Busting the myth of science-based formula

AN INVESTIGATION INTO NESTLÉ INFANT MILK PRODUCTS AND CLAIMS

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Executive Summary

Nestlé is the global market leader with almost one quarter market share and with the widest geographical reach for its infant milk products. The company takes particular pride in its scientific credentials, and openly states that it aims to become *'the world's leading nutrition, health and wellness company'*. This report aims to explore the evidence behind those credentials in the context of its infant milks range and asks whether Nestlé's commitment to science is genuine, or it is a marketing strategy.

The report looks at Nestlé's infant milks for babies under 12 months old, sold in 40 different countries, comparing the claims and the ingredients in over 70 products. The investigation reveals many examples of inconsistencies, where Nestlé's products contradict its own scientific advice. For example, some of Nestlé's infant milks sold in Hong Kong are marketed as healthier for not having *'any added vanilla flavour or flavourings for baby's good growth'*. However, the investigation found several Nestlé products that contain vanillin compounds in Hong Kong, mainland China and in South Africa. In a similar fashion, the company advises parents against giving sucrose to infants on its products in Brazil and Hong Kong, but not in South Africa, where products were found to contain the ingredient.

Nestlé also continues to display health claims on products around the world that were explicitly prohibited in Europe by the European Food Safety Authority (EFSA) as not having sufficient scientific evidence. This refers to probiotics and prebiotics, which were labelled on products found in several American and Asian countries. Even in European countries Nestlé displays claims of questionable credibility. In the UK Nestlé markets milks for *"hungrier babies"*, a claim that was not authorised under European law and is rejected by the National Health Service (NHS), as *'there's no evidence that babies settle better or sleep longer when fed this type of formula'*. Nestlé also continues to sell several products (in the US, Switzerland, Spain and Hong Kong) that claim to be 'the closest to breastmilk', but have very different ingredients from each other.

On the basis of this, the report concludes that Nestlé is not driven by nutritional science, but instead by a sharp and prioritised focus on profit and growth at the expense of infants and their parents. As two out of three babies currently rely on formula, either on its own or in combination with breastmilk and other foods, manufacturers of infant milks have a huge responsibility. They must ensure that their products are safe, fed only to the appropriate-aged infants, as nutritionally complete as possible and strictly informed by science.

The report concludes by calling on Nestlé to conduct an independent review of its product range at global level and to ensure that it respects the Code and subsequent WHA resolutions regarding the appropriate and responsible marketing of infant milks. Finally, policy-makers should strengthen and align marketing and compositional standards worldwide to prevent inconsistent practices in this area by all infant milk manufacturers.

Chapter 1:

Introduction

1.1 Why this report

Poor nutrition places a huge burden on infant (0–6 months), older infant (6–12 months) and young child (12–36 months) health worldwide, and is associated with nearly half of all child deaths: 2.7 million children. In addition, it is estimated that 155 million children worldwide are stunted, 41 million are overweight and 52 million are wasted because of poor nutrition.[1]

Adequate nutrition during the infant and young child periods is vital for improving child survival and promoting healthy growth and development. The first two years of a child's life are especially critical; poor nutrition at this stage increases the risk of illness and death, contributes to illness later in life and limits future potential.[2]

In this context, the World Health Organization (WHO) and UNICEF strongly recommend breastfeeding – exclusively until six months of age, and continuing to two years or beyond – as the optimal way of feeding infants. Optimal breastfeeding is so critical that it could save the lives of over 820,000 children under the age of five years each year.[3] This is why it continues to be very important that infant milk manufacturers respect restrictions on the marketing of their products, as laid out in the International Code of Marketing of Breastmilk Substitutes ('the Code')[4] and subsequent World Health Assembly (WHA) resolutions. Yet, 30 years after the adoption of the Code and subsequent WHA resolutions, non-governmental organisations (NGOs) continue to regularly report violations by manufacturers.[5,6] Such consistent lack of compliance seriously undermines these companies' commitment to nutritional science and child health.

In total, 92 million infants under six months of age – two out of three babies – currently rely on formula, either on its own or in combination with breastmilk and other foods, for their nutritional needs.[7] Manufacturers of infant milks have a huge responsibility: ensuring that they protect the nutritional status, health and wellbeing of these infants. It is critical that their products are safe, fed only to the appropriate-aged infants, as nutritionally complete as possible and strictly informed by science. The large health toll from the Chinese melamine contamination crisis in 2008,[8] estimated at 300,000 cases of illness and the deaths of six babies, is a reminder of the serious and devastating consequences when things go wrong.

However, our previous investigation[9] into the existing range of infant milks sold by the four largest manufacturers (Nestlé, Danone, Abbott and Reckitt Benckiser) in 14 global markets concluded that product development and composition is primarily driven by marketing considerations, including the careful study of parents' preferences and concerns, and is not based on science and health considerations. Yet, it is often disguised as being evidence-based – a drawcard for unknowing mothers wanting the best for their child. To put it simply, manufacturers of infant milks are manipulating caregivers' desire to give their child 'the best' in order to sell more products, and so are putting the health and wellbeing of vulnerable babies at risk. While we have come to accept that companies manipulate consumers' emotional responses to sell ice cream or chocolate, should we also accept this behaviour when it comes to babies' health?

This report builds on the previous investigation by exploring in more detail the relationship between the marketing features and composition of some of Nestlé's most common infant milks. The rationale

for focusing our global analysis on Nestlé is two-fold. First, Nestlé is the global market leader, and has the widest geographical reach for infant milk products. Our previous investigation shed some light on Nestlé's pricing and marketing strategies; the aim of this report is to further investigate the claims made on their products. Second, Nestlé takes particular pride in its scientific credentials, and openly states that it aims to become the '*the world's leading nutrition, health and wellness company*'. This report aims to explore the evidence behind those credentials in the context of its infant milks range. It asks: ***'Is Nestlé's commitment genuine, or is it really a marketing strategy'?***

Box 1: Infant formula, follow-on formula and breastmilk substitutes

Infant formula refers to milk formula products intended for infants during the recommended exclusive breastfeeding phase (typically 0–6 months of age).

Follow-on formula refers to milk formula products intended for older infants as they begin to receive complementary foods, and younger children (typically 6–36 months of age). Within this category, the term **growing-up milks** is used in this report to refer to follow-on formula products aimed at young children (typically 1 year and older).

Breastmilk substitutes (BMS) refers to any food for children (up to three years of age) being marketed or otherwise presented as a partial or total replacement for breastmilk, whether suitable for that purpose or not.

Infant milks refers to infant and follow-on formula products aimed at infants (0–12 months), but excludes wider breastmilk substitutes (such as cereals).

Milk formula refers to the wider range of milk powders for all ages available on the market.

1.2 The framework for the composition and packaging of infant milks

A number of global standards for the formulation of infant[10] (outlined in Table 1) and follow-on[11] (currently under review) formulas exist under the joint WHO/FAO Codex Alimentarius Commission. These standards set minimum and maximum levels for essential macronutrients (such as carbohydrates, proteins and fats) and micronutrients (such as vitamins and minerals) that must be in formula.

