



Danone Policy for the Marketing
of Foods for Infants and Young Children

"Green Book"

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► Why does Danone have the Green Book?

Danone is one of the world's leading food companies. Our mission is "To bring health through food to as many people as possible" and we do this by providing healthy and nutritious products to millions of consumers around the world. We believe our mission to be as relevant for consumers in developing countries, as it is for consumers in the most developed countries.

This mission is what motivates us as a business, it is not just a set of words; it truly drives the decision making process within the organisation.

As a result, it is not just what we do, but how we do it that is important. The manufacture and marketing of foods for infants and young children is both an important and sensitive issue, for many stakeholders, including the infant nutrition industry.

As a leader of the infant nutrition industry, we have a key role to play in both promoting and initiating change, including in the area of responsible and ethical marketing practices.

This document explains Danone's Policy with regards to the marketing of foods for infants and young children. This Policy clarifies the standards of behaviour that are expected of Danone employees in the performance of their duties and details areas where employees should make ethical judgments related to the Marketing of foods for infants and young children.



► WHO-Code

The “International Code of Marketing of Breast-milk Substitutes”, the “WHO-Code”, is a set of recommendations to regulate the marketing of Breast-milk Substitutes, feeding bottles and teats.

The 34th session of the World Health Assembly (WHA), as the managerial body of the World Health Organisation¹, adopted the International Code of Marketing of Breast-milk Substitutes on 21st May 1981 as **a minimum requirement to protect and promote appropriate infant and young child feeding**. The text has never been changed and is still valid today. It was created in response to poor infant feeding practices that negatively affected the growth, health and development of children, and which were a major cause of mortality in infants and young children. The WHO-Code is meant to represent the collective will of governments to ensure the protection and promotion of optimal feeding for infants and young children.

The aim of the WHO-Code is to contribute to the provision of safe and adequate nutrition for infants, by

- a) the protection and promotion of breast-feeding; and
- b) ensuring the proper use of Breast-milk Substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

The WHO-Code recommends that infants be breastfed. If infants are not breastfed the WHO- Code also recommends that they are fed safely on the best available nutritional alternative. Breast-milk Substitutes should be available when needed, but not promoted.

To whom is the WHO-Code addressed?

- Governments
- Organizations of the United Nations
- Non-governmental organizations (NGOs)
- Experts in various related disciplines
- Consumer groups
- Industry (especially manufacturers of Breast-milk Substitutes, infant feeding bottles and teats)

All parties should cooperate to promote the aims of the WHO-Code and its proper implementation. The WHO-Code calls on governments to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of the WHO-Code, including the enactment of legislation, regulation or other suitable measures.

¹World Health Organisation is the directing and coordinating authority for health within the United Nations system



► Danone Policy for the Marketing of Foods for Infants and Young Children



Danone's mission is

"To bring health through food to as many people as possible"

This is what drives our business and everything we do. To ensure we live this mission every day, we promote and commit to the following guiding principles:

- We acknowledge the importance of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions.
- We support the WHO's global public health recommendation calling for exclusive breast-feeding for the first six months of life and continued breast-feeding along with the introduction of safe and appropriate complementary foods thereafter.
- Parents have the right to make feeding choices that are most appropriate for their families. They should have access to truthful, science-based information about all feeding options, including breast-feeding, Breast-milk Substitutes, Follow-on Formula and other foods intended for infants and young children.
- We have a role in supporting Health Workers in their capacity of providing objective advice about how and what to feed infants and young children.
- We support and advocate responsible marketing practices that promote good health and safe nutrition for all infants and young children. Ethical marketing and distribution enables Health Workers to obtain accurate, science-based information; supports parents' decisions in choosing nutritious and healthy foods for their children; and promotes safe and appropriate use of these nutritional products in a manner that protects breast-feeding.
- We work with business partners, trade associations and industry groups and multiple stakeholders to promote responsible and ethical marketing practices.
- We comply with national regulations for the marketing and promotion of Breast-milk Substitutes and respect the role of national governments to develop health policies that are appropriate to their social and legislative framework and overall development objectives.
- Independent of any other measures taken by governments to implement the WHO-Code, we monitor our marketing practices according to the principles and aim of the WHO-Code, and take steps to ensure that our conduct at every level conforms to our policy in this regard.
- We commit to ensure that quality is a top priority for everyone, with the appropriate leadership and resources to create and deliver a Quality and Food Safety Environment which meets strict hygienic and quality control standards, such as international guidelines developed by the Codex Alimentarius Commission.



