the theme "Being Resilient Parents in the Era of New Normal" with more than 700 teachers and parents from elementary schools in the Province Jakarta. The 2020 “Gerakan



## Nestlé

Nusantara” program is supported by the Ministry of Education and Culture (Kementerian Pendidikan dan Kebudayaan) and The Indonesian Food and Drug Authority – Badan Pengawas Obat dan Makanan (BPOM) to strengthen awareness of healthy food consumption patterns and an active lifestyle in the school environment and the habit of drinking milk every day. This program has been running since 2013 and has reached 2,520,774 students and 4,886 teachers in 4,806 elementary schools in Indonesia. The 2020 “Gerakan Nusantara” which took place during the COVID-19 Pandemic has also collaborated with the Learning From Home Program – Belajar Dari Rumah (BDR) Program launched by the Ministry of Education and Culture and the “Food Safety” program launched by the BPOM<sup>2</sup>.

4 <https://marketing.co.id/tingkatkan-literasi-gizi-frisian-flag-indonesia-gelar-webinar-gerakan-nusantara-2020/>

During the pandemic, Nestlé Indonesia has distributed thousands of aid packages. The Indonesian government also has partnered with Nestlé Indonesia to help the country’s waste scavengers who have been badly affected by the coronavirus pandemic. The partnership is part of the Clean Indonesia Movement program in which the country’s Coordinating Ministry of Maritime Affairs teamed up with Nestlé Indonesia. Nestlé Indonesia distributed over 110,000 of the company’s own food and milk products. They also supplied the waste scavenging community with 1,400 packages of basic goods (sembako). The aid packages were distributed to waste scavengers in the Greater Jakarta Area, Central Java, and East Java.

## Danone

Prior to the pandemic, Danone Indonesia has set up a collaboration project with the Ministry of Education and Culture for various programs, one of which is a balanced nutrition campaign in early childhood education and facilitating the development of healthy school canteens through the Advanced Generation School Canteen Program. This program is quite similar the ones conducted by Danone in France and Japan<sup>5</sup>.

In August 2020, Danone Indonesia has assisted in the form of four ventilator machines, 2,500 N95 masks, and 10,000 surgical masks to be distributed via the National Disaster Management Agency – Badan Nasional Penanggulangan Bencana (BNPB) to hospitals and health care facilities in need. This assistance was part of Danone Indonesia's initiative and commitment to supporting efforts to overcome the COVID-19 Pandemic in Indonesia

detikNews / Berita

### Danone Indonesia Sumbang Rp 30 M Bantu Atasi COVID-19 di Indonesia

Nurcholis Maarif - detikNews

Senin, 20 Apr 2020 14:33 WIB



Foto: Dok. Danone Indonesia

5 <https://www.danoneinsstitute.org/children-healthy-eating/local-initiatives>

6 <http://www.eurocham.id/member-news/danone-indonesia-provides-assistance-to-handling-the-covid-19-pandemic>



## Danone Bantu Rp30 Miliar untuk Atasi Wabah Covid-19

25 Aug 2020, 11:28 WIB - Oleh: Newswire



Antara

Vice President Central Secretariat of Danone Indonesia, Vera Galuh Sugijanto (ke-4 dari kanan) menyerahkan donasi kepada Kepala Satgas Penanganan Covid-19 RI Doni Monardo (ke-3 dari kiri) di kantor BNPB pada Senin (24/8/2020).

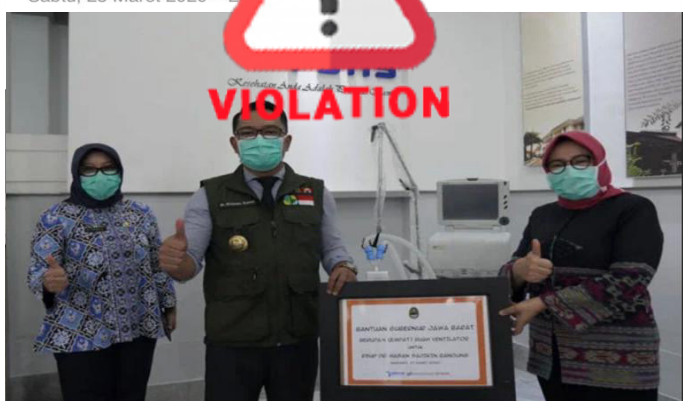
through its two main business units, namely Danone-AQUA and Danone Specialized Nutrition Indonesia with a total amount of IDR 30 billion<sup>6</sup>. The support has been distributed through partnerships with various institutions from the government, private sectors, to civil society organizations. As a result of assisting the Indonesian government, Danone Indonesia received an award from the Ministry of Health due to its active contribution to the response to COVID 19.