While voluntary, Codex Standards are often used as the basis for national legislation,[12] especially in low- and middle-income countries (LMIC) which do not have the financial or human resources to set their own standard. The aforementioned standards have become the benchmark composition standards for most global jurisdictions, including the biggest markets, such as the United States (US), the European Union (EU) and China. This means that, globally, there is a level of harmonisation as to the composition of these products.

Nevertheless, existing normative and legislative parameters generally provide manufacturers with flexibility to source ingredients from a broad variety of sources. In addition, manufacturers are currently allowed to add more substances to their products – often synthetic versions of substances found in breastmilk – including fatty acids, 'friendly' bacteria, other vitamins and minerals, etc.

Our scoping research found that the voluntary addition of those so-called (by the manufacturers) 'premium' nutrients – particularly DHA/ARA, 'friendly' bacteria and non-digestible fibres – is strongly linked to the marketing of the infant milks themselves. In the majority of products reviewed, when those nutrients

Table 1: Summary of major substances covered by the Codex Standard for Infant Formula[13]

What?	Function	Notes	Mandatory or voluntary?
Protein	Required to repair and maintain body tissue and to produce hormones, antibodies and enzymes	Milk (cow & goat) or soy constitute typical sources	Mandatory
Lipids	Essential fatty acids for brain and eye development. Absorption of fat-soluble vitamins. Fat stored in the body reduces heat loss and protects body organs	Milk (cow & goat), vegetable oils (sunflower, rapeseed, palm, coconut, canola, soy, etc.), fish oil, egg, algae and fungi are common sources	Mandatory (linolenic and α- linolenic acids) Voluntary (long-chain polyunsaturated acids: DHA, ARA, etc.)
Carbohydrates	Energy	Lactose (cow & goat milk) and other sugars are common sources. Recommendation to avoid sucrose and fructose.	Mandatory
Vitamins	Essential for growth, development and normal body function	Various sources	Mandatory vitamins include A, D_3, E, K, thiamin, riboflavin, niacin, B_6, B_{12}, pantothenic acid, folic acid, vitamin C and biotin
Minerals	Essential for growth, development and normal body function	Various sources	Mandatory minerals and trace elements include iron, calcium, phosphorus, magnesium, sodium, chloride, potassium, manganese, iodine, selenium, copper and zinc
Other substances	Various	Various sources	Mandatory substances include choline, myo-inositol and L-carnitine Other substances that may be added include amino acids, nucleotides, bacterial cultures, other vitamins and minerals, fibers etc.

had been added, they featured as key selling points on the product label. On the other hand, marketing claims relating to other substances, such as minerals and vitamins[14] – the addition of which is mandatory, and therefore plays no role in product differentiation – are much less commonly made, despite being nutritionally important.

Manufacturers rely on the ability to vary composition to develop a diverse product range, including more expensive 'premium' products, as well as to differentiate their products from their competitors in their fight for market share. Changes in product composition are accompanied by subtle and not-so-subtle implications and claims that such products are superior on health and nutritional grounds. These are very compelling marketing arguments because parents who choose formula are often prepared to pay more for any product they perceive to be better for their children's' development.

In this context, the Codex Standard for Infant Formula[15] and the Codex Standard for Follow-on Formula (currently under review) also include certain requirements for the labelling of these formula. These include basic requirements regarding the naming of the product, declaration of ingredients and nutritive value and expire date, and instructions on how formula should be prepared, stored and used.

Moreover, the standards include additional labelling requirements intended to restrict the marketing of infant formula so as '*not to discourage breastfeeding*'. In the case of the Infant Formula Standard, this includes the need to include statements about the superiority of breastfeeding or breastmilk (i.e. '*Breastmilk is the best food for your baby*') on products, and provisions aimed at preventing the **idealisation** of the use of formula (i.e. explicitly reject the inclusion of pictures of infants and women, or the use of terms such as '*humanised*' and '*maternalised*'). They also reject the use of nutrition and health claims for foods for infants and young children '*except where specifically provided for in relevant Codex Standards or national legislation*'.

It is worth noting that none of the Codex Standards allow for such claims. Such standards are widely regarded as minimum requirements, and many NGOs have been advocating for a closer alignment between them and the scope and ambition of the marketing restrictions included in the both Code[16] and the WHO '*Guidance on ending the inappropriate marketing of foods for infants and young children*'[17] (part of a WHA resolution[18] passed in 2016).

Unfortunately, the establishment of labelling requirements and their implementation into national legislation, unlike that of the compositional standards, has not been conducted in a very harmonised manner. It is also worth noting that although the majority of the largest countries (with the exception of the US) has implemented some marketing provisions included in the Code, few have done so in full [19], and only half of those who have taken action have implemented provisions to ban the use of nutrition and health claims.[20] This has resulted in significant differences in formula-labelling legislation across countries worldwide, which BMS manufacturers often exploit, leading to companies displaying different behaviours across different markets to drive sales.

Box 2: General, nutritional and health claims

Jurisdictions can be divided into three broad groups when it comes to claims: those that do not allow any nutritional or health claims to be made in formula (such as Australia, New Zealand and South Africa), those that have not legislated in this area (such as China) and those that require manufacturers to comply with specified conditions before certain claims can be made (such as the EU and the US)[21].

The basis for most regulations pertaining to nutrition and health claims are the Codex Guidelines on Nutrition and Health Claims.[22] These define three types of **nutrition claims** – nutrient content claims (e.g. source of calcium), nutrient comparative claims (e.g. reduced fat) and non-addition claims (e.g. free from additives) – and three categories of **health claims** – nutrient function claims, other function claims and disease risk-reduction claims. It is clear that: '*Health claims should be supported by a sound and sufficient body of scientific evidence to substantiate the claim, provide truthful and non-misleading information to aid consumers in choosing healthful diets and be supported by specific consumer education*'.[23]

European food legislation[24] distinguishes between three different types of claims: **generic claims** (any message or representation suggesting or implying that a food has a particular characteristic), **nutrition claims** (specific to beneficial nutritional properties, such as '*contains iron*' or '*high fibre*') and **health claims** (claims of a relationship between a food or one of its constituents and health, such as '*Vitamin D is needed for the normal growth and development of bone in children*').

When it comes to infant formula, only a few claims are allowed in the EU.[25] Allowed nutrition claims relate to lactose content and the presence of substances voluntarily added by manufacturers, such as long-chain polyunsaturated acids (e.g. DHA), fructo-oligosaccharides and galacto-oligosaccharides, taurine and nucleotides. In terms of health claims, the EU has set out conditions that manufacturers must comply with to make claims regarding reduced allergen or reduced antigen properties. In any case, these requirements are transitional, as the EU has agreed to ban all such claims on infant formula products from 2020 onwards.