► Management Responsibilities

This Policy is defined centrally, with the implementation and monitoring responsibilities for lying with CBU business management at country level.

This ensures a clear line of responsibility between the President of Danone Baby Nutrition Division and country management for implementation and monitoring of this Policy.

LEVEL	OWNER	RESPONSIBILITY
World Wide Business Unit (WWBU) Headquarters of Danone Baby Nutrition Division	President	The President of Danone Baby Nutrition Division is a member of the Danone Executive Committee ("Comex"), and is the person nominated by the Chairman of Danone as being responsible for the global implementation and monitoring of the Policy detailed in this document (Green Book).
Country Business Unit (CBU)	General Manager	While this Policy is defined at corporate level, the legislative environment, local codes and practices of each country must be considered at country level. Therefore, the General Manager of each Country Business Unit is responsible for the local implementation and monitoring of the Policy detailed in this document (Green Book).

The background of the slide features the Danone logo, which consists of two large, overlapping circles. The top circle is a light green color, and the bottom circle is a slightly darker shade of green. The circles overlap in the center, creating a darker green area.

Danone Policy for the Marketing of Foods for Infants and Young Children



1. Preamble

- 1.1. Danone is committed to the responsible Marketing and distribution of nutritional products for infants and young children. Ethical Marketing and distribution enables Health Workers to obtain accurate, science-based information; supports parents decisions in choosing nutritious and healthy foods for their children; and promotes safe and appropriate use of these nutritional products in a manner that protects breast-feeding.
- 1.2. Danone acknowledges the importance of the International Code of Marketing of Breast-milk Substitutes (the WHO-Code) and subsequent relevant WHA resolutions.
- 1.3. Danone supports the WHO's global public health recommendation calling for exclusive breast-feeding for the first six months of life and continued breast-feeding along with the introduction of safe and appropriate complementary foods thereafter.
- 1.4. Danone respects the right of national governments to develop health policies and offer health and nutrition programs that are appropriate to their social and legislative framework and overall development objectives.
- 1.5. The Marketing of Breast-milk Substitutes is subject to relevant local laws and regulations or government-issued codes: this Policy is not a substitute for such laws and regulations. To the extent that there is a conflict, the local laws and regulations prevail. This Policy clarifies the minimum standards of behaviour that are expected of Danone employees.
- 1.6. Decisions about feeding infants and young children are highly complex. They are influenced by a range of factors, including advice from health professionals and family, cultural traditions, educational and economic opportunities, the availability of objective information, workplace support, and the time spent away from home by the mother. Danone firmly believes that parents have the right to make feeding choices that are best for their families in light of their individual and often complex living and working conditions.



- 1.7. Danone is committed to ensuring that the practice of breast-feeding is not undermined due to the marketing of products intended for use by infants with special medical conditions. These products are in general prescribed under medical supervision and specially formulated to be compositionally distinct from Breast-milk Substitutes that are intended for infants in good health.

2. Aim of this Policy

The aim of this Green Book is to explain Danone's Policy with regards to the Marketing of foods for infants and young children. This Policy clarifies the standards of behaviour that are expected of Danone employees in the performance of their duties. It details areas where employees should make ethical decisions related to the Marketing of foods for infants and young children.

This Policy supports Danone's mission "to bring health through food to as many people as possible". It does this by ensuring Danone contributes to the provision of safe and adequate nutrition for infants and young children, by protecting and promoting breast-feeding, and by ensuring the proper use of Breast-milk Substitutes on the basis of adequate information and through appropriate marketing and distribution practices.