JPNN.com > Daerah > Jabar > Lawan Corona, Danone Indonesia Berikan Ventilator ke RS Hasan Sadikin

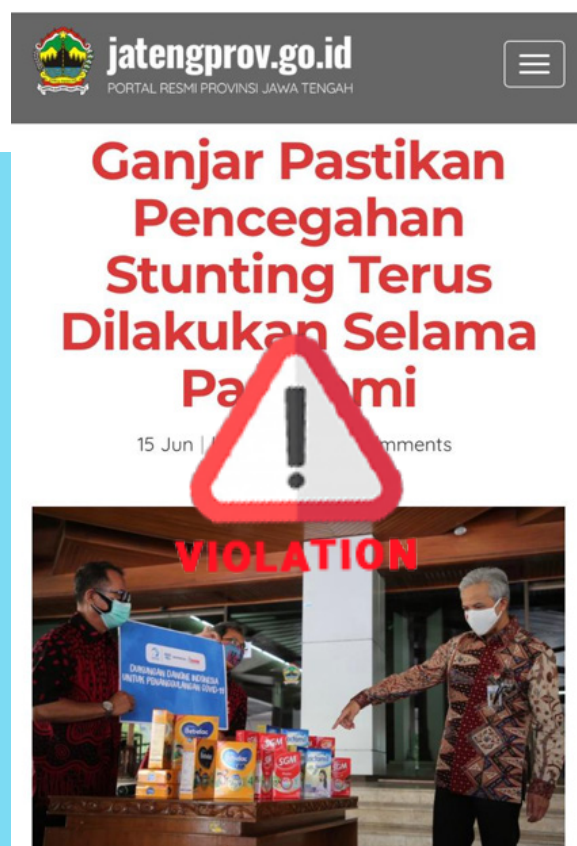
### Lawan Corona, Danone Indonesia Berikan Ventilator ke RS Hasan Sadikin

Sabtu, 28 Maret 2020 — 20:00 WIB





Danone Indonesia has also developed a partnership with the provincial government of Central Java in preventing stunting. On Wednesday 15 July 2020, they shared the success story of a family-based stunting prevention program in Wonosobo Regency, Central Java. This collaboration has been carried out in Pagerkukuh Village, Ngadimulyo Village, Bejiarum Village, Pagerejo Village, Reco Village, and Pulosaren Village. This partnership focuses on education for the first 1,000 days of life, Clean and Healthy Behaviour (PHBS), balanced nutrition with contents of my plate and also WASH (Water Access Sanitation and Hygiene). Danone's involvement was promoted through its Specialized Nutrition and Waters business units<sup>8</sup>.



These engagements between BMS companies and the government have posed the significant potential for a conflict of interest in Indonesia's efforts to strengthen aspects of the application of the International Code. It has been a sunseting situation here in the country. The state's role to protect and uphold the Code has been repeatedly interfered with by BMS companies through the justification of multi-stakeholder collaboration in preventing stunting. The absence of state's active role in upholding the Code will seriously jeopardize the future of the Code's compliance in Indonesia in the prolonged COVID-19 pandemic.