In the US, the Food and Drink Administration (FDA) classifies claims into **structure/function** (relationship between an ingredient and the structure/function of the body *without mention of disease*) and **health** claims (relationship between an ingredient *and a disease*). Requirements on companies are lower than in Europe; prior FDA authorisation is only required for health claims, and those that do not pass the approval process can still be made if their limitations are clearly stated. More recently, the FDA issues a set of non-binding guidelines to industry for how structure/function claims in formula should be substantiated, but no regulatory decisions have yet been taken.[26]

In 2016, the WHA – the highest global health policy-setting body – passed resolution 69.9, which states it is '*convinced that guidance on ending inappropriate promotion of foods for infants and young children is needed*' and welcomes the WHO guidance on ending the inappropriate promotion of foods for infants and young children. Recommendation 2 (of seven) of this guidance is clear that no infant milks should be promoted, and that the Code covers these products. This allows for no nutrition or health claims. In addition, the current review of the Codex Standard for Follow-on Formula (many aspects of which the industry is strongly opposing) is also clear that no infant milks should make nutrition or health claims.

Chapter 2:

A spotlight on Nestlé

2.1 Nutrition and health driving vision for growth

Part of Nestlé's success in the milk formula market – global leader with almost one-quarter of the market share – is, to a great extent, rooted in its self-proclaimed scientific credentials. Indeed, in 1997, Nestlé adopted its strategic vision for growth: to become '*the leading nutrition, health and wellness company*'.[27] Driven by increased consumer concerns about health and shifting food preferences, Nestlé's company-wide change aimed to build real differentiation with competitors and drive higher profit margins.[28]

The adoption of the new strategy led to a number of major changes in some of Nestlé's products. Nestlé has adjusted certain recipes to reduce salt, sugar and fat to create healthier alternatives. In 2015 alone, Nestlé claims to have removed 440 tonnes of saturated fats, 2,600 tonnes of sugars and 260 tonnes of salt from its product recipes, and is calling for a strictly regulated nutrition policy at the EU level so that other manufacturers have to follow suit.[29] Nestlé continues to invest in research and development (R&D) in this area, and has recently claimed to have developed a method to cut sugar in chocolate by 40%.[30]

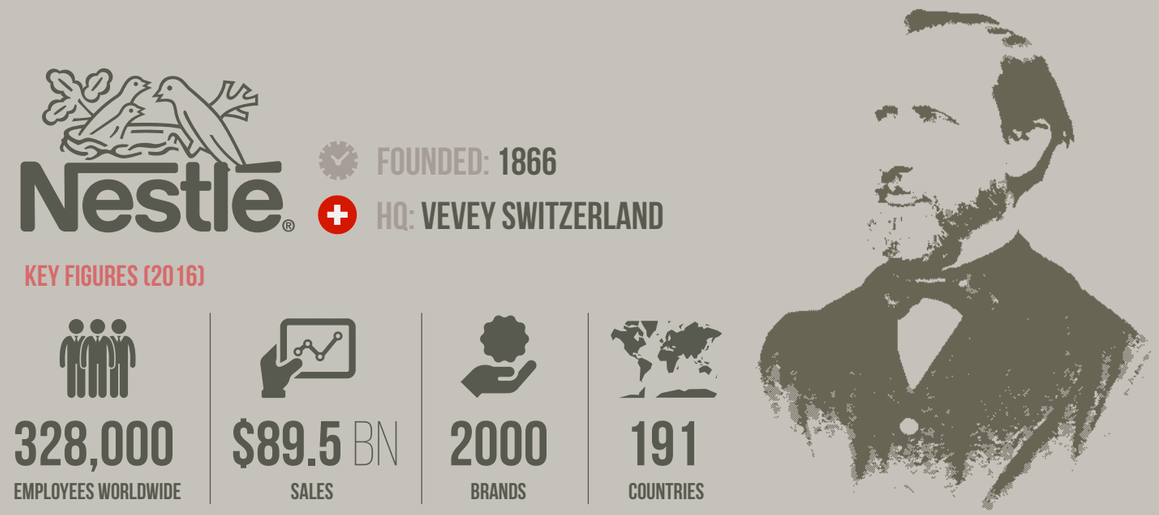
Nestlé has also changed its packaging, under the Nestlé Nutritional Compass format (see Figure 1), to provide information to consumers on the nutritional content of its products, general nutritional advice and recommendations for a healthy diet, as well as creating websites and contact panels for consumers to seek further information regarding its products.[31]

Changes have also taken place at a company level. For example, Nestlé has used mergers and acquisitions to buy into established companies in the health and medical nutrition areas, and aims to turn itself into a company halfway between the food and pharma businesses. Examples of such acquisitions include Vitaflo (2010), CM&D Pharma (2011), Prometheus Laboratories (2011), Pfizer Nutrition (2012), Pamlab (2013) and Atrium Innovations (in progress).[32]

To support such a move, Nestlé has invested heavily in R&D through the creation of Nestlé Research Centre in Switzerland, the world's largest private facility for research on food and nutrition. More recently, it has created two more units – Nestlé Health Science SA and the Nestlé Institute of Health Sciences – to deepen research into products that could prevent or treat chronic disease.[33]

Nevertheless, Nestlé's strategy has not deterred the company from continuing to hold major investments in unhealthy food products (such as ice cream, confectionary and chocolate) and expanding its sales of these in LMIC countries through aggressive promotion.[34] It is hard to see how this strategy aligns with their professed commitment to nutrition and science. This has led to accusations of hypocrisy by health groups; for example, when Nestlé tried to justify its 3.7 billion USD acquisition of Kraft's frozen pizza business in the US in 2013.[35]

While other multibillion-dollar food companies (such as Coca-Cola, Mondelēz and Pepsi) are trying to reduce their dependency on high-sugar products, Nestlé has been reportedly trying a different strategy: attempting to sell both the problem and the solution.[36] Leith Greenslade, Head of the NGO JustActions, says: '*although the company's efforts are commendable, it is selling products on one side that might*



contribute to these illnesses. On the other side, they're finding treatments for these illnesses. Some might call that a conflict of interest'.

Infant milk products help us better understand how Nestlé increasingly uses the promotion of 'nutritional science' as a driver of sales. On the one hand, the nutritional composition of infant milks is largely guided by the global Codex Standards, making it a very defined product. On the other, manufacturers continue to have significant discretion as to how to label their formula products in the absence of consistent and strong labelling requirements worldwide. This drives a very wide product range with a large number of expensive premium products that are marketed with promises of alignment with the latest nutritional science. Parents place their trust in the scientific credentials of companies like Nestlé and, in their busy lives, get much of their information from marketing. It is unethical and legally questionable for Nestlé, or any other company, to use misleading or unsubstantiated scientific claims to boost sales - especially sales of infant milk for vulnerable infants and young children.