3. Scope of this Policy

- 3.1. This Policy applies worldwide, without exception, to the Marketing of Breast-milk Substitutes for use by infants up to 6 months of age.
- 3.2. Additional criteria apply in countries identified in Appendix 1 (referred to as Higher Risk Countries), as these are countries with higher levels of infant mortality and morbidity as well as a higher risk of child malnutrition.

These additional criteria are:

- 3.2.1. No advertising or promotion of Breast-milk Substitutes or follow-on formula (for use by infants under the age of 12 months), unless local laws and regulations specifically allow for the promotion and advertising of such formula from the age of 6 months onwards.
- 3.2.2. Complementary foods and drinks are not promoted for use by infants under the age of 6 months of age.

- 3.3. This Policy applies additionally to delivery products, such as bottles and teats.



- 3.4. All products mentioned in Article 3.1, 3.2 and 3.3 are referred to in this document as “Covered Products”.
- 3.5. This Policy does not apply to Excluded Products as defined in Article 4 or in countries where its application would be prohibited by law.
- 3.6. This Policy applies to all Danone employees who have a responsibility for Marketing, sales and production of Covered Products.

4. Definitions

Breast-milk Substitute means any infant formula for use by infants up to the first six months of life, and any other food or beverage that is otherwise presented to be suitable as a total or partial replacement for breast-milk during this period, whether or not suitable for that purpose.

Complementary Food means any food suitable as a complement to breast-milk or to a Breast-milk Substitute or a Follow-on Formula when either becomes insufficient to satisfy the nutritional requirements of the infant. Complementary Foods are not considered to be Breast-milk Substitutes if they are not marketed as such but are intended to and are marketed to complement, rather than replace, breast-milk or Breast-milk Substitutes.

Covered Products are those products and product categories included in the scope of this Policy.

Distributor means a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of Marketing a product within the scope of this Policy at the wholesale or retail level of. A “primary distributor” is a manufacturer’s sales agent, representative, national distributor or broker.

Excluded Products are those products and product categories excluded from the scope of this Policy:

1. Formula products marketed for use by infants above 6 months of age except in higher risk countries, defined in Appendix 1.
2. Complementary foods marketed for use by infants from 6 months of age.
3. Any product produced by Danone that is intended for the use by young children above the age of 12 months



4. Products produced by Danone and intended for use by infants with special medical conditions, especially those which are prescribed under medical supervision and are specially formulated to be compositionally distinct from Breast-milk Substitutes intended for infants in good health.
5. Products intended for use by pregnant or lactating women.

Follow-on Formula means, for the purposes of this Policy, any formula that is marketed for the use by infants from six to twelve months of life.

Health Care Facility means governmental, non-governmental or private institutions or organisations engaged, directly or indirectly, in health care for mothers, infants, young children and pregnant women; and nurseries or child-care institutions. This includes facilities where Health Workers provide health care in private practice. For the purposes of this Policy, it does not include private homes, pharmacies or other established sales outlets.

Health Worker means a person providing health care services in a Health Care Facility, including but not limited to health care professionals, whether professional or non-professional, including voluntary, unpaid workers.

Infant Formula means a Breast-milk Substitute formulated industrially in accordance with applicable Codex Alimentarius Standards or local laws and regulations, to satisfy the normal nutritional requirements of infants up to 6 months of age, and adapted to their physiological characteristics. Infant Formula may also be prepared at home in which case it is described as “home-prepared”.

Informational and/or Educational Material means any material, whether written, aural, or visual, that provides information about such topics as nutrition, health care or growth and development of infants, but that is not intended to market a specific brand of a product.

Label means any written or graphic material printed, marked, embossed or impressed upon or attached to the packaging of a product.

Manufacturer means a corporation or other entity in the public or private sector engaged in the business or function of manufacturing a product (whether directly, through an agent, or through an entity controlled by or under contract with it) within the scope of this Policy.

