



Submission on the Application by the Infant Nutrition Council Limited for Revocation of authorisations A90539 and A90540 of the Marketing in Australia of Infant Formula: Manufacturers and Importers Agreement (MAIF) Agreement and the substitution of a new authorisations A91506 and A91507 to the Australian Competition and Consumer Commission

by

La Leche League New Zealand

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Introduction

Thank you for the opportunity to comment on the Application for Revocation of authorisations A90539 and A90540 of the Marketing in Australia of Infant Formula(MAIF): Manufacturers and Importers Agreement and the substitution of a new authorisations A91506 and A91507 by the Infant Nutrition Council Limited

La Leche League (LLL) is an international non-governmental not-for-profit non-sectarian organisation whose mission is to help mothers to breastfeed through mother-to-mother support, encouragement, information and education; and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

La Leche League New Zealand (LLLNZ) has been supporting mothers and babies in New Zealand and Australia for over 50 years, and currently has 52 Groups and 139 trained accredited volunteer Leaders working in communities throughout New Zealand. We also have several Leaders and groups in Australia.

We have long-standing connections with health professionals, consumers, government agencies and others in the breastfeeding and parenting communities, and are widely recognised as a leading provider of accurate, up-to-date and consistent information and education on all aspects of breastfeeding.

Key points

Implications for Australian and New Zealand consumers

We believe, since the Infant Nutrition Council is an Australian and New Zealand body, that this agreement has implications for New Zealand as well as Australia. We would like to see a stronger interpretation of the International Code of Marketing Breast milk Substitutes and Subsequent World Health Assembly Resolutions(WHO Code)(1) by both countries ensuring consumers are able to make choices informed by evidence-based health messages (recommendations) issued by Government health agencies, free from the influence of marketing messages.

Length of time set for new agreement

We consider that ten years is too long to lock in the proposed industry agreement on marketing formulas only, given that the World Health Assembly(WHA) is likely to bring in much stronger recommendations related to babies and young children age 0-36 months in the WHO Code for the marketing of Breast milk Substitutes(2) in the next year and there may be a need to change the MAIF agreement.

The current MAIF agreement does not include toddler formulas whereas WHO/WHA are moving to ensure these are not marketed, as well as to introduce constraints on marketing of complementary foods for babies and young children.

This timing is particularly important because many manufacturers use “line marketing”. Research by Berry et al (3,4) shows this is a way to promote infant formula for young babies. Identical containers mean the mother may not even realize that these products are for older infants.(5)

We believe the MAIF agreement should include growing up or toddler milks to protect the consumers and ensure they are able to make informed choices.

We suggest that ACCC should give only interim approval for preferably a year and definitely no more than two years.

Scope of the agreement

The INC themselves state how limited their agreement is compared with the WHO Code (4.2 of their submission)

Their comment on compliance with the MAIF Agreement (4.5 of their submission) says that under the current MAIF Agreement, signatories are required to take responsibility for monitoring their own marketing practices.

The MAIF Complaints Tribunal established by MAIF signatories receives complaints that are within the scope of the MAIF agreement and recommends remedies.

They claim that MAIF Agreement has only been breached 6 times in an eleven-year period (Ref 29 of their submission)

We presume that this was only possible because their MAIF agreement is so narrow and any manufacturers and marketers who do not belong to the INC do not have to follow it.

Conclusion

We believe there are implications for the Australian and New Zealand consumers if this agreement is extended for ten years and believe only interim approval of one year should be given so that stronger recommendations by the World Health Assembly, relating to babies and young children age 0-36 months in the WHO Code for the Marketing of Breast milk Substitutes, can be included.

Our two countries do not appear high on the UNICEF list of national implementation of the WHO Code(6)

We are disappointed that both the Australian and New Zealand Governments rely on a formula manufacturers group to interpret the WHO Code for their countries, in a way that has very limited scope, and allow them to monitor their own practice. We believe stronger measures need to be taken given the expansion of the dairy industry, the surge towards exporting dairy products with added value i.e. infant formula, and the increasing use of electronic media for advertising.

We feel the ACCC should support giving INC the chance to upgrade their agreement in the next year, in line with the planned WHA recommendations by giving interim approval of one year.

References

1. International Code of Marketing of Breast-milk Substitutes (WHO)
http://www.who.int/nutrition/publications/code_english.pdf
2. WHO Clarification and Guidance on Inappropriate Promotion of Foods for Infants and Young Children, August 2015
<http://www.who.int/nutrition/events/inappropriate-food-promotion-consultation-comments/en/>
3. Berry NJ, Jones S, Iverson D It's all formula to me: women's understandings of toddler milk ads. *Breastfeed Rev.* 2010 Mar;18(1):21-30.

4. Berry NJ, Jones S, Iverson D It's all formula to me: women's understandings of toddler milk ads. *Breastfeed Rev.* 2010 Mar;18(1):21-30.
5. Suleiman A. A study of marketing and its effect on infant feeding practices. *Med J Malaysia.* 2001 Sep;56(3):319-23
6. http://www.unicef.org/nutrition/files/State_of_the_Code_by_Country_April2011.pdf

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