2.2 The marketing of Nestlé's infant milks: winner takes all

The history of infant formula has been rife with scandals. Nestlé has been the subject of boycotts over many years because of its unethical marketing strategies to undermine breastfeeding, especially in LMIC countries, where formula feeding is strongly associated with increased mortality. This led to the adoption of the Code in 1981; yet, 36 years after its adoption, Nestlé is still reported to be regularly breaching it and the subsequent WHA resolutions. Although top of the Access to Nutrition BMS Index 2016, Nestlé received a poor score of just 36% regarding compliance with the Code. The company's ambition in this area remains low; Nestlé seems to pride itself in leading the ATNI BMS performance despite obtaining a poor score on the ground.[37]

BMS manufacturers, including Nestlé, have also been reportedly looking for ways to circumvent the provisions in the Code. For example, NGOs have argued that follow-on formulas were introduced in the 1980s to avoid Code-derived legislation in countries that only prohibited the advertising of formula aimed at younger infants.[38] Such cross-promotion marketing practices across the range of infant formula, follow-on formula and growing-up milks by BMS manufacturers continue to be reported.[39]

Code violations continue to take place, encouraged by competition in a highly profitable market - currently worth 47 billion USD per year for milk formulas, and projected to increase by around 50% by 2020.[40,41] In 2015, Nestlé was the market leader for milk formulas with 22% of global sales (close to 10 billion USD),[42] making milk formulas a key product in Nestlé's portfolio and representing more than 10% of total revenue. Most of Nestlé's milk formula sales take place in the Asia Pacific region (particularly mainland China), followed by Latin America.

Market analysts have identified two major trends aiming to increase profits by increasing prices per unit of formula. First, there is a trend towards **improved convenience**, as manufacturers of formula aim to help busy parents with offers of ready-to-drink liquid formulas, individually packaged servings and Nestlé's luxurious capsule-fed machine (BabyNes).[43] The other significant trend is the move towards so-called **'premium' products**, which includes building a strong and trusted brand image, as well as developing products made from 'better' ingredients (organic, non-GMO, etc.) or with a '*higher nutritional*' profile (i.e. fortified with DHA or prebiotics). In 2015, the market for milk formula fortified with omega-3 fatty acids (such as alpha-linoleic and docosahexaenoic (DHA) acids) ranked first globally at 24 billion USD, followed by probiotics at 12 billion USD and prebiotics at 5 billion USD.[44] '**Premiumisation**' of infant milk is therefore a clever strategy that manufacturers use to sell more formula: both in terms of volume

of sales and also by convincing parents to purchase more expensive products in the belief they are doing the best for their baby.

Our previous investigation uncovered how manufacturers, including Nestlé, are increasingly using marketing information to inform product development. Led by its Digital Acceleration Team, Nestlé uses social media to directly gather insights into parents' preferences. In addition, companies are working with a variety of market research organisations to conduct interviews, focus groups and in-depth consumer analysis. This enables Nestlé and others to develop products in line with market demand and based on very good knowledge of consumer preferences in different countries. As formula is an inferior product to breastmilk, this can not be seen as innocent market research; instead it can be seen as manipulating parents' insecurities and concerns to increase corporate profits – quite the opposite of a commitment to science-based nutrition.

Pricing is also part of a carefully informed strategy. Our investigation came across evidence suggesting that Nestlé sets infant product prices higher than its competitors to maintain a perception of superior quality in certain countries.[45] Furthermore, Nestlé takes its own product range into account when setting prices, setting different prices for products within the same range with the aim of maximising the sales of different products.[46]

All in all, the evidence gathered shows how Nestlé develops its infant milks primarily in response to consumer trends with a desire to maximise its own profits, rather than based on science and the health of infants and young children, who are globally recognised as a vulnerable group.

Chapter 3:

Our research into Nestlé's formula products

3.1 Methodology

The research conducted for this report focused on understanding Nestlé's use of nutritional science in the marketing of its infant milk products across different countries. In particular, this report aims to answer a number of questions:

- ***What are Nestlé's most common claims to market its flagship infant milks in different countries?***
- ***How do these relate (or not) to differences in nutritional composition?***
- ***How consistent is Nestlé's behaviour regarding its products' claims and nutritional advice across different markets?***

Following on from the data collection exercise conducted for *Milking It,* we have narrowed the scope to infant milks sold by Nestlé, but expanded its reach to cover 40 countries and all regions of the world. We have attempted to focus our research on the most common powdered infant milks, made from cows' milk for infants under 12 months. The full list of products examined for this report is available in the Annex (Table 10).

To facilitate the comparison across products, we have tried to focus as much as possible on the Nestlé NAN product range, which is available in the majority of countries. We have also occasionally looked at other Nestlé-owned product ranges; (for example, in countries where NAN did not seem to be available), or in those markets where Nestlé operates under more than one formula brand. In total, 79 products were included in our research.

The research took place during November 2017 and January 2018, and analysis was conducted using a combination of our existing data and new internet-based desk research. We have recorded the types of claims made on the products' packaging (both images and text) and lists of ingredients.

The research was not without limitations. Given the breadth of products available globally, this study only intends to be a snapshot into the characteristics of infant milk products sold by Nestlé and its subsidiaries worldwide. In addition, the infant formula market is saturated, with products being constantly added, modified and removed from the market; it can therefore be easy to miss new products, or to include products that have been discontinued.

3.2 Claims related to the nutritional composition of infant milk

Our previous report, *Milking It*,[47] exposed the four largest infant milk manufacturers' market research into consumer preferences to inform the development of their product ranges. This trend manifested in the fact that manufacturers' products were often more similar (in terms of composition and price) to those

of their competitors within a market than their own products in different markets. This report further evidences this trend by exploring in more detail the relationship between the claims made in some of Nestlé's most popular formulas and their nutritional composition.

3.2.1 Comparison with breastmilk's composition as a marketing tool

It is generally agreed that optimum breastfeeding is the gold standard for infant feeding. From a purely nutritional perspective, breastmilk's composition has major benefits.[48] Manufacturers therefore invest large amounts of money attempting to mimic the nutritional profile of human breastmilk,[49] including developing many products with additional substances beyond those mandated by law. Yet, scientific experts such as the European Food Safety Authority (EFSA) advise against adding substances to formula just because these are present in breastmilk, without an appropriate understanding of the role they play in the development and health of formula-fed infants.[50]

The role of R&D in improving the nutritional profile of infant formula is likely to remain limited for a number of reasons. The composition of breastmilk changes continuously, is often suited to the specific mother and child (**personalised nutrition**) and technically cannot be copied. In addition, breastmilk contains many live substances (such as antibodies and other immune-system-related compounds) that protect babies from illness, which manufacturers have not yet been able to replicate.[51]

Such compositional limitations are one reason why attempts to humanise infant milks through comparison with breastmilk are banned under the Code and the legislation of many jurisdictions around the world.[52] Nevertheless, many manufacturers continue to make specific references to the composition of breastmilk – particularly where the implementation of the Code into national legislation and/or its enforcement is weak – to justify the compositional changes behind product development.

Nestlé is no exception, as can be seen in the examples in Table 2. It is most surprising that even products claiming to be comparable to breastmilk (in part or in full) have significant compositional differences between them; this suggests such claims are a marketing tool, which are furthermore explicitly prohibited by the Code.