Marketing means any activity intended to encourage the recommendation, sale or purchase of a specific brand of a product, including but not limited to promotion, distribution, selling, advertising, and product public relations.

Marketing Material means any material, whether written, aural, or visual, intended to encourage the recommendation, sale or purchase of a specific brand of product including, but not limited to, point-of-sale advertising, special displays, labels, television, radio, internet, social media and print advertisements.



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

Product for Clinical Evaluation means a quantity of a Covered Product provided without cost to parents, for the use of an extended but defined period, under responsibility and supervision of the study investigator, with the purpose of participating in a clinical study conducted by Danone.

Product for Professional Evaluation (PPE) means a single container with a small quantity of Covered Products (maximum of 500 grams or the smallest container offered by a manufacturer for a particular market) provided at no cost to the recipient. The label or container of the PPE clearly bears the indication that it is a "Sample for Professional Evaluation" or "Not for Resale", or a similar indication.

Sample means single or small quantities of a product provided without cost.

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

Supplies of Covered Products to Health Care Facilities means a quantity of Covered Products routinely provided in non-emergency circumstances to a Health Care Facility engaged, directly or indirectly, in health care for mothers, infants, young children and pregnant women; and nurseries or child-care institutions. Supplies of Covered Products to Health Care Facilities are intended to fulfil all or substantially all of the consumption requirements of one or more infants, primarily during their stay at the Health Care Facility.

5. Protection of breast-feeding

- 5.1. All labels of Breast-milk Substitutes contain a clear notice stating the superiority of breast-milk.
- 5.2. Danone does not claim or suggest in Marketing Materials, Informational and Educational Materials, or elsewhere that Covered Products or bottle-feeding are equivalent or superior to breast-milk.
- 5.3. Danone does not market Complementary Foods as Breast-Milk Substitutes.
- 5.4. Marketing Materials, Informational and Educational Materials for Covered Products are not presented in such a way as to discourage parents from breast-feeding or feeding breast-milk to their infants.
- 5.5. Danone is committed to ensuring that the practice of breast-feeding is not undermined in the promotion of Excluded Products.



6. Quality of Covered Products

- 6.1. To ensure the safety of Covered Products, Danone manufactures all Covered Products under the highest hygienic and quality management procedures based on Codex Alimentarius Standards or mandatory national provisions within the local laws and regulations.
- 6.2. Covered Products, when sold or otherwise distributed, meet all Danone's Global Quality Standards except where otherwise required by government or local laws and regulations.

7. Management Systems

- 7.1. Danone's management systems as laid down in the "Danone Management System manual for the Marketing of Foods for infants and Young Children (Blue Book)" are intended to ensure clear communication of this Policy, procedures for its implementation and provision of training in its application to all relevant employees.
- 7.2. There is clear accountability and responsibility at all levels of the company for the implementation of systems for complying with this Policy.
The Management of the local Country Business Units are responsible for ensuring the full local implementation and monitoring of compliance with this Policy and for taking steps to ensure that conduct at every level conforms to it.
- 7.3. An internal whistleblowing procedure is in place which ensures employees have the possibility to report potential non-compliance with this Policy outside their normal management reporting line in a way that protects them from possible negative consequences of such reporting.
- 7.4. Danone has an on-going, systematic, internal monitoring of compliance with this Policy.
- 7.5. Danone investigates any complaints of alleged non-compliance with this Policy, in line with its internal procedures. This includes processes for investigating and responding in a timely manner to alleged non-compliance reported by governmental bodies, professional groups, institutions, NGO's or other stakeholders.
- 7.6. Clear processes exist for recording and tracking corrective actions for all cases of non-compliance, reported from both internal and external sources.



- 7.7. Danone provides, conducted through external audits by a suitably qualified expert, evidence that the compliance management and monitoring systems regarding this Policy are functioning properly.
- 7.8. A process to ensure internal monitoring exists through management reviews and submission of an annual summary report to Danone's Executive Committee.
- 7.9. Danone publishes an annual report detailing allegations of alleged non-compliance by Danone and its subsidiaries. This report includes all corrective actions taken regarding non-compliance.

