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**From:** Melanie  
**Sent:** Tuesday, 10 November 2015 9:50 PM  
**To:** Adjudication  
**Subject:** A91506 & A91507 – Infant Nutrition Council – submission

**Categories:** Submission

Attention: Mr David Hatfield, Director, ACCC Adjudication Branch / Ms Hannah Ransom  
By email: [adjudication@acc.gov.au](mailto:adjudication@acc.gov.au)

## **Infant Nutrition Council applications for authorisation A91506 & A91507 - draft determination**

Dear Mr Hatfield,

I am writing to express my personal objection to the ACCC's draft deliberation to approve the Infant Nutrition Council (INC) request of a re-authorisation of the Marketing in Australia of Infant Formula (MAIF agreement) for a further 10 years.

I am writing as a concerned citizen, and breastfeeding mother. I've breastfed one baby to toddlerhood, and am continuing to breastfeed my two year old twins. I've seen first hand the level of misunderstanding and lack of education around breastfeeding in the community, and how it is often driven by perceptions of infant formula - perceptions that are often shaped by the formula manufacturers, distributors and retailers. I'm fortunate that I became a member of the Australian Breastfeeding Association (ABA) when my firstborn reached an age where his peers had been weaned, and had access to a comprehensive education on how to breastfeed, as well as the risks of not breastfeeding. Not everyone has awareness of the ABA and it's work - and sadly, with the power of multinational companies moving into the lucrative and often captive infant formula market, even less women will be equipped to nourish their babies in the biologically normal way.

Recent reports in the Sydney Morning Herald (see <http://www.smh.com.au/national/health/chinas-singles-day-to-blame-for-the-bellamys-organic-baby-formula-drought-20151104-gkr6ll.html> and <http://www.smh.com.au/national/health/baby-formula-shortage-growing-pressure-on-woolworths-to-enforce-quantity-limit-20151108-gku0ii.html>) show the dominance and market power of formula companies, and this trend is set to continue given the emergence of China as a growing market. How are we protecting the rights of mothers in Australia against these companies?

I broadly support Australia's adoption of the MAIF agreement, because it is an important part of the regulatory framework. We need to have a MAIF agreement in place, there can be no doubt! But there are many improvements that need to be made so that it can be effective and comprehensive.

I am concerned that re-authorising the agreement for 10 years will result in a lack of reform of this important health policy area. The MAIF agreement as it stands lacks effective coverage and desperately needs improvement. I would prefer that the Australian government remodels our MAIF agreement to bring it up to date with contemporary marketing practices, and to strengthen Australia's protection of breastfeeding in our community.

The marketing of infant formula is an important health topic for all Australians. Breastfeeding is the normal way to feed a baby, yet this message is being lost on new mothers due to the persuasive marketing tactics of large and multinational companies. It is at the peril of the health of our community, as well as the right of

mothers to feed their children in the biologically normal way. The MAIF agreement forms a key part of our breastfeeding health policy, and consequently how mothers and the community perceive the role of infant formulas with the breastfeeding relationship.

There are a number of reasons why the current MAIF agreement is defective, and should be remodelled and reformed before being re-authorised in Australia.

### **Our current MAIF agreement is out of date with modern marketing**

In my opinion, we need a wide-ranging review of the way infant formula is marketed, particularly in light of modern marketing tactics (such as the emergence of social and digital marketing techniques). The MAIF was signed in 1992 - well before the internet was even widely available in Australia - and it doesn't cover electronic media. Why are we proposing to re-authorise an out-of-date and static agreement for another 10 years? Shouldn't we be revisiting the terms of the agreement and reformulating them for modern (and future) times?

### **Our MAIF agreement should cover the WHO review**

The World Health Organisation (WHO) is in the process of strengthening protections against food marketing to children and their parents. This may result in changes to the WHO Code. This is due out early next year. This information should be included in any review of MAIF, therefore an interim re-authorisation of 1 year rather than 10 is more appropriate.

### **It should cover the new national policy on breastfeeding**

Australia is in the middle of reviewing its national policy on breastfeeding. This strategy is due to be released by the end of the year, so it seems premature to lock-in a 10 year arrangement on regulation of formula marketing without regard to other policy area updates.

### **The MAIF does not meet our WHO Code obligations**

The MAIF Agreement does not meet Australia's obligations to implement, as legislation, the full WHO International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions. Australia signed the WHO Code in 1981 - surely 34 years later, we should rectify our lax approach and fully meet our obligations.

### **Our current MAIF agreement does not adequately cover toddler milks**

One of the significant omissions to the MAIF agreement is that it does not cover toddler milks (12 months plus). Industry is keen to keep this the status quo as it allows them to market toddler formula directly to consumers. This is done in such a way that mothers are unaware from the marketing that this product is not in fact infant (0-6 months) or follow on formula (6-12 months), both currently unable to be marketed directly to mothers by manufacturers. Australian research shows that consumers do not differentiate between the toddler and infant/follow-on formula. Marketing in one category is effectively marketing in all age brackets.

Manufacturers and importers are currently advertising toddler milks on TV, Facebook, company websites, industry-funded blogs, parent information and advice services, and through baby clubs. Together with advertising campaigns for pre-natal vitamins and supplements, the manufacturers and retailers are capturing the market from conception to toddlerhood - thus completely saturating the consumers mind with the idea that supplementation is necessary. This approach completely undermines the value of breastfeeding, both for young infants and toddlers. The updated WHO

Code and World Health Assembly resolutions cover toddler milk advertising, and so should Australia's re-adoption of a reformed MAIF agreement.

### **It's currently a "toothless tiger"**

Breaches of our current MAIF agreement essentially carry no repercussions. Quite frankly, based on the exploitative marketing practices of formula companies in developing countries (both in the 1970s, right through to the current day in China) I have no faith in a voluntary industry self-regulated system - particularly when the people it is supposed to protect, mothers and their newborns, are so vulnerable.

### **There is insufficient coverage of retailers**

The MAIF agreement does not apply to retailers – a significant loop-hole that allows retailers to be involved in marketing practices that would be otherwise disallowed. For example, supermarkets and pharmacies can advertise formula and toddler milks on-line and in-store, which is completely against the spirit of the MAIF agreement, without sanction.

### **Conclusion**

I fully support Australia adopting a reformed and expanded MAIF agreement that has full legislative enforcement powers. We need to engage breastfeeding experts to ensure oversight and accountability, and to protect the rights of mothers to be fully educated on the risks and disadvantages of using infant formula. We need to protect the rights of those who wish to breastfeed, and to prevent ill-informed "education" and marketing efforts led by multinational companies driven by commercial interests, and not the interests of public health.