Table 2: Examples of claims comparing the composition of Nestlé's formulas with breastmilk

Country	Product name	Claim made	DHA	Fibres	Bacteria culture	Other
US	Stage 1 GERBER GOOD START Gentle Powder Infant Formula	Product label *'Our closest to breastmilk'* Website *'Modelled after the complete nutrition and gentleness of breastmilk for babies'*	✓	Galacto-oligosaccharides	*B. Lactis*	
Switzerland	Nestlé BEBA OPTIPRO 1	Product label *'Following the example of breastmilk'*	✓	✗	*L.Reuteri*	Starch
China (Hong Kong)	Illuma	Website *'Human affinity formula. Inspired by Human Milk'* *'Exclusively fortified with important nutrients found in lactating secretion'*	✓	2'-fucosyllactose and oligofructose	✗	High-2 palmitic vegetable oil and alpha-lactalbumin
Spain	Nestlé NAN Optipro Supreme 2	Website *'The first and only formula with two oligosaccharides designed with an identical structure to those in breastmilk. Our most innovative formula'*	✓	2'-fucosyllactose and lacto-n-neotetraose	*L.Reuteri*	

3.2.2 Nestlé's nutritional advice tailored to marketing purposes

The adoption of Nestlé's strategy – to become '*the leading nutrition, health and wellness company*'[53] – led to changes in the way its products were labelled. Under Nestlé's Nutritional Compass format (Figure 1), the company proactively includes general nutritional advice and recommendations for a healthy diet in its products.

However, our review of Nestlé's infant milks labels found a number of examples of Nestlé's nutritional advice to parents contradicting the composition of some of its other products.

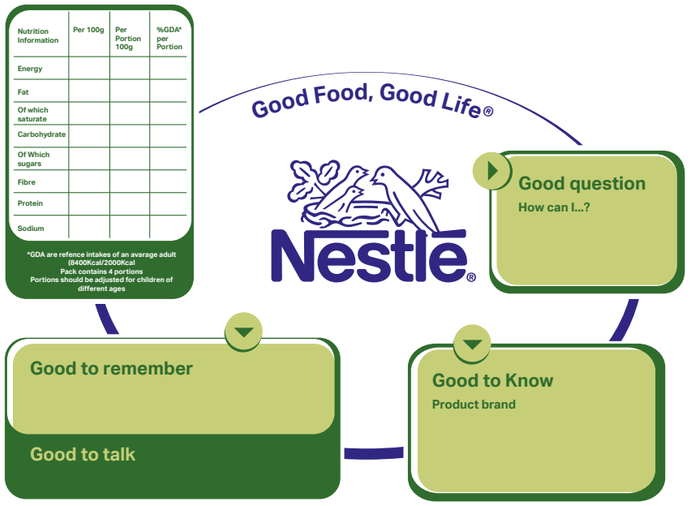
3.2.2.1. Types of sugars

For example, some of Nestlé's infant milks sold in Brazil and Hong Kong advise parents against giving sucrose to infants. This advice is widely shared by global experts, such as EFSA, which recommends lactose as the preferred carbohydrate in infant formula unless babies suffer from intolerance. EFSA specifically advises against the addition of sucrose on the grounds that '*it can lead to severe symptoms, including poor feeding, vomiting and overall failure to thrive in some infants*' and '*it may, because of their greater sweetness, increase the preference for sweet tastes in infants*'.[54] As a result, its addition to formulas in Europe is restricted and not present in any of the products reviewed in this report.

Interestingly, both products referred to above seem to be using such advice to further underline their '*healthier*' profile. For example, the Brazilian product's key marketing statement on the front label refers to the presence of carbohydrates often regarded as premium, i.e. '*prebiotics*' and the product from Hong Kong explicitly states "*no sucrose has been added… for baby's good growth*" (see Table 3).

Nevertheless, we found at least two of Nestlé's infant milks, sold in South Africa, contained sucrose (see Table 3). These examples illustrate how Nestlé goes against its own advice in certain markets, underlying a use of nutritional science as a marketing tool rather than a criterion for product formulation in the interests of child health.

Figure 1: Nestlé's Nutritional Compass



3.2.2.2. Flavourings: in or out?

In a similar fashion, some of Nestlé's infant milks being sold in Hong Kong are marketed as healthier for not having '*any added vanilla flavour or flavourings for baby's good growth*'. Indeed, EFSA advises against the addition of unnecessary substances which '*put a burden on the infant's metabolism*' because they have to be excreted.[55]

Additionally, nutritional experts advise against the consumption of flavourings in infancy, as this might contribute to the development of a preference for sweet tastes in later life.[56] However, many of Nestlé's other products in mainland China and Hong Kong, and South Africa, list such flavourings (i.e. ethyl vanillin and vanillin) in their product ingredients. This is a further example of how Nestlé's nutritional advice is tailored to suit product-specific marketing purposes rather than based on science and consistent across markets.

Table 3: Examples of inconsistent nutritional advice from Nestlé regarding sucrose

Country	Product name	Nutritional advice	Source of carbohydrate/sugar
Brazil	Nestlé Nestogeno 1	*'Avoiding sucrose (sugar) consumption during the first years of life supports the development of good dietary habits'*	Maltodextrin, galacto-oligosaccharides and fructo-oligosaccharides
China (Hong Kong)	Nestlé NAN PRO 1 & 2	*'Specially formulated for healthy babies from (birth to 6 months old (Stage 1)/from 6 to 12 months old (Stage 1)). It has hydrolised 100% whey protein and contains DHA, ARA and probiotic and also no added sucrose, vanilla flavour or flavourings for baby's good growth'*	Lactose
South Africa	Nestlé Lactogen Stage 2 Follow-up Formula	-	Maltodextrin, sucrose and lactose
South Africa	Wyeth S-26 Promil Stage 2 Follow-on Formula	-	Lactose and sucrose

Table 4: Examples of inconsistent nutritional advice from Nestlé regarding flavourings

Country	Product name	Nutritional advice	Flavouring
China (Hong Kong)	Nestlé NAN PRO 1 & 2	*'Specially formulated for healthy babies from (birth to 6 months old (Stae 1)/ from 6 to 12 months old (Stage 2)/). It has hydrolised 100% whey protein and contains DHA, ARA and probiotic and also no added sucrose, vanilla flavour or flavourings for baby's good growth'*	-
China (Hong Kong)	Wyeth S-26 Promil Ultima 2	-	Vanillin
China (mainland)	Wyeth Illuma 2	-	Ethyl vanillin
China (mainland)	Wyeth S-26 Promil Gold 2	-	Ethyl vanillin
South Africa	Wyeth S-26 Promil Stage 2 Follow-on Formula		Ethyl vanillin

3.2.3. Questionable scientific evidence behind certain claims

The use of health claims (any representation that states, suggests or implies that a relationship exists between a food, or a constituent of that food, and health) on infant milks is subject to restrictions in many jurisdictions. Australia, New Zealand and South Africa do not allow for any health claims to be made on infant milk products. Others, such as EU[57] and FDA, require manufacturers to request their authorisation, which is granted or not depending on the outcome of the assessment of the scientific evidence submitted by manufacturers, prior to the use of any health claims on their products.