8. Compliance with local laws and regulations

Danone complies with applicable local laws and regulations in the countries where it does business. Danone respects the role and right of local governments to develop health policies that are appropriate to their social and legislative framework and overall development objectives.

Where local laws and regulations implementing the WHO-Code are more demanding than the underlying Policy, Danone follows the national measures in addition to this Policy.

9. General public and mothers

- 9.1. Company personnel involved in the Marketing of infant foods do not solicit direct or indirect contact with pregnant women or mothers of infants about Covered Products. This is not intended to prevent qualified staff from responding to questions from consumers about Covered Products and other foods intended for infants via, for instance, telephone helplines and social media, nor is it intended to prevent Danone from participating in or sponsoring of organized health and/or nutrition programs.
- 9.2. Complementary foods and drinks are not marketed for use by infants less than 4 months of age. In higher risk countries complementary foods are not promoted or advertised for the use by infants less than six months of age.
- 9.3. Samples of Covered Products are not distributed to pregnant women, mothers or members of their families.



9.4. Danone 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. Such practices include but are not limited to:

- special displays
- discount coupons
- premiums
- special sales
- loss-leaders
- tie-in sales

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

9.5. Danone does not distribute any gifts, articles or utensils to pregnant women or mothers of infants and young children that may promote the use of Covered Products.

9.6. All Labels and Informational and Educational Materials regarding Covered Products and intended for the general public are science-based, balanced, and accurate, in accordance with this Policy and relevant applicable local laws and regulations.

9.7. Danone has an internal review process to ensure that all Labels and Informational and Educational Materials regarding Covered Products are supported by sound science and comply with this Policy and all applicable laws and regulations prior to dissemination.

10. Information and Education

10.1. Informational and Educational Materials, equipment or utensils distributed by Danone or its distributors intended for use by pregnant women and mother of infants do not bear Covered Products' proprietary brand names or logos. The only exception being when such materials are intended to provide instructions for use of a specific Covered Product and are disseminated through a Health Worker upon their request or as part of a government organised health and/or nutrition program.

10.2. Proprietary Informational and Educational Materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, include clear information as follows:



- Infant feeding in general

“Breast-feeding is best for babies and provides the best start in life. It is important that, in preparation for and during breast-feeding, you eat a healthy, balanced diet. Combined breast and bottle-feeding in the first weeks of life may reduce the supply of your own breast-milk, and reversing the decision not to breastfeed is difficult. Always consult your doctor, midwife or health visitor for advice about feeding your baby. If you use infant formula, you should follow manufacturer’s instructions for use carefully.”

- The use of Infant Formula

“Breast-feeding is best for babies and provides the best start in life. It is important that, in preparation for and during breast-feeding, you eat a healthy, balanced diet. Combined breast and bottle feeding in the first weeks of life may reduce the supply of your own breast-milk, and reversing the decision not to breastfeed is difficult. The social and financial implications of using infant formula should be considered. Improper use of an infant milk or inappropriate foods or feeding methods may present a health hazard. If you use infant formula, you should follow manufacturer’s instructions for use carefully – failure to follow the instructions may make your baby ill. Always consult your doctor, midwife or health visitor for advice about feeding your baby.”

Such materials do not use pictures or text elements which idealise the use of Covered Products.

11. Labelling of Covered Products

- 11.1. Labels of Covered Products are designed to provide all necessary information about their safe and appropriate use in accordance with local laws and regulations and applicable provisions contained in the *Codex Alimentarius*.
- 11.2. Labels for Covered Products do not include pictures or text, nor are they presented in such a way as to discourage parents from breast-feeding or feeding breast-milk to their infants (such as by incorporating pictures of infants, bottles and/or teats).
- 11.3. Unless otherwise required by law, Labels for Covered Products contain a clear, conspicuous, and easily readable and understandable message in the appropriate language(s) which includes all the following points:



- The words “Important Notice” or their equivalent;
- A statement of the superiority of breast-milk;
- A statement on the proper method of use of the Covered Products; and
- Instructions for appropriate preparation, use and storage of the Covered Products, and information about the possible health hazards of inappropriate preparation.