7 <https://megapolitan.antaranews.com/berita/101032/danone-sn-indonesia-supports-central-java-government-to-prevent-stunting-during-covid-19-pandemic>

8 <https://inforial.tempo.co/info/1003303/danone-indonesia-cegah-stunting-di-wonosobo>

## CONCLUSION AND RECOMMENDATIONS

Despite continuous efforts from the government and supported by civil society and other organizations, good IYCF practice and breastfeeding promotion, protection and support are still lacking in Indonesia. The 52% exclusive breastfeeding rates based on the 2017 Health Demographic Survey is a proof that Indonesia has a big homework to have a comprehensive strategy to increase breastfeeding rates. The fact that the International Code of Breastmilk Substitute and the subsequent WHA resolutions have not been fully adopted in the national legal framework is one of the key factors why breastfeeding protection is still lacking.

The gap between the national regulatory framework and the Code makes companies able to promote their product aggressively within various media outlets. The rise of social media makes the companies easier to reach pregnant and new mothers especially during the COVID-19 pandemic. Companies manipulating and using health workers and facilities to promote their products with many gimmicks and tactics to put their brand in the top mind of mothers.

There are also gaps that need to be addressed with the issue of conflict of interest between some non-health professions that are also used by the companies as influencers such as psychologists, educators, financial planner, researchers and

even government officials. Companies are using these professions to reach their target by having sponsorships, online events and donations. This is why the government needs to be present and fully support breastfeeding by fully adopting the code and subsequent WHA resolutions.

The government also needs to have a comprehensive policy and program to increase breastfeeding rates with a sound and regular monitoring and evaluation process. Collaboration with civil society organizations are critical to keep all government officials informed about how the companies behave, especially the massive promotions on social media. The government also needs to enforce the regulations related to IYCF. With the regulations that Indonesia has right now, even though it is not perfect, there are some official actions that can be done to remind companies to follow the regulations. This act will set a good precedent for the existing laws and upcoming regulations that need to be adopted.

The issue of conflict of interest in many sectors also needs to be addressed. Informing more people on this topic is a task that government needs to do. Collaboration with civil society group with similar interest will be a good start to make sure every level of government officials in different sectors are on board with it. The findings have shown that various collaboration between government officials and the BMS industry is a proof that not many people understand the impact of this conflict of interest between industry and public health campaign.

Last but not least, the government must have a comprehensive strategy starting from a monitoring scheme for the marketing of BMS in various outlets (conventional and digital platforms). Transparent enforcement is also needed to make sure everyone comply with the national and local regulations. Implementing a good IYCF program and providing health workers and facilities with good IYCF knowledge is also important. Maternity protection such as adequate maternity leave is also necessary to make sure every mother's right to breastfeed is fulfilled.

**“.. Companies manipulating and using health workers and facilities to promote their products with many gimmicks and tactics to put their brand in the top mind of mothers”.**



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## MONITORING THE INTERNATIONAL CODE IN

# Now you can help monitoring The International Code of Marketing of Breastmilk Substitute in Indonesia

Simply text and send the specimen or pictures to WhatsApp



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Whenever possible, include evidences such pictures/photographs to support your report.



Anda dapat melaporkan  
**Pelanggaran Kode Internasional Pemasaran Pengganti ASI**  
melalui chatbot Kami



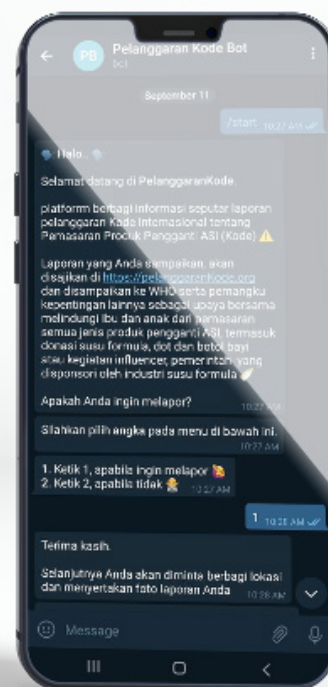
Telegram



WhatsApp

BOT V3 - MAR 2021  
by SONYBOTLAB

Laporan Anda akan diverifikasi terlebih dahulu dan dokumentasikan.  
Laporan tersebut untuk disampaikan pada sidang WHA.  
Semua informasi yang Anda berikan dijaga kerahasiaannya.





*Asosiasi Ibu Menyusui Indonesia*



## **"Breaking The Code"**

Asosiasi Ibu Menyusui Indonesia

2021