In this context, the presumed health benefits from the addition of friendly bacteria to formula, referred to as '*probiotics*', makes an interesting case study. The EFSA has evaluated the addition of many strains of such microorganisms with regards to health claims relating to growth, gastrointestinal infections and diarrhea, respiratory tract infections, colic/irritability, allergic manifestations, stool frequency and consistency and antibody production. EFSA considered the available evidence insufficient to draw conclusions as to their beneficial effects and, as a result, none of these health claims have been authorised for use in Europe.[58] Even the use of the term '*probiotic*' is considered a health claim, as it implies that such microorganisms may provide a health benefit in humans when consumed; it is therefore also prohibited.[59]

Accordingly, none of the many Nestlé products reviewed in Europe that contain 'friendly bacteria' were labelled 'probiotics'. However, some examples of Nestlé products sold elsewhere did (Table 5).

A similar discussion applies to the use of the term '*prebiotic*' (implying the stimulation of growth or activity of friendly bacteria in the gut) when non-digestible oligosaccharides are added to the product: the EFSA has considered the available evidence insufficient to draw conclusions on their beneficial effects, and so the use of this term is not authorised in the EU. Nevertheless, it continues to be included in products sold elsewhere (Table 6).

These examples pose a question, why Nestlé keeps claiming beneficial health impacts, which have clearly been disproved by an indendepent scientific body as not having sufficient evidence?

Table 5: Examples of Nestlé infant milks containing the term 'probiotic' on the product label

Country	Product name	Statement	Bacteria type
Argentina	Nestlé NAN Optipro 1	*'Probiotics'*	*Bifidus BL*
Canada	Nestlé Good Start/Bon Depart 1	*'Probiotics'*	*B. Lactis*
Chile	Nestlé NAN 1	*'Exclusive probiotics'*	*L. Comfortis*
India	Nestlé NAN PRO 1	*'With Probiotics/Probiotic culture'*	*Bifidus BL*
Mexico	Nestlé NAN Optipro 1	*'Exclusive probiotics'*	*L. Confortis*
US	Gerber Good Start Gentle	*'Unique blend of DHA, prebiotics and probiotics'*	*B. Lactis*
Vietnam	Nestlé NAN Optipro 1	*'Probiotic'*	*Bifidus BL*

Table 6: Examples of Nestlé formulas containing the term 'prebiotic' on the product label

Country	Product name	Statement	Contains
Brazil	Nestogeno 1	*'With prebiotics'*	Galacto-oligosaccharides and fructo-oligosaccharides
US	Gerber Good Start Gentle	*'Unique blend of DHA, prebiotics and probiotics'*	Galacto-oligosaccharides
Russia	Nestogen 1	*'With prebiotics and lactobacillus'*	Galacto-oligosaccharides and fructo-oligosaccharides

Another interesting category of infant milks are those that manufacturers present as falling somewhere between medical (aimed at infants with diagnosed conditions, such as cows' milk protein allergy) and standard formulas. These include products intended to help with general conditions such as excessive hunger, better sleep, constipation, fussiness or crying), but such claims are often not clearly substantiated. It is worth noting here that manufacturers have been reported to use marketing to heighten mothers' doubts regarding their breastmilk supply and undermine breastfeeding. One such strategy is to infer that general conditions such as hunger and digestive problems can be solved through using formula [60]

A number of such products from the Nestlé range sold in the EU are included in Table 7. The first one of such products is their UK SMA formula, '*for hungrier babies*'. Nestlé provides no further information on the product's label or website as to the specific product characteristic behind this claim.[61] Interestingly, on its website intended to help parents choosing the right type of formula, the UK National Health Service (NHS) states that hungrier babies formulas '*contain more casein than whey, and casein is harder for babies to digest*'. In any case, it concludes, '*although it's often described as suitable for "hungrier babies", there's no evidence that babies settle better or sleep longer when fed this type of formula*'.[62]

The second example of such products is a Nestlé NAN Constipation Relief on sale in Greece for infants *"with milld constipation problems"*. Whilst the Code allows for no nutrition or health claims to be made, it is also unclear whether these claims could be made under the existing EU legislation, as no claims related to *"hunger"* or *"constipation"* have been approved.

Table 7: Examples of Nestlé's formulas making claims about general conditions

Product name	Claim on package	DHA	Fibres	Bacteria	Other
SMA Extra Hunger Infant Milk (UK)	For hungrier babies, suitable from birth	✓	✗	✗	Casein dominant
Nestlé NAN CR (Greece)	Constipation Relief	✓	FOS/GOS	*L.Reuteri*	High magnesium

3.2.4. Lack of clear rationale behind general claims

Our review has also shown the lack of clear rationale behind some of the most common general claims in Nestlé's product range.

Table 8: Comparison of the composition of Nestlé's products carrying similar claims

Country	Product name	Claim	Fat sources	Sugars	DHA	Fibres	Bacteria	Cost per month approx. (USD)
Argentina	Nestlé NAN Optipro 1	*'Nutritional foundation for life'*	Palm, canola, maize, fish, other	Lactose	✓	✗	*Bifidus BL*	130
Australia	Nestlé NAN Optipro Gold 1	*'Nutritional foundation for early life'*	Soy, fish, other vegetable oils	Maltodextrin	✓	✗	*Bifidus culture*	86
Germany	Nestlé BEBA Optipro 1	*'Foundation for the future'*	Palm, coconut, rapeseed, sunflower, fish, other	Lactose and starch	✓	✗	*L. Reuteri*	77
Poland	Nestlé NAN Optipro 1	*'Nutrition for the future'*	Palm, rapeseed, coconut, sunflower, fish, other	Lactose and maltodextrin	✓	✗	*B. Lactis*	53
Poland	Nestlé NAN Optipro Plus 1	*'Nutrition for the future'*	Palm, rapeseed, coconut, sunflower, fish, other	Lactose and maltodextrin	✓	FOS/GOS	*L. Reuteri*	58

For example, many of Nestlé infant milks contain generally phrased, vague claims about how they provide good nutrition for the future. However, as outlined in Table 8, such products have different compositions even within the same country, which calls into question the science behind such claims.

Furthermore, as the examples in tables 8 and 10 show, Nestlé NAN infant milks that carry the same name and branding and make similar claims are sold at hugely varying prices across the world. This is important, as the monthly cost of feeding a baby can put significant financial pressure on some parents - particularly in Asian countries such as China and Indonesia, where the monthly cost of feeding a child with some premium products was estimated at 40% and 70% respectively of the average salary in our previous investigation.[63]

Manufacturers' primary justification for premium product prices is claiming they are based on compositional differences; yet, there appears to be no clear link between the two. For example, in Poland, the price of NAN Optipro Plus 1 (which contains fibres, DHA and '*friendly bacteria*' as additional ingredients) seems much lower than some other NAN formulas that do not contain all those ingredients. This lack of science-based rationale for pricing is another indicator that infant milks product ranges are driven primarily by market considerations and consumer trends, rather than by the best available nutritional science or manufacturers' concerns for the health and wellbeing of infants and young children.