11.4. Danone ensures that any product it produces, intended for the use by infants, has a clear age indication. Complementary foods marketed for infants less than 6 months of age have a clear indication that they are complementary to breast-milk.

12. Persons employed by Danone

- 12.1. All employees responsible for the Marketing of Covered Products receive training which includes the aims and principles of the WHO-Code and the Danone commitments to responsible marketing as outlined in this Policy.
- 12.2. Bonus or incentive calculations for employees are not based on individual or collective Covered Products targets or quotas.
- 12.3. Danone employees, such as medical representatives, do not provide education and support in Health Care Facilities if such support constitutes Covered Products advertising or promotion to the detriment of breast-feeding.

This should not prevent such personnel from providing education and support in cooperation with the healthcare facility at the request, and with the written approval, of the appropriate authority.

13. Health Care Facilities

- 13.1. Health Care Facilities are not used for the purpose of promoting or displaying of Covered Products. This includes placards or posters using Covered Products' proprietary brand names or logos.
- 13.2. Danone or its distributor may provide materials as specified in Article 9.6 and disseminate information to Health Workers as provided in Article 14.2.
- 13.3. Company personnel do not take part in the Covered Products' (manufactured or home-prepared) feeding demonstrations organised for mothers or family members.

This does not exclude providing scientific and fact-based information prepared by, or on behalf of, Danone and in line with the understanding of Article 14.2 of this Policy.



- 13.4. Supplies of Covered Products to Health Care Facilities at full or below full price are made only to and on request of a Health Care Facility and in accordance with a transparent and established procurement, invoicing and, if applicable, payment process. Danone or its distributors do not use these products as an inducement to sell Covered Products.

If such Supplies are distributed for use outside the Health Care Facility, this is done only by the institutions or organizations concerned.

- 13.5. Supplies of Covered Products to Health Care Facilities are provided in quantities determined to be reasonable by an established process. These products are only intended for primary use at the requesting Health Care Facility by infants who, pursuant to medical advice, have to be fed with Covered Products during their stay at the facility.
- 13.6. Supplies of Covered Products to Health Care Facilities are not provided as an incentive to Health Workers, nor are they accompanied by other incentives, to purchase or use a particular brand of Covered Products or to purchase or use other products offered by Danone, whether or not those other products are covered under the scope of this Policy.
- 13.7. Danone keeps full records of requests detailing Supplies of Covered Products to Health Care Facilities.

14. Health Workers

- 14.1. Danone seeks to ensure Health Workers are familiar with all their responsibilities under the WHO-Code.
- 14.2. Danone may provide Health Workers with information on Covered Products and bottle feeding, including specific product information, as long as it is scientific and factual and properly referenced. These materials bear the following statement "For Health Worker use only - not for distribution to the general public".
- 14.3. No gift, benefit-in-kind, or other advantages are offered to Health Workers or their families as an inducement for the supply, recommendation or sale of Covered Products or for the purpose of promoting Covered Products.
- 14.4. Practice-related items can be provided to Health Workers (e.g. pens or notepads), as long as such items are of minimal value. These items do not carry Covered Products' proprietary brand names or logos, but may carry the company's name or logo or Excluded Products' proprietary brand names or logos.