3.3 Nestlé: general claims as a trusted and science-based company

In addition to claims relating to the composition of infant milks, general claims promoting Nestlé and its subsidiaries as reputable and trusted brands with a long history of scientific research and tradition were also very common on the packaging of products across the world. This is not surprising, given that parents' brand trust in the quality and safety of products has been identified as a critical variable influencing the sale of infant milk products.

Such claims, outlined in the examples in Table 9, were made more or less explicitly through the addition of text and images across the packaging of the product range. These include references to the number of years/history of the brand and suggestions of large investments in scientific research (by highlighting the status and importance of Nestlé's own R&D facilities or length of time investing in certain technological developments), links with and approval of their products by the medical profession and parents and the health benefits of Nestlé products. Although such claims fitted into similar categories, the fact that they were different in different countries suggests they were prioritised and selected according to market research findings. These types of claims tended to be more prevalent on the packaging of products sold in countries with restrictions on nutrition and health claims.

Table 9: Examples of general claims on Nestlé's formulas across the world

Country	Product name	Claim type	Claim made
Australia and New Zealand	Nestlé NAN product range, various	Long brand history	*'150 years of infant nutrition expertise'* *'Over 145 years – infant nutrition expertise'*
France	Laboratoires Guigoz product range, various		*'Since 1908'*
China	Nestlé NAN Gold		References to the founding of Nestlé in 1800s and old picture of Henri Nestlé
Germany	Nestlé BEBA product range, various	Investment in R&D	*'50 years of protein research'*
UK	SMA product range, various		*'Over the past 90 years, SMA Nutrition has invested in early life nutrition research'*
Indonesia	Nestlé Danstart and Lactogen product range, various		*'Nestlé's Research Centre – one of the world's great food and beverage nutrition research institutes'*
Spain	Nestlé NAN product range, various	Trusted by parents and health professionals	*'Nestlé cooperates with the Spanish Association of Pediatricians'*
Australia	S-26 product range, various		*'Trusted by generations of mums'*
Global	Many Nestlé products across different food categories other than formula	Suggestion of quality and benefits of products for health	*'Good Food, Good Life'*
Brazil	Nestlé NAN product range, various		*'Nestlé does good'*

Chapter 4:

Conclusions and recommendations

Adequate nutrition for infants and young children is critical for promoting healthy growth and development and preventing illness throughout life. Despite strong support for breastfeeding amongst health professionals, two out of three babies worldwide are partly or fully fed on formula.[64] For these infants and young children, it is the responsibility of formula manufacturers such as Nestlé to provide products that are safe and as nutritionally complete as possible, and to ensure their composition is strictly informed by the best available science.

This report has highlighted further evidence of how Nestlé's decisions around the composition of their infant milk products - the types of ingredients and their sources, nutrition and health claims - seem to be primarily informed by consumer concerns and marketing considerations instead of strictly driven by independently assessed scientific evidence and international legislation. In the examples included in this report, this is most noticeable where Nestlé's decisions around the formulation of its products seem to be in direct contradiction with its own nutritional advice, where there are significant differences in the nutritional composition of products carrying similar claims and where similar composition is linked to different claims.

The addition of certain nutrients (particularly so-called 'premium' nutrients, such as DHA/ARA, friendly bacteria and fibres) and the choice of ingredients such as sugars, which are not mandated by law, appear to be strongly linked to the marketing of the products themselves. In the majority of products, when so-called 'premium' nutrients are added, they are featured as key product selling points on the front of the label. With marketing often a key driver for care-takers' decisions, this is misleading in terms of nutritional outcome and the key motivation seems to be to sell more expensive premium products.

Large multinational corporations like Nestlé should not be misusing unsubstantiated nutrition and health claims to sell more products - especially when these products are crucial for the healthy growth of vulnerable infants and young children. It is simply unethical for Nestlé to play around with babies' nutrition and health, and the trust of their parents, in this irresponsible manner.

This leads to our key conclusion: **Nestlé is in fact not driven by nutritional science but instead by a sharp and prioritised focus on profit and growth at the expense of vulnerable infants**. If Nestlé were truly science-driven, its behaviour would be very different.

If, as Nestlé argues, the science is clear - that all the ingredients they add are both safe and at least beneficial (if not essential) for baby health - then such ingredients should be in *all* of their products. If an ingredient (such as sucrose) is not healthy, then it should be in *none* of their products. Anything other than this approach seriously undermines Nestlé's commitment to science and reputation as a nutrition provider.

Ironically, given Nestlé's focus on profit, it is arguably even in its *business* interests to shift to this approach. While it may lose short-term sales to less ethical companies, it would also enhance its reputation as a trustworthy, science-based, reputable company. This would surely drive growth and profitability in the longer term.

Given Nestlé's aspiration to be the world's leading *nutrition, health and wellness company,* as well as its pride in its scientific credentials, we call on the company to show leadership in this area by conducting an independent review of its product range at global level. The aim of this exercise must be to ensure that only infant milks with composition based on the best - and independently verified - science are sold, and that these products are priced appropriately and fairly across all markets. Nestlé must also ensure it respects the Code and subsequent WHA resolutions regarding the appropriate and responsible marketing of infant milks, which includes removing nutrition and health claims from its products and removing any comparisons to breastmilk, or any other claims that idealise or humanise the use of infant formula, from its global product range.

The findings of this report also highlight the need for policymakers to strengthen and align marketing and compositional standards worldwide to prevent inconsistent practices in this area by all infant milk manufacturers. They have to fully implement the Code and subsequent WHA resolutions into law to prevent the inappropriate promotion of infant milks, which includes removing all nutrition and health claims. This also means ensuring that monitoring and enforcement mechanisms are in place to prevent abuse. In terms of nutrients and ingredients, policymakers should ensure that the composition is based on the best available science and that companies are not adding unnecessary ingredients for the sole purpose of facilitating product differentiation and driving sales. Policymakers need to ensure that decisions that affect the health of infants and young children - the most vulnerable stages of development - are not driven by considerations of profit.

Annex

PRODUCT NAME	PRODUCT BRAND	AGE GROUP	COUNTRY	REGION	PRICE (USD/100g)
NAN Optipro 1	NAN	From birth	Egypt	Africa	1.4
NAN 1	NAN	From birth	Kenya	Africa	N/A
NAN 1	NAN	0-6 months	Nigeria	Africa	1.1
NAN Optipro 1	NAN	0-6 months	South Africa	Africa	1.6
Lactogen 2	Lactogen	6-12 months	South Africa	Africa	0.8
Wyeth S-26 Promil 2	S-26	6-12 months	South Africa	Africa	1.4
NAN Gold	NAN	0-6 months	China (mainland)	Asia	3.4
Wyeth Illuma 1	Illuma	0-12 months	China (mainland)	Asia	7.0
Wyeth Illuma 2	Illuma	6-18 months	China (mainland)	Asia	5.8
Wyeth S-26 SMA Gold	S-26	0-6 months	China (mainland)	Asia	4.7
Wyeth S-26 Promil Gold 2	S-26	6-12 months	China (mainland)	Asia	4.2
NAN HA	NAN	0-12 months	China (mainland)	Asia	6.5
Wyeth S-26 Promil Ultima 2	S-26	6-12 months	China (HK)	Asia	5.3
NAN Pro 1	NAN	0-6 months	China (HK)	Asia	5.1

PRODUCT NAME	PRODUCT BRAND	AGE GROUP	COUNTRY	REGION	PRICE (USD/100g)
NAN Pro 2	NAN	6-12 months	China (HK)	Asia	4.7
Wyeth S-26 SMA Gold	S-26	0-6 months	China (HK)	Asia	4.2
Wyeth Illuma Organic	Illuma	0-12 months	China (HK)	Asia	5.1
Wyeth-HA S-26-HA GOLD-Hypoantigenic	S-26	From birth	China (HK)	Asia	3.4
NAN PRO 1	NAN	0-6 months	India	Asia	1.8
Danstart Excelnutri	Danstart	0-6 months	Indonesia	Asia	0.8
Lactogen 1 Happy Nutri	Lactogen	0-6 months	Indonesia	Asia	1.0
NAN pH Pro 1	NAN	0-6 months	Indonesia	Asia	3.4
S-26 Promil Gold 1	S-26	0-6 months	Indonesia	Asia	2.6
S-26 Promil 1 Nutriessentials	S-26	0-6 months	Indonesia	Asia	2.2
NAN Optipro 1	NAN	From birth	Pakistan	Asia	1.5
Lactogen 1	Lactogen	0-6 months	Pakistan	Asia	1.1
NAN Optipro 1	NAN	0-6 months	Philippines	Asia	1.9
NAN Optipro HA 1	NAN	0-6 months	Thailand	Asia	2.5
NAN Optipro 1	NAN	0-6 months	Vietnam	Asia	1.9
NAN Optipro 1	NAN	0-6 months	Belgium	Europe	2.3

PRODUCT NAME	PRODUCT BRAND	AGE GROUP	COUNTRY	REGION	PRICE (USD/100g)
NAN 1	NAN	0-6 months	Bulgaria	Europe	2.9
NAN Optipro 1	NAN	0-6 months	Bulgaria	Europe	2.6
BEBA Optipro 1	BEBA	From birth	Czech Republic	Europe	1.7
Laboratoires Guigoz 1	Guigoz	0-6 months	France	Europe	2.2
NIDAL 1	NIDAL	0-6 months	France	Europe	1.7
NIDAL 1 PLUS	NIDAL	0-6 months	France	Europe	2.1
BEBA Optipro 1	BEBA	From birth	Germany	Europe	2.0
NAN Optipro 1	NAN	0-6 months	Greece	Europe	3.3
NAN Optipro 2	NAN	6-12 months	Greece	Europe	3.0
NAN Constipation Relief	NAN	From birth	Greece	Europe	3.8
BEBA Pro 1	BEBA	From birth	Hungary	Europe	1.4
Nidina Optipro 1	NIDINA	From birth	Italy	Europe	2.6
NAN Optipro 1	NAN	0-6 months	The Netherlands	Europe	2.3
NAN Optipro 1	NAN	0-6 months	Poland	Europe	1.4
NAN Optipro 1 Plus	NAN	0-6 months	Poland	Europe	1.2
NAN Optipro 1	NAN	From birth	Portugal	Europe	2.0

PRODUCT NAME	PRODUCT BRAND	AGE GROUP	COUNTRY	REGION	PRICE (USD/100g)
NAN 1	NAN	From birth	Romania	Europe	2.0
NAN Optipro 1	NAN	0-6 months	Russia	Europe	3.1
Nestogen 1	NESTOGEN	From birth	Russia	Europe	1.4
NAN Optipro 1	NAN	From birth	Slovenia	Europe	2.6
NAN Optipro 1	NAN	From birth	Spain	Europe	2.7
NAN Optipro 1 Supreme	NAN	From birth	Spain	Europe	2.7
Nestlé Nidina 1	NIDINA	From birth	Spain	Europe	1.7
BEBA Optipro 1	BEBA	0-6 months	Switzerland	Europe	2.8
SMA 1	SMA	0-6 months	Turkey	Europe	1.9
SMA PRO First Infant Milk	SMA	From birth	UK	Europe	1.7
SMA Extra Hungry Infant Milks	SMA	From birth	UK	Europe	1.7
NAN HA 1	NAN	0-6 months	Saudi Arabia	Middle East	2.2
Nestlé Good Start/ Bon Depart 1 with probiotics and DHA	GOOD START	0+ months	Canada	North America	3.5
Nestlé Good Start/Bon Depart 1 with DHA	GOOD START	0+ months	Canada	North America	3.1
Nestlé Good Start/Bon Depart 1	GOOD START	0+ months	Canada	North America	2.2
Nestlé NAN Optipro 1	NAN	0-6 months	Mexico	North America	1.4

PRODUCT NAME	PRODUCT BRAND	AGE GROUP	COUNTRY	REGION	PRICE (USD/100g)
Nestlé Good Start Optipro Supreme 1	GOOD START	0-6 months	Mexico	North America	2.5
Gerber Good Start Gentle 1	GERBER	0-12 months	US	North America	4.3
Gerber Good Start Gentle For Supplementing	GERBER	0-12 months	US	North America	3.6
NAN Optipro Gold 1	NAN	From birth	Australia	Oceania	2.1
S-26 Original Newborn	S-26	0-6 months	Australia	Oceania	1.5
NAN Optipro HA Gold	NAN	From birth	New Zealand	Oceania	2.6
NAN Optipro 1	NAN	0-6 months	Argentina	South America	3.4
NIDINA 1	NIDINA	0-6 months	Argentina	South America	1.7
NAN Supreme 1	NAN	0-6 months	Brazil	South America	0.7
NAN Pro 1	NAN	0-6 months	Brazil	South America	2.3
Nestogeno 1	NESTOGEN	0-6 months	Brazil	South America	1.7
NAN 1	NAN	0-6 months	Chile	South America	3.5
NAN Pro 1	NAN	0-6 months	Chile	South America	4.3
NAN Optipro 1	NAN	0-6 months	Chile	South America	4.1
NAN Optipro 1	NAN	0-6 months	Ecuador	South America	4.5
NAN Nestogeno 1	NAN	From birth	Ecuador	South America	2.0
NAN Optipro 1	NAN	0-6 months	Peru	South America	4.0

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