- 14.5. If allowed under local laws and regulations, and in accordance with local practice, an inexpensive gift and not related to the Health Worker's practice can be given on an infrequent basis in acknowledgment of significant national, cultural or religious events, provided such items do not display Covered Products' proprietary brand names or logos.
- 14.6. If allowed under local laws and regulations, Danone may enter into bona fide consulting arrangements with Health Workers. Under bona fide consulting arrangements, it is appropriate for Health Workers who provide genuine advisory services to be offered reasonable, fair-market compensation for those services and reimbursement for reasonable travel, lodging, and meal expenses incurred as part of providing those services.
- 14.7. In order to facilitate continuing professional development and training, and subject to relevant laws and regulations, Danone can make a contribution to/on behalf of, a Health Worker for fellowships, study tours, research grants, attendance at professional conferences and symposia and similar informational and educational programs. Danone ensures a transparent process is followed and documented with regards to such contributions and that they are communicated to the institute to which the Health Worker is affiliated.
- 14.8. Danone may donate equipment (e.g. practice related equipment such as microscopes, beamers, etc.) and materials (e.g. diaries, calendars, writing tools etc.) for use by Health Workers. Such equipment and materials do not carry Covered Products' proprietary brand names or logos but may carry the company's name or logo or Excluded Products' proprietary brand names or logos.

15. Humanitarian aid

- 15.1. Danone may provide aid donations of Covered Products in emergency and disaster situations only through government channels or internationally recognized 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. Danone delivers humanitarian relief aid shipments of Covered Products to the requesting government or aid agency for distribution amongst infants who, pursuant to medical advice, have to be fed with Covered Products. Danone does not deliver humanitarian relief aid shipments of Covered Products directly to parents.



- 15.2. Danone may respond to written requests from orphanages or other social welfare institutions for free or low-priced supplies of Covered Products for infants who have to be fed with Infant Formula or Follow-on Formula in order to serve social or humanitarian purposes. The Label or packaging of Covered Products distributed under this section clearly indicates that the product is a donation, for use at the discretion of the receiving institution or organization, and only for infants who need to be fed with the product. As a donor, we are conscious of our responsibility for the continuous supply of such product(s).

16. Products for Professional Evaluation (PPE)

- 16.1. Danone does not distribute PPE of Covered Products directly to the general public, including pregnant women and mothers of infants. PPE are never used to discourage the feeding of breast-milk to an infant.
- 16.2. PPE of Covered Products are distributed to Health Workers for purposes of evaluating a patient's tolerance and acceptability of a product and not for personal use. PPE of Covered Products are not intended for repeat or extended consumption by the infant and distribution of PPE is strictly limited in regularity and quantity, to avoid excessive allocation of PPE to a Health Worker.
- 16.3. PPE of Covered Products are not distributed to Health Workers as an incentive to purchase, resell or recommend a particular brand of Covered Products. The PPE bears a label stating that it is a "Sample for Professional Evaluation" or "Not for Resale", or similar indication.
- 16.4. All PPE of Covered Products are distributed in response to an authorized, written request from the Health Worker which includes the amount of PPE required and clearly stating the Health Worker's certification that:
- The requested PPE is solely for purposes of evaluating tolerance and acceptability
 - The Health Worker is aware of the obligations set forth under the relevant laws of the country
 - The PPE is not being provided as an incentive to purchase or resell or recommend a particular brand of Covered Products
 - The PPE provided is not to be resold or taken for personal use by the Health Worker or its staff
- 16.5. Danone employees do not distribute PPE of Covered Products to pregnant women and mothers of infants.



- 16.6. Appropriate controls and audit mechanisms are in place to control the use of PPE. These include written policies, tracking mechanisms, training and an internal audit mechanism.

17. Clinical Studies

- 17.1. The use of Covered Products in clinical studies is permitted as they play a vital role in demonstrating the safety and efficacy of Covered Products and are important for promoting the health of those infants who do not receive breast-milk exclusively.
- 17.2. Danone may provide clinical study investigators with quantities of Covered Products for the purpose of clinical evaluation to be distributed to participating mothers during the period of the clinical study.
- 17.3. Studies are conducted according to the ICH Good Clinical Practice guidelines, the Declaration of Helsinki, and all other applicable local and international laws and regulations.
- 17.4. Danone takes every reasonable and practical measure not to interfere with the commitment by mothers to breastfeed while participating in its clinical studies.
- 17.5. During the course of clinical trials, mothers are encouraged to breastfeed, and are not in any way encouraged to switch to formula feeding.

18. Retail trade and Distributors

Danone makes retail customers, distributors and other parties, acting on behalf of Danone, involved in bringing Covered Products to the market aware of the importance of abiding by relevant laws and this Policy, and the importance of complying with their requirements.

19. Events

- 19.1. The purpose and focus of all symposia, congresses and other scientific or professional meetings ("Events") for Health Workers organized or sponsored by Danone and related to infant feeding are to inform Health Workers about Breast-milk Substitutes, Follow on Formula and Complementary Foods and/or to provide balanced and accurate scientific or educational information. Such Events comply with all relevant aspects of applicable codes of conduct of Health Workers and their institutions.



- 19.2. Danone does not organize or sponsor an Event for Health Workers (including sponsoring individuals to attend such Events) unless the following requirements are met:
- The Event complies with the hospitality requirements in this Policy as described in 19.6;
 - Sponsorship of Health Workers is limited to the payment of travel, meals, accommodation and registration fees;
 - No payments are made to compensate Health Workers for time spent in attending the Event; and
 - Any sponsorship provided to individual Health Workers must not be conditional upon an obligation to prescribe, recommend, sell or promote any Covered Products.
- 19.3. Danone does not pay any costs associated with individuals accompanying invited Health Workers, unless such individuals independently qualify for payment of such costs.
- 19.4. Payments of reasonable fees (as considered in the context of the Health Worker's home market) and reimbursement of out-of pocket expenses, including travel and accommodation, may be provided to Health Workers who are providing genuine services as speakers or presenters on the basis of a written contract with Danone at the Event.
- 19.5. All Events are held in an appropriate venue that is conducive to the scientific or educational objectives and the purpose of the Event or meeting. Danone avoids using extravagant venues.
- 19.6. Hospitality is limited to refreshments and/or meals incidental to the main purpose of the Event and is only provided to participants of the Event and not their guests if to do so is moderate and reasonable under local standards. As a general rule, the hospitality provided may not exceed what Health Worker recipients would normally be prepared to pay for themselves.
- 19.7. No stand-alone entertainment or other leisure or social activities are provided or paid for by Danone. At Events, entertainment of modest nature, which is secondary to refreshments and/or meals, is allowed. Danone does not organise any entertainment that could be perceived as an incentive for the Health Worker to attend the event for reasons other than professional and scientific, such as "lucky draws".



20. Educational grants

- 20.1. Danone allows itself to provide funds to support genuine independent research, advancement of science and education, or patient and public education in relation to the Covered Products. However, it is important that support of these programs and activities by Danone is not viewed as a price concession, a reward to favoured Health Workers or as an inducement to recommend, prescribe or purchase products or services of Danone. Therefore, Danone ensures maintaining appropriate documentation in respect of all educational grants made in relation to the Covered Products.
- 20.2. Educational grants comply with all relevant aspects of codes of conduct of Health Workers and their institutions.
- 20.3. Educational grants are not tied in any way to past, present or potential future use of Covered Products.
- 20.4. Educational grants may be made preferably to organisations or entities entitled to receive them under applicable laws and regulations and should not be made to individual Health Workers unless permitted under applicable laws and regulations.



▶ Appendix 1 / HIGHER RISK COUNTRIES

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



► Glossary: Terms & Abbreviations

Blue Book	Danone Management System Manual for the Marketing of Foods for Infants and Young Children
CBU	Country Business Unit
COMEX	Danone Executive Committee
GM	General Manager (of a CBU)
Green Book	Danone Policy for the Marketing of Foods for Infants and Young Children
RVP	Regional Vice President
WHO	World Health Organisation
WHO-Code	International Code of Marketing of Breast-milk Substitutes
WWBU	World Wide Business Unit - Headquarters of Danone Baby Nutrition Division (Danone Place Schiphol)

